Quality Review Framework Composite Report Ayrton Consultancy Limited t/a Ayrton Group

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Quality Review Framework Composite Report

1. Institution Details

Name	Ayrton Group
Address	Scarteen Business Park, Newmarket, Co. Cork, P51AK40
Type of Organisation	Private Limited Company
Profile	Approved Training Institute
PHECC Courses Delivered	CFR Community, First Aid Response
Higher Education Affiliation	N/A

2. Review Details

Purpose	- To facilitate the enhancement of a successful learning experience for students. - To foster a culture of continuous quality improvement in institutions - To generate public confidence in the standard of education and training in pre-hospital emergency care.
Scope	The review covered all aspects of the institution's activities associated with meeting the quality standards as outlined in the PHECC Quality Review Framework.
Date(s) of the Desktop Review	7th April 2022
Date of On-site Review	5th May 2022

3. Report Details

Draft report sent to Institution for feedback	3rd June 2022
Final report sent to Institution	5th July 2022
Director Approval	
Date	23rd June 2022
Report Compiled by	Quality Review Panel

4. Review Activities

4.1 Meetings

Opening Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
Ayrton Group	Training Manager
Ayrton Group	Administrator
Closing Meeting (add rows as required)	
Organisation	**Role**
PHECC	Quality Review Panel Lead
PHECC	Quality Review Panel Member
PHECC	Quality Review Panel Member
Ayrton Group	Training Manager
Ayrton Group	Administrator

4.2 Stakeholder Discussions

Name/Group	Role (add rows as required)
Margaret Fitzpatrick	Ayrton Group
Catherina O'Leary	Ayrton Group

4.3 Document Review

The records and systems listed below were reviewed and discussed during the desktop and onsite reviews.

- Self-assessment report
- Auditors Statements
- Supporting Document report
- Employment contract
- Self-employed contractor agreement
- Instructor feedback report

- Results approval policies and procedures
- Training matrix forms
- SOP auditing document
- Tax clearance cert

- EA activities log
- Incident report
- Resource checklist
- Venue suitability report
- Trainer evaluation
- Course review

Instructor observation report	Business development case insurance cover note and cert	Online training process and procedure
Training Venue/location report and checklist	Ayrton leaner handbook	H&S risk assessment and policy
Organisation Chart	Ayrton trainers and employees handbook	Equality policy
Hazard analysis checklist	GDPR training pack	Staff recruitment policy
Location and venue checklists	Course development and review policies	Sub-contractor management policy
Management policies folder	Named faculty lists	Recruitment procedure
Learning environment policies folder and handbook	Leaner feedback forms	Faculty Development policy
Faculty development policies	Completed course paperwork sample	Trainer job description
Course approval policies and processes	Roles and responsibilities	Lesson Plans and Timetables
Results approval policies and procedures	IV report	SOP auditing document
	Training matrix forms	

4.4 Observation of Practice, Facilities and Resources

Practice – e.g. Course delivery, administration, clinical placement (add rows as required)	
Location	Comments
N/A	• Online engagement
Facilities (add rows as required)	
Location	Comments
N/A	• Online engagement
Resources – e.g. equipment, ICT, course material, etc (add rows as required)	
Location	Comments
N/A	• Online engagement

5. Compliance Rating and Level

The Compliance Ratings (CRs) are designed to establish a baseline, measure ongoing progress and encourage CQI. Ratings are given on a five-point scale (0-4) against each component. To calculate the overall Compliance Level (CL) for the relevant quality standard:

1. Add the CR for each applicable component of the QS to get a total number.
2. Divide the total number by the number of applicable components to get the average.
3. Check for the compliance level on the matrix and record on the SAR.

Rating	Level	Descriptor
N/A	Not Applicable – N/A	The standard is not applicable.
0 – 0.99	Not Met – NM	No evidence of compliance in the organisation.
1 – 1.99	Minimally Met – MNM	Evidence of a low degree of organisation-wide compliance.
2 – 2.99	Moderately Met – MDM	Evidence of a moderate degree of organisation-wide compliance.
3 – 3.99	Substantively Met – SM	Substantive evidence of organisation-wide compliance.
4	Fully Met – FM	Evidence of full compliance across the organisation.

6. QRP Findings

6.1 Theme 1: Organisational Structure and Management

Quality Area	1.1 Governance	Level
Quality Standard	The institution has fit-for-purpose governance that ensures objective oversight, and clear lines of authority and accountability for all activities associated with PHECC-approved courses.	**MDM**

QRP Findings

The organisational charts provided did not clearly reflect the institutions governance structure and how that structure supports education and training activities. Discussion showed evidence that this is to be reviewed and developed to better reflect high standards of governance that exist.

It was unclear from the documentation who has overall responsibility for education and training governance and any delegated responsibilities, although clarity was provided through discussion. During discussions it was indicated that the training manager has overall responsibility for education and training governance with responsibilities delegated to administration staff and other managers within the organisation. The evidence indicated that the institution would benefit from additional documentation and updates to existing documentation to accurately reflect practice.

The evidence indicated that there were some formal procedures in place to ensure that when required relevant sub-groups/individuals were in place to provide oversight. There was limited evidence that oversight activities had taken place, with some informal processes requiring formalisation. During discussions representative's identified individuals with oversight responsibilities and the activities they are involved in. The evidence indicated that additional/updated documentation (terms of reference, role descriptions) is required. Job/role descriptions for individuals with oversight responsibilities need to be updated to reflect current practice.

There was well documented procedures for identifying, assessing and managing risk. During discussions representatives outlined activities for identifying, assessing and managing risk. Documented evidence indicated that these activities had taken place for health and safety issues.

Areas of Good Practice

- Structures in place to provide oversight of education and training activities.
- Overall responsibility for education and training governance clearly identified.
- Delegated responsibilities for education and training governance identified.

Areas for Improvement

- Updates to existing documents to clearly reflect practice in education and training governance.
- Develop a procedure to ensure that, when required, relevant sub-groups/individuals are in place to provide objective oversight and maintain records of education and governance activities.
- Ensure that all roles within the oversight of training and education have relevant terms of reference / role descriptors in documented form.

Quality Area	1.2 Management Systems and Organisational Processes	Level
Quality Standard	The institution complies with all relevant legislation and cooperates with PHECC to meet its requirements.	**SM**

QRP Findings

The evidence indicated that the institution:
- is an established legal entity that provides PHECC education and training standards
- is in good financial standing with the Revenue Commissioner.

The evidence indicated that most tasks associated with education and training activities (student entry to exit) are documented. There was limited evidence that the institution offers details of support available to learners prior to booking onto a course.

The evidence indicated that there is a data protection policy and procedures in place that reflects current practice and the requirements of the General Data Protection Regulation (GDPR) 2016/679.

The evidence indicated that the institution is suitably staffed and resourced to ensure that all quality assurance activities are systematically carried out.

A complaints policy and procedures are in place. There is good signposting in place to ensure that all stakeholders are made aware of the policy and procedures.

Areas of Good Practice

- An established legal entity that provides PHECC approved education and training.
- In good financial standing with the Revenue Commissioner.
- Appropriate organisational insurance in place.
- Most areas of the student journey are well documented, via a robust system.

Areas for Improvement

- Ensure all tasks associated with education and training activities are documented.
- Develop signposting for student and learner supports. Ensure these are clearly available for potential leaners to make an informed choice.

Quality Area	1.3 Continuous Quality Improvement	Level
Quality Standard	The institution has a proactive, systematic approach to monitoring, reviewing and enhancing education and training activities.	**MNM**

QRP Findings

During discussions representatives described a range of quality assurance activities, including ensuring all those involved in education and training activities have been made are of their quality assurance responsibilities. It was also indicated that the company training manager has overall responsibility for the quality assurance of all PHECC approved courses. A quality policy was made available for review. The evidence indicated that the organisation would benefit from additional documentation to support the activities described during discussions. Updates to existing documentation as a result of self-assessment and external review would provide further clarity to personnel about their quality assurance responsibilities.

The evidence indicated that key performance indicators (KPIs) need to be developed and associated with all education and training activities to provide the institution with measurable targets to enhance the quality of PHECC approved courses being delivered by the institution. During discussions representatives described monitoring activities that take place. It was clear from the evidence and via discussion that monitoring

activities are not routinely or formally carried out. There was no evidence of who carries responsibility for such monitoring, who would carry it out and what indicators it should be seeking or measuring against.

The evidence indicated that the institution systematically collects feedback for all PHECC courses. During discussions representatives indicated that informal analysis of the feedback is carried out and used to inform practice. Additional documented evidence of the analysis and use of student, faculty and other stakeholder feedback is required.

The evidence indicated that the institution has documented processes for the systematic review of learning resources and locations. During discussions representatives outlined that these processes are being rolled out nationally. There was up-to-date evidence of these activities taking place.

Areas of Good Practice

- A documented quality policy.
- Clear who has overall responsibility for the quality assurance of PHECC approved courses.
- Systematic collection of student feedback.
- Version control and document control procedures.

Areas for Improvement

- Quality policy and associated procedures.
- Ensure documents accurately reflect quality assurance responsibilities.
- Ensure relevant KPIs associated with all education and training activities.
- How monitoring is carried out, by whom and what indicators it is seeking.
- Ensure a systematic approach to the collection, analysis and use of student, faculty and other stakeholder feedback, learning resources, locations, and the review of associated policies and procedures.

Quality Area	1.4 Transparency and Accountability	Level
Quality Standard	The institution conducts its activities in an open and transparent manner, with appropriate feedback and feed-forward systems in place, with and between all relevant stakeholders.	MDM

QRP Findings

During discussions representatives described internal reporting activities. The evidence indicated that additional documentation is required to support these activities and enhance current practice.

The evidence showed a lack of clarity around how the organisation shares details of its external quality reviews. There was no evidence provided of how this is signposted to stakeholders, learners or other interested parties.

During discussion and via the evidence provided, the organisation would benefit from additional process and documentation to ensure that responsibilities for all tasks are clearly identified and that they mirror relevant KPIs.

During discussions representatives described a range of activities for providing and obtaining information from stakeholders. The evidence indicated that the institution would benefit from documented procedures to ensure these activities are carried out consistently.

Areas of Good Practice

- Up to date reporting within the institution.
- Responsibility for reporting to PHECC allocated.

• Prospective students are provided with sufficient information to make an informed choice about course participation.
Areas for Improvement
• Additional documentation to support reporting throughout the institution.   • Ensure all tasks are clearly allocated and linked to relevant KPIs.   • Documented procedure to ensure information is provided to PHECC as requested.   • Providing the general public with information about the quality assurance system and external reviews.   • Procedures for providing and obtaining information from other stakeholders.

6.2 Theme 2: The Learning Environment

Quality Area	2.1 Training Infrastructure	Level
Quality Standard	Courses are carried out in appropriate facilities and are sufficiently resourced to deliver training to the highest standards.	SM

QRP Findings

A health & safety policy and supporting documents were available for review.

During discussions representatives outlined how health and safety relates to courses delivered by faculty. The evidence supported how these activities are undertaken.

Documentation for choosing a training venue was made available for review. There was strong evidence to demonstrate that appropriate training premises are selected and used for the delivery of all PHECC approved courses.

During discussions representatives described the equipment and resources that are available for each course. An equipment checklist was made available for review. The evidence indicated that documentation is provided to all faculty alongside an internal portal system to ensure that appropriate equipment/resources are available and have been used on all courses. There is a robust system in place for the regular maintenance and updating of equipment and resources.

Areas of Good Practice

- Documented health and safety policy.
- Documentation for selecting an external venue for the delivery of PHECC approved courses.
- Internal portal system to ensure appropriate selection of venues.
- Documented premises selection criterion and checklist and evidence of activity.
- Documented course equipment list.

Areas for Improvement

- Develop a robust equipment maintenance log and procedure to further ensure that all equipment is maintained to a high standard at all times.

Quality Area	2.2 Student Support	Level
Quality Standard	A positive, encouraging, safe, supportive and challenging environment is provided for students.	MDM

QRP Findings

The was good evidence to indicate that students on all PHECC approved courses are supported by adequate numbers of appropriately qualified faculty and administrative personnel.

There is reference in the documentation to student supports and during discussions representatives described the supports that are available for students. The evidence indicated that students would benefit from additional signposting of information and awareness before booking a course.

There is reference in the documents to reasonable accommodation. The evidence indicated that the institution and students would benefit from additional/updated documentation and mechanisms for obtaining information from potential and existing students of any additional support needs they may have.

A record or mechanism to capture how and what adaptions and accommodations have been offered to learners will further reinforce the current processes.

Areas of Good Practice

- Appropriately qualified and experienced personnel within the institution.
- Reasonable accommodation available for students.
- Learner handbook shows good level of supports and information for learners.

Areas for Improvement

- A record or mechanism to capture how and what adaptions and accommodations have been offered to learners will further reinforce the current processes.
- Procedure for obtaining information on student supports needs prior to book a course.

Quality Area	2.3 Equality and Diversity	Level
Quality Standard	There is a commitment to provide equal opportunities for students and personnel, in compliance with relevant equality legislation.	**MDM**

QRP Findings

The evidence indicated that the institution has a documented equality and diversity policy. However, there was potential gaps in documented procedures and codes of conduct for staff, faculty and other stakeholders.

The evidence indicated that up to date information and training on equality and diversity needs to be made available to faculty and that all stakeholders need to be made aware of the policy and procedures. The organisation agreed that formalised documented training can be offered to faculty and staff.

The evidence indicated that course delivery accommodates the cultural backgrounds and different learning styles of students.

Areas of Good Practice

- Documented equality and access to training policy and some procedures.
- Internal personnel are aware of the policy and procedures.
- Course delivery accommodates the different cultural backgrounds and learning styles of students.

Areas for Improvement

- Ensure the equality and training access policy and procedures is up to date, fit for purpose and reflects current practice.
- Ensure that all relevant policies and procedures are legislative compliant and promote equality.
- The provision of up to date information and training for faculty.

Quality Area	2.4 Internship/Clinical Placement	Level
Quality Standard	*NQEMT courses only:* Internship/Clinical Placement sites are appropriate to course content and the learning outcomes to be achieved	**N/A**

QRP Findings

- N/A

Areas of Good Practice

• N/A
Areas for Improvement
• N/A

6.3 Theme 3: Human Resource Management

Quality Area	3.1 Organisational Staffing	Level
Quality Standard	The institution has sufficient, appropriately qualified and experienced personnel to maintain high-quality education and training activities.	MDM

QRP Findings

During discussions representatives described the recruitment process and the minimum standards that are in place for faculty and associated personnel. The evidence indicated that the institution benefits from informal processes to support recruitment of appropriately qualified and experienced personnel to carry out education and training activities.

These informal processes would benefit from being formalised and converted into a documented, robust and auditable process.

The evidence indicated that the institution has adequate numbers of personnel in place to:
- carry out the activities described in its policies and procedures
- maintain PHECC requirements for course approval
- systematically organise, deliver and monitor the quality of courses and standards
- ensure full compliance with the QRF.

The evidence indicated that the institution and personnel would benefit from additional/updated job descriptions and role descriptions. This is a project that is currently being progressed.

Areas of Good Practice

- Standards are in place for all personnel involved in activities associated with PHECC approved courses.
- Senior management and administration are aware of their quality assurance responsibilities.
- The organisation has sufficient numbers of staff to develop robust systems and to ensure QA activities are suitably resourced.

Areas for Improvement

- Ensure all personnel meet PHECC education and training standards.
- Continue to develop a robust recruitment process for all faculty.
- Awareness of quality assurance responsibilities and consistent application of those activities.
- Ensure there are written statements of terms of employment/role descriptors and job descriptions for each role.

Quality Area	3.2 Personnel Development	Level
Quality Standard	The institution takes a systematic approach to supporting and developing all personnel, ensuring they have the competencies to deliver high-quality education and training.	MNM

QRP Findings

During discussions representatives described personnel upskilling/training, induction and support. The evidence indicated that the institution and personnel would benefit from a documented systematic approach that supports:
- the identification of the training/upskilling needs of all personnel
- an induction programme appropriate to the role
- a training and development plan/programme to support the development needs of personnel

- mechanisms that support requests for training/upskilling and additional qualifications
- a formalised support, supervision and annual appraisal.

There was limited evidence that personnel have completed training/upskilling relevant to their role.

Areas of Good Practice

- Personnel have completed internal training relevant to their role.

Areas for Improvement

- Procedure to identify the training/upskilling needs of all personnel.
- Formalised, documented induction process/course for all new staff/sub-contractors.
- Training and development plans/programmes for all personnel.
- Mechanisms for faculty to request support for training/upskilling and to achieve additional qualifications.
- Formalised support and supervision and annual appraisal.

Quality Area	3.3 Personnel Management	Level
Quality Standard	A systematic approach is taken to managing all individuals and groups engaged in education and training activities.	SM

QRP Findings

During discussions representatives described the processes in place for personnel management. The evidence indicated that the institution has a well-documented systematic approach that supports:
- regular and appropriate communication between faculty and management
- faculty feedback during and after their course
- the delivery of PHECC approved course by appropriately qualified personnel
- the systematic monitoring of faculty
- dealing with poor and unacceptable performance of faculty
- human resource legislative obligations.

Areas of Good Practice

- Documents in place to support observation of faculty.

Areas for Improvement

- Ensure that a robust process exists to capture data from periodic observation/monitoring of course delivery.
- Ensure that processes exist to audit data captured from existing feedback systems.

Quality Area	3.4 Collaborative Provision	Level
Quality Standard	Appropriate contractual and quality assurance arrangements are in place with contracted staff.	MDM

QRP Findings

During discussions representatives outlined the relationship with faculty and the substantial quality assurance arrangements that are in place. The evidence indicated that the institution and sub contracted faculty would benefit from a documented collaborative provision policy and associated procedures that:

- clearly states that the institution retains full control and responsibility for academic decisions and quality assurance
- clearly states that the institution is responsible for activities carried out in its name
- outlines the due diligence of any individual or organisation contracted to deliver any activity associated with PHECC approved courses
- clearly details the responsibilities of each party for the quality assurance of PHECC approved courses.

There was strong evidence to demonstrate that the institution has satisfactory monitoring procedures in place. However, such monitoring is planned to be rolled out within the near future, and whilst it was evidenced as a robust process, there is no evidence of this currently being undertaken. There was also no historical data to support these activities. Notwithstanding this, the new process and roll out plan for observation and monitoring will be an asset to the organisation and will further help reinforce their existing QA activities.

There was evidence that the institution maintains up to date records of all faculty, both employed and subcontracted.

Areas of Good Practice
• Documents in place to support monitoring activities, with robust processes planned. • Faculty details submitted to PHECC. • Contracts evidenced for all staff and sub-contractors.
Areas for Improvement
• Collaborative provision policy and associated procedures. • Procedures for monitoring faculty, with evidence that these activities are taking place. • Faculty records and submission of faculty details to PHECC. • Quality assurance standards agreed between all parties.

6.4 Theme 4: Course Development, Delivery and Review

Quality Area	4.1 Course Development and Approval	Level
Quality Standard	A systematic approach is taken to course development and approval.	MDM

QRP Findings

During discussions representatives described the processes for course development, delivery and review. The evidence indicated that the institution would benefit from further enhancing course development, delivery and review policy and associated procedures.

The evidence indicated that a documented systematic approach to internal course development/amendment and approval would ensure that any updates or changes in PHECC education and training standards, clinical practice guidelines and examination standards are implemented.

There was evidence that course development and all course material is reviewed on an informal basis and that this process needs to be documented to ensure it is robust and auditable. The informal process that is in existence:
- demonstrates an appropriate balance between theory and practice
- provides balance between presentations, group work, skills demonstrations and practical work
- has clearly outlined aims and objectives and detailed competencies to be achieved by students
- has detailed lesson plans that include all information as set out in PHECC guidelines for theoretical and practical lessons
- has detailed timetables, time on each topic, teaching method, tutor/instructor name, etc.

Areas of Good Practice

- Course development reflects PHECC education and training standards.
- Informal development and review practice in existence.

Areas for Improvement

- A systematic approach to internal course approval.
- A robust, documented procedure and process for developing, reviewing and approving courses and materials.

Quality Area	4.2 Course Delivery – Methods of Theoretical and Clinical Instruction	Level
Quality Standard	Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.	SM

QRP Findings

The evidence indicated that the institution maintains significant documentation/records that all courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines.

The evidence indicated that the institution holds:
- documented records that student induction has taken place on all courses
- records that all courses are delivered by appropriately qualified personnel
- records of student attendance for all courses.

During discussions representatives indicated that one to one time (remediation, mentoring) is available to students as required, however agreed that this could be improved by signposting the support further and the panel indicated that the institution and students would benefit from a formalised approach to these activities.

Areas of Good Practice

- Courses are delivered by appropriately qualified personnel.
- Relevant tutor/instructor details are recorded on course documentation.
- Records of student attendance are maintained.

Areas for Improvement

- Evidence and documentation supporting observation and monitoring activities, including site visits.
- Robust process to support student remediation and one to one time as required.

Quality Area	4.3 Course Access, Transfer and Progression	Level
Quality Standard	Course information is clear, and access is fair and consistent, with recognition of prior learning, as appropriate.	SM

QRP Findings

The evidence indicated that the admissions policy/entry criteria reflects current practice within the organisation and all courses being delivered by the institution.

The evidence indicated that prospective students benefit from additional information on course entry criteria and associated details, provided via website, social media channels and the learner handbook.

The evidence indicated that the recognition of prior learning (RPL) procedures need to be better signposted to potential leaners so they can access for all courses as required.

Areas of Good Practice

- Documented admissions policy/entry criterion.
- Strong RPL documentation provided.

Areas for Improvement

- Provide prospective students with additional signposting and information on RPL process.

Quality Area	4.4 Course Review	Level
Quality Standard	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	SM

QRP Findings

During discussions representatives described the process for course review. The evidence indicated that the institution would benefit from a more formalised procedure to support these activities.

The evidence indicated that documentation is in place that provide the opportunity for students and faculty to feedback during and after their course. There was evidence that students and faculty on all courses provide feedback during and after their course.

The evidence indicated substantial documentation to support course evaluation and to ensure that all stakeholders have an opportunity to contribute to the process.

Areas of Good Practice

- Students and faculty have an opportunity to provide feedback during and after their course.
- Strong evidence for course evaluation for all levels.
- New processes planned to further improve via internal and app-based feedback from courses, which will ensure maximum capture of feedback from all learners, faculty and stakeholders.

Areas for Improvement		
• Formalise procedure for course review and data collection. • Procedure for course evaluation and analysis of data captured.		

Quality Area	4.5 Assessment and Awards	Level
Quality Standard	Assessment of student achievement is carried out in a fair and consistent manner, in line with PHECC assessment criteria.	**MDM**

QRP Findings

The evidence indicated that the institution has a documented assessment policy and procedures. The evidence also indicated that the assessment policy and procedures reflect current practice. The documentation submitted include evidence of supports available to adapt assessment methodologies for students with additional support needs and records of these activities.

The evidence indicated that the institution would benefit from updated documentation that clearly states who has responsibility for managing the PHECC certification system.

The evidence indicated that the institution has robust procedures for:
- internal verification
- external authentication
- results approval.

There was no evidence that these activities have taken place. However, during discussion the institution stated that this process is being further adapted to ensure complete compliance with ISO accreditations and to further reinforce the process to ensure that QA activities around IV and EA processes are robust, auditable and clear.

The evidence indicated that the institution has a documented student appeals policy and procedures. It also indicated that the institution needs to ensure that it is applied to all courses.

Areas of Good Practice

- Documented assessment policy and procedures.
- Appropriate assessment methodology in place.
- It is clearly stated when PHECC assessment material is used.
- Student support is available for assessment.

Areas for Improvement

- Ensure that it is clear who has overall responsibility for assessment materials.
- Procedure to capture data on when adaption for assessment to cater for students with additional support needs is used.
- Security of assessment material.

7. Conclusion and Outcome

Rating	**2.8**
Level	**Moderately Met (MDM)** – Evidence of a moderate degree of organisation-wide compliance.
Conclusion	The evidence indicated that the institution has robust system in place to ensure a good standard of QA activities. Some formalisation is required in some areas, however the institution has plans in place to further reinforce current good practice.

The evidence shows there are sufficient levels of resources and staff to:
- carry out the activities described in its policies and procedures
- maintain PHECC requirements for course approval
- systematically organise, deliver and monitor the quality of courses and standards
- ensure full compliance with the QRF.

The evidence also indicated that the institution has created robust documentation and updates to existing documentation to ensure that the quality assurance systems in place are effective, fit for purpose, reflect current practice, meet PHECC education and training standards, Quality Review Framework requirements and are consistent with relevant legislation.

The evidence and discussions showed that the organisation is fully committed to further developing its processes to ensure full compliance with the QRF process. There are some strong processes already in place and with some further development and formalisation, it was the opinion of the reviewing panel that this will be achieved.