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	Department: Training Centre, SVP	

Approved by:	Dr Josianne Cutajar	CEO

IQAP – INTERNAL QUALITY ASSURANCE POLICY FOR THE TRAINING CENTRE, SVP

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Reviewed by:	Ms Mary Grace Dalli	Chief Nursing Manager

Change History

Version Number	Revision Date	Change Description
1	03/05/2023	
2	13/07/2022	Change in Appendix 8 Change in Appendix 12 Change in Appendix 15 Change in Flowcharts in SOP-01 and SOP-02

This document is not valid without all the number of pages specified:

1. ORGANISATION of the INTERNAL QUALITY ASSURANCE SYSTEM

1.1. PROFILE

St. Vincent de Paul Long Term Care Facility (SVP) is a hybrid between a nursing home and a hospital. SVP corporate vision is "to be a centre of excellence in client-focused care through innovation practices and specialised geriatric care for highly dependent persons with complex needs". This directs the objective of the institution of ensuring the physical, psychological, social, and spiritual wellbeing of all the residents. Best quality care requires professionally trained personnel and a commitment towards life-long learning.

The Training Centre at SVP is a licenced by the NCFHE as a Further Education Institution (License number: 2015-010) and provides the necessary training to all personnel working at SVP to ensure that the frontline staff is competent based on the knowledge, practical experience, and soft skills.

The Training Centre at St. Vincent de Paul (SVP) was inaugurated in 2015 and since then many professional development projects have been developed to enhance the quality care among our residents and to improve evidence-based practice among our staff.

The Training Centre at SVP not only closes the gap between theory and practice but encourages the multi-disciplinary team to have the skills and attitudes necessary for the resident to have more holistic treatment and be individual.

The Training Centre offers the latest evidence-based practice and continues to accredit courses to strengthen the knowledge based on caring approach and enhance quality care among our staff.

The Training Centre works together with the wards within SVP to train prospective healthcare care workers to do their clinical placements within the wards. Nurses from the wards are also continuously trained at the Training Centre to keep up with the latest advancements in the healthcare settings to provide the best possible care for our residents.

1.2. PURPOSE

The main aims of the SVP Training Centre are to support and facilitate personnel to:

- Gain abilities, skills, knowledge, and attitude to ensure excellent quality of care to older adults towards a holistic approach
- Acquire information that addresses multifaceted health-related issues
- Attain transfer skills, which are related to employability in ageing-related occupations, advance in their career and personal development.

The adoption of the Internal Quality Assurance Policy is a strategic decision for the Training Centre at St. Vincent de Paul, aiming to:

a) Help to improve its overall performance to consistently provide training services that meet customer and applicable statutory and regulatory requirements
b) Facilitate opportunities to enhance customer satisfaction
c) Address risks and opportunities associated with the context and objectives of the Training Centre.

Training Centre Internal Quality Assurance Policy employs the process approach, which incorporates the Plan-Do-Check-Act (PDCA) cycle and risk-based thinking.

The process approach enables Training Centre to plan its processes and their interactions.

The PDCA cycle enables Training Centre to ensure that its processes are adequately resourced and managed, and that opportunities for improvement are determined and acted on.

Risk-based thinking enables Training Centre to determine the factors that could cause the deviation of its processes from the planned results, to put in place preventive controls to minimise negative effects and to make maximum use of opportunities.

By adopting the Internal Quality Assurance Policy, Training Centre at St. Vincent de Paul stresses the importance of:

1) The primacy of the customer
2) The need to take a long term, stakeholder centric view
3) Understanding the cause-and-effect linkages between why the Training Centre does something, how it does it and what it achieves as a consequence of its actions.

1.3. NORMATIVE REFERENCES
- NCFHE Guidelines for External Quality Assurance Audits of Further Education Institutions and Further Education Centres (issue June 2021)

1.4. TERMS AND DEFINITIONS

A glossary of terms and acronyms are found in Appendix 1.

1.5. SCOPE

The scope of this Internal Quality Assurance Policy (IQAP) covers all the training activities undertaken by the Training Centre at St. Vincent de Paul, which comprise of the design and delivery of the training programmes.

SVP Training Centre is currently authorised by NCFHE to deliver three accredited programmes:

1) Award in Care of the Elderly for Care Assistant (MQF Level 3, 17ECTS)
2) Award in Best Practices in Nutrition and Culinary Services in Long Term Care (MQF Level 3, 3ECTS)
3) Award in Safe Moving and Handling in Clinical Settings (MQF Level 4, 3ECTS)
4) Award in Safe Moving and Handling in Clinical Settings (MQF Level 5, 3ECTS)

Accredited courses by University of Malta:

1) Dementia Care Practice Course (MQF Award at Level 5, 6ECTS)
2) Care for the Elderly Course (MQF Award at Level 5, 14ECTS)

Non-Accredited Courses:

1) Onsite Clinical Sessions (Tracheostomy and Suctioning, APD and CAPD, CVC)
2) Intravenous Infusion
3) Basic Life Support
4) Fire Fighting
5) Food Handling
6) 10-Week Programme for Informal Caregivers in Dementia
7) Induction Programmes for New Staff

Training is delivered at the SVP Training Centre located at:

St. Vincent de Paul Residence, Triq l-Ingiered, Luqa LQA 3301, Malta

Tel: (+356) 22912473

E-mail: training-centre.svp@gov.mt

1.6. CONTEXT OF ORGANISATION

The organisational context is assessed by the SVP Training Centre's top management to determine external and internal issues that impinge on the strategic direction and the expected results of this system.

The **internal and external context** have been analysed by the SVP Training Centre's top management and presented in the SWOT (Strengths, Weaknesses, Opportunities and Threats), PESTLE (Political, Economic, Social, Technological, Legal and Environmental) to capture the opportunities and risks attributed to the business.

The result of this exercise has been documented in the Contextual Analysis, including the information defined in Appendix 2. This document is reviewed on an annual basis as a minimum during Management Review Meeting, or when major changes to the operations occur.

The organisational culture is the specific collection of values and norms that are shared by people and groups within SVP, including the Training Centre. The business deals with various stakeholders internally and externally. The SVP Training Centre's top management has analysed the **needs and expectations of the interested parties**.

Applicable statutory and regulatory requirements are identified in the Legal Register, including the information defined in (Appendix 3).

1.7. ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES

Risks and Opportunities have been determined at a strategic level based on the SVP TC's contextual analysis. Detailed analysis of the relative risks has been conducted by the process owners to prevent or reduce undesired results, exploit any opportunities, and provide assurance that the quality assurance system will still achieve its indented results. The Risks and Opportunities Assessment and Treatment shall include information defined in Appendix 2, done in line with the methodology (Appendix 2), and should be reviewed on an annual basis to ensure that any actions or plans identified are carried out and their effectiveness is being monitored.

1.8. LEADERSHIP

St. Vincent de Paul's corporate **vision** is to be a centre of excellence in client-focused care through innovation practices and specialized geriatric care for highly dependent persons with complex needs.

The Training Centre within SVP follows and contributes to the strategic direction of St. Vincent de Paul to help people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society.

Our **mission** is to be partners with the elderly and society through holistic client-oriented policies and support so that elderly people continue to enjoy life to their maximal potential in their individual settings.

Leadership at SVP Training Centre is personified by the CEO at the highest level of the organisation, who is responsible for the direction and governance or the organisation.

SVP CEO recognises the Training Centre as a key player within the ecosystem, the process of the delivery of services to the customer. A two-way communication has been established to ensure that the customer focus is always maintained.

An organisational structure has been established to ensure an effective level of internal, external communication, and authority. Changes to the organisational structure are being maintained by the SVP Training Coordinator and approved by the CEO as required to ensure an updated system in place.

A sustainable structure is ensured by active involvement of the CEO, Chief Nursing Manager, and Training Centre Coordinator in the formulation, implementation and monitoring of all the processes at SVP Training Centre. They are responsible for specific documented procedures to ensure ownership and accountability.

We believe customer focus to be the prime mover of the success and growth of SVP Training Centre. To maintain this focus, all the procedures identified and listed in this IQAP are written in a way to ensure efficient and effective delivery of a quality product.

The management is committed to ensure that customer needs and expectations are determined, converted into requirements, and fulfilled with the aim of achieving and enhancing customer satisfaction. The IQAP statements reflect this approach. The set procedures in this IQAP ensure that this entire process is always implemented. The confirmation that planned arrangements are followed is being done through the internal and external audits.

The CEO has formulated the Internal Quality Assurance Policy statements. Senior management ensures that this is communicated and understood by all people through a process of discussion prior and during the formulation of the policies. IQAP shall be made available to all interested parties (as applicable).

All staff, including new employees, are briefed during induction training on the IQAP, what the respective objectives signify for the company and how their job and the way this is carried out will contribute towards reaching the expectations and satisfactory needs of customers.

1.9. INTERNAL QUALITY ASSURANCE POLICY STATEMENTS

We recognise Customer Satisfaction as our critical objective, we aim to achieve and enhance our customers' experience.

We commit to comply with all applicable statutory and regulatory requirements, including the contractual obligations, related to the:

- Design, approval, and review of training programmes
- Student-centred learning, teaching and assessment
- Student admission, progression, recognition, and certification
- Selection of teaching staff
- Learning resources and student support
- Information management

Our processes have been established, documented, monitored, and analysed to assure quality at every stage of the operation.

We commit to provide necessary resources to facilitate effective and efficient design and delivery of training courses.

SVP Training Centre is determined to grow, optimise the internal processes, add new services, and continually improve our Quality Assurance Management System through the ongoing and structured monitoring of the objectives.

1.10.   QUALITY OBJECTIVES

The measurable Quality Objectives (Appendix 4) have been defined in line with the strategic aims of SVP TC and the Internal Quality Assurance Policy statements. Ongoing monitoring and evaluation efforts are reported during the Management Review Meetings.

Quality Objectives should be defined for three main areas, as minimum, being:

- Customer perceptions
- Supplier performance
- Employee perceptions.

1.11.   PLANNING OF CHANGES

Strategic changes within SVP TC are planned by the CEO, based on the inputs of the applicable legislation and external stakeholders, and are executed by the management team.

Operational changes are the outcome of the ongoing feedback analysis from students, tutors, and other internal stakeholders, identified by the SVP TC Coordinator, and result in changes to the internal quality assurance documentation.

Any changes are communicated to the relevant interested parties to ensure an effective implementation.

Quality Assurance System is reviewed annually for adequacy and suitability. Such review shall be documented in the Management Review Meeting Minutes (Appendix 5, template).

1.12.   COMMUNICATION

At SVP TC, it is ensured that there is full engagement of all people throughout the entire operation. The following **internal communication** mechanisms are in place:

a)   Senior Management (CEO, Heads of Departments, SVP TC Coordinator) – monthly meetings or ad-hoc. Management review meetings intended to address the requirements of the QAS are incorporated with these Senior Management meeting and are held annually and shall be documented in the MRM minutes (Appendix 5)

b)   SVP Training Centre – internal ad hoc meetings and formal weekly meetings. Formal weekly meetings shall be documented in the TC Weekly Meeting minutes (Appendix 6)

c)   On-the-job coaching, mentoring, training, and awareness sessions – ad-hoc

d)   Use of shared folder to communicate the QAS-related documentation – access is managed by the SVP TC Coordinator

e)   Networked IT systems including use of Microsoft 365

f)   Use of Emails

SVP TC communicates with external interested parties through emails, phone calls and via website to market its presence.

Public information:

SVP TC shall publish information about training programmes, that includes the following:

a) The selection criteria for the courses / programmes
b) Their indented learning outcomes
c) The qualifications they award, including information on the EQF/MQF level and ECTS/ECVET learning credits
d) The teaching, learning and assessment procedures used
e) The pass rates
f) The further learning opportunities available to their students
g) Information on possible career pathway available as a result of taking a course.

1.13. DOCUMENTED INFORMATION

To ensure that the QAS to be implemented effectively, SVP TC has identified all relevant QAS-related documentation, including policies, procedures, forms, and records. The documentation is being controlled through the Inventory of Documented Information, which includes information defined in Appendix 7, addressing the:

- unique identification reference, format, ownership, review, and approval
- access, distribution, and use
- storage and preservation
- control of changes
- retention and disposition

2. ROLES, RESPONSIBILITIES and AUTHORITIES

Responsibilities, as well as the lines of authority and communication are defined by the CEO. The Organisational Chart (Appendix 8) shows these lines of authority, responsibility, and communication.

Job descriptions are established for the key roles in the organisation and are found in the employee personal files stored at the HR office at SVP. All the responsibilities are reviewed with the employees regularly with the direct manager and the HR Manager. Recruit of staff at the Training Centre shall be issued either through PSC process or else through a selection process by the Head of Institution following an Internal Call.

To maintain an orderly approach to the administration of the documented information, the SVP Training Coordinator has been assigned an additional role of the **Quality Assurance System (QAS) Administrator**. His/ her key tasks related to the QAS are:

- Ensuring that QAS processes and relative documented information are being maintained in accordance with the requirements of NCFHE Guidelines (Standards 1 through 11)
- Reporting to the CEO on the performance of the QAS and any need for improvement.
- Liaising with NCFHE with respect to audits, corrective action, and related matters.

2.1. RESOURCES

The resources required for the effective implementation of the QAS are determined by the SVP TC Coordinator and are approved by the CEO. Decisions related to the provision of resources, financial, human and capital are all taken during specific management meetings.

Any partnerships with external providers are managed by the relevant Head of Department after consultation with the directors.

People are the enablers at SVP TC, which is being a service-oriented business, requires people need to be competent and adequately qualified.

Human resource requirements are discussed with the SVP TC Coordinator and are approved by CEO. Such decisions are recorded in management meeting minutes.

At SVP TC we ensure that our employees have adequate **infrastructure**, tools and equipment required to carry out their work effectively, efficiently and in a timely manner.

Our administration and management operate from our offices in Luqa. The following critical infrastructure is used:

- Networked PCs and laptops
- Microsoft 365
- Shared Folders

The IT System is fully supported by an IT team following instructions by IMU and MITA led by an IT Manager.

SVP TC ensures that the work **environment for the operation** of processes, at the offices, training classrooms and wards (during practical training), is fully-air conditioned and operated in line with the national laws of Health and Safety in order to instil the right environment for our people to work in.

Any **incidents** to SVP TC employees or students are investigated in detail to ensure that preventive action is taken, and necessary training is given to avoid repetition. Such investigation is documented by using the Incident Form (Appendix 9), where applicable. Incident forms are then forwarded to the HR department.

SVP TC's **organisational knowledge** is enshrined in the people's competence, documented procedures and policies, and course information. The directors' original knowledge has been transferred to the middle management team throughout the years and has enshrined the internal methods in this documented system.

2.2. COMPETENCE and AWARENESS

The training, awareness and competency of employees and subcontractors is planned, carried out and verified by the SVP TC Coordinator. Skills and competencies required are determined by the Managers and recorded in the job descriptions. Training Needs (Appendix 10) are identified according to business requirements.

The relevant managers ensure that all the employees possess the necessary competence to ensure that their role is fulfilled adequately. In such cases where the competency or work experience is not adequate, the respective head of department is responsible to ensure that the individual employees are trained, coached, or mentored adequately to achieve the right level of competency in the job. Such competence-building activities (including studying, training, coaching, mentoring, focus groups and exchange programmes) may be given by outsourced third parties or various experienced and competent SVP TC staff.

A Performance Indicator (Appendix 11) System is in place to evaluate all employees in terms of performance in line with company's business objectives. Records of decisions taken including planned actions to enhance competence are retained and followed up by the HR Manager and respective Managers.

An Induction Awareness Training for Clinical and Non-Clinical staff (Appendix 12) is given to new employees once they are recruited so that they understand the importance of the quality assurance system in their job to provide the high level of quality service to the customers. They are also made aware of the company culture, ethos, brand essentials and strategy, performance and objectives that measure their area of activity.

A formal Quality Assurance Awareness Training (Appendix 13) shall be given to all SVP TC staff and contractors annually and documented in the Attendance Record (Appendix 14).

3. OPERATIONAL PROCEDURES

All business processes at SVP Training Centre have been identified, established, mapped and are documented in this Internal Quality Assurance Policy and supporting procedures. The SVP CEO is responsible to provide the resources to ensure the efficient and effective implementation of these processes. A management structure is in place to ensure that the operation is always executed.

Management has applied the resources and attention such that continuous maintenance of this IQAP is ensured. Management is committed to continue providing all the necessary resources to employees to ensure that these operations and support processes can be executed effectively.

The Business Processes Interaction (Appendix 15) and Flow Map for the Quality processes, shows a clear definition of the sequence and interactions of these processes and operations within the company.

The Plan-Do-Check-Act methodology is used to induce a culture and system of continual improvement. Measures have been put in place to monitor and measure the key processes. These measures are described in detail in Section 9 of this IQAP.

The results of the internal and external audits and analysis of customer feedback will be considered order to affect any necessary changes in processes to improve product and service delivery. These are deemed by SVP Training Centre to be the ultimate measure of effectiveness of these processes.

The **operational planning and control** cover the process throughout the life cycle from the identification of the need for training to the implemented continual improvement of the relative training programme.

All processes are planned by the SVP TC and are documented in the form of the flow charts.

The key operations at SVP TC are:

SOP-01 – Student-Centred Learning, Teaching and Assessment Process (Appendix 16)

SOP-02 – Approval of Courses Process (Appendix 17)

SOP-03 – Process for the Recruitment of Teaching Staff at the Training Centre (Appendix 18)

SOP-04 – Process for the Design of the Programs, Offered at the Training Centre (Appendix 19)

SOP-05 – Student and Tutor Feedback Process (Appendix 20)

Planning of the above processes, documented in the referenced SOP's and their delivery is managed by the SVP TC Coordinator.

Requirements for courses are communicated to students and tutors through the Guidebook in line with the SOP-01 and SOP-02. The entire SVP TC team are responsible to ensure that customer communication is carried out efficiently and effectively.

Direct meetings between the students, tutors and the SVP TC Coordinator may also take place.

The SVP TC staff interfaces with the customers daily. They make sure that customer's requests are understood, and service deliveries are executed as expected.

Design and development of courses covers specialised and customised courses. The conceptualisation, planning and control of developments are maintained in accordance with the established procedure SOP-04.

Externally provided services are being done in line with SOP-03 and SOP-05 to ensure effective monitoring and control of services provided by suppliers and outsourced providers (e.g. tutors).

4. PERFORMANCE EVALUATION

The performance of the Quality Assurance System is being monitored and measured using the objectives and relative KPIs (where applicable). These namely relate to:

Customer satisfaction (R-01-007)

Supplier evaluation (Appendix 21)

Performance Appraisal (Appendix 11)

These are used as a benchmark for effectiveness.

Customer and Tutor feedback is collected after each course through the feedback forms and verbal communication. SVP TC Coordinator performs ongoing analysis and evaluation of the customers' and tutors' perception to identify any opportunities for improvement, which are addressed without undue delay to enhance customer experience and improve staff satisfaction.

The QAS is reviewed overall during the management review meetings, internal and external audits. Records of the MRM minutes and external audit reports are maintained as documented information.

Internal Audits shall be carried out by competent auditor, in an objective and impartial manner, at least annually to ensure the full review of the quality assurance system. Outcome of such audits shall be documented in a form of a report. Findings of the internal and external audits shall be addressed through the Corrective Action Request Log Findings of the internal/ external audits (Appendix 22)

SVP TC has established a knowledge database to identify, address, learn from and identify any opportunities for improvements to the Quality Assurance System through the:

Customer complaints (R-01-007)

Findings of the internal/ external audits (Appendix 22)

Opportunities for improvement (Appendix 2)

Actions from the management review meetings (Appendix 5)

5. CHANGE HISTORY TABLE

This Internal Quality Assurance Policy, including all relative documentation, shall be revied by the SVP TC Coordinator for adequacy and suitability at least annually or when a significant change in operation.

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO

APPENDIX 1 –GLOSSARY OF TERMS AND ACRONYMS

MRM – Management Review Meeting

PDCA – Plan – Do – Check – Act

SVP TC – St. Vincent de Paul Training Centre

IQAP – Internal Quality Assurance Policy

QAS – Quality Assurance System

TNA- Training Need Analysis

RFQ- Request for Quote

APPENDIX 2 – CONTEXTUAL ANALYSIS

Contextual analysis for each risk / opportunity shall include the following information:

- Last revision date
- Process name
- Risk Owner
- SWOT analysis
- PESTLE analysis
- Relative stakeholders
- Identification whether stakeholders are internal or external
- Unique risk reference
- Detailed and specific risk description, including shareholders' expectations
- Opportunity description (if applicable)
- Inherent risk rating from the likelihood and consequence perspective, and risk prioritisation
- Risk treatment option
- Action to mitigate risk / address opportunity
- Responsible for the implementation of the action to address risk
- Timeframes to address risk
- Residual risk rating from the likelihood and impact perspective, and risk prioritisation

Risk Assessment and Treatment Methodology:

		CONSEQUENCE				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

CONSEQUENCE	High Risk	4-5	The threat event could be expected to have multiple severe or catastrophic adverse effects on organizational operations, organizational assets, individuals, other organizations, or the Country. **Define Risk Treatment Action and Objective / KPI**
CONSEQUENCE	Moderate Risk	3	The threat event could be expected to have a serious adverse effect on organizational operations, organizational assets, individuals, other organizations, or the Country. A serious adverse effect means that, for example, the threat event might significantly impair the organisation's ability to provide a service to its customers for a significant period of time, result in significant damage to organizational assets; result in significant financial loss; or result in significant harm to individuals. **Define Risk Treatment Action. Objective / KPI is optional**
CONSEQUENCE	Low Risk	1-2	**ACCEPTABLE LEVEL of RISK** The threat event could be expected to have a negligible adverse effect on organizational operations, organizational assets, individuals, other organizations, or the Country. **Risk Treatment Action & Objective / KPI are optional**

LIKELIHOOD	High Risk	4-5	Error, accident, or act of nature is almost certain to occur. **Define Risk Treatment Action and Objective / KPI**
LIKELIHOOD	Moderate Risk	3	Error, accident, or act of nature is somewhat likely to occur. **Define Risk Treatment Action. Objective / KPI is optional**
LIKELIHOOD	Low Risk	1-2	**ACCEPTABLE LEVEL of RISK** Error, accident, or act of nature is highly unlikely to occur. **Risk Treatment Action & Objective / KPI are optional**

APPENDIX 3 – LEGAL REGISTER

Legal Register (part of "Contextual Analysis") shall include the following information:

- Area of applicability to TC
- Legal Notice title
- Act / Legal Notice number
- Subsidiary Legislation number (if applicable)
- Scope (justification of applicability)
- URL (if applicable)
- Applicability review frequency
- Responsible for review
- Last review date

APPENDIX 4 – QUALITY OBJECTIVES

Objectives (part of "Contextual Analysis") shall include the following information:

- Objectives (mandatory for high risks)
- Objective monitoring and measurement method
- KPIs (if applicable)
- Responsible to monitor objective
- Target date for objective status reporting
- Status of the objective

APPENDIX 5 – MANAGEMENT REVIEW MEETING MINUTES (TEMPLATE)

MANAGEMENT REVIEW MEETING MINUTES

St. Vincent de Paul Training Centre.

DDMMYYYY

In Attendance
- Name and Surname, role within TC
- Name and Surname, role within TC
- Name and Surname, role within TC

1. **FOLLOW UP FROM PREVIOUS MEETINGS**

2. **RESULTS OF INTERNAL AUDIT AND THIRD-PARTY AUDIT**

3. **STATUS OF CORRECTIVE ACTIONS**

4. **STATUS AND REVISION OF QUALITY OBJECTIVES**

5. **INTERNAL QUALITY ASSURANCE POLICY**
5.1. Do training programmes achieve the objectives set for them?
5.2. Is the content of the programme up to date considering the latest research/practice in the sector?
5.3. Does the training programme address the needs of the students and society? (Include input from students, audit findings, other relative stakeholders; communicate the results of the MRM review to the relative interested parties)

6. **SYSTEM PERFORMANCE, RISKS & OPPORTUNITITES**

7. **PERFORMANCE OF EXTERNAL PROVIDERS**

8. **CUSTOMER FEEDBACK AND COMPLAINTS**

9. **CHANGES THAT CAN AFFECT THE QAS, INCLUDING CHANGES IN INTERNAL / EXTERNAL ISSUES**

10. **RESOURCES REVIEW AND TRAINING REQUIREMENTS**

11. **RECOMMENDATIONS FOR IMPROVEMENT**

Date of next scheduled MRM:

APPENDIX 6 – TRAINING CENTRE WEEKLY MEETING MINUTES (TEMPLATE)

TRAINING CENTRE WEEKLY MEETING MINUTES

St. Vincent de Paul Training Centre.

DDMMYYYY

In Attendance
-   Name and Surname, role within TC
-   Name and Surname, role within TC
-   Name and Surname, role within TC

1.   FOLLOW UP FROM PREVIOUS MEETINGS

Review of the status of all pending actions to-date

2.   ISSUES RESOURCES REQUIREMENTS

No.	Description	Action	Resources needed	Responsible	Target date	Status of action

Date of next scheduled MRM:

APPENDIX 7 – INVENTORY OF DOCUMENTED INFORMATION

Inventory of Documented Information shall include the following information:

- Unique reference number
- Reference to SOP
- Type (procedure, form, record, guidelines)
- Origin (internal, external)
- Title
- Author (who created / updated the document, not required for records?)
- Approval (who approved the document for use, not required for records?)
- Format (paper, electronic, both)
- Last revision date
- Date communicated to staff for acknowledgement and/or communication timelines
- Medium of communication (email, shared folder, Microsoft Forms, internal notice board, etc.)
- Location and protection method (where is it stored and how it is protected from loss of confidentiality, improper use, loss of integrity, unauthorised access?)
- Access (who has access to the document, access rights e.g. read only, edit and organise, etc.?)
- Retention (how long do we need to keep the document / record for?) – should be defined following the guidelines below
- Disposition method (how do we dispose of a document / record / media following the end of the retention period?)

Numbering of documented information shall be done in line with the following guidelines:

Description	Numbering	Example
Standard Operating Procedure (SOP)	SOP-XX	SOP-01
Guidelines	G-XX-YYY	G-01-001
Form	F-XX-YYY F-XX-YYY-Z	F-01-001 F-01-001-A
Template	T-XX-YYY T-XX-YYY-Z	T-01-001 T-01-001-A

Legend	
Standard Operating Procedure (SOP)	SOP
Guidelines	G
Form	F
Next procedure number	XX
Next guideline / form number (within the relative procedure)	YYY
Next form letter (within the relative guideline/form number)	Z

Training records shall include:
a) Admission records, student details, proof of assessment
b) Profile of the student population, including prevalence of vulnerable groups
c) Course participation, retention, and success rates
d) Students' satisfaction with their programmes
e) Employment rates and career paths when the course states an orientation towards employment

APPENDIX 7 – INVENTORY OF DOCUMENTED INFORMATION (Cont.)

Data Retention Guidelines

Category	Records Type	Retention Period
Course Data	Attendance Sheets	4 years
	Course Timetables	1 year
	Course Guidebook	1 year
Customers' Records	Customers' Data (Name, Surname & ID Card Number)	40 years
	Customers' Medical Certificates	1 year
	Application Forms, Resignations, Acceptance Letters	4 years
	Declaration Forms	4 years
	Customers' Feedback	2 years
Tutors' Records	Tutors' Data	4 years
	Tutors' CV	4 years
Examinations	Customers' marked scripts (written paper)	4 years
	Academic Records	40 years
	Logbooks	4 years
	Assignments, Reflective accounts	Returned to Student upon completion of course
	Practical Assessment Sheet	4 years
Statistics	Intake of new students / staff	40 years
Administration of TC	Accreditation Application Forms	Until the Course is no longer offered
	Application for the Registration of an Educational Institution	1 year
	Financial Matters	10 years
	Quality Assurance Attendance Record	3 years
	Student-Centred Learning, Teaching and Assessment at the Training Centre Procedure	3 years
	SOPs & Guidelines	To be kept until revision date
	Training Need Analysis	1 year

APPENDIX 8 – ORGANISATIONAL CHART

Organogram of the Training Centre- SVP

| External Within SVP | Training Centre, SVP | External SVP |

Chief Executive Officer

Director Operations — ICT, QA

HR

Medical Superintendent — Allied Health Service Occupational Therapy, Physiotherapy, Podiatry, Speech Language Pathology, Radiography; Day Hospital; Medical Doctors

Senior Manager (Accounts and Finance) — Accounts, Procurement, Inventory

Hospital Planning Manager — Catering Services, Engineering Operations

Chief Nursing Manager — Nursing Administration Unit, Wards, Dementia Day Centre, Nursing Speciality Unit

Healthmark Supervisors

Ministry for Active Ageing

Senior Practice Nurse (Practice Development) (Senior Training Centre Coordinator)

Practice Nurse (Practice Development) (Training Centre Coordinator)

Clerk (Training Centre Clerk)

Lecturing Staff

Staff Nurse (Training Centre Assistants)

APPENDIX 9 – INCIDENT REGISTER

ST VINCENT DE PAULE RESIDENCE
Incident Form

A. PERSON INVOLVED

Surname:_____ Age:_____ Male/Female: _____

Forename (s)_____ Ward: _____ Identity No.:_____

B. INCIDENT DETAILS - To be filled by the Officer in charge

1. Date: _____ Time: _____ Exact Location: _____

2. What exactly happened?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:_____

3. Name, surname and grade of Officer in charge:

Name: _____ Surname:_____ Grade: _____

C. TREATMENT AND MEDICAL ATTENTION - To be filled by nurse or/and doctor

Nurse's comments: _____

_____

_____

Signature:_____

Doctor's comments: _____

_____

_____

_____

_____

Time examined: _____ Signature:_____

RSVP incident form

D. MANAGEMENT

1. To whom was accident reported: (DNM or NO on night duty) _____

2. When was accident reported: Date: _____ Time: _____

E. INCIDENT FORM CHEKED BY

Manager/In-charge of Ward _____

Professional Status _____

_____   _____
Date   Signature

F. EVALUATION - to be filled by D.N.M. or Safety Committee

Recommendations:

_____

_____

_____

_____

_____

_____

_____

Signature:_____

Kindly note that with immediate effect any falls or other injuries suffered by patients are:

1. To be reported immediately to ward or duty doctor for appropriate action to be taken by the doctor.

2. To be reported immediately to D.N.M. or N.O. on night duty.

3. To immediately fill in the Incident Report form and to hand it in to the Medical Superintendent (or deputy) at the earliest possible and not later than 24 hours after the incident.

RSVP incident form

SVP Saint Vincent De Paul
long term care facility

TRAINING NEED ANALYSIS (TNA)

Ward Name:
Occupation:

For Office Use ONLY

Received by:
Date

Ref No:

Please rate the below questions from 1 to 5

*TC Training Centre

1	2	3	4	5
Very Good	Good	Fair	Poor	Unsatisfactory

1. Do you think the TC is delivering useful Training to enhance your practice development?
2. Do you think Training Services have improved over the last 5 years?

Please answer the following questions:

Environment

Yes	No

3. Do you think the TC meets the accessibility of staff attending the sessions?
4. Do you agree with sessions being delivered online?
5. For the theoretical sessions, do you think interesting topics are being chosen?

Clinical & Simulated Practice:

6. Whenever you were called for Onsite and Theoretical sessions have you
gained more insight of the skill/subject?
If Yes, mention some of the outcome to the session.

Recommendations for improvement:

7. Do you have a particular topic that you would like us to add in our next academic year?

8. List 3 Topics or subjects that you feel you need to know more about? (Including both Theoretical/ Clinical skills)
a)
b)
c)

9. Do you want to express any recommendations in order to deliver better Training Services at SVP?

Thanks for your Participation and For your Input

TRAINING NEED ANALYSIS

Isem tas-sala:

Rwol:

For Office Use ONLY

Received by: Ref No:

Date

Jekk joġbok immarka tweġiba li taqbel magħha:

*TC -Training Centre

1	2	3	4	5
Tajjeb Ħafna	Tajjeb	Mhux Ħażin	Batut	Ħażin Ħafna

	1	2	3	4	5
1. Taħseb li TC qiegħed joffri taħriġ siewi sabiex ittejjeb lgħarfien tiegħek?					
2. Taħseb li TC wera żvillupi dawn l-aħħar 5 snin					

Wieġeb Iva jew Le:

3. Taħseb li L-ambjent ta' TC huwa aċċessibli għal kull min jiġi jsegwi xi tip ta' Taħriġ?
Jekk Le, ssemmi xi raġunijiet jew għati eżempji:

Iva	Le

4. Taqbel li teorija għandha tingħad permezz tal-online ukoll?

5. Bħala teorija fil-klassi, taħseb li bħalissa qiegħed jingħata taħriġ siewi fil-klassijiet ?

Taħriġ Kliniku

6. Kull meta ġejt majta mill-assistenti ta' TC għal xi Onsite session f' xi sala, kienu interessanti u tgħallimt xi ħaġa ġdida dwar is-suġġett?
Jekk Iva, ssemmi ftit mill-benefiċji ta' dawn is-sessions qosra?

Rikomandazzjonijiet:

7. Hemm xi suġġett partikolari li tixtiena nindirrizzaw fis-sena skolastika li jmiss?

8. Semmi 3 suġġetti li tħoss għandha bżonn aktar għarfien dwaru bħalissa.

a)

b)

c)

9. Għandek xi rikomandazzjonijiet oħra li tixtieq taqsam magħna sabiex dejjem intejjbu Taħriġ li nipprovdu ġewwa Training Centre?

Grazzi tal-Parteċipazzjoni Tiegħek

APPENDIX 11 – PERFORMANCE INDICATOR (TEMPLATE)

Performance Indicator for Staff at the Training Centre

Personal and Professional Development

		Insert Score in the coloured cells (must be between 0 to 10)
Maintains own professional development through education advancement, and CPD.		
i.　　Takes an active part in learning activities and keeps records of them especially to courses offered to our staff at SVP.		
Identifies learning needs, gaps in clinical knowledge and opportunities for development of staff.		
ii.　　Identifies opportunities of practice development and personal growth of staff in collaboration with the management, staff and MDT.		
iii.　　Supports the development of staff to obtain and keep their competencies.		
Actively creates, shares and promotes information and research awareness to support a learning environment.		
i.　　Acts as an educational leader, mentor/ supervisor and resource person for the Staff attending sessions at the TC.		

Quality Assurance and Innovations

		Insert Score in the coloured cells (must be between 0 to 10)
Fosters a culture of quality improvement by self and other members of the team within the area of practice.		
i.　　　Participates in the evaluation process of training delivered at the TC.		
ii.　　　Participates in research dissemination and look for findings/ final results to be able to update the Library at the TC.		
Participates in the development, implementation and dissemination of standards, policies, and procedures.		
i.　　　Participates and following the standards, policies and procedures, guidelines, or checklists in collaboration with staff and the multidisciplinary team.		

Management and Leadership

		Insert Score in the coloured cells (must be between 0 to 10)
Maintains effective communication (oral, written, and electronic) with staff, management, members of the multidisciplinary team and clients/patients.		
i.　　　Ensures that consistent communication takes place as appropriate.		
Acts as a role model.		
i.　　　Demonstrates pride in your role at the Training Centre in influencing the quality of the care setting.		

ii. Practices in a manner in line with professional standards and scope of practice as endorsed by the Maltese Council for Nurses and Midwives.		
Demonstrates resilience and self-awareness.		
i. Provides pragmatic direction and tackles difficult situations diligently in a positive manner through rational and open discussion.		
ii. Maintains calm outlook when one's efforts or initiatives are blocked or resisted.		
Takes a leading role in initiating change in the clinical setting in collaboration with all stakeholder to achieve optimal health outcomes for the patient and / or population.		
i. Challenges and questions how the current nursing practice can add more value to achieve optimal health outcomes.		
ii. Integrates patient's / staff suggestions during evaluating the feedback process.		
Demonstrates competence in monitoring and managing the resources to optimise outcomes.		
i. Completed work assignments are performed in a timely manner assuring quality of work that meets the need of the organisation / service.		
ii. Use available resources judiciously to enhance quality the quality of care.		

Practice nurse: Infection Prevention & Control

		Insert Score in the coloured cells (must be between 0 to 10)
Collaborates with MDT to develop a range of prevention and control measures to minimise the risk of infections within the area of responsibility.		
i. Collate, analyse and communicate data relating to preventing and controlling infection for surveillance purposes.		

	Insert Score in the coloured cells (must be between 0 to 10)

ii.	Improve quality and safety through the application of advanced methodologies.		
iii.	Implement strategies to ensure adherence with policies and guidelines in place are being followed.		

Practice nurse/midwife: Practice Development

			Insert Score in the coloured cells (must be between 0 to 10)
Support the delivery of professional nursing practice in the designated areas by ensuring that care provided is consistently compassionate, safe, effective and person-centred.			
i.	Evidence of visible clinical leadership by working regularly with staff delivering direct and indirect patient care.		
ii.	Support the development and implementation of KPI where gaps are present.		
iii.	Assists in development, implementation and evaluation of induction programs for new staff.		

Action Plan

		Max Score: 10
1. From your reflective exercise on the performance measures, list some key areas of work that need to be addressed and/or developed during the forthcoming year.		
		Enter Score Here

Quality Assurance Improvement		
Management and Leadership		

2.   Can you think of other skills, knowledge, experience that would help you to perform better at work or enhance your personal and professional development?
3.   What training, resources or support do you need to achieve your planned objectives?
4.   Are there any other issues that you would like to discuss during the upcoming team meeting?

APPENDIX 12 – INDUCTION AWARENESS TRAINING (Clinical and Non-Clinical) (Template)

INDUCTION FOR NEW NURSES AT SVP (CLINICAL)

First Day	Second Day	Third Day	Fourth Day	Fifth Day
Welcome Speech by the Chief Nursing Manager	Introduction on the various SOP's and Guidelines Available in SVP	Communication Skills	Tracheostomy Care	Fire Fighting
Signing of Legend at the Administration Office	The importance of Documentation and How to write Proper Referrals	Spiritual Care in LTC		
Welcome Speech highlighting services at SVP by the TC staff	CPD Scheme	Palliative Care in the Elderly	PICC and CVC	Nutritional Assessment by Nutritional Nurse
BREAK				
Settling of Uniforms/ Badge by TC Assistants	HR Manual - Discipline, Leave and Salaries (SOP 2/2022)	Supporting Persons with Disability in an LTC	APD/CAPD	Guidelines on Wound Care in SVP
Orientation in the Ward and Different Departments in SVP	ICT – ISOFT/CPAS GDPR Training	Infection Control and Prevention and Current COVID-19 Measures		
Allocation in Wards as part of their Orientation allocated by the Administration Office				

INDUCTION FOR NEW RECRUITS (NON-CLINICAL)	
Half Day Induction Programme	• Introduction to Training Services at SVP
	• Introducing Current SOP's and Guidelines
	• Communication and Professional Etiquette at the Workplace
	• Introducing the HR Manual (SOP:02/2022)
	• Orientation around Different Departments in SVP

APPENDIX 13 – QUALITY ASSURANCE AWARENESS TRAINING

Quality assurance awareness training shall be done based on the Internal Quality Assurance Policy by the TC Coordinator.

The aim of awareness training is to ensure that all TC staff and contractors are aware of:

- The Internal Quality Assurance Policy
- Relevant quality objectives
- Their contribution to the effectiveness of the quality assurance system, including the benefits of improved performance
- Their contribution of not conforming with the quality assurance system requirements

The verification of the effectiveness of the awareness training shall be done through multiple-choice assessment (up to 5 questions). Records of such assessment shall also serve and attendance records (see Appendix 14)

APPENDIX 14 – ATTENDANCE RECORD (TEMPLATE)

SVP Saint Vincent De Paul long term care facility	**QUALITY ASSURANCE ATTENDANCE SHEET**

DATE -

DELIVERED BY-   TIME-

NAME & SURNAME	GRADE	SIGNATURE

SIGNATURE OF THE COORDINATOR/S DOING THE SESSION

APPENDIX 15 – BUSINESS PROCESSES INTERACTION
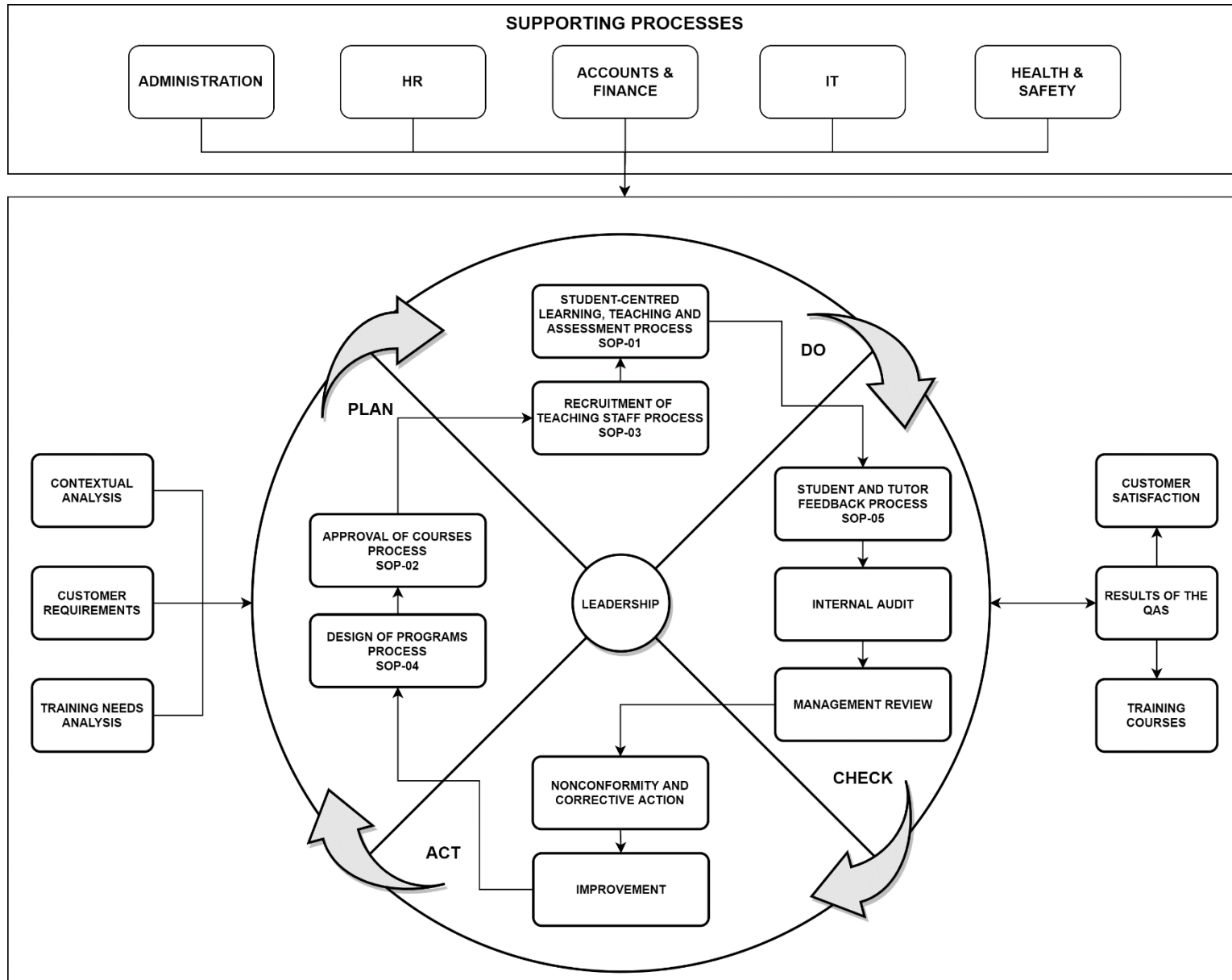
APPENDIX 16 – SOP-01 – STUDENT-CENTRED LEARNING, TEACHING AND ASSESSMENT PROCESS

	SOP-01 – STUDENT-CENTRED LEARNING, TEACHING and ASSESSMENT at the TRAINING CENTRE PROCEDURE	Revision: 13/07/2022
SVP Saint Vincent De Paul _long term care facility_		

1. SCOPE AND PURPOSE

This Standard Operating Procedure (SOP) defines a standard approach to the teaching and assessment process to ensure student-centred learning during various training courses, delivered at SVP TC.

This procedure forms part of the Quality Assurance System at SVP TC and ensures that all value-adding and support processes describing the service realization are carried out as planned to assure internal consistency of execution.

This procedure applies to all relevant roles (defined in Part 2 of this procedure), and relative documented information (defined in Part 3 of this procedure) and covers all relative functions within SVP TC and their interaction (defined in Part 4 of this procedure).

List for In-House Training by Training Centre

- Basic Life Support
- Renewal for the Intravenous Infusion Therapy
- Food Handling (Category B)
- Fire Fighting
- Onsite Sessions (Tracheostomy and Suctioning, APD and CAPD, CVC)
- Intravenous Infusion
- Sunday Sessions
- 10-Week Programme for Informal Caregivers in Dementia
- Induction Programmes for New Recruit

2. RESPONSIBILITIES AND COMMUNICATION

2.1. **Internal and external interested parties / stakeholders**, and their interaction, are defined in Part 4 of this procedure.

2.2. **Roles, responsibilities and authorities** are defined in Part 4 of this procedure, and are communicated to the internal stakeholders during the Quality Assurance Awareness Training; to external stakeholders – during meeting / via email

The roles and responsibilities concerning SOP-01 are as follows:

CEO

- Approve the required applications and fees in accordance to the course requirements.

Top Management

- Identifies learning gaps and promotes course initiation.

Training Centre Coordinators

- Identifies learning gaps in clinical nursing skills and coordinate courses accordingly
- Create content of the course according to the latest methodology and advancements in the healthcare sector.
- Ensure that the content being delivered will ensure the health and safety of our end users being our residents
- Liaise with other departments within SVP and also external to SVP to be able to manage and coordinate the course.
- Maintain at all time confidentiality regarding the student's data and information.

Training Centre Assistants

- Provide support and guidance among all students/staff attending any training programs at the Training Centre
- Provide up to date information on courses offered at the Training Centre

- Supervise and provide feedback to students during the clinical placements in the wards
- Scheduling attendee for training at the Training Centre and keep track of their attendance

APPENDIX 16 – SOP-01 – STUDENT-CENTRED LEARNING, TEACHING AND ASSESSMENT PROCESS (Cont.)

Tutors

- Deliver the course content in a professional manner and keep up to date with the latest evidence-based practice
- Provide the knowledge to be able to create the course content together with the Training Centre Coordinators
- Act fair and unbiased during assessments.
- Provide constructive feedback throughout the whole duration of the course.

Students

- Provide genuine feedback on the course content, the mentors and tutors.
- Motivated to study and eager to learn.
- Produce true and genuine medical and educational certificates upon applying for a course.

3. DOCUMENTED INFORMATION

All **documented information** of the internal / external origin, paper / electronic copies are being managed in line with the requirements defined within the "Inventory of Documented Information" for each document / record.

Forms, required by this procedure are:

- F-01-001 – Training Needs Analysis
- F-01-002 – Care of the Elderly – Theory & Practice Course (LAS 1101) - Application Form
- F-01-003 – Dementia Care at Home – Application Form
- F-01-004 – Dementia Care Practice Course (LAS 1102) – Application Form
- F-01-005 – Care of the Elderly – Theory & Practice (LAS 1101) – Care Assistant Trainee Logbook and Attendance
- F-01-006 – Programme Accreditation Application Form
- F-01-007-A – Student Feedback Forms
- F-01-007-B – Tutor Feedback Forms
- F-01-008 – Quality Assurance Attendance Sheet

Guidelines, required by this procedure are:

- G-01-001 – Care of the Elderly Theory & Practice Course - Guidebook
- G-01-002 – Dementia Care Practice Course – Guidebook
- G-01-003 - Level 4 Award in Safe Moving and Handling in Clinical Settings
- G-01-004 – Level 5 Award in Safe Moving and Handling in Clinical Settings

Templates, required by this procedure are:

- T-01-001-A – Care for the Elderly Course – Final Written Examination
- T-01-001-B – Dementia Care Practice – Final Written Examination
- T-01-002-A – Care for the Elderly Course – Theory & Practice Course (LAS 1101) – Reflective Assignment Marking Sheet
- T-01-002-B – Care for the Elderly Course – Theory & Practice Course (LAS 1101) - OSCE Marking Sheet
- T-01-003 – Dementia Care Practice Course – Placement Assessment Sheet
- T-01-004 – Certificate for Accredited Courses by NCFHE
- T-01-005 - Induction programme for New Nurses

Records, required by this procedure are:

- R-01-007 – Customer Feedback and Feedback Analysis

4. PROCEDURE

Students take an active role in creating the learning process, and the assessment of students reflects this approach. Throughout the learning process TC teaching and supporting staff shall:

a) Respect and attend to the diversity of students and their needs through ongoing and objective feedback, enabling the flexible learning paths in timely manner. These include, but not limited to changes in ward and/or tutor
b) Consider and use different modes of delivery, as appropriate
c) Flexibly use a variety of pedagogical methods, effectiveness of which is being evaluated after each course through the students' feedback, and any opportunities for improvement are being implemented prior the next course delivery
d) Encourage a sense of autonomy in our students, while ensuring adequate guidance and support throughout the theory and practical training sessions
e) Promote mutual respect within the learner-teacher relationship

For the assessment process, TC Coordinator ensures that:

a) The tutor/s and/or mentor/s managing the assessment are familiar with existing testing and examination methods and receive support to further develop competences in the field – shall be done through the Training Needs Analysis
b) The criteria for and method of assessment as well as criteria for marking are published prior to the course delivery
c) The achieved learning outcomes are analysed in relation to the intended outcomes by the tutor/s and/or mentor/s. Students are given feedback, which, if necessary, is linked to advice on the learning process
d) Where possible and applicable, assessment shall be carried out by more than one examiner
e) The regulations for assessment take into account mitigating circumstances
f) Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures
g) The identity of all students carrying out the assessment is verified prior examination by the TC staff to protect against cheating
h) Records of the assessment process and grading are kept in a filing room, at the Training Centre, SVP
i) Student feedback, including complaints, is collected, documented, evaluated, analysed, and addressed in timely manner to improve the processes and customer satisfaction.

Throughout the life cycle of the student admission, progression, recognition and certification process, SVP TC consistently apply pre-defined and published regulations, being:

a) Admission process and criteria are implemented consistently and in a transparent manner
b) Induction to the SVP TC and the training programme is provided
c) Both processes and tools are in place to collect, monitor, manage and store information on student progression at SVP in Malta
d) Relevant qualifications (accredited by NCFHE), and relevant periods of study and prior learning, including the recognition of non-formal and informal learning, are being considered while determining the SVP TC own selection criteria
e) On successful course completion, students receive documentation explaining the context, MQF level, amount of learning credit, content and status of the qualification gained, referencing the achieved learning outcomes, in line with NCFHE regulations

Throughout the delivery of training courses, SVP TC Coordinator, together with CEO's support. shall ensure:

a) The verification of identity of all enrolled students
b) Against intolerance of any kind or discrimination against the students or staff
c) Involvement of the external stakeholders in quality assurance
d) Collect, evaluate, analyse the student and tutor perceptions to continuously improve the training programmes content and delivery

SVP TC Coordinator shall ensure the integrity, reliability, suitability, and continuous availability of technological infrastructure (including hardware and software, as applicable) to all staff (internal and contractors), and students, if applicable.

CEO shall allocate appropriate funding for learning and teaching activities. Funding should ensure that adequate and readily accessible learning resources are provided to assist student learning commensurate to the type and level of course/s. These resources may vary from physical / virtual libraries, learning equipment, study facilities and IT infrastructure to human support (tutors, mentors, counsellors, advisors, etc.).

All resources and services should be fit for purpose and accessible, and students should be informed about the services available to them. In delivering support services the role of support and administrative staff is crucial and therefore they

need to be qualified and have opportunities to develop their competences, which shall be identified through the Training Needs Analysis, and implemented accordingly.

Processes and their interaction, relative to this procedure are defined in the flowchart of this procedure.

5. CHANGE HISTORY TABLE

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO
13/07/2022	Change in Flowchart	Rebecca Cutajar	CEO

SOP-01 - STUDENT-CENTRED LEARNING, TEACHING and ASSESSMENT PROCESS

External Triggers for Course Initiation	Ministry (external)	Chief / Senior Nursing Manager (external within SVP)	CEO (internal)	Training Centre Coordinator (internal)	Tutor / Mentors in Wards (external within SVP)	Student (external)	NCFHE (external)	Finance Department (external within SVP)

UoM Academic dates

Course initiation [if applicable] via email, phone, meetings

Course initiation via (email, phone, meetings)

Course initiation via email, phone, meetings

Issue a call to apply for courses on:
- www.svp.gov.mt
-at SVP TC Main Office
Done twice a year (tentative: Feb, Sep)

Application for:
- Care for the Elderly (F-01-002)
-10-week Programme for informal care givers (F-01-003)
-Dementia Care Practice (F-01-004)

Perform Training Need Analysis (for internal staff)

F-01-001 Training Needs Analysis

Create content of the course in collaboration with the TC Coordinator (via email, phone, meeting)

Create content of the course

G-01-001 - G-01-004 Guidebook including:
- aims & objectives
- duration
- timetable
- assessment & grading methodology
-Logbook (F-01-005)

Is course accreditation required? No / Yes

Ref 1 to SOP01 in SOP04 - start here

Application for accreditation (F-01-006-A/B)

Approve the application & fees

Submit application to NCFHE / UoM

Invoice

NCFHE approves the application

Send invoice to Finance for payment

Payment is issued

Initiate Course

List of internal courses (In-House Training) SOP01-Appendix1

Medical Report from a Specialist (GP note is not accepted)

Ref 2 to SOP01 in SOP04 - start here

"Care for the Elderly' Course

"Dementia Care Practice' Course

-Police conduct for "Care for elderly"
-school leaving cert
-id copy
3 passport photos (tag, office, admin)
-other relevant certificates

Interview is carried out by the Board (TC ref, Chief Nursing Manager or Senior Nursing, Ref from Nursing Specialised Unit)

Student communicates any learning disability

Commencement of the course - day 1 - Guidebook is given to the Student by the TC Coordinator / Assistant

Student pays for the course on day 1 for 'Care for the Elderly' Course only

Guidebook including:
- aims & objectives
- duration
- timetable
- assessment & grading methodology

SOP-02

Tutor delivers the Theory content of the course at TC / SVP Hall

If required, Mentors supervise the practice sessions in the Wards at SVP

Feedback Form (F-01-007-A / -B)

Collect feedback throughout the course duration from Tutor & Student

Tutor / Mentor provides verbal feedback

Student provides verbal feedback

Necessary arrangement is being done   Yes

Modification on the assignment of the Tutor / Mentor/ Ward is required?   No

Written Exam (T-01-001-A / -B)

Assessment Sheet (Practical) (T-01-002-B)

Assessment Criteria & Grading (Logbook) (F-01-005)

Assessment is carried out by TC Coordinator & Tutor.
Assessment date is communicated to the tutor & Student by TC Coordinator/ Assistant via phone

Tutor carries out assessments

Tutor corrects the written assessment, in collaboration with TC Coordinator

Two Tutors/Assessor agree of the grading marks for the Practice assessment, in collaboration with TC Coordinator

Written Exam (T-01-001-A / -B)

Assessment Sheet (T-01-002-B / T-01-003)

Amended Guidebook

Improvement of the course methodology & guidebook

Feedback form (F-01-007-B)

Tutor /Mentor provides feedback on the evaluation of the Student / Course

Feedback form (F-01-007-A)

Feedback analysis (R-01-007)

Student/Tutor/Mentor evaluation & analysis

Student provides feedback on the evaluation of the Tutor / Mentor and Course

Certificate for Accredited Course (T-01-004)

TC Coordinator issues certificate for NCFHE accredited courses

Graduation ceremony (Covid permitting)

Participants:
Ministry
top management
Accreditor
Student
Tutor/Mentor

Pass or Fail?   Pass / Fail

Student resits practical and/or theory exams

APPENDIX 17 – SOP-02 – APPROVAL OF COURSES PROCESS

	SOP-02 – Policy on the Formal Process for Approval of Courses	Revision: 3/5/2022
Saint Vincent De Paul *long term care facility*		

1. Scope and Purpose

This Standard Operating Procedure (SOP) defines a standard approach to the formal process of approving courses for accreditation and for the in-house training delivered at the Training Centre for every academic year.

This procedure applies to all relevant roles (defined in Part 2 of this procedure), and relative documented information (defined in Part 3 of this procedure) and covers all relative functions within SVP TC and their interaction (defined in Part 4 of this procedure).

2. RESPONSIBILITIES AND COMMUNICATION

2.1 **Internal and external interested parties / stakeholders**, and their interaction, are defined in Part 4 of this procedure.

2.2 **Roles, responsibilities and authorities** are defined in Part 4 of this procedure, and are communicated to the internal stakeholders during the Quality Assurance Awareness Training; to external stakeholders – during meeting / via email

The roles and responsibilities concerning SOP-02 are as follows:

CEO

- Approves initiation of the course
- Approves accredit application and fees in accordance to accredited body

Chief Nursing Manager

- Approves and support staff by providing them replacement and release, to attend the training session

Administration Office

- Responsible in releasing staff from the ward on the day of training during working hours

Training Centre Coordinators

- Coordinate and plan the main aims and objectives of the course being initiated
- If a course would need accreditation, to fill in the accreditation form and necessary documents needed
- If necessary to update the licensing conditions of the Training Centre
- Research and explore courses offered by external entities to be tailored among staff at SVP
- Liaise with the Nursing Speciality Unit and other external specialities to coordinate further training at ward level on day-to-day nursing skills

Tutors

- Communicate with the Training Centre coordinators and assistants on planning the content of a course that falls under their speciality
- Provide constructive feedback throughout the whole duration of the course

3. RECORDS

All **documented information** of the internal / external origin, paper / electronic copies are being managed in line with the requirements defined within the "Inventory of Documented Information" for each document / record.

APPENDIX 17 – SOP-02 – APPROVAL OF COURSES PROCESS (Cont.)

Forms, required by this procedure are:
- F-02-001 – Application Form – Registration of an Educational Institution
- F-02-002 - Course Attendance Sheet

4. PROCEDURE

Courses are subject to a formal institutional approval process, as defined in the Flowchart of this procedure.

5. CHANGE HISTORY TABLE

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO

SOP02- Policy on Formal Process for Approval of Courses

Administration Office	Chief Nursing Manager	CEO (internal)	Training Centre Coordinator (internal)	Tutor / Me	NCFHE (external)	Finance Department (external within SVP)

Plan the main aims and objectives of any Training needed and communicate the initiative with the top management

Feedback on topics/modules given in collaboration with the TC Coordinator

E-mail

Approval for the Accredit Course (via face to face meeting/mail)

Courses submitted for Accreditation — No → Training programme to be done In-House ← SOP01-Appendix16

Yes

F-01-006-A / -B → Fill the latest version of the Accreditation Application Form and Submit to NCFHE/UOM → NCFHE/UOM Application Submitted

First installment of the Fee is requested upon arrival of application for accreditation → Invoice

Settle the Processing Fee for the submitted Application Form

NCFHE/UOM Application Ammended ← Amend and send the Application as Requested by the Evaluator for maximum of 3 cycles

Process of Accreditation will commence with confirmation of payment

No → Application Rejected → END

Does licensing conditions needs update? — No

Yes

Update licensing conditions and send them to NCFHE/UOM → F-02-001

Acknowledgement sent to the Training Centre via mail → E-mail

SOP-03

Send a request to Finance to settle second installment of payment

Vetting of the Application is done by an assigned Independent External Evaluator

First, Second and Third Cycle Evaluation Reports are sent if need be by the Evaluator to submit minor changes on the Application

Prepare G-01-001 - G-01-004
Prepare F-01-005
Prepare F-02-002

Plan the course content and engage tutors

Leaflets MEMO E-mail

Approve the Initiation of the Course

Promote the course among staff (MEMO, Leaflets, E-mail and Telephone) and applicants

List of Staff to Attend the Course

License Issued and Sent to the Training Centre

Settle the Second Installment for Accreditation

Application for Courses F-01-002 - F-01-004

Approve and Support Staff by providing replacement or release to attend Training

E-mail

No → Release of Staff

Re/Allocate applicant to the course

Yes

Commencement of the course → SOP-01

Cancel/Post-pone the Course

APPENDIX 18 – SOP-03 – PROCESS FOR THE RECRUITMENT OF TEACHING STAFF AT THE TRAINING CENTRE

	SOP-03 – Policy on the Recruitment of Teaching Staff at the Training Centre	Revision: 3/5/2022
Saint Vincent De Paul *long term care facility*		

1. Scope and Purpose

This Standard Operating Procedure (SOP) defines the procedure on the recruitment of teaching staff within SVP to deliver sessions or short courses at the Training Centre.

This procedure applies to all relevant roles (defined in Part 2 of this procedure), and relative documented information (defined in Part 3 of this procedure) and covers all relative functions within SVP TC and their interaction (defined in Part 4 of this procedure).

2. RESPONSIBILITIES AND COMMUNICATION

2.1 Internal and external interested parties / stakeholders, and their interaction, are defined in the flowchart.

2.2 Roles, responsibilities and authorities are defined in Part 4 of this procedure, and are communicated to the internal stakeholders during the Quality Assurance Awareness Training: to external stakeholders – during meeting / via email

The roles and responsibilities concerning SOP-03 are as follows:

Chief/Senior Nursing Manager

- To approve and/or endorse any call for lecturing staff at the Training Centre, that are deemed necessary in order for the Training Centre to be able to provide the necessary training to the students/staff.
- Appoints just and fair participants to form part of the selection board to participate in the interview

Training Centre Coordinators

- To evaluate the applications in a fair and just manner according to the eligibility criteria
- Participates in the selection board for the new lecturing staff
- Give the necessary feedback based on the experience of the lecturing staff at the Training Centre

Board Members

- Act in a professional manner during interviews and always maintain confidentiality
- To remain unbiased during the discussion of the results
- Ask question in accordance with instructions to obtain various specified information.
- Identify and resolve inconsistencies in interviewees' responses by means of appropriate questioning and/or explanation.

Tutors

- Provide true and credible certificates
- Answer questions in clearly, adequately, and honestly
- Update all lecturing material from one academic year to another

3. RECORDS

All **documented information** of the internal / external origin, paper / electronic copies are being managed in line with the requirements defined within the "Inventory of Documented Information" for each document / record.

4. PROCEDURE

TC Coordinator shall ensure the competence of the Training Centre staff, including the:

- Lecturing staff (internal and contractors)
- Front-line staff (those who communicate directly with students)
- Support staff (administration)

The recruitment process shall be transparent and free of any discrimination and based on the pre-defined selection criteria.

Conditions of employment shall be clearly defined in the employment agreement taking into consideration all applicable legislation.

Employee perception shall be collected, evaluated, and analysed to identify Training Needs for the professional development.

TC shall encourage the use of innovative teaching methods as part of the continual improvement and enhancement of the teaching process.

A strong link between the theoretical and practical education is ensured through the practical sessions, which are done as part of the training courses under the close supervision of the tutors and/or mentors.

Regular communication is required between the teaching staff and TC to ensure that such staff is constantly up to date with developments in their fields and with the methodological requirements of their programmes.

SVP TC shall ensure the academic integrity and freedom and ensure the effective controls for the lecturing staff against the academic fraud.

Processes and their interaction, relative to this procedure are defined in the Flowchart of this procedure.

5. CHANGE HISTORY TABLE

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO

SOP03- Recruitment of Teaching Staff at the Training Centre		
Chief / Senior Nursing Manager (external within SVP)	**Training Centre Coordinator (internal- Primarily Ms Rebecca Cutajar and substitute Ms Kimberley Borg Marks)**	**Tutor / Mentors in Wards (external within SVP)**

Approval and Endorsement

Issue an internal/external call for application to form part of the Teaching Staff at the TC

MEMO circulated by mail and Hard Copy

The Training Centre will receive all applications

Application Form

Eligibile applicants to apply by the closing date/time

Evaluate applicants based on the eligibility criteria

Eligible Teaching Staff must have:

- a recognized qualification and experience in the Field
- Vocational courses at MQF Level 1-4, qualified at least with a qualification at Level 5
- Vocational courses at MQF Level 5/6 require tutor to have a full qualification at least 1 level up from the course
- Mentorship Course if will assist in assessing students in the clinical settings
- Willing to further CPD's

Are applicants eligible? — No → END

Yes

Notify staff for an Interview date/time and to get a copy of their CV

E-mail

Appoints the Selection Board and participates in the interviews

Commencement of the Interviews

Sit for the Interview

Verification checks for the eligibility criteria

Competence and Knowledge Check List

Selection Board discuss results of the Interview and Selection Process is finalised

Results published on the Notice Boards

Result List

Meeting with the new lecturing staff is made to explain the Training Centre Process in Learning, Assessing and Teaching

SOP-01

APPENDIX 19 – SOP-04 – PROCESS FOR THE DESIGN OF THE PROGRAMS, OFFERED AT THE TRAINING CENTRE

SVP Saint Vincent De Paul *long term care facility*	**SOP-04- Formal Process on the Design of the Programs offered at the Training Centre**	Revision: 3/5/2022

1. Scope and Purpose

This Standard Operating Procedure (SOP) defines the procedure on the design of the training programs offered at the Training Centre.

This procedure applies to all relevant roles (defined in Part 2 of this procedure), and relative documented information (defined in Part 3 of this procedure) and covers all relative functions within SVP TC and their interaction (defined in Part 4 of this procedure).

2. RESPONSIBILITIES AND COMMUNICATION

2.1 **Internal and external interested parties / stakeholders**, and their interaction, are defined in the flowchart.
2.2 **Roles, responsibilities and authorities** are defined in Part 4 of this procedure, and are communicated to the internal stakeholders during the Quality Assurance Awareness Training; to external stakeholders – during meeting / via email

The roles and responsibilities concerning SOP-04 are as follows:

UOM as an External Trigger to the TC

- Approves and confirm the dates of commencement as per academic calendar

CEO

- Approves the requested training program to be done at the Training Centre in order to address the learning gaps
- Approves the quotation for the funding of the Training program provided from other private or government entities.

Chief Nursing Manager

- Approves the methodology of the course content

Training Centre Coordinators

- Analyse the Training Needs Analysis and identify the learning gaps
- Communicate with management and request for approval of training program
- Coordinate and plan the main aims and objectives of the course being initiated
- If a course would need accreditation, to fill in the accreditation form and necessary documents needed
- If necessary to update the licensing conditions of the Training Centre
- Research and explore courses offered by external entities to be tailored among staff at SVP
- Analyse what courses are available with private and government entities
- Choose the 3 most relevant programs and send to obtain RFQ.
- Discuss and communicate with top management re the best option of the available courses.
- Discuss and communicate with the external entity the objective of the course in order to address the learning gaps.
- Communicate with other departments at SVP to inform on the completion of the course and to settle payments.

Training Centre Assistants

- Help in the distribution and collection of TNA and other data collection for further Training Analysis

Staff at SVP

- Feedback on future training is given annually through the Training Need Analysis (TNA) sent via e-mail

3. RECORDS

All **documented information** of the internal / external origin, paper / electronic copies are being managed in line with the requirements defined within the "Inventory of Documented Information" for each document / record.

APPENDIX 19 – SOP-04 – PROCESS FOR THE DESIGN OF THE PROGRAMS, OFFERED AT THE TRAINING CENTRE (Cont.)

4. PROCEDURE

The design and approval of training programmes at SVP TC shall:

a) Define the expected student workload in terms of ECTS or ECVET learning credits
b) Indicate the target audience, including any geographic/regional targeting, and the minimum eligibility and selection criteria, as applicable
c) Be the learning outcome-based, distinguishing between knowledge, skills and competences
d) Indicate appropriate learning dynamics and a measure of tutor-learner and peer-learning interaction as is appropriate for the course level and content
e) Indicate appropriate resources and forms of assessment
f) Indicate the minimum requirements in terms of qualifications and competences for teaching staff
g) Indicate the person/s responsible for:
- Course design and content development
- Technical and media support
- Teaching course and interacting and supporting learners
h) Be in line with the MQF and the Malta Referencing Report 2012 and subsequent updates
i) Involve the participation of external stakeholders, who are likely to benefit from the outcomes of such provisions, into the process of the identification of training programme
j) Involve stakeholders from the world of work in their design and review for the programmes that are employment-orientated
k) Involve students in the design and review of the training programmes
l) Designed to enable smooth student progression
m) Approved by the CEO

Processes and their interaction, relative to this procedure are defined in the Flowchart of this procedure.

5. CHANGE HISTORY TABLE

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO
13/07/2022	Change in Flowchart and included external triggers to the Training Centre	Rebecca Cutajar	CEO

SOP-04 Formal Process on the Design of the Programs Offered at the Training Centre

External Triggers to Start Course	CEO	Chief Nursing Manager	Training Centre Coordinator (internal)	Tutor / Mentors in Wards (external within SVP)	Finance (within SVP)	Supplier

- UoM Academic Dates
- Request from staff through Training Needs Analysis
- Approves the Requested Training
- Approves the quotation
- Approves the Methodology of the Course Content

Training Centre Coordinator (internal):
- Identify any learning gaps through the Training Needs Analysis — F-01-001
- Communicate with Top Management and Request Approval for Training Program
- Can the course be done In-House or not? → No / Yes
- Analyze what courses are available with other private/government entities
- Send RFQ to the private entities to obtain 3 quotes of the most relevant Training Programs
- Is Accreditation Needed? → Yes: SOP 01 (see ref 1 in SOP 01) / No
- Communicate the available courses with top management and Discuss the best option
- Discusses the objectives with the entity during the meeting
- Develop Learning Objectives including Audience, Mode of delivery, Duration and assessments
- Analyze the learning needs and Design the program based on the target audience
- Plan Modules and Methodology of the Course based on the Main Subject of the Course — Course methodology within the Guidebook
- Prepare the Study Guidebook, Logbooks, Attendance Sheets and all necessary documents for the students — G-01-001 - G-01-004, F-01-005, F-02-002
- Implement a Pilot of the Training Program
- Evaluate the Pilot Study through Feedback from Students and Tutors — F-01-007-A / -B
- Is the Course serving its Purpose, in terms of Content and Structure? → No: Consult with the tutors and do the necessary changes / Yes: SOP 01 (see ref 2 in SOP 01)
- Informs Finance of the completion of the course and sends invoice for payment (supplier invoice/internal tutor fees) — Remuneration rates

Supplier:
- Sends quotations — Quotation
- Provides the feedback and issues agreement — Contract / SLA, Invoice
- Provides feedback

Tutor / Mentors in Wards:
- Provides feedback

Finance (within SVP):
- Settles the payment → END

APPENDIX 20 – SOP-05 – STUDENT AND TUTOR FEEDBACK PROCESS

![SVP Saint Vincent De Paul long term care facility logo]	**SOP-05- Student and Tutor Feedback**	Revision: 3/5/2022

1. Scope and Purpose

This Standard Operating Procedure (SOP) defines the procedure on how the Training Centre deals with positive and negative feedback from both the students and tutors.

This procedure applies to all relevant roles (defined in Part 2 of this procedure), and relative documented information (defined in Part 3 of this procedure) and covers all relative functions within SVP TC and their interaction (defined in Part 4 of this procedure).

2. RESPONSIBILITIES AND COMMUNICATION

2.1 **Internal and external interested parties / stakeholders**, and their interaction, are defined in the flowchart.
2.2 **Roles, responsibilities and authorities** are defined in Part 4 of this procedure, and are communicated to the internal stakeholders during the Quality Assurance Awareness Training; to external stakeholders – during meeting / via email

The roles and responsibilities concerning SOP-05 are as follows:

Training Centre

- Get feedback from both the students and tutors after completion of a course
- Acknowledge positive and negative feedback from students and tutors
- Analyse any negative feedback
- Assess for any complaint and investigate it within 30days upon receiving the complaint
- Communicate effectively with the complainant both face to face or via e-mail
- Provide student/tutor support and advise on positive outcome
- Analyse the Customer Feedback for further future training improvements

Student

- Submit the requested feedback on the Training delivered coordinated by the Training Centre
- Attend any requested meetings/ interview to discuss further the feedback given
- Communicate effectively with the Training Centre Coordinators and Assistants
- Take the necessary feedback and support given by the Training Centre

Tutor

- Submit and send the Customer Feedback to the Training Centre after the completion of the course
- Attend any meetings requested by the Training Centre to discuss further any feedback given by students
- Acknowledge and do further changes, if need be, on the course content delivered

3. RECORDS

All **documented information** of the internal / external origin, paper / electronic copies are being managed in line with the requirements defined within the "Inventory of Documented Information" for each document / record.

4. PROCEDURE

Processes and their interaction, relative to this procedure are defined in the Flowchart of this procedure.

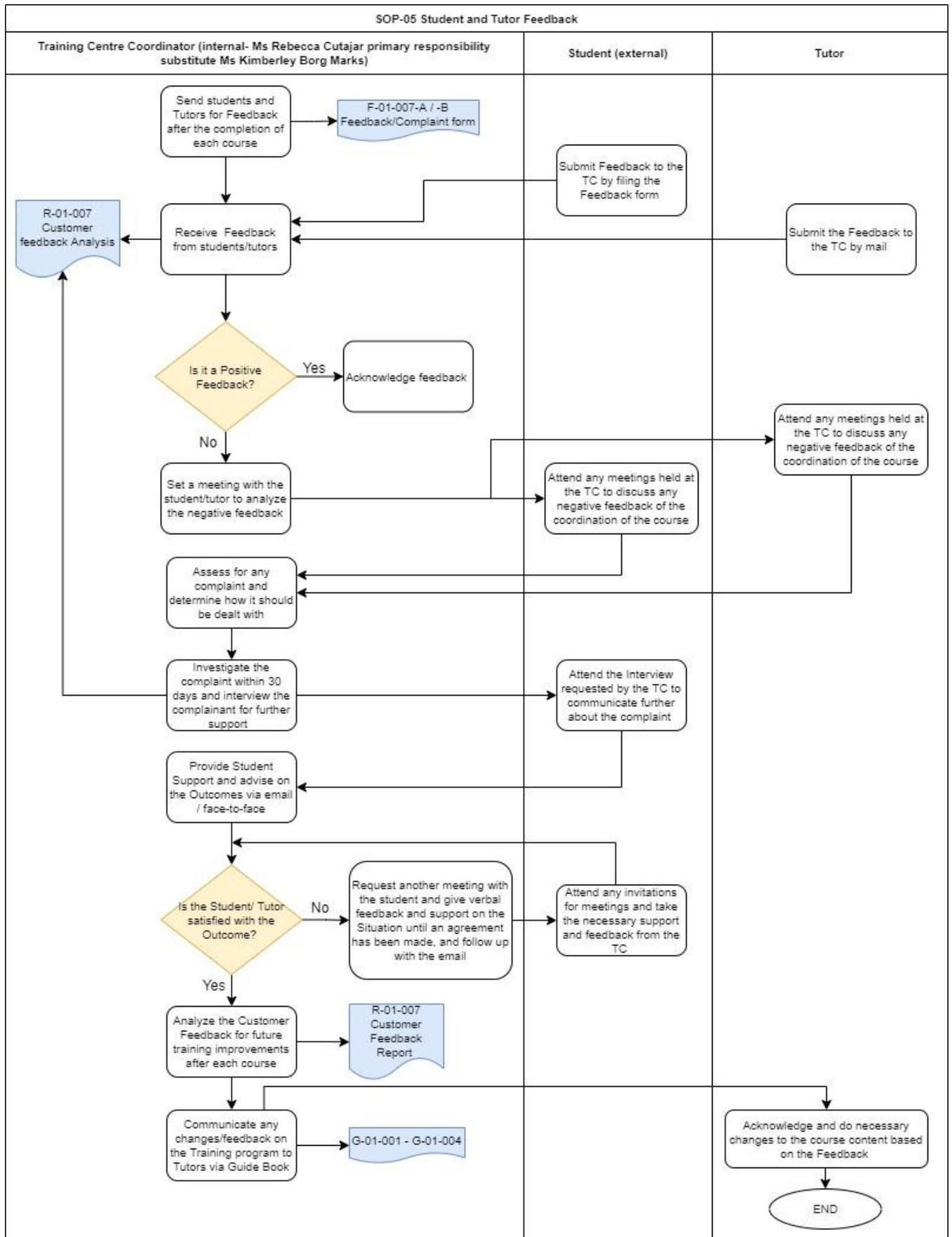**APPENDIX 20 – SOP-05 – STUDENT AND TUTOR FEEDBACK PROCESS (Cont.)**

5. **CHANGE HISTORY TABLE**

Revision	Description of Change	Changed by	Approved by
3/5/2022	Original draft	Rebecca Cutajar	CEO

SOP-05 Student and Tutor Feedback

Training Centre Coordinator (internal- Ms Rebecca Cutajar primary responsibility substitute Ms Kimberley Borg Marks)	Student (external)	Tutor

Send students and Tutors for Feedback after the completion of each course

F-01-007-A / -B Feedback/Complaint form

Submit Feedback to the TC by filing the Feedback form

Submit the Feedback to the TC by mail

R-01-007 Customer feedback Analysis

Receive Feedback from students/tutors

Is it a Positive Feedback? — Yes — Acknowledge feedback

No

Set a meeting with the student/tutor to analyze the negative feedback

Attend any meetings held at the TC to discuss any negative feedback of the coordination of the course

Attend any meetings held at the TC to discuss any negative feedback of the coordination of the course

Assess for any complaint and determine how it should be dealt with

Investigate the complaint within 30 days and interview the complainant for further support

Attend the Interview requested by the TC to communicate further about the complaint

Provide Student Support and advise on the Outcomes via email / face-to-face

Is the Student/ Tutor satisfied with the Outcome? — No — Request another meeting with the student and give verbal feedback and support on the Situation until an agreement has been made, and follow up with the email

Attend any invitations for meetings and take the necessary support and feedback from the TC

Yes

Analyze the Customer Feedback for future training improvements after each course

R-01-007 Customer Feedback Report

Communicate any changes/feedback on the Training program to Tutors via Guide Book

G-01-001 - G-01-004

Acknowledge and do necessary changes to the course content based on the Feedback

END

APPENDIX 21 – SERVICE PROVIDER EVALUATION

Service Provider Evaluation Criteria:

Satisfaction of Service is evaluated through the Service Providers Evaluation Form to monitor and measure the contractors' performance to reduce the cost associated with the activities, analyze risk management and maintain a scope for constant improvement in selecting the contractors.

Overall Satisfaction of Service is based on important parameters to ensure a portfolio of best-in-class contractors:
   a) **Competence**: ability to deliver training successfully and efficiently
   b) **Reliability**: deliver on commitments and responsibilities, trustworthy and perform consistently well
   c) **Professionalism**: a neat appearance, ethical, solution-orientated, self-motivated
   d) **Innovation**: use of innovation in teaching methods
   e) **Communication**: verbal and written, capability to respond on time to inquiries and information requests

Rating:

   - Unsatisfied – 1
   - Need improvement – 2
   - Satisfied – 3

Service providers who score 1 for any of the parameters, shall be excluded from the delivery of courses at SVP TC.

When the score is 2 for any of the parameters, SVP TC Coordinator shall hold a meeting with the tutor to identify opportunities for improvement and ensure their effective implementation.

Service Providers Evaluation Form shall include the following information:

   - Service Provider
   - Type of Service
   - Course Name
   - Course Date
   - Evaluation of all parameters listed above
   - Rating

Evaluation shall be done after each course.

APPENDIX 22 – FINDINGS OF THE EXTERNAL AUDITS

Corrective Action Request Log shall include the following information:

Section "To be filled in by Auditor / Originator":
- Improvement Reference Number
- Date
- Origin (Internal Audit, External Audit, Customer Complaint, MRM)
- Originator / Auditor
- Description of Issue

Section "To be filled in by the Responsible Person":
- Responsible Manager
- Responsible for Implementation
- Root Cause Analysis
- Planned Corrective Action
- Target Date for Completion

Section "To be filled in by the Auditor":
- Verification Details
- Status (closed / blank)
- Closed Date
- Closed by
- Notes / Progress Reporting