**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

*Regional Review of In-house Nursing
and Midwifery Education Activities in
HSC Trusts*

Final Report

INVESTORS IN PEOPLE

Contents

SUMMARY

Post registration education is key to maintaining a professional workforce and modernising the delivery of care to meet the demands of a changing healthcare system.

The aim of this review was to scope the breadth of in-house nursing and midwifery education activities and the quality assurance processes that are in place across HSC Trusts.

Despite the limitations of the scoping review, the information fed back demonstrated that there are a large number and wide range of in-house education activities delivered within the HSC Trusts. These are planned to meet the changing needs of the healthcare service and are delivered by nurses and midwives who are experts in their specialist areas of practice.

In most cases, clear rationales for the education activities had been provided and consideration had been given to sourcing other education provider organisations when planning the activity.

Quality assurance of education activities is the systematic review of educational provision to maintain and improve it's quality and efficiency. It determines if education providers and their practice partners are providing education that meets regional agreed quality assurance standards.

The review highlighted aspects in the planning, delivery and evaluation stages in the provision of education activities that could be strengthened. This would not only improve the quality of the education provided but instil confidence in patients and clients that the care they receive is of high quality, evidence-based and person-centred.

This report makes several recommendations which have been informed by the review that should be taken forward in the next phase of this work.

KEY RECOMMENDATIONS

	Recommendations
1.	It is recommended that the NIPEC In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013) should be updated to reflect current regional education policies and procedures and should be further enhanced to include a standardised suite of tools and resources that nurses and midwives can use to support them when planning and delivering their teaching activities.
2.	It is recommended that the revised NIPEC In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013) should be adopted by all in-house education providers to ensure consistency and provide assurances on the quality of the education provided. Where necessary, support and guidance should be provided on the use of the tool.
3.	It is recommended that HSC Trusts should nominate assessors, who are independent of the service area to undertake quality assurance monitoring reviews on a selection of in-house education activities on an annual basis. Recommendations and actions from the reviews should be followed up within a time limited period and examples of good practice should be shared widely. This should also be included within the Trust's quality management and quality control processes.
4.	It is recommended that systems and processes to manage and record the delivery of in-house education activities within the HSC Trusts should be incorporated, where appropriate into the regional Learning Management System. This will support effective governance and demonstrate accountability for continuous improvement of quality and performance.
5.	The learning from this review highlighted the broad range and variation of approaches being used within HSC Trusts. It is recommended that an overall systematic review of postgraduate education provided by all education providers should be completed to determine the scope of accountability in: • Maintaining safe and effective health care delivery • Transforming and developing new services • Meeting the professional development needs and retention of nursing, midwifery and support staff.

1.0 INTRODUCTION

This report presents the findings of a regional review of in-house education activities delivered to nurses, midwives, nursing assistants and maternity support workers within the five Health and Social Care (HSC) Trusts and makes a number of key recommendations for consideration.

2.0 CONTEXT

Maintaining and expanding the knowledge and skills of the nursing and midwifery workforce is essential to ensuring the delivery of safe, effective, person-centred care provided to meet the health and social care needs of the population of Northern Ireland. It is imperative that opportunities to access high quality education, learning and continuous professional development (CPD) activities are available to support and guide nurses and midwives towards achieving their maximum potential.

The HSC Trusts access a range of Nursing and Midwifery Council (NMC) approved and non NMC approved education activities from a variety of education providers. In the main, these activities are commissioned by the Department of Health (DoH), Education Commissioning Group (ECG), through the education commissioning process, and are delivered by a range of education providers. These include Approved Education Institutions (AEIs), the HSC Clinical Education Centre (HSC CEC) and a range of other education providers both inside and outside of Northern Ireland.

It is noteworthy that in Northern Ireland the HSC CEC's primary function is; in collaboration with its clients to provide in-service education to support the learning and development needs of nurses, midwives and allied health professionals across Northern Ireland.

To further meet the needs of the service, the HSC Trusts also provide a range of in-house education activities. These are provided by HSC Trust staff members namely; nurses and midwives, medical staff, members of the multidisciplinary teams and external company representatives.

From a regional perspective there are reportedly a number of challenges which have relevance to the provision of in-house education activities within the HSC Trusts including: the wide variation in the range, content, duration and method of programme delivery, quality assurance processes to evaluate the quality of education provision provided and the increasing number of nurses and midwives requesting the opportunity to complete the Post Graduate Certificate in Continuing Education (PGCE) programme so that they feel equipped with the competence and confidence to provide education activities.

The nature and extent of in-house education provision is not fully understood therefore assurances are required in relation to the quality and relevance of education activities provided within the HSC Trusts.

With this in mind, the Chief Nursing Officer (CNO) in 2021/2022, commissioned NIPEC to conduct a review of in-house education activities delivered to nurses, midwives, nursing assistants and maternity support workers within the five HSC Trusts.

3.0 PROJECT AIM

This review seeks to scope the range, type, volume and delivery methods of in-house nursing and midwifery education activities and the quality assurance processes that are in place across HSC Trusts.

It is anticipated that the outcomes of this scoping review will identify a set of core principles and present a range of recommendations for consideration in the provision of in-house education across the HSC Trusts.

3.1 Objectives

1. Define and test a data set to collate information on the range of in-house education activities delivered within all five HSC Trusts.

2. Review the range of in-house education activities against the non-HSC Trust education activity commissioned by ECG to identify potential overlaps.

3. Identify and agree the subset of education activities for analysis.

4. Undertake an in-depth analysis of the subset using an agreed assessment framework.

In agreement with the ECG, a short-term Task and Finish Group was convened to explore and identify what a review of in-house education might usefully focus on which would be beneficial to all stakeholders. It was agreed that the review should be conducted over two phases.

4.0 PHASE ONE

The Task and Finish Group considered a range of options to take forward the review (Appendix 1) and agreed, that due to the large volume and range of in-house education programmes delivered in the HSC Trusts, it was necessary to clarify and define 'in-house education activities' (Figure 1) and agree an inclusion/exclusion criterion for the scope of the review (Figure 2).

Figure 1. Definition of 'in-house education activities'

In-house education activities are defined as a teaching activity led within an HSC Trust by a registered nurse or midwife. These activities primarily focus on changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience.

Figure 2. Inclusion and exclusion criteria used in the scoping review

Inclusion Criteria

The education activity must:

- Be delivered by nurses and midwives employed in HSC Trusts

- Be delivered to the nursing and midwifery workforce within the HSC Trusts

- If the education activity is provided within a Multidisciplinary Team context, the nurse/midwife must be involved in the development and teaching of the programme/course (not presentation only).

Exclusion Criteria

The following education activities are excluded within the scoping review:

- Programmes/courses that have been developed or validated by an external organisation

- Programmes/courses that are defined as 'raising awareness'

- Programmes/courses that are defined as 'refresher training'

- Programmes/courses that are defined as 'mandatory training'.

Education providers need to be able to demonstrate and provide assurances that their education activities meet the required standards, therefore the Task and Finish Group also agreed that it was important to quality assure a samples of education programmes.

In order to explore the extent of in-house education activities across the five HSC Trusts, the Task and Finish Group agreed that Option 6 (Appendix 1), was the most suitable methodology to take forward Phase Two of the review.

Option 6 includes two parts:

Part A.   Scope all education activities across all HSC Trusts that meets the agreed definition of 'in-house education activity' and fits within the inclusion and exclusion criteria.

Part B.   Select a subset of education activities and conduct an in-depth analysis against agreed assessment criteria.

This plan was presented to the CNO Business Team (DoH) in November 2021, who agreed with the chosen methodology and provided approval for Phase Two of the review to proceed.

5.0 PHASE TWO

A Working Group was established to proceed with Phase Two of the review. This was chaired by Paula Forrest (Deputy Director of Nursing, Workforce, Education, Regulation and Informatics, BHSCT) with representation from the original Task and Finish Group and the DoH (Appendix 2).

The Working Group reviewed the Terms of Reference (Appendix 3) and agreed, that due to the complexities associated with the review in terms of gathering the data within a confined period of time and the lack of available technical and analytic support it was not possible to achieve Objective 2 at this time. A programme of work was also established to take forward the review (Appendix 4).

6.0 METHODOLOGY OVERVIEW

6.1 Part A. Scope all education programmes across all HSC Trusts that meets the agreed definition of 'in-house education activity' and fits within the inclusion and exclusion criteria.

In order to capture as comprehensive an understanding of the range and volume of in-house education activities provided across the five HSC Trusts, a scoping tool was designed and piloted by the Working Group to include the following questions:

- The name of in-house training education activity

- The field of nursing practice and midwifery

- The designation or job role title of the person who developed the education activity

- Does the person who developed the education activity have a teaching qualification?

- The type of teaching qualification held by the person who developed the education activity

- Was the education activity delivered across the HSC Trust or/and service/department specific?

- The duration of the education activity?

- How often is the education activity provided?

It was agreed that the collection of data would cover a three-year period from January 2019 to December 2021.

The draft scoping tool was tested with a small number of teaching staff within the HSC Trusts and further refinements were made with the inclusion of a cover page providing details on the purpose of the review, the inclusion & exclusion criteria and detailed instructions on how to complete the scoping tool.

The scoping tool was circulated by the Working Group to the appropriate Leads for Education within the different clinical areas in their respective Trusts for distribution and completion. The data was gathered over a two-month period and returned to NIPEC for analysis.

6.1.1 Analysis from the scoping review

From the initial analysis of data returned to NIPEC, it was evident that there were significant differences in the range and number of education activities returned in the scoping tool from each of the five HSC Trusts (Figure 3).

Figure 3. Total number of education activities returned per HSC Trust (January 2019 to December 2021).
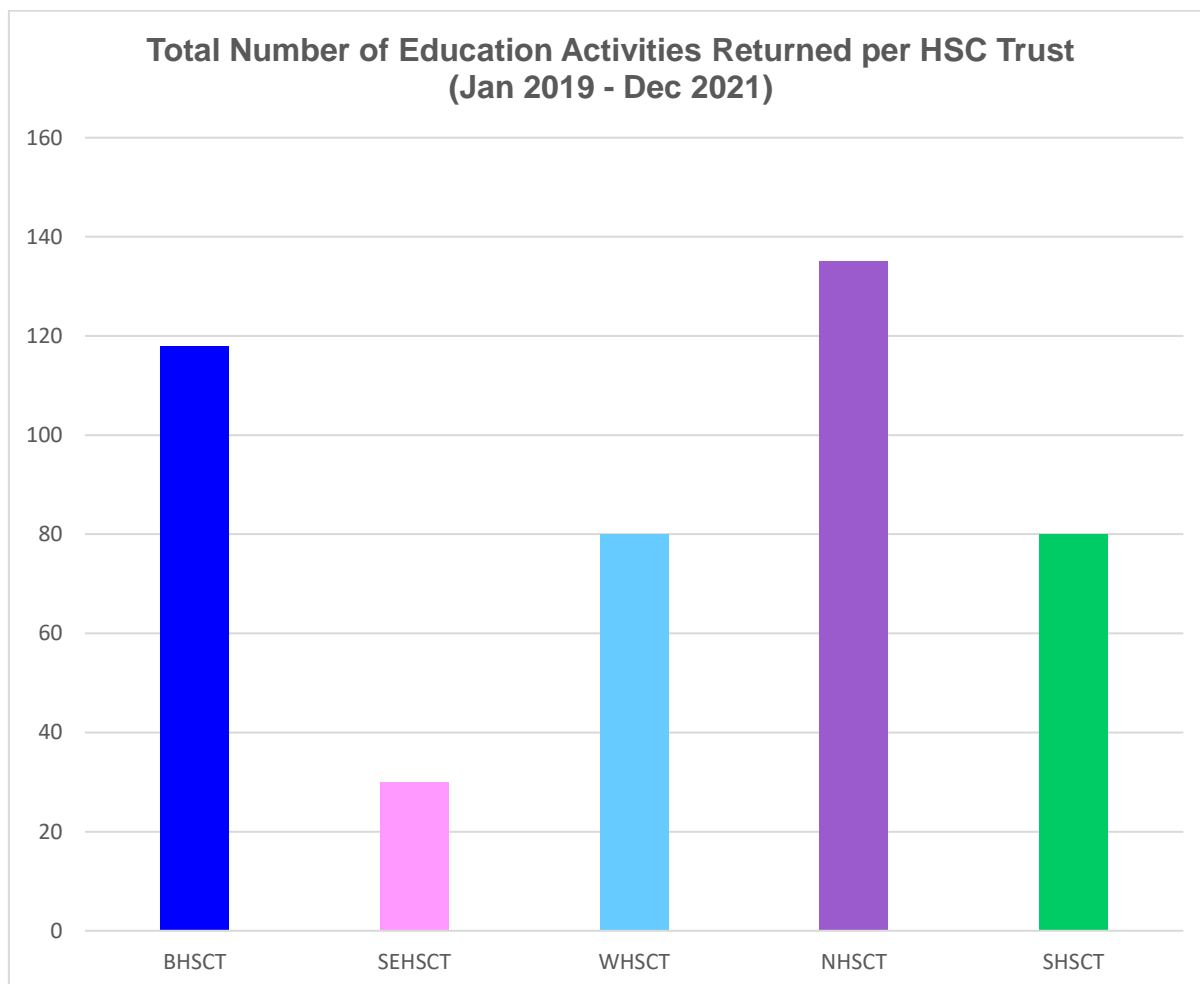
The returned information indicated that some HSC Trusts rigorously applied the criteria whilst others included education actives that sat outside the agreed inclusion/exclusion criteria. There was also a wide variation in the number of education activities reported on according to professional groups (Figure 4).
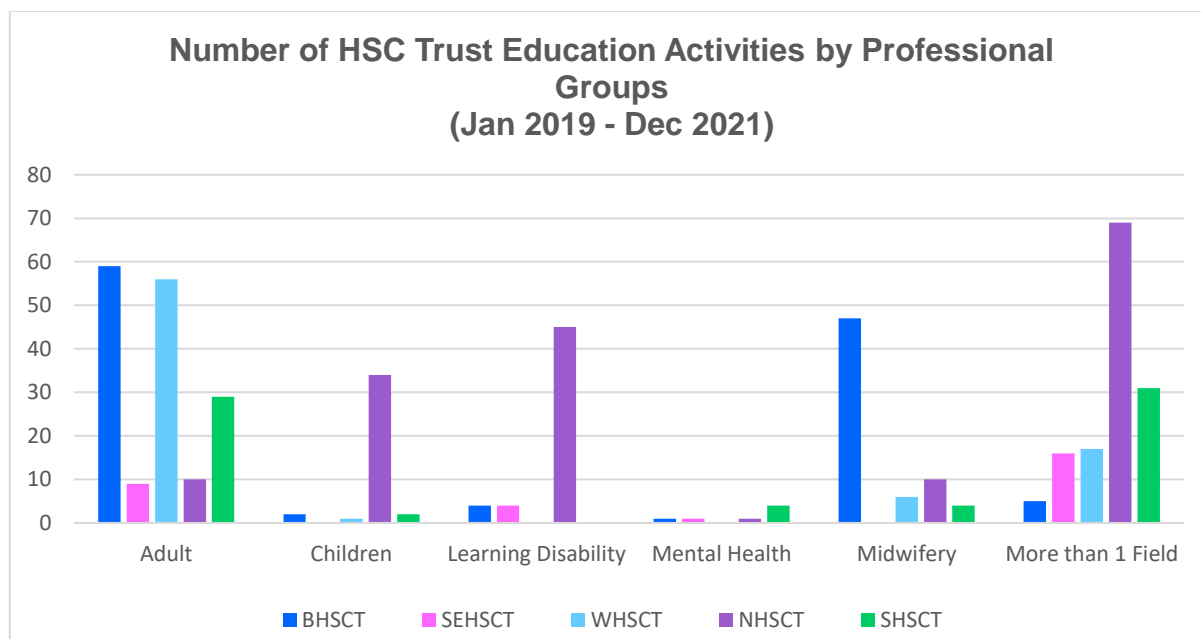
Figure 4. Number of HSC Trust education activities by Professional Groups (January 2019 to December 2021).

The findings also identified examples where the same subject was provided in a range of different clinical areas within the same HSC Trust, e.g. oxygen therapy, management of syringe drivers and casting courses.

Due to the inconsistencies in the quantity and quality of the data, the information was returned to the HSC Trusts for accuracy checking. The Chair of the Working Group along with the Project Lead agreed to also meet with each of the HSC Trust representatives on an individual basis to discuss and confirm their resubmitted information, being mindful of the agreed inclusion and exclusion criteria. An outcome from these discussions identified evidence of misinterpretation by the data collectors in the different clinical areas in regard to what information was required to accurately complete the scoping tool.

As a result, a workshop was convened with the Working Group to facilitate collective discussion and analysis of the returned data from the scoping review and consider the next steps. It was agreed that the information provided was not reflective of the true number of education activities provided in the HSC Trusts and that the findings were therefore inconclusive. The Working Group agreed that the quality and standard of education provided was considered to be more important than the actual numbers of education activities provided, and that this review should concentrate on the quality of the education activities provided within the HSC Trusts.

6.2 Part B. Select a subset of education activities and conduct an in-depth analysis against agreed assessment criteria.

From their own knowledge and experience the members of the Working Group agreed that there were inconsistencies in the depth of quality assurance monitoring of in-house education activities carried out within the HSC Trusts and that it was very much dependent on the registrant providing the education. The Working Group considered different quality assurance tools for the in-depth analysis and agreed that the NIPEC *'In-house Teaching Activities Quality Assurance Process Self-Assessment Tool'* (2013) (Appendix 5) was the most appropriate tool to use.

This self-assessment tool was developed to support nurses and midwives planning or delivering an education activity within an HSC Trust, to ensure that the activity meets an agreed standard. The self-assessment tool guides the educator through a series of eight standard criteria (Table 1) in supporting the application of a systematic approach to the design, delivery and evaluation of the in-house education activity. This process provides assurances that planned educational activities meet the agreed standards, from the planning stage through to delivery, assessment, evaluation and follow-up.

Table 1. Eight standard criteria used in the *In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013).*

	Standard criteria used to inform the self-assessment process
1.	There is a clear rationale for the development of the in-house teaching activity.
2.	The information in relation to the teaching activity should clearly state the aim and learning outcomes and the target audience.
3.	The teaching activity should include clear and explicit learning outcomes linked to the aim of the activity.
4.	The lesson plan and teaching activity content reflect the learning outcomes.
5.	There is an evidence base for the activity.
6.	Service users/carers information has informed the educational activity.
7.	There is access to adequate resources.
8.	Assessment and evaluation processes are in place and there is an agreed process in place to address evaluation feedback.

Selecting the subset of education activities for the in-depth analysis proved to be complex as it was difficult to select education activities that were similar in the subject matter, aim, learning outcomes and intended audience across the five HSC Trusts. It was therefore, agreed that the HSC Trust representative within the Working Group would randomly select ten in-house education activities within their own HSC Trusts for bench marking against the eight standard criteria in the self-assessment tool (Table 1). It was also agreed that they would conduct the in-depth interviews with the education programme provider for each of the ten programmes.

The HSC Trust representatives within the Working Group opted to conduct the in-depth interviews as it would not only provide them with an insight into the standard of the education provided within their Trusts but would also highlight any issues or challenges related to the delivery of educational activities locally.

Each of the five HSC Trusts reported the outcomes from their ten in-depth interviews in the evaluation template (Appendix 6) to NIPEC for review and analysis.

For the purposes of the review it was agreed by the Working Group to add in three additional questions to evaluate the effectiveness of the *In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013)* (Appendix 7). It was anticipated feedback to these questions would assist the findings and inform the recommendations of the review.

6.2.1 In-depth analysis of selected in-house education activities

Analysis of the information indicated that the selected education activities (n=50) met the majority of the eight standard criteria within the self-assessment tool. (Figure 3).

Figure 3. Overall outcomes from the quality assurance monitoring review of in-house education activities using the self-assessment tool.
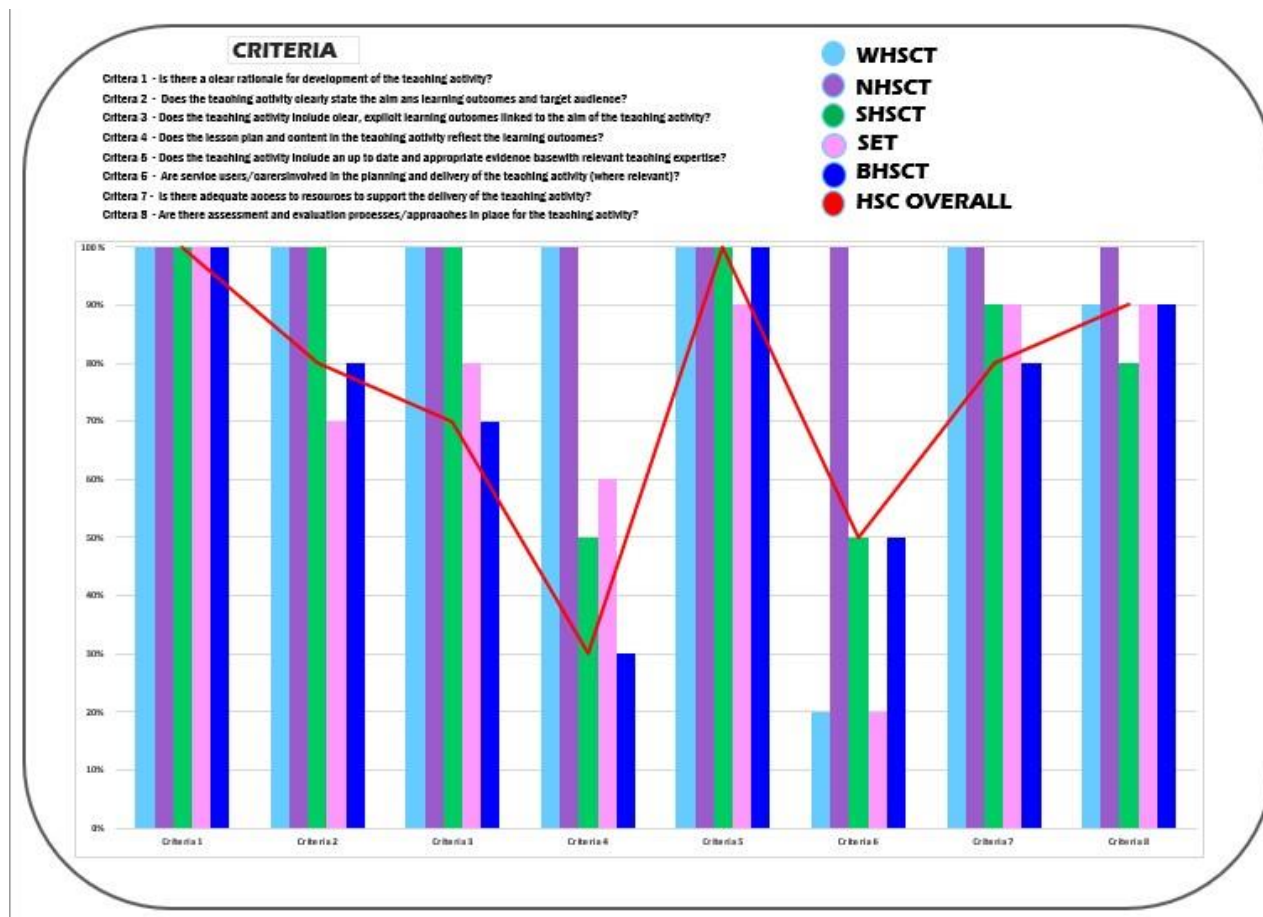
Criteria 1. and criteria 5. both scored a rating of 100%.

Criteria 1. stipulates that 'there is a clear rationale for the development of the in-house teaching activity'. Responses fed back for this included: the education activity was introduced as a result of: Serious Adverse Incidents (SAI's), audits, new polices/guidance, feedback from staff appraisals, changes in practice or a new service introduced. A small number of the in-house education activities were not available in HSC CEC as they did not align with their commissioning plans.

Criteria 5. stipulates that: 'there is an evidence base for the activity'. Examples were provided where educators used evidenced-based guidelines, HSC Trust polices and best practice documents.

Criteria 4. and criteria 6. scored the lowest ratings.

Criteria 4. stipulates that: 'the lesson plan and teaching activity content reflect the learning outcomes'. This criterion achieved a score rating of 30% and the findings revealed that the use of lessons plans was not used consistently across all education activities.

Comments received in response to this criterion included:

'There is no formalised teaching plan'

'The training schedule or timetable reflected the learning outcomes'

'Presentations and timetable evidence this'

'Evident within the presentations'
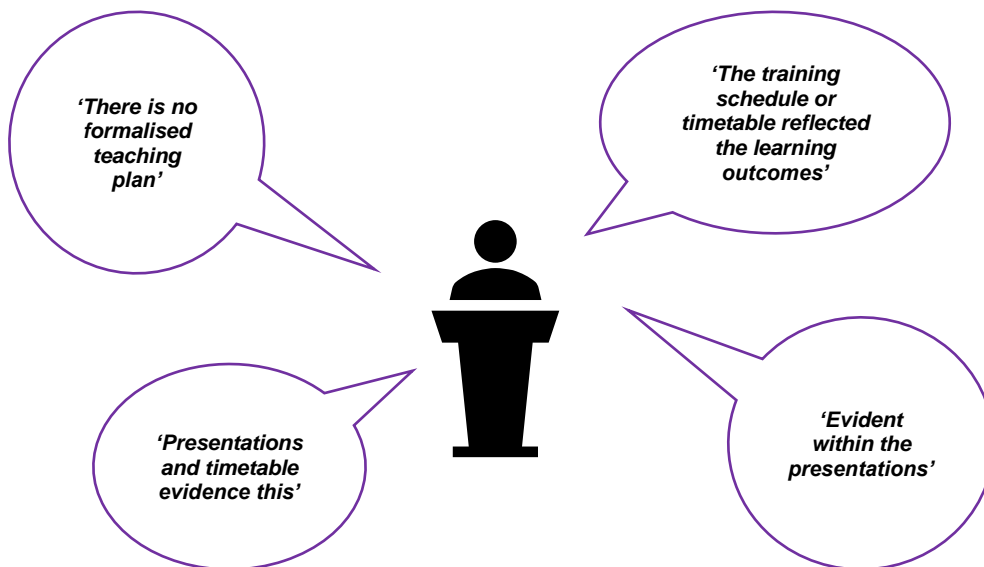
Criteria 6. stipulates that the use of 'service users/carers information had informed the educational activity'. This criterion achieved a score rating of 50% and examples were provided of service user/carer involvement such as: case studies, scenarios and learning from /SAIs. There were also responses received that indicated service user/carer involvement was not relevant.

Comments received in response to this criterion:

'Course content changed to include any SAI/incidents and learning from them'

'Service users informed some content of policy however no direct service user/carer involvement in process'

'Examples and scenarios from practice are used during this programme'

'Service user/carer involvement not relevant'

'The topics covered were based on lived experience'

'It is not relevant but indirectly feeds into the programme through items within complaints/incidents/ care opinion'

The feedback received in relation to criteria 3. indicated that the development and inclusion of learning outcomes linked to the aim of the education activity was not applied across all programmes (70%).

The score rating for criteria 8. which stipulates that 'assessment and evaluation processes are in place and there is an agreed process in place to address evaluation feedback' was 90%. Examples provided for this included: formative assessments, competency-based assessments, portfolios and evaluations carried out at the end of a programme. In a small number of cases, feedback from the evaluations had been considered and used to inform or change future teaching activities and, in some cases, this was shared with the senior management teams.

There was little evidence provided of how issues, complaints, failed assessments are managed or how information and attendance records are stored.

Education activities were delivered through a mixture of online and face-to-face classes. A small number of educators reported issues around securing suitable venues to deliver their education activity (criteria 7).

7.0 FINDINGS FROM THE SCOPING REVIEW

As mentioned previously in this report, the analysis of the data identified that the information provided from the scoping review was not reflective of the true number of education activities delivered in the HSC Trusts and that the findings were therefore inconclusive.

Although the scoping tool had been tested in practice and further refined, prior to its dissemination, the inclusion and exclusion criteria appeared to be subjective and open to wider interpretation. For example; education activities defined as 'raising awareness', 'refresher training' or 'mandatory training' were to be excluded from the scoping, however analysis of the information fed back by a number of the HSC Trusts identified that these types of programmes were included. The Working Group discussed the feedback in detail and identified a number of reasons for the mixed responses. Reasons included that some practice areas felt it was important to include all of their education activities as they all provide elements of new and updated information that informs and maintains practice. Other reasons identified discrepancy in what was considered to be mandatory and statutory training and misinterpretation in the guidance for the scoping review.

Examples were provided where the same subject was delivered in up to three different locations within the same HSC Trust e.g. casting courses. The Working Group explained that this was acceptable, that even though these activities focused on the same subject; the aim, learning objectives and content were different depending on the service area, the needs of the patient/client and the skills required. It was agreed that within such examples, all of the clinical areas should collaborate to share best practice ideas and quality improvement initiatives in order to maximise the care provided.

The Working Group concluded that, ideally all education activities should have been included in the review, however due to the vast volume of education activities provided across the five HSC Trusts along with time and resource constraints this would have been difficult to accomplish.

8.0 FINDING FROM THE IN-DEPTH ANALYSIS OF SELECTED EDUCATION ACTIVITIES

The in-depth analysis of the selected in-house education activities provided examples of good teaching practice where the activities were delivered by educators with the relevant clinical expertise and linked to good quality evidence and strategic policies.

The rationales for the development of the education activities were often based on the needs of the service with the ultimate aim of improving the safety and quality of patient/client care delivery and patient experience.
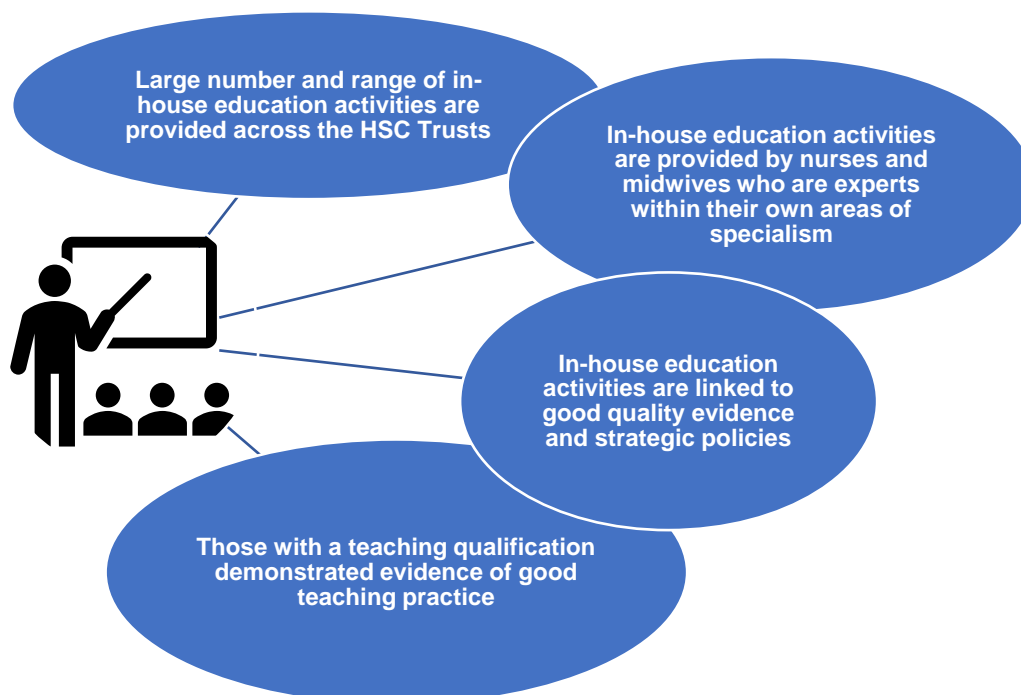
The use of lesson plans was not used consistently and from the comments provided (as above) were not always seen as relevant. One Working Group member observed that

from those education activities developed and delivered by nurses and midwives with a teaching qualification; there was detailed evidence of teaching plans including target audience, learning outcomes, teaching activities, methods of assessments and evaluations for both the online and face-to-face programmes. This was not as evident for those nurses and midwives who did not have a formal teaching qualification.

The involvement of service users/carers was used in planning and delivery of some education activities; however, this was not always seen as relevant. Comments received indicated that this is an area that could be strengthened in future practice.

Although evaluations and assessments are preformed, there was limited evidence to demonstrate that systems and processes were in place to address poor evaluations, issues and concerns or storage of information on the education activity.

Key Learning Points (1)

Large number and range of in-house education activities are provided across the HSC Trusts

In-house education activities are provided by nurses and midwives who are experts within their own areas of specialism

In-house education activities are linked to good quality evidence and strategic policies

Those with a teaching qualification demonstrated evidence of good teaching practice

9.0 EVALUATION OF IN-HOUSE TEACHING ACTIVITIES QUALITY ASSURANCE PROCESS SELF ASSESSMENT TOOL (2013)

As noted previously in this report, the Working Group added three additional questions to evaluate the effectiveness of *the In-house Teaching Activities Quality Assurance Process Self-Assessment Tool* in practice.

From the feedback received:

- 16% of respondents were aware of the self-assessment tool

- 44% found the self-assessment tool user friendly

- 58% found the self-assessment tool easily transferable to virtual, e-Learning or blended approach training (Figure 4).

Figure 4. Feedback on the effectiveness of the self-assessment tool
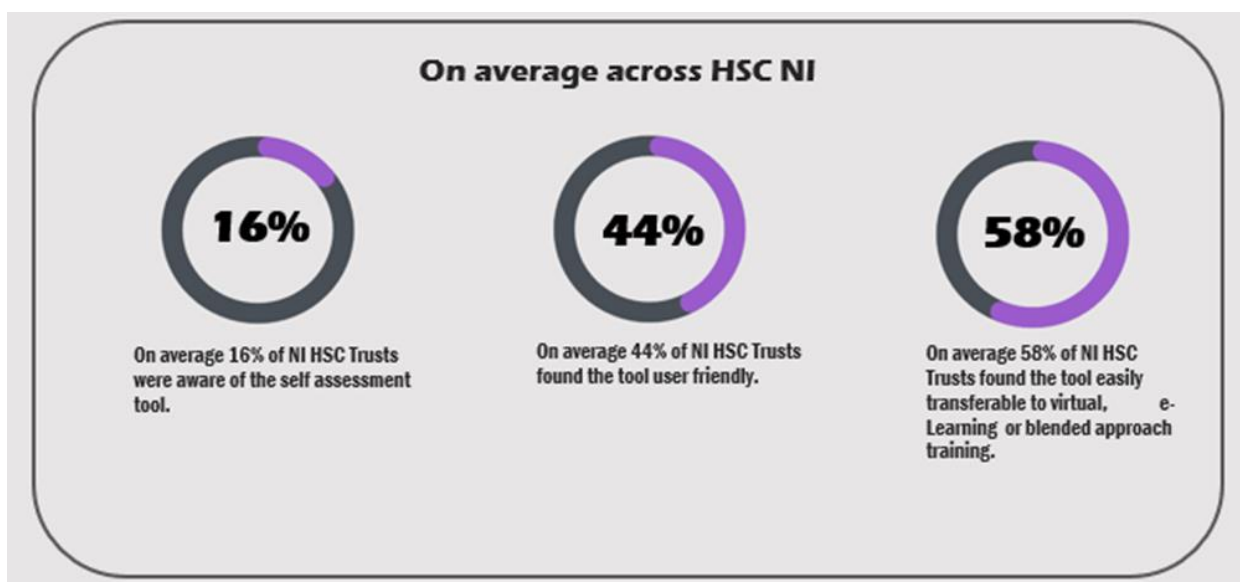
In the comments received regarding the self-assessment tool there was a variety of responses. Those in favour found it useful as a means of guided support to provide structure to programme development, however further guidance, such as a worked example on how the self-assessment tool can be applied in practice and mapped against individual programmes would be beneficial to those who provide in-house education activities.

Other comments indicated that the self-assessment tool was subjective in nature with some of the criteria overlapping and contradictory.

It was felt that the self-assessment tool would be useful in undertaking annual reviews of in-house education activities; to ensure that they remain fit for purpose and meet governance arrangements. Respondents suggested a check list template, flow chart or worked examples would be helpful in the application and use of the tool in practice.

10.0 DISCUSSION

This regional review explored the in-house education activities delivered across the five HSC Trusts over a three-year period (Jan 2019 - Dec 2021) at a time when nurses, midwives and support staff had stepped up to the unprecedented pressures put upon them as a result of the COVID-19 pandemic. Despite these challenges this review demonstrated that a large number and range of in-house education activities are provided across the HSC Trusts.

The data was collected from across the different directorates in the HSC Trusts by different data collectors which led to wide interpretation of the inclusion and exclusion criteria in the scoping review. As a consequence, there were significant differences in the returned data that were difficult to analyse to make any reasonable conclusions or to benchmark it against any other activities provided by other education providers.

Despite the concerted efforts made by the Working Group to ensure the scoping tool was fit for purpose, it appeared to be open to interpretation and subjective judgement. The Working Group agreed that the mechanisms and resources necessary to gather the data within a set time frame were limited and relied on teaching staff collecting the information as part of their own busy working schedules. Additional assistance had been requested at the start of the project to support gathering and analysing the data, however due to workforce pressures and time constraints this was not possible. Including designated data collectors would have ensured reliability and validity to the review.

The in-depth analysis of 10 in-house education activities carried out in each of the HSC Trusts was a valuable exercise in that it highlighted positive examples of good teaching practice and areas where improvements could be made.

The data analysis indicated that there are a large range of education activities planned, developed and delivered by nurses and midwives in the HSC Trusts who are experts in their own area of specialism. There was mostly clear rationales for the development and delivery of the education activities and consideration had been given to sourcing other education provider organisations when planning the activity.

From the evidence provided, the education activities were up-to-date and evidence based, however there was a noticeable absence of formal lesson plans with clear aims and learning outcomes. This was more apparent in those nurses and midwives who did not hold a formal teaching qualification. Although it is not necessary for all in-house education activities to be delivered by qualified educators, it is important that educational processes are followed to ensure a high standard of education delivery.

The inclusion of the service user/carer perspective within the design and delivery of all education activities could also be strengthened. Incorporating service users and their lived experience into the design and delivery of the education activities (where relevant) would strengthen the principles of co-production and person-centred care.
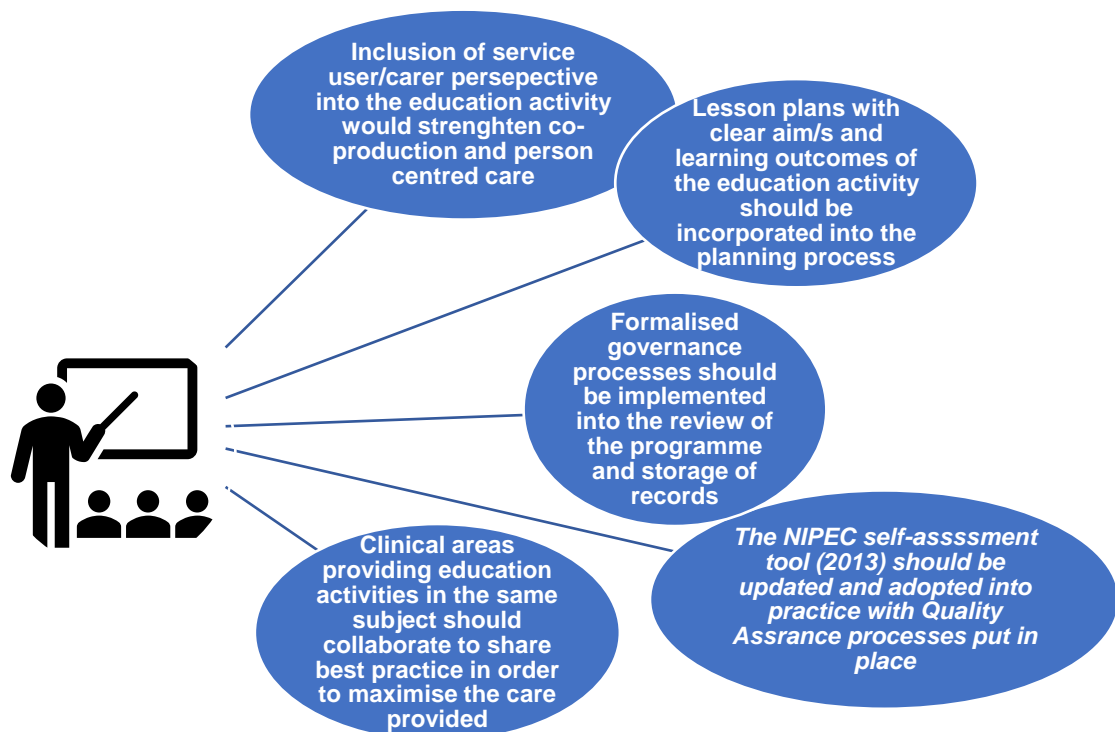
Formalised governance processes should be in place to ensure that evaluations are followed up and fed back into the review of the education activity with any issues or

concerns escalated in the appropriate manner. In addition, record management systems should be implemented.

It also became apparent from the in-depth analysis that the *In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013)* was not well known within the HSC Trusts. Although the tool was viewed positively as a means of providing structure, it was not seen as user-friendly. The Working Group agreed that the self-assessment tool is an essential component in planning, development and delivery of education activities as it provides assurances that the education activities meet the required quality assurance standards and assists educators with a framework to plan and develop their programmes. Further support is required to understand how this tool can be applied in practice and mapped against individual training activities.

It was suggested by the Working Group that a suite of resources to include template lesson plans and evaluations would be beneficial to those who develop in-house education activities.

Key Learning Points (2)

Inclusion of service user/carer persepective into the education activity would strenghten co-production and person centred care

Lesson plans with clear aim/s and learning outcomes of the education activity should be incorporated into the planning process

Formalised governance processes should be implemented into the review of the programme and storage of records

Clinical areas providing education activities in the same subject should collaborate to share best practice in order to maximise the care provided

The NIPEC self-asssssment tool (2013) should be updated and adopted into practice with Quality Assrance processes put in place

11.0 CONCLUSIONS

Post-registration education is a key element of ensuring a safe and competent workforce that is agile enough to respond to the needs of service in a dynamic environment (Maxwell 2022)[1]. It should be planned around the value it brings to the patient and client experience as well as the outcomes for the service. It is essential for maintaining a professional workforce and modernising the delivery of healthcare to meet the demands of a changing healthcare system.

The purpose of the review was to scope the range, type, volume and delivery methods of in-house nursing and midwifery education activities and the quality assurance processes that are in place across HSC Trusts and present a list of recommendations for consideration.

Despite the limitations of the scoping review as already identified earlier in this report, the information fed back from the review demonstrated that there are a large number and wide range of in-house education activities delivered within the HSC Trusts. Regardless of the different types of education activities such as; awareness raising, mandatory training, or learning and development type programmes; they are all important as the learning and development achieved will directly or indirectly impact on the delivery of patient and client care.

Quality assurance of education activities is the systematic review of educational provision to maintain and improve its quality and efficiency. It determines if education providers and their practice partners are providing education that meets regionally agreed quality assurance standards.

The in-depth analysis of the sample of in-house education activities identified that the programmes are delivered by nurses and midwives who are experts in their own areas of practice. They are planned around the changing needs of the healthcare service and aim to improve the safety and quality of patient and client care. This analysis also highlighted aspects in the planning, delivery and evaluation stages of the education provision that could be strengthened. This would not only improve the quality of the education provided but instil confidence in patients and clients that the care they receive is of high quality, evidence-based and person-centred.

The review identified that the *In-house Teaching Activities Quality Assurance Process Self-Assessment Tool* (2013) is not well known by educators within the HSC Trusts. Raising awareness of this tool and providing structures to support quality assurance processes are paramount in the delivery of education provided by nurses and midwives in the HSC Trusts.

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[1] Maxwell, E. (2022) Department of Health (DoH). Review of the current business model for commissioning and delivery of post registration education for Nurses, Midwives and Allied Health Professionals in Northern Ireland: (DoH, N.I.)

The eight standard criteria address within the self-assessment tool (Table 1) address:

- the need for transparency of the nurse/midwife's intentions
- links with improving patient and client care
- the requirements to make best use of partnership working

These criteria should be used as guiding principles to assure the development and delivery of high-quality in-house education in the HSC Trusts. In supporting this, the *In-house Teaching Activities Quality Assurance Process Self-Assessment Tool* (2013) should be updated to reflect current regional educational policies and procedures and adopted as a resource to support education providers in planning, developing and evaluating education activities in the HSC Trusts.

12.0 KEY RECOMMENDATIONS

	Recommendations
1.	It is recommended that the NIPEC In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013) should be updated to reflect current regional education policies and procedures and further enhanced to include a standardised suite of tools and resources that nurses and midwives can use to support them when planning and delivering their teaching activities.
2.	It is recommended that the revised NIPEC In-house Teaching Activities Quality Assurance Process Self-Assessment Tool (2013) should be adopted by all in-house education providers to ensure consistency and provide assurances on the quality of the education provided. Where necessary, support and guidance should be provided on the use of the tool.
3.	It is recommended that HSC Trusts should nominate assessors, who are independent of the service area to undertake quality assurance monitoring reviews on a selection of in-house education activities on an annual basis. Recommendations and actions from the reviews should be followed up within a time limited period and examples of good practice should be shared widely. This should also be included within the Trust's quality management and quality control processes.
4.	It is recommended that systems and processes to manage and record the delivery of in-house education activities within the HSC Trusts should be incorporated, where appropriate into the regional Learning Management System. This will support effective governance and demonstrate accountability for continuous improvement of quality and performance.
5.	The learning from this review highlighted the broad range and variation of approaches being used within HSC Trusts. It is recommended that an overall systematic review of postgraduate education provided by all education providers should be completed to determine the scope of accountability in: • Maintaining safe and effective health care delivery • Transforming and developing new services • Meeting the professional development needs and retention of nursing, midwifery and support staff.

13.0 APPENDICES

Appendix 1: Options considered in taking forward a regional review of HSC In-house education activities.

	OPTIONS	COMMENTS
Option 1.	Maintain the Status Quo and continue with existing arrangements.	Taking no action is not a feasible option if this work is to progress.
Option 2.	Scope all post-registration education activities delivered within all five HSC Trusts for assessment.	The task of assessing all education activities in the five HSC Trusts would be too extensive to achieve.
Option 3.	Scope a selected number (TBA) of post-registration education activities within each of the five HSC Trusts for assessment.	There would be difficulty in achieving consistency across the five HSC Trusts with this option.
Option 4.	Scope all post-registration education activities within a particular directorate in the HSC Trusts (different or same directorates) for assessment.	Structure of the Directorates within each of the HSC Trusts differ, therefore would not be comparable.
Option 5.	Scope all post-registration education activities by field of practice/ or profession assigning one area to each of the five HSC Trusts for assessment.	Unable to assign one area to each Trust due to differences in professional expertise in each HSC Trust.
Option 6	a) Scope all education activities across all HSC Trusts meeting the agreed definition of in- house education activity and inclusion and exclusion criteria. b) Select a subset of education activities and conduct an in-depth-analysis against an agreed assessment criterion.	Overall agreement that in order to explore the extent of in-house education activities this is the preferred option.

Appendix 2: Working Group Membership

Paula Forrest (Chair)	BHSCT	Deputy Director of Nursing Workforce, Education, Regulation & Informatics
Sally Martin	WHSCT	Head of Nursing and Midwifery Workforce
Ann Marie Ward	BHSCT	Lead Nurse Regulation Learning & Informatics
Roisin Devlin	SEHSCT	Nurse Lead for Workforce Education and Development
Jill Armstrong	NHSCT	Interim Lead Nurse for Education and Development
Sharon Burnside	SHSCT	Head of Nursing & Midwifery Education and Workforce Development
Patricia McNeilly	DoH	Nursing Officer
Fiona Bradley (Project Lead)	NIPEC	Senior Professional Officer

Appendix 3: Terms of Reference

The Working Group has been established to review the range, type, volume and delivery methods of in-house nursing and midwifery education activities and the quality assurance processes that are in place across HSC Trusts. To achieve this purpose, the Group will function within the following terms of reference:

1. Scope the range, type, volume and delivery methods of nursing and midwifery in-house education activities provided within each of the HSC Trusts

2. Review the range of in-house education activities against the non-HSC Trust education activity commissioned by ECG to identify potential overlaps

3. Agree the subset of educations programmes and assessment criteria to analyse a subset of education activities

4. Regionally agree and prepare a set of core principles and present a range of recommendations acknowledging additional current education work streams to the Chief Nursing Officer for consideration.

5. Ensure effective communication and engagement with key stakeholders including dissemination of information within organisations and provide feedback within the agreed timescale.

6. Contribute to the on-going implementation, monitoring and evaluation of the project aim and objectives.

Note:

- It is proposed that the Working Group will aim to complete this project within an agreed timeframe and will meet every four- six weeks to achieve the outcomes of the project. Additional meetings will be agreed by the members of the group, if and when required.
- A quorum of 50% of members must be present for a Working Group meeting to proceed.
- Membership of Project Working Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair or Project Lead.

Programme of Work - Phase Two – (February – July 2022)

		Activity	Target
1.		Establish a regional working group to achieve the expected outcomes	February 2022
2.		Agree a proforma (scoping tool) and a strategy for qualitative and quantitative data analysis to gather the information required in relation to the range of in-house nursing and midwifery education activities delivered within all five HSC Trusts	February 2022
3.		Test the scoping tool within practice and refine and check with data analyst	March 2022
4.		Through Trust representatives, identify personnel, who can collect the data within their respective HSCTrusts.	March 2022
5.		Scope the range of in-house nursing and midwifery education activities delivered within each of five HSC Trusts	April- May 2022
6.		HSC Trusts to return data after initial refinement of information collected	May 2022
7.		Review and analyse data received	June 2022
8.		Agree the subset of education activities for in-depth analysis	June 2022
9.		Agree the assessment criteria to be used for in-depth analysis	June 2022
10.		Carry out in-depth analysis of selected education activities	July–August 2022
11.		Summarise and agree a set off core principles with recommendations for consideration	November 2022

In–House Teaching Activities Quality Assurance Process Self-Assessment Tool

October 2013

1.0 INTRODUCTION

1.1 To ensure high quality, safe and effective person-centred care, the five Health & Social Care (HSC) Trusts access a range of Nursing and Midwifery Council (NMC) approved and non NMC approved education activities from a variety of education providers. In the main, these activities are commissioned by the Department of Health, Social Services and Public Safety (DHSSPS) Education Commissioning Group, through the education commissioning process, and are delivered in Northern Ireland by a range of education providers.

1.2 The Education Commissioning Group and the HSC Trust's require assurances that the education and development activities meet their requirements, provide value for money and are of a high standard. NMC commissioned programmes are characteristically quality-assured, through the NMC quality assurance monitoring process. With regard to non NMC approved programmes, each education provider is expected to have in place an internal quality assurance mechanism. Additionally, the Northern Ireland Practice Education Council (NIPEC) is tasked by the DHSSPS with the process for ensuring the quality assurance of non NMC registered or recorded commissioned activities. Each year NIPEC, on behalf of the DHSSPS, quality assures a sample of non NMC registered or recorded commissioned programmes. To find out more about the Quality Assurance process, follow the link: http://www.nipec.hscni.net/cw_qadhsspscommissionedactivity.htm

1.3 To meet the needs of service, HSC Trusts also access in-house teaching activities. For the purpose of this paper, in-house is defined as a teaching activity led within a Trust by a nurse or midwife. These activities range from short, one-or-two-hour sessions to half-day programmes, which primarily focus on changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience.

1.4 To date, in-house teaching activities have not been customarily subjected to a regionally agreed quality assurance process, and the standard applied to the design, delivery and evaluation of an activity is dependent on the registrant delivering the programme. To assist in this process, a self-assessment tool has been designed, with a particular focus on the contribution of in-house education and development activities. The tool should be used by those nurses and midwives planning or delivering an educational activity within a Trust, to ensure that the activity meets an agreed standard.

2.0 The Self-Assessment Tool

2.1 The self-assessment tool (Appendix 1) guides the nurse or midwife planning to deliver a teaching activity, through a number of criteria. It requires the programme lead to self-assess his/her practice against the standard criteria. Any criteria that cannot be met through the application of the self-assessment tool must be recorded and addressed by the nurse or midwife.

2.2 Through application of the criteria contained within the self-assessment tool, the nurses or midwives providing in-house teaching activities will be able to offer assurances that planned educational activities meet the agreed standards, from the planning stage through to delivery, assessment, evaluation and follow-up.

2.2 Eight standard criteria have been agreed to inform the self-assessment process and help the nurse or midwife to ensure a systematic approach to the design, delivery and evaluation of the in-house teaching activity. The criteria are supported by a range of questions to prompt the nurse/midwife to consider how the planned activity meets the standard criteria. The nurse/midwife should gather information to provide evidence as to how the activity meets the standard criteria and the self-assessment tool gives examples of what that evidence might look like for each criterion.

The criteria are presented as good practice statements, and address:

- the need for transparency of the nurse/midwife's intentions
- links with improving patient and client care
- the requirements to make best use of partnership working.

2.3 The standard criteria are:

1. There is a clear rationale for the development of the in-house teaching activity.

2. The information in relation to the teaching activity should clearly state the aim and learning outcomes, and the target audience.

3. The teaching activity should include clear, explicit learning outcomes linked to the aim of the activity.

4. The lesson plan and teaching activity content reflect the learning outcomes.

5. There is an evidence base for the activity.

6. Service users/carers information has informed the educational activity .

7. There is access to adequate resources.

8. Assessment and evaluation processes are in place and there is an agreed process in place to address evaluation feedback.

STANDARD CRITERIA FOR IN-HOUSE TEACHING ACTIVITY - DEVELOPMENT AND DELIVERY
Self-Assessment Tool

Standard Criteria	Questions (Proposed "lead" should use these questions to self-assess against the standard criteria)	Examples of Evidence:	Does the Teaching Activity meet Criteria? YES / NO If No, record how the issue will be addressed
1. There is a clear rationale for development of the teaching activity.	• Is there a clear rationale for development and delivery of the teaching activity? • Is there a clear objective outlining the benefit to patient/client/organisation? • Is any other education provider delivering the same, or similar, education activity? • Is there a need for a teaching planning group with relevant stakeholders? • Is there evidence of assessment and evaluation strategies to be used?	➢ records/minutes/notes of a meeting or discussions identifying need for the teaching activity ➢ records /notes /minutes of teaching activity planning group - meeting where the aim, learning outcomes, content, assessment and evaluation strategies are discussed and agreed ➢ evidence that CEC/HEI (as appropriate) has been considered as teaching provider in discussions from minutes/notes ➢ to ensure consistency of programme content, collaborate with other education providers.	**YES / NO**
2. The teaching activity information should clearly state the aim and learning outcomes and target audience.	• Does the information available to the key stakeholders state the aim and learning outcomes of the activity? • Does the teaching activity information state who the target audience is?	➢ flyers/posters regarding the teaching activity, available for all interested stakeholders, and clearly outlining, the aim and learning outcome of the teaching activity and the target audience	**YES / NO**

Standard Criteria	Questions (Proposed "lead" should use these questions to self-assess against the standard criteria)	Examples of Evidence:	Does the Teaching Activity meet Criteria? YES / NO If No, record how the issue will be addressed
3. The teaching activity should include clear, explicit learning outcomes linked to the aim of the teaching activity.	• Is there a clear relationship between the learning outcomes, and the potential to change practice, improve the safety and quality of patent/client care delivery, and include a positive patient experience? • Are the learning outcomes clear and explicit and linked to the aim of the activity? • Have you considered the participants' personal learning objectives? • Have you considered programme flexibility to meet the participants' desired learning outcomes?	➢ evidence, where required, that advice and or guidance is sought from an education provider in regard to design and development of teaching activity ➢ flyers/posters/presentation/slides/hand-outs which clearly outline the learning outcomes ➢ evidence that the participants' learning objectives for the teaching activity have been considered, e.g. a completed *Participants' Personal Learning Objectives* exercise.	**YES / NO**
4. Lesson plan and teaching activity content must reflect the learning outcomes	• Does the lesson plan reflect the learning outcomes? • Does the lesson plan allow for creativity in teaching delivery?	➢ lesson plan for the teaching activity ➢ lesson plan/presentation/hand-outs can be mapped against the learning outcomes.	**YES / NO**

Standard Criteria	Questions (Proposed "lead" should use these questions to self-assess against the standard criteria)	Examples of Evidence:	Does the Teaching Activity meet Criteria? YES / NO If No, record how the issue will be addressed
5. Evidence base for teaching activity, e.g. **(a) NICE, GAIN, NMC.** **(b) Policy/Strategy documents** **(c) Teacher expertise** **(d) Reference list to support the teaching activity.**	• Is the content linked to current evidence base, for example NICE, GAIN, NMC, strategic documents DHSSPS/NI. • Does the teacher have relevant expertise and knowledge on the subject area?	➢ presentation slides ➢ hand-outs ➢ expertise of the teacher ➢ details of evidence base should be contained in the reference list ➢ reference list ➢ hand-outs/online resource	**YES / NO**
6. Service users/carers are involved in planning process and delivery of the teaching activity, where relevant.	• Is user/carer involvement appropriate/applicable? • Have you considered the use of user/care information to inform teaching activity?	➢ minutes/notes of the planning meeting identifying that service user/carer involvement has been considered ➢ evidence that service users/carers deliver into the teaching activity if appropriate. ➢ user/carer information used in the teaching activity, i.e. user/carer stories with permission/anonymised.	**YES / NO**
7. There is access to adequate Resources, e.g. room, equipment, outside speaker.	• Is there access to resources, e.g. room, equipment, outside speaker?	➢ room bookings ➢ equipment booking/flip charts ➢ delivery mode.	**YES / NO**

Standard Criteria	Questions (Proposed "lead" should use these questions to self-assess against the standard criteria)	Examples of Evidence:	Does the Teaching Activity meet Criteria? YES / NO If No, record how the issue will be addressed
8. An assessment and evaluation process/approach is in place.	• What assessment processes are in place (e.g. competency assessment, questioning etc.) to assess learning? • Has each session been evaluated? • Do the outputs of the evaluation feed back into the review of the educational activity? • What steps will be taken if there is a failed assessment? • If there is an issue raised are there processes to manage this? • There is a record of attendance for each teaching activity? • Are storage arrangements available of programme activity, attendance, assessments and evaluations?	➢ record of minutes/notes to evidence that the assessment and evaluations have been discussed with the teaching activity planning group ➢ completed assessments and evaluations ➢ planned follow-up on failed assessments ➢ notes of meetings if issues are raised by participants ➢ show evidence of changes to teaching activity ➢ a changed lesson plan ➢ evidence of teaching activity, attendance/recording mechanism.	**YES / NO**

Appendix 6: Evaluation template used to capture in-depth analysis of education activities

[Trust completing summary]	Criteria 1. Is there a clear rationale for development of the teaching activity?	Criteria 2 Does the teaching activity clearly state the aim and learning outcomes and target audience?	Criteria 3. Does the teaching activity include clear, explicit learning outcomes linked to the aim of the teaching activity?	Criteria 4. Does the lesson plan and content in the teaching activity reflect the learning outcomes?	Criteria 5. Does the teaching activity include an up to date and appropriate evidence base with relevant teaching expertise?	Criteria 6. Are service users/carers involved in the planning and delivery of the teaching activity, (where relevant)?	Criteria 7. Is there adequate access to resources to support the delivery of the teaching activity?	Criteria 8 Are there assessment and evaluation processes /approaches in place for the teaching activity?	Additional comments re the Criteria outcomes
Insert programme name									
Insert programme name									
Insert programme name									
Insert programme name									
Insert programme name									
Insert programme name									
Insert programme name									

Appendix 7: Evaluation questions to evaluate the effectiveness of the In-house Teaching Activities Quality Assurance Process Self-Assessment Tool

Programme	Were you aware of the 'In-House Teaching Activities Quality Assurance Process Self-Assessment Tool'?	Is the Tool user friendly and easily understood?	Did you find the Tool easily transferable to virtual, e-learning or blended approach training?	Have you any further suggestions/comments regarding the Tool?
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