



**NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL
FOR NURSING AND MIDWIFERY**

**QUALITY ASSURANCE OF DEVELOPMENT AND NON-NMC
REGULATED EDUCATION COMMISSIONED BY DHSSPS**

2012-2013

**REPORT TO THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
AND PUBLIC SAFETY (DHSSPS)**

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1.0 Introduction

1.1 NIPEC's statutory functions include the promotion of:

- high standards in education and training of nurses and midwives
- professional development of nurses and midwives.¹

It has, therefore, been agreed with the DHSSPS that NIPEC will, on an annual basis, quality assure a sample of DHSSPS-funded development and education activities. The monitoring is undertaken in accordance with the revised framework, *The Quality Assurance Framework for DHSSPS Commissioned Development and Education (revised 2011) (Non-NMC Registered or Recorded)*, (Appendix 1, page 5).

1.2 The monitoring cycle operates from 1st October to 30th September each year. In the monitoring year 2012-2013, it was agreed with the DHSSPS that NIPEC would monitor a variety of DHSSPS commissioned programmes across the approved education providers. The programmes and providers are set out in Table 1.

Table 1: Education providers and programmes agreed for monitoring in 2012-2013 monitoring year

Education Provider	Programme Title
Queen's University Belfast (QUB)	<ul style="list-style-type: none">• Nursing Care of the Critically Ill Child• Midwifery Examination of the Newborn
University of Ulster (Ulster)	<ul style="list-style-type: none">• Nursing Practice in Caring for People Presenting with A&E Minor Injuries
Royal College of Nursing (RCN)	<ul style="list-style-type: none">• Developing a Person centred Service-Improvement Tools and Techniques (2 day Workshop)
Clinical Education Centre (CEC)	<ul style="list-style-type: none">• Recognising & Responding to the Deteriorating Patient (Nurse Study Day)
Birthlight	Western H&SC Trust <ul style="list-style-type: none">• Baby Infant Massage
Advanced Life Support Group (ALSG) Centre for Training and Development	Belfast H&SC Trust & Northern HSC Trust <ul style="list-style-type: none">• Manchester Triage Instructors Course

¹ Health and Personal Social Services (2002 Act) (Commencement) Order (Northern Ireland) 2002 refers, SR 2002 No 311 (C.25)

Portsmouth Hospitals NHS Trust	Belfast H&SC Trust & South Eastern H&SC Trust <ul style="list-style-type: none"> • Acute Life-Threatening Events Recognition and Treatment- ALERT
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- 1.3 In total eight programmes were selected for monitoring during the monitoring cycle January to September 2013 (see Table 1).
- 1.4 One of the programmes selected was the Manchester Triage Instructors' Course, provided by Advanced Life Support Group (ALSG) Centre for Training and Development. This programme had been selected for Quality Assurance monitoring in the monitoring cycle 2011-12; during that cycle, however due to non-engagement by the education provider and the designated programme lead in the Quality Assurance process, NIPEC was unsuccessful in its attempts to carry out the monitoring activity. Following discussions with DHSSPSNI it was agreed that NIPEC should endeavour to quality assure the Manchester Triage Instructors' Course during this monitoring cycle, 2012-13.

2.0 Monitoring process

- 2.1 The NIPEC Senior Professional Officer, who has lead responsibility for the co-ordination of the quality assurance process, completed the monitoring visits with a team of three NIPEC Senior Professional Officers. All development and education activities were evaluated against the eight criteria in the *DHSSPS Quality Assurance (QA) Framework (revised 2011)*.
- 2.2 Each monitoring visit was concluded within a period of four hours, and was conducted by two assessors.
- 2.3 The monitoring activity involves the following:
- Education providers are furnished with the names of the education programmes to be monitored and details of the monitoring process
 - Education providers are advised regarding the submission of the relevant documentary evidence to NIPEC to support the monitoring process, prior to a monitoring visit
 - NIPEC receive and review the documentary evidence from the education provider in advance of the monitoring visit

- A monitoring visit to each education provider is undertaken, for the purpose of meeting with the programme planners, managers, and participants, where possible
- Informal verbal feedback is given to the education provider at the conclusion of the visit
- A written report is sent to the education provider in respect of the programme/s monitored; this includes a summary report and recommendations/actions, if applicable
- Education providers are given the opportunity to review the report for accuracy, before it is finalised.

3.0 Monitoring outcomes

3.1 Given the issues in relation to monitoring the Manchester Triage Instructors Course a summary of the findings in regard to this programme is specifically detailed below, followed by the overall summary of monitoring outcomes.

3.2 During this monitoring cycle, NIPEC made every effort - as in the previous cycle to engage with the programme lead to undertake the Quality Assurance process. NIPEC did successfully contact the relevant administration support team, but unfortunately having issued several emails, followed up by numerous phone calls has been unable to engage with the programme lead. In the absence of engagement by the programme lead it was agreed in discussion with the DHSSPS that the NIPEC monitoring team would gather as much information as possible in relation to the course by:

- meeting with managers and participants to ascertain their views in relation to the programme and to establish if it meets their needs in practice
- exploring information regarding the course on the ALSG website
- reviewing all available course material accessible from participants/managers who had accessed the programme.

3.3 Through meetings and interviews with managers and participants who had accessed the Manchester Triage Course, and a review of relevant documentation, NIPEC found information to satisfy six of the eight criteria as detailed in the Quality Assurance framework. Due to a lack of information, which would, in normal

circumstances, be provided by a programme lead, NIPEC was unable to establish what organisational process are in place in ALSG:

- to enable lay and service user involvement in informing the design and delivery of the activity
- in regard to Quality Assurance systems, which demonstrate that these are robust and involve all the relevant stakeholders.

3.4 A report to ALSG identified that the monitoring team required additional information regarding these two aspects, and requested that information be submitted by the programme lead to satisfy these requirements. To date, this has not been forthcoming.

3.5 Through analysis of the information gathered it is evident that this is a highly valued and extremely well evaluated programme. Both participants and managers spoke very highly of the course content, the style of delivery and its application and relevance to practice. Participants felt the course improved their confidence and competence in relation to triage, and managers suggested that the programme is fundamental to quality, safe and effective triage of patients who present in emergency departments.

4.0 Summary of Monitoring outcomes

4.1 Excluding the Manchester Triage Instructors' Course, seven programmes were monitored (Table 1). A range of education providers delivered these programmes in the format of modules, short courses, or study days

4.2 This section of the report provides a summary of monitoring outcomes excluding the Manchester Triage Instructors' Course.

4.3 All the other education providers engaged fully in the monitoring process. There appeared to be a readiness to use the findings of the monitoring process to enhance the standard of nursing and midwifery education and learning opportunities, with a focus on improving patient and client care. It was evident that a systematic approach was used in the planning stages, in the delivery of the educational programmes. Organisational quality assurance systems were, in the main, seen to

be well established, with significant development since last year within one organisation.

- 4.4 The participants and their managers provided feedback demonstrating that overall, they were satisfied with the quality of the education programmes provided. Feedback was obtained either on the day, or within one week of the monitoring visit. In one case feedback was attained later.
- 4.5 In summary, the programmes quality assured were found to be of a good standard and, overall, the intended outcomes were achieved. In the context of continuous quality improvement, the monitoring process identified a number of issues for attention across the majority of providers; these are outlined in section 5.

5.0 Issues arising

- 5.1 An issue for attention, noted across some of the education providers, was ensuring that participants are provided with relevant information prior to embarking on an education programme. This information provides an opportunity to all stakeholders to gain an understanding of the aim of the programme, the intended learning outcomes and the target audience. Where appropriate education providers were prompted to ensure that relevant information was easily accessible and provided the pertinent information. Such information is necessary to ensure that appropriate development activities are selected, and that the right person has access to the right course. It also helps the participant and the manager understand the commitment required when undertaking a learning activity and informs the effective completion of the learning agreement template, which has been developed by NIPEC (http://www.nipec.hscni.net/doc/learning_agreement_Template_for_Post_Registration_Commissioned_Course.pdf).
- 5.2 Education providers, where appropriate, were reminded to explicitly link the learning outcomes to intended improvements in patient/client care and ensure that this information is easily accessible for all relevant stakeholders. It is noteworthy that this recommendation was also made in the 2011-2012 monitoring report.
- 5.3 Education providers, where relevant, were reminded to link classroom-based activities, planned as part of an education programme, to the learning outcomes,

thus ensuring that participants understand how undertaking an activity contributes to the overall achievement of the aim and learning outcomes of a programme.

- 5.4 There was, in some cases, evidence of robust key stakeholder involvement in the planning, design and agreement of the programme content; this was particularly evident where programmes had recently been reviewed. Where this was not found education providers were recommended to engage with relevant stakeholders to review and revise programmes to ensure that their content targets service need.
- 5.5 As in previous years, an issue for attention across the education programmes quality assured was that of ensuring participation of service users and carers in the development and delivery of the learning activities. This year, however, NIPEC found that, in most cases, processes are now in place within the education provider organisations to promote lay and service user involvement across all programmes in a meaningful way. Where this is not the case, organisations are working towards achieving this objective. It was also apparent that as education programmes are subject to review, it is planned to involve service users and carers in this process, where relevant.
- 5.6 One of the education programmes quality assured used a blend of learning activities, including an e-learning component, with positive effect. This particular programme incorporates a wide range of skills-based learning outcomes. Students commented that they would value more scenario-based learning to support their practical sessions both in the classroom and clinical setting- an action which was being addressed by the education provider.

Part of the overall assessment for this programme included the completion of a clinical practice workbook; none of the students interviewed as part of the monitoring process indicated that they used the NIPEC Development Framework to support this process. It is NIPEC's view that education providers, where relevant, should actively encourage the use of the NIPEC Development Framework as a means of facilitating students in completion of clinical practice templates. This regional electronic resource is free to access, available via the Trust's websites, and facilitates registrants in the recording of learning and development activities- which could, in turn be used as evidence for completion of educational programme portfolios. (<https://nipecdf.org/>)

5.7 It was also noted that whilst there were in general, robust internal quality assurance systems and processes involving relevant stakeholders as with last year, there is potential for improvement regarding the involvement of lay and service user input into these. It is notable that universities now have in place systems and processes which facilitate the involvement of relevant lay and user input into course committees, to make sure that view point is considered as part of the internal quality assurance process. Where relevant education providers were encouraged to engage these processes as part of their internal quality assurance arrangements. Since last year, the in-service education provider has progressed the implementation of Quality Standards Boards which ensures that the same standards apply across the whole organisation.

Where education providers have in place internal quality assurance processes that are not supported by written organisational policies/procedures, they are actively seeking to do so and NIPEC would recommend that this work should be progressed as a priority.

5.8 NIPEC facilitated a meeting with the education providers in April 2013 to agree a submission template, detailing the evidence required prior to a monitoring visit. This approach was welcomed by the organisations and was attended by representatives from the core education providers. It is noteworthy that the evidence submitted in advance of the monitoring visits this year was of a high standard- which in NIPECs view reflects, the outcomes of that meeting.

5.9 Education providers who participated in the 2013 quality assurance exercise were open, transparent and committed. The NIPEC monitoring team would like to thank all those who contributed so willingly and helpfully to the monitoring process.

6.0 Conclusion

6.1 The responses from the education providers who participated in the 2013 quality assurance process demonstrated a commitment to ongoing quality improvement.

6.2 Feedback and individual action plans relating to each programme monitored, have been agreed with the education providers



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

**Quality Assurance Framework for Monitoring
Development and Education Activities Commissioned
by the Department of Health and Social Services and
Public Safety**



1.0 INTRODUCTION

- 1.1 Since 2005, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) has been quality assuring development of practice and post-registration education activities commissioned by the Department of Health and Social Services and Public Safety (DHSSPS) Education Commissioning Group (ECG). These activities for nurses and midwives may include: study days; single modules; courses leading to an academic award; and a range of other development activities, such as development of practice. The activities are delivered in Northern Ireland by the In-Service Consortia, Higher Education Institutions, Health and Social Care (HSC) Trusts and a range of training organisations. The DHSSPS, ECG and HSC Trusts require assurances that the education and development activities meet their requirements and provide value for money.
- 1.2 The Nursing and Midwifery Council (NMC) regulates a number of nursing and midwifery programmes commissioned by the DHSSPS for entry to, or for recording an additional qualification on their register. Quality assurance of these programmes is not included within this framework.
- 1.3 This document presents an updated version of the 2005 framework, agreed with the DHSSPS. The framework is designed with a particular focus on the contribution commissioned education and development activities make in relation to changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience. This is achieved by improving the knowledge and skill base of the participants.

2.0 THE QUALITY ASSURANCE FRAMEWORK

- 2.1 The quality assurance framework involves NIPEC working with providers to evaluate the quality of provision. The quality assurance process has a particular focus on the contribution commissioned education and development activities make in relation to changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience. The monitoring cycle commences 1 October each year and concludes on 30th September the following year.
- 2.2 Criteria have been established to inform the monitoring process. Education providers and HSC Trusts funded by the DHSSPS to provide education or development of practice activities are expected to ensure that the funded activities meet the criteria.

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

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

2.3 The monitoring criteria are:

1. The documentation supporting the activity provides the required detail to enable all stakeholders to understand the intended outcomes.
2. A systematic approach to the design of the activity is used, based on the identified need of service providers.
3. The planning process of the activity involves people with relevant expertise and demonstrates partnership working.
4. There is a clear description of the
5. learning outcomes.
6. A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of the delivery of patient and client care, including the patient experience.
7. Organisational processes are in place to enable lay and service user perspectives to inform the design and delivery of the activity, where relevant.
8. The activity is delivered using appropriate methodologies and is supported by adequate resources.
9. Quality assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the activity has met the required criteria.

3.0 MONITORING PROCESS

- 3.1 NIPEC has established a monitoring process in relation to the agreed sample of development and education activities funded by the DHSSPS, as identified in Section 1. NIPEC consults with the DHSSPS each year to agree the sample for monitoring and takes forward arrangements to monitor the selected sample of activities. This is based on information provided by the ECG or the In-Service Education Consortia regarding DHSSPS funded activity.
- 3.2 In collaboration with the DHSSPS, NIPEC will undertake annual monitoring for agreed sample as follows:

- identify annual themes for monitoring
- agree a selection of activities for monitoring.

3.3 NIPEC will make arrangements for designated representative/s of the NIPEC professional team to visit the selected provider organisations to undertake the monitoring activity and will:

- meet with individuals in lead roles in relation to delivery of the activity
- seek views of participants and their managers² involved in the activity
- meet with others, as required.

3.4 The provider submits documentation to NIPEC at least two weeks in advance of the monitoring visit. The documentation should provide evidence of compliance with the criteria. Appendix Two provides information regarding the documentation that may be submitted to demonstrate compliance with the criteria, together with control indicators which have been cross referenced with the information that may be submitted. Appendix Three provides guidance to providers regarding presentation of the documentation.

3.5 The designated NIPEC representative/s will review the documentation submitted by the provider to determine the extent of compliance and will seek further information, as required, during the monitoring visit. On completion of the visit, the NIPEC representative/s will provide a verbal report to the organisation. A written report of the monitoring activity is forwarded to each provider organisation. The provider organisation will be required to submit a response to NIPEC regarding the recommendations, which will be followed up in the next monitoring year.

3.6 NIPEC provides a summary report to the DHSSPS and the DHSSPS Education Strategy Group, on completion of each monitoring cycle. An annual meeting is held with the DHSSPS to discuss issues arising from the monitoring activities.

² This may be conducted by face to face meetings or by other means of communication, such as teleconference or videoconference

APPENDIX ONE

GUIDANCE FOR PROVIDERS REGARDING INFORMATION PROVIDED IN ADVANCE OF THE MONITORING ACTIVITY

	Criteria	Criterion Control Indicators	Information provided by education/service provider organisations to inform the monitoring activity
1	The documentation supporting the activity provides the required detail to enable all stakeholders to understand the intended outcomes.	<ol style="list-style-type: none"> 1 The activity is underpinned by documentary evidence which is available and accessible to all key stakeholders. 2 Identifiable systems are in place to facilitate the sharing of this information. 	<p>Documentation should provide information to all key stakeholders including detail on:</p> <ul style="list-style-type: none"> • the overall aim, and learning outcomes of the activity • the design and delivery of the activity • the evaluation of the activity, including assessment strategy • support in the workplace, if required • anticipated benefits in terms of changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience. <p>Systems and processes are in place to share this information with key stakeholders.</p>
2	A systematic approach to the design of the activity is used, based on the identified need of service providers	<ol style="list-style-type: none"> 1 Assessment of need for activity clearly stated by service providers in advance of activity being planned. 2 Clear rationale for the choice of strategies employed to meet the identified need. 	<p>Documentation should provide information about:</p> <ul style="list-style-type: none"> • the need for the activity, as communicated by service providers prior to the initiation of the planning process • the planning process for the activity to meet that identified need and demonstrating a systematic approach • engagement with relevant key stakeholders in the planning phase.

3	The planning process of activity involves people with relevant expertise and demonstrates partnership working.	<ol style="list-style-type: none"> 1 Identification and involvement of people with relevant expertise in the planning phase 2 Clear rationale for choice of key persons involved in the planning process 3 Involvement in partnership working 	<p>Documentation should provide information about:</p> <ul style="list-style-type: none"> • the lead person who has responsibility for the planning and delivery of the activity, including the rationale for this decision • the expertise of those involved in the planning and design of the activity and the rationale for these decisions.
4	There is a clear description of the overall aim and the learning outcome/s.	<ol style="list-style-type: none"> 1 The activity has a clear aim and learning outcomes. 	<p>Documentation should provide information about:</p> <ul style="list-style-type: none"> • the overall aim and learning outcomes for the activity.
5	A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of the delivery of patient and client care, including the patient experience.	<ol style="list-style-type: none"> 1 The activity will result in benefit to the participant and improvements to patient/ client care outcomes. 2 Benefits for the organisation are clearly identified. 	<p>Documentation should provide information that:</p> <ul style="list-style-type: none"> • clearly links the outcomes of the activity with improvements in the practice of the participants • demonstrates how the activity has the potential to change practice and improve the safety and quality of the delivery of patient and client care, including the patient experience.
6	Organisational processes are in place to enable lay and service user perspectives to inform the design and delivery of the activity, where relevant.	<ol style="list-style-type: none"> 1 Organisational systems are in place to engage lay and service users. 	<p>Documentation should provide information about the processes in place in the organisation to facilitate lay and service user perspectives in the planning, design, delivery/implementation and evaluation of the activity. If it is deemed that this is not relevant to the activity an explanatory note or a clearly articulated rationale would be expected.</p>

7	The activity is delivered using appropriate methodologies and is supported by adequate resources.	1 The activity is appropriately delivered / implemented and adequately resourced.	Documentation should provide information about the delivery methodology, including: <ul style="list-style-type: none"> • the timetable of events • a brief description of the various elements of the activity • brief details about the expertise of the key personnel involvement.
8	Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the activity has met the required criteria.	1 Robust Quality Assurance systems and processes are in place. 2 Robust evaluation strategy.	Documentation should provide information about: <ul style="list-style-type: none"> • organisational Quality Assurance systems and processes that will demonstrate the links between evaluation processes, involvement of key stakeholders and accountability for overall quality enhancement • the measurement of the anticipated contribution that the activity should make in relation to overall quality improvement in service delivery and enhancement to the practice of the participant • evaluation strategy indicators mapped against: <ul style="list-style-type: none"> ➤ the expected outcomes of the activity ➤ return on investment for the organisations ➤ the methods used to disseminate the evaluation of the activity across and up through organisational structures (education and service provider organisations).

PRESENTATION OF DOCUMENTATION

It is helpful if the information is provided in a structured format that provides concise and clear evidence of meeting the criteria. The following provides guidance regarding the presentation. It is also helpful if the information is cross-referenced against the monitoring criteria for ease of analysis.

INTRODUCTION

Provide a summary of activity, number and type of participants, date/s of delivery of programme and a brief summary of the outcome of the activity and action plan to manage issues arising, if required. This information should establish the impact the activity is expected to have on changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience.

PLANNING PROCESS

Describe the rationale for activity, together with a summary of the planning process, including involvement of key stakeholders.

AIM AND OBJECTIVES

Provide a stated aim and list of outcomes/objectives.

PROGRAMME STRUCTURE

Provide information regarding the structure of the activity, methodology for delivery and rationale for selection of methodology.

PROGRAMME OUTLINE

Provide a timetable for delivery, together with a brief description of each element, those involved and their expertise in relation to the activity.

EVALUATION

Describe the evaluation process, to include quality of delivery and evaluation of achievement of outcomes in relation to individual participant and organisational perspectives. The process should clearly evidence how the activity is expected to change individual practice and improve the safety and quality of the delivery of patient and client care, including the patient experience.



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