NIPEC

NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL
FOR NURSING AND MIDWIFERY

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

2014-2015

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

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Senior Professional Officer

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 2013-2014, 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 2014-2015 monitoring year

Education Provider	Programme Title
Queen's University Belfast (QUB)	• Administration of Systemic Anticancer Therapies - SAM
University of Ulster (Ulster)	• Development of Practice in Healthcare (DPHC) – SAM
Clinical Education Centre (CEC)	• Dementia Awareness – 1 day programme • Dementia: The virtual world Promoting Understanding and Compassion – 1 day programme
5 HSC Trusts	Advanced Life Support (Later stepped down: see para 3)

1.3 In total five programmes were selected for monitoring during the monitoring cycle January to September 2015 (see Table 1). It was anticipated that the Advanced Life Support programme would be monitored across the five HSC Trusts.

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

1.4 This year education providers were asked to submit a progress report detailing progress against matters for action in relation to the eight programmes monitored during the monitoring cycle 2013-14. The programmes are set out in Table 2.

Table 2: Education Providers and programmes monitored in 2013-2014

Education Provider	Programme Title
Queen's University Belfast (QUB)	• Endoscopy & Related Procedures • Principles of Critical Care in Midwifery
University of Ulster (Ulster)	• Insulin Initiation and adjustment in Paediatric Diabetes Care Level 7 • Case Management/Chronic Disease Management
Royal College of Nursing (RCN)	• Preparing for Ward Manager Post - Developing skills for the complex world of today
Clinical Education Centre (CEC)	• Fluid Management in Children and Young People (from one month of age up to 16 years only) • Care Planning 1 day workshop • Safeguarding Children Level 1

A summary of progress against actions is detailed at Section 7.0.

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 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 In regard to the ALS programme selected for monitoring across the five HSC trusts it became apparent as NIPEC proceeded with the monitoring process that the ALS programme is already closely regulated by the Resuscitation Council United Kingdom (RCUK) and the following is in place as standard practice;

1. Centres where the ALS programme is run are assessed regularly to ensure they are suitable venues
2. Prior to becoming an ALS instructor, individuals are 'selected' according to assessment, they attend the GIC generic instructor's course run by RCUK then they complete 2 supervised courses. Instructors must teach on 2 courses per year to maintain instructor status and are reassessed every 4 years
3. RCUK provide criteria regarding who should attend ALS training i.e. staff from acute areas
4. Each course has a medical director and course co-ordinator who oversee the course and deal with any issues around performance
5. The course programme / structure and evaluation are consistent. The material and content is the same for every course and is available from the RCUK
6. Each participant undertakes an assessment with a pre-determined pass mark.

This information was shared with the DHSSPS and it was agreed that monitoring of these programmes should be "stepped down" as there was already well established and developed quality assurance processes in place.

4.0 Summary of monitoring outcomes

4.1 Four 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

4.3 The education providers engaged fully in the monitoring process. The education providers were keen to use the findings of the monitoring process to improve the standard of nursing and midwifery education and learning opportunities, with a focus on improving patient and client care. In the majority of cases a systematic approach was used in the planning stages and in the delivery of the educational programmes. Organisational quality assurance systems were, seen to be well established, with the significant developments referenced last year being sustained.

4.4 Participants and managers provided feedback demonstrating that overall, they were very satisfied with the quality of the education programmes provided. Feedback was obtained either on the day, or within one week of the monitoring visit.

4.5 In summary, the programmes quality assured were found to be of a very high 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 The majority of education providers do ensure 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. For the past number of years one Education provider has been prompted to address the

lack of relevant information for participants prior to embarking on an educational programme.

This education provider advised the monitoring team this year as follows… “the School of Nursing is currently reviewing its on line prospectus for all its courses. This has been on-going for some time and internal University processes have agreed a faculty wide approach to dissemination of the levels of information provided on-line. This limits the scope for the School to produce bespoke in-depth information for each course. Contact details for course directors are provided for prospective applicants should they require further details”.

It was rehearsed with the education provider by the monitoring team that 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). It is notable, in this year’s monitoring cycle, that an all the students on one particular programme had completed a Learning Agreement Template.

5.3 Where relevant education providers were guided to articulate the relationship 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 experiences. It is noteworthy that a number of programmes and staff spoken to as part of the quality assurance monitoring demonstrated how participation in the programme had improved and enhanced their ability to provide person centred care and reflect person centred approaches within their practice.

5.4 Education providers were relevant were prompted to provide information in relation to an appropriate and contemporary reading lists.

5.5 There was, in some cases, evidence of robust key service provider 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 reported they intended to engage with relevant stakeholders to

review and revise programmes to ensure that their programme content targets service need.

5.6 There were excellent examples of classroom-based activities and methodologies used which successfully contributed to the overall achievement of the aim and learning outcomes of a programme including; Human patient simulation, experiential learning and role play.

5.7 NIPEC found that, education providers have in place, processes which promote lay and service user involvement across all programmes in a meaningful way. It was suggested to the monitoring teams that as education programmes are subject to review, it is planned to involve service users and carers in this process, where relevant/appropriate. However there was also evidence that programme leads were striving to ensure service user experience and involvement in other ways including the use of patient stories, video clips and writings/testimonials from carers.

5.8 One of the education programmes quality assured asks participants to identify two personal learning outcomes which were negotiated between the student and a practice based facilitator at the beginning of the programme. This approach was reported as working extremely well and the monitoring team were impressed by the number of students who had achieved their personal learning outcomes and as a result had made significant changes to practice and the delivery of person centred safe effect care.

5.9 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. The in-service education provider has in place two Quality Standards Boards which ensures that the same standards apply across the whole organisation. There was evidence to suggest that this process has strengthened since last year.

5.10 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. Since then due to staff change over one to one sessions has been facilitated were necessary. This approach has been welcomed by the education providers. It is noteworthy that as with last year the evidence submitted in advance of the monitoring visits this year was of a high standard.

5.11 Education providers who participated in the 2014 quality assurance exercise were fully engaged in the process and fully supported the NIPEC monitoring team. NIPEC 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 2014-15 quality assurance process demonstrated a commitment to the Quality Assurance process and on-going quality improvement.

6.2 Feedback and individual action plans relating to each programme quality assured have been agreed and signed off with the education providers.

7.0 Summary of progress actions for monitoring cycle 2013-2014

Where relevant the education providers provided documentary evidence to confirm that the matters for action highlighted as a result of the Quality Assurance monitoring undertaken during 2013-2014, have been satisfactorily addressed. It is relevant to note that the Stand Alone Module “Insulin Initiation and Adjustment in Paediatric Diabetes Care” monitored by NIPEC last year is no longer being offered. In light of the recommendations stemming from the Quality Assurance monitoring of this programme NIPEC in partnership with the PHA is taking forward a review of *“Initiation and Adjustment”* within the context of nurse prescribing.

Appendix 1

Department of
Health, Social Services
and Public Safety
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NIPEC

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

INVESTORS IN PEOPLE

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 managers[2] 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.	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.	Documentation should provide information to all key stakeholders including detail on: • 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. Systems and processes are in place to share this information with key stakeholders.
2	A systematic approach to the design of the activity is used, based on the identified need of service providers	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.	Documentation should provide information about: • 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.	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	Documentation should provide information about: • 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.	1 The activity has a clear aim and learning outcomes.	Documentation should provide information about: • 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.	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.	Documentation should provide information that: • 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.	1 Organisational systems are in place to engage lay and service users.	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.

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: • 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: • 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: ➢ 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).

APPENDIX TWO

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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