



Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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

**Review of Quality Assurance Framework for
Monitoring Development and Education
Activities Commissioned by the Department of
Health and Social Services and Public Safety
December 2010 to January 2011**

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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 Review of the Quality Assurance Framework

- 2.1 The 2005 framework presented ten underpinning principles against which programmes were evaluated. NIPEC convened a review group, comprising nominations from the DHSSPS, HSC Trusts and education providers, to consider the underpinning principles for fitness for purpose and utility, membership is attached at Appendix One.
- 2.2 The review group completed its work between December 2010 and January 2011. It was agreed by the group's members that the underpinning principles had worked well and included the key areas for monitoring. They did consider that it would be beneficial to redraft the principles to greater clarity. The group also agreed that the term 'criteria' better represented the nature of the statements. A number of criteria, which represent a redrafting of the underpinning principles were proposed by the group and are presented at Section 3 of the document. The 2005 framework was also reviewed and updated together with guidance that had been

developed for providers involved in the quality assurance activities. The two documents were merged into a new updated framework.

- 2.3 The updated framework was subsequently ratified by the DHSSPS for implementation in the 2010-2011 monitoring cycle. Sections 3 and 4 of this document present the information regarding the updated framework and monitoring process, which is also available as a separate document. Both documents can be downloaded from the NIPEC web-site at www.nipec.hscni.net/cw_qadhsspscommissionedactivity.htm.

3.0 THE QUALITY ASSURANCE FRAMEWORK.

- 3.1 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.
- 3.2 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.

- 3.3 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 overall aim and learning outcomes.

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.
6. Organisational processes are in place to enable lay and service user perspectives to inform the design and delivery of the activity, where relevant.
7. The activity is delivered using appropriate methodologies and is supported by adequate resources.
8. Quality assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the activity has met the required criteria.

4.0 MONITORING PROCESS

- 4.1 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.
- 4.2 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.
- 4.3 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 managers¹ involved in the activity
 - meet with others, as required.
- 4.4 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.

¹ This may be conducted by face to face meetings or by other means of communication, such as teleconference or videoconference

- 4.5 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.
- 4.6 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.

5.0 IMPLEMENTATION

- 5.1 The updated framework will be implemented in March 2011 and will be used to monitor the selected sample of development and education activities for the 2010-2011 monitoring cycle. The framework will be reviewed in 2015.

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APPENDIX ONE**REVIEW GROUP MEMBERS****QUALITY ASSURANCE FRAMEWORK FOR DEVELOPMENT AND EDUCATION
COMMISSIONED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
AND PUBLIC SAFETY**

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|------------------|--|-----------------------------|
| Teresa Barr | Assistant Director of Nursing & Midwifery Education | Beeches Management Centre |
| Lesley Barrowman | Senior Professional Officer | NIPEC |
| Robert Gallagher | Lecturer | University of Ulster |
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| Elizabeth Graham | Head of Nursing Education & Development | Northern H&SC Trust |
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| Pauline McMullan | Business and Contracts Manager for Post Registration Nursing and Midwifery and Allied Health Professions | DHSSPS |
| Evelyn Mooney | Practice Education Co-ordinator | South Eastern H&SC Trust |
| Marie Nesbitt | Director of In Service Education | NEDC |
| Annette Quigley | Lead Nurse: Workforce Planning & Development | Western H&SC Trust |

APPENDIX TWO

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. | <p>1 The activity is underpinned by documentary evidence which is available and accessible to all key stakeholders.</p> <p>2 Identifiable systems are in place to facilitate the sharing of this information.</p> | <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 | <p>1 Assessment of need for activity clearly stated by service providers in advance of activity being planned.</p> <p>2 Clear rationale for the choice of strategies employed to meet the identified need.</p> | <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. |

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| 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.</p> <p>If it is deemed that this is not relevant to the activity an explanatory note or a clearly articulated rationale would be expected.</p> |

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| 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). |

APPENDIX THREE

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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