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 2011-2012 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 2011-2012 monitoring year

<table>
<thead>
<tr>
<th>Education Provider</th>
<th>Programme Title</th>
</tr>
</thead>
</table>
| Queen’s University Belfast (QUB) | • Psychosocial Interventions  
|                     | • Balancing Choices and Risks in Midwifery                                       |
| University of Ulster (Ulster) | • Forensic Health Care 
|                                 | • Caring for the Suicidal Patient                                                |
| Royal College of Nursing (RCN) | • Clinical Observations and Communication Skills for Health Care Assistants   |
| Beeches Management Centre (BMC) | • Autism and Asperger’s Syndrome                                                 |
| Nurse Education Development Consortium – North and West (NEDC) | • Safeguarding for Vulnerable Adults                                              |
| Advanced Life Support Group (ALSG) Centre for Training and Development | • Manchester Triage Instructors Course                                            |

1.3 A total of eight programmes were selected and planned to be monitored during the period January to September 2012.

1.4 One of those programmes selected to be monitored was the Manchester Triage Instructors Course. This programme allows participants to deliver triage training and updates within their Trusts and was commissioned by DHSSPS in 2011-2012 on behalf of the Trusts. During this commissioning period the Manchester Triage instructor’s course was undertaken by registrants working in the Northern Health and Social Care Trust and the Belfast Health and Social Care Trust. There have been difficulties in accessing information in relation to the Manchester Triage Instructors Course and after several failed attempts by NIPEC to carry out the monitoring process, it has now been reported to the DHSSPS for further action.

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 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, which 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 Overall Summary of monitoring outcomes

#### 3.1
A total of seven programmes were monitored (see Table 1). QUB, Ulster, RCN, BMC and NEDC now the Clinical Education Centre (CEC) delivered these programmes in the format of modules, short courses, or study days.

#### 3.2
All the education providers demonstrated an openness and transparency to the monitoring process. There appeared to be a willingness 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 and organisational quality assurance systems were generally seen to be well established.

#### 3.3
The participants and their managers provided feedback that demonstrated they were satisfied with the quality of the education programmes provided. In all but one case, feedback was attained either on the day, or within one week of the monitoring visit.

#### 3.4
In summary, the seven 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 4.

### 4.0 Issues arising

#### 4.1
An issue for attention, noted across both the universities and in-service education providers, was that of ensuring participants are provided with relevant information prior to embarking on an education programme. This provides an opportunity to all stakeholders to gain an understanding of the aim of the programme and the intended learning outcomes.
Access to relevant information is necessary to ensure the target audience is clearly identified and appropriate development activities are selected, ensuring the right person has access to the right course. This concern has also come to light through discussion with the Trust Nursing and Midwifery Educational Leads, in that they have reported difficulties in accessing the relevant information regarding the aim and learning outcomes of education programmes to enable 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).

4.2 Education providers, where appropriate, were reminded to clearly link the learning outcomes to intended improvements in patient/client care and ensure that this information is easily accessible for all relevant stakeholders.

Additionally, education providers should ensure that the learning outcomes on the website and within programme and teaching materials are harmonised, particularly for the in-service education provider since the merger of the BMC. It is noteworthy that the latter recommendation was also made in the 2010-2011 monitoring report.

4.3 There was, in some cases evidence of robust key stakeholder involvement in the planning design and agreement of the programme content. Where this was not found education providers were recommended to engage with relevant stakeholders to review and revise programmes to ensure the content targets service need.

4.4 In the context of increasing public interest regarding the Safeguarding of Vulnerable Adults and the recent merger of the BMC and NEDC there is a clear case for standardisation of the Safeguarding Vulnerable Adult programme across the province. It is recommended that DHSSPS commission NIPEC to facilitate a regional group to agree a competency framework in relation to Safeguarding Vulnerable Adults similar to the competency framework developed regarding Safeguarding Children and Young People A Core Competency Framework, facilitated by NIPEC (http://www.nipec.hscni.net/pub/NIPEC%20Safeguarding%202012.pdf).

4.5 As in previous years, an issue for attention across the education programmes quality assured was that of ensuring participation of users and carers in the development and delivery of the learning activities. It was agreed that this was a
difficult area to address and, although some education providers have successfully managed to enable lay and service user involvement, it continues to be an area which could be enhanced. Education providers are recommended to continue to review their process to promote lay and service user involvement across all education programmes in a meaningful way from curriculum planning through to delivery and evaluation of programmes.

4.6 Two of the education programmes quality assured used the completion of a portfolio or clinical practice template as a means of the students documenting evidence of their learning. Such tools are an effective means of demonstrating development of knowledge and skills; however participants reported that they found completion of the portfolios repetitive in nature with duplication of effort and at times ambiguous.

It is therefore, recommended that when portfolios or clinical practice templates are used education providers should ensure the students are provided with clear guidance notes to assist them through the process. It is NIPEC’s view that education providers 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 and available via the Trust’s websites, and facilitates registrants in the recording of learning and development activities which could in turn could be used as evidence for completion of educational programme portfolios. (https://nipecdf.org/).

4.7 It was also noted that whilst there was, in most cases, robust internal quality assurance systems and processes involving relevant stakeholders, there is potential for improvement regarding the involvement of lay and service user input into these. The in-service providers plan to progress the implementation of the Quality Standards Board to enhance their existing quality assurance process. This is welcomed and will be reviewed as part of the DHSSPS Quality assurance process in the incoming year. University providers were recommended to consider the constitution of quality assurance systems and processes which ensure the involvement of relevant lay and user input into course committees to make sure their views are considered as part of the internal quality assurance process.

4.8 Whilst education providers who participated in the 2012 quality assurance process were open, transparent and committed to the process, there was marked variations
in the quality of evidence submitted to NIPEC in advance of the monitoring visits. In order to address this issue an event in the form of a workshop will be held with the education providers with the aim of agreeing a submission template detailing the evidence required prior to a monitoring activity.

5.0 Conclusion

5.1 The responses from the education providers who participated in the 2012 quality assurance process demonstrated a commitment to ongoing quality improvement.

5.2 Feedback and individual action plans have been shared and agreed with the education providers relating to each programme that was monitored during this monitoring cycle. The aforementioned workshop with the relevant stakeholders will address the other outstanding issues.
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 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.

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Criterion Control Indicators</th>
<th>Information provided by education/service provider organisations to inform the monitoring activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The documentation supporting the activity provides the required</td>
<td>1 The activity is underpinned by documentary evidence which is available and accessible to all</td>
<td>Documentation should provide information to all key stakeholders including detail on:</td>
</tr>
<tr>
<td>detail to enable all stakeholders to understand the intended outcomes.</td>
<td>key stakeholders.</td>
<td>• the overall aim, and learning outcomes of the activity</td>
</tr>
<tr>
<td></td>
<td>2 Identifiable systems are in place to facilitate the sharing of this information.</td>
<td>• the design and delivery of the activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• the evaluation of the activity, including assessment strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• support in the workplace, if required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Systems and processes are in place to share this information with key stakeholders.</td>
</tr>
<tr>
<td>2 A systematic approach to the design of the activity is used, based on</td>
<td>1 Assessment of need for activity clearly stated by service providers in advance of activity being planned.</td>
<td>Documentation should provide information about:</td>
</tr>
<tr>
<td>the identified need of service providers</td>
<td>2 Clear rationale for the choice of strategies employed to meet the identified need.</td>
<td>• the need for the activity, as communicated by service providers prior to the initiation of the planning process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• the planning process for the activity to meet that identified need and demonstrating a systematic approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• engagement with relevant key stakeholders in the planning phase.</td>
</tr>
</tbody>
</table>
|   | 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.
For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 028 9023 8152
Fax: 028 9033 3298

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