2015-16
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Glasgow Caledonian University
Programmes monitored	Registered Nurse - Learning Disabilities; Registered Nurse - Mental Health
Date of monitoring event	12-14 Apr 2016
Managing Reviewer	Peter McAndrew
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Niall McLaughlin, Bridget Crofts
Placement partner visits undertaken during the review	Practice visits to mental health placements: Leverndale Hospital – Mother and Baby Unit/Ward 3 Acute Inpatient/Banff Ward Older Persons Inpatient Brand Street Resource Centre Gartnavel Royal Hospital – Henderson House/Kershaw Inpatient Addiction Unit/Stobhill Older Adult Inpatient Unit East CAMHS Team Barlinnie Prison Practice visits to learning disabilities placements: Beckford Street Community Learning Disabilities Team, Hamilton Community Learning Disabilities Team, Coatbridge and Airdrie Gartnavel Royal Hospital – Claythorne Acute Inpatient Unit South Sector Glasgow Learning Disability Services Learning Disability Liaison Team

	William Quarier Scottish Epilepsy Centre
	Ailsa Hospital
	Arrol Park Resource Centre, Assessment and Treatment Team
	Community Learning Disability Team South
	Community Learning Disability Team North
	Community Learning Disability Team East
Date of Report	25 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 Glasgow Caledonian University's programmes

Glasgow Caledonian University (GCU) is one of the largest universities in Scotland offering undergraduate, postgraduate and part-time courses to over 17,000 students and employing 1,500 members of staff. The Glasgow campus is self-contained and situated in the heart of the city. The campus contains the award winning Saltire Centre which is the home to the university library and provides a high quality support hub for student learning. The school of health and life sciences was formed in 2011 and is one of three academic schools in GCU bringing together the departments of life sciences, psychology, social work and allied health sciences and nursing and community health. The department of nursing and community health is one of the largest providers of pre-registration nursing education in Scotland.

The pre-registration nursing programme with fields in adult, child, mental health and learning disabilities nursing was approved by the NMC in June 2015.

The monitoring review focuses on the provision of the three year and four year pre-registration nursing programme mental health nursing and learning disabilities nursing fields.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. The practice placement visits selected cover a wide geographical area and provided the opportunity to visit a wide selection of hospital and community based placement experiences.

There was scrutiny of all the placement management arrangements that support the pre-registration nursing programme and especially the procedures for undertaking educational audits at the newly commissioned Queen Elizabeth University Hospital and the Royal Hospital for Children Glasgow.

Summary of public protection context and findings

Our findings demonstrate that one of the key risk themes admissions and progression is not met. The university is required to implement an action plan to ensure that the risks are controlled and meet the NMC standards and that public protection is assured.

22 August 2016

The university produced an action plan to address the unmet risk theme. The action plan has been fully implemented and the identified risks are now controlled.

Resources – met

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

There is an all Scotland programme model for the delivery of the pre-registration nursing learning disabilities field which presents significant geographical challenges. We found that the teaching and learning support needs of student nurses studying the learning disabilities field are currently being met. However due to the challenges involved we recommend that to maintain the quality of the programme and further

expand the model the resource allocation for lecturers would benefit from being reviewed.

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

Admission and progression – not met

We conclude that the admission process does not meet the NMC Standards for pre-registration nursing education (2010) as face to face engagement with students, the involvement of representatives from practice placement providers and service users and carers is not included until after the selection decision and a conditional offer is made (Standard three: requirement 3.6 and 3.7 and guidance 3.7a apply).

22 August 2016. Revised programme documentation was submitted by the university which included a requirement for a face to face interview. The key risk is now met.

The protection of vulnerable groups (PVG) check and occupational health clearance are completed before a student can enter the programme. These compulsory procedures are undertaken in order to protect the public.

We found that progression procedures are robust and effectively implemented to ensure that students progressing on the programme meet NMC standards and requirements which are fundamental to protection of the public.

Procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in the programme fields being monitored.

We found that procedures and practices in relation to fitness to practise are comprehensive, robust and rigorous and meet the requirements of the NMC and to protect the public. We found that policies and procedures for the accreditation/recognition of prior learning (APL/RPL) are robust and ensure that NMC learning outcomes and hours of theory and practice are mapped within the accreditation process which is scrutinised by the external examiners and ratified by the examination board.

Practice learning - met

We found that partnership working is strong and effective at both strategic and operational levels with service providers and associated education providers.

Particular scrutiny was undertaken during the monitoring visit to gain assurance that the educational audit process was undertaken in a timely manner to approve placements before students were moved into the new placement areas provided at the Queen Elizabeth University Hospital and the Royal Hospital for Children in May and June 2015. We are assured that no students were placed in an unaudited placement and students' practice experience was only subject to minor disruption with no practice experience time being lost. During the period of the move to the new hospitals practice education facilitators (PEFs) and academic link lecturers increased their presence in the new practice settings to support the student learning experience. Students evaluations that covered this period of practice illustrate that the practice learning experiences were positive and no major issues were identified that related to the change in placement provision.

We found that the school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicate that placement areas used for students may not be appropriate. We confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures meet the requirement to protect students' learning and ensure that students are not subjected to poor educational experiences and/or patient care practices.

We found that service users and carers are engaged in aspects of programme development and delivery. Engagement in the mental health nursing field is commendable and lecturers work in partnership with service users to create high quality simulated learning experiences with excellent feedback on student performance.

We conclude that academic staff support students in practice placement settings, especially when additional support is required. In some practice placements academic staff visibility is low and would benefit from being reviewed.

We conclude that there is considerable investment in the preparation and support of mentors and the completion of mentor annual updates is robust. The mentor registers provide an up to date and accurate record. All mentors are appropriately prepared for their role of supporting and assessing students and this contributes towards the protection of the public.

Fitness for practice - met

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet the pre-registration nursing programme and NMC competencies. We found that students are highly motivated and they report that they feel competent to practise at the end of their programme. Mentors and employers describe students completing the pre-registration nursing (mental health and learning disabilities) programme as fit for practice and that most are employed locally.

Quality assurance - met

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

We found that there are effective procedures to enable students to raise complaints and concerns and that there is clear evidence that they are appropriately supported when they do raise concerns.

Summary of areas that require improvement

The selection process must be revised so that it provides an opportunity for face to face engagement between applicants and selectors and representatives from practice learning providers and service users and carers are included.

Summary of areas for future monitoring

- Sufficient academic staff to support the pre-registration nursing learning

disabilities field.

- The selection process involves a face to face component and the inclusion of clinical staff and service users and carers.
- Education audit process in the pre-registration nursing learning disabilities field.
- Service user and carer engagement in programme development and delivery.
- Academic staff visibility in practice settings.
- Mentors and sign-off mentors awareness of the requirements of triennial review.

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

Academic staff on the programme teams told us that they have been fully involved in the development of the pre-registration nursing programme. They are enthusiastic and committed to their roles. They told us that they are highly motivated towards their own professional and personal development and were able to cite examples of ongoing scholarly and clinical activity to support their roles. They confirmed that they have sufficient resources to deliver the programme to a high quality.

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

Mentors and sign-off mentors showed real enthusiasm for their role in supporting students studying the pre-registration nursing programme. They told us that there are sufficient mentors and sign-off mentors to support the student numbers. They told us that they are well-prepared and supported for their role and that they are able to spend at least 40 percent of the time supporting students in placement. They confirmed that students have supernumerary status.

PEFs told us that they maintain the mentor registers and ensure that there is adequate

and appropriate training to support mentors and sign-off mentors to meet NMC standards. Sign-off mentors were generally favourable about the documentation in supporting assessment outcomes. Nurse managers and other senior staff told us that students are fit for employment on completing the pre-registration nursing programme.

Students

Students are enthusiastic about their academic study and their practice placements. They feel well supported in all areas and feel safe and confident in raising any concerns. Students told us that they have good access to their academic advisors and always receive a prompt reply to their requests and questions. They told us that the learning experiences in university and in practice placements enable them to achieve the programme requirements.

Students who had undertaken their international placement in Malawi told us that there are huge benefits of this placement and they praised the academic advisor and the programme team for arranging the placement.

Students told us that they are generally supportive of the practice assessment documentation.

Service users and carers

Service users and carers told us that they feel valued by the university for their contribution to the students' education. They told us that they are involved in many aspects of teaching and learning. They told us that they feel well supported by the university academic staff and receive excellent feedback from students about their input.

Service users and carers in placement areas told us that they are very positive about their involvement with students and about the experiences that students are receiving.

Relevant issues from external quality assurance reports

To prepare for the monitoring event a number of quality reports undertaken by Healthcare Improvement Scotland (HIS) were scrutinised. Most of the relevant reports were undertaken by the Healthcare Environment Inspectorate (HEI) which was established in April 2009 and which carries out at least 30 inspections across NHS Scotland, most of which are unannounced. Most of the inspections are to acute hospitals and focus on issues around infection control and the maintenance of the healthcare environment.

The following reports relate to associated placement providers for the pre-registration nursing programme provided by GCU.

HIS – Healthcare Environment Inspectorate - unannounced inspection report - University Hospital Crosshouse NHS Ayrshire and Arran, 28–29 October and 6 November 2014.

HEI reported concerns with the standard of cleanliness of patient equipment in the accident and emergency department and stated that staff need to be clear on the correct product and dilution ratios for the decontamination of blood on patient equipment (6).

HIS – Healthcare Environment Inspectorate – unannounced follow-up inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 24–25 June 2014.

NHS Dumfries and Galloway must ensure that all mattresses in use are clean and fit for purpose. This will minimise the risk of cross-contamination from these items of equipment to patients (7).

HIS – Healthcare Environment Inspectorate, unannounced inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 11–12 August 2015.

NHS Dumfries and Galloway must: comply with the guidance on personal protective equipment in the Health Protection Scotland national infection prevention and control manual for NHS Scotland (2015); develop a water safety plan and implement documented organisational management arrangements for Pseudomonas aeruginosa; ensure a robust process is in place for decontaminating patient care equipment before it is sent from the ward to medical physics, and from medical physics back to the ward or library system; and, that all patient care equipment in the maternity ward, and the environment in which it is stored, is safe and clean (8).

HIS – Healthcare Environment Inspectorate, unannounced inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 15–16 January and 22 January 2014.

NHS Dumfries and Galloway must: ensure that all staff are aware of the procedure for the management of blood spillages and the cleaning of contaminated patient equipment; ensure compliance with local policy regarding sharps management, as reflected in chapter one of the Standard Infection Control Precautions (SICPs) manual; ensure compliance with the use of colour-coded aprons in the intensive care unit (ICU); ensure that local policy for glove use and selection gives the same level of protection for staff against potential infection control risks as national policy; ensure that all hand hygiene products available for use within ICU are suitable and fit for purpose in consultation with the infection control team; ensure that ICU is cleaned in line with the requirements of NHS Scotland National Cleaning Services specification; ensure that staff in ICU are aware of their responsibilities for controlling pseudomonas aeruginosa; and, ensure that staff implement SICPs for linen management in the neonatal unit (9).

HIS – Healthcare Environment Inspectorate, unannounced inspection report - Gartnavel General Hospital NHS Greater Glasgow and Clyde, 3–4 November 2015.

NHS Greater Glasgow and Clyde must put in place a reliable system to ensure patient transport trolleys and chairs are clean for patient use (10).

HIS - improvement action plan - NHS Greater Glasgow and Clyde Gartnavel General Hospital, Healthcare associated infection inspection, inspection date: 3-4 November 2015.

NHS Greater Glasgow and Clyde must put in place a reliable system to ensure patient transport trolleys and chairs are clean for patient use (11).

HIS - improvement action plan - NHS Greater Glasgow and Clyde - Gartnavel General Hospital. Healthcare associated infection theatre inspection, inspection date: 3-4 November 2015.

NHS Greater Glasgow and Clyde must: ensure that all waste is disposed of in

accordance with Health Facilities Scotland's Scottish health technical note three NHS Scotland waste management guidance part A (2015) and that all staff involved in the management of waste are aware of their responsibilities; ensure that theatre footwear is decontaminated in line with Health Protection Scotland's national infection prevention and control manual (2015) and is stored clean and ready for use; and, ensure that positioning pieces used within the theatre department are clean and free from damage (12).

HIS – Healthcare Environment Inspectorate - unannounced inspection report - Glasgow Royal Infirmary NHS Greater Glasgow and Clyde, 7–8 October and 15 October 2014.

NHS Greater Glasgow and Clyde must: ensure that audit activity in the accident and emergency department provides assurance that infection control standards are being achieved and maintained. Specific information is included in the report to address the infection control standards (13).

HIS – Healthcare Environment Inspectorate - unannounced follow-up inspection report - Glasgow Royal Infirmary NHS Greater Glasgow and Clyde, 24–25 February 2015.

NHS Greater Glasgow and Clyde produced a detailed improvement action plan. The NHS board has met all eight requirements made at the previous inspection in October 2014 (14).

HIS – Healthcare Environment Inspectorate, unannounced inspection report - Stobhill Hospital NHS Greater Glasgow and Clyde, 21–22 October 2015.

NHS Greater Glasgow and Clyde must: ensure it evaluates the uptake of infection control training and responds to unmet infection prevention and control education needs; ensure a systematic programme of audits is performed to monitor compliance with standard infection control precautions, assess compliance with Health Protection Scotland's national infection prevention and control manual for NHS Scotland (2015) and provide assurance to the organisation; ensure that when an agreed audit programme is not undertaken, this is communicated through the organisation's risk reporting system; and, ensure it provides patient equipment that can be effectively cleaned and is safe for use (15).

HIS – Healthcare Environment Inspectorate - unannounced inspection report - Western Infirmary NHS Greater Glasgow and Clyde, 5 August 2013.

NHS Greater Glasgow and Clyde must: ensure that all staff groups are implementing standard infection control precautions when disposing and handling sharps. This will ensure that staff close temporary closure mechanisms on all sharps bins; provide a timescale for when the legionella policy will be approved and implemented; demonstrate compliance with the requirements of CEL 08 (2013) and the Health Protection Scotland and NHS National Services Scotland joint document: Guidance for neonatal units (NNUs) (levels one, two and three), adult and paediatric ICUs in Scotland to minimise the risk of pseudomonas aeruginosa infection from water (2013); ensure that all ward based staff follow the isolation policy and that any deviation is clearly documented in patients' notes; and, ensure that peripheral vascular catheter (PVC) documentation is consistently completed in line with local policy (16).

HIS – Healthcare Environment Inspectorate - unannounced inspection report - Wishaw General Hospital NHS Lanarkshire, 11–12 and 26 November 2014.

NHS Lanarkshire must; ensure that where a PVC is in place, staff adhere to local policy and complete the accompanying care bundle documentation; ensure that all patient equipment is clean and ready for use; and, ensure that hospital-acquired infections (HAI) information is effectively disseminated to patients, relatives and carers (17).

HIS – inspection report: Independent Healthcare - Carrick Glen Hospital, BMI Healthcare Ltd, Ayr, 20–21 January 2016 (18).

HIS - Queen Elizabeth University Hospital - Older people in acute hospitals unannounced inspection, inspection dates, 7-11 September 2015 (19).

Meeting to discuss clinical governance/HISadverse reports – 12 April 2016

In response to HIS quality inspection adverse outcomes, a meeting was held with senior education managers and PEFs to assess the joint action taken to protect students' learning in placement areas within services identified in these reports. Senior academic staff confirmed that none of the HIS reports identified presented a risk to effective student learning. The arising issues had been discussed through the collaborative arrangements that are in place between the school and the health boards. Senior service managers confirmed that these relationships are very good and that all adverse issues would be discussed and appropriate collaborative action agreed. The majority of the outcomes of the reports are related to infection control and the maintenance of a good healthcare environment which the school confirmed would be covered in skills workshops and simulation learning undertaken by students. The school informed us that issues arising from HIS reports are standing items at the practice advisory group attended by senior staff from the school and the associated health boards. The school confirmed that they had not moved students from any placement area for the last six years. Previous to this, issues were raised by students and when collaboratively investigated the students concerned were moved from a placement area (72).

We concluded that the school has effective processes in place that can respond appropriately to adverse quality inspectorate reports when they indicate that placement areas where students are allocated may not be appropriate. Although this has not occurred in the recent past, discussions held at the monitoring event confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures ensure that student learning is protected and that students are not subjected to either poor education or patient care practices (72).

Follow up on recommendations from approval events within the last year

NMC programme approval report, GCU - registered nurse - adult/child/mental health/learning disabilities fields, BSc/BSc (Hons) Nursing, 6 May 2015 (4).

Recommendations included:

- Discuss and clarify, with senior clinical managers/placement providers, the apparent differences in perceptions on the nature of the degree entry requirements for the MSc nursing (pre-registration).
- Further work should be undertaken to ensure that feedback from service users

and carers is incorporated into the development of the OAR.

- Endeavour to involve service users and carers in the recruitment process.

- Amend the programme submission documentation to enhance the transparency of the ways in which internationalisation and the current Quality Assurance Agency (QAA) enhancement themes (transition) are embedded in the curriculum (university requirement only).

The progress made in achieving the recommendations was discussed at the initial meeting on the 31 March 2016 and during the monitoring event (4, 67).

The recommendation made for service users and carers to be involved in the recruitment and selection process will be addressed in the action plan implemented as a result of the not met outcome for key risk 2.1.1.

Some development work has taken place with mentors and students to ensure that feedback from service users and carers is incorporated into the development of the OAR. We have seen good evidence that students are reflecting on service user and carer feedback within the OAR and suggest that consideration is given to widen opportunities for service users and carers to give feedback.

Specific issues to follow up from self-report

The following key issues are identified for 2015-2016 annual monitoring:

- Heart of campus - continue to evaluate the impact of the campus development on room availability.

During the monitoring visit we found that students did not raise any negative issues about room availability (80–96).

- Values based recruitment tool is being piloted within the pre-registration nursing programme - to evaluate the usefulness of this tool.

We found that the pilot of the values based recruitment tool was successful and its use has now been included as part of the selection procedures (79).

- Sign-off mentor protected time - to monitor through PEFs any sign-off mentors who are not getting protected time and escalate this through service managers and the directors of nursing (5).

During the monitoring visit sign-off mentors told us that they are able to access protected time (80–96).

Findings against key risks

Key risk 1 – Resources

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

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

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

What we found before the event

There is a policy for nurse and midwife lecturers to achieve recordable teaching status with the NMC and to record their qualification (20).

NMC registration renewal dates for academic staff are held on a database within the school and monitored and updated on a regular basis by searching the NMC register to ensure that staff have renewed their registration (20).

GCU ensures that nurse teachers are given time to link to practice, to undertake a teaching qualification, and to engage in scholarly activity (4).

GCU ensures that nurse teachers meet the relevant requirements including being up to date; this includes being given time to link to practice, to undertake a teaching qualification and to engage in scholarly activity (4).

What we found at the event

We found that all programme leaders, field leaders and lecturers supporting the pre-registration programme have an active registration and many have a recorded teaching qualification with the NMC. Programme leaders act with due regard. The academic staff profile demonstrates strong evidence of excellent staff development. Academic staff are enthusiastic and committed to their roles. The school's governance procedures are robust and well administrated and ensure that all midwifery and nursing lecturers are registered with the NMC and have the relevant recorded teacher qualification or are working towards its achievement (39-40, 42, 66, 71).

Generally there is sufficient academic staff dedicated to programme delivery and we were shown examples of the university's workforce planning tool that is used to ensure that the programme is adequately staffed. This demonstrates evidence that time is allocated to placement visits, the academic advisor role, supporting practice modules, community engagement, outreach work and dedicated time for staff development (67–70, 99).

There is an all Scotland programme model for the delivery of the pre-registration nursing learning disabilities field which presents significant geographical challenges. We found that the teaching and learning support needs of student nurses studying the learning disabilities field are currently being met. However due to the challenges involved we recommend that to maintain the quality of the programme and further expand the model the resource allocation for lecturers would benefit from being reviewed (69, 98).

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

What we found before the event

There is clear accountability for the allocation of students to practice placement settings with sufficient suitable mentors and sign-off mentors available (20).

The pre-registration nursing programme documentation provides evidence that students are allocated to an identified mentor, practice teacher or supervisor during practice learning (4).

GCU confirmed that NHS Education for Scotland has set up a 'short life' working group to manage the challenges faced in maintaining mentors within the independent sector areas (4).

What we found at the event

We found that mentors and sign-off mentors show a high commitment and enthusiasm for their role with students. We were told that there are around 7,000 mentors and sign-off mentors appropriately qualified and able to support students and that this presents a challenge in ensuring that they are all kept up to date and meet NMC requirements (62, 80–96).

Students told us that they are allocated mentors with due regard in practice placements who support their learning. They told us that mentorship is experienced on a one-to-one basis and co-mentoring strategies are deployed to support student learning and to ensure that mentorship continuity is maintained where mentors are absent. Mentors report that they are supported in maintaining their currency by PEFs who provide mentor updates. Mentors and sign-off mentors told us that they are provided with time to perform their roles (80–96).

We were told that service level agreements are in place to specify the number of students that can be accommodated by each placement. PEFs told us that where a placement is used by more than one university, the universities collaborate and allocate placements through the GCU placement system to ensure that the service level agreement is not exceeded. Staff at all levels and students could articulate the process for allocating students to placements. Students told us that they are satisfied that efforts are made to meet their personal needs and choices in the allocation of placements (80–96).

We found that the hub and spoke placement model was, in general, well received and understood. Students told us that they benefit from getting to know a placement but also from being able to follow the patient/client journey and gain experience in other areas. Some students told us that it also enables them to see how services linked together (68-69, 80–96).

We conclude that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students.

Outcome: Standard met
Comments: The all Scotland programme model for the delivery of the pre-registration nursing learning disabilities field presents significant geographical challenges. The maintenance of the quality of the programme and further expansion of the model would benefit from a review of the resource allocation for lecturers.
Areas for future monitoring: •   Sufficient academic staff to support the pre-registration nursing learning disabilities field.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Selection and admission processes include practitioners and service users and carers (20).

The selection process has representatives from practice, service users and an agreed criterion is used. During the approval event in 2015 service users and carers confirmed they were involved in the open days but not on the recruitment panels and highlighted that they would like to be involved (4, 26).

Panel members are given equality and diversity training. All staff involved in the admission process have completed equality and diversity training. Admission processes include checks of good health and conduct (20, 25, 27).

The selection process has a face to face component which includes a values based approach (4).

The admissions process clearly specifies the appropriate academic and professional entry requirements such as for school leavers, mature students and overseas applicants (4).

GCU clearly manages reasonable adjustment; the issue of diversity is also further managed through the delivery of the programme and is articulated throughout the programme documentation and the equality and diversity policy and procedure documents (4).

What we found at the event

Programme leaders told us that students apply for places through the universities and colleges admission service (UCAS) and are offered a place on the basis of a scoring system. This uses a variety of tools including, qualifications, personal statement, evidence of carer experience and a values based questionnaire. The scoring criterion has been agreed with representatives from associated practice placement staff and service users and carers.

We were told that the Cambridge personality styles questionnaire (CPSQ) was successfully piloted and informed the use of a values based approach to the selection process. We found that good health and good character screening takes place prior to commencement on the programme. We found that students for whom their first language is not English are tested through the use of an international English language test (IELT) and that a score of seven across all areas is required (43, 68–70, 79).

We were told that applicants who achieve the required scores are sent a conditional offer based on successful health screening and PVG clearance. We were told that no face to face interviews takes place as part of the selection process prior to an offer being made but that they are encouraged to attend open days where there is face to face engagement with academic and practice staff and service users and carers. At these events students are given as much information as possible to help them self-select for their career. We were told that if there were any concerns raised about students at these events then the offer could be withdrawn and that this was explained to them in the offer letter. They told us that most students attend open days or the information days following a conditional offer. We met students who told us that they had entered the programme following the UCAS offer and compulsory clearances without attending a face to face session with school representatives. Other students told us they were offered a place on the programme prior to any face to face contact with academics, practitioners or service users or carers (25, 27, 60, 68–70).

We discussed the issue with academic staff involved in the admission process and they told us that conditional offers on the programme are made on the basis of a scoring process undertaken on the application information provided by the student which included the UCAS application form, a personal statement and references. They told us that the scoring system had been discussed with service user and carer representatives. They informed us that no face to face component has taken place with students before the conditional offer is made. All students are invited to an applicant's day at which representatives from practice placements, usually PEFs, and service user and carers are present. We heard that they believe that these days provide the students with the opportunity to self-select on the basis of whether they want to accept the conditional offer (57-58, 60, 79).

We conclude that the admission process does not meet the NMC Standards for pre-registration nursing education (2010) as face to face engagement with students, the involvement of representatives from practice placement providers and service users and carers is not included until after the selection decision and a conditional offer is made (Standard three: requirement 3.6 and 3.7 and guidance 3.7a apply).

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

What we found before the event

Teachers, practice teachers, sign-off mentors and mentors follow procedures to address issues of poor performance (20).

GCU checks for good health and good character during the student's journey from the admission process to programme completion. There is a process to manage students' progression on the programme including application of the 12 week rule which is explicitly linked to progression (level four to five progression, level five to six progression, and programme completion) (4).

What we found at the event

Programme teams provided us with documentation to identify and manage poor performance which included an easy to understand flow chart. Academic staff, students, mentors and PEFs all told us that the procedures are understood. They were able to tell us about examples of when the process was used effectively (28, 30-31, 80–96).

Students could describe the process to manage academic and practice failure. They told us about the processes for submitting assignments and the OARs using the university's electronic system. They are aware that the Turnitin package is used to check the authenticity of assignments and practice assessment records (80–96).

We conclude that the programme providers' procedures to address issues of poor performance in both theory and practice are understood and implemented effectively in the pre-registration nursing (mental health nursing and learning disabilities nursing) programme.

The dean of school coordinates the fitness to practise procedures that apply across all professional disciples. A new fitness to practise policy has been developed which aligns with current best practice. The school maintains a database of conduct issues which includes academic misconduct issues and enables them to monitor students' behaviour during the programme. Academic misconduct issues are not normally referred to the fitness to practise panel but if there were multiple issues, a referral would be made.

The fitness to practise panel for pre-registration nursing students would always include a member who is a professional representative from an associated health board. In the academic year 2014/15 the fitness to practise panel only considered the case of one pre-registration nursing student from the adult nursing field who had forged a signature in the assessment of practice document. The case was considered in line with the requirements of the NMC (75).

We conclude 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. The fitness to practise policies and procedures are robust and concerns are investigated and dealt with effectively and the public is

protected (22-23, 56, 75).

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

What we found before the event

The programme demonstrates that there are adequate safeguards in place to protect service users and carers. This includes having a clear fitness to practise process and a clear escalating concerns process. This is evidenced in the practice learning support protocol document, the quick guide for student nurses and midwives raising and escalating concerns document, guidance for students raising and escalating concerns document, and the OAR. There are processes in place to manage student complaints that are related to practice. These processes are monitored through the placement advisory steering group (4).

There is a school code of professional conduct and fitness to practise: policy and procedures for staff and student guidance document. This is provided to students before the programme commences. The code of professional conduct informs students that they are expected to behave at all times in a way which demonstrates respect for the university, its students, staff and the wider community. Every year students are asked to confirm their compliance with this code (22-23).

What we found at the event

Practice placement representatives and PEFs told us that policies and procedures to address students' poor performance in practice are well understood and are implemented effectively (28, 80-96).

We met mentors who had used the procedures and they told us that they were well supported throughout the process by the link lecturer and the PEF. They told us that the procedure enables poor practice to be identified at the earliest possible opportunity and that issues are then addressed through a remedial action plan (80–96).

We found that students are aware of the policies and procedures which are located in the assessment of practice documentation (80–96).

We conclude that practice placement providers implement effective procedures to address issues of poor student performance in practice which meet NMC requirements and to protect the public.

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

What we found before the event

GCU provides APL opportunities. There are processes in place to manage the APL applications, verification of credit claims and the quality assurance of the APL system to ensure APL limits are not exceeded (4, 20).

What we found at the event

Students told us that they were well informed about APL/RPL and that they had made personal informed decisions to use or not use the system (80–96).

The RPL coordinator was able to show us evidence of mapping that had taken place for individual claims and programme accreditation. We were told that the application of RPL is used to widen access and students who had undertaken a higher national certificate with the required number of clinical hours could enter the pre-registration programme in the second year. We were told that all processed RPL claims are scrutinised by the external examiner and ratified by the examination board (77).

We conclude that APL/RPL policies, procedures and practices are robust and ensure that the NMC learning outcomes and hours of theory and practice are mapped within the accreditation process.

Outcome: Standard not met

Comments:

The admission process does not meet the NMC Standards for education (2010) as face to face engagement with students, the involvement of representatives from practice placement providers and service users and carers is not included until after the selection decision and a conditional offer is made (Standard three: Requirement 3.6 and 3.7 and Guidance 3.7a apply).

22 August 2016: Follow up Documentary Evidence from Glasgow Caledonian University. Standard now met

22 August 2016 - Standard now met.

Revised programme documentation was submitted to evidence that the future selection process would include a face to face component from the academic year 2016/2017. This evidence meets the requirements of the action plan. GCU has been requested to report on the progress and outcome of the implementation of the new selection arrangements in the annual self-assessment report to the NMC for the academic year 2016/17.

Evidence to support the standard is met includes:

- GCU School of Health and Life Studies , BSc/ BSc (Hons) professional studies in nursing: programme handbook, 5.4: revised admission procedures and process, May 2016
- GCU School of Health and Life Studies , BSc/ BSc (Hons) professional studies in nursing: programme handbook, flow chart for admissions, May 2016

Areas for future monitoring:

- The selection process involves a face to face component and the inclusion of practice placement providers and service users and carers.

Findings against key risks

Key risk 3 - Practice Learning

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

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

What we found before the event

There are effective local partnership arrangements at strategic and operational levels including health boards and the independent and voluntary sectors (20).

A practice learning protocol has been developed in partnership with GCU, the University of Glasgow, the University of the West of Scotland and the placement provider organisations (28).

GCU audit practice learning opportunities which are monitored through the annual monitoring process. The educational auditing strategy conforms to NMC standards which includes the sharing of educational audit information when placements are used by other education providers (4, 20).

GCU confirmed that most spoke placements are audited and areas which are not audited have restrictions in place, such as, students cannot attend these placement areas for more than three days, and the supervisor (non-nurse mentor, or other professional) can provide feedback to the student and mentor in the spoke section in the OAR, but cannot sign/assess any of the essential skills clusters (ESCs) (4).

Raising and escalating concerns policies are in place to ensure that students' concerns are fully investigated and supported (20, 29).

What we found at the event

We found that strong and effective partnerships exist with service providers and associated education providers at both strategic and operational levels. We found evidence that the majority of educational audits involve academic staff as active

partners and meet NMC requirements. However, in some of the placements which are used for the pre-registration nursing learning disabilities programme it was unclear who was present at the time the audit took place and the process that was used to sign it off as an approved placement. This was clarified with the programme provider who was able to evidence the process met NMC requirements. We recommend that the educational audit makes the process for completion and approval more explicit (67-70, 101–119).

Particular scrutiny was undertaken during the monitoring visit to gain assurance that the educational audit process was undertaken in a timely manner to approve placements before students moved into the new placement areas provided at the Queen Elizabeth University Hospital and the Royal Hospital for Children in May and June 2015. We found that all educational audits were completed and approved before a student was allocated a placement area at these hospitals. We are assured that no students were placed in an unaudited placement and students' practice experience was only subject to minor disruption with no loss to practice experience time. During the period of the move to the new hospitals, PEFs and academic link lecturers increased their presence in the new practice settings to support the student learning experience. Students' evaluations that covered this period of practice illustrate that their experience was positive and no major issues were identified that related to the change in placement provision. We found evidence that all staff who were involved in this significant change to placement provision were committed to ensure that the students' learning experience was protected throughout this challenging period (1–3, 50, 55, 74).

Placement management is effectively undertaken with a new 'In Place' placement management system which has many impressive features. We found that the school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicate that placement areas used for students may not be appropriate. We found that there are no recent incidents of this occurring and we confirmed that action would be taken to protect the students learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures meet the requirement to protect students' learning and ensure that students are not subjected to poor educational experiences and/or patient care practices (29, 63-64, 78).

The significant role and contribution of the PEF is commended for ensuring the provision of positive practice learning experiences are available for students undertaking the pre-registration nursing programme.

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 programme aims to protect the public including respecting a service user's right to consent. Service users have been fully involved in the development of the programme. This is evidenced in module descriptors, and the practice learning support protocol document. At the approval event service users and carers confirmed they are involved in the delivery of the existing programme and have been involved through the 'design

with me' group during the design of the pre-registration nursing programme (4).

The school has a strategy for service user and carer involvement (December 2012) (21).

What we found at the event

Practitioners told us that they are currently involved in programme delivery. Students told us that they value the regular input from practitioners and clinical experts into their academic learning (80-96).

We found that service users and carers are engaged in aspects of programme development and delivery. The school uses a self-assessment tool to guide on the implementation of the service user and carers strategy. The tool indicates that they are at level three on the five level ladder of involvement for service user and carer engagement and this appears appropriate and creates a strong baseline for future development. Service users and carers told us that they feel supported and valued by the university (21, 52-53, 59, 61, 73).

Programme documentation shows that service users and carers were involved in the design and delivery of a number of modules. A form for service user and carer feedback is included in the OAR and we saw evidence of feedback being obtained in a variety of ways and reflected on by students (30-31).

Service user and carer engagement in the mental health nursing field is commendable and lecturers work in partnership with service users to create high quality simulated learning experiences with excellent feedback on student performance. Programme leads within the mental health field told us that they had just received an award for the way they involve service users and carers in modules in the second year of the programme. They described a number of innovative service user and carer projects carried out in collaboration with charities and how support is provided to ensure their safety and wellbeing before and after sessions (68, 80–84).

In the learning disabilities nursing field, service user input into the development and delivery of the programme was through partnership with Enable Scotland and this is confirmed in academic staff publications. Students told us that service user presentations are part of the teaching programme and are valued learning events. Students are actively encouraged by their academic advisors and placement mentors to seek feedback from service users. This is facilitated by the placement mentors who request this feedback for the student as described in the practice assessment documentation. Students, mentors and sign-off mentors report that they did not feel it appropriate for students to seek out this feedback on their own due to the potential power imbalance in the relationship (41, 69, 85–96).

At the approval event for the pre-registration nursing programme in May 2015 a recommendation was made for further work to be undertaken to ensure that feedback from service users and carers is incorporated into the development of the OAR. Some development work has taken place with mentors and students and we have seen good evidence that students are reflecting on service user and carer feedback within the OAR. This work should continue to be developed to ensure that students have the wider opportunities to reflect on feedback provided from service users and carers and to

further explore the widely published positive effects on students' learning from this type of feedback (4, 30-31, 41).

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

What we found before the event

The programme provides evidence that students are allocated to an identified mentor during practice learning and supported by a link lecturer (4).

What we found at the event

Academic staff told us that link lecturers are identified for each placement area and participate in educational audits. We heard that all students are allocated an academic advisor as their first point of contact with the university when they are in placement settings. PEFs, mentors and sign-off mentors confirm that link lecturers are contactable and responsive and visit when requested (68–70, 80–96).

Students, mentors and sign-off mentors told us that they had not had a visit by their link lecturer or academic advisor during the current placement experience and that they do not routinely visit placements. Students, mentors and sign-off mentors confirmed that if they need to contact either the link lecturer or academic advisor they feel comfortable to do so, and when this had occurred the response by telephone and email has been good and a visit was undertaken, if required (68–70, 80–96).

We conclude that academic staff support students in practice placement settings especially when additional student support is required. In some practice placement settings academic staff visibility is low and would benefit from being reviewed.

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

Student supervisors are properly prepared and supported via a number of mechanisms including: an approved module, sign-off mentor preparation, mentor updates, and access to academic link lecturers and PEFs (4).

Practice learning opportunities are provided that are safe, effective, and integral to the programme and appropriate to programme outcomes. The programme documentation clearly demonstrates that students and those supporting practice learning are provided with information that includes dates, outcomes to be achieved, and assessment documents for each period of practice learning (4).

What we found at the event

Mentors and sign-off mentors told us that the preparation they receive equips them with the skills and knowledge to support and assess students' learning. Students told us that they rate the quality of the mentorship they receive as high (80–96).

Grading of practice has recently been introduced in the new pre-registration nursing programme and mentors and sign-off mentors told us that they have been appropriately prepared and feel confident to make the judgements necessary. Mentors told us that they had been involved in the development of the OAR and described this as helpful in their role in grading practice (30-31, 80–96).

PEFs described a variety of flexible methods for updating mentors and sign-off mentors including online and face to face preparation and information in newsletters. Service managers and mentors confirmed that PEFs are very flexible in meeting individual and mentor groups needs to ensure the NMC Standards to support learning and assessment in practice (2008) are met (37, 44–48, 80–96).

We conclude that mentors and sign-off mentors are properly prepared for their role in assessing students' performance in practice and that this contributes towards the protection of the public.

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

GCU ensures that mentors and practice teachers meet requirements for triennial review. This process is supported through the use of a mentor register and annual monitoring (4).

What we found at the event

PEFs provided us with electronic evidence of the mentor update schedules and told us that extra dates and updates are provided, as necessary, to meet the requirements of mentors for annual updating (80–96).

We found that triennial review is managed at placement level in collaboration between service managers and PEFs. PEFs told us there is a clear audit trail to verify that records of triennial review are accurate and up to date. Compliance with triennial review requirements are managed within staff development structures and we were provided with the mapping of the requirements of triennial review (80–96).

During one practice placement visit a sign-off mentor was unable to provide verbal or documentary evidence that triennial review had taken place. This was explored further with the PEF who was able to provide documentary evidence that the mentor had met with their manager to complete the triennial review. During other practice placement visits we found that mentors and sign-off mentors were sometimes unclear about the process of triennial review (80–96, 100).

We conclude that mentors and sign-off mentors attend updates and that triennial reviews are completed. We found that some sign-off mentors are unclear about the triennial review process and documentation that is used to maintain the role of sign-off mentor. It would be useful to refresh mentors and sign-off mentors about the process and requirements at future mentor updates.

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

What we found before the event

GCU ensures that mentors and practice teachers meet the requirements to be mentors. The process is supported through the use of a mentor register and annual monitoring. A local practice register is kept which includes information such as sign-off status of mentors, record of updates and dates for triennial review and is monitored through the annual monitoring process (4).

What we found at the event

We scrutinised the secure live electronic mentor registers and found that they contain accurate and up to date information about mentors and sign-off mentors. The registers are maintained by the PEFs. The register is kept secure but can be viewed by academic staff as required. Mentors and sign-off mentors and their managers are notified by email when mentors are approaching an update and triennial review deadline. When this is successfully completed by the due date the register is updated. If the mentor or sign-off mentor does not attend an update or triennial review, the register identifies the mentor as inactive so no students will be allocated to them. A follow up email is sent to their manager for action (51, 65, 80–96).

We conclude that the mentor registers provide an up to date and accurate record and are well administered to ensure that those who are assessing students' competencies are up to date and aware of their responsibilities and accountability to protect the public.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

• Educational audit process in the pre-registration nursing learning disabilities field.

• Service user and carer engagement in programme development and delivery.

• Academic staff visibility in practice settings.

• Mentors and sign-off mentors awareness of the requirements of triennial review.

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

There are effective teaching and learning strategies to meet NMC outcomes and competencies. Opportunities to rehearse and develop caring, integrated practice skills are provided. There are appropriate formative and summative assessments and confirmation of achievement of all requirements of the European Union (EU) directive included in the timetable, where necessary (20).

The pre-registration nursing programme is structured, designed and delivered to meet NMC standards and requirements. The documented programme provides clear evidence that the NMC's required practice/theory hours are met. The programme ensures that NMC standards for competence are met and that successful students are fit for practice and fit for award. There is an opportunity provided for the students to learn with and from other healthcare professionals both within theory and practice. A key element to providing this opportunity is the use of a multi-professional learning framework approach (4).

The pre-registration nursing programme outcomes are tested using valid and reliable assessment methods that include at least one unseen exam, there is equal weighting of practice and theory, there is no compensation between theory and practice, service users are involved in the practice assessment process and students are assessed in both hospital and community placement settings (4).

What we found at the event

Students confirm that the inter-professional elements of the programme enable them to learn from and with other fields and professions. The programme schedule provides evidence that students in the first year participate in core modules with other professionals. Lecturers told us that scenarios that are used to illustrate learning are field specific. Students confirmed that this takes place and is a very positive learning experience (48, 80–96).

Students report that simulated clinical assessment skills are practised in the university

and that these are observed by service users whose feedback is particularly valuable. The ESCs are assessed in the practice assessment document and students confirm that the placement opportunities enable them to achieve these ESCs (48, 80–90). Students told us that the feedback they receive from formative and summative assessments is helpful in enabling them to reach their potential and the requirements of the module/programme (80–96).

Mentors and service managers report that the students who complete the programme are safe, competent and fit for practice (80–96).

We found students to be highly motivated learners with enthusiasm and commitment to their chosen field of nursing practice. Students in both fields of practice are recognised as autonomous learners by staff who are involved in their learning. External examiners report the high quality of the programme including the academic and clinical support provided for students, the rigour of the assessment of practice, the high level of achievement attained by the majority of the students and the success of students achieving the NMC requirements (32–36, 80–96).

We conclude from our findings that learning, teaching and assessment strategies in the approved programme enables students to successfully meet the required programme learning outcomes, NMC standards and competencies. These robust and rigorous processes protect the public from nurses who are unfit for practice.

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

What we found before the event

Opportunities to rehearse and develop caring practice skills are provided. There are appropriate formative and summative practice assessments with confirmation of achievement in practice that supports theoretical achievement (20).

Students have access to a range of risk assessed practice learning opportunities within the 2300 practice hours which are across placement settings, which take into account the 24 hour nature of care, and follow the relevant EC directive (4).

There is an OAR which must be completed by all students undertaking the pre-registration programme. The purpose of the OAR is to provide a record of practice learning progress and achievement of learning outcomes throughout each practice learning experience. This allows current and future mentors to see an overview of the student's progress throughout the placement experiences (30-31).

What we found at the event

Employers told us that students emerging from the pre-registration nursing programme are fit for practice and that most are employed locally. Education commissioners told us that the education programme was considered high quality and that students emerge fit for employment (62, 76, 80–97).

Students demonstrated to us, through the use of the OAR, that mentors and students are using the OAR to collate evidence towards the attainment of NMC practice competencies and ESCs. Requirements regarding progression criteria are made explicit in the document. We found evidence that practice hours are recorded and that learning outcomes in the practice assessment documentation are mapped to ensure that competencies, ESCs and progression criteria are met. Students are able to describe the process by which achievement of practice hours and practice learning outcomes are submitted for academic scrutiny. Students and mentors told us that they have a good working knowledge of the assessment documentation (30-31, 48, 80–96).

Students told us that simulated clinical assessment skills are developed in the university and that these are observed by service users whose feedback is particularly valuable. They told us that practice placement opportunities enable them to develop caring skills and integrate theory to practice and successfully achieve the ESCs (80–96).

Service users and carers who we met spoke highly of the care they are receiving from students and felt that students are having a very good training experience. They told us that students have good listening skills and are responsive to requests with regards to their care. We saw evidence that students are reflecting on feedback from service users in practice settings and that mentors are using the practice assessment documentation to record this feedback (73, 80–96).

We conclude that students on the pre-registration nursing (mental health and learning disabilities) programme provide appropriate documentary evidence to support the achievement of all NMC learning outcomes and competencies at all progression points and for entry to the nursing part of the NMC register. These robust and rigorous processes protect the public from nurses who are unfit for practice.

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
Evaluation systems provide appropriate feedback to enhance programme delivery (20).

What we found at the event
The university has a comprehensive range of internal quality assurance systems which incorporate evaluation of theory and practice. Students told us that they have a student representative in each year of the programme who takes any issues raised to management meetings. They confirmed that they know who their student representative is and that feedback is received on any issues raised. Students are able to cite examples of how changes have occurred to the programme following their feedback (38, 49, 80-96).   We conclude that effective procedures are in place to ensure that all modules and the programme are subject to evaluation and that there is evidence that issues raised are followed through to resolution and that feedback is provided on action taken.   We found that external examiners are appointed who demonstrate currency in education and practice, have due regard and engage with the assessment of theory and practice which is monitored through the external examiner reports and the annual monitoring process (32-36).

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

What we found before the event
The university has a complaints handling procedure (24).   External examiners continually engage with both theory and practice elements of the approved programme. External examiners engage with all aspects of the programme to assess validity and reliability of judgements (20).

What we found at the event
Students told us that they provide feedback on their placement learning and examples of this were viewed during the monitoring visit. Practice placement staff told us that they did not always receive this feedback. Students reported a high level of satisfaction with the responsiveness of the programme team. They described processes for providing feedback and cited examples of where feedback delivered informally had been acted on quickly (54, 80–96).   We found the proforma used by external examiners for their annual reports to be of high quality as it specifically asks for evidence that the statutory requirements are being met

and for activities to be described that confirm that the assessment of practice is a robust process. External examiners' reports are comprehensive and issues raised in the reports are appropriately responded to by programme leaders (32–36).

We found that there are effective procedures to enable students to raise complaints and concerns and that there is clear evidence that they are appropriately supported when they do raise concerns (24, 29, 80–96).

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. NMC briefing paper – GCU – Request for an extension to usual timeframe for educational audits, 4 February 2016

2. NMC notes of a telephone conference with GCU representatives, 21 April 2015

3. NMC letter to GCU regarding request for an extension to audits of practice learning environments, 28 May 2015

4. NMC programme approval report GCU - registered nurse – adult/child/mental health/learning disabilities - BSc/BSc (Hons) nursing, 6 May 2015

5. GCU/NMC)/joint programme approval event - mentorship and practice teacher preparation courses, including sign-off mentor preparation, 27 March 2013

6. HIS – Healthcare Environment Inspectorate - unannounced inspection report - University Hospital Crosshouse NHS Ayrshire and Arran, 28–29 October 2014 and 6 November 2014

7. HIS Healthcare Environment Inspectorate - unannounced follow-up inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 24–25 June 2014

8. HIS Healthcare Environment Inspectorate - unannounced inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 11–12 August 2015

9. HIS Healthcare Environment Inspectorate - unannounced inspection report - Dumfries and Galloway Royal Infirmary NHS Dumfries and Galloway, 15–16 January 2014 and 22 January 2014

10. HIS Healthcare Environment Inspectorate - unannounced inspection report - Gartnavel General Hospital NHS Greater Glasgow and Clyde, 3–4 November 2015

11. HIS improvement action plan - NHS Greater Glasgow and Clyde Gartnavel General Hospital - Healthcare associated infection inspection, inspection date: 3-4 November 2015

12. HIS improvement action plan - NHS Greater Glasgow and Clyde - Gartnavel General Hospital - Healthcare associated infection theatre inspection, inspection date: 3-4 November 2015

13. HIS Healthcare Environment Inspectorate - unannounced inspection report - Glasgow Royal Infirmary NHS Greater Glasgow and Clyde, 7–8 October 2014 and 15 October 2014

14. Healthcare Improvement Scotland – Healthcare Environment Inspectorate - Unannounced follow-up inspection report - Glasgow Royal Infirmary NHS Greater Glasgow and Clyde - 24–25 February 2015

15. HIS Healthcare Environment Inspectorate - unannounced inspection report - Stobhill Hospital NHS Greater Glasgow and Clyde, 21–22 October 2015

16. HIS Healthcare Environment Inspectorate - unannounced inspection report - Western Infirmary NHS Greater Glasgow and Clyde, 5 August 2013

17. HIS Healthcare Environment Inspectorate - unannounced inspection report - Wishaw General Hospital NHS Lanarkshire, 11–12 and 26 November 2014

18. HIS inspection report: Independent Healthcare - Carrick Glen Hospital, BMI Healthcare Ltd, Ayr, 20–21 January 2016

19. HIS Queen Elizabeth University Hospital - Older people in acute hospitals unannounced inspection, 7-11 September 2015

20. GCU School of Health and Life Studies - mapping document to evidence NMC requirements, review plan

21. GCU School of Health and Life Studies – Strategy for service user and carer involvement, December 2012

22. GCU School of Health and Life Studies – Code of professional conduct and fitness to practise: policy and procedures for staff and student guidance, 2010

23. GCU School of Health and Life Studies, Code of student conduct, academic session, 2015-16

24. GCU School of Health and Life Studies – Complaints handling procedure, August 2013

25. GCU School of Health and Life Studies - Dignity at work and study policy, April 2013

26. GCU School of Health and Life Studies – Admissions policy, December 2012

27. GCU School of Health and Life Studies – Equality and diversity and recruitment policy, April 2013

28. GCU/Glasgow University/University of the West of Scotland, May 2012 - School of Health and Life Studies – practice learning support protocol, January 2016

29. GCU/Glasgow University/University of the West of Scotland/NHS Scotland/NHS Greater Glasgow and Clyde/NHS Dumfries and Galloway/NHS Lanarkshire/NHS Ayrshire and Arran/NHS Highlands – Guidance for student nurses and midwives raising and escalating concerns, January 2014

30. GCU/University of Glasgow/University of West of Scotland/University of Stirling/ Queen Margaret University Edinburgh/Edinburgh University/Edinburgh Napier University/ University of Dundee/University Abertay Dundee/Robert Gordon University/The Open University – Ongoing achievement record Scotland, mental health nursing, September 2015

31. GCU/University of Glasgow/University of West of Scotland/University of Stirling/ Queen Margaret University Edinburgh/Edinburgh University/Edinburgh Napier University/University of Dundee/University Abertay Dundee/Robert Gordon University/The Open University – Ongoing achievement record Scotland – learning disabilities nursing, September 2015

32. GCU - External examiner annual report – pPre-registration children's nursing, 2014/15

33. GCU - External examiner annual report – Pre-registration mental health nursing, 2014/15

34. GCU External examiner annual report – Pre-registration adult nursing, 2014/15

35. GCU External Examiner Annual Report – Pre-registration learning disabilities nursing, 2014/15

36. GCU School of Health and Life Studies – Response to external examiners' report to programme board, 2015/16

37. GCU School of Health and Life Studies – An information update for staff in care homes and Independent sector, November 2015

38. GCU School of Health and Life Studies – Student Staff Consultative Group – 2014/15

39. GCU School of Health and Life Studies – NMC registration database, April 2016

40. GCU School of Health and Life Studies – Staff qualifications, April 2016

41. GCU/The University of Edinburgh/NHS Education for Scotland – Nursing students perspectives of user/carer involvement in their practice assessment across Scotland's higher education institutes, March 2014

42. GCU School of Health and Life Studies – Workload plan, 2015/16

43. GCU School of Health and Life Studies – Cambridge personality styles questionnaire (CPSQ), not dated

44. GCU School of Health and Life Studies – Department of nursing and community health – Good newsletter,

45. GCU School of Health and Life Studies – Department of nursing and community health – Good newsletter, October 2015

46. GCU School of Health and Life Studies – Department of nursing and community health – Good newsletter, June 2015

47. GCU School of Health and Life Studies – Department of nursing and community health – Mentorship update, seventh Edition

48. GCU School of Health and Life Studies – BSc/ BSc (Hons) professional studies in nursing – Programme handbook- Academic session, 2015/16

49. Annual report on monitoring, quality assurance and enhancement of programmes - School of Health and Life Sciences - Department of nursing and community health, Session 2014/2015

50. GCU School of Health and Life Studies – Department of Nursing and Community Health – Summary of challenges posed by service redesign in NHS Greater Glasgow and Clyde and the solutions in ensuring the maintenance of a quality practice learning experience for students: a report created by David Lamont (Lead PEF0 and Evelyn Strachan (Practice lead), April 2016

51. GCU School of Health and Life Studies – Department of Nursing and Community Health – Mentor live register checklist for NMC review, April 2016

52. GCU School of Health and Life Studies – Department of nursing and community health –Service users and carers ladder of involvement, not dated

53. GCU School of Health and Life Studies – Collection of case studies, April 2016

54. GCU School of Health and Life Studies – Department of nursing and community health – Themes arising from practice experiences evaluations – Adult and child field, 2014/2015

55. GCU School of Health and Life Studies – Department of Nursing and Community Health – Electronic records of educational audits conducted at Queen Elizabeth University Hospital and the Royal Hospital for Children Glasgow at the opening of the new hospitals, May/June 2015

56. GCU School of Health and Life Studies – Advice for students referred to the School of Health and Life Sciences fitness to practise (FTP) committee, January 2015

57. GCU School of Health and Life Studies – Department of nursing and community health – Admission process, April 2016

58. GCU School of Health and Life Studies – Department of nursing and community health – Student interview - Person specification, April 2016

59. GCU School of Health and Life Studies – Department of Nursing and Community Health – Service user contribution to assessment, April 2016

60. GCU School of Health and Life Studies – Department of Nursing and Community Health – Scoring for selection process for pre-registration nursing programme, - sixth draft not dated

61. GCU School of Health and Life Studies – Department of nursing and community health – Pre-registration nursing programme – Summary of feedback from 'come design with me' stakeholder event, 13 August 2014

62. GCU School of Health and Life Sciences – Department of nursing and community health – Action plan to NES performance management review, 2015/16

63. GCU School of Health and Life Studies – Department of nursing and community health – Quality assurance and

management of Glasgow Caledonian University – School of Health and Life Sciences – 'In Place' placement management system service practice learning experiences, April 2016

64. GCU School of Health and Life Sciences – 'In Place' placement management system – Student allocations, 14 April 2016

65. GCU School of Health and Life Sciences – 'In Place' placement management system – Independent sector mentor register, 14 April 2016

66. NMC registration database, April 2016

67. Initial meeting to set the scene for the NMC monitoring review at Glasgow Caledonian University, 31 March 2016

68. Meeting with mental health field programme team, 12 April 2016

69. Meeting with learning disabilities field programme team, 12 April 2016

70. Meeting with adult and child field programme team, 12 April 2016

71. Meeting to scrutinise the lecturer registration database, 12 April 2016

72. Meeting to discuss adverse quality reports Health Inspectorate Scotland and clinical governance reports which present risks to student learning, 12 April 2016

73. Meeting with service user and carer representatives, 12 April 2016

74. Meeting with practice placement management staff to scrutinise educational audits for student placement areas at the newly provided Queen Elizabeth University Hospital and the Royal Hospital for Children Glasgow, 13 April 2016

75. Meeting to discuss fitness to practise committee policies, procedures and activity, 13 April 2016

76. Telephone meeting with representative from NHS Education Scotland, 13 April 2016

77. Meeting to discuss accreditation of prior learning/recognition of prior learning, 14 April 2016

78. Meeting with the practice experience management team to discuss the management of practice learning experience, 14 April 2016

79. Meeting to discuss the admission policies and procedures, 14 April 2016

80. Practice visit to Leverndale Hospital – Mother and Baby Unit/Ward 3 Acute Inpatient/Banff Ward Older Persons Inpatient - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 12 April 2016

81. Practice visit to Brand Street Resource Centre - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 12 April 2016

82. Practice visit to Gartnavel Royal Hospital – Henderson House/Kershaw Inpatient Addiction Unit/Stobhill Older Adult Inpatient Unit - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016

83. Practice visit to East CAMHS - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016

84. Practice visit to Barlinnie Prison - Meetings with link lecturer, students, sign-off mentors and mentors, service managers, 14 April 2016

85. Practice visit to Beckford Street - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers, review of mentor register, 12 April 2016

86. *Practice visit to Community Learning Disabilities Team, Hamilton - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 12 April 2016*

87. *Practice visit to Community Learning Disabilities Team, Coatbridge and Airdrie - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 12 April 2016*

88. *Practice visit to Gartnavel Royal Hospital – Claythorne Acute Inpatient Unit - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016*

89. *Practice visit to South Sector Glasgow Learning Disability Services - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016*

90. *Practice visit to the Learning Disability Liaison Team - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016*

91. *Practice visit to the William Quarier Scottish Epilepsy Centre - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 April 2016*

92. *Practice visit to Ailsa Hospital to review mentor database, 14 April 2016*

93. *Practice visit to Arrol Park Resource Centre, Assessment and Treatment Team - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 14 April 2016*

94. *Practice visit to Community Learning Disability Team South - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 14 April 2016*

95. *Practice visit to Community Learning Disability Team North - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 14 April 2016*

96. *Practice visit to Community Learning Disability Team East - Meetings with practice education facilitator, link lecturer, students, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 14 April 2016*

97. *NHS Education for Scotland – Performance management of pre-registration nursing and midwifery education – Glasgow Caledonian University – Performance management annual review 2015 – Final report of 29 June 2015*

98. *The Scottish Government – Health Department – Strengthening the commitment - modernising learning disabilities nursing in Scotland, 2012*

99. *gcu.workloadplan.com. – Staff plan, 2016*

100. *Email trail from PEF NHS Lanarkshire regarding triennial review confirmation for sign-off mentor, 2016*

101. *Educational audit - West of Scotland Mother and Baby Unit - Leverndale Hospital, 2016*

102. *Educational audit - Banff Ward, Leverndale Hospital, 2014*

103. *Educational audit – Ward 3 - Leverndale Hospital, 2014*

104. *Educational audit - Portree Ward,Gartnavel Royal Hospital, 2014*

105. Educational audit - Kershaw Unit,Gartnavel Royal Hospital, 2014

106. Educational audit - Brand Street,Gartnavel Royal Hospital, 2015

107. Educational audit - Henderson House,Gartnavel Royal Hospital, 2015

108. Educational audit - East Glasgow CAMHS, 2014

109. Educational audit - HMP Barlinnie, 2016

110. Educational audit - Community Learning Disabilities Team, Hamilton, 2016

111. Educational audit - Learning Disabilities Team, Coatbridge and Airdrie, 2016

112. Educational audit - Gartnavel Royal Hospital – Claythorne Acute Inpatient Unit, 2015

113. Educational audit - South Sector Glasgow Learning Disability Services, 2015

114. Educational audit - Learning Disability Liaison Team, 2016

115. Educational audit - William Quarier Scottish Epilepsy Centre, 2016

116. Educational audit - Arrol Park Resource Centre, Assessment and Treatment, 2015

117. Educational audit - Community Learning Disability Team South, 2015

118. Educational audit - Community Learning Disability Team North, 2016

119. Educational audit - Community Learning Disability Team East, 2016.

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 31 Mar 2016
Meetings with:
Head of department of nursing and community health Head of quality – Department of nursing and community health Programme leader – Pre-registration nursing x 2 Head of practice learning Practice education facilitators x 5
At monitoring event
Meetings with:
Introduction to the School of Health and Life Sciences – Presentation, 12 April 2016 Head of department of nursing and community health Head of quality – Department of nursing and community health Programme leader – Pre-registration nursing x 2 Head of practice learning Lead for mentorship Mental health nursing team lecturers Learning disabilities nursing team lecturers Practice education facilitators x 3   Meeting with mental health field programme team, 12 April 2016 Head of quality Mental health nursing field lead Mental health nursing lecturers x 3 Practice education facilitator   Meeting with learning disabilities field programme team, 12 April 2016 Head of practice learning Learning disabilities nursing field lead Learning disabilities nursing lecturers x 3 Practice education facilitator

Meeting with the adult and child nursing field programme teams, 12 April 2016

Pre-registration nursing programme leader x 2

Head of practice learning

Adult nursing field lead

Child nursing field lead

Practice education facilitator

Meeting to discuss registration database and monitoring process for lecturers/academic staff, 12 April 2016

Head of department of nursing and community health

Administrator – Department of nursing and community health

Meeting to discuss clinical governance and Healthcare Improvement Scotland quality reports, 12 April 2016

Pre-registration nursing programme leader x 2

Head of quality

Practice managers x 2

Placement managers x 3

Practice education facilitators x 2

Meeting with service user and carers, 12 April 2016

Pre-registration nursing programme leader

Mental health nursing field lecturer

Learning disabilities nursing field lecturer

Service users and carers x 6

Meeting with practice placement management staff to scrutinise educational audits for student placement areas at the newly provided Queen Elizabeth University Hospital and the Royal Hospital for Children Glasgow, 13 April 2016

Head of practice learning

Head of quality

Practice manager

Placement manager

Meeting to discuss fitness to practise committee policies, procedures and activity, 13

April 2016

Dean of school of health and life studies

Head of department of nursing and community health

Quality administrator – School of health and life studies

Telephone meeting to discuss Education Commissioning, 13 April 2016

Associate director NHS Education Scotland

Meeting to discuss accreditation of prior learning/recognition of prior learning, 14 April 2016

Programme leader pre-registration nursing programme

RPL coordinator

Head of quality

Meeting with the practice experience management team to discuss the management of practice learning experience, 14 April 2016

Head of practice learning

Head of department of nursing and community health

Practice manager

Placement manager

Meeting to discuss the admission policies and procedures, 14 April 2016

Head of department of nursing and community health

Programme leader pre-registration nursing programme

Head of quality

Admission lecturers x 2

Meetings with:

Mentors / sign-off mentors	24
Practice teachers	
Service users / Carers	10
Practice Education Facilitator	9

Director / manager nursing	17
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Learning Disabilities	Year 1: 9 Year 2: 0 Year 3: 5 Year 4: 0
Registered Nurse - Mental Health	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0