

**PERFORMANCE MONITORING FOR NURSE & MIDWIFE TRAINING
INSTITUTIONS: SOME PROBLEMS FOR THE CONDUCT OF ACTION
RESEARCH**

by

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ABSTRACT

This thesis reports on the way in which action research techniques were used to conduct a two-year programme of commissioned research. This programme consisted of a brief in two phases from the English National Board for Nursing Midwifery and Health Visiting to develop performance indicators (PIs) for training institutions on a national basis.

The substantive research findings are reported, and the contribution of particular aspects of action research to the research project are evaluated, with reference both to the literature on performance monitoring in the public sector and the literature on educational action research.

The research findings from a first phase of work show that terminology about performance monitoring is confused, especially with respect to distinctions between "qualitative" and "quantitative" issues. They also show that much current practice neglects important ethical issues such as potentially conflicting models of accountability. An analytic framework is therefore proposed for clarifying various aspects of this terminology and incorporating an ethical dimension which locates information systems within a context of differing and possibly competing interests.

The thesis then describes how this framework was used to develop a second phase of research within a policy environment which had, by that time, become highly unstable. Findings from this second phase showed that it would be possible for the Board to specify some core data items from which nationally agreed PIs could be developed, but not without further debate about accountability structures and different models of resource allocation. The research project made an active contribution towards assisting the development of performance and quality monitoring structures at training institution level by publishing some of the research tools, literature and findings as a teaching pack (Balogh et al 1989).

The specific contribution of action research to this project is evaluated by reference to Lewin's (1946) original formulation, to Smith's (1981) distinction between four levels of discourse: the discipline, the paradigm, the operational and the technical, and to insights drawn from the critical policy analysis literature. This multi-disciplinary evaluation proves to be useful in contributing to critical debate on nurse and midwife education policy, and more generally in relation to the rapidly developing field of human services management information systems.

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CONTENTS

Abstract	<i>p. 2</i>
Acknowledgements	<i>p. 3</i>
Key to abbreviations	<i>p. 6</i>
Background to this thesis	<i>p. 8</i>

Part One

Chapter One Developing Performance Indicators for nurse and midwife education: the public sector policy background	<i>p. 9</i>
Chapter Two The emerging terms of debate	<i>p. 28</i>
Chapter Three The development of an initial programme of research using action research methods	<i>p. 39</i>

Part Two

Chapter Four Methods used in the feasibility study	<i>p. 51</i>
Chapter Five Reviewing work in progress on PIs	<i>p. 57</i>
Chapter Six The views of nurse educators on PIs	<i>p. 69</i>
Chapter Seven How a critique of existing PI models and practice led to recommendations for further work	<i>p. 107</i>

Part Three

Chapter Eight The action research methods used for Phase Two	<i>p. 121</i>
Chapter Nine How existing data-collection systems were appraised	<i>p. 133</i>
Chapter Ten Testing responses to specimen data	<i>p. 149</i>
Chapter Eleven Projects carried out by the case-study teachers' workshop group	<i>p. 164</i>
Chapter Twelve Exploring the dimension of local circumstances	<i>p. 177</i>

Chapter Thirteen	
How can PIs be used in educational decision-making and planning ?	<i>p. 183</i>
Chapter Fourteen	
Can PIs be used to answer questions of cost-effectiveness ?	<i>p. 199</i>
Chapter Fifteen	
What part can PIs play in processes of resource allocation ?	<i>p. 207</i>
Chapter Sixteen	
Developing a set of recommendations for implementing PIs	<i>p. 219</i>
Chapter Seventeen	
Some reflections on the relationships between research and action	<i>p. 240</i>
References	<i>p. 256</i>
Appendix One	<i>p. 269</i>
Appendix Two	<i>p. 271</i>
Appendix Three	<i>p. 302</i>
Appendix Four	<i>p. 354</i>

List of Figures

Figure One	<i>pp. 72-73</i>
Figure Two	<i>pp. 76-77</i>
Figure Three	<i>pp. 83-84</i>

Key to abbreviations

ADNE	Assistant Director of Nurse Education
AR	Action Research
CAL	Computer assisted learning
COHSE	Confederation of Health Service Employees
CVCP	Committee of Vice-Chancellors and Principals
DGM	District General Manager
DHA	District Health Authority
DHSS	Department of Health & Social Security
DoH	Department of Health
DN	District Nurse
DNE	Director of Nurse Education
EAG	Education Advisory Group
EEC	European Economic Community
ENB	English National Board for Nursing Midwifery & Health Visiting
EO	Education Officer
FE	Further Education
FMI	Financial Management Initiative
FTE	Full-time equivalent
HE	Higher Education
HV	Health Visitor
HMI	Her Majesty's Inspectorate
IPR	Individual Performance Review
IT	information technology
LTC	Local Training Committee
NHS	National Health Service
NHSTA	National Health Service Training Authority
PAC	Public Accounts Committee
P2000	Project 2000
PESC	Public Expenditure Survey Committee
PCFC	Polytechnics and Colleges Funding Council
PIs	Performance Indicators
RCN	Royal College of Nursing
RCN ANE	Royal College of Nursing Association of Nursing Education
RCGP	Royal College of General Practitioners
RGN	Registered General Nurse
RHA	Regional Health Authority
RMN	Registered Mental Nurse
RNMH	Registered Nurse, Mental Handicap
RNO	Regional Nursing Officer
SMT	Senior Midwife Tutor
SNM	Senior Nurse Manager
SSR	Student-staff ratio

Three Es	Economy, Efficiency, Effectiveness
UGC	University Grants Committee
UKCC	United Kingdom Central Council for Nursing Midwifery & Health Visiting
VfM	Value for Money
WTE	Whole-time equivalent

PERFORMANCE MONITORING FOR NURSE & MIDWIFE TRAINING INSTITUTIONS: SOME PROBLEMS FOR THE CONDUCT OF ACTION RESEARCH

BACKGROUND TO THIS THESIS

The problem of how to devise performance indicators (PIs) for nurse and midwife educational institutions arose against a background of change and upheaval throughout the public sector which has had far-reaching implications for professional practice. These changes in public sector policy prompted many professional and statutory bodies to undertake research programmes and consultation exercises of varying kinds during the late 1980s. The purpose of this thesis is to give an account of how action research techniques were deployed to develop PIs for nurse and midwife training institutions, and to examine issues associated with the use of such techniques in a policy arena of this type and scale.

The particular programme of research described and reflected upon in this thesis was commissioned in 1987 by the English National Board for Nursing Midwifery and Health Visiting from Health & Welfare Studies at the University of London Institute of Education. In this thesis it is intended to describe how, during the course of the two-year project, the boundaries between issues of research and implementation shifted, to set these shifts within the current policy context - a context which was highly unstable - and to explore some implications for the practice of action research.

The author was appointed in September 1987 for one year as the full-time research officer to the project under the directorship of Alan Beattie, following initial agreement between the ENB and the Institute on a research proposal. A further year's work was negotiated on the basis of preliminary findings in August 1988. Research assistance was included during the second year for the purposes of project clerical work and data-collection on a part-time basis, carried out by Susan Beckerleg.

The ENB received two reports and a resource pack as a result of this project, and two journal articles and a chapter in a book of readings have been published. The research findings contained in the two reports are recounted here in order to expound the thesis by exploring how the chosen approach of action research, in terms of the relationships between action, research, and training, developed in practice.

PART ONE

Chapter One

Developing Performance Indicators for nurse and midwife education: the public sector policy background

Introduction

Prior to the late 1980s, information on institutional performance played a very marginal role in the organisation and delivery of nursing and midwifery education. In this chapter, the evidence for this state of affairs is reviewed, and in so doing, some of the reasons behind it are explored.

This state of affairs was not a feature of nursing and midwifery education alone. Throughout the public sector, as we shall see, the post-war era was characterised by an *ad hoc* rather than a routine approach towards the gathering of data on institutional performance. It was not until 1985 that the idea of developing PIs for nurse and midwife training institutions began to be discussed. It was introduced when the National Boards came under the *aegis* of the annual ministerial review process via the (then) Department of Health and Social Security. The ENB was by far the biggest of the four National Boards set up to regulate nursing midwifery and health visiting education following the dissolution of the General Nursing Council, dispensing £90 million annually (in 1988) for teaching costs to 14 Regional Education Advisory Groups (EAGs). At the 1985 Ministerial Review the ENB agreed to develop PIs for training institutions (DHSS 1985). It was this decision which prompted nurse educators to begin considering PIs and their implications, resulting in a handful of publications on the subject in 1987 (RCN ANE 1987, Evans 1987, Keyzer 1987), and *inter alia* the commissioning by the ENB of the research project described in this thesis.

The case of nursing and midwifery education therefore needs to be considered against a wider background of public policy, not only because of the light thrown on this special case by the more general case, but because this special case has itself been a comparative latecomer to the arena of performance review. Findings from endeavours in other public sector areas therefore represent an important source regarding the issues which, in 1987, were only just beginning to be documented in the attempt to measure performance. The field, at this stage, was barely defined, and the ENB's initiative in seeking to establish a research basis on which to develop PIs called for a review of the literature in more general terms.

The review of such relevant literature was therefore an essential first step for the research project commissioned by the ENB. Carried out in the first three months of the

project, and written as an introduction to the report on the first year's work (Balogh & Beattie 1988b), the review identified a series of themes and concerns which informed the subsequent action research process.

This chapter expands upon this initial review by tracing the changing role of performance-type information in the public sector in general, from the post-war period to the mid-1980s. For the reasons outlined above, it draws on an unusually diverse literature, ranging from work at government department level to work within the NHS, in higher education, general education and concerning the provision of other local authority services.

Establishing a theoretical frame for research on PIs

Although the necessity to call upon a wide field of literature in part derives from the scant attention PIs had received in the sphere of nurse and midwife education when the project was commissioned, there are more important merits to this approach given the nature of the subject-matter under investigation. There is a *prima facie* problem of locating research of this type within one particular discipline: we are concerned with questions of how professional training is organised and might be evaluated, in a context where the education and the health services meet. We are therefore dealing, at the very least, with problems which cross the boundaries of education, health care, their management, and their evaluation.

Turning to the sociology of health care organisations - a discipline which in principle covers much of this ground - we find, too, that although the literature dealing with issues of professionalism and the structural characteristics of organisations is extensive, the traditional theories have taken an analytic view which operates from within the organisation as a frame of reference. In an important review of such literature on health care organisation, Davies (1979) describes this approach as having failed to go beyond the organisation as a "taken-for-granted" unit of analysis, and advocates a historical and comparative approach to the study of health care organisation which may draw more heavily from the literature on social policy than on the sociology of organisations.

This observation seems particularly applicable to this investigation because of the dramatic policy changes which were, in 1987, beginning to have a significant impact on what had previously been relatively stable structures through which nurse and midwife education were delivered. From 1987 onwards the arrangements for the delivery of nurse and midwife education were being fundamentally called into question in a number of different ways. During the time in which the research was conducted, these questions took the form of no fewer than eight different policy initiatives, all at different stages of development and implementation.

As we shall see in the following chapter on the particular case of nurse and midwife education, this is important because these initiatives questioned the very basis on which a training institution may be identified as such. Furthermore, these initiatives generated debates at the time about almost every conceivable combination of relationships among the bodies which organise and deliver educational programmes. These include:- possible relationships between institutions themselves, relationships between institutions and their statutory and regulatory bodies, relationships between those statutory and regulatory bodies, relationships between existing schools and further and higher education, and finally the question of relationships between the training programmes and the administration of health care services. Moreover, for the research project, it seemed essential to view the development of PIs in the light of these new policy initiatives not only because systems of information-gathering about performance, as the following review will attempt to show, are in general linked to the structures of accountability and control in which they are used, but specifically because the possible value of using PIs has been introduced in every single one of these policy initiatives.

There was a further advantage of adopting this somewhat wide-ranging and historical perspective. By looking at the different ways in which approaches to performance assessment have manifested in the public sector in the post-war years it seemed that it might be possible to draw some distinctions about what was meant by the idea of PIs and to establish some definitions of terminology.

PIs in the Public Sector

Although the introduction of policies requiring PIs for the public sector generated a considerable amount of work in the 1980s, the notion of monitoring activity and performance was by no means new. Goldacre and Griffin (1983), in a commentary on the literature on PIs for health care, quote Dr. Clifton in 1732 and Florence Nightingale in the mid-eighteenth century as advocates of regular and systematic recording and publication of the details of hospital in-patient activity "to enable the work of hospitals to be assessed". Indeed, Nightingale was a strong advocate of the use of statistics by nurses:

"to understand God's thoughts we must study statistics, for these are the measure of his purpose"
(Florence Nightingale, quoted in Pearson 1924)

It was also clear from early accounts of attempts to monitor organisational activity that many of the conceptual, strategic and operational problems posed by this notion have remained substantially the same. Alderson (1975) quotes Guy, writing in the late nineteenth century, as warning that differences in figures for hospitals may need to be further explored by looking at the differences in the patients they treat. This is an example

of a particular problem which attends any attempt to summarise organisational performance using an input / activity / output model: that specifying outputs and/or activity inevitably calls for a refinement of the terms in which inputs and/or activity are described, and that this may in turn require more detailed descriptions of outputs. Indeed, information recommended by Nightingale herself offers a perfectly adequate illustration of this: in the Crimea, she saw the value of modifying mortality rates by specifying the different types of disease with which they were associated (Nightingale 1863) in order to describe more accurately the conditions in army hospitals. Today such figures would be called case-related fatality rates.

Public Expenditure in the post-war period

The idea of gathering information to assess the performance of public sector services was, since the development of the Welfare State at least, closely linked with the public expenditure process. Pressure to examine costs arose from a general trend throughout the developed world in the twentieth century towards growth in public expenditure, especially on social, environmental and economic services, and the reasons for this growth have been the subject of wide-ranging theoretical debate (Likierman 1988). The insights of Peacock & Wiseman, (Peacock & Wiseman 1967) who suggested that periods of social upheaval such as World War Two create at the same time an "imposition effect" whereby the public become more willing to bear a high taxation burden, and an "inspection effect" in which additional social problems are identified, provide a useful conceptual basis for examining some of the tensions in the complex accountability structure of modern society in which individuals are both contributors to and recipients of public services in differential degrees at different points in the life-cycle and according to changing ideas about how social problems should be defined.

The National Health Service, perhaps of all the public sector services in the post-war period, inquired most regularly into the costs and effectiveness of its operations. Within four months of the launch of the NHS in 1948, it had become apparent that the original costs for its first year had been underestimated by £49 million, and Bevan noted to his cabinet colleagues - in terms which would be entirely appropriate in the 1980's - that:

"the justification of the cost will depend upon how far we get full value for money" (quoted in Klein 1983 p. 34)

Successive governments, both Labour and Conservative, pursued this question of value for money in NHS in their different ways, with Labour administrations trying to reconcile rising costs with the principles of equity and effectiveness, and Conservative administrations attempting to justify the raising of additional revenues by (for instance)

the introduction of prescription charges within a general policy of non-intervention. However, it should be stressed that these early questions about the costs of health care in part derived from the very fact that costs had *not* entered into the initial debates about what form the proposed NHS should take: indeed it had been assumed that the provision of health care free at the point of delivery would *save* money, and it was a matter of some surprise that from the very beginning annual budgets were constantly having to be revised upwards.

Thus, another of the central contradictions in assessing the performance of health care provision, namely the tendency for the definitions of health care problems to change and expand as a consequence of the success of treatments and preventive measures in specific areas, emerged at an early stage. The awareness of this contradiction was apparent at ministerial level, and is exemplified by the words of the Conservative Minister of Health in his tenth NHS anniversary speech in the House of Commons:

"If one is less likely to die of diphtheria as a child, or from pneumonia as an adult, one has a greater chance of succumbing later to coronary disease or cancer" (Derek Walker-Smith, quoted in Klein 1983 p. 31)

Inquiries into NHS costs and effectiveness during the 1950's took the form of ad-hoc investigations in response to particular problems as they arose. The Jones Report of 1950 (Public Record Office 134/518) provides an illustration of a further problem which arises in discussions about assessing performance - the way in which structures of resource distribution can affect the way in which information is used and interpreted:

"..old compulsions .. have disappeared .. in the case of voluntary hospitals, whose greatest assets when appealing for public support were long waiting lists and bank overdrafts" (PRO 1950)

In other words, where funding processes are more arbitrary than negotiable and the justification for the existence of services is assumed, the information needed to support claims upon the public purse may legitimately take the form of evidence that these services are under threat and oversubscribed.

But though these ad-hoc investigations typically called for the more systematic gathering of information on performance - the Guillebaud Committee (Ministry of Health 1956) was responsible for the first statistical appointment in the Ministry in 1956 - they also argued against establishing a framework to relate costs to performance or outputs on the grounds of the difficulties in identifying and measuring suitable indicators.

In the field of higher and further education, the problem of expanding needs was not felt until the post-war "bulge" population was about to become eligible for university and college places. Throughout the 1950s the universities received a quinquennial grant directly from the Treasury via the University Grants Committee (UGC) based on a

projected number of places to be taken up by stable proportions of qualified entrants. The principles upon which the UGC then disbursed its funds took the form of peer review discharged through expert sub-committees, and in this way the universities took responsibility for monitoring their own performance, with no particular onus to report to central government. Indeed, Cave et al describe the relationship as follows:

"If universities in the UK acting through the UGC were free to negotiate their functions with government, even more were they the custodians of their own performance and standards. They made, and make, their own appointments, and ensure the quality of the degrees by the appointment of their own external examiners" (Cave et al 1989)

By the early 1960s, however, the huge predicted increase in demand for places in higher and further education necessitated a review of existing provision in order to plan for the anticipated changes. This was conducted by the Robbins Committee which formulated the much-quoted principle that:

"courses of higher education should be available for all those who are qualified by ability and attainment to pursue them and who wish to do so" (Higher Education 1963)

- in essence reiterating the primary emphasis on need and demand which characterised resource allocation processes at the time. Where Robbins broke new ground was through the conduct of an exhaustive survey of resources and teaching arrangements, including detailed workload analyses, on which to base its forecasts and recommendations for the future of the entire spectrum of higher and further education. But although the considerable weight of information gathered by the committee would today conform to the kind of parameters used to assess performance and efficiency, such questions were not, in the 1960s, fundamentally at issue.

In contrast to the somewhat informal and *ad hoc* arrangements for public funding and its scrutiny which developed during the 1950s, the 1960s and 70s saw attempts to bring rational planning techniques into the public sector. Many of these were developed by the private sector in the US where big defence and communications organisations such as the Rand Corporation played - and continue to play - an important role, for example in the seminal Rand Health Insurance Survey (Ware et al 1980) which conducted a "social experiment .. to investigate the effects of different health care financing arrangements" (Scrivens et al 1985).

In British and US government departments attempts were made to introduce the new techniques of zero-based budgeting, Programme Analysis and Review (PAR), Planning, Programming, Budgeting Systems (PPBS), or Cost-Benefit Analysis (CBA), all of which essentially aim to question the existing principle that "The largest determining factor of the size and content of this year's budget is last year's budget" (Wildavsky, quoted in

Likierman 1988). The emphasis during this period shifted towards the more efficient use of limited resources and the chief principles of resource allocation became normative ones. Labour and Conservative administrations alike sought more detailed information on performance and efficiency, but the position of such information in the decision-making process remained a marginal one. Klein describes the period as one with:

"increasing emphasis on producing better information and on organisational solutions: given better data, given better organisation, more rational decisions would follow - or so it was believed" (Klein 1983)

and to illustrate, cites the introduction of the Hospital Activity Analysis information system along with the Cogwheel decisionmaking system for doctors which spelled out some of the resource consequences of clinical decisions, but never sought to evaluate the impact of this information.

A watershed in the development of rational procedures in public spending occurred in 1961 with the Plowden Committee's work. This recommended that the process for determining the distribution of public expenditure in government departments should become more streamlined through the introduction of an annual Public Expenditure Survey which would form the basis of future planning by the Public Expenditure Survey Committee (PESC) chaired by the Treasury. For the first time, a systematic attempt was being made to discover how funds had been distributed by spending departments, and to use this information for future planning.

What this brief account of the development of the public expenditure process shows is that new techniques for gathering information do not themselves necessarily specify the kind of role they will play in the planning and management of public sector services. Indeed, such information may represent no more than an interesting account of aspects of public service delivery. In the post-war years of economic expansion the pressure to inquire into efficiency certainly existed, but it was not matched by a corresponding pressure towards the shaping of information-gathering into a management tool.

Yet the ways in which categories of information are defined can exert a very considerable effect on the management of public services. Increasing interest in the potential for *using* information in the public sector has been mirrored by an increase in changes to the ways in which information is defined - changes which themselves may bring about important new orientations in policy. Likierman notes that between 1977 and 1983 there were twenty-six changes in definitions and coverage of items of public expenditure, and that:

"some were very minor, while others .. were enough to make a major difference to the percentage of GDP [gross domestic product] apparently accounted for by public spending" (Likierman 1988)

Most significant among the changes which governments began to introduce during the mid-1970s was the change to the basis on which budget plans were calculated from volume to cash. In the early days of the PESC, departments calculated the value of the goods and services they planned to purchase according to volume, and any unanticipated rises in the prices they had to pay for these were covered by the Treasury. Cash planning, on the other hand, assumes a general rate of inflation through which costs will rise, and resources are allocated accordingly. Some economists advocate the use of yet a third method - cost planning - which allows for the actual general rate of inflation to be taken into account.

The ability to keep inflation under control, which has been the overriding political priority of government in recent years, is clearly critical to the effective pursuit of cash and cost-based public expenditure policies. But more important for our purposes is to note that these methods also bring a greater degree of central control into the overall public spending process, and a reorientation of the focus of decision-making on spending from a "bottom-up" approach based on service needs (which can readily be translated into volume terms) to "top-down" concerns about resource distribution priorities. Indeed, it is precisely because cash control displays these characteristics that programmes such as social security benefit payments, which depend on needs that are defined by statutory entitlement, cannot be cash-limited. Over the years, however, cash limits have become customary practice in an ever-increasing number of programmes, beginning with the main public service building programme in 1974, and moving to three-quarters of central Government voted expenditure (excluding social security payments) in 1976-77 (Public Expenditure White Paper 1976).

The Introduction of PIs in the Public Sector

The use of cash limits in the public expenditure process paved the way, as Willis (1987) argues (from a Treasury perspective), to the introduction of "output and performance measures" across all spending departments. In September 1982 the Financial Management Initiative was launched, "which emphasised the need for clear objectives and information about costs and performance" (Levitt & Joyce 1987).

It was through this initiative that the accounting concepts of *Economy*, *Efficiency*, and *Effectiveness* (the "three Es") became a statutory element in public life. The 1982 Local Government Finance Act (HMSO 1982) set up the Audit Commission and gave it powers previously vested in local authorities to appoint their auditors. These can now be chosen either from a small list of private accountants approved by the Minister, or from within the District Audit service, the body which had been entirely responsible for the job for more than 100 years until 1972, when local authorities were permitted to "go private". The brief of the old District Audit Service was mainly to safeguard against fraud, but auditors now

have a "duty to satisfy themselves that authorities have made appropriate overall arrangements to secure economy, efficiency and effectiveness".

The Audit Commission was further empowered to review the costs, efficiency and effectiveness of local authority services, and a series of special studies was mounted in order to assist auditors in their evaluation of "value for money", working systematically through the public sector beginning with "Obtaining better value from further education" (Audit Commission 1985) through to "Making a reality of community care"(Audit Commission 1987). Its work has also included comparisons of performance across local authorities, and more recently its remit has extended to evaluating different kinds of service provision in the NHS.

Performance assessment: some of the concepts

The Financial Management Initiative (FMI) was essentially a top-down initiative whose aim was to hold managers more accountable for the use of resources through cash-limiting budgets, setting targets and monitoring performance. Willis (1987) argued that it was necessitated by what he described as some of the weaknesses of the Plowden reforms, in particular, "the lack of strong top-down constraint", the vulnerability to inflation through "constant price planning", and an overemphasis on "inputs and very little about ... value for money".

The ideas embodied in the initiative provided a starting-point for the discussion of how to define performance and what might constitute PIs. At the heart of the FMI, as the foregoing shows, were ideas of value for money; economy, efficiency and effectiveness, and, at its crudest, an input / output model.

The notion of Value for Money came during the late 1980s to denote a set of methods in accountancy for conducting audits of a particular type, and attained the status of a theory within the accounting discipline. VfM theory, as it is known, embraces the assumption that the inputs and outputs to a programme or organisation can be specified with some degree of accuracy, that they can be monitored on a routine basis, and that the "three Es" represent an exhaustive description - for financial management purposes at least - of the activities in which the programme or organisation engages.

The Audit Commission's Code of Local Government Audit Practice for England & Wales (1983) described the auditor's role as one in which an independent verification is performed on whether "sound arrangements for the planning, appraisal, authorization and control of the use of resources" exist, upon which, it claimed, "the achievement of economy efficiency and effectiveness depends". The "three Es" were defined in the following way:

"*Economy* may be defined as the terms under which the authority acquires human and material resources. An economical operation acquires these resources in the appropriate quality and quantity at the lowest cost.

Efficiency may be defined as the relationship between goods or services produced and resources used to produce them. An efficient operation produces the maximum output for any given set of resource inputs; or, it has minimum inputs for any given quantity and quality of service provided.

Effectiveness may be defined as how well a programme or activity is achieving its established goals or other intended effects" (Audit Commission 1983)

Perhaps the most significant feature of these definitions was that they were essentially prescriptive - they describe an ideal state of affairs. This implied the notion of performance (expressed in the definitions as achievement), yet the term itself does not appear except in a list of examples of priority areas in which auditors might recommend improvements in practice:

"Monitoring results against predetermined performance objectives and standards, to ensure that outstanding performance is encouraged and unacceptable performance corrected" (*ibid.*)

Thus the ideal states outlined in the definition of each of the three Es implied that their performance could be specified, and the recommendations for practice indicate that it could also be changed. It was performance which formed the basis for a system of monitoring through which judgement on management practice may be exercised. However, the Audit Commission Code also made it clear that:

"It is *not* the auditor's function to question policy. It is, however, his responsibility both to consider the effects of policy and to examine the arrangements by which policy decisions are reached" (*ibid.*)

While one of the features of the Financial Management Initiative was the extension of the role of the accountant/auditor into areas which were previously the affairs of administrators and managers, here a discrimination was made between the formulation of policy and arrangements for its execution, and the boundary between these two domains represents a point beyond which the auditor has no legitimate interest. Whether such a distinction can realistically be upheld is a complex question concerning the inter-relationships between professional, managerial and public accountability and its scrutiny - issues which are central, as we shall see, to the emerging debate about the use of PIs in public service organisations. Certainly there were those who argued that efficiency and effectiveness considerations cannot be so easily be divorced from policy:

"the auditor cannot comment in any worthwhile manner unless he considers the effectiveness of policy" Hepworth (1987)

and that there is therefore at least a case, in Hepworth's view, for closer and more continuous involvement of the auditor either with management or with (in the case of the Civil Service) Parliament.

Indeed the Code of Practice itself gave auditors some degree of licence about what "problem areas" of public service organisation they choose to subject to closer scrutiny - which in itself must represent an involvement with policy. And the Code further recommended that priorities should be identified through

"prior knowledge or background information received from the Commission, members of the authority or its officers" (op.cit.)

At the very least, the Code seemed unconvincing over how its conceptual model of auditing may be divorced from policy-making. Flynn suggested that this problem of the inter-relationship of the "three Es" with policy has traditionally been avoided by applying a spurious distinction between technical and political matters:

"decisions about what to measure have been treated as if they were technical questions with no political implications" (Flynn 1986)

But, he continued, the political arena in which such measures are to be used inevitably colours such decisions. The current political arena, he claimed, was characterised by

"belief in financial incentives, the admiration of the private sector, the desire to cut public expenditure, and the desire of central government to control local services" (*ibid.*)

Certainly the 1976 Public Expenditure White Paper announced that

"the government intend to reduce public expenditure progressively in volume terms over the next four years" (Public Expenditure White Paper 1976)

and critics of the FMI in practice have described it as "input-dominated" through the setting of cost-cutting targets for which managers were held accountable, while neglecting the question of policy outcomes (Gray & Jenkins 1986) - a question these critics saw as a prerequisite for "the development (or failure to develop) strategic management". However, it was the influence of the political climate rather than the attempt to measure performance itself which Flynn saw as problematic, and he offered some useful distinctions within the input/output model.

First, he defined *inputs* as the "staff, buildings, equipment, consumables and so on, which are combined through a *production function* to create a series of *intermediate outputs*". These intermediate outputs are a representation of the organisation's capacity to provide a service - for example school places, hospital beds. "By achieving a *throughput*",

he continued, "of patients, pupils, and so on the service is delivered to certain clients. We can define the *output* as the service provided to particular clients or activities performed, eg. education "delivered" to a child, medical care administered to a patient. The *outcomes* of the service are the impact which the service may have on these recipients, defined as having their illness cured, behaviour modified, ignorance eradicated or other effects defined as the *objectives* of the particular service".

These definitions provided a framework to further explore the ideas of economy, efficiency and effectiveness. Flynn gave examples of efficiency as a ratio of inputs to intermediate outputs (eg. unit costs, cost per place), or as a ratio of inputs to outputs (eg. gross cost per pupil), and examples of effectiveness as a ratios between outputs and outcomes (for instance examination pass rates).

However, the field of performance assessment is one which crosses many disciplinary boundaries as we have noted, and similar terminology may be taken, in different disciplines, to refer to different aspects of organisational functioning. Goldacre and Griffin (op. cit.) compare the use of terms by economists (like Flynn) with those found in the literature on medical care, where Donabedian's (1980) model of *structure*, *process*, and *outcome* is the most influential. They give an instructive example of the confusing nature of overlapping definitions:

"An activity (such as the treatment of a patient) may, depending on the predilections of the writer, be described as a process of care, an output of care, or an intermediate outcome. This is a potent source of confusion when considering the "efficiency" of a service, ie the relationship between its input and output" (Goldacre & Griffin op. cit.)

Within the performance model, one of the principal issues at stake appeared to be the question of what aspects of an organisation can be taken as fixed and what as variable (and therefore susceptible to change). Again, this is not merely a technical problem. The "variable" elements define the territory around which potential changes may be discussed, and raise the problem which Carter et al (1987) identified as a recurring ambiguity about the "ownership" status of performance. In the Donabedian model, the use of "structure" instead of "input" added a very important dimension to this end of the model, since it allows for stable features of organisation and management practice to be analysed on their own account. By comparison, the crudest interpretation of the term "input" is its simple identification with cost.

The Donabedian model did not, however, discriminate between "output" and "outcome" - a distinction which encapsulates the difference between long and short term aims and which introduced much wider issues into the model. In a review of the concepts associated with PIs, Carter criticized the Treasury definition of effectiveness (the ratio of output to planned output) as one which enabled the issue of outcomes to be "sidestepped". The

focus on outputs without considering outcomes may, in particular, limit the discussion of how results are assessed in relation to plans by neglecting the question of whether the organisation has an appropriate capacity to deliver services to a population as a whole. Outcome indicators allow the possibility for efficiency or effectiveness ratios to be expressed with denominators like *per capita* of population rather than just *per client*.

But though the addition of outcomes to the model may extend its terms of reference in a way which may be essential in order to apply the model to long-term enterprises like public services, it also introduces what Carter et al called "the inherent conceptual and technical complexities of outcome measurement". One such conceptual complexity, repeatedly mentioned in the literature (eg Klein, Flynn) concerns the uncertainty of identifying causal linkages between inputs, outputs and outcomes, and thus of producing efficiency ratios which have any useful meaning.

Flynn argued that managerial decisions on resource allocation depend upon clear and measurable relationships being established between outputs and outcomes, and unless this can be achieved, then the exercise of professional judgement, incorporating a "professional notion (based on training and experience) of the links between causes and effects" is the only alternative available to decisionmakers.

This analysis of the available models of performance in the literature thus drew our attention to a tension between professionalism and managerialism, and what is the appropriate role for professional judgement to play in management structures, in particular regarding the discharge of accountability. This issue seemed worth exploring in greater depth by investigating the debates which surrounded the introduction of PIs in the NHS and in the universities, where, in contrast to the literature on PIs at government department level, there was a somewhat more articulate debate about the role of professional judgement in assessing organisational performance.

The introduction of performance indicators in the health service

Performance measurement was introduced into the health service some months before the FMI, following a request from the 1981 Public Accounts Committee (PAC 1981) for greater accountability from the NHS to the Department. Indeed, PIs appeared to have made their first mark in the press on January 22nd 1982, when the Health Minister, Norman Fowler, announced to Parliament that they were to be used at annual ministerial reviews "as a measure (*sic*) to improve accountability". The Northern Regional Health Authority was chosen to pilot the exercise, with the proviso that only information systems which already existed should be used to generate PIs.

In fact, as we have seen, attempts to measure performance were not new. NHS managers had known the costs per in-patient week and outpatient attendances per department since 1948, but information in this form was too crude to allow comparisons

to be made. In 1953 the Guillebaud Committee was asked to examine the costs of the NHS (Ministry of Health 1956). Finding "the right indices for measuring efficiency" was identified as an important problem, and several new indicators were introduced, eg. waiting time, bed turnover, bed occupancy, and staffing ratios on the grounds that

"hospital costs alone do not necessarily reflect the efficiency of hospital management and [that] they are better examined with other statistical indices" (*ibid.* para.13)

The data sets generated from this information were thought to be sufficiently sensitive to allow health authorities to be ranked in "league tables" for the first time, and Guillebaud acknowledged the professional implications that might flow from this strategy by recognising the potential for comparative information to be construed as a reflection on standards of professional practice. Such an approach was dismissed as a "mistaken idea" (*ibid.* para. 13), and the debate about the relationship between professional and managerial accountability remained closed.

In 1965 basic data on the characteristics of patients (age, gender, marital status, residence) was introduced via the Hospital Activity Analysis system, bringing a degree of refinement to input or activity information and thus taking forward the strategy of making comparisons.

Performance evaluation became a key feature of DHSS managerial philosophy in the early seventies, and was stressed in the 1972 reorganisation of the NHS (DHSS 1972). Levitt (1976) went so far as to argue that

"the whole reorganisation is a reaction to the problem [of costing systems] .. since its stated objectives are to unify the administration of health care in the interests of achieving better quality of service from existing expenditure" (Levitt 1976)

But although "new managerialism" was a key concept behind the reorganisation, the practicalities of reconciling the different interests of the professions, the civil servants and the managers at the periphery resulted in a plan whose managerialism was to be found more in its language than its new structure - a structure which Klein (1976) described as "festooned with professional advisory committees". Indeed, the management consultants McKinsey & Co, brought in by the Minister Sir Keith Joseph to advise on the reorganisation thought the DHSS requirements that

"plans should be comprehensive.. ten years ahead, .. based on identified needs, agreed standards of service and available resources ... will be impossible" (DHSS 1973)

on the grounds that (*inter alia*) "quality and effectiveness of provision is difficult to evaluate" - thereby calling into question the managerialist status of the aim for "the

monitoring of performance to ensure that planned standards of service and efficiency are being achieved" (para. 132 DHSS 1972).

In 1976 a link between league tables and resources was established when the Resource Allocation Working Party attempted to use an outcome indicator - mortality rates - as a basis for redistribution of national resources in a more equitable way across the regions (DHSS 1976). Patient utilization rates were added to the formula as a proxy for a further outcome indicator - morbidity. Birch & Maynard (1986) discussed the limitations of using this kind of proxy, and further pointed out that some weighting which accounts for differentials in supply factors (eg labour market variations) ought to be incorporated into the formula.

The question of how to measure performance was by now a recurrent feature of NHS policy documents; PIs in particular appeared in the 1977 Expenditure Committee Report (Eighth Report 1978) which recommended the DHSS to develop "two kinds of measure ... measures of access ... and second, measures of quality ... to show improvements or deteriorations" - introducing the idea that comparisons might be made not only between different units, but for the same unit over time.

The Royal Commission on the NHS (Merrison, 1979) made the next contribution to the debate on evaluation of NHS performance, and again noted the difficulties in measuring it. The debate had now shifted to issues of outcome measurement. The Commission opted for examining mortality rates, but pointed out various limitations to this approach, not least the problem of how to evaluate the quality of life enjoyed by people now living longer as a result of improved health care. The "verdict" (para 3.23) of the Commission was that the "performance of the NHS can be improved" with regard to social and geographical inequalities in health and health care through "making better use of the resources available".

In the 1980s, greater use began to be made of the mass of information now available in the acute sector of the NHS for purposes of comparison. The Duthie Report (DHSS, 1981) compared the size of waiting lists for different districts, and since then the length of time elderly ladies needed to wait for hip replacement operations has lodged itself in the popular imagination as a focus for debate about local hospital performance. Yates of the Health Services Management Centre in Birmingham began to put together statistics about long-stay mental institutions (Yates, 1981) and found that those institutions which had been the subject of national inquiries also ranked lowest nationally for staffing ratios.

The DHSS first Performance Indicator package was issued to the regions and districts on September 22, 1983 (DHSS, 1983) only a month before the Griffiths Report (NHS, 1983). Although both met with mixed receptions, the humble tool in the shape of the Grey PI Book was overshadowed by the sweeping management changes Griffiths proposed, though it was implicit in the new business orientation of the management

structure that PI-type information would be essential to equip the new cadre of managers to do their jobs. The DHSS Performance Indicator Group (PIG) was replaced by a joint NHS/DHSS group with the more sympathetic acronym of JGPI.

Prominent among the critics of the package was Yates. An enthusiastic advocate of the use of PIs, his criticisms focussed around factors inhibiting their acceptance, the inadequacy of the concepts of accountancy applied to health care, and the lack of involvement of professionals, in this case the doctors as the chief disposers of expenditure in the NHS, in the management process (Yates, 1982). However, Jefferies, on secondment to the DHSS PIG from administering Southend District Health Authority and introducing the package in the *Health & Social Services Journal* (Jefferies, 1983) insisted that they were not league tables, and promised that the new JGPI would be addressing problems which had predominated in criticisms of their work, namely the thorny questions of outcomes, quality and effectiveness.

A second set of PIs was presented to the Secretary of State in January 1985, which did indeed include a checklist of quality issues, but no progress was reported on developing outcome indicators. Klein, one of the JGPI members, published a more wide-ranging article on the history of PIs in the NHS and the problems posed by evaluation in health care. He argued (Klein, 1982) that the NHS as an organisation poses several special conceptual problems for the development of performance evaluation: firstly, its complexity, which is best exemplified in the wide range of different occupational groups it employs (numbering 141 in contrast to 25 in the Department of Education and Science); secondly, the uncertainty about the relationships between inputs and outputs, and finally, the prevalence of ambiguities in the process of measurement where, for instance, a patient treated is a success for cure but a failure in prevention.

Klein further argued that PIs could only work within the institutional context, in terms of policy review criteria set internally - or, as the more management-oriented analysts would put it, in terms of institutional goals. He suggested that once the performance question is taken outside the institution, into the evaluation of health in the community, the structure - process - outcome model (Donabedian 1980) (or variants) falls down because causal links cannot be established.

Others (eg, McCarthy, 1983, Charlton, Bauer & Lakhani, 1984) proposed mortality ratios as a kind of "negative indicator" (Carter, Day & Klein, 1987) of outcome. Charlton et al's work identified several conditions for which medical science and practice should ensure that death is an avoidable outcome, and they suggested these to be a more appropriate expression of the "warning light" notion embodied in the term "indicator".

Ham (1983) suggested that the DHSS PIs met with a hostile response because they were seen as embodying potential justifications for budget cuts, and contrasted this to the

relatively warm reception which greeted the new performance review process where a certain amount of negotiation seemed possible.

The introduction of performance indicators in higher education

In higher education the centuries-old method of guaranteeing the quality of outcomes by the application of strict standards at the points of entry was unchallenged until very recently. Only in 1963 did the first hints of a need for performance monitoring appear when the Robbins Report (Higher Education 1963) published extensive figures on the flow of students through higher education and called for the publication of similarly-informed ten-year plans. Layard et al, in their 1969 review of the impact of Robbins (Layard et al 1969), went further in proposing the publication by government of annual updates of the comprehensive Robbins figures, but this ambition was never fully realised. Policies throughout the sixties into the late seventies were dominated by student numbers (expanding, as Robbins indicated), and resources were distributed to the universities via the UGC on that basis. The Robbins principle (quoted earlier), it should be noted, was based on demand - that higher education should be available to all who are qualified for and wish to pursue academic courses. This meant that for policymakers, interest was most keenly focussed on projecting the details of that demand.

Although the subject of PIs in higher education was tackled by Sizer in 1979 (Sizer 1979), it was not until the "crisis" of 1981 when the UGC was presented by government with a cash-limited budget which was impossible to allocate along the usual lines, that any concerted attention was given to the subject. This crisis essentially consisted of the implementation of a policy change, from allocation according to student numbers, to "level funding" (Shattock & Rigby 1983) - paralleling the changes we have described throughout the public sector at that time. The potential value of basing allocations on publicly-debatable figures was not lost on academics in universities where grants to departments had, they felt, been arbitrarily cut through the use of confidential judgements made by the UGC and its advisory committees. However, as Cave et al (1988) point out, the prevailing consensus among academics in the mid eighties remained one of "scepticism" about the value of PIs, as exemplified by the papers published for the International Management in Higher Education Programme on PIs in 1986 (Cuenin 1986).

In contrast with this view, the government's 1985 Green Paper "The Development of Higher Education into the 1990s" outlined very clearly the view that the introduction of PIs into the universities was one of the ways in which value for money in that sector could be secured, though the report did acknowledge that there were significant problems associated with developing PIs for education:

"There are significant difficulties in measuring performance in higher education. Some benefits may not be quantified readily or at all. Activities and objectives are multiple, and relative values are not readily assigned. But the effort has to be made if the Government is to pursue its objectives of controlling public expenditure ... and if institutions and others concerned with higher education planning are to be fully informed in taking their decisions on the allocation of the resources available" (DES 1985)

In 1985 the Jarratt Report on Efficiency Studies - set up to respond to the new policy requirements - recommended the use of PIs in the context of wide-ranging managerial changes in the university system (CVCP 1985). These included the use of PIs to inform the allocation of resources, and the restructuring of university management into "corporate enterprises" to which subsidiary units would be accountable.

The Joint Committee of Vice-Chancellors and Principals/University Grants Committee working group produced its first statement on Performance Indicators in July 1986, (CVCP 1986), with a list of 16 items for use in the 1986/7 academic year, and proposals to develop a further eight. Each indicator was accompanied by a series of notes outlining its limitations, and its scope of application specified in terms of one or more units, namely, department, cost centre or institution.

In the two months allotted following publication, the CVCP received comments from 40 institutions, and these closely paralleled the terms of debate already familiar from the NHS experience, *viz.*:- concern that broad comparative figures could obscure important local variations; support for the principle that PIs should be an aid to judgement not a substitute for it; disappointment over the greater emphasis on quantitative rather than qualitative information and input rather than output indices; fears that easily measurable aspects of performance would become identified as norms or goals at the expense of the more elusive judgements of worth; and hope that managers would ultimately find a use for time-series data so that units could be compared with themselves over time rather than with each other in "league tables".

Conclusion

It is clear from this review that both policymakers and commentators alike from the 1950s onwards have appreciated the existence of difficulties - both technical and political - in the idea of measuring the performance of public sector services. Nevertheless, these difficulties did not prevent the idea from gaining some momentum during the 1960s and 70s, and nor did they obstruct its incorporation as a central plank of government policy, the Financial Management Initiative, in the 1980s.

It is also apparent that the concepts which have been employed in performance assessment have been insufficiently closely defined, and their meanings have sometimes varied across different disciplines. It must furthermore be concluded that, following Flynn's analysis, the input / activity / output model and the notion of the three Es had

frequently served to mask the rather complex interrelationship between issues which were not only technical and political but also conceptual.

For the project reported on here, this initial review indicated a need for a further exploration of the emerging debate about PIs and their potential role in nursing and midwifery education.

Chapter Two: The emerging terms of debate

Concerns of the type addressed to the CVCP in their initial consultation exercise and described at the end of the previous chapter were being echoed in discussions in the late 1980s throughout the public sector where performance monitoring was being introduced. But in the growing volume of debate, PIs were being examined more as a live policy issue in journal editorials and comments than in an analytically critical way. It therefore seemed important, in order to establish a research base for the project, to identify some of the emerging themes and conceptual complexities which underpinned the idea of monitoring performance using PIs. These issues were explored through a second section in the preliminary literature review which addressed not only the relevant academic literature but also the key issues which were beginning to emerge in these ongoing debates (Balogh & Beattie 1988b). This chapter explores how some of those themes identified in the project literature review can serve to illuminate the particular case of nursing and midwifery education in the context of the policy issues which had traditionally been seen as important in this area.

The problem of setting performance "goals"

One central problem identified in the project literature review concerned difficulties not only about how to express and agree the goals of an educational enterprise, but also about how such goals could be subjected to meaningful measurement. If health outcomes are accepted as being difficult to measure, difficult to relate to inputs and often ambiguous in meaning, the same also applies to educational outcomes. In both fields, attempts to quantify the results of activity were still continuing in the late 1980s, but Romney's comments (1978) that "the art of measuring outcomes remains in a distinctly primitive state" still applied a decade later.

In order to identify relevant outputs or outcomes at all, there has to be agreement about how to express goals. This also assumes that it is possible to identify organisational entities for which goals can be meaningfully expressed.

Between the late 1970s and mid 1980s, when financial retrenchment was becoming an important issue in higher education, some research was being conducted on the extent to which goal-agreement could be found in different types of organisation and at different organisational levels. While Romney (1978) found what Sizer (1982) describes as a "surprising agreement" about goals among governors, administrators and staff in 45 USA higher education institutions, the same had not been found in the UK, where research had shown goal conflict and plurality to be more characteristic (Yorke, 1984). This echoed Smith & Cantley's (1985) findings from an in-depth study of a psychogeriatric day hospital, where they found "ambiguity and confusion of goals were typical rather than unusual". But this is not to say that Americans were more successful in agreeing goals:

Hinman, quoted by Billing (1986) found in the USA that those goal statements commanding widespread agreement were generally the more ambiguous ones, and that questions about concrete goals tended either to provoke dissension or to be trivial. Billing further noted that the policy statements produced by the Jarratt Report (CVCP 1985) were general ones not amenable to translation into planning terms, and argued that "limited forward planning is done generally on margins."

In the absence of goal consensus, which seriously confounds the enterprise of specifying outcomes, let alone measuring them, Sizer (1979) and Lindsay (1981) expressed the hope that some analysis could at least be done in terms of "efficiency", as opposed to the other two "E"s of effectiveness and economy (see Audit Commission Handbook 1983). An efficient institution, Sizer suggested, might be one which made good use of resources in multiple dimensions, and "frontier" institutions could be identified which were successful, enabling techniques of multi-regression analysis to offer advice to less efficient institutions. However, in the late 1980s this early hope remained unfulfilled in the case of higher education. It must be noted, however, that the Audit Commission's Code of Local Government Audit Practice (paragraph 42, Audit Commission 1983) nevertheless took the view that approaches of this type would be both possible and desirable in relation to local government services.

PIs at the institutional level

Implicit within the idea of PIs there appeared to be an assumption that organisational systems can be divided into discrete entities which can then be assessed as a whole. Butt & Palmer gave the Price Waterhouse accountancy view in their "Value for Money" (Butt & Palmer 1985) guide and asserted that "It may be possible to have one 'final PI' or perhaps 5 or 6 High Level Performance Indicators; below these, other indicators can be created to point at detailed achievements". This implies the existence of a continuity between the overall system and its constituent parts. But as Sizer pointed out, none of the existing packages, for higher education in the early 1980s at least, (Sizer 1982) were anything more than 'partial PIs', deriving their existence from their ability to be measured. In an earlier paper (Sizer 1979) he argued that the "partial" nature of these PIs made the prospects for developing PIs at the institutional level rather better than those for the system as a whole.

Sizer's concerns were expressed perhaps more forcefully by Boulding (1966), in an early contribution on the ethical implications of decision-making in Operations Research. He pointed out how subordinate goals present ethical problems in relation to each other and to the system as a whole:

"The quantification of value functions into value indices... introduces elements of ethical danger into the decision-making process, simply because the clarity and apparent objectivity of quantitatively

measurable subordinate goals can easily lead to a failure to bear in mind that they are in fact subordinate." Boulding (1966)

The accountants Butt and Palmer, however, were apparently unaware of such dangers; indeed they suggested the converse - that when indicators can be measured, this enables them to become the hitherto elusive goals:

"As indicators become more accepted by an organisation they also become targets or goals at which the activity is aimed." (*op. cit.*)

In a hesitant way both the CVCP and the DHSS recognised this problem by placing great stress on consideration of the packages as a whole, and emphasising the dangers of taking indicators out of context. Whether such injunctions would have the same force as the sheer weight of data would depend upon questions of historical and political context. History seemed not to favour the DHSS reluctance to treat the PIs as league tables, since implicit league tables had been current in the NHS for thirty years.

Institutional goals, marketing, and the problem of effectiveness

In taking the institution as an appropriate level for discussing the possibility of assessing performance with PIs, the problem of specifying overall institutional goals appeared to be closely interlinked with issues of effectiveness. The introduction of such terms into our discussions, however, also brought with them the possibility of an analysis according to the ideas of the market-place.

Abel-Smith (1976) and Klein (1982) both observed about the NHS that the principles of the market economy do not easily apply to public service institutions. Lindsay (1981) elaborated this argument with regard to the "complex and intangible nature of educational inputs and outputs." As there is no limit to the quality of care, neither is there any limit to the quality of education. But whereas in the health field a free service does not lead to infinite demand because there are limits on the effectiveness of treatment, it is difficult to see any limiting factors at all in the quest for knowledge, where the aim is development rather than amelioration.

Nevertheless, the market approach in the mid-eighties gained some currency in further education. Here there are no statutory limits on the clientele, but simply limits according to the entry gates and numbers of places offered on courses. The Audit Commission's guidelines (1985) identify the chief areas for improved institutional performance as the "potential to supply the market with more contact hours", with "improved marketing" one of the main headings under which this might be accomplished. However, when these overall goals are analysed in operational detail, we find a conflict in that each of them can only be realised by requiring lecturers to find more time to devote to their achievement.

As though taking the point about marketing to heart, the Audit Commission adopted a creative approach to the marketing of its own publication "Performance Review in Local Government" (1986) using the services of a learning materials agency. In this guide, each area of local government responsibility is examined in depth, first by setting out critical policy issues, then by deriving review questions which might illuminate these aspects of policy, and then by itemising "indicators" in the form of reports, statistical data and other information which can be consulted to test effectiveness - or how successfully is policy being implemented. This is a method rather than a set of results, yet though the Audit Commission's brief requires non-interference in policy matters (see the section in Chapter One *Performance Assessment - some of the concepts*), this publication seemed to assume agreement about what are the critical policy questions, by stating them as "given" at the beginning of each outline review procedure.

As we have seen in the previous section, commentators in the fields of health care and education in general agreed that those indicators which show performance against criteria set within the organisation will be very different from indicators which are viewed externally. There are parallels between these differences and those described earlier between outputs and outcomes, but an all-encompassing term such as effectiveness may do more to obscure such differences than illuminate them. Throughout the literature, critical comments on PIs and Value for Money audits have focussed very much on questions of effectiveness, but in the absence of an analysis which can incorporate differences of this type, there is a danger that debates will take place at cross-purposes.

An even more serious charge at the time was that effectiveness was very largely being neglected. In relation to the work of the Audit Commission, its director indeed acknowledged at a conference sponsored by the National Consumer Council that this might sometimes be true. His comments on this question are of additional interest because they again indicate that issues of professional judgement may lie at the heart of the problem - in this case concerning the relationships between collaborating professionals with differing approaches:

"Our auditors are still temperamentally more excited by finding a bit of wasted cash - so we are having to edge towards the effectiveness area and we are having a bit of an internal struggle to do that" - Howard Davies (National Consumer Council 1987)

This question of cross-disciplinary collaboration in performance evaluation was identified by Maxwell (1984) - commenting on health care - as the key to its success, on the grounds that professional self-evaluation alone provides insufficient information. Ham (1985) further elaborated this argument by describing three different types of monitoring, according to the identity of the agency undertaking it - an independent body, self-monitoring, and "accountability monitoring" according to management hierarchy. It will be noted that the latter two cases represent the professional and the managerial paradigms

respectively, while the first describes external inspection. Ham supports Maxwell's view that the more comprehensive concept of quality assurance may be helpful "as attempts are made to balance the emphasis on efficiency monitoring with a concern with the effectiveness of services and their acceptability" (*ibid.*)

The unit of evaluation and managerial accountability

These tensions between managerial and professional forms of accountability emerged in the project literature review as an important issue in need of further exploration. Some of the problems encountered in relating overall goals to subordinate goals were echoed in debates about what are appropriate units for performance evaluation, and much of the detail of these debates was overtly political in nature.

In the health service debate, questions of levels of accountability had been the subject of the basis for debate and reorganisation ever since the NHS began in 1948. Indeed, in their discussion of accountability in relation to five different public services, Day & Klein (1987) characterise the entire history of the NHS as "a case study in unresolved conflict between centre and periphery."

In institutions of higher education, as early as 1973 Biglan (1973) identified the department or discipline as the unit where there was most chance of success in avoiding problems posed by multiple outcomes. This seemed essentially equivalent to professionally-based monitoring, and though there has been no substantial disagreement since, Williams (1986) showed how this approach can also lead to paradox: "A systems analyst in a sociology department is just one more negatively scoring sociologist, whereas the same person in a department of computing scores plus points and a higher grant for the university." When performance is compared between departments under conditions of resource scarcity, there is a strong probability that this will provoke inter-departmental competition within an institution, thereby undermining collective goals and once again revealing a conflict between the managerial and professional perspectives.

In the era of the Financial Management Initiative, there was considerable pressure to resolve questions about the unit of evaluation so that broad public sector programmes might be divided along clearly drawn hierarchical lines of accountability. In such a clearly-divided organisational world with no untidy overlap between programmes or departments, individual managers, it was hoped, could be personally held responsible for the performance of their particular programmes. It was therefore not surprising to find, alongside the introduction of institutional performance reviews, initiatives to develop individual staff appraisal systems too.

Staff appraisal and professional accountability

Within the field of education generally, especially since the 1986 Education Act which introduced the idea, there had been much discussion about individual staff appraisal. Its

implications for accountability issues were, in the late 1980s, debated in some detail. The range of themes in the literature included the very basic question of the purposes of individual staff assessment and its ramifications; whether the assessors are clients, staff or funding agencies; whether the assessment is oriented towards change or control (Lambert et al 1985), whether it is linked to professional development or professional incentives (eg. salary review) as reviewed by Whyte (1986), what the position of the evaluator should be - within the school, outside it, or in some other relation (such as HMI), and the whole question of whether it is a top-down or bottom-up exercise (Pollitt, 1987). Indeed, the literature on individual performance appraisal in education was far more candid over political and ethical issues than the corresponding literature on performance monitoring for programmes and institutions.

In higher education, Williams (1986) pointed to the contrast between practice in the public and State sectors where polytechnics traditionally pursued the path of collective agreement on appraisal criteria, reflecting the more direct lines of accountability to external agencies approving and accrediting courses and institutions. The universities by comparison were using a self-regulatory professional code of practice, but systems of staff appraisal were beginning to appear in the university sector too.

In the early literature, Sockett (1982) distinguished between different forms of accountability within a given system, describing an agent's accountability to his resource-provider for outcomes and results as being the general case, and professional accountability where agents are responsible to their peers for following codes of practice as the exceptional case. The setting of standards, both for education and for care, crosses the boundaries between professional and institutional accountability and poses corresponding political problems. Pollitt (1984) argued that within the public sector, professionals have generally interpreted their public accountability as referring directly to the State rather than to the local recipients of their practice. Taking the argument further, he noted that the weaknesses of professional performance which had been exposed over the previous twenty-five years (eg. ill-treatment in long-stay hospitals) were never brought to public attention by the profession themselves, indicating some breakdowns in the process of professional self-regulation. It is weaknesses like these, he maintained, which have helped to make the process of performance review acceptable to the public. However, rather than bringing these professional matters into the realm of institutional performance review, he advocated the formation of a Council for Professional Performance which would have a regulatory but not a disciplinary function.

Performance Indicators for Nurse and Midwife Education

As the above account shows, the introduction of performance assessment in the public sector provoked a wide-ranging debate about the nature of accountability. If it was not the

intention of the Financial Management Initiative to marginalise the voice of the professions, its focus on top-down managerial structures of accountability certainly appeared to have raised concerns of this nature among healthcare and education professionals alike.

The issue of the tensions between organisational and professional performance review take on special significance when applied to the context of nursing education. This is because schools of nursing and midwifery have occupied an ambiguous position in the public sector which can best be described as not entirely within the NHS while only tenuously linked with education. Indeed it is perhaps because of this position that nurse and midwife training institutions remained untouched until the late eighties by the general policy changes taking place elsewhere in the public sector.

Since the founding of the first training schools for nurses in the last century, deliberations about nurse education policy were dominated by the question of whether control should be exercised by the hospitals or by a training authority. This conflict, with its attendant ambiguity of status for individual students - known as "learners" because their prime role has been that of an employee - remained largely unresolved until the implementation of Project 2000 in the early 1990s. Every government report, from the Wood Report (Ministry of Health 1947) to the Briggs Report (1972) and the Project 2000 proposals (UKCC 1986) addressed these issues in the hope of resolving them. The Wood Report argued forcefully that full student status for nurses was necessary:

"the dissociation of training from staffing needs ... will place the student under the control of the training authority ... and not under that of the hospital" Ministry of Health (1947)

but this recommendation was opposed by the principal nursing organisations at the time. White (1983) explains this in terms of the changes which had taken place in the membership of these organisations to include a large number of hospital matrons whose interests lay in retaining control of the workforce while in training. The information which informed the Wood Report's recommendation was the high wastage rates among student nurses (running at 54% nationally at the time).

But the value of such information in debates about the suitable location of nurse education was mainly rhetorical, for it was never gathered on a routine basis in such a way that regular monitoring of policies was possible. Even the Salmon Report (Ministry of Health 1966), which transformed the structure of the nursing hierarchy into line management, had little to say on the role of information in the discharge of managerial duties. Nevertheless, the twin issues of recruitment to nurse training, and wastage or attrition rates, continued to preoccupy not only educationists, but also nurse managers, and there was little debate on nurse education policy throughout the post-war era which was not in some way informed by data on these issues.

Like other major policy inquiries of the sixties and seventies (the Robbins Report, the Royal Commission on the NHS^(Merrison, 1979), the Briggs Report (1972) made some progress in the use of information to evaluate specific policies by collecting a wide range of comparative evidence. Thus, wastage rates among learner nurses could be scrutinised in relation to national figures for students in higher education and figures for the female workforce generally. This allowed much better informed discussions to take place on the relative merits of the contractual status versus the supernumerary status of learners and hence about whether education should be located within the NHS or the education sector.

The 1979 Act reorganised the regulation of nursing, midwifery and health visiting education so that the General Nursing Council was replaced by the four National Boards and the UKCC, but the ambiguous status of nurse and midwife education persisted. Not only did it persist, but arrangements actually took different forms in each of the countries and for the different professional groups of nurses, midwives and health visitors. Each of these professional groups and each of the countries operated a slightly different version of the division of responsibilities between education and the NHS over funding arrangements for education. Thus, for example, the National Board for Northern Ireland owned the training institutions and held the employment contracts with nurse teachers. In contrast, the English National Board distributed funds mainly for nurse teachers' salaries through Regional Education Advisory Groups, and contracts were held with the Regional Health Authorities who were usually the owners of the training institutions. In all of the four countries, however, most nurse and midwife learners were employees of the health authorities and boards and received salaries rather than grants.

Performance review of training institutions was not discussed until the first Ministerial reviews of the National Boards were held in 1985, and it was these events which prompted nurses and nurse teachers to start to discuss PIs and their implications. The Royal College of Nursing Association of Nurse Educators set up a group which met at regular intervals and published a set of guidelines on PIs (RCN 1987; Evans 1987). This stressed the primacy of the professional role in setting educational standards, suggesting that these ought to be further developed from the UKCC's Code of Professional Conduct. The authors anticipated a "division of standards" with some set by statutory bodies and others a matter for individual schools, but in both cases the standards would combine educational and managerial activities.

Keyzer made a start on developing a model needed for institutional self-evaluation, while accepting that the monitoring of standards is a matter for professional bodies. However, he also drew attention to the problem of conflicting goals:

"As with clinical practice any attempt to monitor the service offered by a training institution must take into account the often divergent expectations held by the various groups who are charged with the organisation and delivery and those who are consumers of the product." Keyzer (1987)

In company with the Association of Nurse Educators he advocated using Donabedian's structure / process / outcome model (Donabedian 1980). He also stressed the importance of the source of demands for performance review, and urged nurse educators to rise to the challenge of developing PIs as part of their professional role, for if "they do not tackle the problem of monitoring the allocation and utilisation of resources, others will" (Keyzer *op cit*).

Although, as this small amount of literature shows, the debate about PIs in nurse and midwife education had barely begun in 1987, the area was not immune from the effects of the retrenchment of the 1980s in other important respects. In 1987, following the nursing profession's campaign for highly-publicised shortages of nurses in key specialist areas to be resolved by improvements in salaries, the government announced a pay rise for the profession, accompanied by a comprehensive review of clinical gradings. This review was to consider the work which nurses and midwives and their teachers do according to differing levels of seniority. The possibility existed from the outset that the definition of responsibilities within training institutions would have a bearing on how the performance of those institutions came to be defined.

A second initiative with even more far-reaching consequences for the development of PIs for nurse and midwife education was the proposal from the DHSS for the amalgamation of English schools into consortia with common curricula and shared clinical learning placements. As we have seen, one of the key issues in developing PIs is the identification of appropriate organisational or institutional units for evaluation purposes. This particular initiative, which called into question the basis upon which schools were even able to identify themselves as such, was at the discussion stage in Regional Health Authorities in 1987.

Further policy initiatives were also on the Department's agenda, among them Project 2000, which many have called the most radical set of proposals to reorganise nurse education, and for which a verdict had not in 1987 been passed; an impending review of the statutory bodies (the National Boards and the UKCC) nationwide by the Department, and finally but not least, the Prime Minister's own review of the NHS itself.

The potential existed in all of these initiatives for inquiries to be made about how performance in training institutions might be assessed. Though the literature on PIs in nursing and midwifery education may have been small in 1987, the importance of PIs was nevertheless apparent to those in the profession with an interest in policy.

However, the project literature review showed that such research literature that was available from related fields did not provide a clear conceptual framework for the development of work on PIs. As we saw in Chapter One, the terminology of performance was confused and sometimes used differently in different disciplines. Furthermore, the research evidence often seemed to be in conflict with the models being proposed by new agencies espousing Value for Money theories. Research studies tended to draw attention

to the problematic and ambiguous features of performance review, such as the difficulties encountered by organisations in attempting to agree about goals, while the Audit Commission seemed to be treating such problems as though they were already solved.

Conclusion

The emerging debate about PIs for nursing and midwifery training institutions was taking place in a policy arena which was in a state of considerable flux. The need for improvements to the range of information available to planners, managers and policymakers about performance, however, represented a common thread to all the policy changes which were then under discussion. Furthermore, the influence of the Financial Management Initiative was becoming felt in administrative levels below the Civil Service, including agencies such as the ENB which were directly funded by the Department of Health. Along with the FMI inevitably came Value for Money theories. But as the above review shows, VfM approaches exhibited a sense of certainty about performance models and terminology which was not reflected by the research evidence. Indeed, the more critical commentators noted a tendency for performance models to conceptually mask issues which were essentially political by treating them as though they were technical.

Thus the milieu out of which the project to develop PIs for nursing and midwifery education grew was confused. Firstly, there was research literature which pointed to fundamental uncertainties in the enterprise of performance measurement. Secondly there were responses documented from a range of professional groupings to the introduction of ideas about performance monitoring. And thirdly, there was the rhetoric of Value for Money and the FMI which was frequently at odds not only with the evidence, but also with the views of professionals. Though VfM purported to have some status as a theory, this was not supported by the evidence - yet VfM models and terminology had arrived in policymaking circles in nursing and midwifery education as they had done throughout the public sector.

This state of affairs strongly indicated a need for the PI project to examine more closely the models and terminology which were gaining in currency among policymakers. It also strongly indicated a need for the views of the professionals themselves to be canvassed. And finally, the sheer number of policy issues under discussion at the inception of the project meant that any proposals arising from the research might find themselves being implemented in a different set of structures from those that existed in 1987. It was clear that measures which were too closely tailored to existing patterns of work and goals would rapidly become obsolete. Instead, more robust measures needed to be devised which could remain valid for a range of future scenarios.

The methods used to develop such measures would therefore be of critical importance to the success of the research project. As a test-case for developing methodology and techniques for policy-linked research, it posed a series of challenges. The existing

paradigm, if such it could be called, was a mixture of speculative conceptual frameworks and live policy issues. It seemed essential to bring together these different areas of discourse, and this would demand further analysis of concepts and terms as they were being used. It would also require a method which would permit ongoing monitoring of the policy environment so that policy decisions could be taken into account during the research process.

In short, the methods for the project needed to be both flexible and questioning, yet also sensitive to a changing environment and capable of producing realistic proposals. The account presented in this thesis shows how action research methods were deployed to meet these challenges.

Chapter Three: The development of an initial programme of research using action research methods

Introduction

As we have seen, there had been very few attempts to examine the performance of nurse and midwife training institutions on a routine basis. This was partly due to the ambiguous status of these training institutions - funded at the same time through local health authorities and via the ENB, and linked in varying degrees through the approval of courses within higher and further education. Located between the two major public policy sectors of health services and educational provision, nursing and midwifery education was marginal to each of these sectors. The implementation of the Financial Management Initiative and the activities of the Audit Commission were being pursued in the NHS, in local government and in higher and further education on a programme-wide basis, and nursing and midwifery education remained marginal to these programmes.

Elsewhere in the public sector, the influence of the FMI and its "top-down" character could be seen in the way that sets of PIs had typically been devised by experts or groups of experts drawn either from within the top echelons of the public programmes in which they were intended to apply - sometimes as formal sub-committees of "buffer" institutions, or in some form of collaboration with outside consultants, often consultant auditors. For example, the university PIs were devised by a joint working group of the University Grants Committee (UGC) and the Committee of Vice-Chancellors and Principals (CVCP); PI sets for further education were proposed by the Audit Commission and criticised by the Further Education Staff College. The National Health Services Training Authority (NHSTA) commissioned an outside expert in the PI field to devise a set of "training PIs" (Harper 1986) which could apply to all training in the NHS. The NHS hospitals PIs were devised by a Joint NHS and DHSS group which attracted criticism for failing to represent appropriate areas of expertise in its membership. Not only did it exclude any representation from an earlier pilot project in the Northern Region, it also excluded the Korner Committee which was undertaking at the same time a comprehensive review of NHS information systems (Drummond 1983). And furthermore, the initial group also excluded the foremost researcher in the field, Yates.

The initial proposals

The evidence from the various critiques of these initiatives which were beginning to emerge in the mid-1980s, as outlined in the previous chapter, suggested that the top-down character of the FMI was reflected in the structures through which they were being

devised, and that there were major problems of acceptability among practitioners. For example, Yates - himself excluded from the Joint NHS group, criticised the group for having excluded clinicians (Yates 1982). Pollitt (1987), commenting on a range of public sector services argues that opposition from professionals regarding staff appraisal (a key element, it will be recalled, of the FMI) has been greatest in the case of top-down schemes. There was, it seemed, a case for responding to this critique by devising an approach to developing PIs which more directly involved the practitioners.

While such a case may be argued in principle, on the grounds that members of a professional group ought to be consulted about what kind of information constitutes an appropriate basis for judging aspects of their performance, there were also strong practical arguments to support this view, given the pattern of critical debate which had emerged concerning the top-down nature of PI initiatives in general and what some saw to be an increasingly marginal role played by professional judgement in these matters. The argument for using such an approach for nursing and midwifery education developed in response to the ENB's own initiative, and is shown by the following account of the origins of the research proposal that led to the project reported upon in this thesis.

The ENB's requirements for research and development on PIs were drawn up by a specially-convened joint working group between the Finance and Establishments Committee and the Research Committee whose recommendations expressed a three-fold need:

- "1) a review of what is available regarding qualitative performance indicators
 - 2) a mechanism for the co-ordination of the quantitative [*sic*] data
 - 3) a range of qualitative performance indicators that can be used initially within Schools of Nursing but whose principles could apply in the wider context of nursing midwifery and health visiting education and training"
- (Institute of Education 1987)

The same document also contained the assertion that while "quantitative indicators" were already being developed "in some Regions .. the development of qualitative indicators is not proceeding at the same rate", and that both types of indicator were needed to help in the monitoring of training institutions. Thus at this preliminary stage the research problem was defined around the assumption that a distinction could be drawn between "qualitative" and "quantitative" indicators of performance. But perhaps most important of all was the acknowledgement by the ENB's working group that the initiative had originated at the 1985 ministerial review in which the Board had agreed to "endeavour to develop *acceptable* [author's italics] Performance Indicators as a baseline for monitoring the cost-effectiveness of nursing education". It was an initiative clearly meant

to be acted upon, and the issue of acceptability was an important consideration at this early stage.

Thus it seemed initially, at the outset of the PI project, that the most valuable way to pose the research question for the ENB's purposes would be to ask "what sort of PIs can best be developed for schools of nursing?"; rather than the more fundamental question of whether or not PIs could be developed at all. The agreement which was reached with the ENB consisted of a proposal in three parts:

first, a review of relevant literature on performance reviews of varying kinds in the health and education services, to be written up "as an Interim Report, drawing out major themes in the theory and practice of performance review" (Lawton & Beattie 1987)

second, to conduct a postal survey of schools and departments of nursing and nursing regulatory bodies to discover what existed in terms of current practice, written up as a second Interim Report, and

third, to follow this by establishing an "informal collaborative network" of schools, identified via the survey as active in the field and who could help take forward further PI development work. A final report would draw together key ideas from the this and the two interim reports as a Feasibility Report.

In this first proposal, the traditionally separate concerns of inquiry and implementation were brought together, in particular through establishing a collaborative network of schools in the third stage. The use of the term "Feasibility Report" to sum up this first year's work further underlined the importance of implementation issues, which, it was envisaged, might be examined in depth during a further two years' work to culminate in a series of seminars and conferences for feedback to and comment from the wider profession. Although the project was not specifically characterised at this stage as "action research", the job description circulated to applicants for the researcher's post suggested that an acquaintance with action research methods would be desirable.

During the course of the first stage of the PI project, the informal contacts established between the Research Officer and senior nurse teachers indicated that the issue of acceptability was becoming increasingly important. In addition to commissioning the PI project, the ENB had also, through a newly-instituted annual review of Education Advisory Groups (which in turn linked to the ministerial review of the ENB itself), encouraged these groups to begin work on developing PIs at a local level. In several Regions pilot projects had been initiated involving the circulation of sometimes lengthy questionnaires to schools of nursing (not schools of midwifery). One Regional EAG in

particular had done a great deal of work and was acting informally in an advisory capacity to other EAGs. However, these pilot projects had met with a very mixed reception among nurse teachers, including outright hostility and consideration by some of a refusal to cooperate with their local project.

The existence of such attitudes among the potential recipients of a postal request for information on the same subject-area was felt by the Steering Committee for the PI project (on the advice of the Research Officer), to be sufficient justification for rethinking the project methodology, and in particular to strengthen the action research element in the hope that some kind of direct involvement on the part of the practitioners themselves at an early stage in the research would help on the one hand to clarify some of the more contentious issues and on the other, to generate more accurate information on which to base the project findings.

In the next section of this chapter, the particular form of action research which was devised for the project is examined in relation to the literature on these methods.

Developing an action research framework - (1) the literature

Action research in general implies the marriage of investigation with practice or implementation, but such a liaison brings with it a multitude of issues that are otherwise covertly resolved by the traditional separation of theory from practice. The very richness of the field which was uncovered in the early days of the approach by posing the question of how to link research with action has meant that no individual project, investigation or indeed programme, could do justice to all of these issues, and over the years different researchers have developed approaches which focus on different ways in which some of these problems might be resolved. This is perhaps most readily illustrated by a glimpse into early ideas about action research and what it means.

The origins of contemporary action research lie in the post-war work of Kurt Lewin, a social psychologist who was influential in several disciplines. In the US his ideas were taken up most notably in the educational sphere by Stephen Corey at Columbia University; and in the UK Lewin played a direct part in the establishment of the Tavistock Institute where the focus of work was on organisational consultancy.

Rapoport (1970) describes Lewin's contribution to the development of Tavistock-style action research as one which introduced into the methodology the study and use of group dynamics, and which also stressed the "integration of the social sciences" - in particular through helping to sponsor the interdisciplinary journal "Human Relations". In contrast, the American educational legacy as described by Corey (1949) focussed more around "the general problem of increasing the influence of research findings on educational

practices" - a problem Lewin (1946) himself identified in a somewhat throwaway remark: "Research that produces nothing but books will not suffice". To support this rather pragmatic view Corey elucidates the differences between "fundamental" and "action" research, in which the former seeks to establish general laws using sampling techniques, while the latter seeks "the improvement of educational practices in which he [the researcher] is engaging". In this view of action research the role of group dynamics, for example, is seen as being a vehicle to facilitate the impact of research findings among practitioners, whereas in the Tavistock enterprise the interest in group dynamics fostered a more analytic approach - though the power of groups as change agents was also fully appreciated. The contrast is one of emphasis.

Thus from its very inception, action research seems to have brought with it a wide-ranging set of issues for debate which permit particular researchers (or particular research questions) to develop and explore in different ways the complex processes by which research and action may be integrated. In order to set them out more clearly, we can look a little more closely at a series of definitions of action research, some of which are themselves quoted in subsequent critical reviews.

Smith (1981), in a paper on evaluation methodologies offers a useful distinction between the technical, operational, paradigm and discipline levels of methodological discourse. The technical level concerns the use of techniques and tools, the operational or strategic level concerns the overall planning requirements of a project, the paradigm level addresses issues of how such research may be theoretically construed, and the discipline level takes on the much more abstract question of the linkages and tensions which arise when drawing on different disciplinary traditions. Considerations of each of these levels may, of course, hold implications for any or all of the others, but they provide a useful analytic framework through which the set of elements that comprise action research may be considered.

Lewin's 1946 paper does not offer a definition of action research as such, though perhaps his assertion that "we should consider action, research and training as a triangle that should be kept together for the sake of its corners" is a suitably comprehensive statement. Within the paper, these three elements are elaborated upon to create a picture of action research which involves at the most abstract, or "discipline" level an integrated approach to social science disciplines. The idea of a balance between research and action is described thus: "at least of equal importance to the content of the research ... is its proper place in social life", and it is clear that Lewin saw action research as a kind of forum which drew together policy-makers, social scientists, educational agencies and practitioners in collaborative endeavour, in essence offering a new paradigm. The

inclusion of educational agencies within such forums also indicates the importance he attached to the training function, particularly in relation to its potential for translating research into action. But he is also aware of the value dilemmas faced by the action-oriented social scientist, especially when his or her potential collaborators have a "technocratic" image of research, and he stresses the high level of skill required on the part of such practitioners in order to make "the choice between various methods of treatment".

At a more operational level, Lewin details the diagnostic character of action research and the cyclic nature of planning, research and action, both of which point up the important observation that while action research typically begins with a focus on social problems, it also allows for the (very likely) possibility that these will need to be redefined in the course of an investigation.

The technical level is also addressed in several respects in Lewin's paper. He is critical of survey methodology, but in proposing training workshop methods as an alternative, feels that "here .. research faces its most difficult task" and suggests that this task is "not too different from that of the historian" - implying perhaps a more interpretative but certainly no less rigorous approach. The research - action - training triangle reappears in a powerful form at this level when he describes the "tremendous pedagogical effect" of evaluation sessions at the end of workshops - evaluations which were themselves "designed for the process of scientific recording". Conversely, the element of direct contact with practitioners is described as bringing a crucial new dimension for social "fact-finding procedures" in the form of "eyes and ears, right into social action bodies" - so that the information is gathered at greater depth and with the likelihood of greater accuracy.

The subsequent history of action research shows how Lewin opened up not only a wide range of new possibilities, but also an enormous area for - still ongoing - debate. Some examples of the subtle changes of focus in definitions of action research give us an insight into the nature of these debates. Another early definition, from the Tavistock researcher Curle (quoted by Rapoport, 1970) gives a flavour of the radical perspective of these early days:

"Action research aims not only to discover facts but to help in altering certain conditions experienced by the community as unsatisfactory".

Corey's definition, quoted in a critical review of action research by Hodgkinson (1957) again focusses on making improvements, but puts the practitioners into the role (as opposed to social scientists) of researchers:

"Action research is research undertaken by those in the field to improve their own practices".

As Kemmis (1982) observes, the Hodgkinson paper represents a landmark in the history of action research in which the distinction offered by Lewin as between "the general laws of social science" and the "specific situational diagnosis" had become a major paradigm tension, foreshadowed in Corey's (1948) paper which argued that the situation-specific character of action research could reduce the extent to which it could be generalised, and thus its contribution to "fundamental" research. The succeeding decade saw a retrenchment in the contribution made by action research to social inquiry, and the most conservative position is to be found in Halsey's (1975) definition quoted by Cohen and Manion (1980):

"Action research is a small-scale intervention in the functioning of the real world and a close examination of the effects of such intervention" - a definition which might not be out of place among definitions of very much more traditional research approaches: for instance, it is quite consistent with the method of randomised clinical trials.

In the UK the curriculum development movement spawned renewed interest in action research in the educational sphere, beginning with Stenhouse (1975) who saw curriculum development as a particular kind of action research, though it was not for some years that the problems he and his colleagues confronted in bridging the gap between curriculum research and action were fully seen as action research. Indeed, MacDonald and Walker (1976), in a contemporaneous account of the Humanities Curriculum Project on which they worked and Stenhouse directed, turned rather to theories about the dissemination of innovative practices for inspiration in this area. Interestingly, however, their sortie into this discipline brought with it some of the (by then transformed) action research tradition via Donald Schon's (1971) work "Beyond the Stable State: Public and Private Learning in a Changing Society". Schon, whose later work "The Reflective Practitioner: how professionals think in action" (1983) made a considerable impact in the world of nursing and midwifery was a close collaborator with Argyris at Yale whom Rapoport cites as having been influential in the development of action research at the Tavistock Institute during the early years.

In the late 1970s Stenhouse brought the term action research into the curriculum development movement, and with it a reinstatement of the idea that it should make a contribution to "a theory of teaching and education which is accessible to others" (Stenhouse 1979). By the late 1980s, action research had become more firmly established once again, and this aim was more generally quoted, for example, Oja and Smulyan (1989) offered the following set of aims as a definition:

"Action research has three general aims: staff development, improved school practice, and the modification of theories of teaching and learning".

However, none of these definitions succeeds in capturing the full range of issues originally elaborated upon by Lewin. Indeed, the fact that there is some difficulty in defining action research succinctly is exemplified by the number of authors (eg, Hodgkinson, Cohen & Mannion 1980), who follow their definitions with typologies, sets of characteristics, and examples to show the range of forms it might typically take. An attempt to formulate a lowest common denominator of the above definitions - which might surmise that action research is, at the least, interventionist and seeks to improve social situations - seems inadequate without reference to its other common features. These include, as outlined above, the use of groupwork techniques, the cyclic nature of the research process - allowing for the redefinition of problems, the collaborative involvement of practitioners and professional collectivities, the focus on specific situations, the use of qualitative methods, the interdisciplinary position, and the anticipation that not only procedural problems but also ethical problems are likely to arise in the course of an action research project.

It is as though the very marriage of research and action militates against such enterprises being closely defined. To use the terms of the approach itself, this cluster of attributes of action research functions more as a frame of reference through which a particular problem may be viewed, and indeed re-viewed as it progresses. No single element stands out as being essential, yet any one of them may come more sharply into focus than others in the course of research/action. It is with a perspective of this type that it becomes possible to trace, analyse and evaluate the progress of an action research project according to the interplay between Lewin's three fundamental elements of action, research and training, and taking into account Smith's four levels of techniques, operations, paradigm and discipline.

Developing an action research framework - (2) the project

As the foregoing accounts show, the initial proposal agreed with the ENB for the PI project contained some of the elements typically found in action research projects, although it was not specifically characterised as such. An interdisciplinary approach to the literature was envisaged, and the idea of establishing a collaborative network of schools of nursing was put forward as an aim whose realisation might take forward the work into a subsequent phase. On the other hand, the proposal to conduct a survey was, in terms of technique, antithetical to the qualitative approach which typifies action research. The interdisciplinary approach had in fact been suggested by the ENB in their first

formulation of the problem as a way to "provide a basis for this development of performance indicators". In particular, reference was made to "the NHSTA, RCN, RCGP, Further and Higher Education, Welsh National Board". The idea of a collaborative network of schools originated at the Institute of Education.

The revision to methodology agreed by the project steering committee on the researcher's advice applied to this second stage of the first year's research, the literature review for the first stage already having been completed and written up. This review summarised some of the material presented in Chapters One and Two of this thesis, drawing attention to themes which had become apparent from existing work from a wide disciplinary base. However, the issues which it raised did not differ substantially from the ENB's concerns which had prompted them to commission the project, except insofar as it explored them in greater depth and offered a critique of VFM approaches to performance review by posing an ethical dimension to the problems raised by this approach. Although there was a prolonged discussion in the steering committee about whether the ENB's proposal to develop "qualitative indicators" stood up to logical scrutiny, the researcher defended this viewpoint as at least in principle meriting further investigation. Thus there was no revision of the original research question, but a fundamental change in methodology which seemed to make the three research stages more consistent with one another - and explicitly so - as "action research".

The survey of schools and regulatory bodies was replaced by a design which enabled direct contact to be made with educational practitioners and members of the regulatory bodies, the EAGs. It was proposed to conduct fourteen "developmental workshops", one in each of the English Health Regions, to which Directors of Nurse Education, Senior Midwifery Tutors, ENB Education Officers, and course leaders in Health Visiting and District Nursing would be invited to discuss some of the issues associated with performance review of schools. These workshops would fulfill several functions:

- 1) data-collection, in terms of the views of participants
- 2) information-sharing: the researcher to communicate aspects of the literature review, and to obtain information about local PI projects
- 3) to provide a forum for local debate
- 4) to enable participants to learn more about PIs and associated issues
- 5) to create learning materials reproducing the workshop exercises which could in turn be published and therefore used in the wider community of nurse and midwife teachers

Although the initial brief included only schools of nursing, the ENB had indicated that it wished schools of midwifery to be included in the project, and the participants in these workshops were deliberately drawn from an even wider constituency, to enable health visitors and district nurses - who were based in higher education - and EAG members, who included service managers, to contribute to the debate. The membership of the EAGs consisted of a range of senior nursing, midwifery and health visiting teachers and managers, along with representatives of the health authorities, in particular the Regional Nursing Officers, who always provided the secretariat for the group. In addition, the views were to be included in the study of the ENB's own education officers because of their important role in negotiating the approval of courses. On the advice of these officers, and echoing a suggestion which had been included in the ENB's initial formulation of the project, a scrutiny of course approval documents was also included in the new research design.

The new design therefore incorporated an action research strategy with its own particular emphasis. Firstly, the findings from the literature review would be disseminated for discussion with professionals as part of the research process. This was much helped by an approach from the Nursing Times soliciting an article on the project; accordingly, a short article was written (Balogh & Beattie 1988a) which drew attention to the key questions raised in the literature review and further outlining some of the concepts in Vfm theory - in particular, the "three Es". The importance of an ethical dimension to discussions of performance review was underlined by proposing an essential "fourth E" which stood for ethics. In this way, the researcher was able to communicate to the widest possible audience some of the key value assumptions which were to underpin the project.

Secondly, the new strategy aimed to bring together the full range of policymakers operating at the Regional level into discussion forums. This was to be achieved by liaising with the Regional EAGs in order to gain their assistance in convening the workshops, and by contacting the Board Education Officers. In the latter case, a presentation from the research team was arranged to take place at the Board's offices in order to discuss with them what the nature of their involvement with the project should be. As a result of this meeting, four further workshops with Education Officers (EOs) were arranged at the Board's offices in London, Chester, York and Bristol, and EOs were invited to send a representative to each of the fourteen Regional workshops.

Thirdly, the workshop format allowed an explicit commitment to a development, or training function within the research. As observed in the above review, groupwork has from the early days been an integral feature of action research strategies not only as a vehicle for development, but also through its ability to provide a forum for debate among

an often diverse group of professionals and policymakers. In some forms of action research (as noted earlier) such groups have played a key role in implementing policies of change which have emerged out of the group process. In this case, the group was also to be used as a means for the sharing of information, on the one hand from the researcher regarding the project and on the other by inviting co-ordinators of local PI projects to make specific contributions to the workshop discussions.

Fourthly, qualitative procedures were to be used for data-gathering - procedures which could themselves be shared with the profession at large - instead of the original survey. These research procedures were to be eventually published as a teaching package, to be incorporated in a separate ENB project (the Management of Change Project) which was then engaged in developing an extensive set of distance learning materials for nurse, midwife and health visiting teachers. The structuring of workshop discussions and exercises in such a way that they provide research data was part of Lewin's early formulation, though there is no evidence that he saw a further use for workshop materials by publishing them. However, the publication of research procedures as development and dissemination packages is perhaps uniquely possible with action research techniques, and has been used in the past, for example by Stenhouse in the Ford Teaching Project (quoted in MacDonald & Walker 1976). It is a method which also engages the professional collectivity as a whole, by permitting the replication and extension elsewhere of groupwork already conducted in the course of research.

The redesigned project therefore exhibited most of the features commonly associated with action research. Turning now to the more stringent question of whether the project conformed with definitions of action research, the verdict is less clear cut. Curle's definition (Rapoport 1970), that action research "aims not only to discover facts but to help in altering certain conditions experienced by the community as unsatisfactory" puts great stress on social justice. While the aim of using action research techniques for developing PIs was to consult directly with those members of the profession and their colleagues involved in policy-making at Regional level, and thereby allow their concerns to be articulated, the question of whether the professional community found the notion of performance review unsatisfactory had yet to be answered. Indications from the literature about opinion in other professions tended to support this view, but the field was clearly open for debate, and for perhaps a range of views to emerge. Furthermore, the question of whether the PI project itself was able to alter these certain conditions remained open, too. Its very existence lent powerful support to the proposition that it could, yet the rejection by the ENB of its findings also remained a possibility.



Hodgkinson's (1957) definition, which essentially describes the "teacher-researcher" movement, would not include the redesigned project because the researcher's status was not that of a practitioner, but one which was external to the relevant policy-making structures and professional groupings. This question, of whether the action researcher should be an "insider" or an "outsider" is explored to some degree in the literature (see for example Verrier 1981). The tradition of teacher-researchers is, not unnaturally, best developed in the educational field, and Kemmis (1982) notes its special currency in Australia. However, the Tavistock tradition of external consultancy represents an important strand of action research where the researcher takes advantage of his or her position outside the organisation.

Halsey's (1975) definition, as we have noted, is anodyne to the degree that it could apply to almost any kind of investigation. An important difference regarding the PI project was that developing PIs for all English nurse and midwife training institutions contradicted the notion of "small-scale intervention". Not only was it considered to be an issue of considerable importance by most members of the profession at the time, its remit was undeniably large in scale, applying as it did to training institutions all over England.

Finally, Oja & Smulyan's (1989) definition of action research - as having three general aims of staff development, improved school practice, and the modification of theories of teaching and learning - draws our attention to the assumption among many commentators that action research operates only in the field of pedagogy. For the PI project, this definition required a translation of the third aim to accommodate its location in the field of educational policy, so that "the modification of the theories of teaching and learning" becomes "theories about educational policymaking".

Though the research plan did not fully conform to any of these definitions of action research, this is unsurprising, given the polythetic nature of definitions of action research strategies. In terms of Lewin's essential features: research, action and training, all three were in place. Insofar as there were aspects of action research which, as the above account shows, seemed problematic in relation to the way the project was defined as action research, it also seemed likely that such problems could prove helpful in a subsequent evaluation of the action research strategy.

The existence of tensions between action, research and training is fully acknowledged in an action research paradigm. What is not certain is how those tensions will emerge in practice. The remainder of this thesis explores these tensions by giving an account of how action research techniques were deployed to carry out a piece of research which demanded a consultative approach on a national scale in a turbulent policy environment.

PART TWO

Chapter Four: Methods used in the Feasibility Study

In developing an action research approach, it was important to be able to contribute to debate on PIs. The initial literature review was circulated within the ENB, but some more succinct presentation of the issues was needed in order to reach nurse and midwife educators at large.

An opportunity arose in the form of an invitation from the Nursing Times to the research officer to contribute an article on PIs. This was written (Balogh & Beattie 1988a) in the early spring of 1988 and published in May, during the main fieldwork phase of the project. It outlined some of the concepts associated with the performance model - in particular, the three Es, and identified a series of issues from the initial literature review which were posed as questions.

These questions were:

- 1) Is effectiveness being neglected ?
- 2) Can goals be agreed ?
- 3) Validation procedures: confidentiality or open negotiation ?
- 4) Professionalism or managerialism ?
- 5) Accountable to whom ?
- 6) Where should nursing education be located ?
- 7) With whom should power and accountability in the planning of nursing education lie?

Finally, it proposed the necessity of incorporating a fourth "E" in the model, to stand for questions of ethics.

It was also important to engage nurse and midwife teachers directly in discussions about the performance model, not only for the purpose of gathering their views, but also in order to advance debate about an issue which was, at the time, highly contentious. This was accomplished by arranging for developmental workshops to take place in each of the fourteen English Regions for the most senior members of the professions. A pack of learning materials (Appendix Two) suitable for workshop activities was designed which would fulfill two functions - providing information for the research officer to analyse, stimulating debate. The workshop activities were also set out in written form so that they could also be used by the workshop participants in their own training institutions for further development purposes.

While the development workshops provided the main vehicle for the research, their focus was on practitioners at institution level. It also seemed essential to involve the ENB's

own officers in the project and to engage with the other PI projects the ENB had stimulated at regional level. A programme of interviews and discussions was therefore arranged, along with an analysis of course approval documents which, according to the advice of ENB education officers, would give some indication about performance-type information already being collected.

1. Regional developmental workshops

Development work took place within regional workshops attended by a range of senior nurse educators and managers in the fourteen English Regions.

The assistance of the chairs of Regional Education Advisory Groups was solicited, and with their help, invitations were extended to directors of nurse education, EAG members, senior midwife teachers and to health visitor and district nursing colleagues working in higher education institutions. A total of 316 people attended these events, with DNEs and midwifery teachers consistently well represented and the other groups represented in varying degrees. Where possible, the research officer liaised with the relevant people in each region responsible for any ongoing work on PIs in nurse education and invited them to report briefly on their work during the course of the workshop. Most of these invitations were taken up.

Participants were circulated prior to the workshops with a pack of preparation materials. The materials were in five sections, four of which set out themes to be taken up in the workshops, and one of which was an information-gathering exercise for the project.

Piloting

It was not possible to pilot the learning materials on a directly comparable group of nurse educators. However, some of the workshop exercises were piloted in each of three groups of nurse educators:-

- a small group of nurse educators studying for a London University MA in Education
- a group of nurse tutors drawn from the Northern Region
- a mixed group of nurse educators and ENB officers in London

The materials were also circulated among senior nurse educators in London whose views were sought on the feasibility of the exercise, and the researcher discussed both structure and content of the pack with a distance learning consultancy, Learning Materials Design. As a result, the pack underwent several revisions before the final version, outlined below, was arrived at.

THE WORKSHOP PACK

Section One: What Do PIs Signify?

In the first section of the preparation materials, respondents were given an open-ended question asking them to describe a high-quality school of nursing or midwifery. They were also invited to seek the views of a colleague and a learner on the same subject. The purpose of this exercise was to set out the parameters of the school of nursing or midwifery as an organization and to examine its aims, its goals and any underlying conflicts between these.

In the initial workshop session which linked to this exercise, participants were invited to air their views on how PIs might benefit and how they might harm nurse and midwife education through a simple sentence completion exercise. They were then invited to share their responses (but not necessarily to discuss them at this stage) in small groups designated by the researcher in her role as workshop leader. There were two aims in this exercise. The first was to canvass opinion about PIs in nursing and midwifery education. The second aim was to create an atmosphere of openness at this initial stage of the workshop, which would also have the effect of helping participants to focus more directly on the discussion materials presented in subsequent sessions through having already had the opportunity to express their own extremes of opinion.

Section Two: Performance Review: the Four Es

In the preparation for Section Two, participants were presented with extracts from the final draft of "Performance Review", the paper on PIs in nursing education published in Nursing Times in April (Balogh & Beattie 1988a). This paper was a development of the initial literature review described in Chapters One and Two of this thesis, and represented an important contribution to the debate on PIs from the research project. In it a number of questions were posed in connection with PIs and the authors proposed a fourth "E" along with the three "E"s of economy efficiency and effectiveness - the E of ethics.

Publication date coincided with the second week of workshops, and was very helpful in promoting discussion. Respondents were asked to make notes under the list of question headings identified in the paper, and in the workshop Session Two, were invited, still in small groups, to discuss these issues further. A range of questions was discussed at each of the workshops. Material gathered from this section consisted of participants' individual written responses to the questions completed prior to the workshop, notes taken by one member of each group on the discussion, and more detailed notes taken by the researcher, both from the live discussions themselves, and from feedback when the whole group reconvened at the end of Session Two.

Section Three: The Four Es in Action

In the preparation material for this section the researcher presented a digest of several PI schemes discussed in the initial literature review for the project, in which the individual items in these schemes were compared along dimensions of economy, efficiency and effectiveness, and subdivisions within these. Participants were invited to inspect these schemes, and identify any broad trends in them. In the associated workshop session, they were asked to choose from a list of negotiating situations in which PIs might be used (eg "A DNE explaining to an ENB Education Officer how good the school is"), and consider which PIs from the digest of schemes might be appropriate, adding any qualifying information they thought relevant. They were invited to perform this exercise in pairs.

Again there was a dual aim in this exercise - to illustrate to participants the context-bound nature of PIs and thereby promote discussion about the question of who conducts performance review, and for what purpose - and to draw from participants' own ideas and experiences concerning the implementation of PIs.

Section Four - Information for the Project

This section of preparation materials had no counterpart in the workshops, though it did have a developmental purpose as well as a data-gathering purpose. Respondents were asked to identify a range of audit-type schemes in use in their district and to comment on their value and whether or not any use was made of results. They were also asked to comment on other existing systems of data-collection, in order to assess how PIs might be linked in to such systems. This provided the project with an overall view of audit-type schemes and existing information collection systems. It also required workshop participants to conduct what was essentially a small-scale investigation about local information-collection activities which would, it was hoped, prove useful in all the workshop discussions.

Section Five - Working Together on PIs

The preparation for this section consisted of extracts from two articles describing how educational audit and evaluation can be carried out using peer review methods. Participants were invited to consider the possible role of such arrangements in developing and monitoring PIs. In the workshop session they were asked to construct an action plan (without any necessary obligation to carry it out) identifying work which needed to be carried out by a range of interested parties, including themselves, who were involved in the development of PIs for nursing and midwifery education. One of the aims of this final section was to explore the potential for establishing collaborative networks for developing PIs. However, during the time the workshops took place there was deep uncertainty about

future collaborative relationships both between schools and colleges of nursing and midwifery and with institutions of higher education. This uncertainty derived from two major sources: plans for rationalisation of schools of nursing to be put forward in June 1988 at the request of RHAs, and continuing uncertainty about the Government response to Project 2000 (UKCC 1986). It was not therefore possible to explore potential in this area in detail as originally anticipated.

In the workshop session, the aim in constructing action plans was to reveal areas where existing expertise could be shared, gaps where further work was needed, and to identify areas in which further work could be developed, along with suitable structures through which this could take place. Participants were invited to keep a copy of their action plans for their own possible follow-up purposes.

2. Interviews

Interviews were conducted with Board Education Officers and key individuals who had begun work on PIs at local and national level. The research purpose of these interviews was to identify developments and trends in current practice on PIs and related initiatives of quality assurance and other forms of evaluation. In terms of action, these interviews also represented an opportunity to engage in discussion with people who had a role in policymaking forums, and thereby to stimulate debate in these forums. Four discussion groups of Education Officers were convened at the regional ENB offices, each of the four groups meeting on two occasions, and from which the research officer took notes. Interviews with other individuals included several Regional PI project co-ordinators, and these took place either by telephone or in person when the research officer was visiting the Region to facilitate a workshop.

3. The course approval document

An assessment of such PIs as were already in informal use by the ENB within its existing course submission format was conducted through analysis of course submission documents and their associated reports by Education Officers on file at the Board's London Offices. A small sample was drawn up in consultation with Education Officers of institutions for whom there had been recent problems in gaining approval or re-approval of courses. The aim in examining documents of this marginal kind was to identify any problems regarding institutions' interest and ability in collecting PI-type information.

Conclusion

In terms of action research, the proposed methodology conformed to most of the requirements outlined in Chapter Three. Not only did the research team actively engage in

debate about PIs, but this engagement was taken directly into the field so that practitioners could be invited to join in too. Indeed, some parts of the workshop pack invited them to go further than this, and carry out research themselves.

Furthermore, the use of group techniques - which as we have seen is a common feature of action research - allowed an interplay between the three elements of action, research and training. The group activities were designed so that they fulfilled both a training function and a research function. They also represented openly acknowledged action on the part of the researcher, and opened up a number of possible lines of action on the part of the practitioners. The particular mix of methods, combining structured consultation, interview and documentary analysis, also allowed explicit recognition of the other ENB initiatives connected with PI development - namely the course approval process and the work being carried out at EAG level. In conducting the research this way, the project thus became located more firmly within the existing policy environment.

Chapter Five: Reviewing work in progress on PIs

The notion of involving the professional collectivity - in this case the professional world of nurse educators - in the PI project was, as we saw in Chapter Three, an important aspect of the action research strategy. It was also necessary, as we saw in the previous chapter, to engage with several different groupings within the professions - the ENB education officers, the EAG PI groups, and the heads of schools. A qualitative approach to data-gathering allowed discussions to take place with members of each of these groups on an open-ended basis, and thus to identify any concerns they might have about the enterprise of developing PIs in general, and the PI project in particular. The group workshops also allowed the project to take on a more collaborative complexion, so that co-ordinators of local work could be invited to participate actively and present material themselves to the workshop groups (and, at the same time, the researcher).

By initiating direct discussions with people who were already important stakeholders in the field, it became possible to make an assessment of the different types of work in progress on PIs. It was furthermore possible to make this assessment not only at the level of the type of information being collected, but also at the level of the differing structures used to support data-collection activities.

1. EXISTING PI PROJECTS

Liaison with PI projects

From the beginning of the PI project it was recognised that work had already been begun on developing PIs at regional level by Education Advisory Groups and at national level by the RCN Association of Nurse Educators (RCN ANE 1987). The principal co-ordinators of these activities were contacted and interviewed, and samples of the *pro-formas* they were using to collect data were assembled. Where appropriate these co-ordinators were invited to give brief presentations about their work at the regional developmental workshops.

There were initial difficulties in liaising with some of these existing PI groups, especially where a good deal of pilot work had already been carried out. Such groups were concerned that the ENB project would in some way perhaps interfere with their work already under way and that it might be rendered redundant by the results. However, it emerged that few regions had carried out any structured consultation of the type offered by the developmental workshops, and amongst most participants in regions where work was already progressing, the workshop was felt to have been helpful not only in its own right, but also to have facilitated local development.

Most EAGs had set up working groups to develop PIs for nursing education. Those which have not done so had at least begun discussing the matter, and some had specifically decided to wait for publication of the ENB project's findings before proceeding further. The impetus behind many of these efforts was the appearance of PIs in the ENB ministerial review in 1985 (ENB 1986) which, when communicated to the EAGs in the review process was seen by some regional groups as an imperative to begin work.

The data presented in this chapter is drawn from interviews with PI project co-ordinators, workshop discussions, and analysis of draft regional PI documents which were being piloted at the time of the research.

The constitution of local PI groups

The task which PI groups felt they needed to undertake was relatively clear. They needed to devise draft pro-formas for collecting information on performance from schools of nursing. The question of what these pro-formas should ask, and how they should be constructed was rather less clear. And less clear still was the question of whose job it should be to undertake this task, and how they might go about it.

The chief distinguishing variable between these PI groups was in their membership. In some cases the regional DNE group had taken on the job, perhaps with some input from the regional nursing officer, while in other cases the initial work had been carried out at the RHA with the DNEs only subsequently consulted. Other groups typically consisted of a small number of EAG members, in one case including a Board Education Officer.

While all of these groups reported having experienced problems in attempting to develop PIs, the cases where the DNE group had taken explicit responsibility for the undertaking appear to have encountered fewer problems of acceptance. In contrast, the ones where a draft document was prepared at RHA and later submitted to the DNEs for comment typically met with resistance. Thus, involvement of all DNEs at the outset seemed to have brought a greater sense of ownership of the work then undertaken and a positive commitment to its development. This underlined the need for participation from nurse educators in any nationally-based endeavour.

Problems of acceptance were not the only difficulties encountered by working groups. There were also problems of the definition of terms. When EAGs first started looking at PIs - West Midlands was probably the first, in 1983 - there was no available literature on what PIs for nursing education might look like. As the project literature review showed, the situation had not changed greatly in 1987. Nurses were therefore forced to rely on their own resources and such literature as they could cull from related fields. One group undertook a literature review, with disappointing results, and other groups looked at

material produced in the further education sector which, as shown in the project literature review, had limited applicability because the socio-political context is very different. Working therefore in a new field for nurse educators, groups usually fell back on their own personal resources, and sat down to "brainstorm" what they thought might constitute suitable PIs.

In some regions there was a discernible and acknowledged influence from the management consultancy field where firms such as Price Waterhouse had been carrying out regional costings and appraisals on various aspects of nurse education policy and strategy using their own "PIs" tailored for the particular job.

Documents produced by PI groups

If the constitution and procedures of PI groups was uncertain, the kind of product required from local groups seemed to them relatively clear. In 1985 the West Midlands EAG produced in draft a double document, half of it concentrating on "manpower statistics" and the other half a "qualitative review of schools of nursing." Though the group recognised it needed considerable refinement, the document undoubtedly filled a vacuum, for it achieved widespread circulation. The West Midlands group agreed to offer workshops on PIs for nursing education, and for several of the other regional groups this initial draft was the first concrete information they had to work with.

While this was undoubtedly the single most influential piece of work in the development of PIs in nursing education, the small number of other initiatives which were consulted are worth mentioning. In the early stages, one group invited Keyzer to give a talk on his work at the Welsh National Board (Keyzer 1987); another consulted with one of the Health Services Management Centres; the two papers quoted in the last workshop exercise, Roques (1988) and Nicklin & Kenworthy (1987) were discussed, and later on, the RCN ANE group document was used.

All the pilot documents to hand showed evidence of a considerable amount of cross-fertilisation in what had been a very small field, with the notable exception of one regional EAG where an expert was appointed to devise a quality assurance strategy for the RHA, and included PIs in nurse education as "a small part of that quality assurance strategy" (Kilroy 1988). In this case the expert acted as advisor to the EAG group.

A crucial issue came to light here, in that, with the exception of this group, the documents produced by the various regional groups for pilot in schools of nursing never really confronted the problem of definitions. In some groups there was no record of any attempt to agree definitions, while in others, definitions focussed on how PIs should be used. Only in the region where the PI exercise drew upon expert advice was the question of technical definitions addressed.

Where definitions were explored, analysis reveals only two principal areas of agreement: that PIs should only be used to raise questions, and that there should be a distinction between "quantitative" and "qualitative" PIs. However, these two ideas often seemed, in practice, to be in contradiction with each other, since within the "qualitative" sections of the pilot documents, these very questions were already being raised, thereby prejudging the issue of what are the further questions the so-called quantitative PIs might raise.

The more detailed these home-grown documents turned out to be, the more tortuous, in general, was the process of piloting, drafting and redrafting:

"it's been torn to pieces so many times, I feel we MUST get it right this time" - SNM

But as the following discussion illustrates, this kind of exercise (in this case one which was initiated by the RHA) prompted nurse educators to consider carefully some of the problems encountered:

"some of the figures we gave in confidence seem to have appeared in another context" - DNE

"I think there was a second exercise which may have built on the PI pilot data-gathering" - DNE

"in other professions the statistical data is not published - just a report written using the PIs but not giving them" - educationist EAG member

"before statistics get out a contract has to be entered into so that professional judgement can be exercised" - DNE

It is hardly surprising that groups found their piloting difficult, considering the scope of the review process which they undertook. While a few groups confined their pilot work to the relatively unproblematic collection of information on student flow much along the lines of the data given to the Board on student wastage (see a later section in this chapter on the course approval process), in other cases detailed sets of questions were devised to give profiles of schools of nursing including manpower statistics, learner profiles across specialties, resource profiles across different sites, teacher profiles, curriculum and management policy at all levels and within all relevant specialties. The rationale for this amount of detail was that "quality" was needed to inform "quantity".

But even after extensive drafting and redrafting, most co-ordinators of these detailed inquiries felt that the tools they had helped to devise were far from perfect, particularly with regard to the "qualitative" reviews, whose role, moreover, was far from clear. In the words of the chairs of two PI groups:

"We've got the long form and we've got the short form. In my view, the long form is the better, but it's also the more cumbersome" - PI group chair

"I'm now almost of the opinion that quality issues will have to be addressed by an independent evaluation strategy - a case-study that would be an explanation of the hard data" - PI group chair (different region)

But out of these lengthy exercises, some were beginning to feel that progress was being made. More than one senior nurse manager thought that schools had been encouraged to look at themselves more closely as a result of piloting regional PI schemes, and PI group chairs had identified various ways in which they could be used. Some could see a clear role for PIs in assisting regional strategy and in helping EAGs with resource allocation, perhaps by setting specific targets on areas identified by PIs as having problems. Further work was also being considered:

"people say why don't you look at ENB course submissions - this should be done. We should also look more at teachers. This is a legitimate area of EAG interest." - SNM

To summarise, eleven of the fourteen English Regional EAGs had piloted their own PI documents. Several regional working groups had drafted and redrafted detailed pilot PI documents which took a very broad definition indeed of the term "PIs". The RCN Association of Nurse Educators likewise followed this broad definition, and produced a document on PIs which was in effect a guide to setting and monitoring standards. There was wide variation in current practice, both with regard to the detail of the information sought, and to the composition of the PI groups themselves. The precise purposes for which the information was being collected were not always made clear to participants in the exercises, perhaps chiefly because a data-collection exercise which is only a pilot lacks a context through which that data acquires meaning. In some regions, notably West Midlands and Oxford, PIs were already, in 1988, being used to assist the EAG in allocating resources. Oxford Region used a very simple set of figures in order to set a uniform SSR for schools throughout the region.

2. THE COURSE APPROVAL PROCESS

It was perhaps odd that it was only after they had evaluated the information collected through their pilot PI exercises that EAGs began to consider the overlap with the ENB course approval process. In 1987 the Board agreed a document (ENB 1987) which set out the detailed information requirements for the approval of courses. These included several sets of figures which might qualify as PIs, along with a great deal of supporting information about the organisation of the school and delivery of the curriculum. In some cases the questions asked were accompanied by recommendations about the standards schools would be expected to achieve in order for courses to remain approved.

An analysis of course submission documents held on file at the Board therefore seemed to be important in terms of illuminating existing information-collection patterns.

Discussions were also held with the Education Officers whose job it was to steer the process of course approval from an outline submission to full approvals committee.

Before field work began, all the Board Education Officers were briefed as a group at the Board on the aims of the project. At this meeting the EOs suggested they would like to engage in further discussions on a regional basis, and two meetings were arranged for each of the four regions. While these meetings were useful in clarifying aspects of the Education Officers' work, they also revealed that practices differed significantly between specialties - ie mental handicap nursing, mental nursing etc, so a further series of discussions took place with groups and representatives of these specialties. The views of Education Officers on some of the key issues they identified are outlined below, followed by an appraisal of the information contained in a sample of 20 course submission documents taken from all the nursing specialties.

The views of ENB Education Officers on PIs

It was clear that the Education Officers shared the concerns of the profession as a whole about the possible erosion of their professional judgement as a result of using PIs. While appreciating the value of measurable indices, because:

"hard facts give us a lever" - EO,

such facts were felt to require more than ever the exercise of professional judgement so that they could be interpreted. However, there was some anxiety that PIs might become a substitute for such judgement. One officer, voicing widespread concern about declining standards in the clinical areas, gave an example of how PIs were already being used on the service side:

"because of increased throughput, quality and standards are spiralling downwards. What was considered good yesterday is often no longer achievable" - EO

These declining standards were contrasted in turn with improvements in the knowledge base of nurse education, with the result that:

"the gap between theory and practice is getting wider all the time" -EO

- which is particularly important for nursing education with its strong practice base.

Indeed:

"a school can have a great document but if it can't be made to live in the clinical areas it's no good" - EO

That there had been a decline in standards in the clinical areas in recent years did not appear to be disputed among nurse educators, but such assertions are difficult to prove when standards have neither been set nor monitored. While many wanted to see standards set as soon as possible, there was a feeling that often they had already fallen below acceptable levels, and that such exercises might therefore be too late. As one Education Officer put it:

"there's a giant ongoing structured collusion in that everyone carries something that's wrong, and they keep the lid on to survive" - EO

In relation to standards-setting, therefore, there was not only a range of opinions about which agencies should carry out the exercise, but also about whether to pursue the task of setting minimum acceptable standards, and if so, how to express the levels of performance to which the profession aspired.

Sometimes it becomes necessary for wards to be removed from training when they fail to fulfill the requirements of the approval document, and this brings nurse education managers into conflict with hospital general management because of the manpower implications of removing learner nurses from such wards. The Education Officers said they would prefer to see the local EAGs undertaking negotiations about unsuitable training areas, but they felt that sometimes these groups were dominated by service rather than educational personnel, prompting manpower considerations to override educational ones. Also, the role of the ENB as professional arbiter on these matters was, they thought, often more respected than the judgement of the EAG would be.

In their dealings with the service input, Education Officers did not necessarily see their professionalism in direct contrast to managerialism. Several officers gave examples of negotiations with general managers which indicated a low level of awareness among them of the educational needs which have to be met by the hospital service.

"I've just had an encounter with a DGM - it was like a veil was lifted from his eyes. He'd never thought about nurse education, he hadn't realised there was an education process going on!" -EO

But this was not necessarily thought to be the result of a managerialist perspective *per se*. One officer felt that general managers shared a common perspective with doctors in viewing the patient as an individual, around which particular tasks focussing on short-term outcomes must be accomplished in the delivery of care, and that this contrasted fundamentally with the nursing model which views the patient in a wider context with more concern for long-term outcomes.

Education Officers were able to identify many areas of innovative practice in assessing the quality of these long-term outcomes and other aspects of patient care. In mental illness and mental handicap nursing the revised syllabus along with the input of voluntary agencies and charities seemed to have brought a greater sensitivity towards patients' rights, clients' perceptions, and questions of access, and a number of tools and schemes were reported to be in use which emphasise these issues. Indeed, as one education officer put it:

"the very culture in mental handicap nursing is one where environmental influences are recognised as important" - EO

However, quality assurance initiatives were not always considered to be helping the professions. Health visitors and district nurses, for example, were having their workpatterns monitored on an itemised task-oriented basis, and noted a tendency for quality assurance exercises to concentrate on crisis areas instead of across-the-board provision.

In midwifery, health visiting and district nursing, the EOs described various records which seemed potentially useful in developing PIs. The large number of small midwifery schools for which these specialist EOs were responsible prompted them to devise an annual "statistics" form which included some PI-type information. This included clinical profiles of different units, staff profiles, and numbers of students commencing, completing and otherwise leaving training.

But the prospects for developing PIs which could apply equally to all the nursing specialisms seemed, at this early stage, to be doubtful. For instance:

"take wastage rates - the wastage in District Nurse training would be for entirely different reasons, and the calculations would be different. The working conditions, which you can't really regulate, are often a factor in wastage. They're not really wasted to nursing either, because they're already qualified" - DN EO

Costing for district nursing and health visitor courses was also cited as being very different, because the students were usually seconded from a health authority. A mental handicap officer likewise pointed out the local vagaries in the resourcing of mental handicap provision, now increasingly involving a range of agencies and professionals, which would also make national criteria hard to apply. Midwifery education, too, was funded differently - in this case directly from the DHAs. The question of whether midwifery teaching input should instead be funded via EAGs, like nurse teachers' salaries, was debated both in the regional workshops and by EOs. While there were thought to be possible financial advantages in retaining the current systems of local negotiation with

DHAs in the climate of cutbacks, there were also thought to be disadvantages, for instance:

"we don't actually know how much it costs to train a midwife" - EO

Given the substantial "grey areas" of costing for student nurse education, this statement seemed probably true across the board, and would undoubtedly pose problems for devising PIs which relate to costs.

The course approval document

All the EOs agreed that their approval document had been very beneficial, in much the same way that PIs are thought to be useful - in helping schools to think more about what they do. However, they stressed that the document is only a part of a constant cycle of approval and reapproval in which the relationship between the school and the EO allowed for a much broader picture to be built up and for professional judgement to be more finely tuned in consequence.

The documents produced by schools for submission were drawn up in relation to guidelines developed by the EOs, some of which consisted of requests for particular types of hard information.

From a sample of 20 submissions from general, mental illness & mental handicap nursing, health visiting, district nursing and midwifery, the main items giving quantitative information were analysed. The sample was drawn from course submissions which had recently failed to gain full approval, and therefore where schools would be most likely to be experiencing problems.

These items showed some degree of variation over the way in which information was presented, and the nature of this variation is examined below. It must be stressed, however, that all this information would be amenable to clarification in discussions with the appropriate EO. Indeed there were instances where the basis on which calculations were made was unclear, in which case there would be an accompanying statement in the EO's report. Thus, while the following analysis points out variations in the presentation of data within the submission document, there would always be some scope for clarification before the document went to the approvals committee.

An appraisal of some of the statistical information in course submissions

a) student - staff ratios (SSRs)

One of the basic ratios educators need to know about courses is the ratio of students to staff. The basis on which these ratios were calculated in course submissions was not

always clear, and there were no guidelines on several areas of possible ambiguity, mainly concerning what counted as the number of teachers. In the documents examined, this calculation variously referred to the funded establishment, to the target establishment, or to the number in-post, which may or may not include unqualified teachers. In most but not all cases, tables were given to indicate how many staff occupied these categories as suggested in the submission guidelines, and numbers of learners were given. Even in midwifery, district nursing, health visiting and occupational health nursing where there were required SSRs, the method of calculation was not specified. Sometimes separate ratios were given for each of the different specialties taught within the same school.

b) wastage rates

In most submissions the greatest attention to statistical information was given to wastage, and the approval guidelines requested "course membership numbers, attrition rates, course completion rates, discontinuation / transfer rates". There was no standard expression, but the method of tabulation used by midwifery EOs to collect annual statistics was quite common. This listed numbers commencing training, numbers transferring from other health authorities both in and out, numbers discontinuing, numbers entering the final examination, qualification and failure numbers for first, second and third attempts, and numbers entering employment within the health authority and elsewhere. All this information was tabulated by intake, and sometimes the information was given separately for different sites. In some documents a distinction was drawn between "loss to the school" and "loss to nursing" by including figures on how many learners abandoned their professional training.

In some documents, percentage rates were given in each slot in the table; in others an overall rate was calculated, and in still others, no percentage rate was given at all.

c) employment destinations

Information on employment destinations usually gave the numbers who took up employment within the health authority; sometimes, especially where there had been difficulties in placing newly qualified nurses in the authority, there would be an accompanying explanatory note about the changing employment situation in the particular health authority.

While these methods of presenting data described in (b) and (c) were fairly typical, and often tabulated together, they were by no means general. At the other end of the scale of complexity, in some documents a simple statement of the numbers entering and leaving training, and those qualifying, was given for perhaps the last couple of intakes. What was

rare was for there to be any detailed textual explanation of the data presented; where commentaries were to be found they tended to be in submission documents prepared by course leaders in the higher education sector.

d) course costs; SSR's in clinical areas

Other statistical information which was required to be given in course submission documents covered course costs, and staffing levels in clinical areas. Usually, but not always, course budgets were broken down according to submission guidelines into various subheadings, the principal ones being annual learner salaries, teacher salaries, and various course expenses (likewise as set out in the submission guidelines). Some budgets distinguished between fixed and variable costs. These costings did not, however, include what must amount to a substantial DHA input of school administration expenditure.

Information on staffing levels in clinical areas is often provided by tables used within the health authority for staff deployment. Although SSR's were required to be stated, often they were neither given nor calculated from tabulations.

e) sickness and absence

Finally, while sickness and absence figures were not requested for course submissions, all schools were obliged to collect them as routine personnel information. Some schools included numbers of days off per intake, perhaps broken down by site in their documents. Education Officers regarded these figures as a valuable "negative" indicator of course effectiveness.

Thus, while the statistical information available to the Board in the course approval process was found to be expressed in variant forms, this was partly due to the absence of clear guidelines about how calculations should be made and expressed, and partly because within the existing arrangements, EOs could always ask for further elaboration. In general, both the EOs and nurse education managers had a high degree of confidence in the hard information they were supplying to the Board.

What seemed to be lacking, in the course submissions analysed, was evidence of skills in the written interpretation of data and the presentation of data other than in its raw form. Even where rates were specifically requested, data was more likely to appear in tabulated form, and conversely, when calculations were performed, it was unusual to find an explanation of the formula used. The picture that this evidence indicated, therefore, was one of good information-gathering skills amongst nurse educators which were not always backed up by adequate presentation and interpretation skills. This seemed to represent an important problem area. If nurse educators were going to engage in producing PIs which

they could explain and interpret in writing as well as in face-to-face negotiation, it seemed vital to develop within the profession the appropriate skills to accomplish this.

Conclusion

In this chapter we have looked at the situation as it existed around 1987-88 in nurse and midwife education with regard to developing PIs. This could quite easily be divided into two distinct focusses of inquiry - the EAGs and the Education Officers. Both of these groups were already carrying out work on behalf of the ENB which they regarded as contributing to the development of PIs for nurse and midwife education.

The strategy, therefore, of making direct contact with those involved in this work involved some risk because there was a real sense in which all three initiatives - the EAGs' work, the EOs' work and the PI project - were in competition with each other.

It will be recalled that the original proposal for this part of the work was for a postal survey of schools and regulatory bodies, and that this was abandoned mainly because of the strength of feeling about PIs which existed at the time among nurse and midwife educators. This strength of feeling was confirmed in many of the meetings with educationists. Indeed, in some of the workshops (in each case, where PI projects were well-developed) there was clear reluctance among potential participants to attend.

The experience of the workshops and discussions seemed, however, to have been reassuring for participants, many of whom reported that their understanding of the field had been enhanced as a result. Furthermore, the involvement of a wider range of professionals in discussion - notably the midwives and the health visitors and district nurses - who had not so far been included in discussions - was welcomed. In relation to this aspect of the action research strategy, the direct involvement of practitioners in an area where different initiatives were ongoing seemed to have been productive.

Chapter Six: The views of nurse educators on PIs

In this chapter, information obtained from the developmental workshops is analysed according to the five sections of the workshop pack. A total of 221 people attended these fourteen workshops, an average of 15.6 participants per workshop.

A note here is required about terminology: within the workshop pack, the generic term of "nurse educators" was used to cover all the nursing and midwifery professions. Thus, when reference is made to the pack, this convention is used. Elsewhere in the text, distinctions are made between nurse, midwife, health visiting and district nurse teachers where their particular perspectives differed.

The material gathered at the workshops consisted of written materials, discussion notes taken by the research officer and feedback reports from small group discussions. A content analysis was performed on the written materials collected for the first two exercises. For the other exercises, notes on discussions were analysed by the research officer for themes and issues.

Section One: What do PIs Signify?

1) What is a high standard school of nursing/midwifery ?

Before considering the potential role of performance indicators in nursing and midwifery education, it was decided that an exercise was needed to set the terms of reference for discussing schools of nursing and midwifery as organisations by discovering what nurses and midwives themselves thought constituted a good quality school. A total of 402 response sheets was received from a range of nurse and midwife learners, teachers, practitioners and managers outlining their views on what constitutes a "high standard place ... [in which] to work and learn". These response sheets were collected at the beginning of the workshop, but were not themselves used for workshop activities.

An analysis of how these differing grades of nurse and midwife defined such a school was conducted, firstly by drawing up a scheme of the contents of response sheets so that they fitted into mutually exclusive categories, in the following way:

CATEGORIES OF QUALITIES

A small sample of response sheets was abstracted, from which all the items identified by the respondents were listed. These were then grouped together into categories by inspection by the researcher. The categories were chosen to reflect the various concerns which had emerged in the form of topics - ie focal points in the organisation of nurse and midwife education. These were:

- 1) **Management issues** : how the school is managed, including atmosphere, involvement, participation, communications
- 2) **Curriculum issues** : how the curriculum is planned and delivered; assessment methods, teaching methods and styles.
- 3) **Professional/Teacher issues** : conditions of the working/academic environment, including range of qualifications amongst staff, career development, performance review.
- 4) **Service links** : links with service areas; ward learning environment; teaching expertise of clinical staff
- 5) **External links** : links with the wider profession, including other schools of nursing & midwifery, higher and further education, other disciplines, local health concerns
- 6) **Resources**: human and physical resources, budget.
- 7) **Performance Indicators** : any item which was a performance indicator or part of a performance indicator.

Since the use of PIs seemed more particularly concerned with the management of nurse education, the category of management issues was further subdivided by the researcher to highlight differences in management styles and methods. Within the data, the potential existed to explore some of the other topics in this way, but this was outside the scope of the project. The more detailed aspects of management issues were as follows:

- 1) **Ethos** : atmosphere; how it feels to be part of the school
- 2) **Individual recognition** : the extent to which the individual is held in personal esteem; the existence of support, counselling, awareness of individuals' needs.
- 3) **Involvement** : the extent to which students/staff participate in school affairs
- 4) **Democracy** : participation at all levels in decisionmaking, agreement on aims/philosophy.
- 5) **Explicit Management** : the extent to which school policies are made explicit and communicated; clarity of role definitions.
- 6) **Innovation** : the extent to which innovation is encouraged

The total number of categories used for the content analysis, including a miscellaneous "Other" category, was therefore 13.

CATEGORIES OF RESPONDENT

All respondents were asked to identify themselves according to their grade. For the content analysis these grades were grouped together, reducing a total of more than thirty to the following eleven: (The contents of each grade category are given in Appendix One).

Student nurse	Director of Nurse Education
Student nurse midwife	Senior Nurse Manager
Clinical Practitioner (including midwives)	Senior Midwife Teacher
Nurse Teacher	Lecturer
Senior Nurse Teacher	Educational Management
	Education Officer

Midwife practitioners were included in "all clinical practitioners" because of small sample size, and for the same reason, assistant directors of nurse education were included with the directors.

CODING METHOD

An independent judge was employed to code the responses according to content and grade. A one-in-ten sample was abstracted to be coded separately by the researcher as a check on the stability of the coding process and the content analysis scheme. Each response sheet was classified by grade and then coded according to the number of items mentioned in each category. In order to check on the possibility that some categories might be inflated because they contained a larger number of possibilities by definition, the number of individuals mentioning a particular category at least once was also recorded. In this way, the relative importance of each category of response to each grade of staff could be assessed.

At the same time, in order to construct a comprehensive profile of each category, each item was entered on a separate sheet for each category on the first occasion it was mentioned. These sheets also provided a second opportunity to check on the stability of the coding process.

CROSS-CHECK ON CODING

Cross-coding of the one-in-ten sample of response sheets showed an agreement rate of 85% between the coder and the researcher. Analysis of the areas of disagreement showed a small but systematic disagreement in two areas, one between "individual recognition" and "involvement" and the other between "curriculum issues" and "professional/teacher issues".

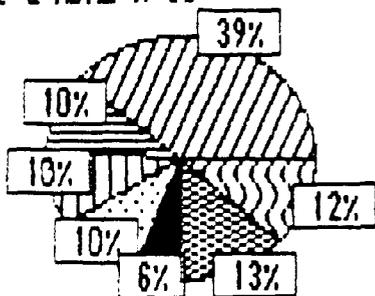
The first indicates some overlap in the contents of the two categories, and inspection of their profiles reveals an overlap on items concerning androgogic teaching methods and the enhanced feeling of belonging which results from learning in small groups.

The second, smaller, area of disagreement, between "curriculum issues" and "professional/teacher issues" consists mainly of items about opportunities within the curriculum for study, preparation, etc., on the part of teachers. It seemed possible that this

QUALITIES OF A SCHOOL OF NURSING

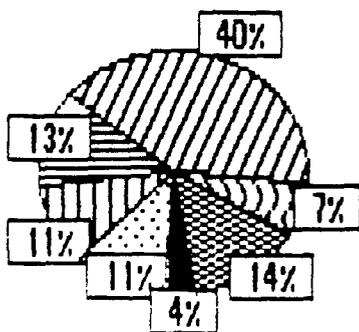
Distribution of responses by grade : All Categories

DNE & ADNE N=68

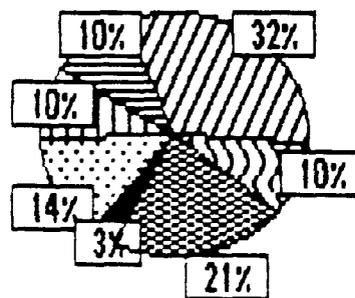


-  - TOTAL MANAGEMENT ISSUES
-  - CURRICULUM ISSUES
-  - PROF/TEACHER ISSUES
-  - SERVICE LINKS
-  - EXTERNAL LINKS
-  - RESOURCES
-  - PERFORMANCE INDICATORS

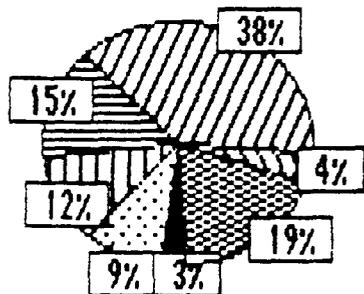
SENIOR NURSE TEACHERS N=73



SENIOR MIDWIFERY TEACHERS N=51



NURSE TEACHERS N=57



COLLEGE LECTURERS N=11

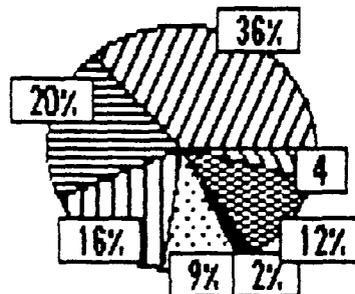
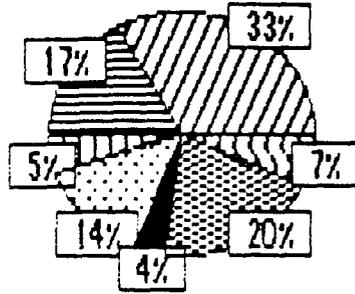
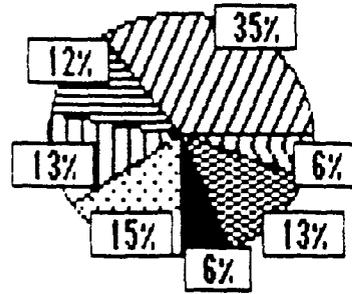


Figure One

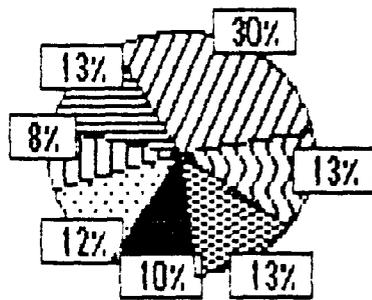
STUDENT NURSES N=81



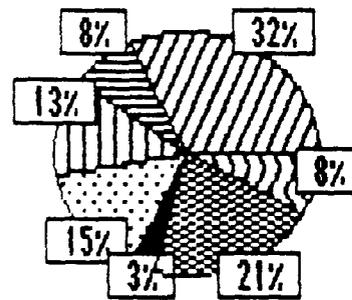
STUDENT MIDWIVES N=16



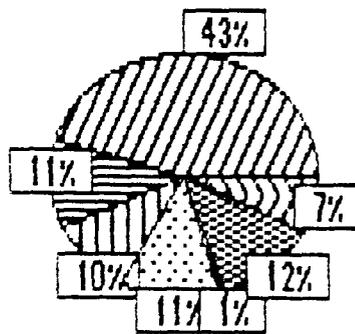
MANAGERS N=6



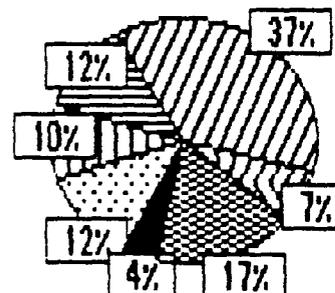
ALL CLINICAL PRACTITIONERS N=32



NUMBER OF INDIVIDUAL RESPONSES = 2832



NUMBER OF RESPONSES IN TOTAL = 4587



could well be an area which might emerge as an important feature of school organisation if further expansion of these categories were undertaken.

The results reported upon below could, therefore, include small errors in these directions.

Qualities identified by different grades

For each grade of staff, a pie-chart was drawn to express the frequency of items in each category as a percentage of the total number of items identified by that grade, and the categories rank ordered (see Figure One). These charts indicated the relative importance attached to particular issues, and although some categories were large because they are more easily subject to itemisation (this especially applies to the "resources" category), it must be remembered that the size of each category was also a measure of the size of the vocabulary used in thinking about what constitutes a high standard school of nursing or midwifery.

All respondents together and by grade gave most attention to "management issues", and all except college lecturers devoted the next largest amount of space to "resources." Overall, the pattern was one of "management issues" as an overwhelming concern, followed by "resources", "curriculum issues", "service links" and "professional teacher issues". "External links" were consistently ranked lowest by almost all grades.

Comparison of the percentage frequency of the total number of items and the percentage frequency of the number of times an individual respondent mentioned a category at all showed almost identical distributions. This means that there is unlikely to be any inflation of the size of categories simply because they can be broken down into large numbers of items.

Identical ordering of the top four categories linked the student midwives and the clinical practitioners, with their third and fourth chief concerns "service links" and "professional teacher issues". Senior midwife teachers shared these same three top issues with their student colleagues, and with all clinical practitioners, reflecting the strong practice element of this specialism.

Senior nurse teachers and student nurses also shared the same first four concerns; after "management issues" and "resources", they devoted most space to "curriculum issues" and "service links". Nurse teachers also ranked "curriculum issues" third, but differed from their more senior colleagues in ranking "professional teacher issues" fourth. Directors of nurse education showed a similar ranking pattern for the first four concerns with their service colleagues, the senior nurse managers, and as with the senior midwife teachers, "PIs" appeared high on the list at this level of seniority.

College lecturers were alone amongst all grades in ranking "resources" lower than second; for them "curriculum" and "professional teacher issues" deserved more attention.

Results from two categories of staff: senior nurse manager and college lecturer should be interpreted with caution because the sample size was small (N = 6 and N = 13 respectively). Two categories of education manager (N = 2) and education officer (N = 2) have not been analysed by grade because their sample size was considered too small.

The 'management' category

Separate pie-charts were drawn to show the distribution of responses within the "management" category (see Figure Two).

Overall, the distributions for all items and for individuals including an item from a particular category at least once matched each other almost exactly. This again indicates a low probability that some categories might be artificially inflated because they are more easily itemized. This is particularly interesting in the case of the "innovation" category which by definition is difficult to elaborate upon.

"Involvement", closely followed by "individual recognition" and "ethos", were considered most important by the group of respondents as a whole, with "explicit management style" more highly valued either than "democracy" or "innovation".

Student nurses and midwives both as groups shared the same top three concerns of the sample as a whole, though student midwives differed in the high value they placed upon "innovation".

Clinical practitioner and senior midwife teachers shared the same ranking pattern for all categories, with "individual recognition" for them less important than "explicit management style", perhaps reflecting the emphasis on the "role culture" of the clinical areas, where the individual at work is subsumed to a considerable degree by the role he or she occupies (see Handy 1978).

Senior nurse teachers, directors of nurse education, and college lecturers however, all value "explicit management style" most, perhaps indicating a greater prevalence of role culture at this level of seniority; nurse teachers in contrast, value "involvement" and "individual recognition" more highly.

Among all grades except senior nurse managers, "democracy" and "innovation" ranked less highly than the other four categories.

A high standard school of nursing/midwifery: the overall picture

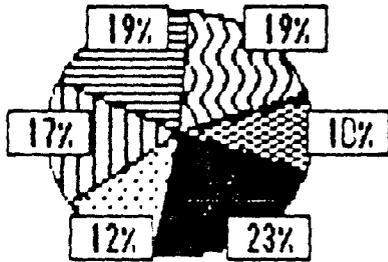
Whilst the relative importance different grades of staff attach to different aspects of a school of nursing was of considerable interest, it seemed important also to stress the high degree of agreement between all respondents about what constituted a high standard school of nursing or midwifery, given the open-ended nature of the questions asked. Without this unanimity it would be impossible to conduct a content analysis of the data at all. The categories themselves, therefore, were equally important results of this

Figure Two

QUALITIES OF A SCHOOL OF NURSING

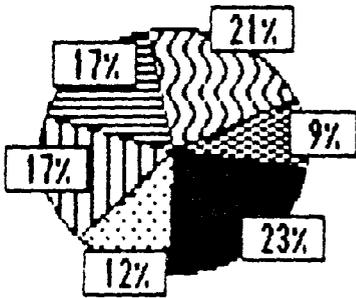
Distribution of responses by grade : Management Issues

DNE & ADNE N=68

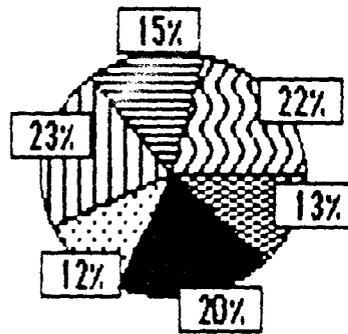


- ETHOS
- INDIVIDUAL RECOGNITION
- INVOLVEMENT
- DEMOCRACY
- EXPLICIT MANAGEMENT
- INNOVATION

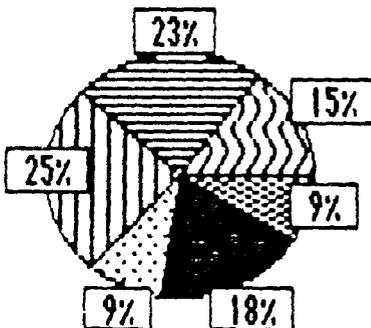
SENIOR NURSE TEACHERS N=73



SENIOR MIDWIFERY TEACHERS N=51



NURSE TEACHERS N=57



COLLEGE LECTURERS N=11

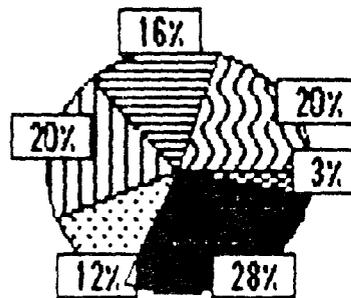
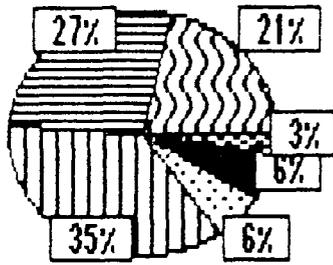
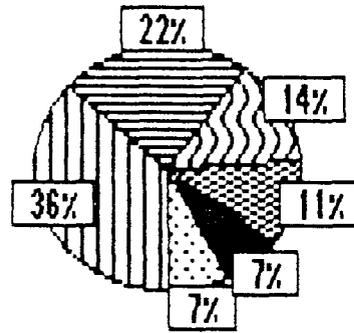


Figure Two

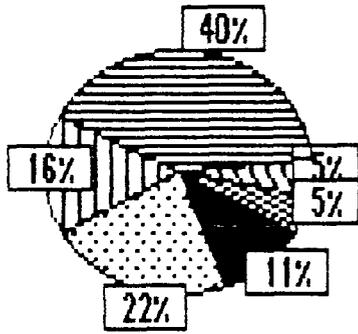
STUDENT NURSES N=81



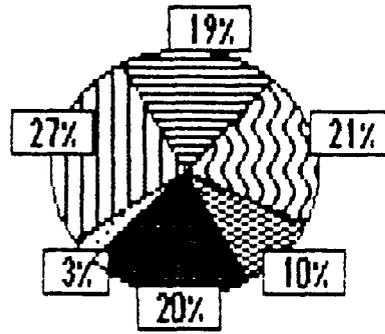
STUDENT MIDWIVES N=16



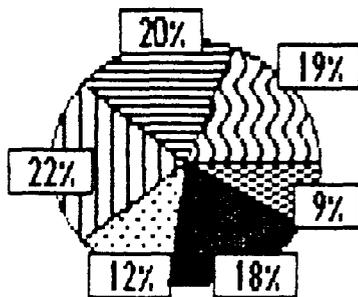
MANAGERS N=6



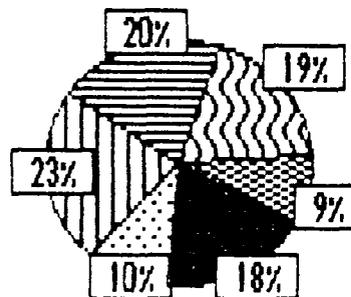
ALL CLINICAL PRACTITIONERS N=32



NUMBER OF INDIVIDUAL RESPONSES = 1217



NUMBER OF RESPONSES IN TOTAL = 1688



investigation, not only for what they were, but also for what they might have been, and were not.

In the eyes of these respondents, a good school of nursing was a warm, friendly place, well-resourced both for education and relaxation. The students should be considered not just as adults, but as adults learning in a potentially stressful environment where great care must be taken to meet their emotional needs successfully, especially when working in the clinical areas.

As adults they had a contribution to make in school affairs and it was the business of the permanent members of the school organization - the teachers - to enable the more temporary members, the students, to participate. This involvement was best achieved through interpersonal relationships rather than through formal participation in decisionmaking. The ideal school did, however subscribe to a democratic ideal - an ideal of teamwork, agreement and consensus. The emphasis on interpersonal relationships contrasts with the need for clarity of role definitions, communications, policy and procedures. At the same time, a number of respondents viewed a high standard school of nursing as "a laboratory of inquiry", where research was initiated, where "education is based on findings", and there was a willingness to take risks.

The curriculum was described as "flexible", "dynamic", and "alive", with regular feedback and evaluation and using a variety of teaching methods. Consonance of theory with practice was deemed essential, which meant that tuition should be planned to inform and enhance clinical learning experiences. Closer links with service colleagues and in-service education were seen as essential in achieving this. Thus the school was not only a place which trained nurses and midwives; it also enabled service staff to continue their education, and needed to give teachers themselves time both for individual study, and to pursue formal programmes of career development.

Finally, a significant group of respondents viewed the school as having an important contribution to make to the wider world, where interchange of expertise could enhance its own training programmes with reciprocal benefit to the local community and other academic institutions.

Commentary

As a composite picture of the ideal school of nursing, this "snapshot" began to give a clear indication of the multiple, and often conflicting aims which characterize the school as an organization. In hospitals, which still provided most schools with the main workplace where training took place, the predominant culture could be described as a "role culture", where the importance of "knowing what is expected of you" reigns supreme. To the extent that the smaller work environment of the hospital ward provided the opportunity for a "subculture" of different character within the wider organization, elements of Handy's "club" or "power" culture were also apparent, with the ward sister at the centre of a web

which bore the imprint of her particular personality. The considerable volume of research (e.g. Fretwell, 1980; Orton, 1981; Alexander, 1982) which showed the importance students attach to learning from the particular way in which the ward sister enacts her role supports this view of the ward as an organization.

In schools of nursing and midwifery the prominence given to an explicit management style also provided some evidence of a predominant "role culture". However, the stress given to flexibility, adaptability, and innovation by respondents in this study conflicted with the inherently stable nature of this type of culture. But in schools of nursing and midwifery, like hospital wards, there is also opportunity for smaller subcultures to exist for each separate intake of students, whose education is typically supervised by a team of tutors within the school.

In this study no clear picture emerged as to what form such subcultures typically take. No doubt in individual schools there are instances where subcultures thrive in particular forms, but it seemed that the profession as a whole was divided as to what kind of culture best suited these smaller groups. The "laboratory of inquiry" idea is typical of the "task" or (to avoid confusion with the different meaning given to, for instance "task allocation" in nursing), "project" culture, which focusses the particular talents of its members in different ways according to the task or project currently undertaken. But there was evidence, from the pleas in the sample of respondents for "more time for planning and individual study", that it may often be unrealistic to expect a project culture to flourish within the confines of a school of nursing or midwifery. The subculture likely to appear more often would perhaps be the "club culture", with its team leader tutors showing pride in the performance of their particular sets of students.

Our profile suggested, furthermore, that the likelihood that a school of nursing or midwifery could happily support a mix of several cultures was small. This was because of the high emphasis given to cohesion, consensus and agreement. Even within the "democracy" category, where the tolerance of dissenting voices might be found, the stress among respondents was on agreement.

A further source of tension revealed by our school of nursing profile concerned the nurse teaching profession itself, and the role it played in its members' working lives. Participation in the activities of the wider profession would be categorised in "external links", which ranked consistently lowest for all grades of staff. Inspection of the contents of this category showed that respondents perceived such links as being mainly with higher and further education institutions, across disciplines within the hospital, and with the local community. Items which indicated a desire to participate in the activities of the wider academic community of nurse educators, such as presenting papers at conferences or publishing in journals, were conspicuously absent. This contrasted with the stress in "curriculum issues" on research-based teaching, which was even sometimes seen as taking place within the school rather than within an academic community.

There was clearly a gap between the ideal of "research-based teaching", and a reality where not only were there constraints in the organisation of nurse and midwife teaching which prevented a significant research component from existing within the teacher's role, but also that the academic community of nurse educators was not perceived to be strong enough to confer prestige upon its members through participation in its activities.

The contents of the "external links" category provided us with some further insight into this anomalous state of affairs, which is that respondents did not generally perceive these links as taking them geographically very far afield. In the main, they saw the school of nursing or midwifery as liaising within the hospital, with the local community and with other local educational institutions.

Merton's distinction (1949) between "local" and "cosmopolitan" identifications, may help to clarify this problem. He suggested that not all professionals identified themselves strongly with a nationwide academic community; there were some who felt themselves to belong primarily to the locality in which they practised. Kendall (1963) found this distinction between "local" and "cosmopolitan" orientation applied to medical students' attitudes towards hospital learning environments in the USA, and Atkinson (1974) showed it to be important amongst medical students in Scotland, again in their attitudes towards hospital placements.

Traditionally, schools of nursing or midwifery have been tied to the local demands of hospital service provision, and for many schools it has been as part of a corporate identity of the hospital in the community that their own particular identities developed. Furthermore, as Handy points out in his analysis of schools in general education as organizations, (Handy 1984) "Organizations are to some extent stuck with their past, with their reputation, the kinds of people they hired years ago, their site and their traditions".

Though there were of course notable exceptions, in the main the identities of schools of nursing or midwifery seemed more significantly tied in to the local community than to active participation in the activities of a national academic profession. As one senior nurse manager respondent put it: "nurse education is currently too parochial and inward-looking".

2) How will PIs affect nurse/midwife education ?

In this exercise, workshop participants were asked their views on how PIs might affect nurse education. A total of 221 response sheets was received in which workshop participants completed the following sentences:

- 1) Performance Indicators will be good for nurse education because ...
- 2) Performance Indicators will be harmful for nurse education because ...
- 3) Performance Indicators will not affect nurse education because ...

The results were analysed in a similar manner to the previous set of data on qualities of a school of nursing or midwifery. In this case there were fewer grades of staff represented because responses were limited to those who participated in the regional workshops. They were:

Senior tutors (including a small number of nurse tutors) N = 56

Directors of Nurse Education (including a small number of ADNEs) N = 92

Senior Nurse Managers N = 13

Senior Midwife Tutors N = 47

College Lecturers N = 13

Many of the items listed by respondents were written as composites; the most commonly occurring sets were counted as single items.

The categories were decided upon as coding statements from inspection of a small sample of response sheets, and were as follows:

Positive effects

1) External use: any response which suggested PIs can be used to support arguments about resources, demonstrate achievements, articulate professional issues, highlight hidden areas, help to set standards.

2) Internal use as a management tool : any response which stressed the use of PIs within the school to improve management, including definitions of roles, goals, targets & objectives and the raising of questions within the school.

3) Improvements to education: any response which suggested the day-to-day educational process might be improved through using PIs.

Negative effects

1) False Picture: responses which suggested PIs fail to represent schools of nursing correctly - eg. by too much emphasis on "quantity versus quality"; "efficiency versus effectiveness"; by looking at purely measurable features.

2) Misuse: responses which suggested PIs might be used by non-nurse or non-midwife professionals; that they will be misinterpreted, used for cost-cutting, discipline, reduction of salaries.

3) Comparisons: any reference to comparisons & competition and the idea that local variations might not be taken into account.

4) Education Process: any ill-effects on the education process including weakening of staff morale.

No Effects

The majority of respondents left this blank; of those who did respond, most felt that PIs would affect nurse education. From comments made at the workshop sessions, it is likely that most of the non-responses reflect this attitude also. The small number of comments that were received are therefore analysed as a set.

Using the same method as for the content analysis of the qualities of a school, items were counted the first time a respondent mentioned them as a check on the stability of coding. Pie-charts were drawn to represent the distribution of responses broken down according to grade of staff (see Figure Three).

Both in the case of positive comments and negative comments, there were almost identical distributions between overall percentage scores and the percentage of respondents including an item for the first time. This indicated that there had been no undue inflation of categories.

How different grades saw the effects of PIs

Overall, the use of PIs for internal management purposes was slightly more important than their use externally, and this view held true for senior tutors, directors and college lecturers. Senior midwifery tutors and service managers marginally differed from their colleagues in putting external use at the top of their lists. All grades of staff agreed that PIs were less likely to improve the educational process itself.

Response patterns for the negative aspect of PIs were rather more varied. Overall, it was felt that the educational process was most at risk, followed by the dangers of presenting a false picture. This view held good for senior tutors and their midwife colleagues, whereas directors were most concerned about misrepresentation, and college lecturers that PIs would be misused. Senior nurse managers rated misuse and the presentation of a false picture equally highly. The harmful effects of comparison were least important for all grades.

The effects of PIs: an overall picture

Again, these fine distinctions between the views of different grades of staff seemed less important than the composite picture their views presented. This composite picture is outlined below.

The positive effects

Those aspects of PIs which respondents thought would be beneficial seemed best expressed in the words of the respondents themselves:

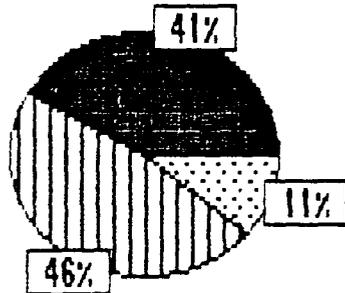
EFFECTS OF PIS ON NURSE EDUCATION

Distribution of Responses by Grade
Total No. of Respondents N=221

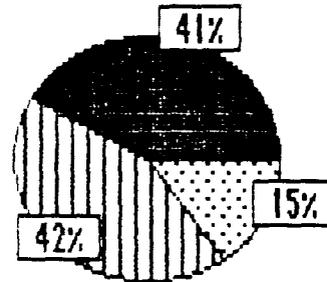
"PERFORMANCE INDICATORS WILL
BE GOOD FOR NURSE EDUCATION
BECAUSE....."

- - EXTERNAL USE
- ▨ - INTERNAL MANAGEMENT USE
- ▩ - IMPROVE EDUCATION

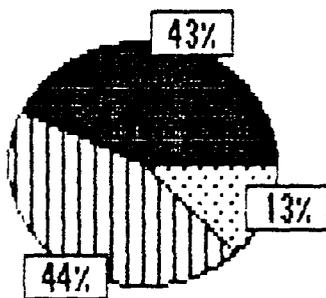
OVERALL TOTAL OF
RESPONSES = 638



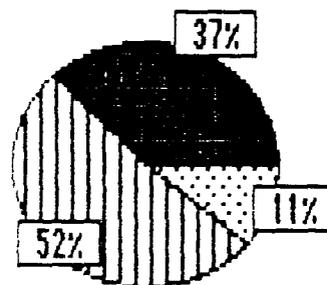
NO. OF RESPONDENTS
INCLUDING AN ITEM = 419



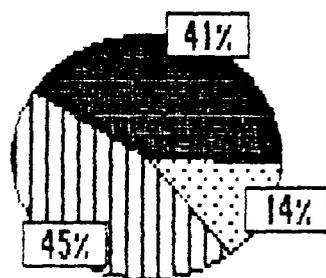
ONEs N=92



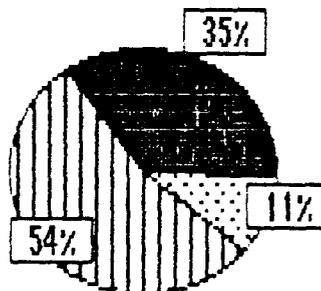
SENIOR TUTORS N=56



SENIOR MIDWIFERY
TEACHERS N=47



COLLEGE LECTURERS N=13



SENIOR NURSE
MANAGERS N=12

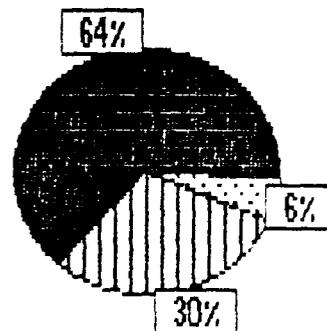


Figure Three

EFFECTS OF PIS ON NURSE EDUCATION

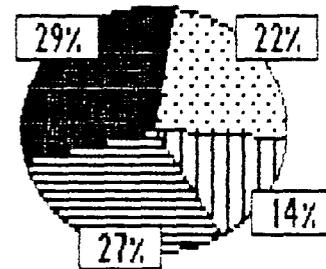
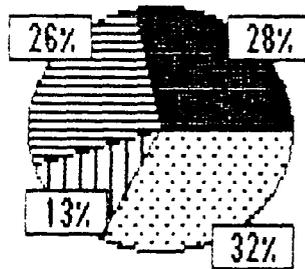
Distribution of Responses by Grade
Total No. of Respondents N=221

"PERFORMANCE INDICATORS WILL
BE HARMFUL FOR NURSE
EDUCATION BECAUSE....."

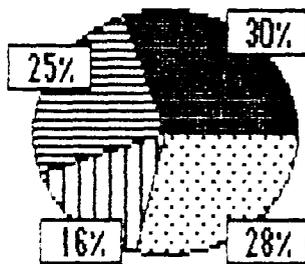
- - PRESENTS FALSE PICTURE
- ▨ - WILL BE MISUSED
- ▧ - COMPARISONS WILL BE MADE
- ▩ - EDUCATIONAL PROCESS HARMED

OVERALL TOTAL OF RESPONSES = 452

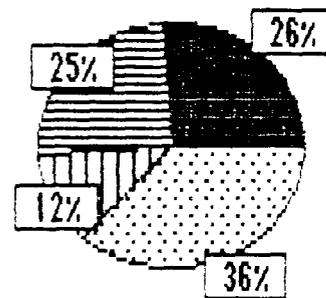
NO. OF RESPONDENTS
INCLUDING AN ITEM = 387



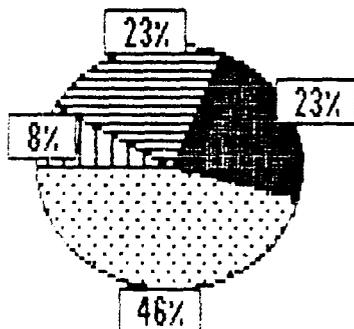
DNEs N=92



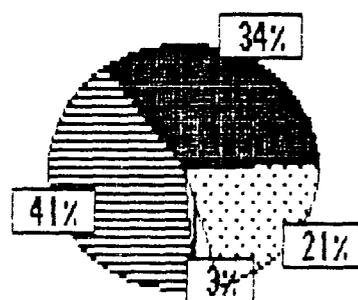
SENIOR TUTORS N=56



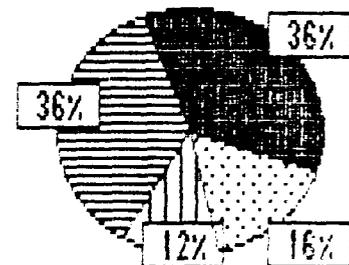
SENIOR MIDWIFERY
TEACHERS N=47



COLLEGE LECTURERS N=13



SENIOR NURSE
MANAGERS N=12



"they provide a baseline from which educational aspirations should arise" - DNE

"costs between different establishments can be compared" - SNM

"they are a means of expressing to the staff how they are performing and thus giving feedback in a structured way" - SNM

"they may help us to look more carefully at what we are trying to achieve" - SMT

"will examine effectiveness from the point of view of the consumer and student" - ST

"will provide justification for courses, resource allocation, and information for future strategy" - SMT

"lead to discussion and communication within departments regionally and nationally"- ST

"illustrate strengths and weaknesses; provide a database for staff ratios" - DNE

"they could potentially lead to greater openness if accepted in the right spirit and used according to original philosophy" - DNE

"can cause problem areas to be highlighted where they were previously hidden" - DNE

The enthusiasm which undoubtedly existed in the nursing and midwifery professions for using PIs focused very clearly on the hope that they would reveal and publicise hitherto hidden aspects of nurse and midwife education, not only the genuine achievements, but also problem areas which might need to be addressed. For example, in one region the DNEs reported that PIs had shown one of their schools to be struggling in such substandard facilities that a new school was being built. Furthermore, this openness and sense of greater accountability would, it was hoped, be shared at local, regional and national level, and the use of hard data to back up arguments was welcomed.

But PIs were seen very much as a management tool; as we have seen from the content analysis, the number of people who thought to include the educational process as a beneficiary of performance assessment was rather few.

The negative effects

By contrast, the educational process, and staff morale in particular was felt to be high on the list of possible casualties. Again, the reasons why nurses and midwives thought education might be harmed by the use of PIs were best expressed by the respondents:

"they may be used by external forces in ways for which the PIs are not designed, possibly to achieve other political aims; statistics may become 'the Bible' for measuring performance; if resources are averaged out the good may suffer to compensate for the not so good" - SNM

"they could force us to consider what we do in a purely utilitarian way" - SMT

"they may concentrate on the easily obtained and defined quantitative indices to the exclusion of qualitative" - DNE

"could be threatening if not introduced with tact and thought" - SMT

"could be used to discipline staff, put pressure on individuals, be used politically to chastise, embarrass one school against another" - DNE

"if biased towards costs and efficiency rather than effectiveness it will result in quality assurance as the cheapest and not the most economical" -NT

"nurse educators have an increasing workload; to do this properly is another time-consuming exercise" - DNE

"they risk being used as stimuli for skills-based training not education" - DNE

"emphasise the product rather than the process" - DNE

"they may create a system which does not allow flexibility and creativity" - DNE

These comments showed respondents' concern that PIs could become goals in themselves, with the result that the more creative and subjective elements of education could become undervalued. They may not only present a false picture of what went on in a school of nursing by reducing this complex activity to a set of figures, but this possibly misleading set of figures could also be used by those outside the profession to make resource decisions and even to carry out disciplinary action. The implementation of PIs must, therefore, take into account the scale of threat which respondents believe will be felt by school staff.

No effects

In answer to the final invitation to suggest why performance indicators might have no effect on nurse or midwife education, few respondents felt the sentence worth bothering to complete; most who did asserted that they undoubtedly would have some effect. There were, however, a few dissenting voices, who thought that they might be dismissed as a purely paper exercise, especially if the PIs themselves lacked credibility, or that education managers would learn how to manipulate the figures to support their arguments. A few, mainly midwives, thought that many teachers were "evolving our own systems anyway". In sum, these responses showed a very high degree of conviction that PIs would affect nurse and midwife education; they were felt to be an important development which could have profound consequences for the entire profession.

Some further comments

This analysis provided a composite picture of the hopes and fears of nurse and midwife educators about the implementation of PIs. However, the exercise also provided us with an opportunity to note some of the problems which our respondents foresaw.

Thus several issues were raised in the sentence completion exercise which further illustrated some of the conflicts and dilemmas in the implementation of PIs. These are exemplified by quotations as follows:

"things which are identified as needing change may have resource implications which cannot be met, so frustrations will develop" - SMT

Several midwife teachers drew attention to this problem. With the strong clinical input in midwifery teaching, it seemed likely that these senior respondents were already acquainted with the DHSS PI package (DHSS 1985) and were therefore speaking from their own experience of the effects of this PI package in use. This note of caution therefore seemed to merit attention. If PIs were in the future to reveal hitherto hidden aspects of nurse and midwife education, not all of these could be foreseen from perspectives then current. One possible consequence might be to affect recruitment:

"if generally known, they could be detrimental to recruitment in a 'poor' area" - ST

This raised the further question of how widely PI information should be publicised, and what ought to be the role of PIs in achieving greater accountability.

Another hidden aspect might be to clarify what teachers actually do, although:

"we cannot measure the supportive work involved"- DNE

Health visiting and district nursing teachers, however, were currently finding themselves embroiled in negotiations about what constituted contact hours in higher education, and were finding themselves forced to account for time spent on support activities so that contact teaching time could be assessed realistically. One of the hidden aspects of the work of public service professionals like nurse and midwife educators which could be revealed by the use of PIs might be the amount of time they spent on the job beyond the normal call of duty, and the interests of short term economy may not be served by such revelations.

A final quotation neatly illustrated a fundamental dilemma for the use of PIs in nursing and midwifery education:

"the purposes of education for individuals and institutions are not the same, and a tool to measure from two such diverse perspectives is hard to imagine" - ST

All information systems face in two directions - towards the giver and towards the receiver. As we have seen from the comments about how PIs might benefit nurse education, respondents expressed a dual hope, that they would be useful for internal review and evaluation, and that they would enable the organisation to describe itself more accurately to external agencies. But would the results of internal review be appropriate material to show to the outside world? All evaluation activity is underlined by the question of who is conducting it and for what purpose. The problem here seemed to be that there were two purposes which may require different tools and procedures. And yet they must somehow be integrated, for:

"if co-operation from contributors is demanded, not given freely, it could be alienating. It is another proposed change, and ownership of this change should come from the membership" - L

A final contradiction which needed to be mentioned in this section arose from an area of overlap between the effects respondents identified as positive and negative. Whilst in the main these two categories of response excluded each other, the extent to which PIs might stimulate competition was both welcomed and rejected. Some respondents thought this would be healthy, while others thought it would weaken morale. It did, however, identify a dilemma which needs to be addressed if a national set of PIs were to be introduced by which schools can be compared: how can the ill-effects of comparison be minimised, and how far should the results of such exercises be publicised?

Section Two: Performance Review: the Four Es

In Section Two of the workshop pack, workshop participants were asked to read extracts from a draft of the article in the Nursing Times, entitled "Performance Review" (Balogh & Beattie 1988a) and consider several questions raised in the paper, before attending the workshop. These were then discussed in small groups in the workshops, with each group tackling a different issue.

The series of questions were as follows:

- 1) Is effectiveness being neglected ?
- 2) Can goals be agreed ?
- 3) Validation procedures: confidentiality or open negotiation ?
- 4) Professionalism or managerialism ?
- 5) Accountable to whom ?
- 6) Where should nursing education be located ?
- 7) With whom should power and accountability in the planning of nursing education lie?
- 8) A space was available for any further questions to be raised

The results of these small group discussions gave a picture of some of the conflicts and dilemmas in the management of nurse and midwife education which would need to be considered in the development and implementation of PIs. They are reported below under the question headings which were offered.

In general, participants welcomed the opportunity to exchange views with other colleagues, and in some cases they used the occasion to tackle some of the most contentious issues in nursing and midwifery education. Senior midwifery teachers particularly welcomed the opportunity to participate; it seemed that in some Regions they rarely had the opportunity to get together for open-ended discussion with their colleagues from other specialisms.

Professionalism or Managerialism ?

Tensions between these two aspects of the nurse's or midwife's role were revealed at many levels in workshop discussions, and since they overlapped with discussions under the heading of "Can Goals be agreed?" these two areas have been taken together for purposes of analysis. The level at which the conflict was most widely discussed was the experience of the DNE within the post-Griffiths system of accountability:

"the chain now is District General Manager - Chief Nurse Advisor - Director of Nurse Education. This is managerial not professional accountability" -DNE

"there are problems in the existing arrangements - the service side has influence and power in holding the student budget. A lot of DNEs are responsible to CNAs who have no direct accountability because they are only advisers" - DNE

The problems of accountability are taken up in a following section, but these quotations indicated the central problem which all DNEs had to attempt to resolve: while school of nursing staff were funded via the regional EAGs from the ENB, the learners' salaries were paid from District Health Authority funds. Other parts of the total school of nursing budget seemed to be locally negotiated on an *ad hoc* basis, and the existence of these "grey areas" of financial provision, particularly in the current climate of cutbacks, seemed liable to create problems in any attempt to systematise the unit costings which may be necessary in order to develop PIs for nursing education.

Many participants described how they as individuals tried to resolve the conflict. Some found difficulties in explaining professional matters to non-nurses, while others even found themselves excluded from participation in budgetary decisions:

"our DGMs are making huge decisions to disband three very large maternity units and put the same number of beds into one. It's going to be a real conveyor belt. Schools are just an afterthought. They've decided all this on paper from PIs. We end up saying 'You can't do this without consultation!'" - SMT

Others, however, claimed to have found a fruitful communication channel:

" If I talk to management services and invite them along, they are usually impressed with how professional we are" - DNE

While participants generally recognised the need for nurses and midwives to be equally skilled as professionals and as managers, some wondered whether

"the managerial line is stronger than the professional one for nurses on the job" - DNE

especially for those who had recently completed an Individual Performance Review; in this case it was generally felt that nurses or midwives should not be judged by a non-fellow professional. The question of payment by results and performance-related salaries

was also addressed by some groups, where opinion was sometimes divided over whether this was desirable: some respondents felt this to be inconsistent with professional ethics.

One discussion group reported:

"we got really hung up on professional judgement and quality. The biggest problem is how to measure the emotive issues we associate with professionalism"

while another group issued a policy statement:

"Nurses, health visitors and midwives MUST manage nursing"

The general picture shown by these discussions was one in which professionalism was perceived as being marginalised, and that the use of PIs could increase this. As one respondent put it:

"yes, we'll have some short-term management PIs, but leave the long-term ones to us" - DNE

If PIs were therefore to be developed for use in a professional context, it seemed necessary for that context to be clearly defined, and distinguished from the general management process.

Power and Accountability

Responses to the general question about the multiple nature of accountability in nursing and midwifery education covered similar issues as the question about with whom should power and accountability lie in the planning of nursing education. They have therefore been taken together. Many groups discussed how nurse and midwife educators might become more accountable to various sections of the public, with special emphasis on patients and students and the problems not only of gathering information about their views but ensuring they are taken into account in policy-making. For example:

"we can only get a general overview from Patient Satisfaction - but this doesn't mean we shouldn't do it" - ST

"we can't have someone from outside doing a PI on it, though - this would change the whole situation between the nurse and the patients" - ST

Along with satisfaction scales, complaints and the procedures for investigating them were also felt to indicate how effectively accountability is discharged. In more than one area it was felt that these needed further development, either because there were no safeguards against possible victimisation, or because the clients were often ignorant of the existence of complaints mechanisms. This problem was mentioned both in respect of patient complaints and within professional nursing and midwifery. For example in relation

to the course approval process, one participant thought that the procedure of addressing a complaint about an aspect of course approval to the chair of the approvals committee was unsatisfactory because this might prejudice her next submission.

In the case of student evaluations, these were usually required for courses to be approved, but:

"in course evaluation they have power in terms of freedom of speech, but not to implement things" - DNE
"who is the student accountable to? future students?" - DNE

One group distinguished four areas of accountability and the conflicts involved for them:

"professional accountability, with its conflict between the professional development of the teacher and accountability to the ENB for standards; curriculum accountability where accountability is to the students, UKCC and ENB, EEC guidelines, DHA for manpower requirements, and the conflict is between theory and practice; economic accountability where the conflict is between the two holders of the purse-strings, the EAG and the DHA; and social accountability, to society in the broadest sense by producing a safe practitioner, but also to Community Health Councils, and pressure groups, for instance the National Association for the Welfare of Children in Hospitals"

In another group a vigorous discussion took place around the problem of how to discharge accountability, and a DNE successfully persuaded some of his nursing management colleagues in the group that:

"we don't have the authority and autonomy to be properly accountable. I think we should have the authority to assume responsibility for workload - if all my student resources are taken up by patient dependency I should be able to say enough is enough and get support from management" - DNE
"yes, I see what you mean - we sometimes ditch out of that" - SNM

The same group went on to discuss the merits of rulings in the High Court on test cases to determine who has legitimate authority for what aspects of nursing care. This discussion illustrated one of the dilemmas of power and accountability in nursing and nursing education - that the two do not always follow the same patterns. In discussing power and accountability, participants often explored the issue by looking at what structures might bring educational accountability more directly into the control of educators. One group thought:

"Ideally power should rest with an academic board chaired by the DNE"

while one regional group had already put a proposal to its EAG for

"a regional validating committee with reps from the Board, EAG, schools, clinical staff and educationists, etc. This would be a regional academic board and would function alongside internal review"

Other groups explored the idea of a Board of Governors. In one group it was suggested that the national body should be organised with a charter similar to a university charter with the

"inclusion of external appropriately qualified consultants to avoid public dissatisfaction with a self-auditing body"

Another group wondered whether external examiners should look in to the clinical areas, and thought a solution to any problems this might raise would be for clinical audit tools to be validated.

In general, these nurses showed considerable enthusiasm for exploring the complex and multiple accountability of the nurse or midwife educator in some depth. In the climate of change and upheaval which characterised nursing education at the time, it was clear that they were prepared not only to contribute thoughtful debate, but also to thrash out some concrete policy initiatives.

Validation procedures: confidentiality or open negotiation?

The creation of new structures was also discussed in connection with the course approval process. Most participants who discussed this issue felt that they were ready for a greater degree of negotiation over their course submissions. The disadvantages of the arrangements as they typically obtained for general nursing (each specialty in fact followed slightly different procedures) were cited as:

"you write your submission document to get that particular education officer's approval"
"also you explain some things to your EO - the committee who get the document get it cold."

"when you've only got one education officer they must surely find themselves tied to using PIs, whereas a party of validators as in higher education would gain a better view of the school"

"we still have the legacy of the ENB inspectors"

"there are conflicting criteria from education officers - one school is told an intake every 8 weeks is good, for another every 6 weeks is bad."

The advantages of increased involvement on the part of the schools were cited as:

"an open exercise would give consensus by enabling people to defend the course; open negotiation would allow the institution greater "ownership" of their courses; independent assessors are very valuable and might be more supportive of the learners. Plus the use of, for instance, quality circles enables the institution to prepare better for validation and maintain its own standards" - Lecturer on ENB Pilot curriculum.

But although most participants felt that they were ready to move towards a system of self-validation which would entail institutional approval along the lines the CNAA

operates with public sector higher education, it was acknowledged that this would bring problems too.

"with CNA validation they are devolving into your own institution, so this brings a danger of divisions within schools because you may have to say your colleagues' courses are not up to scratch"

"devolved validation costs more because it's more rigorous to use peer review"

"*** College is going through validating the district nursing course - they're on the ceiling with all the work they're going through"

Again, the clinical areas were cited as presenting special problems for nursing and midwifery, and the separation between the school and the professional status of the ENB was sometimes be used in bargaining:

"our clinical services manager says 'Oh if the ENB says so, then we'll do it'"

"validation of training areas should not be carried out by the validating body alone, it should involve clinical and managerial staff to ensure professional accountability"

But as with the discussions on power and accountability, participants were ready to think out how new structures would operate:

"validation of the institution is required. If an internal system is used it must be open to scrutiny. Pls would come in here."

"peer review would at least be fairer and less capricious, but it's also important to have clear, agreed criteria"

Moves in this direction were supported by some education officers, and indeed course approval for district nursing and health visiting was at the time jointly carried out, often with a self-validating institution. In mental illness and mental handicap, nursing school representatives might be invited to the approvals committee to speak to their submissions. However, not all education officers believed it was in the individual school's own best interests to become more involved in the submission process. The midwifery education officers for instance operated a different system whereby as a committee themselves they scrutinised submissions before going to the approvals committee, enabling them to recommend changes before final submission. This, they felt, had the advantage of creating greater uniformity of standards.

The nearest approximation to PIs which were already submitted to the Board arrived within submission documents, and some participants discussed the possibility that the collection of PIs might be linked with the approval process. Within the present arrangements between the ENB, the education officers, the education advisory groups, and the individual schools, this was felt to be difficult. One response was:

"if we're linking PIs to course approval we might as well all pack up and go home. There'll be yet more work to do when the real cry on the wards is for more people to teach and supervise the students" - ST

However, there was an area of some common interest between the EAG and the Board's approval committees in parts of Section A, the institutional profile, of the course submission document. Some schools were already submitting PIs about staffing levels, for instance, to the Board via both channels. But while the streamlining of information provided to the Board was in general felt to be desirable, an annual performance review operated on a different cycle than the variable one- three- and five-year cycles of course approval. It was argued that if the Board were to move towards institutional accreditation perhaps an even longer cycle would be involved.

Is effectiveness being neglected ?

In workshop groups where effectiveness was discussed, participants took the opportunity to question what the long-term and short term goals of nurse and midwife education were and ought to be, and how they might best be assessed.

Many expressed the conflict between their own aims as educators and the aims of service, in which it was often felt the goals of nurse and midwife education were the losers, eg:

"is there a market for the Rolls-Royce trained nurses we want to produce?" - DNE
"DGM's are saying why should we bother to train nurses? There's plenty available down the road".
"the dilemma is, what is the end product? I would say to provide a proactive service like Project 2000, but medical technology is hurtling over the hill unchecked"
"nurse educators are already failing on their own effectiveness criteria of using research, using nursing models, and continually updating education"

In many discussions it was clear that the long-term goals of nurse education in particular were already an urgent matter for the profession itself to study. It was noted how useful existing research findings were, and several avenues for further study on a national level were suggested.

" when you're looking at outcomes perhaps the resources may be excessive but the outcome for the student very good. For instance are university graduates the most cost-effective? They are paid more, but they have the lowest sickness rate, lowest attrition rate, longest period in clinical areas, and are more adaptable. But in a school of nursing we can only have sensitivities to these things. We rely on the wider organisations to supply us with information on these matters" - DNE

The use of longitudinal information like employment destination - which was systematically collected within some regions - was also discussed, and the value of methods like exit interviews for collecting important information about education outcomes. One group suggested:

"a good staff nurse development course would be a place where effectiveness could be looked at"

Such research would be a basis for setting the standards which any indicator of effectiveness assumes

"standards need to be stated, taking into account total needs" - DNE

But,

"there's a problem of refining broad things into particular standards. If every district is doing that, then perhaps we can get some consensus on what they should be" - DNE

In some workshops the use of effectiveness indicators in formulating regional education strategies was discussed; in several regions option appraisals from management consultants had been commissioned to help in planning amalgamations between schools, and these had drawn heavily on PI-type information. In the Thames regions many nurse teachers felt that they had a stronger national remit, as metropolitan centres, to educate nurses who would work anywhere in the country. But this conflicted with one of the PIs used in Regional strategies, namely, the extent to which schools can provide the region with its own continuing manpower needs.

"we want nurses who are up to national standard. Judging training on the basis of whether they stay in the district is no good. In fact staying within the district doesn't indicate success at all. It might only indicate availability of jobs - but it also might indicate that nurses don't have the confidence to test their skills in a different context" - DNE

While effectiveness was the most important of the "three e's" to nurse and midwife educators, these discussions indicated some of the difficulties in defining and measuring it from a wide range of viewpoints. However, it was clearly an important area in which national studies using data collected by the Board, and Regional initiatives using data supplied at this level too, were thought to be potentially valuable.

Where should nursing education be located ?

In groups where this issue was tackled, participants often used the opportunity to discuss local experiences of linking with the higher education sector, and several issues emerged which would need to be addressed if PIs were to be developed which could apply in polytechnics and institutes of higher education.

The workshops were conducted at a time when Education Advisory Groups were submitting plans for the rationalisation of schools of nursing to the Regional Health Authorities in which larger colleges with circuits of training would be linked with local higher education institutions. The theme was therefore of considerable topical interest.

Several groups talked about the pros and cons of creating colleges of health studies where all nursing, medical and paramedical education could take place. The strong connections with the clinical areas were in this context seen as one of nursing education's

greatest strengths, and participants generally wished to maintain these links. Currently, some schools were finding themselves potentially in competition for practical placement areas with local polytechnics, for whom the run-up to the time when they were to gain corporate status in 1989 was a time of intensive recruitment activity. Many participants felt that the actual buildings themselves were unimportant. The advantages of large collegiate groups were felt to be:

"that's when big can be beautiful, because of a shared curriculum and sharing of resources" - DNE
"integration with other disciplines would bring about academic credibility" - DNE

But while there was considerable enthusiasm for linking with higher education, there were also problems:

"in *** they're going into the polys and some of them are worried about their jobs"
"a lot of our courses keep going for altruistic reasons because they're good for the profession"

"we need to be in the driving seat if we're going to link with higher education"
"they're ready to dive! they want the money. One lot came to persuade us they would buy in the education side!"

"I'm concerned that continuing and post-basic education will be ignored; these two ride on the back of nurse training, and what will happen to them if basic training is hived off into higher education?"

Some of these problems related to the development of PIs, because these were not only different in higher education, but the unit costs and basic definitions were different too.

"sometimes you charge us more than we charge you. Take FE part-time teaching rates. In real terms it costs us £30 an hour; technically, we subsidize" -L

Experience from one of the ENB pilot schemes, however, indicated that

"it shouldn't cost any more to use higher education courses" - ST

Questions of comparability between schools of nursing and the professional nurse teacher structure on the one hand, and colleges of higher education on the other, clearly presented some important problems for the "nuts and bolts" side of developing PIs. This was an area in which changes were taking place very rapidly and developments at local level where negotiations were actually occurring would, it seemed, need to be monitored in order to identify new kinds of structures and arrangements of interest beyond the locality.

Section Three: The Four Es in action

As an important element of the action research strategy adopted for this project, all these discussions were on the one hand a structured consultation exercise which allowed the researcher to gather information from participants within parameters largely set by

themselves, and on the other an opportunity for the participants themselves to exchange views and in many cases to familiarise themselves with some of the issues raised by PIs.

The third section of the preliminary workshop pack consisted of a digest of PI schemes used in various educational contexts relevant to nursing, drawn from the preliminary literature review. These sets of PIs were tentatively analysed by the researcher according to whether they appeared to measure economy, efficiency or effectiveness. Participants were invited to read the material in preparation for the workshop.

In the linked workshop exercises participants were invited to engage in a role-play exercise in which they considered what kinds of PIs would apply in a number of different negotiating situations. They were invited to do this in pairs, and to refer to the preparation materials for ideas about PIs. Each pair could choose from a number of different "real life" situations, with facilitation from the workshop leader so that the whole group covered the range of options. These were as follows:

- 1) A DNE explaining to an ENB education officer what good work his / her school is doing
- 2) A senior tutor telling potential recruits how good the school is
- 3) A member of the school / college of nursing staff outlining how good the school is to the chair of the Community Health Council
- 4) A health authority member telling a reporter from the local press about the school's recent achievements
- 5) A DNE explaining what a good job the school does to the Regional Education Advisory Group
- 6) A member of the school of nursing staff explaining to a member of higher service management how well the school performs
- 7) A learner recommending the school to someone still at secondary school or in further education
- 8) A school / college of nursing tutor describing the advantages of the working environment to a colleague in further or higher education (or vice versa)

The chief purpose of this exercise was as a learning experience, to illustrate the varying uses of PIs, and detailed responses are not reported upon here. However, while there was interest in the way in which other educators approach the problem of devising PIs, many participants expressed disappointment that there was apparently so little progress being made in other fields on the issues of quality, outcomes and effectiveness. On the whole, the PI schemes offered by the researcher were felt to provide this exercise with useful but incomplete kinds of information.

In carrying out the exercise, many participants showed a clear appreciation of the differing parameters they would use in order to demonstrate how well their school performed to different agencies. Their responses revealed, however, that in all these negotiating situations they would generally want to back up the appropriate quantitative information with explanations and other, more descriptive, material.

Section Four: Links with existing information and evaluation systems

In Section Four of the preparation pack, respondents were asked to identify other evaluation schemes in use in their workplaces, to comment on how valuable they were and to outline what use is made of results. The aim in this exercise was to discover to what extent quality assurance and standards setting programmes were already in place.

Respondents were also asked to comment on the routine statistical returns they made. The aim here was to investigate the extent to which information required for PIs was already available in schools of nursing and to identify any problems experienced with collecting this information.

Many respondents reported that they were responsible for the educational component in a wide range of areas and settings. They were encouraged in the preparation exercise to give information on innovative practices. The brief snapshot of ongoing activities reported here is not intended to give a comprehensive picture, but rather to give some indication as to possible trends. A total of 148 responses was received.

1) Quality Assurance

The overall impression from this data was very much of an ongoing activity, in many cases, only recently initiated. Comparison with the Quality Assurance Directory (RCN 1987) revealed a low proportion of identical items, which seemed to indicate that this was an area of rapid change.

Respondents reported several different tools and methods available which spanned a range of functions such as assessing patient dependency, patient satisfaction, nursing manpower requirements and quality of care. The most commonly reported in our sample were Monitor, Quality circles, the Brighton, Telford, Cheltenham, Goddard and Wessex systems, Qualpacs, the Kingsmead Trent & Chase system, and a variety of locally developed audit schemes, some adapted from standard systems.

Most respondents felt that not only were these schemes proving to be valuable in themselves, but that results from them could influence policies where appropriate. However, a significant proportion reported that it was, as yet, too early to say how useful such activities were proving to be. The regions were monitoring and initiating quality assurance activities either through working groups or via a quality assurance officer or both. One region had a quality assurance officer with a specific brief to develop PIs for schools of nursing. In many districts, the chief nurse adviser had a quality assurance remit. But as one pointed out:

"how much we can do depends on how much finance is available to carry out these activities. I mainly go by complaints which pass across my desk. It's not a legal requirement here as it is in the US" - CNA

It appeared that mental handicap and mental illness areas, along with other long-stay specialties such as care of the elderly, were more likely to have such schemes in place. Many of the midwives in our sample reported initiatives still to be in their early stages.

2) Patient Satisfaction

Several of the above schemes seemed to incorporate some method of assessing patient satisfaction, but in many areas, there was a separate exercise, typically undertaken in conjunction with the Community Health Council, and often to be found in maternity units. A wide variety of locally developed tools were reported, and contrary to the belief that patients are too inclined to give positive responses for their views to be worth seeking, most respondents thought such exercises were very valuable and had resulted in policy changes.

3) Standards-setting exercises

In most regions there were respondents who reported some form of standards-setting exercise in progress, sometimes in conjunction with a quality assurance programme, sometimes via separate Regional committees or working groups. In one Region standards were being set:

"in conjunction with chief nurse advisers and will be monitored as part of the district reviews by the region."

There was evidence from respondents who quoted them, that the work of two RCN groups, the Standards of Care Project, and the Association of Nurse Educators' document on PIs (RCN ANE 1987), which concentrated on standards-setting, were influencing policy in this area.

4) Clinical Audit & Curriculum Evaluation

By 1987, both types of scheme were required for most ENB courses to be approved, so a wide variety of locally developed tools were reported upon. In both cases respondents were enthusiastic about such evaluations and reported that they were able to use the results to influence policy.

Clinical audits were reported as being useful in assessing the suitability of clinical areas for training purposes, with the results often used to support arguments for the improvement of provision not only in terms of educational supervision, but also in terms of the models of care used. One of the frequently quoted "spin-offs" from these exercises was greater communication between the school and service staff, and a raising of levels of awareness of educational processes amongst clinical practitioners.

Curriculum evaluation was seen as an essential element in nurse and midwife teaching, enabling the educational flexibility and dynamism which teachers valued in their schools.

5) Individual Appraisal/Performance Review

Many respondents reported the long-standing use of systems of individual staff appraisal using various methods such as those developed by the Kings Fund, the NHS and local schemes; opinions varied as to how useful they were, with some respondents suggesting the older schemes are now out-of-date and in need of revision or replacement. The new system of Individual Performance Review, where staff would be appraised according to line management - which meant the DNE would be appraised by a non-nurse educator - was currently arriving in all areas, and respondents were therefore in the main unable to say how useful it would prove to be. The most commonly used system for IPR was the one developed by the NHS Training Authority. Polytechnic lecturers generally valued their particular systems of staff appraisal, citing the opportunities they often afforded for career development.

6) Routine Statistical Returns

Schools of nursing and schools of midwifery supplied information direct to the ENB and via the course approval process, to the DHAs, the RHAs and the EAGs all on a regular basis. Almost all respondents felt that the information they supplied to these various agencies was accurate and unbiased. Of those who chose to comment on the pros and cons of their data-collection activities almost all expressed the view that while routine information was relatively easy, if sometimes time-consuming to collect, there was a considerable need to streamline information, especially that which goes to the Board through different channels. Their chief problem was in meeting *ad hoc* requests for information in slightly variant form at short notice, and for instance:

"requests are often worded in such a way that it is difficult to know what is really being asked, and it can be very frustrating to produce information that you know is virtually meaningless because that is the way it is asked for" - DNE

Respondents not only needed to know the purposes for which information was collected for these practical reasons, but because there was:

"a major ethical issue of who collects information and what is it for?" - DNE

Furthermore, nurse and midwife teachers were interested in the results of data-gathering, but:

"there's no feedback from its final resting-place" - SMT

Other problems included the differing collection cycles - for instance DHAs wanted information according to the financial year, while the ENB usually took the calendar year - and differing categories used, for instance the difference between the funded staff establishment and the numbers in post. Some respondents described the difficulties of collecting data from multi-site schools - difficulties which could increase in a future scenario of amalgamated colleges. The data which schools of nursing and midwifery did collect, however, posed fewer problems than for college lecturers:

"in a polytechnic it's much more time-consuming than in a monotechnic" - L

In fact, schools of nursing and midwifery, thanks to their service links, seemed far more accustomed to supplying figures to agencies beyond the school than any of their colleagues in higher or further education. They were also more confident of its accuracy. This was a view independently supported by the Board's Education Officers.

Several respondents reported that the use of both mainframe and microcomputers was making the task of information gathering easier for nurse and midwife teachers. Something perhaps less widely recognised was that they also afford an opportunity for feedback from data-processing, which would enable the information supplied to be used by the givers as well as the receivers. This seemed an important consideration for any exercise involving PIs in nursing and midwifery education, because it was clear from the whole tenor of the above analysis that nurse educators wished to participate in the process and looked forward to being able to use the information so generated for their own management purposes.

One Region (East Anglia) had conducted a PI exercise using the services of a statistical consultancy to put the information onto microcomputers, which meant not only that the information categories themselves become more adaptable, but that staff had easy access to the results.

Section Five: Working Together on PIs

The idea behind this final section of the preparation materials and the workshop pack was to stimulate discussion about how the development of PIs for schools of nursing and midwifery could be taken forward. In the earlier exercises, participants had been encouraged to think about what PIs might look like, and how they might link with existing systems used for evaluation purposes. With this material in mind, therefore, it seemed likely that those who attended the workshops would be able to put forward some ideas about action.

Prospects for collaboration

In the preparation material of Section Five of the preparation pack, respondents were invited to consider extracts from two articles (Roques 1988 and Nicklin & Kenworthy 1987) describing how schools of nursing might collaborate either with service colleagues or with another school of nursing, to conduct internal reviews. They were then asked to comment on the potential of such arrangements in helping to develop PIs.

Of the 90 people who chose to respond to this exercise in writing, most expressed enthusiasm for the idea of using peer review methods in evaluating the school. However, this rather low level of response indicates that enthusiasm was not so high in general that it impelled respondents to make extra time to complete the final exercise of what they report to have been rather more time-consuming preparation than expected.

Responses did, however, indicate some of the advantages and disadvantages of using peer review to conduct internal review.

The main benefits cited were that schools would gain from the cross-fertilisation of ideas and techniques, and that there would be a role for such arrangements in school amalgamations and consortia, both present and planned. A significant proportion of those who saw a definite local use for such arrangements were senior midwife teachers, one of whom suggested:

"local audit teams joined by members from other districts perhaps on a rotational basis throughout the region" - SMT

while another described such arrangements as signifying:

"the end of parochialism" - SMT

Opinion varied as to the cost implications of such exercises. While one senior midwife teacher felt that sharing of experiences would save time and money, other teachers were not convinced, and thought that the wide-ranging consultation that would be necessary had adverse cost implications.

Several respondents expressed the view that peer review would not ensure schools were using comparable standards, because the particular philosophy of each school would set the basis of standards. This was not necessarily thought to be a disadvantage, but it raised again the problem of how standards should be set. Other respondents saw these arrangements as a possible mechanism whereby agreed standards could be produced. A significant body of opinion saw an important role for impartial external non-nurse educationists in assisting with internal reviews; one respondent pointed out that an impartial auditor from within the profession would be hard to find because of the degree of career movement between schools of nursing. Because of the danger of "mutual back-slapping" in peer review, this element seemed important.

While the sense of uncertainty about amalgamations between schools of nursing clearly presented difficulties in making concrete suggestions about possible peer review arrangements, a significant proportion of the respondents thought the idea would be worth trying either within their regions, across regions, or within proposed consortia. There undoubtedly appeared to be a place for the use of these methods for conducting internal reviews.

Action Plans: how to help develop PIs

The final workshop session consisted of an action plan exercise, in which participants were asked to think of ways in which:

- a) the ENB, EAG and Education Officers
- b) they and their colleagues
- c) themselves in their own job
- d) the workshop group

could contribute to the development of PIs.

A total of 208 completed action plans were received from 12 of the 14 Regions. In two Regions it had not been possible to conduct this exercise because of time constraints.

These plans did not in any way represent any obligation on the part of respondents, but they did indicate areas which they would like to see developed and in some cases where they would be willing to set up small pilots or contribute the results of ongoing work. The diversity of responses was so great that a formal content analysis would have been too time-consuming. However, this diversity itself is of great interest.

The ENB, EAGs and Education Officers

The wishes most commonly expressed to these agencies clustered around the need for agreement on basic guidelines and a broad framework for PIs rather than a "top-down" initiative which might preclude participation at grass-roots over the terms of reference of PI collection. Some thought the ENB should agree on minimum PIs; some thought the ENB's role was to define criteria and standards, while others felt the regional EAG was the appropriate body to engage in producing guidelines for standard-setting. Communication was also emphasised; in the blunt words of one participant:

"formulate a realistic policy, stick to it, and let us know what it is" - DNE

Some respondents saw communication as taking place through nationally or regionally organised forums, workshops or study days, in some cases repeating or building on the workshops they had recently done with tutors and service colleagues.

Many respondents wanted to see ENB information systems streamlined and put to more efficient use, especially in feeding back information to the schools themselves - one

suggestion was that EAGs would find feedback from their own "cohort" (i.e. per student intake) information useful; another was to install dedicated telephone lines to schools of nursing.

A third area of frequent comment was for the ENB to consider the funding implications of PI development and any associated evaluative enterprises. One Regional nurse who did a lot of work for the EAG as its Honorary Secretary suggested the funding of full-time EAG development officers in each Region.

The principal requests addressed to the Board Education Officers were for greater consistency in the exercise of their professional judgement, and for their assistance in defining realistic standards for schools of nursing to achieve. As the chief "negotiators" of existing PIs in the course approval process, the Education Officers clearly had an important role to play in the setting of standards at local and national level and to facilitate communications across Regional boundaries.

There was a significant body of opinion which envisaged the Regional EAGs as playing an important role in developing PIs; some saw the group "acting as a catalyst"; some saw it as co-ordinating information. Several respondents wanted their Regional EAG to work on issuing guidelines for standards-setting, and in three Regions there were respondents who suggested the EAG could:

"take on peer review and self-validation" - DNE

one of which could be via twinning with the neighbouring Region. PIs, it was felt, would not only assist the process of peer review, but would help to achieve the uniform standards which peer review might not necessarily guarantee. A further suggestion was for the EAG to require DNEs to submit annual operational plans using PIs.

Self & colleagues

In describing what they and their colleagues in their training institutions might be able to offer towards the development of PIs, participants expressed a willingness not only to raise awareness amongst their staff, but also to contribute to the enterprise as a whole from their own ongoing work and from work they might initiate.

Many envisaged setting up working groups within their institutions, to variously consider standards, peer review, problems of particular nursing specialties, development of clinical/educational review work, learner participation, all as particular aspects of performance review. In some regions, specific ongoing projects were cited as potentially having some input. Examples of such suggestions were the Quality Assurance strategy being implemented in one large school of nursing and a Regional project on employment destinations. Many of the senior midwife teachers felt it would be beneficial for them to get together on a Regional basis more often to exchange views and conduct workshops.

In every Region there was at least one respondent, and sometimes several, prepared to offer their particular area of interest as a pilot area for future work.

Participants themselves

An impressively wide range of possibilities was thrown up in response to the question of what participants might contribute in their own jobs. Many saw their role in terms of discussing and disseminating information in their institution, sometimes using the materials from the workshop itself. But an equally large number felt they had something in particular they could offer in terms of expertise or willingness to take an initiative. A few of these are given below:

- calculate unit costs - DNE
- invite independent assessor into my school - DNE
- work I've done on selection & recruitment - DNE
- provide microcomputing facilities for each school with electronic mail link - SNM
- video an appraisal interview - L
- lead standard setting project - ADNE
- develop training pack on interpretation of PIs - EM
- develop a personal job audit - L
- establish database for recording training activities - DNE
- feedback to schools of nursing on out-turn figures - SNM
- produce annual report & statistics for distribution in the DHA - ADNE
- find ways of measuring learner satisfaction - DNE..
- head a working group to discuss Quality Assurance and PIs - SMT
- work on a career counselling service - DNE
- quality circles jointly developed between schools of nursing and HE - L

The wish of nurse and midwife educators to participate in the production and implementation of PIs did not therefore seem an empty one; there was also a widespread willingness to contribute in their own specific areas of expertise.

The workshop group

In general participants saw the group at the workshop as having a communication function. Sharing ideas is, as we have seen in the earlier sections of this chapter, highly valued by nurse educators - after all it is their job to be effective live communicators - and several different ways in which groups could be constituted to do so were suggested. Some valued the possibility of continuing to meet within their specialties, particularly the midwife teachers; some wanted to see the group discussing education strategy, others suggested setting up working groups to consider various aspects of PI implementation.

Conclusions

1. The evidence

The findings presented in this chapter from the fourteen developmental workshops showed - above all - a considerable degree of interest and concern among nurse and midwife teachers about a whole range of issues surrounding the development of PIs.

Responses from participants in the workshop setting and from colleagues and students back at the schools enabled us to describe in some detail the kind of qualities which were considered to characterise a high standard school both as a learning and a working environment. The values espoused by our sample, however, were not without their contradictions, and it seemed likely that these would prove to be important when questions were considered about the precise form which PIs should take and about how they might be implemented.

The pattern of views represented in this chapter about the potential effects of PIs on nursing education were quite strong: they were expressed both positively and negatively, and there were few who thought PIs would have no effect at all on their schools. These views were important both as contributions to the debate about what is the function of performance monitoring, and also to inform issues of implementation. A key distinction was made, for example, between the process of internal review and a range of different types of external review, and arguments were rehearsed for the content of PIs to differ in these different cases.

The discussions which were facilitated during the workshops on wide-ranging issues of accountability, power and effectiveness seemed to have been appreciated by the participants. Furthermore, they provoked exchanges of ideas about possible future patterns of accountability and about the particular contributions which nurse and midwife educators and schools could bring towards anticipated processes of change.

The workshops were also used as a means to make a broad appraisal of existing and related information-gathering systems. The evidence showed that there was some considerable diversity in this area, and that many new initiatives were under way at the time of the fieldwork. DNEs were accustomed to responding to requests for information from a wide variety of sources, but they were also aware of the need to streamline data-gathering both in terms of the categories and the time-cycles used.

2. The research strategy

In terms of the action research strategy, the workshop format seemed successful as a means of gathering data. The views of a very large proportion of senior members of the nursing and midwifery teaching professions were sought in such a way that they could be represented in a report. Furthermore, these discussions spanned a wide range of issues associated with PIs. It also seemed successful in terms of the training function. The discussions took place at a high level of understanding. Given the confused nature of the concepts and terminology and the differing ways in which they had been used in the field at the time, some of this sophistication could have been due to the input from the project. As regards the action component, the success of the project could only be assessed in relation to the reception of the final report, since there was no other frame in which action could occur. This is explored in the next chapter.

Chapter Seven: How a critique of existing PI models and practice led to recommendations for further work

The initial review of the issues connected with the use of PIs in the public sector drew attention to the widespread concern expressed by commentators from a variety of fields about the potential problems posed by their use, and the necessity to devise PIs which would take account of these problems. Many of these general concerns were reflected in the account given in the first stage of research regarding the views of senior nurse and midwife educators on the possible uses of PIs. The results of these initial investigations also suggested, however, that there were weaknesses in some aspects of PI models currently in use. While such weaknesses needed careful consideration in order to propose a more suitable model through which the performance of educational institutions could be analysed, they were also of interest for what they revealed about the concerns of the profession as a whole about the process of performance review. These concerns, and their significance for PI concepts and models, are addressed in the following section. For convenience, the general term of "nursing" is used in the following discussion instead of "nursing and midwifery", since the arguments apply equally to both professions.

The overview of existing PI initiatives in nursing education showed that little attention had been paid to problems of definition, perhaps chiefly because there had been almost no research carried out in this country on assessing how schools of nursing perform. While nurse educators could perhaps take some comfort from the ubiquitous nature of these problems - as Goldacre & Griffin (1983) point out, "performance assessment in health care is a subject without a universally agreed nomenclature", and likewise, "despite the growing attention paid to performance indicators in higher education, there is no single authoritative definition of them" (Cave et al 1988) - confusions about terminology do little to take forward the debate nor to clarify the models needed.

In order, therefore, to take work on PIs forward, it was necessary to examine how the views expressed during the workshops could clarify concepts, models and terminology of PIs. The final section of the report on Phase One of the PI project therefore attempted to explain on the basis of the project findings, what these confusions seemed to signify, and how PI models ought accordingly to be adapted. At the same time, since performance measurement continued to maintain its high profile in the literature, these insights were also informed by new developments.

Some conceptual difficulties in PI models for nursing education: a critique

Most commentators would probably agree on certain minimum properties of PIs: that they are numerical values which assess aspects of a system; that they are "guides rather than absolute measures" (CVCP 1986), and that "movement in indicators should be

subject to unambiguous interpretation" (Best 1983). The strictest definition of a PI requires it to express a ratio of input to output, via intermediate throughput or activity (Fenton Lewis & Modle 1982).

Insofar as formal models have been used in nursing education, the one most frequently cited is Donabedian's structure / process / outcome model used in the health care field (Donabedian 1980). While this model allows for a detailed account of the processes of the organisation, such processes do not necessarily qualify as PIs; as Cullen observes, "process variables may be of interest in explaining the values found for the performance indicators, but they cannot themselves be used directly as performance indicators" (Cullen, 1987, quoted in Cave et al, 1988). Indeed, the attempt by the Association of Nurse Educators (RCN ANE 1987) to use the Donabedian model to generate PIs resulted in something more akin to a standards-setting exercise. The evidence from practice we found elsewhere in nursing education was that here also there had been a concentration of effort in attempts to devise PIs which refer to educational processes, these having typically taken the form of a search for "qualitative indicators".

This distinction between "qualitative and quantitative" appeared so frequently in nurse educators' comments about, and indeed, definitions of PIs, that it seemed to merit some discussion. Its application in a definitive sense served to create a difference between numerical PIs and descriptive accounts of how a school of nursing performs. But as a defining property of PIs themselves, the distinction does not hold up: as we have seen, PIs are by definition expressed numerically, which makes the idea of "quantitative PIs" a tautology and "qualitative PIs" a contradiction.

It seemed that the distinction between "quality and quantity" might perhaps prove more valuable to pursue, as it disentangles the issue from its uncomfortable descriptive relationship with PIs, and opens the way for further discussion of how these elements relate to one another.

The definition of PIs needed to be seen as encompassing issues which were more than just technical. As Taylor (1984) has elucidated at some length, such terms also have strong metaphorical power; they are "the basis of the conceptual systems by means of which we understand and act within our worlds". We may also recall, at this point, Flynn's observation (see Chapter One) that technical issues connected with performance monitoring have often served to mask important political concerns. An excursion into the origins of PIs seemed therefore necessary in order to explain how their associated meanings have led nurse educators to look for them in educational processes.

PIs and issues of process and product

In our consultations, respondents frequently noted that PIs emphasised "the product not the process", and in doing so, indicated a belief that the metaphor implicit in the use of PIs

is a production or factory model, which does conceptual damage to an educational process by reducing it to an end-product, in this case the nurse-with-qualification rather than the often-cited "knowledgable doer". But PIs in fact come from the world of commerce not the shop-floor; they are more likely to be found in retailing and banking than in industry, and more important still, they refer to the rate at which goods are turned over rather than the standard of an end-product. (For a detailed comparison of PI use in retailing, banking, the NHS and the social security system, see Carter et al 1987).

PIs thus do more than substitute a product for a process. In supermarket retailing where, according to Carter et al's analysis, PIs are most extensively used as a basis for decision-making, the flow of items through checkouts is a valuable indicator, showing the rate at which products can be sold. But in order to have any meaning, the goods which arrive at the checkout must be of a certain standard - there can be no point in knowing how quickly fruit can be sold if it cannot be guaranteed to be fresh. In the world of commerce, the use of PIs depends on there being some system - for instance a competitive market - to guarantee such standards. However, in their journey from turnover rates in the market economy to throughput of services in the public sector, the assumption that quality and standards must first be guaranteed seemed to have disappeared from the models. In much of the debate about PIs, these and the associated issues of effectiveness and outcomes seemed to have become marginalised as mere aspects of the models used, whereas in fact they needed to be restored to the central, pivotal position they should occupy in performance assessment.

The evidence from our consultations showed a question mark which hovered over the setting of standards and the role of professional judgement in the use of PIs. Indeed the search for "qualitative" indicators in the processes of education could be seen as an attempt to introduce these matters into the debate. Similarly, the insistence on "quality rather than quantity" as an essential part of the whole enterprise of performance assessment could also be seen as equivalent to the insistence that there can be no purpose served in measuring quantity without first guaranteeing quality or standards. The discussion group who "got really hung up on matters of quality and professional judgement" (see the section in Chapter Six on "professionalism or managerialism ?") did so because their role in performance assessment was in need of further elaboration. These distinctions, between quality and quantity therefore, appeared to mean more than just the way that language and narrative differ from numbers and ratios. They include, too, the idea that there must be some machinery or structure through which the voice of professional judgement must be heard, and that questions of access, negotiability, and the nature of the consultation processes involved in the gathering of PIs must also be addressed.

The model of the "Four Es" which we used as a basis for the developmental workshops was the only one which took performance review out of the realm of organisational

throughputs by incorporating an ethical element. For the role of an ethical dimension provided something more than simply an additional consideration - it is a *sine qua non* which could provide for the use of PIs to be dependent on the existence of processes which guarantee standards.

Progress in the practical development of PIs in nursing education

The state of progress at the end of the first phase of the project with regard to PIs in nursing education was as follows: PI working groups were, in 1988, actively engaged in pilot work in eleven of the fourteen regional EAGs, and in the remaining three work was proceeding in less formal ways. Nationally, the RCN ANE had published a document on PIs which was a guide to standards-setting procedures, and the National Health Service Training Authority had devised a preliminary data set of activity indicators for all education taking place within the NHS.

Regional pilots had all gathered data about student flow along very similar lines to data already supplied to the Board in course approval documents, and some working groups had also gathered more detailed information which gave a profile of the school of nursing as an organisation. Some regional EAGs were using PIs in order to assist them in the allocation of resources among individual schools.

The project developmental workshops themselves contributed to progress in the field by proposing the incorporation of a "fourth E", the E of ethics, into the accounting model of the "three E's", economy, efficiency and effectiveness which itself had already become a statutory part of public sector life (Local Government Finance Act 1982).

The workshop discussions with nurse educators showed that there was an almost unanimous expectation that PIs would become an influential feature of nursing education.

However, there was wide variation, both in terms of the structures and consultation processes being used to develop PIs locally, and in terms of what data were being piloted.

"Qualitative issues": a professional dimension

The initial remit of the study was not only to review progress, but also to investigate what was meant by the "qualitative issues" raised by PIs. The critique of PI models suggested by the findings from the first phase led us to propose that these issues signified an overwhelming concern for the role of professional judgement to be incorporated into the implementation of PIs in nursing education.

That nurse educators wished to participate as fully as possible in the process of collecting and using PIs could be in no doubt. While they were willing to supply the Board with this kind of information, they also wanted to be able to generate information for their own detailed reviews which in turn could be used both for internal management purposes and to illuminate the information given to the Board. A "high standard" school

of nursing was described by nurses as a place where involvement and participation are valued at all levels, and they did not wish these qualities to be prejudiced by the imposition of standards from outside the profession, nor from a top-down process. A distinction, it seemed, needed to be drawn between data supplied to the Board as PIs, and information used internally for review purposes, and further work would need to be carried out in both these areas if the enterprise of PI development were to succeed.

The issue of confidentiality of information is a major ethical concern to the nursing profession as a whole, no less in the arena of performance review than in the minutiae of individual patient care. The project recommended that the distinction between information used for internal purposes by the school and PI information supplied to the Board allowed for different terms of confidentiality in each case. But the picture was in fact not so simple, because PI-type information was supplied to the Board through at least three different routes, and also to the DHAs, RHAs and DHSS. It was felt, therefore, that the channels for collecting PIs needed to be clarified, including their role in the course approval process, along with the legitimate interests of other agencies.

Management perspectives

While nurse educators were mainly confident that the use of PIs would highlight hitherto hidden aspects of the educational process to their credit, they also perceived a risk that through operating within the cash limit system they would reveal problems with resource implications which could not be met. The experience in public sector higher education, quoted by one participant, has shown that "NAB" numbers (ie standards set by the National Advisory Body) were used more successfully for resource allocation before the era of cash limits.

There was divided opinion about the value of comparing schools with one another, but very few nurses indeed wanted to see the creation of "league tables" based on PIs as had happened with local authorities responsible for secondary school education.

Another problem area lay in the nature of accountability of nurse educators in line management. Workshop discussions showed that DNEs sometimes felt that they were responsible for matters which were not strictly under their control, particularly since the introduction of the Griffiths system of general management. In devising PIs for nursing education, therefore, it seemed essential that they refer to aspects of the school which would be within the powers of the school staff to change.

Nurse educators were, we found, prepared to do more than simply discuss problems of accountability. They were ready to try out a range of new structures involving their fellow-professionals which would enhance their accountability, especially in the area of course validation where many would like to be more involved in the process. Peer review in particular was viewed as having an important part to play in strengthening accountability,

and the use of PIs would provide valuable back-up information in the peer review process. A final, but no less vital, contribution which many nurse educators showed their willingness to make for developing PIs lay in the area of their own individual expertise and project-work they might undertake with their colleagues.

As our critique showed, measures of effectiveness are an essential element of PI models, and most nurse educators wanted to see more attention paid to such measures in the profession. We recommended, therefore, that the implementation of PIs must be informed by further research into the long-term career outcomes of nurse education, much of which could probably utilise information already held by the Board.

While our analysis of the qualities valued by nurses in a school of nursing showed the high priority placed on involvement and participation at all levels, these values did not extend to participation in the affairs of the profession at a national level. If a national data set were to be implemented, without appropriate support for nationally-based debate and discussion of questions of comparability, we warned that there would be a danger of a retreat into parochialism where the national perspective would be seen as less important than debates about the real - but more detailed - differences that existed at local level.

Information systems

The project investigations showed that there were a range of related initiatives in the general field of quality assurance, manpower systems, clinical audit, individual performance review and curriculum evaluation under way in schools of nursing, in the service areas, and sometimes involving collaboration between the two. The proposed critique of PI models showed the importance of these initiatives insofar as they could play a role in the guaranteeing of standards, although it was noted that quality assurance did not then have an enforcement mechanism. Many of these initiatives were in their early stages, and it was too early to assess how valuable they would prove to be: much depended on how much use could be made of their results.

The prospects for building on information already supplied to the Board, however, seemed good. Nurse educators were accustomed to gathering data and there was a good level of awareness of the differing purposes for which information may be used. There was also a high degree of confidence in the accuracy of information supplied to the Board.

There was evidence, however, of a lack of skills in the written interpretation and explanation of numerical data, skills which would be essential if the implementation of PIs were to incorporate any meaningful element of participation.

Correspondingly, it also seemed that nurse educators needed to be better informed about how information they supplied was to be used, and for the results of exercises to be fed back to them as a matter of common practice.

It was clear that the beginnings of a common core of data on student flow already existed within schools of nursing which could be built upon to devise common PIs. However, there were problems of commensurability: not all schools used precisely the same information categories to generate this information; different criteria for interpretation were needed for the different nursing specialisms and midwifery to take account of differing practices, and the location of district nurse and health visiting education in the higher education sector raised further comparability issues. In the short-term, it seemed that these problems would become no less difficult to resolve, because impending changes in the organisation of nursing education would mean the multi-site, multi-specialty school or college becoming the norm, with increasing numbers of placements in the community and strengthened links with higher education. Likewise, the existence of "grey areas" and differences in the systems of costing nursing, midwifery and health visiting education presented problems of comparability which (in the short-term) were likely to become more, not less complex during the period in which the recommendation of Project 2000 that students should become supernumerary was to be implemented.

It is no exaggeration to say that nursing education was undergoing a period of intense upheaval at that time. The prospects for developing a comprehensive data set which would apply to all specialisms in all kinds of location and enable comparisons through time seemed therefore slim. However, given that comparison of the same institution over time is repeatedly emphasised in the literature as the most potentially meaningful use of PIs, the best prospects for devising a national data set seemed to lie in building on the common core of data-collection activities which was already being established within schools of nursing both for routine purposes and in PI pilot exercises, and working towards common practice in the use of these core information categories.

It was therefore argued that these practical considerations meant it would not be possible to use PIs in the strictest definition of the term, in which inputs are ultimately related to outputs. However, as the literature review showed, and as practice in general, further and higher education confirmed, the identification of meaningful educational outcomes beyond examination results has proved to be extremely difficult. Even where attempts had been made to add weightings to account for local deprivation factors influencing examination performance (Gray & Jesson 1987), further more detailed analysis revealed that the positions (of secondary schools) in an examination performance "league table" are somewhat unstable. Their rank order could be transformed by relatively minor changes in the statistical calculations performed on the data sets (Woodhouse 1987).

We recommended, therefore, that the approach most suitable for nursing education at that time should follow the broader definition of PIs adopted by, for instance, the Committee of Vice-Chancellors and Principals in applying PIs to the university sector.

The negotiation of a second stage of work

These conclusions indicated several areas in which work needed to be done, some of which had policy implications that the Board would, the report argued, want to consider. The process in particular of developing PIs for nursing education needed to be taken a stage further, and the conclusions of the project report outlined above led to a second phase of study.

There were, however, differences of opinion between the project team and the ENB about how this second stage should be approached. On the one hand it seemed to the research team that the results of the first phase had clarified the original question about "qualitative indicators" away from a focus on information *per se* and more towards a focus on the *status* of PIs. The research findings showed that the question of what type of information to collect could not be addressed without also exploring the organisational structures which would support the collection, collation, analysis and dissemination of such information. Therefore, any further examination of this issue would need to investigate the processes of consultation which might be used to generate PIs, and perhaps even more crucially, to address the question of ownership of PI data.

The Board, however, communicated a clear wish for a second phase of research to provide them, at the end of a year's work with a common PI data set. This was communicated to the researcher and the Project Director on two occasions, and also in correspondence. The first occasion was during a project steering committee meeting on June 10th 1988, when the group discussed an interim report of the first phase of the project, and its implications for further work. The differences in viewpoint between the researchers and the Board were explored in some depth at this meeting, and while the group accepted the Board's stated need for a common data-set, the researchers also argued that the findings from phase one could give no guarantee that it would be possible to devise a data set which would be acceptable to all training institutions.

The second occasion was during a meeting at the Board two weeks later on June 28th. This was attended by three officers, two members, the researcher and the Project Director. Its purpose was to review the first phase of the project and to discuss possibilities for a second phase. Again the Board stressed their need for a national data set, and the research team pointed out the possible obstacles to the success of this approach. Following this meeting, the researcher and Project Director drew up a draft proposal which represented an attempt to reconcile the needs of the Board and the evidence from the first phase. This was formulated as follows:

"In a second phase two interlinked questions will be addressed:

1) What are the benefits of implementing a common (nationally-agreed) data set for performance review in nursing education; what are the difficulties encountered and how might they be resolved?

2) What organisational structures and what procedures for liaison, consultation and negotiation may best support the implementation and use of a common data set for PIs?

"We propose to do this by selecting a small number of pilot areas where the issues encountered in developing and using common PIs could be explored. The schools/colleges would be chosen to cover the nursing and midwifery specialties in a variety of settings with special emphasis on places where links are being established across specialties and with higher education." (Balogh & Beattie 1988b).

"These in-depth"pilot studies" would explore the issues encountered in developing and using PIs within existing management and education structures, and would form the basis of a collaborative network through which experiences could be shared. The particular problems to be tackled in each case-study would be negotiated with the school itself but would be expected to reflect the range of concerns which have emerged in regional development workshops." (Institute of Education 1988a).

It was also proposed to undertake the "preparation of an "operating manual" on how to compile and implement PIs. This would draw on material used in the regional workshops and from the summary of findings presented to the Board in our Final Report. It would take the form of a guide with practical suggestions for locally-initiated PI development work, including a recommended data set for discussion and trial as a basis for comparison (national/regional), and suggestions for suitable organisational arrangements, such as peer audit, specimen contracts, consultation procedures and activities" (Institute of Education 1988a). (This manual would be designed in a similar format to the ENB Managing Change in Nursing Education Pack Two).

In addition, it was proposed to "also investigate the possibility of exploiting information technology and artificial intelligence in the development of PIs by appraising different kinds of software for wordprocessing, spreadsheets and database management and investigating the potential for devising knowledge-based expert systems for compiling and editing course submissions and institutional profiles" ((Institute of Education 1988a).

Finally, in order to further engage the profession of nurse and midwife educators as a whole, it was proposed that "these different initiatives will then be drawn together in a national invitation conference at which reports would be presented and discussed" (Balogh & Beattie 1988b).

The Board did not accept this proposal immediately. While welcoming the opportunity to discuss the remit for a second phase, the Chief Executive wrote to the Project Director to emphasise the Board's wish that:

"at the end of this second phase a data set of Performance Indicators should be available which has been piloted within specific training institutions" (Institute of Education 1988b).

Further correspondence ensued, with the Board expressing reservations about the usefulness of the "operating manual" and the appraisal of information technology. Eventually, confirmation that the Board had agreed the proposal reached the Institute in mid-August, in time for a summary to be included in the concluding section of the report on Phase One.

Background to Phase Two: Policy changes

The second phase of the research took place against a background of upheaval in the arrangements for nursing education and indeed the health service as a whole. Nursing education was, during the course of the project, the subject of no fewer than six separate major policy initiatives and inquiries, all at different stages of consultation and implementation. Further initiatives in public sector higher education and care in the community were also set to exert a major effect on nursing education. A brief summary of these initiatives follows, showing the central and linking role which PIs seemed set to play in the future organisation of nursing education.

It should also be noted that the Board itself was undergoing change at that time. Its constitution required that a new Board be elected every four years, and 1988 was one of these years. Thus, the membership and chairmanship of the Board were set to change in September 1988. Board Officers tended to take the view that the new Board should be allowed to "settle in" and become accustomed to the way in which Board business was conducted before taking decisions on any major issues. The latter months of 1988 were therefore ones in which the Board's decision-making powers were at their least robust.

1) Project 2000

Throughout the second stage of the PI project, the implementation of this far-reaching reorganisation of nursing education was gathering pace. The announcement that the Secretary of State had approved the proposals was made in late spring 1988, but it was some months before the means of implementation were set out. Its vision was intended to change the way nurse education was structured from a labour market model in which schools supplied manpower directly to hospitals, to an educational investment model where students would be supernumerary, courses would be linked with higher education, and the training for different branches of the profession more streamlined and community-based. The timetable for its implementation required 14 "demonstration

districts" (identified in early April 1989 from bids sent to the Department of Health in February), to start the new curriculum the following September.

The influence of these changes on the second phase of the project were many; firstly the requirement to submit proposals within a very short space of time meant a greatly increased workload for training institutions seeking selection. In addition, P2000 was clearly going to require important changes to the definition of categories of education and training activity used for PIs. This meant that the potential for incorporating such changes as had been agreed during the course of the second phase would need to be built in to any final recommended framework for PIs.

2) Clinical career structure

Recommended by the Pay Review Body in 1988, this initiative remained the subject of negotiation for nurse and midwife teachers during the project's second phase. The information used for determining responsibilities, and therefore grades through job appraisal was similar to, and indeed overlapped with PIs. On the service side, where new grades had been allocated, there were an unprecedented number of appeals against these gradings, and these appeal hearings were already beginning to dominate the work of Regional and District Nursing Officers and Advisers.

Criteria about educational gradings were therefore in a state of uncertainty, but it was clear that new relationships would be established between the quantity and range of activities undertaken at training institution level and the numbers of teaching staff at particular grades who would be needed to carry out these activities. Any recommended PIs would need to take account of these new relationships.

3) ENB internal Review

In 1988 the ENB commissioned outside consultants Deloitte Haskins & Sells to carry out a review of the "interface between the ENB and the training institutions". While the researcher was informed of this review and its terms of reference, it was conducted as a separate Board project. It will be recalled that one of the key research issues in Phase Two concerned those organisational structures which might best support the collection and use of PIs. As things stood in the summer of 1988, these structures seemed reasonably clear: the Board distributed funds to the Regional EAGs for teaching purposes, and these were in turn distributed to training institutions. Any changes to these structures which might be recommended by the Review would therefore be of considerable interest to the PI project.

4) The development of Regional Education & Training Strategies

It was through the Regional Education and Training Strategies, developed at RHA level, that the amalgamation of schools of nursing (and schools of midwifery) into larger units

was being implemented. These amalgamations also required all training institutions to establish links with higher education and to provide courses normally in at least three specialisms. Across the country, strategies were still, during the time-scale of Phase Two, at varying stages of consultation, and new arrangements were still in some places far from certain. A gain, in relation to the question about suitable organisational structures for supporting the collection and use of PIs, these emerging new arrangements were crucially important, for they were setting the terms under which a training institution was defined as such. Furthermore, any prospects for collaboration between institutions would need to be developed with regard to the newly-emerging relationships.

5) Departmental Review of the Statutory Bodies

The first of a cycle of regular UK-wide reviews of the statutory bodies (the ENB, the Welsh National Board, the National Board for Scotland, the National Board for Northern Ireland, and the United Kingdom Central Council) was on this occasion to be conducted by outside consultants Peat Marwick McLintock, whose brief included the possibility of changes to statute.

The influence of this review on the second phase of the project was not one of substance, for its findings would not be made public within the time-scale of the project. However, its remit was known, and its existence added to the many uncertainties surrounding the future organisational arrangements for nurse and midwife education during the research. Undoubtedly a few respondents were aware of this substance through their involvement in the Review process; the investigation ended in April 1989 and the findings and recommendations were published in the following September.

6) The White Paper: "Working for Patients"

It was during 1988 that the Prime Minister Margaret Thatcher conducted her own review of the NHS. Considerable debate surrounded this initiative, especially around the issue of privatisation, and the length of time it took for proposals to be published in no way detracted from the intensity of speculation over their contents. A White Paper was finally published on January 31st 1989 (DoH 1989a), with a four-month consultation period, and it brought all the other initiatives described above into sharp focus.

7) The restructuring of the education sector

A seventh set of policy initiatives, not directly issuing from the Health Service, but nevertheless having considerable influence on nursing, midwifery and health visiting education, needs to be mentioned.

This set of initiatives covered the whole of general, further and higher education. It had been part of a long process culminating in the Education Reform Act of 1988, and the

constitution of both the Polytechnics and Colleges Funding Council and the Universities' Funding Council in 1989. Policy in general in these areas, as in all public sector life had become increasingly dominated by the change from "volume" budgeting to "cash-limited" budgeting (see Chapter One), and debates about whether and how to change principles of resource allocation. The question of how to use PIs had been discussed in every sector, and in the universities "league tables" of cost-based indicators were already being published. Health visiting and district nursing lecturers, for example, were already working within a new environment, and the establishment of the links necessitated by P2000 was clearly going to bring all nurse and midwife teachers into much closer contact with their higher education-based colleagues.

8) Care in the Community

Finally, there was a further initiative whose outcome was awaited by a large number of public sector workers including members of the nursing professions - the government review of community care, carried out by the architect of the NHS general management reforms, Sir Roy Griffiths. The key issue in this debate centred around the extent to which local authorities, the traditional providers of this type of care, could continue to have a role in a political milieu where privatisation of local authority services was a central plank of government policy. With the new Project 2000 curriculum oriented much more strongly towards community care, any new arrangements would be of considerable interest to nurse educationists and policymakers.

Conclusion

It should be clear from the foregoing that the second phase of the PI project took place against a policy background of great uncertainty. This uncertainty stretched from the very top levels of policymaking - for example the Prime Minister's Review of the NHS - through national and regional level to the local training institutions, their employees and their students. Moreover, the focus of the PI project was similarly wide - for if training institutions were to gather and disseminate information on performance, there was an interest in such information at every level.

The second phase of work which was finally agreed with the Board represented a further development of the action research strategy adopted for the first phase. By attempting to tackle problems associated with PI development through direct negotiation with training institutions at developmental workshops, the PI project was again planning to engage in Lewins's three key areas of action, training and research simultaneously. A particular aspect of the proposed work which seemed innovatory was the plan to share, in published form through the "operating manual", the research / training methods with the

wider profession so that they, too could actively engage in issues associated with PI development.

On the basis of the positive responses from educators prepared to make a constructive contribution to the ongoing debate in the first phase of the project, this seemed a reasonable strategy. The success of the second phase would undoubtedly depend to a considerable degree on their continued willingness to participate in the debate.

However, conflict had already emerged between the project team and the Board, whose own position was by that time far from certain, as the above account shows. By the beginning of Phase Two, it was clear that the Board felt the need for a "national data-set" to be "delivered" by the end of the twelve months of research. In research terms, it was impossible to give such an undertaking, and the agreed proposal for Phase Two represented instead a strategy for exploring the pros and cons of devising and implementing a national data-set. The instability of the policy environment also seemed to militate against giving such an undertaking.

For the theory and conduct of action research, the unfolding policy scenario in Phase Two also represented an important opportunity. Here was a case in which action research was being utilised to engage with a national policy initiative which had already aroused the interest of the profession at local level. Yet this was only one of many national policy initiatives also undergoing different types of consultation at the time. The question arises as to what happens to the interface between action and research when action in the policymaking environment develops at the kind of pace described above. This question is examined in the final part of this thesis by giving an account of how the action research process progressed.

PART THREE

Chapter Eight: The action research methods used for Phase Two

Introduction

It was planned to carry out the second phase of research by the continued use of action research methods. It will be recalled that this would be done by selecting a small number of "pilot" areas in which implementation issues would be explored firstly by preparing an "operating manual" which would contain a sample data set along with suggestions for conducting internal reviews of the quality of educational provision. Implementation issues would further be explored by investigating the potential for exploiting information technology to assist in these processes, and finally these and other initiatives would be drawn together through a national invitation conference at which reports would be presented and discussed. In this chapter, the process is described of how this plan of research was modified in order to take account of some of the changing circumstances of training institutions.

Changes to the basis for the selection of pilot sites

When the proposals for the second phase were agreed, it was thought that a small number of pilot sites in different parts of the country would fulfill research requirements for a variety of different types of institution to be represented in the second phase. However, as the first few weeks of the research programme progressed, it became apparent that the vast majority of Regional Education and Training Strategies had not been agreed. In consequence, most training institutions were in negotiation about their future role in larger amalgamated units and thus, in essence, their very identities as schools. It was also apparent that the role of the EAGs was coming increasingly under discussion. Their role formed part of the ENB's internal review, and in addition, their remit was extended in September 1988 by the Board, to bring in additional members from the service including general management.

At the time, of all the policy initiatives affecting nurse education, these two were being felt most acutely. To be sure, Project 2000 (P2000), the Prime Minister's Review of the NHS and the Review of the Statutory Bodies were acknowledged as important, but they were as yet only looming over the horizon. School amalgamations and the ENB Review were, by comparison, both live issues.

In order to be able to take into account the whole policymaking arena, we changed the basis on which pilot sites would be selected. Instead of choosing a number of different institutions in different parts of the country, we decided to choose one single NHS Region, working with all the schools in that Region, and with the EAG. In addition, we decided also to gather the views of members and officers of the ENB and officials at the

Department of Health. This strategy would allow us to investigate the policymaking processes at all levels, and would also allow for the inclusion of a range of different types of school in the project.

The selection of a pilot Region

For the pilot areas, therefore, one of the English Regions, Wessex, was invited to participate in the research. Taken together with the views of officials at the Department of Health and officers and members of the ENB, this would enable implementation problems to be examined as a "vertical" case-study, taking the viewpoints of all relevant levels at which planning takes place, from Department, to ENB, the EAG and the training institutions themselves.

By engaging in discussions with representatives from training institutions throughout a single Region, this approach also satisfied the criterion that views should be gathered from a range of training institutions operating under differing circumstances. However, the importance of the individual character of each Region was also recognised, and it was decided on the advice of the steering committee (Institute of Education 1988c) to gather information from other Regional EAGs about how they functioned by observation of their meetings.

The Region we chose to invite was selected on the basis of its relative stability in terms of the progress achieved in amalgamating schools, its suitable size, and its ability to provide us with a variety of different arrangements for linking with higher education. In fact, the pace of change in nursing midwifery and health visiting education was accelerating, and there was *only* one Region where amalgamation plans were sufficiently far advanced to provide us with a set of training institutions with agreed identities. Nevertheless, in this Region there were two nurse training schools whose amalgamation plans had not been finalised, and the pattern of midwifery education was still under negotiation. However, by comparison with others, this situation was the most stable.

The research methods

As in the first phase of the research, members of the EAG, the Directors of Nurse Education (DNEs), the Senior Midwife Tutors (SMTs), course leaders in Health Visiting and District Nursing and ENB Education Officers were invited to participate in developmental workshops. This time, however, two workshops were arranged for the EAG, and a series of three workshops was arranged for a group consisting of DNEs and the other teachers.

The use of action research methods permitted a triple function for the workshops held in the case-study Region: not only did they enable structured consultation to take place, but they also provided a vehicle for research and for testing learning materials intended for inclusion in the "operating manual". Thus, the action component of the project consisted

partly in consulting with groups of professionals - in the case of the EAG, itself a policymaking forum, and partly in stimulating action at training institution level by facilitating practitioner research in the case-study workshops. The training component was twofold: firstly consisting in the developmental nature of the workshops both in terms of those who participated as individuals and as a group, and secondly as a testing ground for learning materials for the "operating manual". The research component consisted of the deliberations which went on in the various workshop groups in terms of the issues discussed and any decisions taken.

As a basis for the workshops in the case-study Region and the interviews with ENB members and officers and officers at the Department of Health, the researcher drew up a specimen set of ideas about suitable PI data. This was based on the evidence from the literature and from the first phase of research that a common core data set would, at the very least, have to consist of data about student flow through schools, about numbers of teachers and their levels of qualifications, and if possible, about costs.

In the course of pre-testing the workshop materials in discussion with a small number of senior nurse educators, the views of these people were also recorded on the suitability of specimen data sets. In addition, the researcher conducted a separate workshop (at their request) with a group of senior nurse educators and planners, and participated, with the Project Director, in a "think tank" on PIs with training planners from the health and other public services, and from industry. Interviews were also carried out with a Trades Union official, an MP from the Public Accounts Committee, and an RCN officer. All these sources formed the basis for the research findings.

Some of the learning materials were, in the later months of the project, selected to undergo further refinement in two other workshops conducted with nurse and midwife teachers and managers outside the case-study Region. In order to avoid confusion with computer terminology, the term "operating manual" was replaced by "Resource Guide".

The Development Workshops

Attendance

Two sets of development workshops were conducted in the selected case-study Region, Wessex - one set of three with Directors of Nurse Education (DNEs), Senior Midwife Tutors (SMTs) and course leaders in Health Visiting (HVs) and District Nursing (DNs), and another set of two with EAG members. ENB Education Officers serving the Wessex Region also participated in the first set of workshops. The workshop dates were set through consultation with the participants with the help of the Regional Nursing Officer (RNO) who acted as Honorary Secretary for the EAG, and attendance was therefore good. However, one of our stipulations was that each set of workshops should be attended by the same group of people in order to ensure continuity, and this meant that several DNEs and one SMT had to send deputies.

The research/learning materials

The materials used in both sets of workshops were constructed with the assistance of colleagues in nursing education. Given the very specific nature of the groups convened for the purposes of the research and indeed the problems encountered in convening such groups at all given the number of new initiatives requiring attention in training institutions, it was not possible to pre-test the materials on any comparable groups. Instead, draft copies were circulated among a small selection of nurse educators outside Wessex for comment and subsequent amendment. At the same time the views of these teachers were sought on the process of resource allocation for nurse preparation, and the suitability of specimen data sets for use as PIs

The workshops were all led by the researcher as Research Officer with help from the Research Assistant and from one of the project steering group members (who was also a District Nurse Adviser in the Region) in the teachers' workshops. This DNA was also a participant in the EAG workshops in her capacity as and EAG member.

In the teachers' workshops all three acted as group facilitators and took notes on discussions. In the first teachers' workshop a Board Education Officer (EO) helped in group facilitation, and in the second and third workshops a different EO participated in the discussions. The EAG workshops were facilitated by the Research Officer with the Research Assistant acting as notetaker.

Prior to commencement of the workshops, participants were circulated with preparatory reading materials consisting of extracts from the report on Phase One of the PI project (Balogh & Beattie 1988b) and a model of the data-gathering process highlighting the ethical issues that are encountered (see Appendix Three).

Design of the teachers' workshops

Membership of the group

The teachers' group consisted of representatives from seven schools of nursing as follows: 1 DNE, 1 DNE/DNA (District Nurse Adviser), 1 head of nursing division, 1 Acting DNE, 3 Assistant DNEs, representatives from seven midwifery schools - all Senior Midwife Teachers, representatives from two District Nurse courses, one Health Visiting course, a jointly appointed nurse teacher/tutor educator and a representative from the Bristol-based Education Officers' group in a semi-participant role.

One of the SMTs declined to join the workshop group, giving no explanation to the Research Officer. She was invited to join in relevant collaborative project work following the second workshop by her midwife colleagues, but again declined. The jointly-appointed nurse teacher/tutor educator was unable to attend any of the workshops, initially through illness and subsequently because of changes in her working arrangements. To represent

one of the District Nurse courses, two lecturers shared membership of the workshop group; this was negotiated with the Research Officer prior to the workshop series in order to resolve problems of availability. Two different Board Education Officers attended the workshops - one came to the first workshop and the other came to the second two.

The estimated workload for each member was agreed at the first workshop to be two hours per week on average (excluding attendance at the day-long workshops), and that members should not be expected to exceed this.

Workshop Design and Aims

In the *first* of the set of three teachers' workshops the aim was to discover how participants might set about monitoring their own progress on future plans for their schools, colleges and courses, to what extent PIs might help them, and what degree of consensus exists both in terms of aims, and how progress in achieving them should be monitored. This was done through structured small-group discussion using schools' own stated philosophies and aims which they had been requested to bring to the workshop.

At the end of the workshop participants were given questionnaires about "core data items" based on the specimen data ideas drawn up by the researcher to take back to their schools and complete. The aim here was to locate these data items within a total picture of data-collection activities and to discover to what extent the teachers themselves feel able to influence values exhibited by them.

The *second* teachers' workshop focussed on the question of monitoring cost-effectiveness and who should do it, attempting to distinguish the roles of schools themselves, the EAG, the Health Authorities and the ENB. Given the different patterns of resource allocation for the different groups at the workshop, the small groups for this discussion were divided along professional interest lines, with the DNEs in one group, the midwives in a second, and the DNs & HVs forming a third albeit very small group located in higher education.

Participants were then offered a "worked example" of figures on student flow, teacher flow, student-staff ratio and costs, showing the kinds of calculations which could be performed on these data. The figures were, where possible, drawn from real but anonymous Wessex figures, and where this was not possible, estimated *pro rata* from national data. This specimen set of data thus drew together several existing data-gathering initiatives. The participants' comments, this time in two mixed groups, were invited concerning problems in interpretation of the data, the merits of expressing them in different ways, and the further questions which might be raised by gathering such data.

By the end of the day's session each workshop member had agreed to conduct a small-scale project designed to address some of the questions raised by collecting data along the lines of the worked example. Each of the schools of nursing had a single project and the

midwives collaborated in two groups. One district nurse member collaborated with a school of nursing, and the other district nurse and health visitor members carried out separate projects.

The projects were tailored to suit particular local circumstances based on information about each school or course given to the researcher following the first workshop and were, like all the learning materials, checked in draft form by an independent nurse teacher beforehand. All workshop members were requested to send a copy either of a preliminary draft, or notes of work in progress, to the researcher mid-way between the second and the third and final workshop to ensure that work was proceeding along the right lines.

In the *third* workshop members presented reports of project-work, and this was followed by an "open forum" in which they were asked to express any concerns or questions about the project, and about the kind of data-gathering envisaged. In the final session the whole group was invited to consider issues of implementation which could be drawn up as a "code of practice" for PIs.

The information gathered at the teachers' workshops fell into three categories:

- 1) notes taken of discussions during the workshops, along with any agreed statements resulting from those discussions
- 2) questionnaires on core data items completed between the first and second workshops
- 3) project work

The EAG workshops

The workshop group consisted of the sixteen EAG members - DNEs and nurse educators in higher education, senior nurse managers and Regional Authority officers. Two workshops were held, and instead of individual project-work, the group was asked to convene a subgroup to engage in a specified task between the two workshops. Fewer EAG members sent deputies to this workshop group than was the case in the teachers' group. Several of the EAG group were also members of the teachers' group. Out of fifteen members, thirteen attended the first workshop and seven attended the second.

In the *first* workshop, participants had been asked to bring their written responses to two open-ended questions about their views on the role of the EAG in monitoring the cost-effectiveness of nurse education. They were asked to discuss these questions further in two small group situations. In the second session of the morning the two groups were each presented with a dilemma concerning resource allocation, drawn from the experience of an EAG in a different Region, and were invited to attempt to resolve the problem, indicating what information they would need to help them.

In the afternoon session, again in two groups, members were offered the same worked example discussed in the teachers' group and asked their views on the interest of the EAG

in such data. In the final session of the day members were asked to identify and prioritise an agenda of issues they thought they would need to address in the following five years and invited to convene a subgroup to meet at a later date and discuss the information they would need to help them develop policy in these areas. The subgroup met for a morning and the Research Officer attended and took notes on the discussion.

In the *second* workshop the Research Officer reported to the EAG workshop group firstly on the subgroup meeting, and secondly, with the permission of the teachers' group, on the project work they had carried out, some of which was directly relevant to questions identified in the subgroup meeting. In a similar manner to the teachers' workshop, there was an "open forum" for expressing questions and concerns about the project and about the methods of data-gathering envisaged, followed by two group discussions about a "code of implementation". This was conducted in a slightly more structured way than in the teachers' workshop, with a list of 15 possible policy statements, drawn from all the workshop discussions, to debate in terms of desirability and feasibility.

To give a better picture of how this particular EAG functioned both in relation to the schools in the Region and with respect to the ENB, the researcher attended two of its meetings and took notes on the deliberations.

The information gathered from the EAG workshops consisted of:

- 1) written responses to an open-ended question about the role of the EAG in monitoring cost-effectiveness, from the first workshop
- 2) notes on discussions at both workshops, at the subgroup meeting, and an agenda of agreed future policy issues

The focus of all these workshops enabled detailed discussion of the specimen "core" data items within the context of the planning in general of nurse, midwife, health visiting and district nurse education, and perceived accountability relationships. These items were selected by the researcher as representing the minimum achievable at this stage, given that further refinements could become possible in the future as the pace of change in nursing education, especially with regard to P2000, began to settle down.

Initially, however, it was felt to be important to establish what was the nature of existing data-collection activities at the level of the school and the EAG. This proved to be a complex area, and it quickly became apparent that information was being collected for the ENB and the Department of Health in several different forms. Investigations, therefore, were extended beyond the training institutions and the EAG to include information systems at these higher levels.

Interviews at the Department of Health and the ENB

This part of the research consisted of interviews with officers and members of the Board; a total of 18 people were interviewed, some of them more than once, including officers and members of the ENB, and officials at the Department of Health. Other key personnel interviewed by the project included a Trades Union official from COHSE, an officer specialising in education at the RCN, a member of the Public Accounts Committee, and the chief Peat Marwick McLintock consultant. All these interviews were unstructured, from a short list of questions in which respondents were asked to identify the chief problems they saw in developing and implementing PIs, to discuss the question of what they considered to constitute "value for money" in nurse education, and to discuss policy about resource allocation methods. Most interviews lasted approximately one hour.

Fieldwork outside the case-study Region

It was also recognised that each Region operated in a unique way, with differing emphasis on different kinds of relationships. The informal nature of liaison between the EAGs and the Health Authorities in particular contributed to this, and much depended on the individual style of the Regional Nursing Officer in each case. We therefore decided to investigate the way in which other EAGs conducted their business, and the researcher observed two EAG meetings in different Regions outside the case-study Region. It was also felt to be important to maintain liaison with other Regional PI projects, and the researcher interviewed as many co-ordinators of these projects as possible in order to keep up with progress in this area. In one case the researcher participated in a Regional PI group meeting. Two DHA officers were also interviewed, one an Information Officer and the other a District Finance Officer.

The process of "piloting" the learning materials also afforded further opportunities to record the views of nurse educators from outside the case-study Region on the data sets and associated issues.

The impact of the policy environment on the research process

At the end of Chapter Seven, we saw how during the second phase of the PI project, nurse education policy was being shaped by a large number of different initiatives, each with its own timescale, consultation processes and accompanying uncertainties.

In total, these initiatives served to create a policy environment of great instability, and one of the aims of this thesis is to examine how this instability affected the action research strategy. At this stage in our argument we need to outline some of the implications these uncertainties held for the practical conduct of the action research process.

One problem which arose early in the course of Phase Two derived from the Clinical Grading Review. By the autumn of 1988 the process of appeals against grades had gathered momentum and was taking up a very large proportion of senior nurses' time.

This brought some practical difficulties for the project because it meant that Regional Nursing Officers and District Nursing Officers had become almost impossible to contact. Since it was essential to negotiate at this level over the participation of EAGs and training institutions in Phase Two, this brought a slight delay over the selection of a suitable case-study site.

The development of Regional Education and Training Strategies had, it will be recalled from the findings of Phase One, provoked considerable debate at regional level. The purpose of these strategies was to amalgamate schools into larger units, and some EAGs had commissioned consultants to produce option appraisals for different amalgamation scenarios. The extent to which agreement had been reached over these new arrangements was a crucial factor in the selection of case-study sites. Two Regions approached by the researcher had to be rejected solely because agreement had not been reached. The existence of a strategy in the case-study Region which was near to agreement made it essentially the only candidate with an approximately stable environment in which to conduct research. In all other Regions the amount of negotiation outstanding meant there would be a significant number of institutions not only uncertain about their identities, but also possibly in more or less open dispute with the Regional Health Authority or with each other.

However, those factors which militated in favour of the case-study Region's being the only realistic candidate also - in the event - detracted from its suitability in another respect. The very stability of arrangements led to two of the training institutions in the case-study Region becoming P2000 demonstration sites in the spring of 1989 (in twelve other Regions only one institution was selected, and in the thirteenth no site was selected). Since the process of selection and subsequent demonstration involved a considerable amount of work compiling submissions, this meant that the amount of input these two sites were able to make to the project was much less than had originally been envisaged. By definition, too, these sites were prominent in the policy arena, which reduced the contribution of sites of this calibre to the case-study work.

The ENB internal review

Perhaps the single most important initiative for the research process was the ENB's own internal review. This was carried out during the early part of Phase Two of the project, but the findings were not discussed by Board members until mid-February 1989 when the report was also made public (ENB 1989b). It recommended ways in which the Board might clarify its arrangements to secure more direct lines of accountability in the resource allocation process, including the abolition of Education Advisory Groups and their replacement by Local Training Committees, permitted under the 1979 Act and therefore not requiring new legislation. The essential difference between the fourteen EAGs and the LTCs would be that there would be only four LTCs based in the ENB's existing local

premises; they would function as committees of the Board, but with greater executive input at local office level. Thus a greater role for the officers was envisaged, and cost-based PIs were recommended as an essential element in the process of monitoring resource allocation.

The contribution of this initiative to the general uncertainty surrounding nurse education policy as a whole was not itself great, as it was debated very little in the nursing press and in public forums. For the PI project, however, it was considerable. Though the researcher was officially informed of the existence of the work being carried out by Deloitte's, contact between the two projects was not encouraged by Board officers. However, during the course of interviews with Board members and officers carried out in late 1988 and early 1989, reference was frequently made to Deloitte's work by interviewees, and the researcher was able to build up a picture of the possibilities which lay ahead. These remained only possibilities, however, even when the report was published. Essentially, the report represented the ENB's position in a wider debate - the review by Peat Marwick McLintock of all the statutory bodies. In practical terms, however, the Deloitte's report exerted a major effect on all discussions initiated by the PI project regarding one of the key project questions, namely "what organisational structures and what procedures for liaison, consultation and negotiation may best support the implementation and use of a common data set for PIs?" (Chapter Seven). In particular, it affected discussions about the future role of the EAGs in performance monitoring.

The national policy environment and its effects on the project

The Review of the Statutory Bodies was a very important policy initiative being conducted within the same timescale as the PI project. Peat Marwick McLintock had been commissioned to carry it out, and their remit allowed for changes to statute. While the consultants sought to avoid such changes, their investigation - made public in September 1989 - argued that some of the unsatisfactory elements of the relationships between the statutory bodies were obstructing an appropriate level of the discharge of their responsibilities, and they recommended new relationships which would require the assent of Parliament (ENB 1989c).

Of particular importance for the PI project were the proposed arrangements whereby the Boards would no longer be elected bodies (the UKCC becoming the elected body with responsibility for standards-setting), but instead would become entrusted with the direct ownership of training institutions. This raised the prospect of much greater control of resources by Boards which would be officer-led. The consultants argued that such arrangements would enable the use of resource-based PIs which would more accurately reflect the true financial situations of training institutions than was possible under the existing arrangements. In particular, the use of student-staff ratios was recommended "as an aid to improved resource allocation rather than as a measure of achievement", though it

was also recognised that the wide variation in current definitions demanded further research to "establish appropriate values of SSRs in different circumstances". In addition, it was recommended that the Boards develop a "small set of resource based PIs to be used in monitoring resource usage at institutional level" (ENB 1989c). This particular policy initiative had no visible impact on the project because its findings remained confidential until after the PI research was completed and published. Nevertheless, many of the key officials and Board members interviewed by the researcher were also involved in it, and their thinking was affected by it.

By far the most momentous of all the policy initiatives, however, was the NHS Review, partly because debate about it was highly politicised, but also because it had been committed from an early stage to putting forward radical proposals. When it was finally published at the end of January 1989 (DoH 1989a), it occupied the centre of the policy arena. But far from settling the atmosphere of uncertainty surrounding nurse education, it only added to it by virtue of omission. There were indeed so many areas of uncertainty thrown up by the White Paper that a series of *Working Papers* were published later in 1989 to clarify policy proposals in these areas. The *Working Paper* for nurse and midwife education was not published until November 1989 (DoH 1989b).

One specific questionmark the White Paper raised over the arrangements for nurse and midwife education was in the notion of Self-Governing Hospitals. During the research timescale, the Department of Health invited expressions of interest in self-governing status, and responses were received not just from hospitals but also from whole Districts, and the status of training institutions currently owned by potentially self-governing units of various types was therefore called into question.

The idea of introducing internal markets backed up by computerised resource management and clinical budgeting in the White Paper did however set the scene for the use of cost-related indicators in particular. While P2000 permitted the calculation of some of the "grey areas" of District Health Authority resource input into nurse education, and the new clinical grading structure established new relationships between labour costs and outputs, the streamlining of accountabilities already being proposed in the Reviews would, it seemed, set up the organisational structures necessary to support information on costs becoming more directly available to the Department.

Meanwhile, in higher education the introduction of "corporate status" on April 1st 1989 for polytechnics and colleges meant that these institutions were no longer under the control of Local Education Authorities. Instead, they were to be financed by the Polytechnics and Colleges Funding Council. This development was certain to use new approaches to the allocation of resources, and it was highly likely that performance-related information would play some sort of role in this process. However, the emerging pattern of developments in this particular scenario remained unclear because, when Phase Two commenced, they were still the subject of negotiation and consultation. For the PI project

this had an impact in particular on discussions with training institution staff in higher education where the volume of work required in preparation for corporate status was considerable.

A final area of uncertainty derived from the proposed White Paper on Community Care, *Caring for People* (DoH 1989c). When it was finally published, it set out proposals where local authorities, like district health authorities in *Working for Patients*, would become purchasers of 'packages' of care from outside providers, requiring contracts to be drawn up and agreed, and information systems to be developed which would support those contracts. Though of more long-term influence, this initiative also focussed the minds of participants in the research on the new cost-based information culture they were beginning to encounter. It was certain, too, to affect the business of negotiating the community placements which lay at the heart of the new P2000 curriculum.

Conclusion

The policy environment against which the second phase of the PI project took shape was both complex and uncertain. However, the continued use of an action research strategy seemed to represent a potentially powerful means of coping, in research terms, with this uncertainty. Indeed, within the first weeks of Phase Two the difficulties encountered by schools and RHAs in implementing the Regional Education and Training Strategies led to changes in the research design. These changes, by taking a national view of the decision-making process, allowed a more explicit acknowledgement of the PI project as itself participating in the policy arena, and potentially strengthened the action element in the research process.

Chapter Nine: How existing data-collection systems were appraised

Introduction

A central element in the critique of PI systems identified in the initial literature review was the way in which the Financial Management Initiative tended to identify PIs as representing technical solutions to problems which were also political in character. The position adopted by the Board in negotiating a second stage of work, with its focus on the need for a national data set seemed to reflect this view. The research methods used in the second phase, however, sought to keep information issues located within a policy framework. At the heart of these information issues lay the specimen data set (see Appendix Three).

In reporting the results of the research, the convention of setting out the findings from each episode of fieldwork in chronological order was rejected. Instead, an approach was adopted which could highlight the various policy issues which ran through the research process as themes by turning these themes into chapter headings. In this way, essential policy issues such as debates about resource allocation models could be dealt with explicitly and, it was hoped, not ignored. Thus the notion of the "fourth E" could be proposed as a central feature of the performance model through the way in which the entire report was structured.

An essential precursor, therefore, to the discussion of more policy-related issues, was the subject of information itself in terms of existing patterns of information-gathering. The first substantive chapter of the final report on Phase Two gave the following outline of how existing information systems operated between the different policy levels of training institution, Region, Board and Department. The data informing this chapter was, as should be apparent from the above discussion, gathered at all stages of the research process. The report started at training institution level.

Data Collection at Nursing & Midwifery Training Institution Level

At the end of the first teachers' workshop, participants were circulated with forms to complete (see Appendix Three) about existing data-gathering exercises in which information was collected within the school itself and supplied to other agencies about student numbers and flow, teacher numbers and flow, and about the school budget. The aim here was:

- 1) to discover how PI collection might integrate with existing data-collection
- 2) to provide an opportunity for participants to express their views about the usefulness of such information

3) to discover the extent to which participants felt able to influence the values for such figures

4) to establish what other influences might affect the values for such figures

Participants were encouraged to interpret the exercise as widely as they felt was practicable within the limits of the two hours per week workload agreed at the beginning of the workshop series.

Of the seven schools of nursing in the case-study, six participated in this exercise; the seventh was unable to supply information because the participant was in the process of taking up a post in a newly amalgamated school which was later to become a P2000 demonstration training institution. One school supplied an incomplete set of forms.

Each of the six midwifery schools who agreed to participate in the case-study completed this exercise and so did the District Nurse, the Health Visitor and the tutor teacher workshop members.

Counting the students

Among the six schools of nursing who were able to supply details about information they collect concerning student flow - ie student numbers, discontinuations, completions and employment destinations - no fewer than 24 different exercises were identified in total, and the number of activities listed by each respondent varied between 4 and 16. There were no exercises which were common to all response sheets.

In the midwifery schools, 19 different exercises were identified across all the schools, and the number identified by individual respondents varied between 3 and 11. Again, there were no exercises which were common to all response sheets.

Respondents made it clear that time constraints precluded a comprehensive survey of data-collection and recording activities, and the summary of results from the questionnaires could be regarded as showing the range of data-gathering exercises which first sprang to mind out of a large number of possibilities. Some respondents also reported difficulty in filling out the questionnaires and took up the researcher's offer of discussing this over the telephone; others reported not even having had the time to do this. The very fact, however, that the act of counting the numbers of students in the school is a highly fragmented activity and therefore difficult to comment upon, is itself worth noting.

There were also some features of the responses to this exercise which seemed particularly pertinent to the gathering of information for PIs.

Firstly, the sheer number of different ways in which students were counted seemed of fundamental importance, and set a complex background for any proposals to add any further activities to the list. For example, they had to be recorded on the Training Index, on the DHA payroll system, for allocation to practical areas, for course approval, and so on. While some of the exercises cited by respondents were of marginal relevance to the

school, being little more than routine recording for different hospital administrative purposes, others were part of major planning exercises. Discussion of this exercise at the second workshop prompted one participant to comment:

"introduction of new students takes up a whole morning because of all the form-filling you have to do"
- ADNE

Secondly, the way in which respondents identified these activities was generally by naming the agency to which the information is sent - eg the Regional Health Authority Manpower Planner, the local personnel department, and this itself indicated something important: information about student numbers was generally collected for someone else. As one participant put it:

"I found that comparatively little data seems to be required. We've tended to collect just what was required of us and no more" - SMT

Thirdly, the variety of responses is worth noting. This was more evident in the responses from schools of nursing than from schools of midwifery. Among the six schools of nursing, there was no single exercise which appeared in every set of responses; the ENB training index was the most frequently mentioned. The picture was slightly more uniform for the midwifery schools, where information was sent to the ENB in several standard formats, most of which were listed by each respondent.

Fourthly, although each respondent was requested to include any planning exercises within the school for each data item, only four instances of such internal activities were mentioned: two were exit interviews, a third was information sent to tutors and a fourth identified routine records sent to the library. Even submissions for ENB course approval, which although they are carried out jointly with the ENB, constituted a fundamental school planning activity, and required the support of information about trends over time concerning student flow exactly along the lines respondents were asked to consider, were mentioned only once, by a Senior Midwife Teacher.

Herein lay something of a paradox: all planning within the school must take account of student numbers, and yet such internal exercises made the briefest of appearances in lists of data-gathering activities.

These observations pointed to a dislocation between data-gathering and planning not only within the school, but also perhaps beyond. For instance, the existing Regional PI exercise was mentioned by only half of the nursing respondents; again this seemed odd not only because the data gathered in this exercise matched the items on which respondents' views were sought, but also because the subject of the exercise was identical.

The split between planning and data-gathering was in many cases further reflected by a split in personnel function. In the workshop discussion on this exercise, several people agreed with the following comment:

"a lot of this information is managed and handled by administrative staff who don't understand what it's for. We don't get to interrogate the data" - ADNE

Counting the teachers

Respondents were asked to itemise the ways in which they collected data on teacher posts, qualifications and leavers, and by comparison with counting the students, the processes by which teachers were counted seemed simple. Five schools of nursing responded to this set of questions, and identified a total of five different exercises, the ENB annual teacher returns and District Health Authority staffing returns being most frequently cited. The midwifery schools, too, presented a simpler picture, with ENB annual midwifery statistics and District returns most commonly cited out of a total of seven different exercises from six schools.

In common with exercises where students were counted, only three schools (of nursing and of midwifery) identified their submissions for ENB course approval as an exercise in which teachers were counted, although the approval document not only required student staff ratios but also teacher qualifications.

There was no locally-based PI exercise in which teacher numbers were included; it would appear that any reference made to student staff ratios at EAG level relied on information supplied by the Board, but which of course originated from the training institutions via the Teacher Returns.

Data Collection in Higher Education

Patterns of data-gathering in institutions of higher education were somewhat different from those in schools of nursing and midwifery. Our three respondents from higher education all worked in different types of institution: polytechnic, institute of higher education and university, where in all cases existing data-gathering had a more academic slant. Here the course submission document was felt to be the key source of information.

Data collection at the EAG level

The material presented in this section draws on information gathered from observation of four EAG meetings, two in the case-study Region and two in other Regions, along with material from the case-study EAG workshops in which participants were asked to discuss their information requirements.

The case-study EAG made use of few regular data-gathering exercises; the main ones were budgetary information assembled by the financial adviser, and a regionally-based PI-type exercise on student flow and course provision. Members' comments revealed an ambiguity in the ownership of this latter information as to whether it "belonged" to the RHA or the EAG. It was in fact collected and assembled by a Region-based manpower planner, though its main use seemed to be within the schools themselves.

The main way in which this EAG collected the information it needed was by setting up subgroups to look at particular problems, or by inviting other Regional groups or Education Officers to report on particular issues. At the two meetings which were observed, several subgroups were mentioned, for instance in connection with P2000 implementation, P2000 support workers, and post-basic provision.

This latter group was convened by the Regional Nurse Advisory Group, and reported at one of the EAG meetings, tabling a paper which detailed the provision of courses catering for post-basic nursing specialties in high technology areas of care throughout the Region. The group compared the qualification levels of the staff in post for each area with recently published national figures, and recommended agreed standards of qualification levels for existing areas along with plans for new courses to be developed by relevant training institutions in order to meet these standards.

This paper seemed to provide an excellent example of how PIs in the form of levels of course provision and qualifications in particular specialties could be used as essential background information to link manpower standards-setting and educational planning. In this case, national norms were used as a comparison base.

In both the other two EAGs there was a great deal of discussion about the problems of obtaining the information needed by the EAG. In neither case had it been possible to table a financial report as itemised on the agendas - in one case because the financial agent was absent due to sickness and in the other because a new financial agent in post was experiencing problems with handover from the previous postholder. At both meetings it was apparent that the EAGs did not have the information they felt they needed in order to make decisions on how to allocate funds, and that this was not only because the financial agents were not available to put this information together, it was also because schools themselves found it difficult to obtain financial information from their districts. In one of the EAG meetings the need for cost-based PIs was discussed during almost every agenda item. The experience of yet another EAG is also worth reporting: this EAG set up a group to devise local unit costs, but the Finance Officer had been unable to attend meetings, giving the additional work required for the production of financial information for the local P2000 submission as the reason.

Both these above-mentioned EAGs were experiencing problems with existing school-based Regional data-collection systems. In one case a microcomputer network had been installed with electronic mail-links, but in the absence of dedicated telephone lines the

system had required too much switchboard time and schools had not made much use of it. In the other EAG a region-wide system giving learner allocations had been operating for some years, but requirements had begun to outstrip capacity and a great deal of time was being spent on repairs. The system had been extremely useful in providing the background information required for a P2000 submission, but some information the group regarded as important could not be provided - for instance breakdowns according to gender and age for wastage and completion rates among students. One of the agenda items at this EAG meeting concerned plans to replace the system.

The use of Region-wide school-based systems by these two EAGs makes an important contrast with the approach towards data-collection in the case-study Region of convening subgroups, backed up by Region-based data-collection. These differences may have evolved at least in part from differences in geography. The case-study Region was relatively small and it was therefore possible in this EAG for every DNE to attend meetings with the opportunity to speak even if they are not members. In the other two Regions, the geographical areas were much larger, with a larger number of schools prior to amalgamations. In one of the Regions, it had at one time been the practice to invite all the DNEs to EAG meetings, but this had resulted in numbers which were too large to balance effectively the needs for debate and decision-making. In the case-study Region, training institutions seemed much less remote from the centre, and it was possible to gather Region-wide information using the resources of the EAG members themselves.

Comments on the need for improved feedback

In the teachers' workshop, respondents were asked, in relation to each data item, whether they felt improvements could be made on feedback to them of data they supply to other agencies. In most cases, this question failed to elicit a response, perhaps indicating a satisfactory state of affairs for most respondents.

Those respondents who did take the opportunity to comment wanted to know how information sent to the ENB on teachers, on the employment destination of midwives, and on students successfully completing post-basic courses is used, and how Regional PIs on student flow are used. There was one plea for formats to be kept the same from year to year to enable comparisons to be made within the school over time, a suggestion for feedback from the National Clearing House to be improved, and from one head of midwifery about to join with another school:

"a national picture of tutor establishments in relation to size of school (no. of courses, no. of students, no. of intakes, no. of training sites)" - SMT

Data Collection at ENB and DoH level

Discussions about what might constitute suitable PIs and how they might be used were taking place against a background of considerable change in the potential of systems to supply such information, and at the time of the PI project these systems were correspondingly being updated throughout the NHS.

The Department of Health had been collecting PIs since 1983, and the Joint Group was constantly refining and adding to the set. The use of the word "performance" had recently been dropped, and the information is now known as "Health Service Indicators". While this showed the difficulty of attributing numerical values to performance, it also seemed to call into question the nature of the model now being used, since it was no longer clear to what characteristics of the NHS these indicators refer. In practice, it would appear that the model remains the same, given the fresh impetus towards addressing the long-outstanding problems of outcomes and quality which reported in the minutes of the Public Accounts Committee (PAC 1989) confirming that from 1989 the PI package would include a "negative outcome" indicator on "avoidable" deaths (see Charlton Bauer & Lakhani 1984), and recommending that clinical audit and periodic reviews such as the Confidential Enquiry into Peri-Operative Deaths become "a routine and accepted part of clinical practice" (PAC 1989).

Many useful basic statistics were available to the Department through the annual census of payroll data which provided, for instance, national information about the numbers of nurses and support staff in the NHS according to grade. These statistics enabled an independent check on numbers of staff, and a statistician seconded to the ENB from the Department in late 1988 conducted an exercise which compared the resulting figures on teachers from the census and from the ENB's own teacher returns. Although the payroll census did not distinguish DNEs, ADNEs, midwifery teachers and post-basic teachers - all of which were not counted in the annual totals drawn from ENB returns - she identified a discrepancy between the figures from each source which even the inclusion of these categories would not account for. The tentative conclusion, which merited further investigation, seemed to be that the ENB may have been undercounting its teachers. On the other hand, it also seemed possible that the Department undercounts students on post-basic courses:

"we think we undercount the post-basic students because we identify them through occupation codes and these persist when people are on courses - payroll departments don't change them because they're still drawing salaries" - DoH statistician

Thus there were some very important questionmarks over the basic accuracy of current data on teachers and students as supplied to the Department and to the ENB.

In the medium-term, some improvements seemed likely to begin to show in manpower information available to the Department following the requirement that all DHAs should

install manpower management information systems in the following (1989-90) financial year. Some Districts and Regions were pursuing a policy of integrating payroll and personnel systems, which could be tailored to produce a substantial amount of local information along the lines of the specimen data discussed in this project. However, the availability of high quality information does depend on appropriate policies for collecting it at local level. One District Finance Officer interviewed by the project described his strategy as follows:

"first, improve the quality of payroll staff; second, ensure that correct information is collected by managers; third use an integrated payroll and personnel system which enforces that collection" - District Finance Officer

As these systems were becoming operational they seemed likely to provide considerable opportunities for linkages not only at national level, but at Regional and local level too. One Region was in the process of developing an integrated Educational Management Information System which drew several currently disparate systems together, and would also provide a "what if" facility

"which will enable us to assess the impact of curriculum change, for instance, on manpower allocation" - Regional Nursing Officer

However, as the minutes of the Public Accounts Committee showed, those manpower systems which were then current used a variety of methodologies; some Regions used a common system, while others did not; some approaches were "top-down" and others were "bottom-up". The committee recommended the use of a more limited set of methodologies (PAC 1986).

A further opportunity for such linkages seemed to be afforded by the data set recommended by the National Health Service Training Authority whose remit concerned all types of training in the NHS. Such a wide remit brings difficulties for the performance model in that outcomes are very difficult to specify; at the time, the data set concentrated on activity, but there was a long-term hope that activity indicators could be related to clinical outcomes. As indicated above, the only outcome indicator available at the time was the new data on "avoidable deaths". However, in the long term, the development of clinical audit and clinical budgeting through the resource management programme recommended in the White Paper "*Working for Patients*" could, it seemed perhaps eventually result in the production of some more concrete outcome indicators, though it may well be that these in turn would require greater refinement on the input side. For instance, experience in the US showed that the use of local standardised mortality ratios had brought with it a need to evaluate the severity of cases arriving in the service. If this data is linked to budgeting, then there is a danger that managers will tend to overestimate the severity of cases. The complexity of the issues raised by the introduction of the resource management

programme highlights the need for agreed definitions, and clinicians were, following the publication of the White Paper, arguing that the planned timescale would not be adequate to ensure successful operation.

In addition to these initiatives, the data sets proposed by the Korner Committee (DHSS 1982) were beginning to yield more information at a national level. But their usefulness for nursing and midwifery appeared to be limited:

"under the Korner information system we are going to get information on joiners and leavers. It will show whether people come from outside the NHS or outside the district. Where they are in 12 months time would be a bigger problem ... the problem with Korner is that it doesn't give us fine enough detail" - DoH official

and at the time, the quality of the information provided seemed patchy:

"in the Korner data sets management and tutorial staff are taken together, and it doesn't seem to be consistent over the country ... in theory the system should give us wastage on employed nurses, but so far only six regions have given us useable data - most of it is incomplete" - DoH statistician

However, it was possible to use Korner definitions as a basis for making further inquiries, and one DoH officer had carried out a detailed investigation of the employment destinations of physiotherapists:

"it's based on Korner definitions incorporating things we wanted, and we can look at the following breakdowns: in region / other NHS / private / other work / abroad / maternity / retired / end of contract / other" - DoH official

It also needed to be borne in mind that District General Managers would, in 1990, have available to them under the heading of Nurse Manpower the following information about learners:

- 1) Ratio of tutorial staff to learner nurses
- 2) Tutorial costs per head of learner nurses
- 3) Percentage of learners who leave without completing training
- 4) Number of learners as a percentage of total nursing staff (which includes learners) in the District

and that DNEs would need to be able to make an informed contribution to local discussion and to help managers interpret these figures in terms of local circumstances.

All these examples illustrate the amount of time it takes to fully operationalise new information systems - a problem which is compounded by the size of the NHS itself.

These problems loomed large for the ENB too. Though smaller in scale compared to the NHS, it was by far the largest of the four National Boards, and depended to some extent - particularly for local financial information - on NHS information sources. Given the

discussion taking place over the findings of the Peat Marwick McLintock Review commissioned by the DoH, and the ENB's own proposals for reorganising the interface between the Board and the training institutions contained in the Deloitte Report, the implementation of new data-collection systems was acknowledged by Board officers as being contingent on the outcomes of these deliberations.

However, in the previous twelve months the Board had been engaged in developing its existing systems and identifying problems which would need to be addressed for any major upgrading to take place, and this had been done with the assistance for four months of a part-time statistician seconded from the DoH.

One area where there was pressing need for reform concerned the financial system. At the time this was organised separately from the educational side, and was itself felt to be inadequate:

"At the moment we don't even have electronic transfer of funds - we all sign cheques" - ENB officer

And although the Board monitored its non-pay costs in various ways, with a set of breakdowns recommended in the course approval document, there were no clearly set out definitions. Training institutions were dependent on their local DHA systems, whose breakdowns might be provided according to slightly differing categories.

Student numbers were provided to the ENB through its National Clearing House and Training Index - two systems which had recently been integrated, involving a major recoding exercise, and located together in the Board's Bristol office. Plans were also under way to add an "Institutional File" to this database which would give details about training institutions and the courses they offered, and would process the annual teacher returns. One of the key functions of this part of the system would be to record the approval of courses, and for this the liaison of ENB Education Officers was crucial. In the long term the ENB was keen to install computer links in every school so that data could be validated on-screen. The whole system would also form the database from which the Board's PIs would be generated. However, as one of the Board Officers pointed out:

"essentially it's a personnel system not a publicly accessible network. Our chief function is a clerical one - but the by-product of the system will be gold!" - ENB Officer

Current practice was for all the information on the training index to be supplied manually at school level. The clearing house, which was a national facility to deal with applications for nurse training (midwifery training was not included) got its information direct from the student applicants, and at this individual level it was felt to be highly accurate.

But the Board officer who used the system to generate annual statistics reported some problems concerning accuracy - for instance there may be some undercounting of

students in the annual numbers because training institutions could fail to send in their forms (accompanied by index fees) on time. Furthermore, these students would not appear in the following year's figures because the count was based on commencement dates. The problem was more acute in the case of district nurses and health visitors, where the commencement forms sometimes did not arrive until candidates qualified. Midwifery training, on the other hand, was subject to a slightly more central degree of control, with intake dates fixed throughout the country, and though training institutions were dependent on District Finance Officers for cheques to cover index fees, they generally succeeded in returning forms on time.

Grocott (1989) attempted to check on the validity of learner figures by comparing the annual population figures with cumulative intake figures, and adjusting for wastage; a preliminary analysis revealed that the learner population did not appear to have declined as rapidly as the intake numbers, and that this inconsistency required some explanation.

The source of data on teachers comes to the Board from annual teacher returns, and the form used for this had been revised for the 1988/9 financial year. The most likely source of any inaccuracies here was thought to be due to the split funding of posts, between the ENB and the DHAs, making it impossible to distinguish some posts for the purposes of breakdowns according to course as the form required. In addition, it was known that some teachers worked more hours than they are contracted to do, which could have the effect of inflating the whole-time equivalent estimates.

Apart from its annual statistics on students currently in training, the Board had also undertaken one-off studies such as the Cohort Study on Learner Wastage which tracked the progress of particular intakes (Dodd 1987). Such studies seemed to be of great value for in-depth monitoring of trends over time, but were costly to run.

In addition to the Board's four main offices, there was also an office at Sheffield which was a Resource and Careers facility. This office also collected information direct from training institutions for dissemination as careers literature by periodically conducting surveys of courses currently available (rather than those approved - which may not in fact be running) - and this represented yet another request for similar information in slightly variant form which training institutions received from time to time.

As we have noted, in several Regions senior nurses with responsibilities in the management of nursing education were making use of Region-based computerised information systems to handle items such as personnel/manpower data, payroll/cost data, and allocation/timetabling data. These information systems were being used in some instances to compile PI data and to compare nurse training institutions within a Region. They offered obvious benefits for such work: the use of spreadsheet technology could undoubtedly speed up, simplify and bring order to the handling of large amounts of data, and enable it to become a routine matter. However the relevant facilities and the expertise in handling them appeared to be located at Regional level only; and the prospects for

developing such facilities and expertise at the level of individual nurse training institutions seemed to deserve further scrutiny. The first consideration was the nature of the computer systems that were available.

Regions appeared to be favouring IBM hardware in the development of their clerical and financial management information systems, and they had been encouraged to do so by wider developments in management information systems in the NHS and by NHS Management Board advice. Similarly the ENB itself had within the previous 2 years installed its own IBM machines to handle the large-scale personnel data base associated with the Clearing House and the Training Index. At the time, however, the ENB's IBM system had several features which limited its usefulness as a tool in work on PIs:

- the system only covered initial training courses, and not post-basic courses
- it was a system for handling clerical information, and the monitoring of financial information was a quite separate function
- it focussed on student data, and did not yet fully incorporate information from Teacher Returns
- it offered no possibility for intelligent interrogation of data sets for performance review purposes.

In the future it seemed that it could be feasible to link individual nurse training institutions directly into the ENB mainframe IBM computer; but clearly a substantial initiative in system development would need to be undertaken by the ENB before such linking could support effective work even on the simple PI data sets (on individual nurse training institutions) explored in the PI project report.

Moreover there was another IT system in widespread use within the ENB itself and in training institutions. This was the BBC Acorn machine, which was favoured by the ENB CAL (Computer Assisted Learning) project at the ENB Resources and Careers Unit in Sheffield. This project had been in operation since June 1988 and was part of larger 10-year ENB strategy for the development of CAL in training institutions. It provided a national programme for teacher development in the area of CAL in nursing education, on a cascade system; and there were at the time 3 designated training Centres and more than 100 individual schools linked into the system, all on a voluntary basis. The participating Institutions were in turn committed to providing BBC Acorn machines locally, and in doing so they gained entry to a wide area networking system (in the shape of the Times Network System) and achieved alignment with an extensive bank of existing CAL protocols (through the Open Software Library). The CAL Project offered the prospect of making available to training institutions a range of 'expert systems': the training programme at the time covered word-processing, spreadsheets, data-base management,

and authoring languages. There seemed to be little doubt but that in principle this scheme could be drawn upon to prepare and support Senior Nurse Education Managers (Directors, Principals, etc) in the spreadsheet techniques that would directly assist them in work on budgeting, resource allocation, and performance profiling.

In several respects the BBC Acorn system favoured in the CAL Project seemed to offer much more immediate promise as an accessible and usable tool for PI work than did the IBM system favoured by the DoH, ENB, and the Regions. But there also seemed to be a second consideration requiring scrutiny, which was the capabilities of the software packages that were available within each hardware system.

The CAL Project used a spreadsheet programme called *Viewsheet*, which had the disadvantages that it did not transfer from BBC Acorn to other hardware systems, and that it did not lend itself to user-directed (DIY) probes and interrogations of data sets. For consulting PI data on IBMs, the DoH itself issued data on a spreadsheet called *Symphony*, which permitted much more sophisticated operations on data sets, but was slow and used up a large amount of memory. The DoH also issued an expert system for PI use called *Crystal* which could be used to specify cut-off points, to pull out outliers, to print out 'top 10' or 'bottom 10' items, with rank order, individual values, etc. This software was currently in use in Health Service Indicator work at District level.

However, these software programmes were still felt to be inadequate by professionals who were interested in setting up their own comparison bases, and ask "what if" questions. Such practices were supported by the recommendations of a survey conducted by CASPE in which it was proposed that

"users would benefit from being able to gain access to the raw data, construct additional ratios of interest (using for instance, different catchment populations as the denominator) or input local data to make the information more relevant and up-to-date" (CASPE 1988)

Clearly each of the two systems (the IBM and the BBC), both already favoured in different areas of work in the ENB, had advantages and disadvantages which needed to be carefully weighed for the future of PI work in nursing education. But to complicate this issue still further, many institutions of higher education (with which schools of nursing were of course rapidly becoming more and more firmly linked) favoured a third and different IT system, the Apple Macintosh. This was considered by some commentators to be a much more user-friendly and accessible micro environment than the BBC or IBM systems, largely because in the latter two, access is by means of arbitrary codes whereas in Apple Macintosh access is directly from a menu. This feature seemed best exemplified in a spreadsheet package called *Excel* along with two other features which particularly recommended it for use in quantitative reasoning and problem-solving by non-specialists: the method of cell-referencing was much simpler; and it could generate graphs as well as tables and histograms to represent the same numerical data.

Awkward choices of this kind were not unfamiliar in what was then the current state of IT systems development. Indeed, setting out to achieve harmonisation or standardisation in software packages seemed to be a daunting prospect, though decisions were already being taken in some Regions for instance to abandon the BBC systems and replace them with IBM-compatible ones. A simpler solution for the ENB, it seemed, could be to adopt the strategy employed by the Universities Central Council on Admissions (UCCA), which asked all Universities to submit data in an agreed common format, no matter what hardware individual institutions might be using. When necessary therefore this obliged Universities to produce or adapt their own software to meet UCCA requirements. However, it also needed to be stressed that most universities did have the support of central computer services of some sophistication.

Recommendations made as a result of appraising existing systems

The picture shown by this survey of existing data-collection systems was, from the point of view of training institutions, chiefly one of fragmentation. Of the many different exercises carried out at local level, most were for clerical rather than planning purposes, and there was a tendency for teachers to perceive data-gathering as a routine administrative activity rather than as an essential component of the planning and decision-making process. This seemed to point to a need for the collection of information - particularly of basic numerical information - to become more fully integrated into the educational management function within individual training institutions. For this reason it was decided to recommend that an information function be introduced into management at this level. It also seemed essential that this should be incorporated into teachers' own professional role rather than relying on outside expertise. However, an accompanying change in culture concerning perceptions about the usefulness of information also seemed to be required. The arrangements current at the time for initial nurse and midwife training had not been conducive to the development of this role, but it was clear that the emerging frameworks for more streamlined accountability which were a feature of all the policy initiatives affecting nurse education would certainly require such developments.

The existing arrangements also meant that despite the advances which had been made in this direction, along with suitable levels of potential computer support at RHA level, the involvement of EAGs in data-gathering was limited. The future role of RHAs in the management of nurse and midwife training remained unclear, but it needed to be noted that they represented an important potential resource for information processing.

At the national level, information systems were rapidly changing. However, it was essential to note some fundamental questions about the accuracy of aggregated data. Sometimes there were problems of definition which arose from using systems for management which were designed for clerical functions, and sometimes information which was accurate at local level was not delivered on time. There appeared to be very little

validation of data, and those attempts which had been made raised some disturbing questions. For PIs to be successfully gathered and used it would be essential for everyone concerned to have confidence in their accuracy. Appropriate steps therefore needed to be taken for such problems as were already known to exist to be resolved, and for validation procedures to be fully integrated into data-gathering cycles. The development of the Board's own information function appeared to be moving in this direction. But the training institutions also needed to become more aware of the relationship between timeliness and accuracy and of how information supplied by them was used. One of the keys to increasing such awareness seemed to lie in greater feedback of results, and another key seemed to lie in increasing the use of data for local planning purposes. The PI project final report drew attention to both of these issues.

In addition, the inadequacy of local financial information clearly represented a major difficulty. This raised very important problems for cost-based PIs, not only because from the perspective of the training institutions the ENB costs gave only a part of the picture, but also because any attempt to standardise cost-apportionment would run the risk of penalising those institutions which had made achievements under the current system. We argued, on the basis of views gathered in the course of the project, that any cost-based PIs which failed to take account of independent local cost inputs would need to be treated with very great caution.

Conclusion

It is apparent from the above account that existing patterns of information-gathering were not only fragmented, but they, too, were in a state of considerable flux, with major new investments for new systems under consideration at all levels of policymaking. Indeed, decisions were being made about future patterns of information-gathering as the project progressed.

The data which informed the above analysis were gathered over the whole of the fieldwork period of the project, except in the case of the training institutions, when they were gathered at the first case-study workshop in early 1989. There were several advantages of conducting individual interviews with the more senior policymakers over the full length of the fieldwork timescale. One was that the focus of questions discussed during the interviews could change as the reports were published on the various policy reviews in operation at the time. A further, related, advantage was that issues which emerged during the course of the fieldwork - for example, in the case-study workshops - could also be taken up at these senior levels.

These techniques are familiar features of action research, where it is often acknowledged that a "progressive focussing" on problems is required rather than a fixed investigatory framework. In this research project, they facilitated the "action" element of the project through allowing the researcher actively to pursue debates with policy makers themselves

by rehearsing some of the positions which had already been presented to her by others in the policy arena. Perhaps equally importantly, they also allowed for the changing policy environment to be monitored, and views on the latest developments to be gathered accordingly.

Chapter Ten: Testing responses to specimen data

Introduction

It will be recalled that, in negotiating a second phase of research, the ENB required a focus on a national data-set. In taking the whole policy environment, from DoH to training institution level, as the frame for the research, we were able to test responses at all of the levels of policymaking to a set of specimen data.

This chapter reports on the range of views at all these levels about the specimen set of data which it was considered might form the basis of a national data-set for the ENB. The questions were: firstly how useful would such data would be at all levels of planning - at the level of the training institution, the EAG, the ENB and the Department of Health. Secondly, it seemed important to know what the interest of the Regional and District Health Authorities would be in this type of information.

As in the previous chapter, the findings presented in this chapter are derived from several sources. Firstly, responses of educators at training institution and EAG level were tested in discussions in the case-study Region workshops (both EAG and teacher workshops) to a "worked example" of data in an imaginary school which was called the "Carebrain School of Nursing". This worked example was later reproduced in *Figuring Out Performance* (pp 12 - 15), the Resource Guide, along with some of the group discussion exercises carried out in the case-study Region. The data were all drawn from real schools of nursing, from data already collected, and estimated where this was not possible *pro rata* from national data. They were presented as a series of possible indicators, with suggestions as to how ratios might be expressed, and how global figures might usefully be broken down.

Secondly, a similar list of "specimen data" was drawn up without assigning values to the data items, and comments on the usefulness of these were solicited during interviews from a wide range of nurse educators, managers and planners at training institution level outside the case-study Region, at the ENB, and at the Department of Health.

The findings outlined below are presented according to the two major headings of the "specimen data": student flow and teacher data. The third heading - costs - presented particular problems, because so little attention had been paid to financial information. This problem was therefore taken up with the case-study workshop participants in more detail and is reported in the next chapter which deals with the research projects undertaken by these participants.

Student Flow

There was general agreement that the data presented were useful at the level of the training institution; indeed most training institutions already collected such data, though they organised it in different ways. The value of using cohorts, and of assembling similar

data for each course so that they could be compared was also appreciated. Training institutions varied greatly in the number of courses, specialties and different routes to registration they provided, and it was argued that segmented data for each course would enable schools to draw up profiles of the range of basic nursing and midwifery courses available.

Selection and Recruitment

Selection and recruitment issues were at the time a major preoccupation among Department of Health officials, reflecting concern about the impending "black hole" in the mid-1990's when demographic changes would, it was believed, bring a dramatic drop in the size of the pool of available recruits to nursing and midwifery (Conroy & Stidson 1988). The importance of these issues was also recognised by the ENB, which recorded the selection and recruitment process for each student in its computerised training index held in Bristol. The accuracy of the information held on the index was thought to be "unimpeachable" by Board officers because it came from the students themselves.

It should be noted that the midwives did not use the clearing house, and so information could not be collected from them via this route. However, it did seem essential for midwifery training to become integrated into the ENB's information system for nursing, which would require their participation in this system.

Several respondents raised the issue of equal opportunities, and one senior midwife teacher made a cogent case for excluding information under this broad category from a national data set:

"marital status is both fairly useless and unfair in a multi-ethnic society. And so is information about dependants. If I am recruiting I have to know about dependants anyway in order to make sure we can help in making appropriate arrangements" - SMT

But opinion was divided about this issue, and one ENB officer commented:

"I particularly like the way in which information could be broken down to consider areas of access for instance by age, gender, ethnic origin, etc" - ENB officer

Workshop discussions in the case-study region revealed a considerable interest in these issues at training institution level, but where possible discrimination could be involved - ie in the areas of ethnic origin, marital status, existence of dependants, we argued that separate and confidential monitoring of these factors should be pursued on an in-house basis.

At the time, there was a growing climate of interest in recruiting more mature and male candidates to the nursing profession, and the inclusion of four categories of male/female/under 25/over 25 seemed likely to provide useful information at all planning levels and would not contravene principles of non-discrimination. Male recruitment, was,

however, relatively uncommon in midwifery institutions, and figures about this were likely to be so small as to be only interesting at a national level. One workshop participant suggested that the age of 26 would be a more appropriate dividing-point than 25, because of salary changes at this age, and noted that this would be consistent with plans then being discussed for different levels of P2000 student bursaries.

There was interest at all levels in looking at the characteristics of students in the cohorts, in particular to give information about withdrawal from training, and in the long term about those who end up working in the NHS. The ENB expressed an interest in breaking down recruitment data to give information about the type of entry gate into training; the following set of categories were suggested:

degree/A levels/O levels/UKCC test/vocational qualifications/access course/overseas qualifications.

An additional category for "relevant previous work experience" was also suggested, this having been identified as relevant during the course of another Regional pilot project on selection and recruitment. Given the array of other possible qualifications from GCSE to relevant certificates and diplomas among a wide age-range of recruits, however, we argued that an agreed set of definitions for these categories would require further work.

At the Department of Health there was particular interest in selection methods, stemming mainly from concern about the dwindling recruitment pool, but also from concern about recruitment practices. This concern derived from complaints referred by the Department to the ENB and UKCC about candidates being rejected apparently for no very good reason. Many schools were at that time reviewing their selection processes, but since these would have relevance only at the input end of a cohort analysis, we argued that any investigation of these would merit separate local studies rather than incorporation into national data.

In the case-study teachers' workshop discussion the recruit's geographical origin was thought to be interesting throughout the cohort, and the example was given of a school which had recently begun recruiting from the other end of the country; participants speculated as to whether or not such recruits would remain to work in the locality, the point being made that a three year course could be long enough for qualifiers to build local links but perhaps not to afford a local house.

At the EAG level, workshop participants felt that they could not afford themselves the luxury of routinely scrutinising detailed information about selection and recruitment; the EAG's terms of reference did not allow sufficient time for this. However, it was agreed that access to such information as and when required would be valuable to them.

Discontinuations

There was general agreement that wastage figures ought to be broken down to give the numbers transferring their training to and from other schools, and the numbers opting for

the Enrolled nurse qualification instead of Registration, although this was increasingly less relevant as EN training was being phased out.

Possible reasons for discontinuations fell into two categories - the characteristics of the students themselves, or features of the course and the learning experiences provided. Most schools conducted exit interviews when students discontinue, but there were some doubts about the validity of information gathered in this way. Respondents argued that there was inevitably an element of dissatisfaction on either or both sides when a trainee leaves an institution, and that this was unlikely to promote a positive attitude to assisting the institution monitor itself. One DNE suggested the following grouping of student-centred categories into which those who discontinue fall:

" 1) people with inappropriate expectations, 2) transfers, 3) medical reasons or stress" -DNE

In the case-study Region, one school had built in to its data-collection on student flow details of the practical placements students had experienced prior to discontinuing, but this had proved to require a complex analysis for a small number, and the results were inconclusive.

Under the arrangements then current for nurse education the DHA had an interest in the number of training days which were lost as a result of discontinuations. Among nurse teachers, the preferred method of indicating the extent of lost training was for discontinuations to be broken down by the year in which they occurred - 1st, 2nd or 3rd. New arrangements for P2000 seemed likely to require breakdowns for the first 18 months (the Common Foundation Programme), and then for the second half of training, the separate branch programmes.

One DoH official felt:

"figures on student flow will be almost MORE important now - in order to compare the old and the new courses" - DoH official

At Regional EAG level, there was a clear interest in comparative wastage figures, and many RHAs collected this type of information. As one health visiting lecturer put it:

"these figures on student flow seem fundamental for the EAG in allocation of funds for nurse education" - ENB member (also an EAG member)

One observation from the case-study Region illustrated the difficulties already experienced in agreeing on suitable formats:

"wastage figures and how they should be presented have been a bone of contention in this region for the last ten years! We've gone through three different methods of presentation in three different exercises" - DNE

The local use of exit interviews seemed a promising way to gain further insight into the possible reasons for discontinuations, and we argued a case for some further work here to identify and recommend examples of good practice. One former DNE recalled how his school had:

"set a target on wastage - we would accept 10 out of 200. At the end of the year we did a review and analysed the exit interviews and asked whether there were any indicators with these applicants which could help us" - ENB officer

In some cases, DNEs had targets on wastage incorporated into their own individual performance objectives, or such targets could also form part of local strategies. An accurate assessment of discontinuation rates seemed to be a basic requirement of any PIs set.

Completions

While most people accepted that completion rates represented a basic indicator of performance, there were very widespread reservations about the adequacy of this indicator taken alone. There was little further comment about the usefulness of this indicator except for one question about how it should be defined - whether a completion should be :

"number of training days according to the UKCC, or passed theory and practice, or registered ?" - DNE

This comment drew attention to important differences worthy of note. Completers did not necessarily register immediately, and registration was not therefore an accurate means of identifying output figures on a cohort basis. Nor did registration indicate the number of nurses who had completed "back to nursing courses". From the point of view of national manpower figures, however, registrations more accurately expressed the size of the pool of trained nurses and midwives, since they would be unable to practice without registering.

The way in which completion data ought to be further elaborated within a data set, it was generally agreed, was in terms of employment destinations, although as the next section shows, this outcome indicator was also felt to present difficulties.

Employment Destinations

There was widespread agreement that the most appropriate outcome indicator should be employment destinations - that is, some indicator as to whether or not qualified nurses and midwives go on to practice, and where they practice. An interval of at least six months was thought to be required because of the large number of newly qualified practitioners who took up short term contracts in the District where they trained.

Current NHS policy was for Regions to become self-sufficient in providing for their own trained manpower requirements. There was therefore a very clear interest on the part

of RHAs in collecting information on how many nurses stayed in the Region to work. The pattern of demographic trends which was bringing new attention into the areas of selection and recruitment was also bringing new interest in retention and wastage rates among employed nurses and midwives, and these trends were of increasing interest to RHAs and at Department of Health level.

Information about such trends was not, however, at that time collected in the NHS in a form which was immediately useful for the nurse and midwife education perspective. Their chief source of information came from the payroll system, out of which the DoH conducted an annual census of manpower using payroll codes, but this information could not be disaggregated to DHA level. At both DHA and RHA level, the interest tended to be on the numbers who stayed, which meant that further details about those who sought employment outside these boundaries - even within the NHS - was generally not collected.

Job advertisements in the nursing press were suggested as a means of obtaining some idea of the other areas beyond the NHS which were recruiting NHS-trained nurses. These included the British private sector, work abroad, the independent practitioner sector for midwives, and non-NHS social and community services. Nothing systematic was known about the flow of qualified nurses and midwives into these areas, though at the national level it seemed possible for the UKCC to monitor specific trends through the register. For instance, the Council's Annual Report contained some annual statistics which broke down admissions to the register according to gender and geography (UKCC 1989) within the United Kingdom and overseas. Such figures had enabled some comparisons to be made - for instance, it reported on the numbers of verifications of qualifications issued in respect of UK practitioners seeking to practise in Australia, along with a figure for the number of Australian practitioners accepted for the register in the UK for the same period (discussed at length in PAC 1987). There seemed clear scope for UKCC information to be used and perhaps adapted, to illuminate the national picture on employment destinations.

The movement of newly-qualified nurses outside regional boundaries was of great significance for training institutions of national repute, and for training institutions within the four Thames Regions. The DNE in one London teaching hospital estimated that the schools of nursing attached to London teaching hospitals trained 26% of the nation's nurses. Many of these nurses came especially to London to train, and even if they wished to stay, in the main could not afford to. These institutions were in particular need of information about employment destinations beyond Regional boundaries.

For a detailed quantitative account of employment destinations, training institutions were dependent on District and Regional information systems; however, as one workshop participant pointed out:

"it shouldn't be beyond the powers of personnel to ask people about where they trained - but you do have to know in advance, you have to tell the admin people - then these things simply have to be logged in to the system " - DNE

However, the comments of one district Finance Officer on the limitations of local manpower and payroll systems seemed worth reporting in detail:

"Manpower systems are not very good - in this district they are non-existent, and payroll are not collecting some of the non-essential statistics. The solution is an integrated personnel and payroll system. Until you've got that, staff won't want to do the extra work for schools of nursing. Also, there ARE districts with 60% vacancies in payroll- so they won't be interested in collecting anything beyond their own basic needs.

We are taking steps to improve the quality of payroll staff, and I think we should collect specimen data like yours across the board, for all employees. Across the board exit interviews should also be held, not with line managers, but with personnel" - DHA Finance Officer

While some training institutions could, it seemed, be linked to Districts with this kind of integrated system, the crossing of district boundaries by newly amalgamated schools would nevertheless bring further complications. We therefore argued that many schools would be obliged to collect information on employment destinations locally, and, on the basis of suggestions made by teachers during the course of discussions, that this could be done in a variety of ways:

- by extending the exit interview programme to include interviewing qualifiers about their intended career patterns and keeping records
- incorporating into staff nurse development courses an evaluation session about experiences of initial preparation which would provide pointers about problem areas
 - retaining the addresses of all qualifiers (as the universities careers services do), and mailing short questionnaires to them 6 months post-qualifying requesting information about current employment
 - using former students' requests for references as an opportunity to gather *ad hoc* information about current employment
 - maintaining a local database on past students and their career patterns

The importance of gathering national data on employment destinations as outcome indicators could not, we thought, be overemphasised. For without suitable outcome indicators, the organisational performance model would be meaningless, and its validity called into question.

In the case of nurse and midwife education, the strong vocational element meant that there was a high degree of agreement on a fairly narrow range of information which would be required to show success in producing qualified practitioners willing to work in the NHS. Such information would include some indication of the availability of suitable

posts at local level, and the ability to refer to local retention levels among existing staff to give an indication of the attractiveness of employment conditions.

The nursing and midwifery professions seemed, theoretically, in a very strong position to generate meaningful information of this kind, especially when considered in comparison with most other professions where training was located in the multi-disciplinary environment of higher education. Not only were nurse and midwife training institutions substantially independent from other types of education, but they also supplied an employer - the NHS - which had a near-monopoly. The conditions therefore existed, it seemed, for more accurate information generation than for example in the university sector where careers offices relied on mailed questionnaires (with less than full response rates) to graduates to obtain details of employment destinations. The only problems for collecting such data which needed to be resolved concerned agreement on definitions and deciding whether information is best reported upon centrally or locally.

Teacher Data

The section of the specimen data sets on teachers was drawn from existing teacher returns gathered from training institutions and held centrally by the ENB. It had not been standard practice to supply EAGs with summaries from this information source, but some EAGs had recently begun to make requests about teacher figures. This was because the resource allocation process operated at that time by the ENB in which funds were dispersed to regional EAGs took some account of teacher/student ratios, in which teacher numbers were derived from these teacher returns, and student numbers from the training index.

The focus of the specimen data was on teacher qualifications, grade, and source of funding; as such it represented a set of input PIs. It also included an item on support staff.

The EAG interest

The EAG interest in the specimen data on teachers seemed worth some particular comment. In the case-study Region, most EAG members felt that information of this type would be useful to scrutinise on an *ad hoc* rather than a routine basis.

"at EAG level, we are not interested in this as things are at the moment... but if for instance the ENB wanted us to produce so many candidates for teacher training places per year, then it would be relevant" - EAG member

One EAG workshop member commented that such information would be helpful in addressing the problems of resource allocation which they had tackled in their previous workshop exercise, and this implied that the use of a more sophisticated resource allocation model might require this type of information. However, it seemed possible that other EAGs, with more pressing financial problems, such as the EAG from which the

above-mentioned workshop exercise was drawn, might well express different views about the usefulness of such information gathered on a routine basis. One of the demerits of the routine collection of this specimen set was thought to be that:

"if it's just information that will create rivalry between districts then it's not very useful" - EAG member

It was agreed, however, that the EAG did have a legitimate interest in this range of data about teachers. If EAGs were to be replaced by multi-regional Board committees as proposed in the Deloitte study, then it could be argued that local executive officers would be in a better position to disseminate PIs on teachers as required.

Qualifications

In the teachers' workshop group there was considerable discussion about all aspects of this specimen set. At training institution level respondents thought it essential to know the profile of qualifications among staff, and indeed this was a requirement for courses to be approved at all. The chief question which arose for the specimen data set was the level of detail which would be useful, and here there were similar interests at training institution, ENB and DoH level. But before going in to these details it is important to note some comments made by teachers which illustrated the difficulty of specifying teacher input PIs for local planning purposes:

"it's not the numbers of people with qualifications on your staff, it's what you can do with them when you've got them" - DNE

"one question I would want to know is does your management structure adequately fit your work and school objectives? A structure should have a sense of purpose and reflect operational objectives, while at the same time giving staff diversity of opportunity" - DNE

Thus it was thought that the range of qualifications which staff brought to the learning process should reflect local management priorities, which themselves might be constrained by the availability of suitable local academic courses. Many respondents, not only in the case-study Region, noted this. The following comments illustrate the importance of the question of access:

"availability of suitable courses nearby would be an indicator; in my [inner city] locality there is a shortage of degree courses in the biological sciences" - DNE

and:

"the number of people in the district funded to do courses like the diploma, which is a requirement for entry to the certificate in education courses, this is an indicator" - ADNE

along with a national problem for midwives:

"there are very few places nationally where you can train for midwifery teaching; it's a big problem for midwives" - SMT

Most respondents felt that the existing level of detail about teacher qualifications was valuable and could be elaborated further to include for example the degree subject and specialty in which each teacher was registered. One official at the Department of Health suggested that the provision of designated community tutors - an essential part of the new P2000 curriculum requirement - was, at the time, a cause of concern and would need to be monitored.

A senior midwife teacher Board member suggested the following small number of breakdowns for the analysis of degree subject:

"a regional or national trawl would be very interesting; you could use say science / education / professional subjects / research as breakdowns; date of acquisition might be interesting too" - ENB member

The use of separate categories for clinical teachers was regretted by most respondents who looked forward to the phasing out of the distinction between this grade of teacher and tutors. This category was only going to be required in the short-term future, but nevertheless it represented an important means of monitoring the phasing-out process.

The proportion of staff in possession of Registered Nurse Tutor certificates was also regarded as important to know, but the increasing links with higher education could mean that tuition "bought in" from this source would on the one hand bring greater academic specialist expertise, while on the other reducing trained teacher staff input, especially where links were with institutions of higher education where no teaching qualification was required for academic staff.

At the ENB there was also an interest in distinguishing between higher degrees at Masters and Doctorate level; this data was already collected through ENB teacher returns and it was felt useful to continue to monitor this on a national basis.

Standards concerning the percentage of qualified teachers in a training institution for courses to be approved would, it seemed, need to be reviewed as P2000 was implemented.

Turnover of teaching staff

The flow of teaching staff through training institutions was, as some of the comments on this item reveal, a "true" PI in the sense that it seemed of little interest in itself, but valuable for examining long-term and comparative trends:

"it's not of any immediate interest, but could be important if a school appears to be on a losing trend"
- DNE/EAG chair

In this context, the number of unqualified teachers was also deemed useful:

"unqualified teachers, it's important to know how many of these a school has. It's a growth indicator, it tells you how many people are coming through and getting qualified" - DNE

"there would of course be concern if there were too many unqualified teachers and this persisted over time" - DNE

At the time the ENB obtained information about the planned retirements of teachers, and had recently amended its record form to include joiners; Board officers also expressed the desire for more information about the reasons why teachers leave - whether they went to another nurse or midwife training institution, retired, or undertook other professional work outside nurse and midwife education. This, they argued, would clearly assist the process of planning for teacher training on a national basis.

Other issues which arose during discussions on the teacher specimen data set included contact hours, joint appointments, bought-in hours from HE, replacement hours for teachers undergoing training, and workload. These will be dealt with in a later section on student-staff ratios.

Support posts

The category of support posts was discussed in some detail, both in the workshops and with nurse educators and managers outside the case-study Region. There was clearly a problem in many localities of recruiting appropriately skilled personnel within the NHS pay scales, illustrated by the following comment:

"people are looking to be more flexible over this part of the budget; salary scales don't attract appropriate recruits and we need more high calibre staff. It's often better to have one administrator than two higher clerical officers" - London teaching hospital DNE

There was also an argument for distinguishing between teaching and support posts among academic staff; a curriculum development or research post, for instance, could constitute "professional support" and be excluded from the number of "hands-on" teaching posts. Similarly, it was argued that the extent of qualified professional support from library and audio-visual aids staff would be useful to know at national and local levels, particularly as these staff were being upgraded to college standard in the process of P2000 implementation and linking with higher education in general. At the time, the distinctions reflected salary scales rather than the job which was done.

In addition respondents argued that it would be valuable for education managers to monitor the flow of support staff through training institutions; in some areas such as inner London there was a critical shortage of skilled personnel available to work on NHS salary scales, and flow data would indicate such problems.

Student-Staff Ratios

The use, in previous years, of student-staff ratios (SSRs), along with cost per learner, by the ENB as PIs to assist in annual decisions on the disbursement of funds to Regional EAGs, had served to highlight the need for further PIs. The role of PIs in resource allocation will be discussed at greater length in a later chapter. However, it should be noted that working towards a national average target value for nurse SSRs was, at the time, Board policy, and all four National Boards were aiming at a long-term SSR value of 12:1, and a medium-term value of 15:1.

Both of the reviews affecting the ENB at the time of the PI project took up the issue of SSRs in some detail, and it is worth reporting their observations here. An important point made by the Peat Marwick McLintock consultants for the Review of the Statutory Bodies was that each country calculated SSRs in a different way, and they recommended that further work was required to agree the basis for a standard method of calculation. In midwifery there was a greater degree of central direction, with a lower SSR of 10:1 forming a requirement for the approval of pre-registration courses.

The Deloitte Report (ENB 1989) was published during the early part of fieldwork for the project. It drew attention to both the "crude" and the "historical" nature of the SSR as an indicator, and many respondents at the ENB (both members and officers), at EAG level, and at the DoH rehearsed this criticism. For example:

"as an indicator we've been working with SSRs - they're enshrined, but I don't know what the rational basis of this is - it's historical" - ENB officer

"I'm an accountant, I have to argue with the nurses here - why the 1:15? It has to be something objective which both accountants and nurses understand" - ENB member

"some of the relatively simple PIs such as SSR become very complex because of taking input of ward-based and HE teaching; the ENB's 1:15 ratio seems largely plucked out of the air" - DoH official

This latter comment raises the issue of how to disaggregate the units which go into the averaging process through which SSRs are calculated. The reference which was increasingly being made to SSR figures at EAG level had revealed the necessity at least to disaggregate in terms of specialty. Indeed the ENB's own annual data synopsis of nurse teacher returns and learner statistics (ENB 1987c) showed a very wide variation between SSRs for different specialties, no matter how they are calculated, with Mental Illness and Mental Handicap nursing ratios always lower than those for General & Paediatric (taken together). The breakdowns of these figures were published on a Regional but not on a school by school basis, although they were available within the Board in both forms, and used by the Education Officers.

The emergence of the use of SSRs, however limited, in the process of resource allocation, however, had opened up debate about how they should be calculated, and who should have access to such information. In the past, the institutional breakdowns by

specialty referred to above had, for instance, been made available to professional officers but not to the finance officer. While it was, at the time generally agreed that it was useful at all levels of planning to know breakdowns of SSRs along specialty and institutional lines, there remained a great deal of debate about what should be included in the denominator - the staff. Correspondingly there also remained a great deal of variation in local practice as to how the denominator was defined.

There was, for example, among some teachers resistance to the inclusion of "bought-in" teaching time from the higher education sector - an increasingly essential element in the curriculum for P2000 courses - along with the additional practical supervision required for students who are no longer supernumerary. The following interchange in one of the group discussions reveals the distrust which can be engendered when definitions are apparently arbitrarily changed:

"the Department are now wanting SSRs to include an allocated amount for whole-time equivalent supervision in clinical areas, along with any other bought-in time for example from higher education" - DNE

"that's how they're going to achieve the 1:10 target SSR!" - SMT

Although the P2000 submission *proformas* drawn up at the Department of Health requested a single global figure for the SSR, broken down only by degree status of teachers, officials were nevertheless concerned about the lack of detail subsequently supplied in these submissions:

"one thing that has come up is a failure to recognise that bought-in hours contribute to the whole-time equivalent, that's what we found in some submissions" - DoH Official

The difficulty of defining the SSR seemed to revolve around what counted as teaching rather than how many students there were. Historically, intake sizes and the number of intakes per year had been strongly influenced by on the one hand DHA policies, and on the other, ENB course approval requirements. The influence of the schools themselves on this, the numerator part of the ratio, had therefore been very limited.

There was a considerable feeling among nurse and midwife teachers that only direct teaching contact should be included in calculating the SSR, and the following is a list of suggestions which were made about possible exclusions from this:

- the head of a large midwifery training institution (following the practice of excluding the DNE)
- teachers on maternity leave or long-term sickness
- staff whose job is mainly managerial (eg an ADNE)
- staff whose job involves professional support (eg research, curriculum development)
- the WTE lost from teachers in training

Some of these exclusion categories seemed to require agreement on yet further details about what constituted direct teaching contact and how much of a teacher's time ought to be spent on other activities such as preparation, administration, marking, keeping up with current literature, &c. A clear need therefore seemed to be indicated for a policy agreement on average contact hours based on a realistic workload analysis. Many training institutions had already introduced this concept into school management, for example:

"we're also doing workload analysis and looking at unaccounted time - staff are looking at themselves at the moment ... we also do personal peer review, looking at achievement level, creativity, satisfaction, so things show up there" - DNE

In addition, there was already a move under way to distinguish between classroom-based and laboratory-based courses along the lines which were operating in public sector higher education, where for laboratory-based courses class numbers were lower and contact time higher. Given the substantial amount of clinically-based teaching and learning which nurse and midwife training required, there was clearly a case for making such distinctions, but the extent to which they would be used, especially for P2000 courses, had yet to be agreed.

Discussions at all levels, and beyond the case-study Region showed clearly that the first decision which needed to be taken over SSRs was to agree a common definition. While the ENB certainly recognised the many different possible inclusions and exclusions, and published in the annual data synopsis (ENB 1987c) several different SSRs based on these, the only common element of current practice was the exclusion of the DNE. The inclusion of unqualified teachers seemed questionable since these teachers need to obtain a qualification; however, there needed to be some agreement on the status of teachers "bought in" from higher education who were considered to be qualified by virtue of their degree status only. Several people argued that the whole-time equivalent loss to the school of unqualified teachers on training courses should be counted. However, all these arguments beg the fundamental question which we argued only the profession could answer, of the principles upon which a common definition ought to be agreed.

We further argued, therefore, that further work needed to be done to develop an agreed model through which teacher workload could be analysed, in the context of the management structure required by different types of training institution, and with due regard for the post-P2000 picture. Bearing in mind the many local initiatives currently under way, it appeared that it could be useful to pool experiences on a national basis. Such a workload analysis would then enable the question of contact hours to be addressed, in conjunction with average class size.

We also added that a great deal of care would be needed to investigate these issues thoroughly; during workshop discussions the counsel from participants working in public

sector higher education was one of warning: the extensive use of contact hours and average class size as PIs had not in general, they felt, been of benefit to their working conditions.

Conclusion

Discussions about the specimen “core” data showed a high degree of consensus about the usefulness of such information to the range of planning levels concerned with nurse and midwife education. However, the workshops and interviews showed differences of view on the question of common definitions, with these differences often reflecting the divergent interests of the agencies involved. For example, there was widespread approval of the use of student flow, but while the Health Authorities were interested in defining the exit from training according to the number of nurses who actually registered, the schools’ preferred definition was in terms of completions.

We argued that these issues, including the crucial question of how student-staff ratios were to be defined, were a matter for further debate among the profession, and that the core set of data represented a suitable basis from which this debate could proceed. Accordingly, the same figures discussed at the workshops were reproduced in *Figuring Out Performance* as specimen data, for further discussion.

Responses towards the specimen “core” data set also included a range of requirements for these data to be further clarified. In the subsequent teachers’ workshops, the feasibility of schools undertaking small-scale projects to gather further relevant information was tested. The results of these projects are reported upon in the next chapter.

Chapter Eleven: Projects carried out by the Case-Study teachers' workshop group

Introduction

The particular form of action research that was adopted for Phase Two embodied the action element in several respects. One important respect concerned the way in which it facilitated a consultation process with the range of policymakers and teachers involved in nurse and midwife education. A further use of the action element was in the way that individual research projects were developed and carried out by the senior educators in the case study Region. The aim of these projects was to attempt to clarify some of those aspects of performance monitoring which seemed to be problematic, and at the same time to discover to what extent such further research on the part of training institutions could feasibly form an element of a performance monitoring system.

In terms of the action research approach, this method represented an attempt to involve practitioners in the research process as researchers, and it will be recalled from Chapter Seven that this was a central feature of the "piloting" process. It was anticipated that some of the practitioners involved might present results of these projects at the national invitational conference to be held at the end of the project.

The use of action research techniques in a group development setting also permitted quite a complex element of negotiation in the process of allocating small-scale project-work to appropriate institutions. This was done by negotiating individual and collaborative project-work with the participants at the end of the second teachers' workshop, to be carried out prior to the final workshop and then reported upon to the whole teachers' group.

The projects

The project ideas were worked up by the researcher from information supplied by teachers following the first workshop, and checked by an independent nurse teacher as to their feasibility within the time available. The specific aim of these projects was to discover the extent to which any questions which might be raised by the specimen data sets could be answered by information already available within the training institutions, and to ascertain what further information would be needed to complement the data sets in order to do justice to the particular circumstances of differing specialties and multi-site schools.

At the workshop the participants felt that it would be useful for them to have copies of the research notes on their own discussions about the questions raised by the data sets, and the researcher circulated these the following day. Participants were asked to send the researcher a draft report or progress notes by an agreed date mid-way between the second and third workshop to check that work was proceeding along the lines envisaged, and the researcher undertook to contact participants by telephone after the agreed date to discuss

any problems. Eleven projects were carried out by members of the group on the following topics, with particular focus on the specimen data:

- Investigating problems posed by multi-site schools (midwifery)
- Investigating problems posed by multi-site schools (comparing single-site general with multi-site mental handicap nursing)
- How to draw up a school profile based on the specimen data for midwifery
- How to draw up a school profile based on the specimen data comparing general with mental illness nursing
- How to draw up a school profile based on the specimen data comparing general, mental illness and mental handicap nursing
- How to draw up a school profile based on the specimen data comparing degree and non-degree courses
- How to draw up a course profile based on the specimen data for the certificate in health visiting
- How to draw up a course profile based on the specimen data for the certificate in district nursing
- Examining how the data sets might apply to continuing education
- Examining how the data sets might link with staff development programmes
- Examining how the data sets might link with the evaluation of the clinical learning environment

One of the questions these projects were designed to answer was the extent to which existing information-gathering activities in training institutions could support and elucidate PIs. While many of the participants felt they were unable to do justice to their projects because of the time pressures they were currently experiencing in their jobs (this applied particularly to two members of the group who were preparing P2000 submissions at the time), the work reported upon at the third workshop nevertheless provided indications about frameworks within which PIs could be used, along with areas where further development would be needed. In addition, the projects provided participants with an opportunity to consult with members of staff in their own training institutions about the draft data sets, and these concerns formed part of the discussion reported upon in Chapter Sixteen, *Implementing PIs*.

Although none of the project briefs required the collection of data as such, it should be noted that three of the participants whose projects involved drawing up profiles, actually collected data from their training institutions, and that this consumed most of the time available for project-work. This seemed to indicate that some senior educators (at least) experienced difficulties in making a distinction between descriptions of data and data themselves. This itself seemed an important finding, and some of its implications are taken up later in this chapter.

The project findings are summarised below under the broad headings of *Costs*, *Continuing Education & Staff Development*, *Student Flow*, and *The Specialisms*.

Costs

Every project which involved looking at costs ran into difficulties in establishing methods of finding out the full costs of providing courses and programmes. Even in District Nursing and Health Visiting, where courses were fully costed and these costs recovered from the sponsoring DHAs, participants encountered problems because these costings were themselves coming under review both in universities and polytechnics.

The midwives who together looked at how to profile their training institutions identified an important need for a model through which unit costs could be determined. Such a model would require information not currently available to training institutions, and a framework for the appropriate apportionment of costs. Some of the projects drew attention to difficulties in deciding what this apportionment should be.

The chief area of difficulty seemed to lie in the division of responsibility between DHA and EAG, and in many respects this division was reported to operate differently in different districts. One example of such differences concerned the funding of student travel expenses, which could be a sizeable item when education takes place on a number of sites. Under the arrangements then current, where the DHA both employs the students and provides educational facilities, the case that they should pay such expenses seemed a strong one, and this case was argued by those midwives (whose schools were almost entirely DHA funded) who looked at what additional costs might be incurred through amalgamating into a multi-site school. However, the project which compared an existing multi-site RNMH course with a single-site RGN course found that student travel was only covered when it was provided in conjunction with accommodation and that this meant that non-resident students were penalised by having to pay their travel expenses to some of their practical placement sites.

According to details of school budgets given by all training institutions in the case-study region to the researcher, there was no clear policy about this particular item of expenditure: it could be paid partly or fully by the DHA, or the EAG, and as the above example shows, with perhaps arbitrary contributions from the students themselves. A further variation in practice was that some schools identified a separate item within their budgets for travel to community care placements.

For the purposes of developing a "unit costs" model, there were some relevant findings from the projects on multi-site schools. In the midwifery project the additional costs were calculated for a planned amalgamation which would result in a four-site circuit of training. The model chosen by the project team was a simple one in which standard rates of reimbursement for travel and accommodation could apply, but which did not include marginal costs such as additional library facilities, administrative costs and loss of contact time. The model was as follows:

*student travel costs to 35 central-site study days (using minimum no. of private cars)
from the other three sites*

plus

tutor travel costs for 35 central-site study days as above

plus

student accommodation and travel costs for 3 out of 4 12-week clinical placements

The result of applying this model showed an additional *per capita* cost of £400 for travel and accommodation. This scale of additional expenditure indicated a clear need to incorporate such details into a unit costing model.

The project which compared costs for two existing courses, one taking place almost entirely on a single site, and the other on 17 sites, was able to identify costs which were actually being incurred, in this case through the use of hospital minibuses and taxi services, and excluding the costs of accommodation (although this could be added at standard rates). For the RGN course, travel expenses amounted to £43 *per capita*, and for the RNMH course they totalled £193 *per capita*. These differences are substantial, and again took no account of marginal costs.

The RGN/RNMH comparison project also highlighted overall cost differences between the two types of course. The mental handicap team were unable to give figures for building maintenance costs, so it was not possible to arrive at an overall figure. Under nearly all other subheadings, however, the *per capita* costs were higher for this course. The tutors felt that these were attributable to a number of factors - the small intake sizes (partly limited by availability of accommodation) which necessitated a minimum amount of provision; the need for greater tutor input to compensate for lack of qualified staff to supervise during some of the practical placements, and loss of contact time through increased travel.

Both projects investigating multi-site schools identified additional problems resulting from these arrangements. These included the need for tutors and some students to be car drivers and owners (with added vehicle insurance costs currently borne by students), an adverse effect on student recruitment when a course required several changes of residence, especially on students with families, and a similar adverse effect on teaching staff recruitment. Such effects could be monitored through inspection of other items within the specimen data set, but one crucial effect - the difficulty of implementing change in a scattered-site school - could not, it was felt by the teachers, be monitored in this way. Plans for implementing PIs would need to take account of these difficulties.

Staff Development and Continuing Education

Two projects focussed on the potential for linking the specimen data sets with staff development and continuing education. In one project, two participants collaborated in

comparing staff development in a polytechnic with a school of nursing and midwifery, and in the other project the applicability of the data sets to a continuing education programme was examined.

During workshop discussions, the role of Individual Performance Review (IPR) in helping to maintain high quality educational provision was mentioned more than once. For instance:

"I'm not sure it's so difficult to monitor quality aspects - if IPR is in place these things can follow through" - DNE

- implying that reviewing the achievement of staff development policies would be possible given that such policies could be implemented, for example by IPR. However, although the project-worker investigating these issues concluded that the specimen data sets would be very useful in monitoring such policies, she did not feel that, in turn, the staff development process which operated in her school - and her school was chosen for this project because of the high priority it placed on this process - could be drawn upon to elucidate PIs. This was only in part because of the confidential nature of these reviews - after all, any action taken as a result becomes public knowledge. More crucially:

"it is important not to remove the flexibility in approach, timings, formats or outcomes, as this is an individual developmental process and not management by objectives for performance-related reward"

In comparison, the polytechnic teacher reported that staff development systems were less developed at her training institution, especially on the professional side. The current systems were more academically oriented and took place via heads of departments and through academic boards and course validation. Staff appraisal as such was being introduced and was perceived as potentially threatening. Given the conclusion reported elsewhere that much of the data did not apply to courses located in higher education, the potential for linking with PIs would appear to be very marginal.

In one of the profiling projects, staff development was identified as an area in which questions might be raised following the use of the specimen data, and several suggestions were made about how information within the school could be improved. These included keeping systematic track of mandatory refreshment, developing the "application for study leave" form (a new one was at the time being piloted) and making more systematic use of information yielded by it, and looking into the possibility of developing a database on continuing education.

The project-worker who investigated the feasibility of applying the data-sets to all of continuing education constructed a framework through which to carry out her appraisal which distinguished between the following:

ENB "long" post-basic courses

ENB "short" post-basic courses; in-house courses and modules

Secondments

Total continuing education provision

Her project was allocated because of the comprehensive nature of her District-wide continuing education programme, and it seemed therefore likely that her recommendations would cover the range of activities in other training institutions, though in many the spread of activities would not be so comprehensive and nor would existing monitoring necessarily be so well developed. The project-worker also wished to stress that her proposals reflected the emphasis she and her colleagues placed on competencies, which would not necessarily form the same key monitoring role in other training institutions. A considerable amount of effort and imagination went into this project, and the results seemed worth recording in some detail under the chosen headings. Further details were supplied as a series of three Appendices in the final project report (Balogh & Beattie 1989), which were attributed to the senior education managers at Bath School of Nursing who completed the project.

1) ENB "Long" Post-Basic Courses

It was felt that this was the only type of course to which the data sets might apply, though the set on teachers was not felt to be relevant. Some problems which arose in applying them were similar to the case of pre-registration training - namely, the difficulty of identifying building and maintenance costs; and identifying the total WTE (whole-time equivalent) input into the course, (including curriculum development, counselling course members, liaison with ENB officer, supervising course teacher, &c.).

The ENB had already set out budget headings for these courses in circular 1988/39/APS (ENB 1988), to which further costs could be added for overheads.

Student discontinuations for these courses were rare, but, it was felt, should nevertheless be collected: of greater importance would be the Health Authority of origin and destination and whether the new qualification was being used in post. This could be collected between six and twelve months later, perhaps in a Follow-Up Day which could focus entirely on evaluating the course.

The categories suggested for student flow for these long courses were:

*funded places / starters (own DHA/seconded from other DHA/elsewhere) /
discontinuers / completers / employment (within DHA / seconding DHA / other NHS /
other) - each of these broken down by : course related post / unrelated post*

2) ENB 'short' post-basic courses, in-house courses and modules

Continuing education of this type presented considerable problems for monitoring because of the heterogeneous nature of provision; it may vary between a single short session and a year-long continuous programme. Furthermore, while quality would be guaranteed through course approval for ENB courses, this would not be so for "in-house" courses.

The project worker suggested making use of the NHSTA TASTART database to discover figures for the following activity indicators:

days per person per year

days per unit

number of people per unit attending any activity

number of people attending nothing

which, it was suggested in the project, could be complemented by further data:

places/days taken up as a percentage of those on offer

length of waiting lists

However, it needed to be noted that the NHSTA indicators were not PIs, being merely activity indicators, and therefore giving no clue about outputs. The project-worker set out a framework for a competence-based audit of these courses which would address outcomes. In the case of ENB courses, the approval process, it was thought, ought to contain clear guidelines on how outcomes should be monitored.

3) Secondments

This category of continuing education included all courses provided by outside agencies for which staff were supported in some way, ranging from Health Visiting and District Nursing certificates through other professional & teaching diplomas, certificates and post-basic qualifications to degrees and higher degrees.

The project worker suggested that the nature of support given would be the most relevant way to quantify the Health Authority inputs, using the following set of categories:

numbers supported with: time / fees / accommodation / travel / other expenses

and that these categories should be tabulated against:

course title / category of staff / number employed in this category / number seconded

The project-worker reported that such information would be possible to collect in her district through the study leave approval system. She also noted that secondments could be very expensive, and health authorities were therefore anxious to know the benefits and outcomes they would be likely to confer (as we have seen from the comments of health visitors and district nurses discussed elsewhere in this report), and proposed a set of questions which could be asked in conjunction with the study leave approval process.

4) Total Continuing Education Programme

The project-worker suggested that while the specimen data on student flow and student staff ratios would not be relevant to describe the total programme, the figures on teachers might be useful. Where District training was partly or fully integrated, these could be taken beyond nurse teachers engaged in continuing education to all those in a district who are designated as teachers.

One problem which this project did not address, however, was the difficulty of deciding how to assess the proportionate amount of continuing education provision available - in other words, against what variable should the number of teachers be expressed?

The project-worker did however suggest an audit framework for the overall programme which would give information about staff groupings and about how management priorities were being addressed. These, she thought, could be used in conjunction with, or perhaps substituted by, an agreed set of standards which

"would have to be agreed locally, but could be selected from a national "bank", and adopted or adapted for local use"

This project provided some useful starting points for discussing the question of how to assess the quality and scale of local continuing education provision - the need for which had been highlighted on several occasions during discussions in the case-study Region. The distinctions drawn between the four categories appeared to be valid, though for the purposes of this research, an indicator for the fourth category of overall provision would urgently be needed. The question concerning a suitable denominator to generate an indicator giving the proportion of teaching input available required an answer in terms of the client population. This could perhaps be supplied by linking with the NHS indicators on staff in post, in which case distinctions would have to be drawn between those already having qualifications, those undergoing training and those without qualifications, and an indicator could be generated such as *trained staff per post-basic and continuing education funded teacher*.

Further work was clearly required here to determine a suitable framework for this important issue. It also needed to be stressed that many districts did not have such a highly developed continuing education programme as the one in which the project was

carried out, and therefore different degrees of further local work would be required to generate the kind of information envisaged.

Student Flow

While the project-workers who undertook work on school profiling found that on the whole it was possible to find answers to questions they thought might be raised by the specimen data, they nevertheless found that this was not always straightforward, sometimes requiring a search through individual records. The main areas of difficulty concerned recruitment and employment destinations, where information was not always kept systematically. Suggestions for improvements here included:

Recruitment: introduction of a systematic method of record-keeping in the Allocations Office which could be used to monitor the inquiries arriving through the NCCH, to keep track of the results of career day visits and abstract information from application forms

Employment destination: closer liaison with the Personnel Department concerning the employment of newly qualified nurses; the development of a questionnaire for qualifiers on future career plans; investigating the feasibility of using national registration data via the UKCC

Teacher Data

In the case of specimen data on teachers, the need for a workload model was identified, and the midwifery project team stressed the importance of midwifery teachers' clinical responsibilities. Two projects also stressed the need for some indication of the level of experience of teaching staff. If workloads could be calculated and averaged for a whole school, then some account could be taken of the need to supervise newly qualified members of staff. Alternatively, an indicator about length of employment would be possible to collect from personnel systems.

In one project, an appraisal of the currently used clinical audit was carried out in order to improve and adapt it with the P2000 picture in mind. Here the project-worker suggested that it would be possible to agree local standards on PI -type data as follows:

staffing levels

grade mix

ratio of trained staff to learners

ratio of assessors to learners

so long as these fitted into an overall framework of agreed criteria and policies, subject to review and independently evaluated. The ability of training institutions to report on the clinical learning environment in this way would, it seemed, certainly help to elucidate any

questions which may arise from using PIs on teacher input and flow, and indeed from student flow. The project-worker drew up an action plan to improve the process. This included the development of a co-ordinating role for a Senior Tutor in order to systematise clinical audit information which hitherto had been gathered by several different staff members.

The project-worker also put forward an additional suggestion - that this tutor should also act as an independent evaluator of the system. This suggestion highlighted a further problem - the necessity to incorporate an element of peer review into such local evaluation systems in order to ensure impartiality. The use of a Senior Tutor in this case seemed unlikely to be adequate; instead it seemed better to give consideration either to using a combination of service and teaching staff in this role, or to the use of a completely external view.

The Specialisms

Problems uncovered by project-work which focussed on the different specialisms and midwifery could, it seemed to a large extent be summarised as problems associated with small schools and small intake sizes.

Some schools were so small that information could be retrieved directly from records, and there had been no pressing necessity to develop information systems. In the future, such schools were set to disappear under rationalisation plans, but there was still a need for information about specialisms within large schools - indeed, the problem of obtaining breakdowns of SSRs along specialism lines was at the time a current pre-occupation in many Regional EAGs. In one project the dispersed nature of information sources within the training institution was commented upon, and the project collaborators stressed the need for each individual training institution to have its own complete set of PI data.

In several cases teachers commented on the lower SSRs which were found in mental handicap and mental illness courses compared with general nursing, and identified some factors which partly accounted for these differences. One concerned the characteristics of intakes: in these two specialisms intakes were often small, and as noted in the section on costs, the use of many different placements (particularly in the community), imposed limits on intake sizes because of the need to provide accommodation. Intakes were often more heterogeneous, with a wider age range and level of entry qualifications, demanding more flexible teaching styles - however, these variables on student input were included in the specimen data.

The extent to which teachers designated for particular specialties and therefore counted as WTEs in calculating SSRs in fact contributed teaching time to other courses was also noted as a confounding factor in the use of SSRs by specialism breakdown. A clear need for disaggregation through the use of contact hours seemed to be indicated here, and

several project-workers suggested this. The need to develop a workload analysis model was also noted.

The project-workers who reported on health visiting and district nursing profiling felt that the data set was only of marginal interest, particularly the data on student flow. This was because there were very few dropouts from these courses, and demand for places on them was high. The emphasis therefore seemed to focus to a much greater extent on ultimate employment destinations, which would be of considerable interest to the District Health Authorities who financed the courses. Furthermore, the size of these specialties in higher education was small, and figures on, for instance, teacher qualifications would only be interesting at a national level.

Some problems concerning skills in handling quantitative data

One particular problem which emerged through the project work in general was about the variation in skills which the teachers showed in handling ideas about quantitative data. While some teachers were clearly experienced and able to make use of existing databases, and to make suggestions about improvements, others either did not feel so comfortable themselves or uncovered areas in their institutions where these skills were not as highly developed as the use of PIs would require.

In the course of project-work to appraise the existing clinical audit system, the project-worker made the discovery that although questions listed on the form then currently in use had required responses which were scored, no system for utilising these scores had been devised. It seemed possible that this was not an isolated phenomenon; details of pilot PI schemes gathered from elsewhere in the course of this research also showed a tendency to embark on scoring systems without the construction of an appropriate framework for their use. These phenomena seemed to reveal not just a gap in the skills required to handle quantitative data, but also a lack of awareness that such a gap exists.

One particular concern, which was echoed by several teachers in the third workshop, seemed worth quoting in detail because it underlined some further problems about numeracy skills :

"although logically we are aware that the view is unfounded there is a feeling that percentages can be misleading, particularly in respect of examination results and small numbers. Results should be addressed in the context of actual numbers" - ADNE

What seemed particularly interesting about this comment was that the view expressed was not, in fact, logically unfounded; it should be standard practice in statistical exercises to give the size of the population or sample from which data is drawn. The expression of such concern must, it seemed, therefore indicate that this practice was sometimes not followed. Of perhaps even greater concern for this research, however, was the lack of confidence felt by these teachers in the correctness of their own views about how figures

should be expressed. If PIs were to be integrated into school-level planning, it was essential that teachers should be able not only to work comfortably with ideas about figures, but to work confidently too - otherwise there would be a danger that such functions could pass out of the hands of professional nurse and midwife teachers, along with an element of power and control.

Furthermore, as noted in the introduction to this section, some of the project-workers concentrated more on the collection of data itself rather than investigating the possible questions raised by collecting such data. This indicated on the one hand a willingness to gather concrete quantitative information, and perhaps some reluctance, on the other hand, to conceptualise this information in more abstract terms.

In the course of discussions beyond the case-study Region, some considerable ambivalence was expressed towards the use of numerical information to describe the activities of a training institution for example:

"yes, wastage rates, pass rates, these are all important - we don't like them but we've got to look at them" - DNE

In the past, the use of quantitative data by training institutions had been limited. In the main, they were required by external agencies, and teachers acquired competence in data-collection often for unknown purposes. For PIs to be used with sensitivity both nationally and locally, it seemed certain that there would be some teachers needing support in this area, and further work would be needed to determine the extent and nature of the support required. During a workshop held at the request of one of the other National Boards, a Professional Officer made the following comment:

"It's too easy to oversimplify; you need a statistician with expertise - we haven't got that - I might look at one figure and say "oh yes" but you need statistical expertise to interpret the figures" - Professional Officer

The view taken by the PI project was that such statistical expertise should be integrated into the professional role of nurse and midwife education management, otherwise the element of professional judgement in interpreting data, so frequently cited in workshop discussions in both phases of the project as essential to the correct use of PIs, would be absent.

As a start to this process, we therefore recommended the introduction of an information function into the management structure of all nurse and midwife training institutions to ensure that information-handling skills would be kept within the profession. We felt that one of the key features of this function should be to reflect the following requirement, which seemed necessary not just at training institution level, but also at all other levels:

"there should be greater collaboration between professional and administrative staff" - Professional Officer

Unless administrative staff engaged in the collection of data understood its purpose, we argued, then its accuracy and timely delivery (upon which the accuracy of aggregated figures in turn would depend) could not necessarily be guaranteed.

Conclusion

The results of these various pieces of practitioner research were of considerable value to the project, not only for the findings they provided but also for what their shortcomings revealed. In tackling a series of areas identified as problematic for the development of a performance monitoring system, in some cases they showed where further clarification was needed - for example in developing a workload model to describe teaching input. In others, they were able to propose frameworks for gathering further information, for example the project which examined post-basic and continuing education.

Furthermore, they also enabled teachers themselves to take action on their own behalf as well as on behalf of the PI project by conducting research which was of some practical value to their own training institutions. A particularly clear example of this was the midwifery project which investigated the cost implications for the training budget of a proposed amalgamation between schools - generating information which was useful both to the PI project and to the schools.

However, it was not possible for the whole range of schools in the case-study Region to participate in this part of the project. This was because the timing coincided with the need for two of the schools to submit documents for the approval of Project 2000 courses. These two schools, it will be recalled, were among the fourteen selected to start P2000 training in the following September as "demonstration" sites. The need to develop the new courses and for them to be approved at Diploma level in higher education brought a very large amount of work indeed for two senior educator workshop members. In consequence, these people - who would normally, because of the obvious high calibre of their schools - have been expected to produce project-work of a high standard, were able only to submit outline reports.

The standard of those projects which were completed was, on the whole, high. However, there were two cases in which the project workers simply gathered data instead of describing how such data were assembled. This type of error indicated to us the existence of difficulties among some educators in relation to the handling of quantitative data. We also found further support for this observation from other aspects of the project work. This led us to make several recommendations. One was for an information function to be incorporated into training institution management structures, and a second was for the Board to arrange for the development of such skills at training institution level.

Chapter Twelve: Exploring the dimension of local circumstances

Introduction

For PIs to be useful in the management of training institutions, it must be possible for education managers to change the scores that their institutions achieve by changes in managerial policy. Indeed, this was defined as being an essential characteristic of PIs in Chapter Seven. Furthermore, this definition was used as a basis for the second phase of the research, and was circulated in the preparation pack to members of the case-study Region workshops.

It therefore seemed essential to examine ways in which respondents felt that values for the "Core Data" (handed out at the end of the first teachers' workshop) might be subject to various levels of influence: within the training institution, external to the training institution, and by local factors and circumstances.

In asking questions of this type, we were also raising the issue of the usefulness of the "Core Data" for local policymaking - that is, to what extent do such data facilitate the participation by schools in management action at a local level ?

The following is an account of the patterns of influence on the "Core Data" as perceived by the teachers in the case-study Region.

Influences on performance: 1) the case of student data

In order to obtain a picture of how respondents in the case-study Region perceived such influences on student data at different levels, they were asked to give instances of ways in which the values obtained for student numbers, discontinuations, completions and employment destinations might be affected by policies at several levels:

- within the school
- by agencies outside the school such as the DHA, RHA, ENB
- by local circumstances

Influences within the school

Respondents from different schools cited a number of different factors within their nursing and the midwifery schools which they thought had some bearing on values obtained for student numbers. One respondent (where a Project 2000 submission was in hand) cited changes in the curriculum and in the qualifications offered, along with waiting lists for training. In two cases, recruitment and selection procedures were thought to affect student numbers, and two respondents cited geographical problems associated with operating on several sites and in a large catchment area. It is important to note that these particular local difficulties could not be scored on a single dimension.

In the case of discontinuations and completions, within-school factors were all associated with non-statutory requirements in course-work and its assessment: in one case

local employment rules specified only two attempts at passing the final examination (in comparison to the ENB's three).

Few factors within the school were felt to influence the numbers of students gaining employment on completion: one respondent indicated the link between the availability of employment and discontinuation policies, another cited school policy that newly qualified nurses must apply for all available posts whether or not they suited personal circumstances, and a third noted the possible difference in philosophy between school and service areas. Preference given to local candidates in initial selection was also cited as a factor which could ultimately keep qualified midwives in the District.

In general, it seemed that these heads (or their deputies) of training institutions felt neither able to influence the numbers of students they took into the school nor to affect the numbers who gained employment on completion except in marginal ways. It is noticeable that the influences cited in these areas took the form of constraints rather than active policy-making. For discontinuation and completion rates, however, the picture appeared different, showing that in this case the teachers felt that school policies could affect these rates.

External influences

The most commonly quoted set of influences arising from external sources on student numbers gave a picture of the conflict between the standards-setting agencies and the funding agencies: while the ENB set limits on course sizes, the numbers of places on a course may be determined by District and Regional manpower and budget constraints. This was also true for post-basic courses where secondments were on protected salaries. The conflicts which arose over student numbers often left the school with a "pig-in-the-middle" feeling, prompting one teacher to claim:

"there are so many criteria, the school can't make policy" - SMT

Teachers also thought that EAG funding, while taking account of student-staff ratios, failed adequately to compensate for several types of difficulties. The specific difficulties they identified were those associated with operating on several sites, variations in teacher workload and additional difficulties associated with providing a multiplicity of courses within specialisms.

Discontinuations and completions were thought to be affected by student dissatisfaction. The provision of residential accommodation and transport were identified as one such source of dissatisfaction outside the control of the school. One respondent noted that such problems of dissatisfaction may not be resolved when there is no formal counselling service.

Most respondents felt that the availability of suitable posts and career opportunities (eg the availability of local post-basic courses) was an important influence on the numbers gaining employment locally. The grading of posts following the recent clinical grading Review was also cited as a factor, and in the case of post-basic education, the support of service managers.

Local circumstances

The single most frequently cited influence on all aspects of student flow was local house prices and shortages of privately rented accommodation, closely followed by transport difficulties encountered in rural areas and for multi-site schools. Several of the schools in this case-study were also located in areas with military bases, where students sometimes either discontinued or sought employment out of the district when their spouses were posted elsewhere.

Influences on performance: 2) the case of teacher data

Respondents were asked a similar set of questions on what factors they considered to be influential in determining the values for "Core Data" about teachers - i.e. teacher numbers, qualifications and leaving patterns.

Influences within the school

Aspects of staff development and career prospects loomed large in respondents' thinking about how school policies could affect values for all teacher data. These included policies about the number of unqualified teachers permitted per teaching team, about the priority given to upgrading clinical teachers to nurse tutor level, and about arrangements for providing replacements for staff temporarily away on tutor courses. All these concerns seemed to reflect the role of the training institution as a monopoly recruiting agency for the training of nurse teachers, in which policies could be made at a local level.

For midwife teachers there was a difference of emphasis, due to the service influence on the school budget: there seemed to be less opportunity for them to determine policy within the school than their nursing colleagues. In two cases, the head of the midwifery institution and its reputation were thought to be important factors in attracting staff, and one respondent felt that it was important for the head of institution to be the budget-holder.

One teacher with responsibilities for continuing education identified a need to conduct formal exit interviews with teaching staff in order to monitor trends.

External influences

As observed in the previous paragraph, policy for midwifery institutions was perceived as being more likely to be set externally, by the Health Authority, for instance, on

priorities for secondments to obtain qualifications, or by the ENB - for example on the length of time an unqualified teacher can be seconded to a school. The current reorganisation of midwifery schools within the Region was also cited as an influence.

Schools of nursing mentioned finance as an external constraint on figures for teachers, taking the form of the EAG budget and establishment limits, along with DHA finance available to support staff development. More than one respondent noted the poor career opportunities open to teachers within a small school.

Local circumstances

In common with their observations about local influences on student numbers and flow, a range of similar factors was cited with respect to teachers. These included the price of housing, problems with transport for scattered-site schools, and the vagaries of postings for teachers with spouses in the armed forces. An additional variable identified in this Region was also the restricted availability of suitable study opportunities and degree courses in local institutions of higher education.

Influences on performance: 3) the case of support staff data

The most commonly reported constraint concerning support staff arose from recruitment problems posed by low NHS pay scales in comparison to local rates of pay. Some schools had developed policies which enabled them to compete in this market and retain staff, for instance by appointing personal secretaries with one year's successful service as higher clerical officers. But there was clearly a trade-off between quality and quantity of clerical support within the "pay" heading of the budget. Respondents also mentioned the value of staff development programmes, counselling, and a realistic workload as being important. As with all other employees, the price and availability of accommodation was cited as an important influence.

Influences on performance: the case of higher education

Students studying for post-registration statutory courses at universities and polytechnics (mainly health visitor and district nurse students) were in most cases the employees of health authorities, and seconded to these courses. Numbers were set jointly by the authority and the institution with reference to requirements from, for instance the ENB. It was argued by teachers therefore that the margin for departmental influence on these numbers was small.

The discontinuation of a student seconded on a full salary would have considerable implications for the funding authority, and while respondents said that numbers were carefully monitored, such discontinuations were usually very few. In district nursing the isolation of students on fieldwork placements was cited as a possible external influence on discontinuation rates.

For teacher numbers, some important differences between systems of counting were reported: the ENB, for instance calculated student staff ratios - on which staff numbers are based - by including all full and part-time students, while the university excluded degree students from health visitor course numbers, including them instead in the faculty quota.

Other anomalies occurred in the particular arrangements between different agencies - for instance local education authorities provided fieldwork placements but did not provide students' travel expenses to and from these placements.

Conclusion

The findings from this part of the study led us to make several observations, leading to recommendations to the ENB and to training institutions. It seemed that under the existing arrangements, the staff of training institutions did not feel they were able to exert an influence over figures on student, teacher and support staff inputs, outputs and flow except in marginal ways. This observation was clearly of some considerable importance for the development of PIs, since one of the principal characteristics which - according to our own definition - indicators needed to possess was the possibility that their values might be changed by management action. The picture presented by the senior educators in the case-study Region was almost one of disempowerment in relation to some very fundamental features of the institutions they led.

Certainly the basis of these perceptions seemed to be confirmed by the real conflict between the ENB's requirements on the one hand over (for example) appropriate numbers of students to make up a viable course, and the requirements of the DHA for appropriate numbers of students to make up the local workforce.

If the ENB were to collect performance-related information along the lines of the specimen "core" data, we argued that in the absence of a high level of local control over values for such data, it would be essential for training institutions to be able to give an account of the influences which they felt to be important in affecting these values.

The above findings, however, showed that it would be difficult to specify dimensions which would be likely to apply to all possible circumstances. We therefore suggested that such accounts could best be given through descriptions of local constraints rather than by attempting to set out the relevant variables. However, the reports from respondents did show that many similar considerations applied to students, teachers and support staff alike - for example transport factors.

We argued that the best way of linking such descriptive accounts to the collection of PI data was to integrate them into the process of local reviews of the quality of educational provision. They would amongst other things provide background information which focused on issues of access and availability, applied to topics such as transport, accommodation, local career and training opportunities, and local and national recruitment and employment patterns. Where relevant, local Health Authority policies could also be

included in these accounts, for instance concerning employment following completion for students, and about post-basic and continuing education opportunities for students, teaching and support staff.

It also seemed worth pointing out that any new arrangements for nursing and midwifery education - and this would particularly apply to P2000 - which weakened the traditional pattern of local constraints to which training institutions perceived themselves to be subject, would also have to take account of the needs of teachers to become more skilled at proactive management, planning and monitoring.

In terms of action research, it was the results of these discussions which perhaps most nearly met the requirement of Curle's definition (see Chapter Three) to "help in altering certain conditions experienced by the community as unsatisfactory". In this case, the community of professional nurse and midwife educators articulated quite clearly to the researcher the nature of the constraints under which they operated. And though the long-standing conflict between the status of students as recipients of education and as employees of the service lay at the heart of these constraints, it was nevertheless possible to draw up recommendations which represented some form of action in relation to these constraints. In this case, the action taken was to offer the training institutions a voice through the recommendation for them to conduct regular reviews of the quality of educational provision. The recommendation was strengthened, and the institutions supported, through the material in the Resource Guide *Figuring Out Performance*, which offered examples of methods and techniques already being used by schools to evaluate the quality of provision, along with further resources derived from the research process to facilitate the development of quality strategies at local level.

Chapter Thirteen: How can PIs be used in educational decision-making and planning ?

Introduction

Central to the use of an action research approach to investigating PIs was the open acknowledgement that there were wider policy-oriented questions associated with the idea of performance monitoring. In Chapter One we saw how the introduction of PIs had often been conceptualised as a technical matter, thus avoiding political questions about how the monitoring process might function. Throughout both phases of the project, the most frequently voiced concern we encountered about PIs was the question of how they were to be used. Thus, the senior educators themselves were raising complex issues about the nature of the decision-making and planning context. From the feasibility angle alone, it seemed clear that unless the linkages between PIs, decisionmaking and/or planning were clearly expressed and well understood, then any imposed system of PI data-collection could become nothing more than a paper exercise.

But there was also a corollary to this argument, namely that the planning and decision-making process must be clearly understood by all parties in the process. The findings from the first phase of research suggested that this was often far from true. In the public sector as a whole, financial accountability had, until the era of the Financial Management Initiative, been somewhat loosely defined. The business of articulating accountabilities could also, it seemed, bring problems resulting from conflicting interests within the enterprise as a whole. For instance, in the case of nurse education, there were conflicts between education and service aims which had been well-documented in this project and elsewhere (see Chapter Six).

In adopting the technique of case-study, it was possible to gather the views of the range of stakeholders in the policymaking process at all levels from training institution to central government, and thus to explore their various understandings of how the performance monitoring process might work. In this chapter, the results are presented of work carried out in the case-study Region, from observation of other EAG meetings outside the case-study Region, and from interviews at the ENB and the DoH. As outlined in the introduction to Chapter Nine, the results of these different episodes of fieldwork have been presented in separate chapters, as a series of policy issues rather than in the more conventional tradition of the chronological order in which the work was carried out, or according to the different research techniques used. This chapter records the range of views among the participants in the research process on the specific question of the role of PIs in educational decisionmaking and planning.

Methods

In the case-study Region, one of the research questions was, to what extent would the same specimen set of PIs be useful for planning at each of three levels: the training institution, the Regional Education Advisory Group, and the ENB ?

In the first teachers' workshop it was decided to initiate discussions about plans and how to monitor them and to explore whether these discussions elicited any comments about the usefulness of PIs. Participants were asked to go through their files and bring to the workshop statements of their school philosophy and aims. They were also asked to write brief statements on what they hoped to have achieved in five years' time (see Appendix Three). At the workshop, in three mixed groups of nurses, midwives, health visitors and district nurses, members shared their present aims and plans. The workshop facilitators recorded these, identifying any aims which were special to particular schools or departments. The groups went on to discuss how they might assess their progress in achieving these aims.

The aim of this exercise was to discover if and how PIs might be helpful in the school planning process.

Consultation with the Regional EAG also provided some of the material in this chapter. In their first workshop, EAG members were asked to convene a sub-group to examine their information requirements over the following five years, and the results of this, and a workshop preparation exercise, are reported upon here. The section on EAG decisionmaking is also informed by observations of EAG meetings in two other Regions.

Interviews were also carried out with ENB officers and members, DoH officials, and a member of the Parliamentary Public Accounts Committee. These took the form of open-ended discussions around a series of questions, where full advantage could be taken of the particular expertise of these high-level policymakers to explore in detail areas in which they were particularly knowledgeable.

The interviews began with a general introductory question asking what the interviewee saw as the main problems in developing and implementing PIs, followed by questions about how the interviewee thought PIs should be used, how they related to standards and quality, and how the notion of "value for money" could be applied to nurse and midwife education. All interview material was recorded in note form.

Aims and plans at training institution level

The aims which participants brought to the workshop consisted mainly of school philosophies, rather than strategy documents (though both had been suggested as instances of "goals and aims" in the preparation pack circulated prior to the workshop). There was a high degree of consensus about the values embodied in these philosophies, both in the workshop groups and in the following whole-group discussion. While members' "five-year plans" did not exhibit the same degree of consensus, mainly because

they often reflected the different progressions envisaged in different specialties and under local circumstances, participants nevertheless tended to support the plans of their colleagues.

In between the initial session on sharing aims & plans, and the afternoon session on monitoring progress, an attempt was made to structure the whole group's composite set of aims along the lines of the categories drawn up to analyse "Qualities of a School of Nursing" in Phase One of the research (see Chapter Four), but the items in this set were too general to permit participants to make the mutually exclusive distinctions required by this conceptual framework.

Monitoring Progress:

1) in achieving present aims

The statements of "present aims" which members brought to the workshop group were mainly concerned with the educational process rather than the organisational means for its delivery. Participants suggested a variety of topics and sources for monitoring their progress in achieving their aims. In general, the idea of consulting documentary sources for evidence about the practice of care and of education was suggested most often as a monitoring procedure. Such sources consisted of: -

the curriculum, stated teaching methods, continuous assessments, tutor and student interpretations of course outcomes, personal evaluations of progress, assessment of practical placements, published philosophies and their contents, student profiles, nursing care plans, learning diaries, IPR system, timetable, student evaluations, competencies, procedures and policies, principles of practice, statistics about students who go on to practice, learner satisfaction, government and local strategy documents, ENB documents, curricula vitae of staff, citation indices, committee membership, approval documents, placement evaluations, unit and ward profiles, student-staff ratios, statements of learning outcomes

In many cases, documentation was reported to be readily available within the school to be consulted, and participants sometimes specified what topics they would look at within such documents. And though in some cases suitable comparison bases and triangulation procedures for tests were suggested, there was little attempt in the group discussions to elaborate upon what might constitute criteria and levels of evidence, nor the processes by which these might be agreed upon.

In other cases, group members noted that some formal test, tool, procedure or even research project would need to be developed in order to specify what kind of evidence would count as appropriate in order to demonstrate the practical application of philosophies of care and education. In general, participants devoted more thought to what they felt they would be looking for than to how they would agree on whether or not they had found it - to subject-areas rather than methods.

2) on future plans

The future plans which members brought to the workshop focussed on the amalgamation of training institutions, the development of new courses, particularly P2000 courses, the development of links with higher education, and the provision of continuing education. In some cases, future plans included the development of PIs in general, and some plans specified particular PIs along with levels of achievement.

In contrast to the workshop discussions on present aims, discussions on future plans focussed much more on the processes through which progress could be assessed. These included:

- setting in motion appropriate consultation procedures for specific initiatives,
- participation in ongoing consultation,
- agreeing timescales for implementation.

Participants also identified some areas in which work would need to be done to support the process of implementing changes. These included:

- audits of the necessary support services required,
- making estimates of travel times for multi-site schools,
- reviewing procedures and policies,
- checking the market concerning the need for proposed courses,
- conducting feasibility studies,
- identifying terms of reference for new roles (eg the support worker) along with parameters around which courses could be developed (eg competencies and knowledge base) to train for such new roles,
- in general, establishing standards and criteria,
- elaborating the use of teacher time - though polytechnic-based colleagues warned that once contact hours had been specified, managers might attempt to increase these without taking due account of preparation, administration, clinical practice (this would be especially important for midwives) and other uses of the teacher's time.

The role of PIs in planning

In the workshop discussions, as can be seen from the above list, PIs in the form of numerical ratios were felt to play only a minor part in participants' preferred methods of assessing progress in the achievement of their present aims and of their future plans. In response to prompts from the facilitators, group members were prepared to agree that such figures as student-staff ratios and exam results may play a role, but that their place was in the background, and without the support of other methods of institutional appraisal, could be misleading. For instance:

"exam results don't give an indication of the reflective practitioner" - ADNE
"there are no practical exams in midwifery!" - SMT

Outcome data, for instance about students who went on to practice, were felt to be more valuable, and would be useful in comparing different kinds of courses.

The experience of quinquennial reviews in polytechnics was discussed, where a great deal of PI-type data on staff was kept on file, including updated curricula vitae, citation indices and membership of committees. But these data were felt to be less significant for nurses than the presence of a dynamic continuing education policy which supported the provision of clinical placements through continuing education opportunities.

PI- type information did, however, appear as specific items in some of the participants' "five year plans". These are some examples:-

- all nurse teachers holding relevant degrees
- good success rate
- discontinuation rates minimal
- 100% success on completion
- 100% retention within midwifery
- all mentors to have completed ENB course 998
- measurably improved standards of care
- levels of recruitment on courses to meet service needs
- achievement of recruitment, indexing & success as per regional norms
- majority of teachers to have completed or be undertaking graduate studies
- students will be able to undertake employment in a variety of settings
- graduate studies for all teachers
- an effective recruitment/retention strategy
- development of PIs "which will measure the qualitative elements of education as well as the simpler quantitative ones"
- identification and implementation of a set of PIs "to measure the efficiency and effectiveness of the school of nursing"

While some of these examples of the use of PI-type information in planning are simple numerical targets which could be derived directly from PIs, most of the above statements incorporate a link between the indicators and policy or strategy, which means that whatever values might be shown for these indicators would only be meaningful through reference to that policy or strategy - for example, the school's success in meeting service needs with suitably qualified nurses.

The chief problem in interpreting PIs in this light, however, seemed to lie in the different policies which schools were adopting towards particular problems. Take for example the issue of moving towards an all-graduate teaching profession; within each of the "five year plans" the following different policies are outlined:

- "all nurse teachers in the college holding relevant degrees"
- "the tutorial establishment will be such that tutors will be able to be released to undertake degree courses on a part-time basis"
- "provide opportunities for some trained nurses to study for the Diploma in Nursing and nursing or other appropriate degrees"
- "that the majority of teachers will have either completed graduate studies or be enrolled on programmes which to a large extent meet the agreed priorities of the division"

- "inaugurate a programme of educational development which supports teachers within the education department to gain academic qualification in line with their teaching responsibilities"
- "a flexible access package will enable qualified staff to undertake further study at levels ranging from certificate to masters' degree in relevant branch disciplines, with a clear focus on clinical competence"
- "graduate studies for all teachers"
- "developing a programme of continuing education for registered nurses leading ultimately to the award of a degree in nursing"
- "tutorial staff have the opportunity for relevant graduate status and the implementation of an individual development profile"
- "nurse teachers, including senior education managers, have the opportunity to study to gain advanced level qualifications appropriate to their role"

This list gave a graphic account of the role a set of PIs on teacher qualifications (for example) might play in school planning. While they would be an essential prerequisite for judging the success of policies, it nevertheless would be the policies themselves which would define what constituted success and the translation of that success into numerical values. But perhaps most important of all, these policies seemed to be elements of the educational process; they were different for every training institution, and could not be compared in any measurable way. On this single aspect of policy alone, a detailed project would be required in order to set up an appropriate comparison base to explain the differing values obtained for a PI set on teacher qualifications in terms of school policy.

They also illustrated the difficulty of using the idea of PIs to apply to processes. This was the approach taken by the RCN Association of Nurse Educators Group (RCN ANE 1989), and the result seemed more like a set of "standards statements" which may or may not be applicable to individual institutions, and which would be highly unlikely to be stable enough to apply over time.

Information requirements for decisions made at EAG level

In the autumn of 1988 the EAGs' remit changed to allow them to investigate questions of planning for educational quality in more detail than was previously the case. This changed remit raised questions about what information they might need to discharge their new duties. Prior to the first case-study EAG workshop, participants were asked to make suggestions about improvements which could be made to information available to the group.

Responses to this question indicated that the main area in which members wanted further information was the whole area of midwifery, post-basic, and continuing education, along with other advanced courses. Strictly speaking these were all outside the remit of the EAG, but there were strong feelings within the group that it was difficult for the EAG to discharge its obligations within its existing remit without access to information about the whole of nursing midwifery and health visiting education in the Region. As noted in

Chapter Ten, information on continuing education in particular was felt by teachers to represent an input to the educational process.

The most elaborate lists of information requirements came from two managers (one nurse manager and one general manager) in the group, and these consisted of several PIs, both outcome and cost-based; other members of the group identified general areas rather than specific items of information within those areas.

One member commented that the meeting structure of six three-hourly meetings per annum did not allow for detailed information to be consulted, and other members pointed to a need for the role of the group to be clarified, for instance:

"the ENB needs to explore the basis of resource allocation and issue guidelines to the EAGs" - EAG member

At one of the non-case-study EAG meetings, the work of a subgroup on PIs was discussed. The background to the formation of this group was that there had been some difficulty in agreeing on suitable data items, and the results from a pilot questionnaire had proved impossible to collate. The group was now taking the view that a small amount of information needed to be collected Region-wide in standard form with guidance from the EAG about what it saw as priority issues, that the resulting PIs should be linked with standards and manpower planning, and that schools should be encouraged to monitor their own performance. In at least one case this was already happening using an adaptation of an educational audit scheme developed by a school in a different Region. The usefulness of cost-based PIs as a way of informing planning was referred to during discussion of almost every other agenda item at this meeting.

At a different non-case-study EAG meeting, members discussed at length the possible future scenarios for nurse education posed by the differing requirements of P2000, the White Paper, school amalgamations and the Deloitte Report, and noted that they would need improved PI-type information available to them in their planned new information system. They also noted the inadequacy of the frequency of EAG meetings for dealing with the scale of decision-making required. As regards PIs, this EAG had taken the view that it would wait for the ENB to develop them, and had initiated no local exercise.

Information requirements identified by the case-study EAG subgroup

At the first EAG workshop members were asked to convene a subgroup to look at their information requirements over the next five years from an agenda set by themselves. The agenda was prioritised by a voting system and emerged as follows:

- 1) *Implementation of P2000 (including links with HE; the support worker)*
- 2) *Regional Education & Training Strategy (including retraining, retention, criteria for approval)*
- 3) *Funding*
- 4) *The Health Service Review (including links with the private sector)*
- 5) *Clinical Grading Structure (including skill mix)*
- 6) *Links with RHA, DHAs*
- 7) *Recruitment*
- 8) *PIs*

This list shows the low priority given to the development of PIs by this particular EAG, and the fact that it is seen as a separate activity from all the other areas in which information is required. This is underlined by the fact that the agenda exercise did produce more than eight items, but that some were agreed by the group to be subheads of other items and these appear in the above list as inclusions. PIs were not among those perceived as "belonging" to the major policy agenda items.

The subgroup itself was convened to meet for a morning session to discuss the agenda. Its membership was decided by a diary exercise in conjunction with principles of representation; the members were: 1 DNE/DNA, 1 DN lecturer, 1 ADNE, 1 DNA, 1 SMT, plus the financial adviser. The RNO was willing but unable to attend because her annual leave coincided with the period between the two EAG workshops when the subgroup was scheduled to meet.

Discussions at the subgroup meeting in the early weeks of 1989 were dominated by questions about the implications of the many new policy initiatives currently under consultation within the nurse education profession. To the ones itemised in the agenda, the newly published Deloitte Report, with its direct bearing on the work of the EAGs, was added. Against this background, the group members found it difficult enough to predict the future shape of nurse education, let alone work out how to manage it, and the discussion centred more around suitable frameworks for information-gathering than the specific nature of the information required.

In the area of post-basic and continuing education, the group was able to specify the need for :

"a fairly simple questionnaire with very clear explanations, divided between ENB courses and others, telling us who goes on courses and the cost of teachers"

The group discussion often returned to the role of course approval in setting standards. It was felt that the approval process was very useful in providing "baseline standards", and that it would be even more useful if criteria were more explicit:

"continuing education provision all comes in to course approval, but how it's used we don't know"
"the ENB compile all this, but I would want there to be more structure"
"and more criteria"

The clinical grading Review was seen as the start of a process which needed structural changes to the process of professional development now that the new grades were being settled upon. Skill mix, it was thought, required urgent attention, but was complicated by the replacement of learners by support workers under P2000, and an interim arrangement was going to be necessary. One member described the way forward as follows:

"I think P2000 and the Regional Education and Training Strategy have got a very strong relationship with skill mix. We'll have to draw up an information framework for this and a methodology for developing skill mix"

The group agreed on the following three areas for follow-up discussion at the second workshop:

- 1) the relationship of PIs to standards
- 2) set a framework of policy about how PIs are to be used
- 3) requirements for information about the relationship between basic and post-basic courses

These findings permitted some general observations to be made about information-collection at EAG level.

Firstly, there was clear evidence of variation between EAGs about the importance of PIs to them in the decisionmaking process. Of particular note was the low priority given to the development of PIs in the case-study Region.

While the purpose of the research was not to enter into a detailed analysis of the possible factors which could have contributed to these differences, they were nevertheless striking in these particular cases, and seemed to merit some perhaps speculative discussion.

One reason for the differences, it seemed, could lie in geographical and size differences. In the comparatively small case-study Region, training institutions were less remote from the centre, and EAG-level planning had been possible by convening *ad hoc* subgroups which were able to make use of RHA information to report back to the EAG. Remoteness seemed not just a question of geography, but also a question of how comfortable was the relationship between the Region and the schools. In all Regions there was undoubtedly a degree of conflict between the two, but this seemed less so in the case-study Region than most. However, there were other small Regions which had shown an interest in PIs by

setting up a PI group and developing a common approach, indicating the possibility that neither geographical nor psychological remoteness is the critical factor.

It further seemed possible that the experience of EAGs in attempting to develop PIs could have been instrumental in persuading them of their importance. Though it could be argued that the fact of having made such an attempt is itself an indication of the importance attached to PIs, the picture is slightly more complex: the case-study EAG in fact argued during the early days of Ministerial Review that PIs were so important that a national research project was needed, and the project here discussed was the outcome of these arguments. This, then, leaves open the possibility that it could be the experience of trying to develop PIs which raised their profile at EAG level; in not having themselves initiated such a project the members of the case-study Region perhaps felt distant from PI development. This hypothesis is consistent with management theory about the importance of "ownership" of such projects. While the case-study region may legitimately feel a sense of "ownership" of the *national* project by having participated in this research, they did not feel the same way about the local impact.

A second observation which needed to be made about the ability of EAGs to collect suitable information concerned the remit of the group itself and the number of times a year it met, which severely limited its ability to consult information in any detailed way. This pointed to a need for information at this level to be aggregated, and for the group to have access to any further information. The relationship between the EAG and the RHA here seemed critical; the EAG had no centralised source of information at the time of the research except at the RHA.

A third feature of EAG work highlighted by this examination concerned the quality of financial information available. In two cases this was clearly inadequate, both a Regional and at District level, and members felt unable to do their job without it. There seemed to be a case for developing different arrangements for providing EAGs with the information they felt they needed.

Fourthly, there was a strong feeling among members of the case-study EAG that although their remit did not include continuing, post-basic, midwifery and advanced education, all these had such a strong bearing on initial nurse preparation that there was a legitimate case for them to have access to information on these areas; indeed, the EAG had already set up a subgroup to examine provision of high-technology post-basic courses across the Region and to recommend strategy for future provision.

Finally, there was clear evidence that in the climate then current, where there were several policy initiatives about nurse education, all in the process of consultation, and some with no clear direction having emerged at all (eg the White Paper), EAG members found it difficult enough even to formulate suitable frameworks for decisionmaking, let alone fill in the specific information requirements within those frameworks.

Planning at ENB and DoH level

We took the status of PIs as "indicators" to mean that they should be used as guides in the decision-making process. Indeed, respondents frequently drew our attention to this. However, for the planner, this may prove to be a difficult notion to put into practice. Some of the responses among senior officials at the ENB and at the Department of Health to the question, "how should PIs be used?" show the nature of the dilemmas involved. For instance:

"they enable you to make comparisons, to have a look at why there are people on the up and down ends. But - and this is the trouble with PIs - they're only guidance, there could be many reasons" - DoH official

"It's quite difficult to get people into the mental set of using indicators as such - that is, posing questions" - DoH official

Another DoH official was similarly cautious about how PIs should be used, giving them a problem-solving function:

"by individual schools they can be used to identify problems, to really look at where they're at and try to do something about it" - DoH official

Yet another member of the Department nursing division saw problems of accountability in the local use of PIs:

"one would like PIs to be really well applied locally - and here the split accountability is the chief obstacle" - DoH official

While most respondents saw the comparative potential in assembling PI data across institutions and over time, one DoH official felt that there may be a need to protect confidentiality:

"you look at the outliers - you must be worried about the low end and question the integrity at the top end. You show people where they are - and thinking of the private sector where they do this - it may be important to protect confidentiality and not tell them where everyone else is" - DoH official

This, however, was a minority view. Most respondents felt that PIs should be located in the public domain, and that the resulting improvement to levels of public scrutiny was to be welcomed.

Some respondents discussed the issue of setting targets within PIs, but though this might be possible, it would only be in the medium-term future:

"I don't see setting global targets for the ENB as a whole, at least not until we had a fairly robust system - on analogy with the Health Service PIs it's 5-6 years before you can do this. In some RHAs they are already setting DHA targets on recruitment and retention, but I see the same evolutionary process - start setting targets for individual institutions where performance is demonstrably different and for no good reason. But this raises the question of managerial control, and they haven't got the control to do this" - DoH official

The principal of using PIs as problem-solving tools was reiterated at the ENB, though this officer saw them as more than merely interesting - it should be possible to set standards within PIs:

"it's no good asking people for a lot of information which you might not use - they must be used. I think you have to identify the standards you want and then discuss. PIs can show you where there's a marked difference from the mean, and we have got to find out how they justify the differences" - ENB officer

A non-nursing ENB member was prepared to use PIs for target-setting :

"I see PIs being used to set targets. I must argue with the nurses here - why the 1:15 SSR? It has to be something objective" - ENB member

The role of PIs in helping to plan the implementation of new policy initiatives - the White Paper, the Deloitte Report and P2000 - was also discussed:

"the new interface between the Board and the training institutions could be supra-regional. It could be given money and information to develop baselines about allocations. the biggest difficulty is about indicators to determine quality ... and with P2000 this is going to be crucial" - ENB officer

However, the future information requirements for P2000 were not necessarily yet clear:

"P2000 is a totally new game; we'll have to look at common foundation programme costs separately from branch programmes. Adult nursing will be cheaper than mental, we know that, but we don't yet know about children's nursing; moving to a modular approach is also unknown territory" - ENB member

Planning for P2000 was also a concern at the DoH, especially in relation to the plans submitted for schools to become "demonstration sites":

"niggling away in the back of my mind is P2000 - and whether PIs can really be built in to the planning scheme to help DNEs move forward in a different way. There is a lack of hard data in demonstration plans - data which people really ought to have at their fingertips" - DoH official

Further uncertainty about the future of nurse education also arose from the White Paper proposals, in which the role of training institutions had not yet been elaborated. As one respondent put it:

"what are the information requirements of self-governing hospitals going to be? Detailed information may not be required" - DoH official

Several suggestions were made about possible future arrangements and the role of information in these arrangements:

"self-governing hospitals will be providing the bulk of the learning environment in acute, maternity and paediatrics. Both hospitals and schools will require some method of assessing what they're buying" - DoH official

"self-governing hospitals would have the freedom to set their own pay and staffing levels - there could be massive changes in skill mix leading to fewer qualified staff and there would be competition for quality NHS staff. Maybe these hospitals would provide MORE continuing education and compete on the basis of "we've got this wonderful range of qualified staff". The evidence in the USA is of competing more on quality than on price" - DoH official

In general, the attitude towards using PIs was somewhat more cautious at the Department of Health than at the ENB, perhaps reflecting the experience of using its own set of PIs which had recently been renamed, dropping the "performance" element to be called "health service indicators".

This counsel of caution was also evident in responses DoH officials gave to the robust questioning they received at, for instance, meetings of the Public Accounts Committee, where Members of Parliament monitor the performance of the Department. These members were also dependent on information given to them from the Department, and the improvement of such information was not seen as a party political concern. In the words of one Labour member interviewed by the project:

"the general view of the committee is that we try to establish PIs in every area that we've examined. It's all part of the argument on resource allocation. The thrust of our committee is to be objective, not to operate in a political climate. On the floor of the house, that's different, it might well be seen as a cost-cutting concern" - PAC member

The enthusiasm for PIs among PAC members had been well documented in reports of the proceedings of the committee, where debates had occurred between members and DoH officials on the extent to which PIs could be used to set targets. In this context, DoH officials stressed the use of PIs in raising questions, but it also seemed that they must surely feel obliged in discussions with the ENB to communicate the attitude of such parliamentary bodies as the PAC.

Thus, while all these bodies at the "top" end of the hierarchy were agreed on the importance of PIs in planning, there was considerable ambiguity about how their role in the planning process was perceived. The central issues seemed to be:

- were they merely information to be looked at - as aids to decisionmaking which raise questions?

- could they be used to set targets or standards around a range of values ?

- could they be used to set precise targets ?

But perhaps the most important question of all which was raised by this account of dilemmas about the appropriate use of PIs seemed to be:

- did it seem realistic to specify how information in the public domain should be used ?

Summary & Recommendations

In this chapter I have examined a range of views from training institutions, EAG, ENB, Department of Health to Parliamentary Committee on the general question of how PIs should be used, and the particular question of how useful they might be in educational planning and decisionmaking. In order to transform this set of observations into policy recommendations, they were summarised as follows in terms of three levels of policymaking, and the recommendations developed as arguments from the summary.

Training Institution Level

At training institution level and at EAG level we found that PIs did not have a high priority for planning purposes among respondents. We also found that regarding one aspect of policy alone - the development of an all-graduate teaching profession - training institutions expressed this policy in such different ways that it would not be possible to monitor its achievement across all these institutions by a single numerical ratio. Conversely, this diversity of policy statements showed that it would not be possible to encapsulate answers about them within any single "qualitative" question. Achievements in relation to policy statements such as the ones produced by our respondents seemed better monitored as local standards. This showed quite clearly that even at Regional level it would not be possible to produce, as other initiatives had attempted to do, a set of questions about the achievement of such standards which would be applicable to all training institutions.

We therefore recommended that the use of standardised *proformas* would not necessarily be an appropriate method for monitoring local performance in meeting policy objectives. Instead, it would be more useful for training institutions to specify the policies and standards they were able to agree around a range of topics and to identify any problems they were experiencing in achieving them, along with their successes. It seemed that only in some cases might PIs form the basis for setting and monitoring such policies and standards, for example in the reduction of wastage rates.

However, it also seemed that the use of PIs at a local level demanded a broader framework in which monitoring could take place, since PIs could form only part of the total picture of planning and managing educational provision. We recommended therefore that training institutions should conduct their own internal reviews of educational quality in order to satisfy themselves that standards are being met, to identify problem areas and to be in a position to demonstrate to outside agencies the effective handling of these areas. This process would need to be complementary to the course approval process, which already generated a great deal of information along these lines.

We also suggested that the project research provided a suitable framework for these purposes in terms of the set of categories derived in Chapter Five about the qualities of a school of nursing/midwifery. The evidence, we felt, argued for an approach in which

philosophies, policies and standards could be stated along with accounts about how these were agreed, implemented and monitored. Where necessary, an account should also be given of how judgements were independently checked, for instance through peer review or through the use of independently tested instruments. The resource guide, *Figuring Out Performance*, developed from the research process, served to provide teachers with practical examples of methods already in use, along with suggestions about how to start developing a quality strategy.

EAG level

The discussions which were held with the case-study EAG, and observation of EAG meetings in general indicated the unsatisfactory nature of the remit at this level. Members of the case-study EAG felt constrained by having to keep within the boundaries on initial nurse preparation, and the low priority which they gave to developing and using PIs needed to be seen in this context. Beyond the case-study Region, we found that access to financial information was often inadequate, both at Regional and at DHA level.

There seemed clearly to be scope for the use of PIs at this level, and case-study EAG members felt that they needed to set a framework for this which would incorporate standards-setting. EAGs would have an interest in results from the internal training institution reviews suggested above, and the extent of their possible involvement (or the involvement of LTCs) in the process would, we felt, need to be considered when decisions were taken by the ENB concerning future arrangements.

ENB and DoH level

We discovered a range of views at this level of planning about how PIs might be used, ranging from the view that they should be treated as guides only, to the view that they might be used to specify targets. The potential certainly existed, once PIs were collected, for them to be used to specify targets or norms for planning purposes, though the narrow range of considerations to which PIs seemed to apply, and the necessity to use them within a broader framework as argued above, meant that specifying targets would not be such a simple matter as might first appear.

The evidence, we therefore suggested, argued for further discussion by the Board about this complex question before PIs could be implemented.

Conclusion

In focusing (in this stage of the research project) on issues associated with the use of PIs for planning and decisionmaking purposes, we were able to set out a range of views on this subject. By articulating this range of views, and demonstrating the existence of differences of opinion - if not yet fully-fledged debate - at all levels of policymaking, we were able to make a further contribution to discussion about PIs which was based on

research. Within the programme of research agreed with the ENB, we hoped to be able to take this debate to the wider profession through the national conference which was scheduled to take place at the end of July 1989.

Chapter Fourteen: Can PIs be used to answer questions of cost-effectiveness ?

Introduction

The main way in which the ENB stated that it wanted to use PIs was to "assist in the process of resource allocation". This, we felt, was one of the central issues on which it would be necessary to report. However, as a precursor to examining the problem of how to allocate resources, it seemed important to set out the various lines of argument about PIs and cost-effectiveness which had been rehearsed to us during the course of fieldwork.

In the second teachers' workshop, participants were asked to divide into small groups to discuss some of the problems of monitoring cost-effectiveness especially in relation to the different roles played by the training institution, the EAG, the RHA and the ENB in this regard. The discussions generated at this workshop are reported upon in this chapter, and augmented by data collected from interviews not only at the ENB and the DoH, but also with several other nurse and midwife teachers and education managers including EAG chairs and members outside the case-study Region.

Ambiguities in the lines of financial accountability

One of the principal themes which ran through all these discussions was the diversity of mechanisms which currently existed for funding nurse, midwife and health visitor education, and the implications of this for identifying clear lines of accountability through which cost-effectiveness could properly be monitored. The terms of the argument were well exemplified in the following discussion at the teacher workshop:

"as regards your question about who should monitor cost-effectiveness, different people will use different parameters"

"I think there should be an agreed method"

"maybe it's outside the power of people to monitor. Why bother to collect information if you can't change anything?"

"it's fairly clear we won't be able to negotiate suitable PIs because of the complex accountability"

The discussion in this case then shifted to the pros and cons of the EAG's monitoring the cost-effectiveness of post-basic and continuing education. Indeed the confusion which existed in the mechanisms of allocating resources just for nurse education alone is well illustrated by contrasting the way funds were distributed for initial preparation with the way they were distributed for continuing and post basic education - outlined as follows: -

Provision for continuing and post-basic education was not, like initial preparation, funded by the Board through the EAGs; it was funded locally by District Health Authorities, and represented the fruit of local negotiations between nurse educators, nurse advisors, and since the Griffiths reorganisation of 1983, general managers. The extent of provision therefore varied considerably from District to District and from Region to Region. However, in the process of approving courses and clinical placement areas for initial preparation, the ENB, via its specialist committees and Education Officers, were able

to make stipulations as to the qualifications, staff development policy and number of tutors needed for the area to be approved. In other words, the ENB's professional recommendations required the active co-operation in terms of funding, from the DHAs. Similarly, the ENB was in no position to plan the provision of specialist courses to address the problems of national shortages in ,for instance, renal nursing; again, they were only provided as a result of successful negotiations at local level.

At the workshop, the relative merits were discussed of having post-basic education funded at Region and at District level; the example was given of another Region where the former approach had (in fact)been adopted, but where the process of developing and running courses did not appear to run any more smoothly. One participant, whose own District was notable for the amount of investment it was prepared to make in this area, felt reluctant to see the budget "top-sliced" in this way at Regional level. As a means of encouraging other Districts to make the investment, she made the following suggestion:

"DHAs are reviewed by Region; perhaps there should be some input into those reviews, with reference to the Regional Education and Training Strategy"

In the case of midwifery education, there was some discussion about the variety of different arrangements which exist in budgeting for training institutions; indeed sometimes it is difficult even to identify formal arrangements:

"Our financial arrangements are very unsatisfactory; there have never been proper budgetary arrangements with the DHA at all" - SMT

Though the lines of accountability would appear, on the surface, to be clearer because the funds come directly from a single source - the District Health Authority - this has in fact led to wide variations in practice at local level for similar reasons which applied in the case of continuing and post-basic provision: where a budget has not been specifically "earmarked" for education, a DHA operating in a climate of financial constraint would tend to give direct patient care its highest priority, sometimes at the expense of education. In one District in the case-study Region, there was a separate District Training Budget, which included all training, and while the Senior Midwifery Tutor welcomed this separate budget, she regretted the possibility of finding herself in competition with other units for education resources.

Suggested examples of solutions to such conflicts between education and service included:

"we're getting DGMs to look at ten year plans and think about how education is going to help us get there" - ADNE

"we'd like to see ringfenced budgets; education COSTS - given the costs, we should look at how we can get better outcomes" - DNE

In higher education the arrangements seemed simpler: representatives from the District and the education institution together monitored the cost-effectiveness of education. Courses were self-funding, the costs being set by the institutions, with agreement about how to divide the costs of students who withdrew. Quality was monitored through a variety of mechanisms, different in polytechnics and universities, and workshop participants were satisfied with these arrangements. However, health authorities were free to choose which institution they sent their students to, and either cost (higher in universities than in polytechnics) OR effectiveness may be a deciding factor. These teachers in higher education echoed the DNE's comment above:

"we thought that BENEFITS was more a concern than cost-effectiveness; HVs and DN have to deliver the goods in terms of practice" - L

The point was reiterated, too, in relation to the costs of planned Project 2000 courses:

"if things are going to cost so much more, what are the outcomes which will justify this?" - DNE

(This was, in fact the model adopted by the Price Waterhouse team (UKCC/ Price Waterhouse 1987) in attempting to cost the implications of Project 2000 when it was first proposed by the UKCC: taking the assumption that the costs would increase, what were the likely benefits ?)

These comments illustrated the general point that all discussions about what constitutes cost-effectiveness and how to monitor it, are essentially attempts to work out trade-offs between variations in costs and variations in outcomes. While costs, by definition, were quantifiable - though there is always a great deal of room for discussion about suitable categories and about what constitutes marginal and indirect costs - this was not always so for outcomes. In this case, the cost-benefit analysis approach, where an appraisal is made of the different benefits which result from utilising the same funding inputs in different ways - might circumvent the problem of constructing a numerically-based model.

In nursing midwifery and health visiting education, where teachers had a limited influence within their institutions over the pricing of courses, the cost-benefit analysis model seemed to offer the attraction of enabling them to focus their attention on the side of the equation which deals with effectiveness and quality in order to make improvements.

Separating quality and cost-effectiveness monitoring

In all the group discussions on cost-effectiveness monitoring, the issue of a separation between this and quality monitoring was touched upon. The cost-benefit model allows for this conceptual distinction to be translated into an operational distinction, as is traditionally practised in higher education, where quality has always been associated with academic standards which have been guaranteed through various systems of peer review.

Although they acknowledged that financial monitoring was not carried out in any explicit way in midwifery education, the midwives' group who discussed these issues felt that the notion of cost-effectiveness implied "just measuring quantities", and that there should be some means of monitoring the quality of provision which included a higher education input, a service input and an input from the client group. There was a strong feeling that

"cost-effectiveness must be tied to quality" - SMT

but there was a lack of specific focus in the group as to precisely how this could be put into practice. As in some of the discussions in the workshops during the first phase of the project, there seemed to be an assumption operating in this group that the distinction between quality and quantity could be directly translated into the use of qualitative and quantitative methodologies - a false dichotomy which often rendered discussions counterproductive.

The district nurse and health visitor group felt satisfied with the current arrangements in higher education where monthly evaluations, for instance, are conducted using a peer review process which included representation from the funding agencies, in this case the Health Authorities. The presence of HA representatives, they argued, would also facilitate improvements in the desired directions, namely access to more detailed information on long-term outcomes.

The group of nurse teachers in this workshop focussed their discussion more on the problems of determining costs, and only briefly touched upon the possibility of separating out quality monitoring. However, in the final workshop, when the use of course validation was discussed as a means of guaranteeing standards, these teachers felt that this would be "too academic". As budget-holders, DNEs were slightly nearer to influencing costs than their midwife and health visitor colleagues -

"Politics are negotiated through the DNE/DHA. The DNE MUST therefore monitor cost-effectiveness to argue with the DHA" - DNE

and must, in their own jobs, therefore, be able to integrate cost and quality monitoring.

It seemed worth noting that the distinction between maintaining standards and ensuring cost-effectiveness significantly influenced policy-making at the highest levels. In evidence to the Public Accounts Committee (PAC 1987), Mr. Peach, Chief Executive of the NHS Management Board explained to members:

"There is a balance to be struck between the professional bodies and their requirement to maintain standards and perhaps increase standards in the service and the requirements of management to make the most effective, efficient and cost-effective use of the resource which is available to them" - Chief Executive, NHS Management Board

Implications for PIs

The confused nature of financial accountability would have, it appeared, direct implications for the definitions of PIs and the units chosen. Typically, the complement of teaching staff in any school would include some whose salaries are paid by the DHA, but who may make some direct contribution to initial training, and conversely, those teachers who were funded by the ENB may also contribute to post-basic courses.

From the school's point of view it was a very cost-effective use of teaching resources to deploy teachers in such a way as to maximise the use of their special areas of expertise. But such practices had implications not just for what counted as a teacher, but also for what counted as a cost, and the concept of cost-effectiveness slightly changed focus when viewed from different standpoints.

One way to enable comparisons to be made which would take into account the different standpoints of large operational units which contained common ground would be to reduce the size of the units of performance assessment so that the common ground could be divided up. In this case, an analysis of teacher workloads would show the relative sizes of the inputs which teachers made to the DHA-budgeted and the ENB-budgeted responsibilities within the school. Such an analysis would also have to be accompanied by a complementary analysis of support services, travel, premises and equipment.

At the time of the research, the picture was further complicated by the payment of student salaries by the DHAs. From the perspective of the school, the EAG budget was small. However, these student salaries were to be replaced by student bursaries with P2000 implementation. Districts were, at the time, beginning to calculate the hitherto uncharged costs of the training institutions which included the costs of premises, allocation and recruitment activities, travel expenses to clinical areas, the salaries and other costs of continuing education.

The changing relationships between training institutions and DHAs with regard to P2000 were still unfolding, and seemed also likely to be influenced by any new arrangements for hospitals to become self-governing and for districts to be charged interest and depreciation on capital values as outlined in the White Paper, *Working for Patients*.

An additional complication had arisen as a result of the amalgamation of schools into training institutions which covered more than one District, and District treasurers were negotiating the terms under which expenses would be chargeable to each other, for example:

" *** DHA will be deducting residential charges, and we'll be paying transport. It's a very complicated system of each of us charging each other" - District Treasurer

The biggest problem for costing in the future scenario of inter-District P2000 training institutions seemed to be the large number of marginal and indirect costs which would accrue as a result of sharing facilities.

Again, in order to disaggregate the shares attributable to each budget, these costs would need to be calculated using smaller and smaller units. Examples of such calculations include the costs to a DHA of loss of hands-on clinical care when supernumerary students were placed on wards and require supervision; the percentage usage of rooms and teaching resources where these are shared, and proportions of supporting clerical and administrative services.

Problems in developing and implementing PIs

This section deals with the views given by officers and members of the ENB and Department of Health officials about some of the problems posed by PIs.

The appropriate focus of PIs was an issue which arose in some interviews, and there were some differences of view on the subject. Throughout all the interviews there was a fundamental preoccupation with financial monitoring, and there was a high degree of consensus about the need for cost-based indicators both from ENB officers and members, and from DoH officials. There was some variation on the extent to which it was thought PIs could be used to monitor the educational process, reflecting the debates reported upon in the previous section about how far cost and quality monitoring could be separated from each other. While one DoH official would:

" look for a range of PIs including course content; the curriculum - is it adapting?, customer satisfaction for both employer and students" - DoH official

and one of the non-nursing ENB members felt that:

"maybe there is something we could build in to our database from Education Officers' interim visits, maybe there are say ten features they commonly report on and you could score them" - ENB member,

the trend of opinion within the ENB seemed to be moving away from including PIs for the detailed educational process and towards the view that quality could be monitored separately:

"from the educational point of view there's quality and the Board Education Officers play a major role" - ENB Officer

and that this process could benefit from the increased partnership with higher education:

"if I can make one broad statement - it's that educationists are more interested in qualitative indicators. At *** school we are now locking in to the polytechnic system for internal monitoring and I am very impressed with this" - ENB member

This view was echoed by some of the ENB Education Officers, though with an important reservation:

"One of the hopes we have is that the academic rigour will rub off on us. We hope that criteria will be effectively applied. We're moving towards conjoint validation - whereas the credibility of the EOs in the past was the most important thing, it will be less so. We welcome self-accreditation - the question is, can the institutions measure up?" - ENB Education Officer

One DoH official felt that PIs ought ultimately to be extended into the realm of outcomes in local populations:

"I would love to see PIs based on population health - indices of mortality and morbidity are better indices of what you're doing ... but I don't see it on the horizon except for specific things like Coronary Heart Disease" - DoH official

The inadequacy of current systems for financial monitoring and methods for allocating resources were a recurrent theme in interviews both at the Board and at the Department:

"increasingly we're concerned about financial performance; funds are distributed in the crudest possible fashion and monitoring is bordering on the negligent" - ENB officer

"cost indicators would certainly be useful - but there are obvious problems in developing them because of the complex way in which funds are allocated" - DoH official

But though there was some degree of agreement on what might constitute appropriate data sets as indicators of performance (see Chapter Ten), most people at the Department of Health recognised the existence of problems:

"we've got problems with PIs full stop. Our Health Service Indicators have been developing for 6 years, and though they're improving on relevance we're still not there ... there are a desperate amount of variables which are not explicit nor are they capable of being explicit. We fudge this by saying they raise questions" - DoH official

"even some of the relatively simple PIs like SSRs become very complex because of taking input from ward-based and HE sector" - DoH official

"the big problem is that schools of nursing are so diverse. DHAs are so diverse. Maybe PIs will only create confusion." - DoH official

At the ENB, the focus was less on the problems of developing PIs, and more on trying to think about improving the resource allocation process. This was clearly a significant problem for implementing PIs and will be dealt with in the next chapter.

Conclusion

All the discussions which we initiated about cost-effectiveness revealed the existence of deep-seated problems about the clarity of arrangements for funding nurse and midwife education. However, it was also clear that this lack of clarity was unlikely to survive in the developing policy environment.

In contrast to the first phase of the project, when it was at least possible to conceive of non cost-based PIs, there was an acceptance among all parties during this second phase that new policies would require any PIs to include references to costs. But the new policies, in the form of *Working for Patients*, the Deloitte Report, and the Review of the Statutory Bodies, had yet to take shape. Relationships between the training institutions and the Health Authorities would, it was felt, have to become clearer in the future, but new patterns had yet to emerge.

Within this unstable environment, it was impossible to do more than draw attention to the confused nature of existing arrangements, and to make some general observations about how the monitoring of quality and cost-effectiveness might be linked.

Chapter Fifteen: What part can PIs play in processes of resource allocation ?

Introduction

One of the key assumptions about PIs which we encountered throughout our discussions with teachers, managers and administrators was that they could be used in the process of allocating resources to training institutions.

During the course of the workshops three major policy initiatives, all concerned in different ways with this process, began to take on much more detailed shape through the publication of the White Paper *Working for Patients*, the publication of the Deloittes Report, and the selection of demonstration districts for P2000. At the heart of each of these initiatives lay different sets of proposals - themselves varying in clarity - to change the processes of resource allocation to training institutions. This chapter outlines the range of views expressed to the researcher on the subject of resource allocation, but before setting out these views, it is first necessary to review the debates which were current at the time, and to describe current resource allocation practice.

The policy background to resource allocation in nurse training

The White Paper, with its proposals for the introduction of internal markets, proposed a new basis for funding, and there was a sense in which all participants in the research felt themselves to be poised between the old model of public sector funding based on historical allocations and incrementalism, and a new system in which criteria were to be more financially based and explicit but not yet known. The sense of uncertainty was compounded by the many unanswered questions - particularly over nurse and midwife training which were barely mentioned in the White Paper - which necessarily accompanied the consultation process. For example, a District Finance Officer described his understanding of a fundamental dilemma posed by the new situation as follows:

"we're all operating in a commercial environment but no-one's allowed to go bust" - District Finance Officer

One of the essential differences between the old model and the new proposals seemed to be that under the traditional public sector model, the "begging-bowl" approach to funding brought a tendency to minimise the costs of requests for funds, whereas in comparison, any new requirements to fully recover costs would mean much tighter budgeting procedures in the future.

The most immediate dilemma posed by these new proposals, however, concerned the management of change itself - that is, how to move from one system to another; whether incentives would be needed in order to facilitate the process, and how to accomplish this without penalising those who had already developed high standards of practice under the

old system. Information would be an essential pre-requisite for implementing change, but as the above example about costs shows, there could also be a shift in the definitions of information categories during the process of change.

In the case of the Deloitte Report, the debate over appropriate arrangements for distributing funds to training institutions had gathered pace, and this debate became, during the latter part of the research, focussed on the role of the EAGs. By the spring of 1989, it seemed generally accepted, at least among the higher levels of decision-making, that the existing EAG remit was inadequate for the discharge of accountability, that restructuring would be necessary, and that *any* structure at this level should make greater use of financially based PIs. However, in the context of the welter of new initiatives, this debate did not attract the degree of publicity which it otherwise might have merited, and it could not necessarily be assumed that its complexities had been thoroughly discussed within the training institutions and at ward level, still less among the recipients of the educational process, the students themselves.

For the training institutions, P2000 was by far the most pressing initiative they were having to come to grips with, and implementation groups were being set up all over the country to devise new curricula for the common foundation and branch programmes, to strengthen links with higher education and to move away from an almost entirely hospital-based training to greater integration with the community-based services. Changes also taking place in the general education and community care sectors would impinge on the development of P2000 courses. In particular, nurse and midwife education were going to be affected by changes which would stem from the new corporate status of public sector higher education institutions funded by the new Polytechnics and Colleges Funding Council, and the recent (long-awaited) acceptance by government of the Griffiths Report on Care in the Community which envisaged a changed role for local authorities in the provision of this type of care.

For the development of PIs, the difficulties posed by P2000 seemed largely to be ones which concerned changes in the definition of information categories which would accompany implementation. With demonstration districts poised to receive their first intakes of students it was thought that implementation would gather pace; a DoH official put the argument this way:

"the two systems are going to be running side by side, so will intakes under the current system be affected? Recruits might think the old system won't be such a good qualification" - DoH official

though discussion at one of the Regional EAGs revealed a rather different perspective which focussed on anxieties about how well the P2000 courses would continue to be funded:

"there's national concern about continued funding for P2000" - RNO

"there's healthy funding for the next three years; we've got to get all schools into the programme" - DNE of P2000 demonstration district

Teasing out the implications of all these new policy proposals for resource allocation, and the role which ought to be played by PIs was not an easy task for participants in this study. In the course of one Regional EAG meeting observed by the researcher, discussion about the three above-mentioned initiatives, along with the implications of the clinical grading Review (which would specify staff grades on the basis of the characteristics of training institutions) prompted a highly experienced EAG Secretary to comment:

"the future to me is dim" - RNO

This comment illustrates the degree of confusion about emerging education policy in the minds of most of the senior educators who participated in the project. And although formal consultation exercises and procedures were followed in relation to some of the policy initiatives, these senior people gave more of an impression that they were participating in a guessing game than helping to formulate policy.

In this context, it seemed very important indeed to set out the views of such people on questions of resource allocation.

This chapter reports on material gathered at the case-study Region workshops, and from the programme of interviews. As a basis for understanding the views expressed, we will initially attempt to describe some of the main features of practice current at the time of the research.

Resource allocation at EAG level

Throughout both phases of the project, discussions with nurse and midwife teachers and managers revealed a concern about the use of performance criteria in the allocation of resources. Within their existing remit, all Regional EAGs had begun to develop their own methods for allocating resources, and in some cases reference to performance was included. Though each group took a different approach, they all operated according to four different financial headings, the first three of which were used to distribute resources by the ENB.

These were:

- teaching staff
- non-teaching staff
- non-staff
- regionally-held reserves.

Before we begin to analyse the views of the case-study EAG, it is worth setting out the broad parameters of models known to be in use. These had been investigated in a project

conducted under the auspices of the West Midlands Regional Health Authority (Piper 1987) from records held at the ENB.

For determining the amount of funds to be distributed for teaching staff, the most common difference between EAGs concerned whether they funded according to staff in post or according to funded establishment. Problems arose for EAGs in this by far the most substantial part of their budgets, in reconciling the need to pay existing staff on appropriate grades with other constraints such as operating under a cash limit, the non-funding by government of pay awards and the fact that the total staff budget for the ENB was estimated on the mid-point of the salary scale. In order to cope with these conflicting requirements most (but not all) EAGs operated what was known as a percentage "vacancy factor", which could vary between 3% and 6%, and which in practice meant perhaps allowing a gap before employing new staff when teachers left the school.

Some EAGs made use of an agreed SSR, and funded the number of teachers which would produce an average value - usually 17:1, although it was not necessarily clear that all EAGs used the same method of calculating these SSRs. In other cases the aim of reducing the range of SSRs was being achieved through policies on the location of additional posts. In one case an EAG had used a *per capita* allocation, and in another case an EAG had attempted to use a RAWP-type formula which would allow the funding of developments in "the most deprived schools". (RAWP was the acronym used for the Resource Allocation Working Party which in 1976 recommended a new method of funding for the NHS based on indicators such as beds per thousand population. Its aim was to redistribute funding to promote equity of provision)

The use of formulae for allocating resources seemed most likely to be found within the non-teaching staff and non-staff budgets, both of which were very much smaller than the budgets for teaching staff. In one Region where EAG proceedings were observed by the researcher, for example, non-teaching staff funds were based on a series of weights given to the following factors:

- 1) *basic staff for each school*
- 2) *type of course currently approved*
- 3) *average number of learners*
- 4) *adjustment for mental health & mental handicap learners*
- 5) *number of course centres*

A similar set of criteria had also been used in another Region, without adjustment for (4) and (5) for the allocation of non-staff funds.

Regionally held reserves were most often used to fund removal expenses; some EAGs also held funds for computer and associated expenses, and some funded pay awards from this source. Some EAGs held reserves to fund new posts and fill vacancies, in which case DNEs needed to apply for funds to cover these expenses.

What these examples showed was that within their current remit and constraints, EAGs had made some attempt to devise models for resource allocation. Where there was a stated policy guiding this process, this was most likely to be one in which EAGs sought to reduce the range of SSRs found in their Regions. This, it should be noted, represented the use of an albeit crude PI to encourage training institutions to move towards a norm, often expressed as a desirable range of SSRs. The case-study Region used the funded establishment for allocating teaching and non-teaching staff funds accompanied by a vacancy factor, and was working towards an equalisation of its allocation per learner for non-staff funds.

Views of the Case-study EAG on Resource Allocation

We spent one morning of the first workshop with the case-study EAG discussing the merits and drawbacks of allocating resources on performance criteria, first by asking participants to comment on the pros and cons of using such criteria, and second by setting them a problem-solving task which posed some dilemmas of resource allocation which had in fact been experienced by another EAG (the exercise was published in *Figuring Out Performance*, p. 20 in order to stimulate debate on the issue of resource allocation). The same set of exercises were also conducted with one of the other National Boards at their request, and some of their comments are included here.

During workshop sessions in which participants debated the pros and cons of allocating resources on performance criteria, the problems posed by changing policies came to the fore, along with some further problems such as, for example, a tendency for "average" performance to become an attractive goal:

"if you reward the successful then the unsuccessful have no prospects, it's counterproductive" - EAG Financial Agent

"it depends what results you pay according to - you could allocate money to show improvements, we all use this system at the moment ... the trouble is, in the general management setting it's the middle that is safe - you could lose out for being at either end of the spectrum" - DNE

The problem of steering through the process of change was also recognised, bringing with it the need for appropriate mechanisms and the sensitive use of PI-type information:

"I've got a reservation about *per capita* budgeting, it's difficult to derive a formula to divide things fairly" - DNE

"well that's what we've got to do, the problem is how to do it so that schools don't go under. We need a mechanism WITHIN criteria - the trouble with PIs is that they're regarded as standards" - DNA

The ensuing debate led to the conclusion that standards could not be specified by PIs, but that standards did need to be incorporated into frameworks for performance review:

"when you start linking to resource allocation then you're doing something really different - I don't think we can get away from that" - DNS

"we need to try to build in standards" - DNA

There was widespread agreement that PIs would assist in identifying areas where help was required in order to improve performance, but the view was also expressed by some participants that such improvements should not be assisted through the allocation of resources:

"Indicators should be used to ask questions about how a school is doing - not to allocate resources. They INDICATE where remedial help is needed - a way of helping people to manage" EAG member

This perspective of concentrating on improvements, was echoed in discussions outside the case-study region, though it was also suggested that further work would be needed to agree the definition of improvements and the way they should be monitored. One workshop participant felt the need for a formal monitoring method:

"we have to say, are we FOR [allocating funds on the basis of performance criteria] - and if so, WHAT are we for ? We need a tool for measuring improvements in standards of education" Professional Officer

In the case-study EAG, members were requested to outline what they saw to be the arguments for and against allocating resources on performance criteria, where they stood on the issue, and what steps they would take to improve the information available to the EAG(see Appendix Three). A variety of views emerged, and though none dismissed it, few respondents gave their unqualified approval to the proposition. Several stressed the need for local and outside factors to be taken into account, some were concerned that educational values would not be reflected by PIs, and one respondent argued that structural reform of accountability was necessary.

In general, reservations focussed on the quality of the information PIs would provide, and the problems of using them within a context of limited control. The problem of devising suitable models for the resource allocation process was addressed by two members. One suggested that:

"an agreed base level for funding plus an amount based on performance"

was needed, while another drew attention to a fundamental contradiction in the operation of a rewards and penalties system:

"if PIs can help identify whether resources improve standards or not, and they show that resources do facilitate attainment of good standards, then poorer performers may need to attract more resources to the detriment of better performers"

This argument gains weight when considered against the pattern of responses outlining the arguments for and against using performance criteria for resource allocation. The most frequently cited argument in favour concerned the use of rewards and penalties and encouragement to attain higher levels of achievement.

The limited remit of the EAG and the way in which decisions from outside (by DHAs, and through course approval) could influence events within this remit was a recurring theme both in the discussions on resource allocation and during the problem-solving task which followed these discussions at the workshop. There was a feeling in both the EAG groups (each tackled a slightly different problem) that more liaison at District level was essential, but that current mechanisms were informal and, in consequence, weak.

"we talked about the question of formally approaching the DHA over this problem, but usually things are resolved informally through the RHA"

The existence of an agreed Regional Nurse Education and Training Strategy was suggested as a possible basis through which local problems could be addressed:

"if there's a Regional Education Strategy and there's an agreed number of learners, you would approach the DHA"

but not all members were confident that such strategies could be enforced, and one member suggested the possibility of allocating funds for the strategy. Another suggestion was made in response to the question of improving information to the EAG posed in the initial preparation exercise prior to the workshop:

"there needs to be an overt linkage with the RHA review system"

which, through the review of annual objectives, was the principal formal method of enforcement, operating from the NHS Management Board down.

All members however acknowledged their need for better information at EAG level:

"we wouldn't have the information we needed to solve these problems in any formal sense - for instance concerning geography and the curriculum - it's only by the grapevine that you would know that a curriculum is out of date"

and as a result of the exercise members generated a far more comprehensive set of information requirements than they initially proposed in their answers to the preparation exercise question on how they would improve the information available to the EAG. In this initial exercise, two respondents gave detailed ideas on this subject, and the rest answered the question in more general terms, two making reference to information on student flow already sent to the Region but apparently not made use of by the EAG, along with two pleas for more information about midwifery and post-basic courses.

For the purposes of solving the problems at the workshop, members felt they needed information on the following subjects:

geographical spread of school
age and experience of DNE
size of school
cost per student
wastage and pass rates per starters
the clinical learning environment
continuing education and staff development policies
evaluations from teachers, students, external examiners' reports
service manpower information
transport
age profiles of teaching staff

While these topics were of course generated from consideration of particular problems, it also seemed that they could form the basis of a framework for review at training institution level, though it must be stressed that given their current terms of reference, some members of this EAG would only be interested in having access to such information rather than receiving it on a routine basis.

The most strongly expressed proviso on the question of using PIs in the resource allocation process was:

"there is a difference between standards and performance, and standards must come first"

and this needed to be taken into account in constructing a framework for using PIs.

Views at the DoH and ENB on Resource Allocation

Most of the fieldwork which involved interviewing members and officers of the ENB and officials at the Department of Health took place around the time at which the Deloitte Report was published, and it was clear that respondents had taken to heart the analysis if not necessarily the recommendations contained in the report. The central thrust of this analysis concerned the inadequacy of the ENB's financial control of the substantial budget it managed, the absence of clear lines of accountability between the Board and the EAGs, and the absence of a more sophisticated funding strategy than the use of learner numbers for Regional allocations.

One Board Officer described existing mechanisms as follows:

"the mechanism is that we decide how much we're going to allocate to EAGs on a regional basis, mainly on historical grounds ... we take the amount for each region, dividing by the average number of learners, and we just say 'oh look at the differences'" - ENB Officer

Although officers are now well aware of the shortcomings of this method:

"increasingly we're concerned about financial performance; funds are distributed in the crudest possible fashion and monitoring is bordering on the negligent" - ENB Officer

and are aware of the need for a more sophisticated one:

"the Board's expectation is for PIs to underpin decisionmaking for financial management there's the crude way we put out recurring costs on a *per capita* basis; we print the information out but there are gross anomalies - one region gets £90 *per capita* and another gets £48. We need to know what is a reasonable *per capita* figure. That way we would be starting with equity" - ENB member

The ENB had not developed a funding strategy which set out the principles on which the allocation of resources would proceed, though this was one of Deloitte's recommendations, and would presumably be acted upon if the Report was accepted.

This raised the important question of which comes first, the strategy or the information required to implement it? While an improvement in the basic information available to the Board was clearly required in order to know more about the range of values which existed in training institutions about expenditure, success and wastage rates and about student-staff ratios, it was also important to bear in mind some conclusions reached by participants at a "think-tank" of training experts from both industry and the public services:

"go for decision-led evaluation, not data-led evaluation. Do not forget that the end-product is better training leading ultimately to better health, and that TPIs [training PIs] are valuable only so far as they assist this" (NHSTA 1989)

and that the appropriate use of PIs demanded an linkage with the planning process:

"assess training performance against specific training and wider managerial criteria/objectives, not in a vacuum or simply against statistical targets" (NHSTA 1989)

These principles seemed to represent an essential element which needed to be incorporated into the use of PIs, requiring the ENB to engage in detailed discussion about its future funding strategy, the principles on which it would be based, and how it might plan to achieve its aims. However, the environment within which the ENB was then operating was so full of questions about future arrangements that such requirements seemed difficult to fulfill. These problems were reflected in comments made by officials at the Department of Health:

"the background to the Deloitte Report is that the ENB commissioned it - it's a major policy change, but the ministerial position might not accept it. Deloitte's analysis is good, though; reconstituting the EAGs in principle is absolutely right, they're toothless wonders ... but events take over - there's the Peat Marwick McLintock Review, and the Secretary of State will be required to make comments on findings. So the Deloitte Report, the Peat Marwick McLintock Report and the White Paper all have to be looked at together. I think nursing education will roll into higher education very fast now " - DoH official

and more specifically on the White Paper:

"what are the information requirements going to be post NHS Review ? Detailed information may not be required from Self-Governing Hospitals - there is a big questionmark over a whole lot of future information requirements" - DoH official

A further, more fundamental question was raised by several respondents at different levels - the question of whether the National Boards would be considered necessary at all under the new scenario beginning to emerge, and this question had undoubtedly been hovering in the background of many of our discussions.

The Deloitte Report, however, accomplished an increase in awareness about the inadequacy of existing financial monitoring at the ENB and the need for change. But until decisions were reached on the other policy proposals concerning the role of the ENB, its relationship to the UKCC upon which the Peat Marwick McLintock review would be commenting, and the White Paper, the ENB seemed to be in no position to develop strategy except in the short term.

The recent experience of the newly-constituted Polytechnics and Colleges Funding Council offered some instructive experience in this regard.

Following the introduction of corporate status into public sector higher education, the Council issued a consultation document, *Funding Choices* (PCFC 1989a) to discuss future funding arrangements in which several options were set out, some of which concerned appropriate methodologies to settle competition between institutions for funds. Three of these options outlined different methods for bidding essentially from a zero base, and the fourth proposed an incremental approach, which would work on the basis of existing student numbers at training institution level with an additional amount for which institutions would bid. Following consultation, the council issued guidance (PCFC 1989b) for using this fourth option,

"recognising that institutions can only make limited changes from year to year" (PCFC 1989b)

Like the ENB, the PCFC was clearly aware of the shortcomings of allocating funds on the basis of existing numbers, and the debate which the Deloitte Report stimulated about suitable funding methods did much to promote a questioning attitude towards existing practices. But the climate then current, of fundamental change and restructuring, seemed likely to preclude anything but an incremental approach in the short term future.

Comparisons

The use of PIs for making comparisons was an issue which also arose in connection with resource allocation. There seemed to be three types of comparison which could be made with performance data: comparisons over time for the same institutions, comparisons between institutions and comparisons against aims, objectives and targets.

Likierman (1988) provided a lucid outline of the pros and cons of using PIs in each of these cases. Looking at trends over time, he argued, represents the most cautious use of PIs, since at least the units (in this case, training institutions) concerned would be the same. However, he warned that this could be misleading unless planning and other information could be taken into account. More important for nurse and midwife education, however, was the requirement for definitions to be stable over time, and in the climate of change this was clearly not going to be possible until new arrangements had become well established.

Comparing training institutions or Regions with each other also seemed likely to bring difficulties because of differing geographical circumstances. In the NHS some local users of the activity indicators package had developed their own programmes which enabled them to specify their own comparison bases, and one such user interviewed by the project reported that he had been able to compare figures for two low average income inner city teaching hospital districts with valuable results. It seemed that the local use of PIs would be enhanced if packages could include such a facility for self-generated comparisons.

The third area of comparison, against aims, objectives and targets would permit issues of effectiveness to be reviewed. However, as we saw in Chapter Thirteen, aims and objectives may encompass a far wider range of considerations than those to which PIs apply, and they, too would be unlikely to remain stable over time.

What this analysis seemed to show was that the use of PIs for comparison purposes would be limited, and that their specifications needed to be drawn up to take into account a somewhat delicate balance to be achieved between common and stable definitions and definitions which could be responsive to changing circumstances.

Conclusion

The programme of interviews and workshops enabled us to describe in some detail the existing approaches which had been developed towards resource allocation at EAG level, and to set out the concerns of the profession and senior policymakers about how PIs might relate to the resource allocation process.

This took us to the very heart of current concerns about policy, and as we have seen, stimulated discussions about the whole range of policy initiatives affecting nurse and midwife education at that time. However, the overwhelming impression gained from all these discussions was of a level of disempowerment among many of the senior people consulted. Although the project was operating within an identified policymaking arena, the actors in this arena did not appear to think of themselves as making policy. Policy initiatives seemed neither coherent, nor did they involve an active consultation process. They were both unpredictable and emanated from a higher political level.

This impression, of a confused policy environment and the lack of involvement felt by potential policymakers seemed to call for the PI project to make a clear position statement

in relation to PIs and their development. Instead of focusing on the *contents* of PIs, we felt it was necessary to focus the project recommendations on the *decision-making processes* which might make use of them, and to call for further debate and discussion.

The research revealed a divergence of views on the question of whether PIs should be used in the resource allocation process. The evidence also suggested that particular problems would arise during any transitional period between the use of one resource allocation model and another, especially with regard to any systems of incentives or rewards and penalties used to facilitate the transition. It further seemed important to note that in the case of public sector higher education, where similar problems were being addressed, the outcome of widespread consultation within a new corporate environment had been to pursue a policy of incrementalism, with only a small margin for performance-related allocations.

We strongly argued for performance monitoring to be “decision-led” rather than “data-led”, and this led us to recommend that the development of PIs needed to proceed along with the development of coherent strategic planning.

We therefore recommended that initially, a core set of PI data should be supplied to the Board, but that unless policy had been decided about what role these data were to play in the resource allocation process they should merely be scrutinised as information with a view to developing such policy. In particular, we drew attention to the fact that the use of financially-based PIs would enable systems of rewards and penalties and incentives to be drawn up. We argued that if this were intended, these would need to be known in advance for training institutions and EAGs to make any meaningful use of them. There was no doubt that the Board needed better baseline information about existing provision in order to discuss questions of resource allocation methods, and an initial core set of data seemed likely to provide such a baseline. A further possibility existed, namely for the Board to use PIs in a research oriented capacity. If this were the case, then we suggested that a facility for the use of multiple regression analysis would need to be incorporated into its information system so that it could scrutinise any trends associated with desired levels of performance according to pre-set criteria.

The dangers of having available comparative information without explicit policy guidelines about its use were mentioned by respondents in the study so many times that we argued for these dangers to be examined very seriously by the Board. We further argued that in the absence of such explicit policy guidelines, the accuracy of data supplied could not easily be guaranteed. This was not on the grounds of any unwillingness on the part of training institutions to co-operate with requests for information. The evidence indicated that if training institutions were willing to embark on the somewhat Herculean task of data-collection for every new intake, they would be willing to collect PI data too. The argument was rather that if the purpose of an information-gathering exercise was not known, then it was likely to be assigned a low priority as one of many such exercises.

Chapter Sixteen: Developing a set of recommendations for implementing PIs

Introduction

In the very first workshops held in the first phase of the research, participants drew attention to a range of potential abuses of PIs. These focused around four main dangers - that PIs would give a "false picture", that they would be misunderstood and misused by non-professionals, that they would be used for making inappropriate comparisons, and that their implementation might undermine the education process (Chapter Six). The design of the second phase represented a serious attempt to address these problems in a systematic way.

The position we took on PIs emphasised the notion that implementation issues were equally - if not more - problematic as were the more technical issues of selecting appropriate data. Implementation issues were placed at the centre of the research frame both in terms of the content of the investigation, and in the action research methods adopted.

The case-study workshops were designed in such a way that participants became more knowledgeable about PIs and associated questions through discussion of implementation issues and through practical experience of implementation by carrying out their own research. In the final workshops, it was hoped that participants would be able to develop some further ideas around the concept of a "code of conduct" for implementing PIs.

This also seemed consistent with practice elsewhere as it was emerging in the literature. Other PI systems under development were often heavily qualified (see, for example, the "caveats" within the CVCP system) with provisos and warnings about how they should be used or interpreted.

Furthermore, a draft "code of conduct" could, it was anticipated, be discussed by the wider profession at the National Conference, scheduled to take place in July 1989. This would, we hoped, both stimulate debate, offer a forum for consultation, and allow for the results of such consultation to be incorporated into the final report on the project. In terms of the level of engagement of the project with its own focus of inquiry, the conference represented a key element of the action research strategy.

However, the date (agreed and advertised long in advance) of July 25th coincided with one of a series of national rail strikes, and after much agonising and wide discussion, it was decided that the conference had to be cancelled. With the agreement of the ENB, it was rescheduled to take place the following November. But by this time the report on the project had been published along with the teaching pack, and a presentation had been made by the researcher to the Board. The rescheduled conference therefore played a different role than was originally envisaged - no longer a part of the action research

strategy, its purposes were limited to those of dissemination and promotion of debate about a set of finalised recommendations.

The "code of conduct" regarding the implementation of PIs therefore benefited from discussion only within the case-study Region, and not from debate within the profession at large. The results of these discussions are presented below. The rest of this chapter sets out how a series of policy recommendations were framed, as far as possible taking into account the views expressed to us during both phases of the project, and also taking into account the new policy environment as it had unfolded at the time of reporting.

Views about frameworks for implementation

At the third teachers' workshop, and the second EAG workshop, sessions were devoted to developing a suitable framework for the use of PIs. The researcher identified a series of key issues raised by participants in previous workshops and used these as a vehicle for developing further discussion.

In the teachers' workshop, this discussion focussed almost entirely around the problem of how to specify outcomes. One participant put it this way:

"we must know what we are looking for in outcomes. After three years of training we need to know that there is some return"

However, participants were not necessarily agreed about what these outcomes should be. Some - especially midwives - thought that

"we should ask the person receiving care, that is the actual patients. I am in favour of patient audit" - SMT

while others felt this area to be problematic:

"It's always difficult to get a proper assessment from them; they always give glowing reports. Our Community Health Council tried gathering information on a confidential basis but they still got the same answers" - DNE

and still others questioned the relevance of this approach:

"I dispute the idea of audit of care - this is not connected to PIs .. PIs are SUBORDINATE to quality" - ADNE

However, most participants supported the view implied in this statement, that quality of care and quality of educational provision were needed to ensure standards, and it was suggested that PIs should be used within an overall quality strategy which would include

the audit of care. As a means of assessing the quality of educational provision, the use of course validation was discussed, but the view was expressed that:

"validation is too academic to give us the appropriate quality of care indicators" - DNE

There was a sense in which the group discussion reflected uncertainty about whether the teaching profession should be addressing itself to long-term or short-term goals. Under the arrangements then current for initial preparation, indicators of the quality of care occupied an ambiguous status. While representing long-term goals insofar as well-prepared practitioners would ultimately improve the quality of care, they also had an immediate "input" influence on the quality of preparation because of the considerable role which the clinical learning environment played in the curriculum. Thus, for nurse and midwife educators quality of care was both an "input" PI and an "outcome" PI.

However, in spite of these confusions, the group was able to agree on a framework which they articulated along the following lines:

- 1) NO PIs WITHOUT audit of care*
- 2) NO PIs WITHOUT audit of learning environment*
- 3) PIs TO BE USED WITHIN AN OVERALL QUALITY STRATEGY*
- 4) PIs THEMSELVES MUST BE REVIEWED*
- 5) THERE IS A NEED TO KNOW HOW DECISIONS ARE MADE, USING WHAT INFORMATION*
- 6) DATA-GATHERING MUST BE REJECTED IF IT IS NOT USED*
- 7) OUTCOME DATA ON EMPLOYMENT IS ESSENTIAL; INVESTIGATE THE POSSIBILITY OF USING PERIODIC RE-REGISTRATION AND INTENTION TO PRACTICE (FOR MIDWIVES)*

By drawing on some of the concerns expressed in this discussion, the researcher drew up a list of issues which could form a "code of implementation" and presented these to the second EAG workshop which took place a few days later. It was also the intention to further elaborate this "code" at the National Invitation Conference, but this was impossible because the conference had to be cancelled and rescheduled to take place outside the time-frame of the project.

At this second EAG workshop, the immediate areas of concern which the participants spontaneously expressed about PI implementation were as follows:

- 1) *PIs SHOULD RAISE QUESTIONS*
- 2) *CONTINUING EDUCATION : THERE MUST BE SOME EMPOWERMENT FOR EAG TO GATHER INFORMATION ON THIS*
- 3) *IT IS ESSENTIAL TO RESOURCE THE NECESSARY DEVELOPMENTS*
- 4) *CLEAR DEFINITIONS ARE NEEDED, CLEARLY COMMUNICATED*
- 5) *THE FRAMEWORK FOR PIs MUST INCLUDE QUALITY ASSURANCE PROGRAMMES AND AGREED STANDARDS*
- 6) *THERE MUST BE SOME CLARITY ABOUT THE FACT THAT PIs ONLY REFLECT A LOCAL SITUATION; THERE IS A MIRROR QUALITY TO THEM*

The responses of the group to the set of implementation issues identified by the researcher were as follows:

Outcomes

There was not a great deal of support for the idea that the ENB might undertake an investigation in conjunction with the UKCC of six-month post-qualification employment destinations. The particular drawback here was felt to be the national dimension:

"we could have an agreed *pro-forma* - far too much is done nationally already. What we need is to develop a national framework and for this to be implemented locally"

"it should be nationally agreed, but done at local level by means of exit interviews; this is good management practice"

and there were some reservations about the meaning of such an indicator:

"is it a measure of effectiveness? what nurses are doing is not necessarily an indicator of this type"

The Role of PIs in Planning

In response to the proposition that there should be explicit statements about how PIs would be used in strategic plans at a national level, there was unqualified approval, along with the need to specify the mechanisms through which they would be used. However, participants were less willing to support the same notion at EAG (or LTC) level. Again, the principle of local interpretation of a national framework was preferred.

At training institution level, the proposition was debated that PIs should not be gathered in areas where the DNE, for example, or the EAG was unable to influence the scores; a variety of views was expressed about this, including:

"this sounds nice but it's unrealistic"

"the EAG should have the ability to ask for information for which it is not accountable"

"we shouldn't be looking at PIs for areas for which the DNE is not accountable"

all of which reflected the dilemmas in the arrangements for disbursing ENB funds and which would need to be clarified if the recommendations of Deloitte were to be implemented.

In further discussing the idea that PIs should not be gathered without accompanying explanations about their context, written by training institution members, the group was broadly agreed that this was necessary, though the status of such information was questioned; one member qualified the statement by suggesting that there should rather be an *opportunity* to provide such explanations. This perhaps reflected the inability of EAGs under their existing remit to deal with detailed routine information, and seemed to further highlight the need for appropriate structures through which the discussion of PIs could take place.

A further proposition which suggested that income generation should not be counted with financial indicators, but treated separately, was met with unqualified approval, on the grounds that unless this was done, any incentive to generate such income would be removed.

Review of PIs themselves

While all participants agreed with the idea that the information base for PIs needed to be reviewed on a regular basis, there was disagreement about how often this should be; some felt an annual review was necessary and others felt this would be too frequent, suggesting biennial or triennial reviews.

An important addition the group contributed to the idea was that the management action which had been taken as a result of consulting PIs should be recorded.

PIs and Quality

Participants were asked to consider four statements which related to the issue of quality. The first was that PIs should not be gathered without some accompanying indication of the views of relevant client groups, and responses to this indicated some serious doubts concerning the "subjective" nature of such exercises, as well as the cost of collecting such information. There was also a feeling that there was a principle regarding the role of quality implicit in the statement, and that this was an important one which should be expressed in a more positive way, for instance PIs should be gathered *in conjunction with* the views of relevant client groups.

There were also doubts expressed about how to define the quality of educational provision; and again this quality issue, it was felt, should be expressed more positively and included under a general statement on the relationship between PIs and quality.

In the case of a further proposition about including indications of the level of continuing and post-basic education provision in a training institution, this was also felt to be appropriately covered under the general issue of quality. The question was felt to be most relevant insofar as it applied to supporting and developing those who supported students.

The issue of standards and their relationship to PIs was also discussed, and again, a tension between national and local perspectives emerged:

"there should be nationally agreed minimum standards - otherwise comparison is not possible without consideration of local circumstances"

This issue hardly needed discussion; the importance of integrating standards with PIs had been stressed many times during workshops.

Developing a set of recommendations: 1) Structural issues

Tensions between centre and periphery

As the above examples show, there was a recurring dilemma amongst nurse and midwife teachers and managers about what were the legitimate concerns of the centre and the periphery. These tensions are characteristic of the NHS as a whole, and this prompted Klein, for instance, to describe the entire organisation as a "case-study in tension between the centre and the periphery" (Klein 1982). The NHS is the largest employer in the country, and within it, nursing midwifery and health visiting represents the largest employment group. It therefore seemed hardly surprising to discover such problems. Indeed, accounts of the history of the NHS have often shown the extent to which the centre and the periphery have on different occasions become identified with the various sectional professional interests, and political interests too.

In recent years there had been many moves on the part of the National Boards for nursing, midwifery and health visiting education to effect a greater devolution of responsibility for issues concerning the exercise of professional judgement. Perhaps the most striking example of this was the devolution of the examination system, and although this was a long-standing policy, there were still those in the profession who would feel more comfortable with a centrally-set paper.

A Board Officer described one of the disadvantages of central control this way:

"we have tried to move the controls from the centre to the periphery. We inherited a system in the control of the centre, and when this is the case it's too easy to develop idealised ideas of what nursing should be" - ENB Officer

However, in the course of such a process, the redefinition of the centre's role can become problematic, as the same officer went on to illustrate:

"we want local determination of quality and standards, which would be about:

change from training to education
education committee
curriculum planning group
course management team
criteria for the selection of learning placements
clarity about who must ultimately make executive decisions about the use of placements when they're not up to scratch

though with hindsight I think national statements about learning placements would have been useful." - ENB Officer

What is particularly interesting about this comment is not only that it illustrates the difficulty of moving from central control to central guidance, but also that the examples given of what quality and standards should be about take the form not so much of a list of topics or criteria, but rather a list of mechanisms to ensure that these issues would be dealt with systematically.

The issue of central direction was also touched upon by one of the Board Education Officers:

"as regards integrating post-basic with initial training - if the money is devolved with no direction about how it should be spent it's not much good" - EO

During workshop discussions, teachers also discussed the problem of devolved budgeting as proposed in the White Paper. However, in this case, the devolution to smaller units was felt to bring a loss of flexibility, for example:

"how would a small unit like a midwifery school ever get a major item of expenditure like a coat of paint?" - SMT

In general, large budgets were felt to be easier to manage because they allow more flexibility on the margins. Thus small schools were, it was felt, more likely run into difficulties because of their size. For instance, when they lost a teacher, this would represent a much bigger proportion of the workforce than in the case of a large school.

In general, when an organisation shifts from central control to central guidance, there is an accompanying requirement for new skills to be developed at local level. If there is any confusion in guidance from the centre, this can result in training institutions failing to use or develop appropriate skills. This was illustrated in discussion at one of the case-study Region teachers' workshops concerning the collection of data, and may go some way towards explaining why nurse and midwife teachers showed such wide variations in the levels of skill they brought to this important - especially for PIs - activity. The following two statements illustrate this variation:

"then there's the different methods used by the ENB on wastage rates"
"we just give them the raw data and they do the calculations"

The Regional dimension

Under the existing arrangements for nursing and midwifery education, the role of the Regional level of planning and control through EAGs was weak, as the Deloitte Report demonstrated. However, this contrasts with the Regional Health Authorities in the NHS as a whole, especially concerning information-gathering; one respondent at the Department of Health described the situation this way:

"Regions have FAR more information than our annual census gives us. The DoH is twenty years behind the NHS in this respect" - DoH official

But it is at this level of aggregation that information derived from training institutions may take on new perspectives. As we saw in the first phase of the PI project, some Regional EAGs had sought to strengthen their role by gathering information directly from training institutions. In particular the Regional Education and Training Strategies required improvements to information available to the RHAs, and some EAGs conducted reviews of training institutions for the purpose of monitoring the effects of these strategies.

In some Regions, there were attempts to review training institutions in conjunction with gathering "manpower" PIs - that is, non-cost-based indicators on student flow. As shown in the first phase of the project, these exercises sometimes met with opposition from the Region DNEs, and results were typically impossible to collate either because the data gained was not comparable, or because it was unclear who would do the job. In the case-study Region, the nearest approximation to PIs which could be used by the EAG were collected by a manpower planner at Region, and though results were fed back to training institutions, EAG members said the group had not made use of them.

These problems seemed to be essentially about dilemmas concerning the legitimate ownership of detailed information about training institutions, and they illustrated the unsatisfactory nature of the existing arrangements for a Regional level of planning through EAGs. If the Deloitte recommendations to introduce LTCs were to be implemented, then strategies for exploiting information at this level of planning would, it seemed, need to be negotiated.

There was clearly a problem about making recommendations over the role of the Regional level of planning in relation to PIs. On the one hand, there was a body of opinion within the NHS and beyond, which took the view that Regions would no longer be necessary in the new policy environment of *Working for Patients*, and there were those who predicted their demise. On the other hand, the role of this level of policymaking was

oriented strongly in the direction of information-gathering and dissemination. If Regions were to be retained within the new information-focussed structures characteristic of the Financial Management Initiative, it seemed likely that they would have a key role to play in relation to PIs. However, the linkage between Regions and educational institutions through EAGs was universally held to be unsatisfactory and in need of reform, and the ENB had put forward its own proposals through the Deloitte Report. But the tension which seemed to be emerging was not so much between the NHS and the training institutions but, with the Project 2000 reforms gathering pace, between the NHS and higher education.

Within this confused scenario, however, there seemed to be one area in which recommendations for action could be made which would apply at training institution level in any of the likely future environments. This area concerned the training institutions themselves and their need to develop the capacity for self-review. We therefore argued the case for this in the following way.

Reviews of Training Institutions

We argued that as nursing and midwifery education moved into higher education and skills were developed in the practice of devolved validation of courses, the future would be one in which training institutions should be well equipped to carry out their own internal reviews at regular intervals, which would fulfill the function of maintaining quality and standards. Our discussions in the case-study Region had shown a high degree of awareness about the kinds of information training institutions needed in order to monitor their activities, and that existing practice included a wide range of evaluative activities which could be drawn upon. The Resource Guide, *Figuring Out Performance* gave concrete examples of some of these activities, and was designed to help training institutions draw up their own quality strategies, with the practical examples illustrating some of the principles involved.

The development of such quality strategies seemed essential for the future integration of nursing and midwifery education into higher education and for improvements in the discharge of devolved professional accountability, and the appropriate locus of ownership of the results of such exercises seemed to be the training institutions themselves. However, we also felt it important, for the reasons outlined in the above section on the role of Regions, to recommend some form of review mechanism between EAGs and training institutions. Such a mechanism would enable EAGs to satisfy themselves that reviews were taking place, that arrangements for conducting these reviews were themselves subject to an independent form of checking, and would provide some of the contextual information that would be needed to illuminate any PIs submitted to the EAGs. This was

consistent with the approach outlined above by one of the ENB Officers, that levels above the training institutions should refer more to the existence of suitable mechanisms and structures for guaranteeing quality and standards than to the detailed results of reviews.

However, we also drew attention to some problems, identified in the course of the research, that existed for the immediate implementation of such a strategy.

In particular, we argued the need for further clarification of terminology. The dichotomy between "qualitative" and "quantitative" approaches, to which we drew attention in the first phase of research still existed in oversimplified and stereotyped forms which were unhelpful. It was, we argued, confusing to operate this distinction as one in which PIs are identified as embodying a "quantitative" approach and reviews of quality identified with "qualitative" methods of information-gathering. The essential interrelationship of these two dimensions needed to be clarified, otherwise training institutions themselves seemed likely to become confused as to the appropriate methods for collecting information. Although we attempted, in the preparation material for the case-study workshops, to dispel some of these confusions, they still persisted among some of the participants. There was, we felt, an underlying conceptual problem about the relationship between subjectivity and objectivity which also needed to be clarified, particularly if the pursuit of quality strategies was going to require, as we suggested in *Figuring Out Performance*, a "mixed bag" of evaluation techniques. At the third teachers' workshop there was some discussion of these issues which prompted a comment from one of the participants:

"I have found that in using peer and self assessment people are afraid that what is said is subjective" - DN Lecturer

which seemed to indicate a need for the principles of peer review as a means of creating an objective checking mechanism through the use of independent though subjective professional judgement to be more widely understood and discussed. We encountered considerable ambivalence amongst the professions about these concepts: while methods characterised as "objective" were held to be more accurate and reliable, they were not trusted to give a true picture, more "subjective" methods on the other hand were felt to be biased.

We further argued that the approach outlined above and further elaborated in *Figuring Out Performance* was consistent with trends in the field of general education, where schools involved in a pilot PI exercise had successfully argued for "heads and governors [to] establish their own individual arrangements for monitoring and review" (TES 1989) instead of publishing standardised comparative information about performance. The principles which seemed to have evolved from this study were for "checklists" to be circulated as a "quarry of ideas" and for schools to report on problem areas over time

along with the management action they had taken to try to resolve these problems. The focus was one in which the onus would be on schools to use the review process to show that clear policies for improvement were being set and implemented.

This was precisely the kind of process which we recommended should be developed in conjunction with PIs within nursing and midwifery education, where explicit policies, agreed standards, and appropriate mechanisms for implementation would be the cornerstones of training institution review.

The publication of *Figuring Out Performance* was of great importance in this respect. By replicating some of the exercises conducted in both phases of the research, it sought to facilitate a process which would support the development and implementation of PIs at a local level. We hoped that it would go some way towards helping training institutions to set in motion the process of developing quality strategies for internal review. There were, however, other sources of support to which we could also draw attention - in particular the Board Education Officers, who would clearly have an important role to play in advising and guiding training institutions on suitable approaches. We also recommended that a Quality Assurance function be built in to the management structure of training institutions so that there would be an identified locus of responsibility for co-ordinating the review process. The performance model, we argued - as indeed we had argued from findings in the first phase - depended on there being a method to guarantee standards and quality, and the use of PIs should not proceed without this in place.

Developing a set of recommendations: 2) policies for implementing a national data set

In setting out a series of recommendations, it was essential to address the question of how the Board might best proceed in developing PIs. Given the uncertain policy environment, it was difficult to make a coherent set of proposals. Our research design had attempted to investigate the possibilities at each level of policymaking from training institution through to Region, to the ENB and to government department. But, as we have outlined above, the future of the Regions was in doubt. Indeed, the future of the Board itself was in doubt, too. The degree of uncertainty relating to the Regions was so great that the most productive course seemed to be to focus on the Board and the training institutions.

We argued that the research showed the collection of the specimen data we discussed at all levels of planning to be possible, but not without some problems. One of the chief problems, which was also identified in the first phase of the research, was about the importance of incorporating information about local contexts and circumstances, and about incorporating professional judgement into the use of PIs. We argued that the

arrangements for internal training institution reviews outlined above would provide a structure which would facilitate both these essential elements, and would go some way to satisfying the requirement of our own model which stressed the importance of a fourth "E" beyond Economy Efficiency & Effectiveness, the E which stands for Ethics.

However, we recognised that training institutions were only just beginning to embark on the sometimes time-consuming business of generating local standards for education and undertaking institutional reviews. We therefore proposed that there be an initial period of a year in which PI data was collected for information only. This would enable training institutions to make a start on their internal reviews. As we noted in the chapter on resource allocation, this would also give the ENB time to consider the different principles on which resource allocation methodologies might be based, along with the question of how to implement any new policies without penalising training institutions which had already made achievements from their own resources or from attracting other local resources. It would also enable the ENB to consider the requirement in the case-study "Code of Implementation" that information which is not used should not be collected.

We further argued that there was a significant problem for the gathering of PI-type data in this initial period. This concerned the fact that the Board's own existing information systems were not yet able to take all the information required. However, they would be able to carry much of the information, and the Board would need these computer facilities to generate PIs from raw data. The use of the training index/clearing house facility based in Bristol would therefore be essential from the Board's point of view. From the training institutions' point of view, however, this would mean that PI information would have to be supplied, initially, through two separate channels.

This, we argued, would have important implications. Firstly the use of separate systems would bring with it a greater risk of inaccuracies. There were already some questions about the accuracy of the Board's systems - probably connected with time-lags over the supply of data from training institutions - and these would need to be checked before a PI calculation facility were introduced to the system. We argued strongly that it was imperative for all concerned to have confidence in the accuracy of the figures which would ultimately be produced. Therefore, during the initial implementation period the Board would need to take steps to guarantee this accuracy. Conversely, there also needed to be a greater appreciation at training institution level of the relationship between the timely production of information and its ultimate accuracy. We therefore recommended the introduction of an Information Officer function within the management structure of training institutions in order to integrate these activities, liaise with local Health Authorities, work closely with administrative staff and make recommendations about local information technology needs. We also argued that although an information office could,

and indeed should wherever possible draw upon expertise from outside the profession, the designated Officer should be a nurse or midwife teacher in order to satisfy the requirement that professional judgement should be incorporated into the interpretation of PI information.

The second implication of the use of separate systems would be that training institutions would not be generating a complete set of information for their own immediate use, and nor would they be able to supply Regional EAGs with complete sets. We stressed that if PIs were to be useful at local level, which most respondents in this study felt was an important requirement, then they needed to be immediately available to training institutions. We therefore recommended the further development and use of microcomputing facilities with spreadsheet programmes as a means of making information readily available to training institutions, not just for generating local PIs, but also for streamlining data-gathering currently conducted along similar lines but in slightly variant ways for different purposes, for instance for course approval submissions, annual reports, and so on.

It further seemed essential for the ENB to review the contents of the data set as implementation proceeded. We therefore recommended the setting up of an advisory group on PIs to assist the Information Directorate in the process of operationalising the data set, reviewing it, and further developing it. The constitution of the group, we argued, should focus on expertise rather than specialist representation; when required, such representation could be brought to the group from within the Board. Any outside expertise could also be drawn upon when needed.

Outcomes

One of the critical issues which was inextricably linked with the performance model was the difficulty of specifying suitable outcomes. While completion levels were an essential indicator of output, they nevertheless failed to show the extent to which nurses and midwives went on to practice in the NHS and elsewhere. The prospects for gathering meaningful information along these lines, however, seemed rather better in the long term, for the nursing and midwifery professions than in other professions. But the ENB lacked the potential to generate PIs about employment destinations. Since the performance model, we argued, depended on such indicators, the Board would therefore need to take steps to gather this type of information by other means. One possibility we suggested would be through liaison with the UKCC which held some information already on the SPRINT system. We recommended that the feasibility of using this source be investigated. Meanwhile, we also suggested that the training institutions could improve the quality of the information which they already collected through exit interviews or through

liaison with Health Authority information systems. This could be reported upon at local level. We made a number of suggestions about suitable methods in *Figuring Out Performance*.

Finally, we considered it important to stress the depth to which we had considered the differences between planning, monitoring cost-effectiveness, and allocating resources, and the role which PIs might play in each of these processes. We stated that planning ought to be decision-led not data-led, and that this meant the development of PIs needed to proceed hand in hand with the development of coherent strategic planning. There were, we said, great dangers associated with gathering comparative information without explicit policies on how it would be used, and the ENB needed to discuss the whole question of resource allocation models and to clearly communicate its decisions *before* making use of PIs. Therefore the initial data set ought to be used for information only.

In supporting these policy recommendations, an Executive Summary (Appendix Four) was drawn up of the final report on Phase Two of the research. This Summary was divided into four sections as follows:

- 1) A recommended data set
- 2) Quality and standards
- 3) Information systems
- 4) Implementation and further work

As the last section implies, we also set out a number of respects in which our recommendations could, we felt, be taken forward by further work.

Developing a set of recommendations: 3) Further work

There were several areas in which we identified further work which would be required in order to decide upon suitable definitions for PIs. One such area would involve settling on a common method of calculating Student Staff Ratios. What constitutes an appropriate level of contact hours, supported by a model for workload analysis would also need to be agreed, supported by criteria for distinguishing laboratory and classroom-based courses.

We recommended that such a model should apply to the training institution as a whole, in order to permit some flexibility in determining management structure for training institutions operating under different circumstances, although we recognised that some of this flexibility would be lost when the new grades for teachers were settled.

Although it was already possible to generate some cost-based indicators under current arrangements, and it seemed that these would certainly assist the ENB in giving an account of how it disbursed funds, we argued that such indicators could only give part of the picture. The other part of the picture needed, in principle, to be supplied by local information, much of which was not currently known. Financial relationships between

training institutions and DHAs varied, as we have seen, and a common unit costs model would need to be devised. However, we also recognised that this process touched on the complex issues associated with resource allocation principles. We therefore stressed that the implementation of such a model should take account of the considerations we had already discussed in relation to this - most importantly, that in moving from one model to another, care needed to be taken to avoid penalising those who had already achieved good practice.

We also felt it important to draw attention to some of the attitudes in the nursing and midwifery professions encountered during the research towards numerical information which were not conducive to developing appropriate levels of expertise throughout the professions. While there were, we stressed, many nurse and midwife teachers who were enthusiastic about the use of numerical information for management purposes, there were also many who did not feel comfortable about manipulating such information, and there was a lack of confidence within the members of the profession about their own statistical expertise. If the use of PIs were to be successfully integrated into the professional role, our own contact with training institutions during the course of this project left us in no doubt that senior staff urgently needed support to improve their awareness and competence regarding spreadsheet technologies as an aid in the development of PIs.

The form that this support might take was not self-evident, however. We argued that a number of issues needed further exploration, including the following:

a) It might be useful to organise study days of short courses; or to devise a set of open learning materials; or to provide one or the other (or both) of these within a context of consultancy services to individual training institutions, or on a sub-Regional basis.

b) If any such initiative in providing support to senior nurse and midwife education managers in PIs and IT development were undertaken, it would be imperative that it proceeded in full consultation with the range of parallel developments in IT systems (in the NHS, in the ENB, and in higher education) outlined in Chapter Nine

c) Such initiatives would also need to be planned in full awareness of the likelihood of resistance to numerate planning methodologies and to computer literacy on the part of some senior staff. We reported evidence of this in the first phase of the project and we saw similar evidence during this second phase, with several of our informants during the course of the research describing to us the conceptual blocks and "controlled panic" that often accompanied encounters with arrays of figures and with IT systems. Initiatives in

staff development would need to draw upon the extensive research literature on the psychology and pedagogy of numeracy and computer literacy.

d) To achieve maximum acceptability and impact with senior nurse and midwife education managers, training or support initiatives would probably find it also helpful to present quantitative tools for planning and evaluation within a broader framework of systematic planning/evaluation techniques and management decisionmaking skills (as sketched out in the ENB's publication *Managing Change in Nursing Education Pack Two*, ENB 1989a). Such a framework would enable the interactions and tensions between the qualitative and the quantitative perspectives to be properly addressed, and the relative merits of each to be critically reviewed.

The role of ENB Education Officers in supporting the proposed recommendations at training institution level seemed likely to be very important. Their existing role was very much associated with the process of guaranteeing standards and quality, and our recommendation to extend these processes into internal reviews of quality would require their help. Education Officers would therefore need to be familiar with the key concepts of performance review as outlined in the report and in *Figuring Out Performance*, along with the requirements of the data set and the use of spreadsheets on microcomputers. In this latter area, it would be important for any training needs on the part of Education Officers to be identified and skills updated where necessary. This seemed to be an area in which the ENB Computer Assisted Learning Project might be able to provide some appropriate support.

We also drew attention to some lack of confidence we found on the part of nurse and midwife teachers in the ability of the peer review process to provide a suitably independent and objective check on the results of reviews and the methods of conducting them. We pointed out in *Figuring Out Performance*, that the success of peer review depends on its being conducted in a climate of critical debate. However, in the first phase of the research we found that a relatively low priority was attached to participating in professional activities beyond the confines of the training institution. We argued that there would be much scope for improvement here. The ENB, and the Education Officers in particular, would need to discuss how to develop suitable means of facilitating such a climate in general, and the development of the peer review process in particular.

Developing a set of recommendations: 4) A national data set

The specimen PI data drawn up at the beginning of this second phase of research were widely discussed among professionals and policymakers. The data ideas themselves did not generate great debate: most felt that such "core" data would be useful to collect. The

chief respect in which, as data, they provoked debate related to the difficulty of agreeing definitions when future policies had not been settled. However, we were able to put forward a set of recommendations suggested by the research on a suitable form and content for a national data set which could form the basis for a number of PIs.

These recommendations represented a common "core" of data requirements to generate suitable PIs. They would require operationalising to fit in with the Board's systems and they would also require developing and modifying over time.

We pointed out that a series of PIs could be calculated from information already available to the Board from its own system, and we recommended that a set be calculated initially on a financial year cycle for information only. However, we also pointed out that there were many disadvantages connected with the use of nationally aggregated data, and some of the definitions currently in use, especially over the use of teacher time, would require further development in order to guarantee the accuracy of these data. We recommended the introduction of a cohort-based data set for student flow as a way of generating more meaningful PIs, and pointed out that this would be consistent with the recommendations made by the Department of Health statistician seconded to the ENB (ENB/DoH 1989).

We recommended that a minimum data set should be implemented as soon as possible, and that the feasibility should be investigated of adding further breakdowns to this set within the capacity of the ENB's system. A set of PIs could be calculated from this data set, but we argued that these should be used with great caution since all of them were in some respects incomplete and, to account for their values, required qualifying information which could not be provided within the terms of the available systems. Some of this quantitative information could, we said, be captured from the ENB system, while other quantitative information would need to be provided by training institutions. Further information which would help to account for values of PIs would be available from the internal review process which we recommended to take place at training institution level.

We further pointed out that the establishment of a cohort base for student flow would take at least three years to fully implement. We recommended that in this interim period training institutions ought to start to acquire the capacity to generate their own cohort data using spreadsheet programmes on microcomputers, in tandem with the data they supplied to the ENB direct. This would encourage training institutions to begin to make use of such data for their own planning purposes, and would help to provide local information which would illuminate the PIs based on national averages that the ENB would be obliged to collect during the interim period when the cohort base was being established.

The findings also showed an interest in having PI data available for the different specialties. In the existing system the potential existed for segmentation according to course rather than parts of the register, and these two categories overlapped. The introduction of P2000 courses would, we argued, bring the need for new definitions, and the need to identify different registrations would need to be borne in mind when developing these. Under existing arrangements, all the suggested indicators would need to be broken down by parts of the register where appropriate, otherwise by course.

The data we recommended divided into five kinds, all collected in different ways within the existing pattern of information systems:

institutional data, which could be added to the institution database on the Training Index/Clearing House system

recruitment data, which was then included in the Training Index/Clearing House system

student flow, which would require cohort-based data to be introduced to the Training Index system

teacher data, which was then included on the institution database

cost data, which was centrally collected by a separate system.

Furthermore, midwifery training was not then recorded on the clearing house, which meant that suitable arrangements would have to be made to collect this information where it was not then included in the ENB system.

We outlined the PIs which could initially be calculated from the data set as follows, in each case adding a caveat:

Institutional

Average intake size per course for each registration

This indicator is a very rough guide indeed because intake sizes depend on the interplay of several local factors

Further information could usefully be added to the Institutional File along the following lines: number of school sites, P2000 institution, number of DHAs served, type of catchment area

Teaching Input

Student - staff ratios (funded establishments) for each course

further work is required on this indicator to agree definitions concerning teaching input, which themselves necessitate further work on workload and contact hours. On an interim basis, different breakdowns can be made according to teacher qualifications as follows:

unqualified teachers, teaching certificate only, first degree only, higher degree

Cost Input

Average teaching cost per student (ENB funding only)

This indicator cannot be fully interpreted, nor should it be used for comparison purposes, without some indication of local funding levels

Average non-staff cost per student (ENB funding only)

This indicator cannot be fully interpreted, nor should it be used for comparison purposes, without some indication of local funding levels

Average administrative support cost per student (ENB funding only)

This indicator cannot be fully interpreted, nor should it be used for comparison purposes, without some indication of local funding levels

We recommended that any locally generated income be treated separately

Recruitment

Percentage of applicants per funded places

Percentage of offers accepted per funded places

Percentage of starters per funded places

These are indicators only of recruitment activity; the current system should enable them to be analysed by applicant information on age, gender and entry gate

Student Flow

Prior to the introduction of cohort-based data:

Percentage of discontinuations per number in post

This is a very crude indicator from global national figures, which must be interpreted in the light of local information

Percentage: number of completions per number taking final examination

This is a crude outcome indicator which must be complemented by information about employment destinations

Cohort-based data should be introduced which gives the following information:

applicant information: gender, age (26+), geographical origin (DHA, RHA, within country, within UK, overseas)

entry gate: degree, A levels, O levels, UKCC test, vocational qualifications, previous work experience, access course, overseas qualifications

wastage: number of starters, number of discontinuations (1st, 2nd, 3rd yr) including transfers, and including reasons for discontinuation: inappropriate expectations, medical or stress-related reasons

completions: number sitting final examination, number completing (1st, 2nd, 3rd attempts)

employment destinations: DHA, RHA, NHS, independent midwifery practitioner, other, not known

We recommended that equal opportunities be monitored on a confidential in-house basis, for which training institutions in some cases will need further advice.

Developing a set of recommendations: 5) A concluding statement

In conclusion to the report on the second phase of work, it seemed essential to further emphasise that PIs needed to be developed within a framework of coherent strategic planning which included quality assurance and agreement on standards. The suggested PIs, it was stressed, only referred to part of the total picture of nurse and midwife education, the part which deals with initial preparation. However, the provision of post-basic and continuing education impinged in many ways on this process at local, regional and national level. Under the framework which we recommended, we pointed out that these matters would be dealt with through internal reviews of training institutions. However, the feasibility of devising PIs for these aspects of provision would need to be investigated, using as a starting point the framework outlined in Chapter Eleven. Likewise, we pointed out that the project had not looked in detail at suitable data sets for health visiting, district nursing and other post-registration specialisms located in higher education. Further work would be required based on some of our initial observations recorded in this report.

We also stressed that while the various new policy initiatives for restructuring the arrangements for nursing and midwifery education were still under discussion, it was impossible to set out detailed information requirements with any certainty because these would depend on perhaps new accountability relationships. But although accountability mechanisms at the time seemed uncertain, we noted that the need for more detailed cost-based information had been cited as a fundamental requirement for *any* future arrangements in each of the major ongoing policy Reviews. What seemed essential for developing PIs, we said, was to begin the process, and to develop a culture which included them in an overall strategic planning and quality framework. We expressed the hope that our recommendations would enable progress to be made on all these fronts simultaneously.

Conclusion

The final products of the second phase of research consisted of a research report (Balogh & Beattie 1989), along with a short Executive Summary (see Appendix Four), and a Resource Guide (Balogh, Beattie & Beckerleg 1989). The national conference - planned as an important part of the action research strategy - did not take place for reasons which were unconnected with the project.

All of these were presented in such a way that the "ethical " issues associated with how PIs were to be used could not (it was hoped) be ignored. However, the recommendations in the report and the exercises in the Resource Guide were focused mainly at Board and at training institution level. The intermediate tier of policy, the EAG, could only be treated in a speculative way because of the uncertainty surrounding the future of this level of policymaking.

Chapter Seventeen: Some reflections on the relationships between research and action

Introduction

At the beginning of this thesis, I outlined some of the difficulties in locating research of this type within a particular discipline. Firstly, the field of inquiry was itself new. Second, it had developed as a result of policy initiatives (broadly under the umbrella of the Financial Management Initiative) rather than as a set of academic questions about policy. This had two important consequences for the emerging pattern of debate. One was that experience from a wide range of disciplines and professions about PIs was developing contemporaneously, and the other was that most professionals were thinking quite carefully about PIs. This made it a subject in which there was little research, an ill-defined knowledge base, and yet one in which all members of public sector professions could legitimately think of themselves as natural experts.

The ENB's initiative, to commission research on the subject, therefore represented an opportunity to develop the knowledge base at the very least. By using action research techniques, we also turned it into an opportunity to relate the views of the nursing, midwifery and health visiting professionals to the development of appropriate policies for performance monitoring, and to the development of the knowledge base. I believe that the findings from both phases of the project succeeded in this latter aim, by analysing and clarifying aspects of the relationships between quality, standards and performance, and elucidating how these can manifest in organisational terms through planning, monitoring and resource allocation processes.

The question which now remains to be examined concerns the extent to which an action research approach assisted this process, and whether this research project contributed to knowledge about action research itself. This chapter attempts to address this question.

The research products

The fruits of the two-year period of research on PIs were several. On the basis of the evidence which was gathered, it was possible to outline for the ENB a suitable strategy for developing PIs.

This was published as a research report with a series of recommendations (see Chapter Sixteen), along with an executive summary (see Appendix Four). These recommendations addressed questions both of information and of implementation: the beginnings of a national data set were outlined in some detail alongside a suggested framework for implementing such a data set. The research had also been conducted in a consultative manner through the use of small group workshops where development as well as data-gathering could take place. It was also possible to share with the profession as a whole the methods used in this development process through the publication of the Resource Guide

Figuring Out Performance. Finally, the national conference which had to be postponed because of strike action on British Rail took place *following* publication of the report instead of within the research time-frame. This meant that the conference proceedings could not be incorporated and published, as originally anticipated.

How the findings of Phase One led to the second stage of work

The findings from the first phase of work covered the issues raised from the review of the literature, the concerns and hopes of the profession at large (as expressed in the fourteen development workshops), a review of work in progress on PIs for nurse and midwife education, and an appraisal of information already available to the Board through the course approval process.

As we have seen in Chapter Seven, the extension of these findings into a programme of further work was dominated by the Board's own sense of urgency over the need to implement a national data set. The findings strongly suggested that the character and structure of information on performance could not be investigated without at the same time investigating the nature of the accountability mechanisms through which it might be gathered and used. This principle was suggested not only through the workshop material, but it was supported by the literature review and by the analysis of work in progress. It also formed the basis for the reinterpretation of the original research question with its focus on "qualitative indicators". This reinterpretation is perhaps best encapsulated in the following extract from Chapter Seven:

"the discussion group who "got really hung up on matters of quality and professional judgement" ... did so because their role in performance assessment is in need of further elaboration. These distinctions, between quality and quantity therefore, mean more than just the way that language and narrative differ from numbers and ratios. They include the idea that there must be some machinery or structure through which through which the voice of professional judgement must be heard" (p. 109)

A further finding, however, posed difficulties for the pursuit of these issues. While on the one hand nurse and midwife educators emphasised values of participation and involvement in their descriptions of a high standard school, they placed a low value on their own participation in wider forums. This anomalous finding led us to make the following warning at the end of the report on Phase One (see Chapter Seven):

"While our analysis of the qualities valued by nurses in a school of nursing shows the high priority placed on involvement and participation at all levels, these values do not extend to participation in the affairs of the profession at a national level. If a national data set is to be implemented, without appropriate support for nationally-based debate and discussion of questions of comparability, there is a danger of a retreat into parochialism where the national perspective is seen as less important than the real differences that exist at local level." (p. 112)

The evidence suggested there was in general a lack of interest in engaging in debates at a national level in nurse and midwife education. Therefore, the second phase needed not

only to address ideas about data closely linked with ideas about mechanisms for supporting its collection and dissemination, but also to further stimulate debate on information and accountability in nurse and midwife education.

The strategy adopted was again one of action research. This approach would enable developmental work in discussion format to be conducted with selected training institutions which could then be replicated by other training institutions through the publication of the Resource Guide. We would also investigate how PI-type data might be generated using locally-based IT systems, and we would attempt to stimulate debate on a national level through a national conference. In the case of the Resource Guide and the IT investigation, we intended to link with existing ENB initiatives in order to facilitate implementation. In this way, the issues could be examined which linked the content of PI-type information with the structures through which it would be gathered and used.

When work on Phase Two commenced, however, it gradually became clear that the whole question of accountability was indeed under intensive investigation, but it was, to use Rein's notion, in other "arenas of decision" (Rein 1976) - namely, the ENB's internal review, and the Government-initiated Review of the Statutory Bodies. These, in turn, would inevitably be affected by yet further remote arenas of decision, to which individual ENB members and officers could only be party on a personal, confidential, basis - the Prime Minister's Review of the NHS, and the restructuring of the education and the community care sectors. Accountability issues arising from the implementation of other policy initiatives - most notably from Project 2000 - further complicated the picture, as did the prospect of a newly elected Board membership beginning its four-year term in September 1988. In fact, the timescale of the two reviews had been set to take account of the needs of the new members to familiarise themselves not only with the complex range of issues facing them as decision-makers, but also with Board procedures and committee work.

But even though the full range of policy initiatives affecting nurse and midwife education all required attention to performance monitoring, as the overview in Chapter Seven (p. 116) shows, the ENB seemed to wish to maintain a separation between the PI project and the addressing of accountability issues. Though the research team was informed that two reviews were taking place and was informed about their timescales and remits, no further information was divulged until the reports themselves were published. This attitude in fact seemed to reflect the Board's approach to its communications with the profession at large on the subject of accountability problems: while they raised no objection to the researcher on behalf of the PI project engaging in public debate, the process of reviewing the ENB and its relationships with the training institutions was kept strictly internal. This in turn reflected the confidential nature of the government's independent review of the statutory bodies and their relationships with each other.

But although this aspect of performance monitoring was apparently not, in the Board's view, an important part of the PI project, the research team nevertheless did conclude negotiations eventually for a second phase of work which did incorporate an interlinking of these two issues of information and organisational structures.

The development of recommendations from the second stage

The findings from the second stage of work showed that information systems were fragmented and accountability relationships confused throughout the existing system which planned, monitored and delivered nurse and midwife education, both for initial preparation and at post-registration level.

The prospects for defining a nationally-applicable set of PIs were therefore limited, and a specimen national data set could only be recommended for further examination and discussion, to be gathered for an initial year on the basis that it would provide the Board with some much-needed baseline data about the existing state of affairs in training institutions, at regional level, and at national level.

Direct consultation with the full range of policy-makers from government department, to Board members and officers, to EAG members and heads of training institutions also revealed a range of different views as to whether PIs should be used in a robust way - i.e. for setting targets, or whether they should merely be scrutinised as aids to the process of planning educational provision. A similar range of views on the possible linkage between PIs and resource allocation was found.

The confusion of accountability relationships meant that training institution staff did not feel they were in a position to influence the values of many specimen PIs. Their dilemma was perhaps best illustrated by one much-discussed indicator, the student-staff ratio, for which it was the local Health Authority in its role as employer which set the numbers of places available to students, and the ENB in its course approval role which determined the number of teachers available to teach them.

The EAG members were almost in a converse position: while their job was to distribute large sums of money to training institutions, their narrow remit and lack of dedicated administrative support nevertheless prevented them from engaging in any detailed scrutiny of information to help them in this process. Thus, while the case-study EAG was enthusiastic about participating in the PI project, the collection and scrutiny of PIs enjoyed a very low priority on the agenda they drew up during the workshops.

The existing structure of accountabilities was not, therefore, conducive to development of the rational planning process which, according to the Financial Management Initiative at least, the logic of performance monitoring requires. Furthermore, with the existing structures of - and relationships between - the ENB, the EAGs and the training institutions all under question because of the ongoing Reviews, it was difficult to make

any recommendations at all regarding suitable organisational processes to support the use of PI data throughout the levels of decision-making.

Under these circumstances the best course of action seemed to be to focus on recommendations which would develop functions regarding quality and information mainly at national and at training institution level, in spite of the fact that most current PI initiatives existed at the EAG level. This was because the future of the EAGs seemed the least certain of all those organisations having a role in the educational planning process, and their current ability to utilise information the most limited.

The Role of AR in the PI project

The question which now needs to be asked is to what extent did an action research (AR) approach facilitate the research process in this case and whether any lessons can be drawn more generally regarding the use of AR techniques in the field of educational policy-making.

The review of the literature on action research in Chapter Three showed a range of definitions, from the pioneering ideas of Lewin which emphasised action, research and training as equal features of the action research (AR) enterprise to the more anodyne formulations characteristic of the 1970s. I further noted that AR typically incorporates some number of a cluster of features, as follows:

"These include ... the use of groupwork techniques, [an appreciation of] the cyclic nature of the research process - allowing for the redefinition of problems, the collaborative involvement of practitioners and professional collectivities, the focus on specific situations, the use of qualitative methods, the interdisciplinary position, and the anticipation that not only procedural problems, but also ethical problems are likely to arise in the course of an action research project" (p. 46)

The inter-relationships between research, action and training, however, are complex and need to be analysed at different levels. In order to evaluate the contribution of particular features of AR used in this project, I also proposed that it may be useful to consider them in relation to Smith's (1981) formulation of four different levels of methodological discourse: the technical, the operational, the paradigm, and the discipline levels (Chapter Three p. 43). An analysis follows of the AR process in the PI project according to this formulation.

The technical level of discourse

At the technical level, we are concerned with the use of qualitative methods of data-gathering rather than the quantitative survey methods originally proposed for the project. One very clear advantage of using this type of method was that it allowed for a process of structured consultation to be developed. Instead of attempting to set out the issues around performance monitoring as a series of questions whose answers could be unambiguously interpreted and coded for quantitative analysis, the use of small-group discussion

techniques permitted an analysis of these issues as a series of debates, dilemmas and confusions alongside any clearcut statements which could be made by respondents.

It further permitted participants in the study to express strong feelings in the company of their peers which might otherwise remain unarticulated. The fact that several Regional groups felt initially threatened by the invitation to participate in the study because they were anxious that it would undermine their own work is an indication of the sensitivity of feeling among the profession at the time. The subsequent welcome they then gave to the workshop format is also testimony to its success: one Regional nurse went so far as to write to the ENB to congratulate them on the Phase One report. This evidence supports Lewin's observation, that qualitative methods allow for a new dimension of "social fact-finding .. eyes and ears right into social action bodies"(quoted in Chapter Three p. 44), thus bringing greater accuracy to the data gathered.

A further advantage of qualitative data-gathering methods is their flexibility. This feature was of crucial importance for this particular project because it took place against a backdrop of dramatically changing policies. It was therefore possible to incorporate into the research new dimensions of policy - which were constantly emerging as a result of fresh Government, Department and Board announcements, reports and circulars, and frequently intimated by rumour beforehand.

But perhaps the most crucial advantage of employing qualitative data-gathering methods was the "progressive focussing" they permitted, (see for example p. 147) thus allowing a reformulation of the original research question. This observation leads us to a discussion of the next, operational level of discourse.

The operational level of discourse

1) The cyclic nature of AR

It is at this level where the overall strategic and planning requirements of a project are considered, and it is in this domain that the cyclic nature of an action research project and hence the reformulation of a research question has its greatest impact. As I outlined in detail in Chapter Seven, there were, during the negotiations for a second stage of work, some differences of view between the research team and the ENB about how best to proceed.

On the one hand, the ENB was insistent that they needed a national data set to be piloted, while on the other, the research team expressed reservations about their ability to guarantee the willing co-operation of training institutions in such an enterprise. Secondly, the ENB was initially unwilling to fund the two elements of the project which, it was envisaged, would enable training institutions to participate more fully in the business of collecting and using PIs. These two elements were the production of a Resource Guide, and the investigation of the potential for using local information technology systems. In

spite of these disagreements, a proposal was eventually agreed which was acceptable to both sides.

But the ENB's lack of interest in those aspects of the research which most sought to develop facilities and understanding at the training institution level was disturbing, and seemed to reflect their desire for PIs to be developed mainly for use at Board level. This would be consistent with the imperative of government policy at the time, in which government departments throughout Whitehall were seeking to implement the FMI by gathering performance-related information about the various bodies and programmes to whom they distributed funds. The insistence by the Board on a *national* data-set also confirms this proposition.

2) Convening forums of policymakers

This emphasis, on the national dimension, prompted the research team to revise the way in which they interpreted the proposal to select six pilot sites for the second stage of work. Instead of six different training settings, a "vertical slice" of policymaking bodies was used - bringing the full range of policy levels from training institutions, to EAG, to ENB and Department of Health into the research frame. But while it had been possible in Phase One to bring together policymakers at a Regional level in a relatively productive way - according to some of the informal feedback following the workshop sessions - it was impossible to extend this principle into Phase Two.

This would have meant setting up a forum involving all the above stakeholders - which we did in fact attempt to do through the national invitation conference. But circumstances entirely outside the control of any of those potentially involved conspired against this initiative. However, given the amount of policy work which was, at the time when the conference was scheduled, under consultation in private and behind closed doors, it is unlikely that much serious debate could have been initiated.

A further obstacle towards debate stemmed from the evidence gathered during the research which indicated that each of these levels of nurse and midwife educational decisionmaking seemed to be at the worst fighting for, and at the least confused about, their very existence. And yet no-one seemed to want to acknowledge the fact that this struggle was happening. For example: the only alteration suggested by the ENB (and agreed by the researcher) to the Final Report on Phase Two was the removal of a quotation from a Department of Health official questioning the need for a body such as the ENB. As far as the EAGs were concerned, the Deloitte Report was very critical of the way they functioned and recommended their replacement with local executive arms of the ENB. And as for the training institutions themselves, the difficulty has already been described in Chapter Eight of finding a Region where a Regional Education Strategy had been agreed upon for the amalgamation of schools, and hence the availability of a group of schools whose identity was secure enough to permit study.

3) Involvement of professionals

A further effect, at the operational level, of this turbulent environment, was the impossibility of setting up a collaborative network of schools to share innovative practice and possibly act as agents for disseminating such practice to the wider professional collectivity. But the principle of keeping the profession involved in the project was maintained into the second stage of work in several ways. It was envisaged that the training institutions in the case study Region might, through the small-scale research projects they conducted, be prepared to contribute to the national conference scheduled for July 1988.

However, the conference had to be rescheduled because a strike on British Rail coincided with the date which was set - but nevertheless, the participants had already indicated they would be unwilling to make an active contribution in the form of presentations. Indeed, there were some concerns among these workshop members that the project had taken the course of investigating "quantitative" information rather than exploring issues connected with "quality" - indicating, as we have noted, that our attempt to clarify terminology had, to a large extent fallen on deaf ears. The attitude of the case-study Region participants indicated a major failure in the research to transfer "ownership" of the project to these training institutions and to the EAG.

As the project unfolded, the only ways in which the profession as a whole remained involved was through the Resource Guide. The reception of this document could not, within the project's remit, be evaluated, but subsequent informal comments have indicated that it was well received and has been used extensively in at least one Region.

The paradigm level of discourse

1) terminology

This level of discourse concerns, among other things, the conceptual framework through which terminology gains coherence. The workshop materials for the second phase of work were derived directly from the findings of Phase One. This meant that a working definition of PIs could be offered to participants - and the profession as a whole in the Resource Guide - along with an account of some of their associated problems.

Yet in spite of this attempt to clarify terminology, as we have seen - confusions persisted. Indeed in the case-study Region more than one person presented a research project which indicated they had misunderstood an explicit and repeated instruction to investigate *types* of information, not the information itself. This occurred at several points at both phases of the project, sometimes in pilot work, and indicates the absence of a conceptual frame which adequately distinguishes between the form and the content of information.

2) the linkage between information and structures

This difficulty was further mirrored in the failure of the ENB to grasp the implications of the distinctions we tried to draw at the end of Phase One, about the interlinkage between information and the organisational structures which support its transformation into something which can be used. Their desire to focus on the national level for PI collection implicitly ruled out the examination of the inter-relationships between training institutions, EAGs and ENB. Such an examination was more crucially ruled out, however, by their desire to draw a clear distinction between their own review of these very relationships, and the PI project. This meant that a central question of the second stage of work - about such organisational structures - remained unanswered in important respects. While recommendations could be made at national level and at training institution level, it was impossible to investigate how the role of the EAGs could be further developed - though it will be recalled that it was the EAGs which had been most involved in the business of developing PIs before the PI project began. This was because their current remit prevented them from using management information, and because, by the time the project was completed, the Deloitte report recommending their abolition had become accepted ENB policy.

It seems appropriate to include both these questions - of terminology and the links between information and the structures which support its use - at the paradigm level of discourse because they were so frequently misunderstood or in need of detailed exposition. The confusions which were encountered during the study seemed to be deep-seated, and to indicate tensions in the way people were able to think about the ideas which were being presented to them. There is a significant body of literature which would even appear to support some of these confusions, in particular the literature on the debates about appropriate methods for conducting educational evaluation, where qualitative, interpretative methods are explicitly espoused and contrasted with quantitative information, viewed as impoverished. This literature is moreover closely associated with the revival of interest in educational AR in the late 1970s and 80s. One example will suffice to illustrate, from Adelman's text on Institutional Self-Evaluation, where he contrasts different approaches as follows:

"did it grapple with basic value issues or merely concern itself with externals like admission and assessment rates ?" (Adelman 1982)

My argument with this position would be that such things as admission and assessment rates are no more immune from basic value issues than any form of qualitative information. Indeed, figures have a way of asserting themselves in such a way that the reader is apt to forget that they have been qualitatively defined as a set of phenomena whose similarities so outweigh their differences that they can be defined as having

common properties, taken together and counted. This has been described by Young (1979) as a very important feature of statistical argument, and he goes so far as to describe the "diverted gaze" it exhibits - that is, away from possibly contested issues such as what the figures refer to, and why have they been defined, selected and treated in some particular ways rather than others.

This is a line of argument which the evidence from this study suggests is most critically in need of further development for the purposes of analysing the relationships between information systems and the structures which not only support them, but bring them to life.

The idea of the "fourth E" (Balogh & Beattie 1988a) which stood for the ethical dimension additional to the Audit Commission's "three Es" made a start on opening the debate in this direction - but the persistence of misunderstandings indicates that much further work needs to be done. The fact that there may be even deeper-seated issues at stake here is further supported by the widespread reports of "controlled panic" experienced by senior nurses when invited to step into the arena of numerate analysis. This is supported more generally by a growing literature on how social and educational processes and communication patterns may encourage the development of negative attitudes amongst girls towards mathematics and the numerate disciplines (see for example Hoyles 1988).

There is furthermore a sense in which confusions at paradigm level are echoed throughout the operational and technical levels of discourse. For example, the project *itself* required attention to be paid to different methodological styles - most crucially in relation to the original research question about the development of "qualitative" PIs. Thus, an issue which in Smith's terms might be regarded as technical, was from the beginning elevated at least to the operational level of discourse, and during discussions with respondents it was frequently used as a paradigm. The re-definition of this aspect of the research question for Phase Two in fact implicitly recognised this, by showing how "qualitative issues" were linked with questions about the role of professional judgement and how it might be incorporated into the business of performance monitoring.

The discipline level of discourse

At the beginning of this thesis we noted a *prima facie* difficulty of locating it within a particular discipline. By adopting a wide-ranging approach to the literature it became possible to discuss both terminology and approaches towards practice by drawing on the experience of others where examples from nurse and midwife education were absent. Reference to the literature on the development of PIs elsewhere in the public sector as it was evolving during the course of the project also enabled a better informed consideration of critical issues like the relationship between PIs and resource allocation (see in particular

Chapter Fifteen). In this sense, the use of the interdisciplinary perspective afforded by AR methods was extremely valuable for the project.

On the other hand, however, the main body of literature on educational AR seemed to be - and the quotation from Adelman above is typical - so actively hostile to the idea that quantitative analysis had anything at all to offer the enterprise of evaluation, that it contributed little to the business of developing suitable research strategies which took account of the role of large-scale management information systems.

The disciplinary focus which seemed most useful for this project could best be described as policy analysis. By default, therefore, it was necessary to call upon other disciplines, because the use of critical policy analysis in nurse and midwife education, as Robinson & Elkan (1989) have pointed out, is in its infancy. Thus the interdisciplinary perspective - recommended, we must recall, by the ENB for the project in its very first brief - could probably, in a scenario of a more traditional research approach, have evolved by necessity, regardless of its being a characteristic of AR.

Discussion: the contribution of AR to the project

In this project, many of the key features which made it an AR project had to be abandoned, mainly because of the rapidly changing policy environment in which it took place. Furthermore, the character of this environment was one which seemed actively to exclude open debate and consultation about issues which were in fact critical to the future structuring, control and regulation of nurse and midwife education, along with the question of how the professional voice might best be expressed in this arena of policymaking. Given the finding in Phase One, of the lack of interest among senior nurses and midwives in general towards participating in debates of this type, it is perhaps hardly surprising that the project encountered major difficulties in stimulating such debate at a national level. But conversely, the use of qualitative methods brought a flexibility to the research process which enabled the changing policy environment to be monitored and for new dimensions to be incorporated into questions asked during fieldwork.

According to the above review, those AR features which were the casualties existed mainly at the operational and paradigm levels of discourse - those levels at which the active participation of professionals, practitioners, and policymakers must engage with the action researcher's skills in the management of change in order to, in Curle's definition of AR, "help in altering certain conditions perceived by the community as unsatisfactory". In this case, it seemed that although the community of professionals did indeed perceive conditions as unsatisfactory, they were unwilling, at least, to help set up any informal structures through which change might be effected.

In this sense, the AR element of the project was a failure: as Kemmis (1982) puts it, "the transfer of ownership of the process to the participants is an essential feature of action

research" - and this manifestly failed to take place, except insofar as the profession as a whole had access of an activity-based nature to the project via the Resource Guide.

There is, however, another argument which suggests that the contribution of AR ought not to be judged only in terms of its ability to stimulate the action dimension of Lewin's "triangle" of research - teaching - action. A failure to stimulate action is, in policy analytic terms, as potentially valuable as success. In other words, the problematic nature of transforming research findings into recommendations for action at different levels of organisational functioning, must be a critical feature of policy research. In an important paper entitled "Policy analysis is what information systems are not" Wildavsky (1978) outlines this principle as follows:

"the art of analysis consists in finding problems - relating resources and objectives - worth solving at the level of action at which they occur, within the time available, using instruments that interested organizations can control"

In this sense, the project did succeed - firstly in developing a framework through which the relationships between information and organisational structures were viewed as potentially problematic, secondly through analysis of those problems at different levels against a background of continually changing policy initiatives, and finally, through developing a set of recommendations which fully acknowledged both the obstacles discovered, and the changing policy background. Thus, it was possible to make recommendations about a national data-set which were provisional in nature, and to outline in some detail the work which needed to be done to move from this provisional state towards implementation of any kind. Under the circumstances, and given difficulties thrown up by the research problem, any more robust action seemed out of the question.

The relationship between the researcher and the commissioning agency

The only remaining issue in need of further elaboration concerns the client-researcher relationship. This is because it is clear from the foregoing that there was conflict between the ENB and the research team over how the research problem was to be defined. Although the ENB did not actively resist its definition as AR, it nevertheless maintained a carefully closed boundary between the PI project and the arguments it was simultaneously developing on accountability mechanisms with Deloitte, the outside consultants conducting the review of the interface between the ENB and the training institutions. Effectively, this barred the PI project from engaging with this process - already identified in Phase One as being closely related to developing PIs - until the Deloitte report was published during the fieldwork stage of the second stage of work. By commissioning the research, the ENB seemed to want a technical solution to what was a policy problem - a difficulty Lewin identified but did not discuss in his original formulation of AR. There

was therefore a conflict at the paradigm level whose resolution might have been more likely if the question had originally been framed as policy analysis rather than research.

If the role of the ENB merits analysis, then so does the role of the researcher. In this case, the researcher (though not the Project Director with whom the original commission was placed)¹ was an outsider to the profession: neither an educator nor a nurse, but a social scientist - with the advantages of a dispassionate perspective but the lack of an insider's detailed knowledge. The educational AR literature is not particularly illuminating on this aspect of the action researcher's role - in the main, it assumes that researchers are also teachers and therefore insiders. The practice of conducting AR from an external perspective has been more highly developed in the Tavistock tradition and in policy analysis.

Rapoport, in his "Three Dilemmas of Action Research" Rapoport (1970) describes one characteristic tension between researcher and client as a "dilemma of initiatives" in which he is essentially describing a power conflict over the right to define the research problem. From his own experience he suggests two possible courses of action to deal with problems of this type - in the first case the researcher adopts an openly therapeutic role with the organisation, but in the second the problems are more complex because they arise in "nascent" problem areas where "an applied social scientist can see no agency in society that is responsible for the solution of the problem".

This accorded with the researcher's own experience of the PI project. Somehow, there needed to be open debate about the very fundamental issues which were being decided about the future of nurse and midwife education - yet there was no forum for the profession as a whole which seemed prepared to take it on. Discussions in the nursing press were limited to brief news reports and occasional opinion columns. The RCN was committed to its "standards of care" paradigm which could not, by definition, engage with the problems of management information systems. The ENB's elected Board was felt by many to be representative more of the "rank and file" of nurse and midwife practitioners than of senior policymakers; at the time, wide-ranging discussions on policy were not a characteristic of Board proceedings. The researcher's own attempt to convene a national invitation conference failed to do more than open a debate.

¹ As an educationist and health professional who had already contributed considerably to the field of nursing policy through research and committee membership, Alan Beattie the Project Director did have insider status. There can be no doubt that this had a bearing on the ENB's placing of the original commission with him, and the approach adopted towards the research. As an insider, he was also able to facilitate the researcher's own contacts with professional nurse educators. Thus the distinction between "insider" and "outsider" is not always clear cut in all respects. In the case under discussion here, there is evidence that in spite of the above, there were those in the nursing profession who did perceive the commission as having been placed "outside" the profession (Evans 1987). A fuller discussion of the status of the researcher would therefore need to consider issues like roles within a research team, and the perceptions of relevant stakeholders.

This perhaps also reflects an important vacuum in nursing research in general, namely a lack of interest among the profession in analysing policy. Robinson & Elkan (1989), in analysing a decade of government-sponsored research into nursing education found this to be so - indeed one of the policy fields they identified as ripe for investigation was "management issues in nursing education" where "little or nothing" could be found. They also noted a growing trend towards the favouring of management consultants rather than academics to investigate policy issues. In the context of the above observations, this is disturbing: for management consultants there is no onus to present findings in such a way as to stimulate debate. While such reports may produce cogent analyses, they do not, typically, engage in descriptions of how the data gathered have led to the drawing up of recommendations. Thus they only tell half the story - leaving no opportunity for their findings to be disputed. In this sense, management consultancy contributes significantly to stifling debate on crucial issues. Yet this is precisely the area which this research project shows is most in need of development.

A second insight which Rapoport outlines over "dilemmas of initiatives" concerns the need for an action researcher working in a context of a project where multiple interests come into play to develop an advocacy role. For the PI project, the researcher on occasion did indeed play such a role. During the fieldwork for the second stage of work it made sense to put forward to various of the "stakeholders" some of the viewpoints expressed by others. In this way, some debate was stimulated, but on a somewhat informal level. But as Rapoport points out, the use of techniques like this puts great stress on the impartiality of the researcher:

"self-control and insight are essential to this new kind of advocacy role, and may be assisted by the participation of colleagues in new kinds of teamwork arrangements"

Nevertheless, there may be scope for further development of such roles for the purposes of policy analysis where the policy environment is too unstable and secretive for open public debate on major issues.

There seems to be tremendous scope for developing the use of policy analysis to assist in the (still ongoing) process of restructuring nurse and midwife education and the way it is managed and regulated. But unless policy studies and policy-linked research in nursing and nursing education come to enjoy a higher profile on the agenda of policymakers themselves, then questions such as the range of possible relationships between information systems and the structures which support them will not benefit from some much-needed further investigation and analysis. And nor will commissioning agencies benefit from an understanding of the potential for policy studies to work to the advantage of organisational development.

Conclusion

Both the project time-frame and its scope preclude any investigation of the impact of the final products of the research on the ENB itself. It is known, however, that PIs remained an issue still unresolved at Board level some three years later, though the question of quality in education has, at the time of writing, been addressed by a new Board publication².

But it is also known that two of the main champions of utilising performance-related information (the Chief Executive and the Director of Information) left the offices of the Board at around the same time the PI project reported. The implementation arena thus became an arena under new management. In addition, the government issued at the same time a document - Working Paper 10 (DoH 1989b) on how it foresaw the application of the NHS reforms to education and training. This document argued against the ENB being involved in the management of training institutions and in favour of a more limited role as the professional component of course validation, a position which has been accepted and implemented through Act of Parliament in 1992.

This also meant that the role of the ENB's own computerised information system - at the time of the PI project in the throes of major development - became even less clear. Indeed, throughout the NHS, the introduction through the reforms of contractual relationships - and hence the separation of functions between bodies where liaison had previously been the norm - has thrown information initiatives into confusion more generally (Cross 1992). This is precisely because new organisational relationships demand new approaches towards information.

The most significant agency in the decisionmaking arena which concerned performance monitoring remained the government and the Financial Management Initiative. But no matter how firmly the FMI's tightening of management structures and gathering of performance-related information could be imposed, the more it exposed for policymakers the confusions within which they were operating. The above account is a graphic illustration of this very process in operation. It also shows a crucial weakness of the FMI - that by failing to acknowledge the need for a strategic analysis of organisational problems, it was obliged by its own logic to constantly push problematic areas outside of

² At the time this thesis was being finalized, in Spring 1993, the ENB published a set of "Guidelines for Educational Audit" (Holroyd & Crow 1993). These Guidelines, unaccountably, make no reference to or acknowledgement of the previous ENB-funded PI project. No reference is made in the Bibliography of the Guidelines to any papers by Balogh & Beattie that were produced as part of the 1987 - 89 project - neither the two journal articles nor the three reports, two of which were published by the ENB itself. This is despite the fact that the principal author of these 1993 Guidelines had been given full access to the publications, source documents and "work in progress" of the 1987 - 89 PI project while she was preparing an MA dissertation on "Performance Indicators in Nursing Education" as a student within Alan Beattie's Department (this MA dissertation and other primary sources taken from Balogh & Beattie are cited in the Guidelines). Inquiries are currently proceeding to discover why the 1987 - 89 work has been bypassed, but so far no satisfactory explanation has been obtained from the ENB.

the discussion frame and in consequence, to render them possibly even more difficult to resolve at all.

In the field of information technology, new possibilities are emerging very rapidly. Thus the need becomes all the more pressing for the development of a policy analytic framework through which relationships between information and organisational structures can be explored. Such a framework would allow for the ethical basis to be examined of all steps in the information-gathering process, for the recognition that no information is value-neutral, and perhaps most crucially of all, for recognising, along with policy analysts like Wildavsky (1978), Booth (1979) and Robinson & Elkan (1989) that gathering yet further information may be a distraction, inhibiting organisations from confronting policy issues and from thereby making informed choices.

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APPENDIX ONE

Categories used to classify participants who contributed to the “Qualities of a school of nursing” exercise

CATEGORIES FOR THE DIFFERENT GRADES OF PARTICIPANTS

STUDENT NURSE	STD
STUDENT MIDWIFE	STDM
NURSE TUTOR	NT
TUTOR STUDENT	NT
SENIOR NURSE TUTOR	ST
SENIOR NURSE EDUCATION	ST
SENIOR MIDWIFE TEACHER	SMT
MIDWIFE TEACHER	MT
DIRECTOR/ASST DIR MT	SMT
ASSISTANT DIRECTOR NE	ADNE
DIRECTOR NURSE EDUC	DNE
HEAD OF TRAINING	DNE
COURSE TUTOR	L
COURSE LEADER	L
PRINCIPAL LECTURER	L
JOINT APPOINTEE	L
REGIONAL NURSE	SNM
CHIEF NURSE ADVISER	SNM
MANAGMENT DEVEL ADVISER	EM
REGIONAL TRAINING MGR	EM
SENIOR EDUC MGR	ST/DNE
EDUCATION OFFICER	ED
WARD SISTER	CP
CHARGE NURSE	CP
STAFF NURSE	CP
CLINICAL NURSE SPECIALIST	CP
MIDWIFE SISTER	CPM
STAFF NURSE MIDWIFE	CPM

EM: EDUCATIONAL MANAGEMENT SNM: SENIOR NURSING MANAGEMENT
 CP: CLINICAL PRACTITIONER

APPENDIX TWO

The workshop pack used in Phase One

Preparation for the workshop

We realize that the exercises we are asking you to complete are demanding of your time and trouble. However, we hope that you find them to be more stimulating than a standard questionnaire, and look forward to meeting you at the workshop to take the discussion a stage further.

To help you pace your completion of this material, the five exercises are listed below for you to check off as you do them.

Exercise One: What do PIs signify?	(15 mins)
Exercise Two: Performance Review: The Four Es	(30 mins)
Exercise Three: The Four Es in Action	(30 mins)
Exercise Four: Information for the Project	
Exercise Five: Working Together with PIs	(30 mins)

Your assistance with this project is much appreciated; we hope you find something useful from it.

Exercise one:

What do Performance Indicators signify? Time: 15 mins

The purpose of this exercise is to focus on all the different aspects of nurse education which we value. It will help the project by creating a picture of those aspects of schools of nursing which are important to nurse educators and learners – aspects which would not necessarily be touched upon in the process of performance review. You may find it interesting to compare and discuss your different responses, but we are not specifically asking you to do this. On the day of the workshop your list will be collected along with the others.

Your grade: _____

Take fifteen minutes to write down as many qualities of a nurse training institution as you can think of that make it a high standard place for you to work in and for other nurses to learn in.

Think of a school commonly regarded as having a high reputation. Add any further qualities.

Think of a school anywhere in the country which is a cinderella – a good school, but whose praises perhaps go unsung. If you can't think of a particular school, imagine one. Add any further qualities.

List of qualities

If you have the chance, invite a colleague (it doesn't matter who, so long as you state her/his grade), and a learner, each to complete the exercise on the additional sheets provided (pages 3 and 4).

Grade of staff: _____

Take fifteen minutes to write down as many qualities of a nurse training institution as you can think of that make it a high standard place for you to work in and for other nurses to learn in.

Think of a school commonly regarded as having a high reputation. Add any further qualities.

Think of a school anywhere in the country which is a cinderella – a good school, but whose praises perhaps go unsung. If you can't think of one in particular, imagine one. Add any further qualities.

List of qualities

Grade of learner: _____

Take fifteen minutes to write down as many qualities of a nurse training institution as you can think of that make it a high standard place for you to learn in.

Think of a school commonly regarded as having a high reputation. Add any further qualities

Think of a school anywhere in the country which is a cinderella – a good school, but whose praises perhaps go unsung. If you can't think of one in particular, imagine one. Add any further qualities.

List of qualities

Exercise two: Performance review:

The four Es

Time: 30 mins

The aim of this exercise is to draw up an agenda of concerns raised by PIs from material gathered all over the country. We hope it will help you to clarify your own concerns, too. There will be opportunity for further discussion in the workshop.

Please read the extracts overleaf from an article prepared for publication by Ruth Balogh and Alan Beattie on Performance Indicators. Some or all of the questions raised in the article may raise further issues in your mind which you feel need more discussion. If so, write any comments and observations down in the spaces provided below. If you feel prompted to ask further questions not covered by any of these categories, write these down in the space marked 'other'. This exercise should take about half an hour.

Is effectiveness being neglected?

Can goals be agreed?

Validation procedures: confidentiality or open negotiation?

Professionalism or managerialism?

Accountable to whom?

Where should nursing education be located?

With whom should power & accountability in the planning of nursing education lie?

Other questions

Balogh R and Beattie A (1988) *Shifting the scenes: Performance Review in Nursing Education* (to be published)

... Performance evaluation is part of the Government's efficiency strategy. The duty of public servants to show that they achieve value for the taxpayer's money is gradually becoming a legal requirement: local government auditors must now satisfy themselves, not only that accounts are properly kept, but also that: 'the authorities have made appropriate overall arrangements to secure economy, efficiency and effectiveness' (Local Government Finance Act 1982).

Though not yet a statutory duty in the health services, such ideas are to be introduced into higher education with the Education Reform Bill, in which it is proposed that university and polytechnic teachers could be sacked for failure on efficiency criteria (HMSO 1987 clauses 131 and 132).

The three e's

Discussions of performance and value for money in public life are currently dominated by what the Audit Commission calls the 'three e's', of economy, efficiency, and effectiveness.

Economy is perhaps the most familiar of the three, referring simply to the provision of a given standard of service at a minimum cost. There is of course a growing debate about costs and about whether existing standards of nursing can be maintained within the cost limits set by government budgeting.

The second 'e', of efficiency, is a term borrowed from engineering and is usually expressed as a ratio. In the same way that the efficiency of a car engine can be measured in miles per gallon, it is thought that the efficiency of an organisation can be expressed in cost per unit of activity. Thus one of the efficiency measures in the DHSS Performance Indicator package would be the 'turnover' figures of average number of patients per bed per year. Efficiency measures may relate *inputs* to *activity* within the organisation, or to *outputs* arising from such activity.

Indicators of efficiency are, however, not only difficult to define for health care, but are problematic even within the engineering model: for example, a Citroen 2CV does good mileage, but a British Leyland car will be cheaper and easier to repair.

Effectiveness, with its focus on longer-term outcomes beyond the immediate concerns of the organisation, is an even bigger problem to tackle, especially in the areas of health and education, both complex enterprises in which there is extensive debate about fundamental purposes.

The three e's in nursing education

This model of the 'three e's' is a basis from which different commentators have made their own particular variations in order to clarify different aspects of what are fundamentally accounting concepts ...

In any attempt to apply the 'three e's' to nursing education, there are a number of issues which arise.

1 Is effectiveness being neglected?

Most performance indicators in the fields of health and education have referred to economy and efficiency and there is a strong argument for a greater focus on effectiveness. The most obvious measure of educational effectiveness is exam results, but this is used neither in colleges nor in universities. With colleges the problem is one of diversity, of courses studied whereas in universities the problem is how to weight for different standards of excellence. The Committee of Vice-Chancellors and Principals has explicitly ruled out the use of degree class or any measure of educational attainment as a performance indicator, not only because such outcome measures would have to be weighted by qualifications at entry, but also because in any case research findings show that A-level grades are poor predictors of future degree class (CVCP 1987).

The National Consumer Council has published a model of different considerations for examining effectiveness (see fig. 1) and has conducted its own investigations into local authority services (National Consumer Council 1986). Such investigations involve perhaps costly consumer surveys. In the United States, where the General Accounting Office has powers to evaluate government programmes and suggest alternatives: 'virtually every federal department now conducts programme evaluation ... community mental health centres are required by law to set aside two per cent of their annual operating budget for continuing evaluation of the effectiveness of their programmes' (quoted in Butt and Palmer op cit)

2 Can goals be agreed?

Many commentators have shown that agreement on appropriate measures of performance, especially effectiveness measures, requires some consensus about the goals and purposes of the organisation under review. But in educational institutions, like other organisations, there is often a surprising lack of agreement especially on the kind of short-term goals which are easily translated into concrete plans (see Billing 1986). Consensus is more readily achieved in that rather nebulous area of general approach encompassed in the term 'philosophy'.

But once set in motion, the machinery of performance review requires goals to be defined and agreed upon. The dangers in making mistakes at this stage loom very large as Butt and Palmer (1985) observe:

'As indicators become more accepted by an organisation they also become targets or goals at which activity is aimed'

Furthermore, even if goals can be agreed upon by perhaps competing units within an institution, they may not coincide with goals set by an external performance evaluator.

3 Validation procedures: confidentiality or open negotiation?

A further issue is how the profession regulates its own education and training programmes. Course submission documents already require educational institutions to draw up a number of performance indicators. Gallego (1987) has compared course validation procedures for nurse education by the ENB and the Council for National Academic Awards (CNAA) in polytechnics. These procedures cover a similar set of considerations to those already familiar in performance review. She notes that in current CNAA practice there is an element of face-to-face negotiation between polytechnic staff and the validating body over course submission documents and validation reports. The ENB circulates to training institutions a standard pro-forma for course submissions, but their approval procedure entails a confidential report from a Board Education Officer to the approving committee. In polytechnics at present there is a move towards self-validation, yet many college lecturers regret this because they value the advice and interchange that the present system of face-to-face negotiation allows.

4 Professionalism or managerialism?

Ultimately, whatever approach to performance evaluation is adopted, the professionals involved are being called to account. This raises important questions as to what form their accountability should take. Some critics of the DHSS Performance Indicator package argue that unless doctors, as the principal disposers of funds within the NHS, become more accountable within the hospital organisation, the impact of the package will be limited (Yates 1983). However, doctors are only accountable to their professional colleagues, and the peer review system is a central feature of an autonomous profession.

In contrast, nurses are accountable both to their colleagues and to those who are superior to them in the organisation. Pollitt (1985) has suggested that management-initiated systems of performance appraisal are more likely to become linked with schemes to reward individuals who perform well, while schemes originating from within a profession are more likely to emphasise staff support and development. In the NHS the linking of performance with discretionary pay allowances for General Managers (DHSS 1986) and now for top nurse managers (Nursing Times 30 December 1987), reveals a managerialist perspective.

5 Accountable to whom?

Beyond these tensions between the professional and managerial standpoints, there is also the question of public accountability and the problem of identifying how the public is represented. An example from local government will illustrate one aspect of this dilemma. In Bexley Borough Council the chief executive and borough treasurer have devised a cycle of performance-related budgeting using performance indicators which is designed to keep elected members better informed as to how their policies are being put into practice (Barlett, 1983). In contrast, the Greater London Council set up a Policy and Performance Review Committee of backbench members, which discussed performance questions with the chairs of the relevant Council committees (Jones, 1985). Thus in Bexley the agenda for policy review was set by the local government officers in their capacity as managers, but in the GLC the issues were decided upon by the elected members.

Towards a 'fourth e'

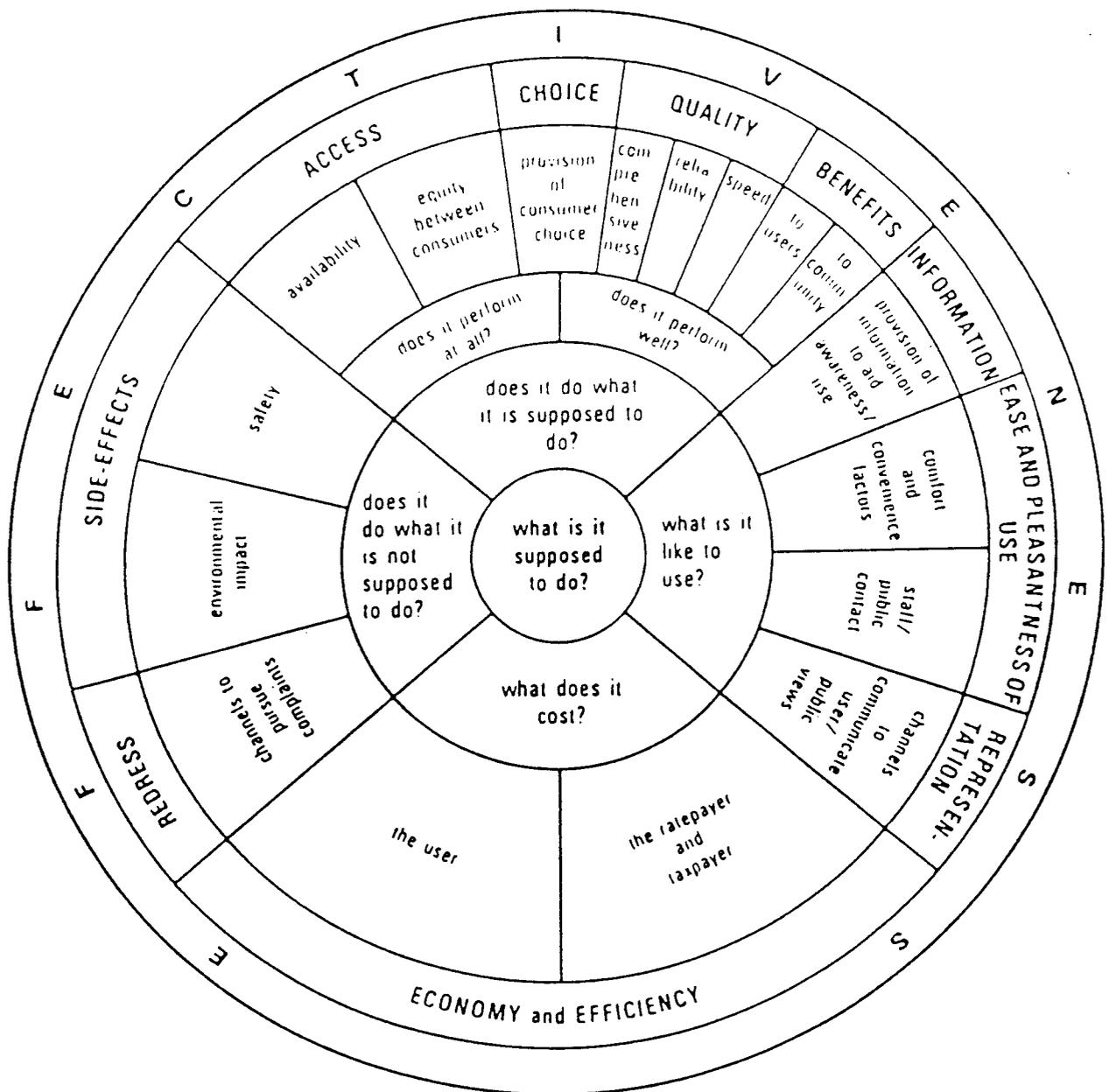
The nurse educator is an agent in a highly complex scenario which includes her fellow-professionals, the learners, service managers, the patient, the DHSS and the government. When the differing interests of all these groups are considered, the challenges of performance review – who will review what, and for whom – bring sharply into focus many of the most deep-seated issues in the social organisation of nursing education today.

As performance review becomes an established method of deciding who will win in the competition for scarce public funds, questions of worth become considerably more than an academic exercise. In dealing with these issues, perhaps nurse educators need, as a matter of urgency, to think about a 'fourth e' – the E which stands for *ethics*. The most important result of systematic self-scrutiny through performance review may be to highlight the urgent need to resolve some long-outstanding value dilemmas in nursing – questions such as: what are the outcomes nurse educators want to achieve? where should nursing education be located? and finally, with whom should power and accountability in the planning of nursing education lie?

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Figure 1
Consumer criteria for service evaluation



Exercise three:
The four Es in action

Time: 30 mins

In this exercise, the aim is to present you with a selection of performance indicator schemes drawn up from our preliminary literature review so that you can make comparisons about what is happening in various fields of education. There will be opportunity to discuss your views on these in the workshop. This exercise will take about half an hour, unless you may want to spend longer. It is in three parts:

Classification of PIs

In the grids below, we have tried to organise sets of performance indicators according to various types. All the PI sets are from education, and some are PI drafts being piloted in nursing education.

You may not always agree with our classifications – in which case, please make a note of indicators you would think of putting in different columns.

Broad patterns/differences in focus

When you have looked through these PI sets, see if you can identify any broad patterns or differences in focus, and make any rough notes about this in the space below. Looking particularly at the PIs for nursing education, think about economy, efficiency and effectiveness indicators, and make some rough notes around the topics listed overleaf. You may sometimes find it easier to think about specific PIs, for instance wastage rates, employment destinations, &c.

Notes on broad patterns/differences in focus

The columns are arranged according to the following categories:

Economy and efficiency indicators

- 1 conditions of employment for teachers – eg contact hours
- 2 student flow – eg wastage, attrition, retention rates
- 3 costs

Effectiveness indicators

- 4 employment destination
- 5 educational attainment
- 6 complaints or other negative indicators
- 7 needs of the individual students (excluding educational needs)
- 8 other independent factors which help to account for variations in performance (eg free school meal rates)

	Conditions of employment	Student flow	Costs	Employment destination	Educational attainment	Complaints	Needs of individual students	Other factors
	Economy and efficiency			Effectiveness				
A) Higher Education								
1 Expenditure per FTE student			✓					
2 Expenditure per FTE academic staff	✓							
3 Expenditure on support staff per FTE academic staff			✓					
4 Expenditure on equipment per FTE academic staff			✓					
5 Research Income per FTE academic staff.*								
6 Research postgrads as percent of FTE students	✓							
7 Taught postgrads as percent of FTE students	✓							
8 All postgrads as a percent of FTE students	✓							
9 Ratio of FTE students to FTE staff	✓							
(a further 27 cost indicators on library & computer services & premises)								
37 Careers service expenditure per FTE student*			✓				✓	
38 Student Unions & societies expend. per FTE student*			✓				✓	
39 Destinations of graduates after 6 months.				✓				

Ref: Committee of Vice-Chancellors and Principals 1987 University Management Information and Performance Indicators Statistics London CVCP

NOTES: emphasis on cost indicators
no indicators on educational attainment

*We are not quite sure where these go. Where would you put them?

Conditions of employment Student flow Costs			Employment destination Educational attainment Complaints Needs of individual students Other factors				
Economy and efficiency 1 Trainees per heads in post ✓ 2 Training costs per heads in post 3 Training costs per no of trainees 4 Total training costs as a percentage of total employment cost 5 Training costs per training days ✓ 6 Training days per no of trainees ✓			Effectiveness				

B) National Health Service Training Authority

- 1 Trainees per heads in post
- 2 Training costs per heads in post
- 3 Training costs per no of trainees
- 4 Total training costs as a percentage of total employment cost
- 5 Training costs per training days
- 6 Training days per no of trainees

Ref: NHSTA 1987 Measuring Training in the NHS

NOTES: predominance of cost indicators
all these indicators help to explain each other

Conditions of employment Student flow Costs			Employment destination Educational attainment Complaints Needs of individual students Other factors				
Economy and efficiency 1 Student staff ratio ✓ 2 Average student hours ✓ 3 Average class size ✓ 4 Average lecturer hours ✓ 5 Student attendance ratio ✓ 6 Lecturer contact hours ratio ✓ 7 Teacher contract ratio ✓ 8 F/t student retention rate ✓ 9 P/t student retention rate ✓ 10 Overall student retention rate ✓ 11 Academic/admin hours balance ✓ 12 Academic/admin cost balance ✓			Effectiveness				

C) Further education

- 1 Student staff ratio
- 2 Average student hours
- 3 Average class size
- 4 Average lecturer hours
- 5 Student attendance ratio
- 6 Lecturer contact hours ratio
- 7 Teacher contract ratio
- 8 F/t student retention rate
- 9 P/t student retention rate
- 10 Overall student retention rate
- 11 Academic/admin hours balance
- 12 Academic/admin cost balance

Ref: Department of the Environment Audit Inspectorate 1983 Colleges of Further Education – a Guide to the measurement of resource efficiency London HMSO

NOTES: Rather few cost indicators, but several conditions of work indicators taken together serve as a proxy for assessing costs.

D) General education

- 1 Percentage of children receiving free school meals
- 2 Pupil-teacher ratio
average class size
percentage of teachers on secondment
- 3 Gross cost per pupil
cost of qualified teaching staff per pupil
cost of non teaching staff per pupil
cost of books, supplies & services per pupil
cost of home to school transport per pupil
- 4 Numbers on roll as a percentage of nos reckoned to be available*
- 5 Number of appeals arising from admissions policies.
- 6 Percent of 15 year olds with exam achievements of:
more than 1 A level, 5+ O levels, 1+ O levels/CSE, no passes
- 7 Percent of 16 year olds entering:
post compulsory age schooling
full time further education
employment within 6 months
youth training scheme

Conditions of employment Student flow Costs			Employment destination Educational attainment Complaints Needs of individual students Other factors				
Economy and efficiency			Effectiveness				
✓		✓					✓
✓							
✓		✓					
		✓					
		✓					
		✓					
		✓					
		✓					
							?
					✓		
				✓			
				✓			
				✓			

Ref: Chartered Institute of Public Finance & Accountancy 1984 Performance Indicators in the Education Service London CIPFA

NOTES: Free school meals is a weighting factor which enables 'league tables' of schools to be constructed.
Number of complaints is a negative indicator which permits comparisons to be made around the question of public accountability.

*We are not sure where to place this. Where do you think it should go?

F) ENB Course submissions
 Many aspects of institutional and course characteristics are included in these documents, along with the following figures:

- 1 Student staff ratios
- 2 Number of students per intake
- 3 Attrition rates
- 4 Completion rates
- 5 Discontinuation & transfer rates
- 6 Employment following course
- 7 Course costs

Clinical areas:

- 1 Trained staff student ratio
- 2 Staff mix*
- 3 Funded and actual staff in post
 (plus further detailed questions on items such as ward audit, evaluation, assessment, etc)

Conditions of employment	Student flow	Costs	Employment destination	Educational attainment	Complaints	Needs of individual students	Other factors
Economy and efficiency			Effectiveness				
✓ ✓	✓	✓	✓	✓			✓
✓		✓					
✓							

Ref: ENB Circular 1987/28/MAT

*We are not sure where this one goes. Where would you put it?

Exercise four: Information for the project

*In this exercise we are asking you to provide us with information needed for the project. From it, a picture will be built up of what instruments and schemes are in use in England which have some connection with performance indicators. In all cases, it is **not** the data itself we want from you. We are simply seeking to establish whether data is collected.*

*It may be more convenient for you to delegate this exercise, in which case we would like to know which grade of staff has completed the exercise. There won't be a detailed discussion of this exercise on the day of the workshop, but the material you provide will go into our project report. Individual schools/colleges will **not** be identified.*

Note to colleagues in higher and further education: many of the categories listed below will not apply in your situation, but some will. Don't worry if you have to leave a lot of blanks.

In your training institution and in the associated the clinical areas, there will be a number of activities and exercises going on which relate to performance indicators.

Please note down on the spaces provided overleaf which of the following are established or being initiated and indicate how they are documented. Identify by name where possible in the spaces below each category, which instruments are in use (eg Telford system, Qualpacs, Monitor). If you have developed a system of your own which you use, we would be very grateful if you would bring an example along to the workshop. If you give us details of any acknowledgement required we will quote them when we refer to your document.

In the spaces provided, please indicate (as far as you know!) who uses the instrument, in which areas, how frequently, and (if you know), how valuable they think it is. (eg. good, excellent, poor). It may be that many such schemes are merely at the pilot or experimental stage as yet, but some may by now be used for planning, budgeting or other decision-making. Please indicate what use each scheme has been put to so far.

If more than one instrument within a particular category is used, please use the spaces marked 'other' to identify the instrument and answer the questions about it.

Finally, please list the *routine statistical returns* which are made in your area of work.

Patient satisfaction system

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Patient dependency scale

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Standards setting exercise

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Quality assurance exercise

identify instrument by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Manpower instrument

identify by name:

who uses it ? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Clinical audit

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Curriculum evaluation

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Individual staff appraisal

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Individual performance review

identify by name:

who uses it? _____

where? _____

how often? _____

how valuable? _____

use made of results? _____

Other

identify by name:

who uses it: _____

where? _____

how often? _____

how valuable? _____

use made of results: _____

Other

identify by name:

who uses it? _____

where? _____

how often: _____

how valuable? _____

use made of results: _____

exercise completed by: (state grade/s of staff)

In your area of work (probably a school of nursing) list below the different *Routine Statistical Returns* which are made. We do not want from you the data themselves; we simply want to know what kinds of data are collected on a regular basis.

List of statistical returns

Comment below, (if necessary after discussion with the person who collects them), on the pros and cons of collecting information this way, eg how easy is it to collect?
is the information biased ? if so, how ?
how is it used?

Comments

exercise completed by: (state grade of staff)

Exercise five:
Working together with PIs

Time: 15 mins

One of the aims of this project is to explore the potential for collaboration amongst nurse educators to help in the development of PI systems. The reading material presented here has been chosen with the purpose of prompting ideas about how this could be arranged.

Overleaf are extracts from two articles about different kinds of collaborative arrangements which have been tried out in the area of educational audit. Elsewhere in the country, perhaps in your own district or region, other systems of peer review are also in operation or being looked at. Please read the extracts and think about whether any similar arrangement might assist you either in developing systems such as performance indicators or in monitoring and reviewing them.

Notes on ideas for collaboration arrangements

Roques, A (1988) 'Cheers!', in *Nursing Times*, 84(4), January 27, pp35–36.

CHEERS (Cambridge and Huntingdon Evaluation of Education Resources System), is a comprehensive range of performance indicators enabling all those involved in the education of nurses to assess their performance.

We found that most of the literature only assessed statistical information, such as numbers of students in training, examination results and wastage rates. Although pertinent, this does not, to any great extent, measure the quality of education. As Simons (1981) puts it: 'The worth of the programme is seldom indicated by the achievements of students.'

We wanted to produce a tool that could be widely used for accurate evaluation of the educational process. We started by agreeing the following definition of performance indicators: 'An indicator is a resource which helps to determine whether a service is efficient and effective by comparison with a given standard.' We identified four key areas as being crucial for evaluation: The department as a whole, the staff, the teaching skills/ methods and the learners.

We then drew out specific factors pertinent to each area. The end result, produced after much soul-searching and 'brainache', was a comprehensive range of indicators covering all aspects of education both on a macro and micro scale.

As with any design, it has been modified in the light of experience and use. We have added more indicators, defined some more clearly and established a more logical progression.

To help us assess the effectiveness of the performance indicators in measuring the quality of education, we selected clinical staff (as far as possible those with educational qualifications) from general, mental illness and mental handicap. Varying grades of education staff, again across the same disciplines, were also selected, and the team of eight was completed by two students, one from basic education, one from post-basic. Finally, the team asked the director of nurse education from a neighbouring health authority to chair the proceedings.

The group then paired (educational and clinical) and selected a site they knew least to allow as objective a review as possible. In-depth evaluation then began.

The task proved considerable, particularly as all team members were working full time and were very heavily committed in their own jobs. They had to meet after a month for feedback and support.

The evaluation took around two months, following which the groups spent a day analysing the findings and data collected. As a result of all this, they issued a set of recommendations which, along with the completed criteria, were fed back to the department.

It proved difficult for the groups to generalise the information to apply to the department as a whole. The quality of education varied from site to site and for different reasons. For example, one was short of tutorial staff, another lacked secretarial support and, in another, buildings were inadequate. It was therefore agreed that the findings and recommendations should be site-specific.

We considered each group's recommendations in detail, and each team of staff, both tutorial and clinical, was asked to draw up an action plan based on the information provided. We identified strengths and weaknesses so that we could share expertise and concerns.

We now have a staff which has a baseline of standards, and which can move towards the quality of excellence. The project has also resulted in a student body which can see it is important to the process and which, in conjunction with the staff, can determine the outcome.

We now have an honest, objective and critical evaluation of our output, something that, in today's health service, is essential. Nurse education is an expensive commodity, and, if we are to justify its existence, evaluation must occur. We are now using the findings to resolve long-standing concerns, such as building inadequacies, lack of resources and staff shortage.

The problems, now so clearly identified, can be owned by all, including general managers, health authority members and service colleagues. The nurse education committee has a powerful weapon to support, guide and promote the department.

As DNE, I can identify areas of strengths and weaknesses to the National Board, and can justify requests for action. More appropriate programmes, for both students and staff can be designed, and the knock-on effect on the trained staff has brought far greater awareness of the needs of the department and its students. Perhaps, most importantly, it has enhanced professionalism in the department.

Education should be exciting and dynamic. If nurse education is to produce the nurses of tomorrow, then we owe it to the students of today to provide them with excellence.

References

Simons, H 'Process evaluation in schools' in Lacey, C and Lawton, D (Eds) (1981) *Issues in Accountability and Education*, London Methuen

Peer group review of courses

... The North Lincolnshire and York schools of nursing curriculum evaluation and monitoring team was established in May 1987 ...

Course evaluation and audit was previously undertaken by the appropriate curriculum development team of the school of nursing and by the ENB education officer. However, the training institution is neither impartial nor independent, which has implications for the quality of evaluative judgements. ENB officers, while impartial, are clearly not independent as they directly influence curriculum design and development and ultimately present course submissions, on behalf of the designers, to the appropriate approvals committee. The inclusion in the process of an 'independent' school of nursing has the potential to provide not only independent and impartial evaluation, but also judgement from practising nurse teachers. This model is of course a feature of polytechnic and university academic evaluation. It should not be viewed as an alternative to current practice but as an adjunct to it. Kelly (1977), reporting on the evaluation of Schools Council projects, considers it essential that the evaluator should be involved in the overall planning of the course, so as to understand the complexities of the project.

In this scheme the pairing of the schools was partly determined by the fact that the two directors had previously worked together. More important is that the schools are close enough to maintain effective contact. While sharing the same ENB office and education officers, they are in different NHS regions and consequently have different education advisory groups. This is useful as it avoids parochialism and the potential for the relationship to be affected by the conscious, or subconscious need to compete for the resources of the same EAG.

In February 1987 a seminar was held in Lincoln, where the senior tutorial staff of both schools discussed the possibilities and problems of a joint evaluation process. Tentative terms of reference and general principles were agreed. The assistant director of nurse education – curriculum studies (Lincoln) and the DNE (York) then produced a definitive and detailed proposal for a subsequent seminar in York. This seminar finely tuned the terms of reference, procedures and instruments to be adopted.

The philosophy underlying this initiative is not entrenched in any one evaluative theory. The team has used an eclectic approach which promotes nurse education and simultaneously enhances quality of care. The fundamental responsibility for audit and evaluation is invested in a sub group of the appropriate curriculum development team, typically consisting of a senior nurse (chairperson), senior tutor (secretary), nurse teacher (curriculum planning), ward sister, co-opted members (eg doctor administrator/general manager, psychologist), and external educationist (senior tutor).

The group meets monthly, joined by the external educationist and the appropriate senior tutor from the twinned school of nursing at least twice a year. This is the crucial component of the experiment. The development of the personal and professional relationships that enable the external senior tutor to be both colleague and critic is fundamental to its success. Our experience of the relationships developed with external examiners for the general examination makes us optimistic that an open and facilitatory relationship can be developed, too.

The measures scrutinised by the group include:

- the formal curriculum submission
- student evaluation forms
- field work interview reports with trained nurses and students
- course timetables
- samples of course teaching
- resources and amenities of school of nursing
- minutes of the curriculum development team, unit team meetings, teaching team meetings, and student council meetings
- statistical data – recruitment and examination results
- EAG district nurse education budgets
- clinical placement audits.

The schools agreed to use a common clinical audit instrument. As both were dissatisfied with their previous approach, the design and development of a new one was welcomed. The instrument was not simply a hybrid of previous instruments, but was developed in the light of Fretwell's (1982) characteristics influencing the learning climate. The ENB has also recently advised schools that it is anxious to move matters forward on specific issues which require further detailed consideration:

- 1 Trained nursing staff student ratios; the need to be precise on this issue and on associated matters such as skill mix.
- 2 Audit of training wards and other areas where students are placed for practical experience.

The audit instrument gives information on:

- nursing establishment
- ratio of trained nurses students
- skills audit
- skills mix
- clinical activity
- communications
- learning climate
- mentorship
- teaching staff
- physical environment
- student perceptions of learning climate.

The curriculum evaluation team prepare an annual report and list of recommendations. So far this is no more than a statement of intent with no radical or novel departure from contemporary evaluation practice other than the partnership between the two schools. However, we believe there has previously been a 'them and us' mentality towards evaluation in nurse education, with a tendency for schools to maximise their strengths and minimise, if not conceal, their deficiencies. The inclusion of an independent evaluator provides the potential not only for a more open system of audit but also for the transfusion of good practices from one school to another. It is possible, as this experiment evolves, that the pairing of clinical managers from the two authorities and the emergence of clinical audit may be logical development. Built into the mechanics of this experiment is an evaluation of the evaluation, to be the subject of a subsequent paper.

References

Kelly, A (1977) *The Curriculum*, Harper and Row

Fretwell, J (1982) *Ward Teaching and Learning*, Royal College of Nursing

Session One:

What do Performance Indicators signify?

Time: 30 mins

The aim of this session is to set out our terms of reference by thinking about what performance indicators mean. First we'll concentrate on what the words themselves mean, and then we'll look at what we think their effect will be on our training institutions.

Complete the following three sentences with as many answers as you can think of. Write them as lists.

Performance Indicators will be good for nurse education because:

Performance Indicators will be harmful for nurse education because:

Performance Indicators will not affect nurse education because:

We will now divide into small groups of five or six to share your thoughts. Going round the group, read out first the 'goods', then the 'harmfuls' and finally the 'no effects'.

Session Two:

Performance review: The Four Es

Time: 40 mins

We are now going to discuss some of the problems raised by PIs. The aim of this session is to help you to identify some of the critical issues which you feel need to be aired. Your views will be drawn upon to construct an agenda of concerns identified in workshops throughout England.

In Exercise Two of the preparation, you were invited to read extracts from Ruth Balogh and Alan Beattie's paper 'Shifting the Scenes' and to think about which issues you feel most need further discussion among nurse educators.

We are now going to spend half an hour tackling some of those issues by dividing up into groups. This is a 'brainstorm' exercise, where you can simply say what further comments, thoughts, ideas or questions occur to you for each of the questions listed in Exercise Two of the Preparation. The session leader will help you decide which question to start off with. You may want to stay with that question for the full session, or you may want to move on to another when your ideas draw to a halt. This is up to the group to decide. Appoint a notetaker to write down your comments / thoughts / questions / discussion.

To start you off, look at 'Shifting the Scenes' and anything you have already got written down in the form of observations and comments.

If, at the end of the session, you find there are any questions which you personally would like to add to your own original list in Exercise Two, please take the last few minutes of the session to do this.

Session Three: Performance Indicators in action

Time: 40 mins

In this session we are going to discuss the sets of performance indicator schemes you were asked to look at in Exercise Three.

Like all forms of evaluation, the question of who does it, and for what purpose, is of fundamental importance. Look again at the PI schemes listed in Exercise Three of the Preparation. We are going to divide into pairs to discuss which PIs might be used in the various situations listed below. You can think either in the general terms of efficiency, economy and effectiveness, or about specific PIs like educational attainment, wastage rates, etc, or both – whatever suits you best. You may like to think of other PIs which you think might be appropriate.

Start off by choosing a situation *you might both encounter in real life*. One of you should agree to take notes. Use the appropriate spaces below. Include any comments arising from your discussion and reasons for your choices. When you have finished, move on to another situation, this time choosing one *you are both unlikely to encounter in real life* and repeat the exercise. If you have time, move on to a third and a fourth, choosing ones which interest you both.

grade of staff: _____

grade of staff: _____

Comments

A DNE explaining to an ENB Education Officer what good work his/her School is doing.

A senior tutor telling potential recruits how good the School is.

A member of the school/college of nursing staff outlining how good the School is to the chair of the Community Health Council.

A health authority member telling a reporter from the local press about the school's recent achievements.

A DNE explaining what a good job the school does to the Regional Education Advisory Group.

A member of the School of Nursing staff explaining to a member of higher service management how well the School performs.

A learner recommending the School to someone still at secondary school or in further education.

A School/college of Nursing tutor describing the advantages of the working environment to a colleague in further or higher education (or vice versa).

Session four:

Working together on PIs

Time: 20 mins

One of the aims of this workshop is to explore whether it would be helpful to establish a collaborative network through which the development of performance indicators can go forward

In the preparation exercise you were asked to read about two kinds of collaboration which have been tried out.

Before you leave, we would like to get some idea of what you would like to see done, bearing in mind the possibility of mutual help between neighbouring Schools or Schools in different regions.

Please construct an action plan around the following:

- 1 One thing that the ENB, the education officers or the EAG could do which would contribute towards the development of PIs.
- 2 One thing which, assuming you can negotiate it, you and your colleagues in your training institution or other work area could contribute towards the development of PIs.
- 3 One thing that would help in the development of PIs which you in your own job could contribute.
- 4 One thing that would help in the development of PIs which the group gathered here today could contribute.

One copy of this action plan will be kept in confidence by the project and in no way represents any kind of obligation. However, you may of course decide to pursue any of these courses of action either as individuals or as a group.

Thank you for taking the trouble to attend this workshop. We hope you will take away something useful from it.

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APPENDIX THREE
The workshop packs used in Phase Two

INTRODUCTION TO THE WORKSHOPS

The material presented in this series of workshops consists of excerpts from a draft "Operating Manual for PIs" which will be further modified when the workshops are over, and will be published as a learning pack to help schools to implement PIs in all the English Regions.

The workshop material has been drawn from findings gathered during the first phase of the project, and will present an agenda of issues we have identified as key areas needing to be tackled in order to develop & implement PIs. The purpose is to help people to assess their progress in these areas, and thus bring to light :

- 1) problem areas where further development work is needed, and*
- 2) ongoing initiatives where links could be established with PI work.*

These will form the basis of project work which will be undertaken at the second workshop and reported upon at the third.

The general questions we will be seeking to address are as follows:

- problems of agreeing a national data-set for ministerial review purposes,*
- how to incorporate professional judgement and quality issues*
- how the collection of PI data can help schools themselves in their own evaluative enterprises*
- how to agree upon standards for PIs*
- can similar formats be used across initial training, different branch programmes, post basic and continuing education ?*

PREPARATION FOR FIRST WORKSHOP

We would like you to come to the first workshop briefed as fully as possible on the background to PI work in nursing education and the conceptual framework which will be used in this case-study work. We will assume you have read the Summary of our Final Report on the initial feasibility study, or even better, the report itself. Then go through the following reading material, which gives a brief background chronology to the policy initiatives which have prompted the development of PIs, and outlines some key concepts. These build on pages 1-6 and 11-15 of the Summary.

After you have finished reading you will find two exercises which we would like you to complete and bring along to the workshop.

1) A recent chronology of PIs in the NHS & the universities

PIs in the NHS

- | | |
|------|---|
| 1956 | <i>Guillebaud Committee</i> examined the costs of the NHS, using waiting time, bed turnover. Ranked health authorities in league tables |
| 1976 | <i>Resource Allocation Working Party (RAWP)</i> used mortality rates and cost per capita for more equitable distribution of resources |
| 1978 | <i>Expenditure Committee</i> recommends DHSS to develop measures of access and quality |
| 1981 | <i>Duthie Report</i> compared waiting lists |
| 1981 | <i>Yates</i> devised PIs to compare long-stay mental institutions |
| 1981 | <i>Public Accounts Committee</i> requested improvement of accountability from the NHS to the Department through performance review |
| 1983 | <i>DHSS</i> first PI package of activity indicators issued |
| 1985 | <i>DHSS</i> second PI package issued on computer disc |

PIs in Higher Education

- | | |
|------|--|
| 1963 | <i>Robbins Report</i> produced definitions of the aims & purposes of higher education |
| 1979 | <i>Sizer</i> investigated prospects for using PIs in HE; concluded that existing measures were "partial PIs"; outlined criteria for suitability of PIs |
| 1985 | <i>Jarratt Report</i> recommended use of PIs in relation to wide-ranging changes in the management of universities |
| 1985 | <i>The Development of Higher Education into the 1990s</i> Green Paper outlining government policy; use of PIs in achieving value for money |
| 1986 | <i>Committee of Vice-Chancellors & Principals</i> First Statement on PIs: listed 16 for immediate use and proposed further 8 for development |
| 1987 | <i>Committee of Vice-Chancellors & Principals</i> Second Statement on PIs |

2) Some basic PI concepts

Definitions

Although performance assessment has become an important feature of public sector life in the 1980's, it is a process without universally agreed definitions. However, as we pointed out in our report on the first phase of this research:

"most commentators would probably agree on certain minimum properties of performance indicators:

- that they are guides rather than absolute measures*
- that they are numerical values which assess aspects of a system*
- that movement in indicators should be subject to unambiguous interpretation.*

The strictest definition of a performance indicator requires it to express a ratio of input to output, via intermediate throughput of activity."

Models

The most commonly used model in nursing education is Donabedian's STRUCTURE / PROCESS / OUTCOME model, adapted from assessment in health care. But, to quote again from our report:

"While this model allows for a detailed account of the processes of the organisation, such processes do not necessarily qualify as performance indicators; process indicators may be of interest in explaining the values found for performance indicators, but they cannot themselves be used directly as PIs."

The value of this model, therefore, lies more in its ability to illuminate and explain PIs than in defining them. The Association of Nursing Education (RCN 1987) has attempted to use the model for devising performance indicators, but the resulting worked examples give a better guide to the setting of standards than creating PIs. This raises the further question of the relationship between PIs and standards, and in our report we argue that :

"...there can be no point in knowing how quickly [for instance] fruit can be sold if it cannot be guaranteed to be fresh. In the world of commerce, the use of PIs depends on there being some system - for instance a competitive market - to guarantee such standards. However, in their journey from turnover rates in the market economy to throughput of services in the public sector, the assumption that quality and standards must first be guaranteed has disappeared from the models ... and issues of effectiveness and outcomes have become marginalised "

The Four Es

In order to clarify how to devise PIs for nursing education, we offered, during the first phase of the research, an adaptation of the existing "three Es" model used by the Audit Commission, and which has statutory force in local government. We added, to the ideas of "economy, efficiency and effectiveness", a further dimension, of "ethics", which, we argue, arises at every point in the process of performance review. Thus, we hope to ensure that issues of standards, professional judgement and quality may be addressed throughout the application of the model.

Here are the basic concepts:

<i>Economy:</i>	<i>how to obtain inputs of goods and services at the cheapest possible rate</i>
<i>Efficiency:</i>	<i>how much work it takes to do a given job; usually expressed as a ratio, eg miles per gallon of an engine</i>
<i>Effectiveness:</i>	<i>how well the job gets done according to the system's own criteria; success in achieving goals</i>
<i>Ethics:</i>	<i>issues of values & accountability which arise every time a decision is taken</i>

3) PIs in Context

The use of Performance Indicators for schools of nursing was first floated at the 1985 ENB ministerial review. While it is within this system of review that PIs will initially be used, they will also be useful to nurses and nurse educators in almost any other context in which information is gathered.

Our initial feasibility study showed that nurse educators would not only like to be able to use the quantitative data obtained in PIs for their own internal review purposes, but also that they would welcome the chance to conduct their own in-depth school reviews. Such reviews could be confidential to the school, and would be useful in a variety of ways. They would also provide the kind of information needed to account for variations in performance, say between schools or between courses. The prospects for linking with other existing school-based evaluative activities could be an important element in these exercises.

Beyond the confines of the school, our feasibility study also revealed a strong desire amongst nurse educators for the streamlining of information supplied to outside agencies. One of the aims of this project, therefore, will be to assess how PI information can be located within existing information systems, both inside and outside the school, and to investigate the issues of confidentiality that follow from this.

The *context* in which PIs are gathered, is therefore a central and recurring theme throughout these workshops. We need to look at how the context affects the technical problems in any information-gathering system, and also to look at how such systems fit in to a planning cycle. First we will take the technical side:

Technical problems of information-gathering

The following chart shows the kinds of choices which are made at each stage of an information-gathering cycle:

COLLECTION:

who collects?
what categories?
type of response - numbers, yes/no, open-ended
relationship to other information already collected
feasibility
cycle: academic/financial/calendar year
manual/computer
how long does the exercise take to do ?
is any of the info confidential ? to whom ?
might any of the info be disputed ? how to arbitrate ?
what kind of format is best ?

ASSEMBLY:

turning raw data into ratios & percentages
choosing denominators (eg per funded place or per learner?)
choosing units (eg what goes into unit costs?)
interpreting the significance of these ratios
using other data to help in interpretation

DISSEMINATION:

where does the info go ?
who already has access because of involvement in collection ?
who will have access to it ?
who else might have a legitimate interest in it ? /cont

- will it be fed back to the suppliers ?
- will it be fed back to the subjects ?
- will the interpretation be open to dispute ?
- how will such disputes be arbitrated ?
- does the info overlap with any other systems ?
- what are the prospects for integration ?
- would integration change any of the above considerations ?

There is, in fact, no value-free information system. Although the gathering of information is often regarded as a routine activity, the way in which information is used can be highly political. Ethical problems arise at the outset, because every stage of information collection, assembly and dissemination involves choices. Sometimes the choices made will be dictated by convenience and feasibility - but even these apparently rational considerations represent priorities over less convenient options. Because decisions made at any one stage set limits on what can happen at any other stage, the process is a continuous one - thus even at the collection stage, the questions of who will use the information, and for what purpose, (the dissemination stage) must be considered, and so must questions of how the information will be assembled.

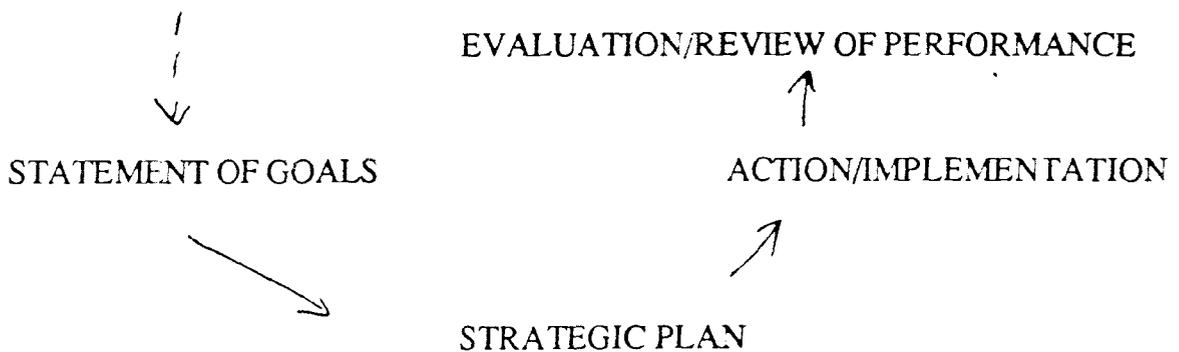
Does the information system fit in to a planning cycle ?

Information only gains significance and meaning from the use to which it is put. A key question, therefore, about all information-gathering exercises is: can the findings be acted upon? Again, problems of ethics and accountability arise here, because choices and decisions have to be made about who will interpret the findings, who will implement them, through what structures will this be done, and what will be the role of professional judgement.

While sometimes information is gathered on a one-off basis only, in many cases - and PI data falls into this category - the exercise will be repeated, and here the question arises of how it links into existing planning cycles or needs new ones to reflect different patterns of accountability. All planning cycles should incorporate some means of self-assessment, so that they can be updated, perhaps integrated with other systems, adapted to changing circumstances (essential in the rapidly changing context of nursing education), or even abandoned when they have outlived their usefulness.

Planning cycle model

[SITUATIONAL ANALYSIS]



PREPARATION EXERCISE

At the first workshop we will be inviting you to discuss some of the problems faced by EAGs in monitoring their methods of resource allocation and looking at the question of cost-effectiveness. As a precursor to this, we would like to invite you to spend a few minutes reflecting on the following questions, about which there will be an introductory discussion for members to share their views.

We would like you to make some notes on these questions in the spaces below, and to hand these in to the research team at the workshop in confidence; you will not be asked specifically to refer to them in discussion, although of course you may wish to do so.

1) What, in your opinion, are the arguments for and against establishing methods of resource allocation based on performance criteria within the EAG ?

2) Where do you stand on this issue?

3) Are there any immediate steps you would like to see taken to improve the information available to the EAG concerning the work of schools of nursing ?

please continue overleaf if necessary

FIRST EAG WORKSHOP

Introduction

The aim of this workshop is to help the EAG look at its own role in monitoring cost-effectiveness, firstly by discussion in Exercise One and then by presenting some problem-solving tasks for members of the group to tackle in Exercise Two.

Exercise Three will be an opportunity to examine some data about schools of nursing in depth and to consider its possible value in assisting the EAG. Finally, in Exercise Four we will ask the group to convene a subgroup to look at some problems of PI implementation in greater depth. This is to replace the individual project -work proposed in our initial research plan.

Here is the agenda for the day:

Coffee	9.30 - 9.50
Welcome & Introductions	9.50 - 10.15
Exercise One: Cost-effectiveness - the EAG's role	10.15 - 11.15
Exercise Two: Some Problems of Cost-effectiveness	11.15 - 12.30
BREAK FOR LUNCH	12.30 - 1.15
Exercise Three: Specimen Data	1.30 - 3.30
Tea	3.00
Exercise Four: Further Problems	3.30 - 4.00

Exercise One

time: one hour

Cost-effectiveness: the EAG's role

The aim of this exercise is to establish the terms of debate about what is the role of the EAG in monitoring cost-effectiveness in schools of nursing. It will also provide an opportunity for members to discuss any problems they feel about conducting such activities.

The group leader will assign you to two groups, to discuss the questions you were asked to reflect upon in the preparation exercise circulated prior to the workshop. Each group will have its own notetaker, but for the purposes of reporting back the discussion to the whole group, a reporter from within the group can be nominated.

The questions under consideration are:

- 1) What are the arguments in favour of establishing methods of resource allocation based on performance criteria within the EAG ?

- 2) What are the arguments against establishing methods of resource allocation based on performance criteria within the EAG ?

- 3) Are there any immediate steps you would like to see taken to improve the information available to the EAG concerning the works of school of nursing.

After forty minutes the whole group will reconvene and report back. You will also be asked to hand in your **Preparation Exercise** sheets.

Exercise Two

time: one hour fifteen minutes

Some Problems of Cost-effectiveness monitoring

The aim of this exercise is to present some problems which might be encountered when using formulae to help in resource allocation

The group leader will again assign you to two different groups. Each group will be given a different pair of problems which, as an EAG operating under a cash limit with no spare funds, they must solve. There will be a time-limit to this exercise and each group should appoint a reporter to relate the proceedings to the whole group which will reconvene.

There will be a whole-group discussion of the issues raised during report-back, which will give an opportunity for members to express any dissenting views. However, you are asked to aim at solving the problem in the time allocated.

Problem One

One of the schools in the Region, with a funded establishment giving a staff-student ratio of 1: 20 is about to lose 100 learners as a result of DHA manpower policy. Numbers in the school would drop from 600 to 500. Maintaining the SSR would mean a loss of 5 teachers on the basis of average number of learners. There is already a 5% vacancy factor in operation.

BUT this particular school is offering more courses than ever before; there is no recruitment problem; the curriculum offers an experiential learning environment and there is a wide variety of allocations, some in rural areas.

Should the EAG cut this school's budget?

If so, how?

What further information might be useful?

Whose views should be canvassed?

Problem Two

One of the schools in the Region, with a funded establishment of 1: 20 and operating a 5% vacancy factor is not thriving. There is a total of 350 learners and amongst staff, 15% vacancies. Information collected by the EAG on wastage shows that it is high. The curriculum is out of date and many of the courses offered are under review.

Should the EAG reduce the teacher establishment?

If so how?

What other information would help in making a decision?

Whose views should be canvassed?

Problem Three

A school in the Region is doing well, is operating a 5% vacancy factor and has a funded establishment of 1 : 20 SSR. But all the teachers are on top salary and this makes the costs well above average.

Should the EAG reduce the number of teachers?

What other information would help in making a decision?

Whose views should be canvassed?

Exercise Three Specimen Data

time: two hours

The aim of this exercise is to examine some specimen data, to discuss their suitability as PIs, and to consider some of the implications of collecting these data.

The workshop leader will again assign you to two groups in order to discuss a "worked example" of possible PI data items applied to an imaginary school, the *Carebrain School of Nursing*. Most of the data have been derived from real schools in this region; where this has not been possible, estimates have been made on the basis of national data. The suggestions about possible breakdowns and calculations which might be made are all drawn from schemes which are in use in the English Regions.

Each group will have a notetaker to record its deliberations. The task is one in which you are invited to consider the usefulness to the EAG of collecting this information, and to deliberate on the most useful methods of presenting such data. The principal questions you are invited to consider for each set of data items are:

- 1) On what basis might the EAG have a legitimate interest in monitoring cost-effectiveness using data of this type ?
- 2) Do members have any suggestions about different ways of presenting these data?
- 3) How detailed does the information need to be ? to what extent would it be useful to encourage schools to collect some of this data for their own purposes and to submit brief reports to the EAG on the results ? could some of this data then remain confidential to the school ?
- 4) What other agencies, particularly thinking about DHAs and the RHA, have a legitimate interest in these data ? which data in particular ?
- 5) Are there any other data-gathering activities or exercises the results of which would help illuminate differences in the values shown by different schools ? which of these might EAG want to become more involved in ?

To start off, spend 5-10 minutes looking through the data, and go round the group giving some initial reactions.

Then take each set of data items and discuss them in the light of the questions listed above. The notetaker will record your deliberations. Try to arrive at a decision for each one and then go on to the next. If you get stuck, the notetaker will record what you feel to be the problem, and you can move on to the next item.

After an hour and a half, the group will reconvene for feedback given by the notetaker, with opportunity for discussion.

Exercise Four Further Problems

time: thirty minutes

The aim of this exercise is to identify the principal problems faced by the EAG in the medium term future and to convene a subgroup to look at the kind of information requirements the group will need in order to tackle these problems.

Members of the group are asked to think about what are the principal policy problems faced by the EAG over the next five years. Using a "nominal group" technique, members are asked to call out some of these problems going round the group in turn, and they will be listed on a flipchart.

When all possible problem areas have been exhausted, members will be asked to prioritise the list by voting, first by writing down their own priority order and then by calling out their priority number for each item in turn. Thus the item with the lowest *score* when all the priorities are added will have the highest *priority*.

Members will then be asked to convene a subgroup of the EAG to examine what information the group will need to tackle these problems. The group will be expected to meet at least once before the second workshop and to report on its deliberations.

Carebrain School of Nursing: Student flow for Sept 1985 intake (RGN)

Starters					Discontinued					Completions					Employment			
places	total	F	M	25+	No	transfers		EN*	Total	No sitting exam	1st	2nd	3rd	F	DHA	RHA	other	NK*
204	194	188	6	17	43	3	4	5	49	145	137	5	0	3	65	0	20	57

Possible calculations

Starters / places	(194 / 204) = 95%
Total discontinued / starters	(49 / 194) = 25%
Total discontinued / places	(49 / 204) = 24%
Total completions / starters	(142 / 194) = 73%
Total completions / places	(142 / 204) = 70%
Total completions / entrants	(142 / 145) = 98%
DHA employed / completers	(65 / 142) = 46%
Total known employed / completers	(85 / 142) = 60%
Total DHA employed / starters	(65 / 194) = 33%

- * NK = Not known
- EN = to Enrolled training

Possible breakdowns

Entry data could be broken down in terms of:

- a) characteristics of students: previous experience, entry gate (these can be coded)
 - combining gender and age breakdown to give both males and females over 25
- b) recruitment: inquiries (local or clearing house) / appointments / interviews / offers / acceptances; or statements on a scale of 1–5 about how easy it has been to fill the course.

Discontinuations could be broken down by:

- a) reasons: death / removed from course / promotion / voluntary / dependants / personal / other (provide codes for reasons)
- b) characteristics of entrants: same as Entry data (a) above.

Completions could be broken down by characteristics of entrants, as in Entry data (a) above.

Employment destinations could be broken down by DHA / RHA / elsewhere in NHS / non-NHS / left nursing / further study / NK.

Carebrain School of Nursing: Student:staff ratios for year ending April 1989 (RGN)

Funded posts	Staff in post					Students	
(exc DNEs & ADNEs)	NT	CT	Unqual	Total	Total qual	Total learners	Learner esta
45	25	12.7	5	42.7	37.7	617	650

Possible calculations

Student: staff ratio (exc unqual) $(617 / 37.7) = 16.1:1$

Student: staff ratio (exc unqual and CTs) $(617 / 25) = 24.6:1$

Student: staff ratio (all teaching staff) $(617 / 42.7) = 14.4:1$

Student: staff ratio (funded establishments) $(650 / 45) = 14:1$

Student: staff ratio (total learners / funded establishments) $(617 / 45) = 13.8:1$

Carebrain School of Nursing: Costs for year ending April 1989

(£) EAG funding			Staff			Learners
Staff costs	Non staff costs	Total	Total teachers (inc RMN & RMHN)	Support staff	Total staff	Total learners (inc RMN & RMHN)
841,902	73,208	915,110	53.7	4.7	58.4	769

Possible calculations

Total costs / total learners (EAG) (£915,110 / 769) = £1,190

Staff costs / total learners (EAG) (£841,902 / 769) = £1,095

Non staff costs / total learners (EAG) (£73,208 / 769) = £95

District costs are not at present collected in any standard way, but the following calculations should be possible after the implementation of the White Paper and would harmonise with DES breakdowns:

DHA staff costs / learner

DHA capital costs / learner

DHA equipment costs / learner

DHA total recurrent costs / learner

Carebrain School of Nursing: Teachers for year ending April 1989 (RGN)

Funded posts (exc DNEs & ADNEs)	Staff in post				Teachers in training		Studying for degree		Holding degree		Leavers	Support staff
	NT	CT	Unqual	WTE*	f/t	p/t	first	higher	first	higher		
45	25	12.7	5	42.7	3	2	6	4	6	2	2	4.7

*WTE: Whole-time equivalent

Possible calculations

Occupancy: total teachers / posts	(42.7 / 45) = 94%
Nurse tutors (qual) / posts	(25 / 45) = 55%
Nurse tutors (qual) / in post	(25 / 42.7) = 59%
CTs + unqual / in post	(17.7 / 42.7) = 41%
Teacher trainees / in post	(5 / 42.7) = 11%
NTs + trainees / in post	(30 / 42.7) = 71%
Teacher trainees / unqual + CTs	(5 / 17.7) = 28%
First + higher degree students / qual NTs	(10 / 25) = 40%
First + higher degree students / in post	(10 / 42.7) = 23%
First + higher degree holders / qual NTs	(8 / 25) = 32%
Degree + higher degree holders / in post	(8 / 42.7) = 16%
Leavers / in post	(2 / 42.7) = 4.7%
Support staff / in post	(4.7 / 42.7) = 11%

What are performance indicators?

SECOND EAG WORKSHOP

Introduction

This workshop will begin with a report in Exercise One on the discussion which took place at the subgroup meeting, convened at the first workshop. The issues raised at that meeting for further discussion at this workshop will be deferred to the afternoon plenary session, Exercise Three. In Exercise Two the whole group will have an opportunity to raise any further matters for discussion in Exercise Three. The focus for the whole workshop will be one of how to bring in the "fourth E", the E of ethics, to PI implementation, and participants will be encouraged to express their views and opinions about the enterprise in general.

Exercise Three will draw on all these concerns to try to formulate some strategic ideas and possible frameworks for the implementation of PIs.

In Exercise Four participants will be able to discuss what kind of input they would like to make on behalf of the EAG workshop group to the forthcoming National Invitation Conference on PIs.

Here is the day's agenda:

Introduction to the day's activities	9.45 - 10.00
Coffee	10.00 - 10.15
Exercise One: Report from Subgroup	10.15 - 10.45
Exercise Two: Areas of Concern: an open forum	10.45 - 12.15
BREAK FOR LUNCH	12.15 - 1.15
Exercise Three: The Way Forward: plenary session	1.15 - 3.15
Exercise Four: Input to the National Conference	3.15 - 3.45
tea	3.00

Exercise One: Report from the subgroup

time thirty minutes

The aim of this exercise is to feed back the discussion which took place at the subgroup meeting convened at the first workshop. Subject to the approval of the teachers' workshop group, a brief summary of project work undertaken among those group members will also be reported on by the workshop leader.

The workshop leader will report to the whole group and invite further contributions and comments.

Exercise Two: Areas of concern: an open forum

*time: one hour thirty
minutes*

The aim of this exercise is to give participants an opportunity to express their views and concerns about the approach to PI implementation which is being developed in these workshops.

This is a whole group "brainstorm" exercise in which everyone is invited to voice any concerns they or their colleagues may have about the approach to data-gathering being proposed in these workshops. Group members can start anywhere they like, mentioning any aspect of the case -study work about which they have some anxiety or foresee some problem, or would wish to question in any other way. These will be listed on a flipchart and referred to in the afternoon's session.

Exercise Three: The Way Forward

time: two hours

The aim of this exercise is to try to formulate some strategic ideas for the implementation of PIs, drawing on the issues raised by the subgroup and the concerns expressed in Exercise Two. The focus will be on the particular role of the EAG or other body intermediary between schools of nursing and the Board.

This will be another whole-group exercise. The resources to be used consist of the list of issues and concerns identified by the subgroup and by the whole group in Exercise Two, along with the framework for examining the ethical implications of information-gathering outlined in the Preparation materials for the First Workshop.

Participants are asked to go through the list of concerns drawn up in Exercise Two and to suggest suitable policies which might be adopted concerning them, thinking of *good practice which could be adopted by:*

- a) the ENB
- b) the EAG or other intermediary body
- c) schools themselves
- d) DoH agencies - the Department itself, RHAs, DHAs
- e) ENB Education Officers
- f) any other concerned body or group

Exercise Three: The Way Forward

Below are a set of statements drawn from discussions in the workshops about good practice in implementing PIs. The workshop leader will allocate you to small groups to discuss them and to report back your thoughts to the group as a whole. Please make notes on each one, saying whether you agree or disagree, and whether or not you think implementing such policies would be feasible. Nominate one person in the group to report back.

1) the ENB to make a commitment to investigating the effectiveness of nurse education by looking at 6-month post qualification outcomes in conjunction with the UKCC

2) the Department to make a commitment to looking at the effectiveness of nurse education by linking education antecedents with any study on nurse retention

3) the ENB to state explicitly how PIs are to be used in the strategic plan, year by year

4) the Department to state explicitly how PIs are to be used in reviews

5) the EAG or other intermediary body to develop explicit policy for the use of PIs

6) the ENB to have a mechanism for reviewing annually what information goes in to PIs

7) the way PIs are used should incorporate a development perspective

8) PIs should not be used punitively

9) income generation should not be counted in with financial indicators; it should be treated separately

10) PIs should only be gathered in areas where there is potential for the DNE or EAG to change the scores through management action

11) PIs should not be gathered without accompanying explanations about their context, written by members of the school

12) PIs should not be gathered without some accompanying indication of the views of relevant client groups

13) PIs should not be gathered without some accompanying assessment or review of quality of educational provision

14) PIs for initial preparation should be accompanied by some indication, perhaps with its own PIs, of provision for continuing and post-basic education in the same area.

15) PIs must be integrated with locally agreed standards for nursing and nurse education

16) other:

INTRODUCTION TO THE WORKSHOPS

The material presented in this series of workshops consists of excerpts from a draft "Operating Manual for PIs" which will be further modified when the workshops are over, and will be published as a learning pack to help schools to implement PIs in all the English Regions.

The workshop material has been drawn from findings gathered during the first phase of the project, and will present an agenda of issues we have identified as key areas needing to be tackled in order to develop & implement PIs. The purpose is to help people to assess their progress in these areas, and thus bring to light :

- 1) problem areas where further development work is needed , and*
- 2) ongoing initiatives where links could be established with PI work.*

These will form the basis of project work which will be undertaken at the second workshop and reported upon at the third.

The general questions we will be seeking to address are as follows:

- problems of agreeing a national data-set for ministerial review purposes,*
- how to incorporate professional judgement and quality issues*
- how the collection of PI data can help schools themselves in their own evaluative enterprises*
- how to agree upon standards for PIs*
- can similar formats be used across initial training, different branch programmes, post basic and continuing education ?*

PREPARATION FOR FIRST WORKSHOP

We would like you to come to the first workshop briefed as fully as possible on the background to PI work in nursing education and the conceptual framework which will be used in this case-study work. We will assume you have read the Summary of our Final Report on the initial feasibility study, or even better, the report itself. Then go through the following reading material, which gives a brief background chronology to the policy initiatives which have prompted the development of PIs, and outlines some key concepts. These build on pages 1-6 and 11-15 of the Summary.

After you have finished reading you will find two exercises which we would like you to complete and bring along to the workshop.

1) A recent chronology of PIs in the NHS & the universities

PIs in the NHS

- | | |
|------|---|
| 1956 | <i>Guillebaud Committee</i> examined the costs of the NHS, using waiting time, bed turnover. Ranked health authorities in league tables |
| 1976 | <i>Resource Allocation Working Party (RAWP)</i> used mortality rates and cost per capita for more equitable distribution of resources |
| 1978 | <i>Expenditure Committee</i> recommends DHSS to develop measures of access and quality |
| 1981 | <i>Duchie Report</i> compared waiting lists |
| 1981 | <i>Yates</i> devised PIs to compare long-stay mental institutions |
| 1981 | <i>Public Accounts Committee</i> requested improvement of accountability from the NHS to the Department through performance review |
| 1983 | <i>DHSS</i> first PI package of activity indicators issued |
| 1985 | <i>DHSS</i> second PI package issued on computer disc |

PIs in Higher Education

- | | |
|------|--|
| 1963 | <i>Robbins Report</i> produced definitions of the aims & purposes of higher education |
| 1979 | <i>Sizer</i> investigated prospects for using PIs in HE; concluded that existing measures were "partial PIs"; outlined criteria for suitability of PIs |
| 1985 | <i>Jarratt Report</i> recommended use of PIs in relation to wide-ranging changes in the management of universities |
| 1985 | <i>The Development of Higher Education into the 1990s</i> Green Paper outlining government policy; use of PIs in achieving value for money |
| 1986 | <i>Committee of Vice-Chancellors & Principals</i> First Statement on PIs: listed 16 for immediate use and proposed further 8 for development |
| 1987 | <i>Committee of Vice-Chancellors & Principals</i> Second Statement on PIs |

2) Some basic PI concepts

Definitions

Although performance assessment has become an important feature of public sector life in the 1980's, it is a process without universally agreed definitions. However, as we pointed out in our report on the first phase of this research:

"most commentators would probably agree on certain minimum properties of performance indicators:

- that they are guides rather than absolute measures*
- that they are numerical values which assess aspects of a system*
- that movement in indicators should be subject to unambiguous interpretation.*

The strictest definition of a performance indicator requires it to express a ratio of input to output, via intermediate throughput or activity."

Models

The most commonly used model in nursing education is Donabedian's STRUCTURE / PROCESS / OUTCOME model, adapted from assessment in health care. But, to quote again from our report:

"While this model allows for a detailed account of the processes of the organisation, such processes do not necessarily qualify as performance indicators; process indicators may be of interest in explaining the values found for performance indicators, but they cannot themselves be used directly as PIs."

The value of this model, therefore, lies more in its ability to illuminate and explain PIs than in defining them. The Association of Nursing Education (RCN 1987) has attempted to use the model for devising performance indicators, but the resulting worked examples give a better guide to the setting of standards than creating PIs. This raises the further question of the relationship between PIs and standards, and in our report we argue that :

"...there can be no point in knowing how quickly [for instance] fruit can be sold if it cannot be guaranteed to be fresh. In the world of commerce, the use of PIs depends on there being some system - for instance a competitive market - to guarantee such standards. However, in their journey from turnover rates in the market economy to throughput of services in the public sector, the assumption that quality and standards must first be guaranteed has disappeared from the models ... and issues of effectiveness and outcomes have become marginalised "

The Four Es

In order to clarify how to devise PIs for nursing education, we offered, during the first phase of the research, an adaptation of the existing "three Es" model used by the Audit Commission, and which has statutory force in local government. We added, to the ideas of "economy, efficiency and effectiveness", a further dimension, of "ethics", which, we argue, arises at every point in the process of performance review. Thus, we hope to ensure that issues of standards, professional judgement and quality may be addressed throughout the application of the model.

Here are the basic concepts:

<i>Economy:</i>	<i>how to obtain inputs of goods and services at the cheapest possible rate</i>
<i>Efficiency:</i>	<i>how much work it takes to do a given job; usually expressed as a ratio, eg miles per gallon of an engine</i>
<i>Effectiveness:</i>	<i>how well the job gets done according to the system's own criteria: success in achieving goals</i>
<i>Ethics:</i>	<i>issues of values & accountability which arise every time a decision is taken</i>

3) PIs in Context

The use of Performance Indicators for schools of nursing was first floated at the 1985 ENB ministerial review. While it is within this system of review that PIs will initially be used, they will also be useful to nurses and nurse educators in almost any other context in which information is gathered.

Our initial feasibility study showed that nurse educators would not only like to be able to use the quantitative data obtained in PIs for their own internal review purposes, but also that they would welcome the chance to conduct their own in-depth school reviews. Such reviews could be confidential to the school, and would be useful in a variety of ways. They would also provide the kind of information needed to account for variations in performance, say between schools or between courses. The prospects for linking with other existing school-based evaluative activities could be an important element in these exercises.

Beyond the confines of the school, our feasibility study also revealed a strong desire amongst nurse educators for the streamlining of information supplied to outside agencies. One of the aims of this project, therefore, will be to assess how PI information can be located within existing information systems, both inside and outside the school, and to investigate the issues of confidentiality that follow from this.

The *context* in which PIs are gathered, is therefore a central and recurring theme throughout these workshops. We need to look at how the context affects the technical problems in any information-gathering system, and also to look at how such systems fit in to a planning cycle. First we will take the technical side:

Technical problems of information-gathering

The following chart shows the kinds of choices which are made at each stage of an information-gathering cycle:

COLLECTION:

who collects?
what categories?
type of response - numbers, yes/no, open-ended
relationship to other information already collected
feasibility
cycle: academic/financial/calendar year
manual/computer
how long does the exercise take to do ?
is any of the info confidential ? to whom ?
might any of the info be disputed ? how to arbitrate ?
what kind of format is best ?

ASSEMBLY:

turning raw data into ratios & percentages
choosing denominators (eg per funded place or per learner?)
choosing units (eg what goes into unit costs?)
interpreting the significance of these ratios
using other data to help in interpretation

DISSEMINATION:

where does the info go ?
who already has access because of involvement in collection ?
who will have access to it ?
who else might have a legitimate interest in it ? /cont

will it be fed back to the suppliers ?
 will it be fed back to the subjects ?
 will the interpretation be open to dispute ?
 how will such disputes be arbitrated ?
 does the info overlap with any other systems ?
 what are the prospects for integration ?
 would integration change any of the above
 considerations ?

There is, in fact, no value-free information system. Although the gathering of information is often regarded as a routine activity, the way in which information is used can be highly political. Ethical problems arise at the outset, because every stage of information collection, assembly and dissemination involves choices. Sometimes the choices made will be dictated by convenience and feasibility - but even these apparently rational considerations represent priorities over less convenient options. Because decisions made at any one stage set limits on what can happen at any other stage, the process is a continuous one - thus even at the collection stage, the questions of who will use the information, and for what purpose, (the dissemination stage) must be considered, and so must questions of how the information will be assembled.

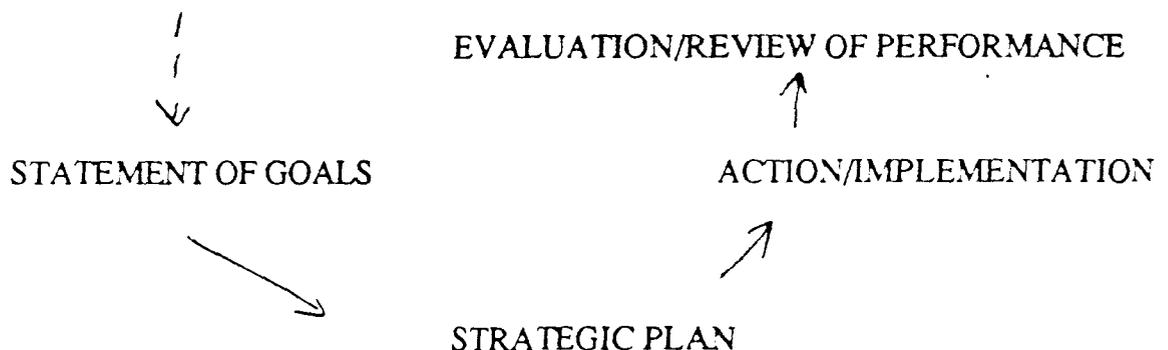
Does the information system fit in to a planning cycle ?

Information only gains significance and meaning from the use to which it is put. A key question, therefore, about all information-gathering exercises is: can the findings be acted upon? Again, problems of ethics and accountability arise here, because choices and decisions have to be made about who will interpret the findings, who will implement them, through what structures will this be done, and what will be the role of professional judgement.

While sometimes information is gathered on a one-off basis only, in many cases - and PI data falls into this category - the exercise will be repeated, and here the question arises of how it links into existing planning cycles or needs new ones to reflect different patterns of accountability. All planning cycles should incorporate some means of self-assessment, so that they can be updated, perhaps integrated with other systems, adapted to changing circumstances (essential in the rapidly changing context of nursing education), or even abandoned when they have outlived their usefulness.

Planning cycle model

[SITUATIONAL ANALYSIS]



PREPARATION EXERCISES

At the first workshop we will be asking you to consider what criteria you think are appropriate for monitoring the performance of your school/college/faculty/course. As a start to this exercise, we would like you to prepare some policy statements in the following way:

EXERCISE ONE: Philosophy & goals of nursing/midwifery education

Before the workshop, please go through your files and look out any statement you may have about the philosophy and/or goals of your school or college and the courses for which you are responsible, for instance from course approval documents, education strategy documents, &c.

Please label these clearly in the following way:

- 1) school &/or course to which they refer
- 2) document & its date from which they were drawn
- 3) how were they agreed upon? (eg did an individual member of staff or did a group draw them up; membership of group; any consultation processes used)

Please make two copies of these statements and bring them to the workshop; consult with colleagues if you wish.

EXERCISE TWO: Strategy for the future

Prepare a brief statement of what achievements you would like to see your school/college/course having made **FIVE YEARS** from now. If you would like, and have the time, consult with colleagues and prepare a composite statement. Please make two copies, and bring them to the workshop.

Exercise One: Aims in Nursing Education

time: one hour

In this exercise we will divide into three groups to work with the materials you collected in Preparation Exercises One & Two - statements of your school's Present Aims, and a Plan for 1994. We would like you to consider how far your aims have consensus in the group and what aims might be special to your particular school.

Please hand in your spare copies of *Present Aims* and *Plan for 1994* to the group leader. Your group's notetaker will be given recording sheets, divided into 2 parts, headed:

- 1) aims you can all agree on
- 2) aims which are special to individual schools

1) Present Aims

Going round the group, each person read out a statement from their school's *Present Aims*. How many other group members support it? (vote)

The notetaker will write each separate statement down in space (1) or (2) giving no of votes if in (2).

Group members should cross out statements in their own lists when they (or close approximations) have been noted.

Continue until all statements have been included.

The notetaker should then read out the composite list; does everyone agree? should anything be added?

2) Plan for 1994

Repeat the exercise with statements of future projections.

The whole workshop group will then reconvene and the group leader will prepare composite statements for the whole group in the same way, taking them from the notetakers.

The group leader will write up on a flipchart two sets of statements: *Present Aims* and *Plan for 1994*, each divided again into two parts: consensus aims, and aims which are special to individual schools.

Exercise Two: Towards Comprehensive Aims

time: one hour

The aim of this exercise is to assess how far the statements arrived at in Exercise One cover the whole range of activities in a school or college of nursing

In Phase One of this project, we asked nurses and learners to describe what they thought constitutes a good quality school of nursing. A content analysis of their responses identified the set of categories listed below.

In this exercise we will place the statements of *Present Aims* and *Plans for 1994* drawn up in the previous exercise into these categories, and discuss whether the range of statements adequately covers the whole spectrum of school activities described by the categories

- 1) **MANAGEMENT ISSUES:** how the school is managed; involvement, participation, communications, structure
- 2) **CURRICULUM ISSUES:** planning, delivery, assessment & teaching methods
- 3) **PROFESSIONAL/TEACHER ISSUES:** academic environment, qualifications among staff, career & prof. development, performance review
- 4) **SERVICE LINKS:** formal links, clinical learning environment, teaching quals & opportunities for continuing educ for clinical staff
- 5) **EXTERNAL LINKS:** the wider nursing profession as a whole; other schools, links with AFE & HE, other disciplines, local health concerns
- 6) **RESOURCES:** physical resources: buildings, equipment, library, &c; support staff

In the group as a whole, members are asked to suggest how the composite statements fit into the six categories, and to consider whether this leaves any important gaps. Starting with the list of statements on the flipcharts, the group leader will enter the six categories as numbers (1-6) next to each one. Are there any differences between *Present Aims* and *Plans for 1994* in terms of distribution, balance, and mix ?

Divide into small groups again.

Starting with *Present Aims*, discuss how these gaps could be filled with further statements of aims. The notetaker should take down these additional statements, along with any comments. Then go on to *Plan for 1994* and repeat the exercise.

It may not be possible to fill all the gaps, in which case they can be left as areas where suggestions for further study can be added.

Reconvene the workshop group and add any new statements plus comments and observations on any gaps to the composites prepared in Exercise One.

Exercise Three: Monitoring Progress

time: one hour

The aim in this exercise is to derive some ideas about what hard data are useful to schools in assessing their own progress. At the same time, areas will be identified where no obvious measurements can be performed. The suitability for PIs of the data generated in this exercise will be considered at the second workshop.

Divide into three groups again.

The notetakers will be handed recording sheets, divided into two parts, headed:

- 1) assessing your progress in achieving those *Present Aims*, and the aims in your *Plans for 1994* on which you are all agreed, drawn up in **Exercise Two**
- 2) assessing your progress in achieving *Present Aims* and aims in your *Plan for 1994* which are special to your school, drawn up in **Exercise Two**

Each group will discuss how they would assess their progress in achieving all their aims, focussing on what numerical data will be helpful.

The notetakers will record the suggestions made, along with notes on areas where there are no obvious measurements which can be used.

Prompts:

what figures would be useful ?

do you collect any of this already ?

The whole workshop group will then be reconvened for feedback from the notetakers. The group leader will list all the suggestions about relevant data and about areas which are hard to assess numerically, on a flipchart.

Exercise Four: Core Data

time: 30 mins

The aim of this exercise is to begin the process of looking at data items in depth, starting with data which is already routinely collected in your schools.

In this exercise, you will be given questionnaires on **Core Data**, a separate one for each data item. The focus here is on information *which is already collected*, about which we need to know some basic parameters and differences in formats and cycles used. Suggestions about *new* data-collection exercises will be considered at the second workshop in a discussion about what data are suitable for PIs.

You will be asked to take away the questionnaires and answer them in consultation with colleagues. Some of the questionnaires have a blank space beside the data item box, against the possibility that new items emerge in workshop **Exercise Three**. These will be filled in as appropriate.

This session is a whole-group review of what items should go on the questionnaires. The group leader will ask participants which of the *suggestions about relevant data* listed in **Exercise Three** are already collected in schools and colleges. The aim is to secure agreement on core data items, so that everyone goes away from the workshop with identical questionnaires. Participants will be asked to mail these completed questionnaires to the Institute of Education so that responses can be collated and fed back at the second workshop.

A glossary of terms

Cycle: please indicate which months of the year the cycle runs between, and how often the exercise takes place

Breakdowns: How the information is divided up into further categories - eg by sex, or age categories; please state how these are defined, eg age: under 35 over 35.

Branches: each of the nursing specialties, midwifery, health visiting, district nursing, teacher preparation, continuing education.

Sample of questionnaire on "core data"

Identical questionnaires were circulated on the following set of items:

CORE DATA:	student starters & places	teacher posts
	student discontinuations	teacher qualific'
	student completions	teacher leavers
	employment destinations	support staff

SCHOOL _____

1) Who do you send this information to, and for what purpose?

Please list the agencies you send this info to, giving the name of the exercise, the cycle (eg calendar year, every year), and how the information is broken down (eg per intake, per course). Include any planning exercises within the school. Please attach a copy of each proforma you use.

Agency	Exercise	Cycle	Breakdowns
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) Do you use different breakdowns for different branch programmes, including continuing education? Please specify:

Branch	Breakdowns
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3) Could feedback to you on the use made of the results of any of these exercises be improved? Please specify which ones, and in what way:

Your Budget

A) *Name of School/College/Faculty:*

B) *EAG funding*

1 *Please itemise the way you spend your EAG budget as follows:*

PAY



NON PAY

2 *How far ahead do you plan your annual budget ?*

3 *Can you vire between subheads ?*

4 *If yes, are there limits to this virement ? (please specify)*

C) *DHA funding*

1 *What expenditure is covered by DHA funding ? Please itemise*

PAY



NON PAY

2 *How far ahead do you plan your DHA budget ?*

3 *Can you vire between subheads ?*

4 *If yes, are there limits to this virement? (please specify)*

C) Institutions of Higher Education

1 Please describe the arrangements for funding your courses. Give the different subheads you use

2 How far ahead do you plan your budget ?

3 Can you vire between subheads?

D) Other Sources

1 Have you used any other sources of finance in the last 5 years ?

2 If yes, please specify the source, and what the funds were used for

E) Have there been any changes in arrangements for funding your budget in the last 5 years ?

If yes, please specify:

Please return to:

Ruth Balogh
Health & Welfare Studies
University of London Institute of Education
20 Bedford Way
London WC1H 0AL *to arrive by Feb 8th at the latest*

thank you for your co-operation

337

School Profile

- 1) *Name of school/college/faculty*
- 2) *No. of approved student places per year*
- 3) *Branches available (specify)*
- 4) *No. of ENB post-basic (continuing ed) courses available*
- 5) *No. of other continuing ed. courses available*
- 6) *Total no. of teaching staff (inc, unqual, DHA funded, DNE)*
- 7) *How many school sites are there ? (please name the sites)*
- 8) *Approximately how far apart are each of these sites ?*
- 9) *How many clinical placement sites are there ? (give approximation where necessary)*
- 10) *Give a brief description of the geographical spread of these sites*

please return to:

Ruth Balogh
Health & Welfare Studies
University of London Institute of Education
20 Bedford Way
London WC1H 0AL

to arrive by Feb 8th at the latest

338

Exercise Five: An Agenda for Quality time: 30 mins

This session is to help you begin to think about the individual project-work which we want you to undertake in your own schools between the second and third workshops. It presents an agenda for you to go through with your colleagues, identifying areas where you would like to work. The project you do will be decided upon at the second workshop, taking into account the range of concerns which should be included in the research protocol.

As a result of our work in the initial feasibility study, we believe that many of the questions of quality encountered in PI work can only be pursued through strategies which build bridges from PI data-gathering exercises to other sorts of educational planning and policy-making. The individual projects which we want you to carry out between the second and third workshops will reflect a range of topics and use a variety of different approaches to addressing issues of quality.

While some projects will best be undertaken in individual schools, others may call for collaboration of various sorts - within or between branches of the profession; between schools, across the region. It will be up to you to make any suggestions along these lines.

What follows is an agenda of topics, problems and methods drawn from our initial study. Please indicate, in consultation with your colleagues, those areas where you would be interested in some help, and conversely, those areas where you have some expertise to offer and share. Please complete it and return to the Institute of Education prior to the second workshop.

*Something to offer
(please tick)*

*Need help
(please tick)*

TOPICS & PROBLEMS

- 1) institutional self-review
 - 2) internal course validation/review
 - 3) course approval
 - 4) curriculum evaluation
 - 5) clinical audit
 - 6) educational standards-setting exercises
 - 7) IPR & staff appraisal
 - 8) quality assurance
 - 9) input to local manpower planning
- (continued overleaf)*

*Something to offer
(please tick)*

*need help
(please tick)*

- 10) input to district or regional education strategies
- 11) comparison problems for multi-site schools
- 12) comparison problems for scattered placements

METHODS

- A) peer review
- B) whole school evaluation
- C) use of outside experts
- D) twinning with another school
- E) quality circles
- F) locally devised instrument
- G) locally devised structure
- H) information technology networks
- I) other *(please specify)*

In the space below, please give details or make suggestions about the items you have ticked. Identify the topics by number (1-12) and the methods by letter (A-I).

Please complete and return to:

Ruth Balogh
Health & Welfare Studies
University of London Institute of Education
20 Bedford Way
London WC1H 0AL *to arrive by Feb 8th at the latest*

thank you for your co-operation

340

SECOND TEACHERS' WORKSHOP

INTRODUCTION

The activities for the second workshop will consist of four sessions with a break for lunch. Exercise One will be an opportunity to discuss any problems which arose in connection with the work you were asked to do on Core Data Items. In Exercises Two and Three we will be discussing the suitability of data items for PIs, and Exercise Four will be an introduction to the project-work we are asking you to conduct.

Here is the day's agenda:

Coffee	9.30 - 9.50
Introduction to the day's activities	9.50 - 10.15
Exercise One: Any Problems ?	10.15 - 10.45
Exercise Two: Monitoring cost-effectiveness	10.45 - 11.45
Exercise Three: Specimen Data	11.45 - 12.30
BREAK FOR LUNCH	12.30 - 1.15
Exercise Three: Specimen Data (cont)	1.30 - 2.30
Exercise Four: Project Work	2.30 - 4.00
tea	3.00

Exercise One: Any Problems ?

time: thirty minutes

This exercise is a whole-group discussion of any problems or difficulties participants encountered when filling in the core data sheets circulated at the first workshop. The aim is to highlight some of the basic problems attached to existing data-collection activities. These will be listed on a flipchart or OHP so that they can be referred to in the course of the day's activities.

Exercise Two : Monitoring Cost-Effectiveness *time: one hour*

The aim in this exercise is for participants to exchange views on how cost-effectiveness should be monitored in nursing midwifery and health visiting education.

Please divide into three groups, the DNEs/ADNEs in one group, the senior midwife tutors in another, and the health visiting and district nursing teachers in the third. Look at the following questions:

DNEs group:

- 1) who should monitor cost-effectiveness in initial nurse preparation?
- 2) who should monitor cost-effectiveness in continuing education ?
- 3) what is the role of the EAG ?
- 4) what information might the EAG have a legitimate interest in gathering from schools of nursing concerning initial preparation and continuing education?

SMTs group:

- 1) who should monitor cost-effectiveness in midwifery teaching ?
- 2) Does the EAG have any interest in this ? If so what ?
- 3) If schools of midwifery integrate with schools of nursing, what are the advantages and disadvantages of having funds allocated through the EAG ?

HVs & DNs group:

- 1) Who should monitor cost-effectiveness in HV & DN teaching ?
- 2) Does the EAG have any interest in cost-effectiveness now or under any future arrangements where nursing specialisms are more closely linked ?

Each group will have a notetaker whose job it will be to record the discussion; they may wish to appoint a separate person in the group to act as reporter when the whole group reconvenes for feedback.

After forty minutes, the group will reconvene for a session of feedback.

Exercise Three: Specimen Data

*time: one hour forty five minutes
with break for lunch*

The aim of this exercise is to examine some specimen data , to discuss their suitability for PIs, to examine different methods of presentation and to consider the implications of collecting these data .

Please divide into the same three groups as for **Exercise Two**.

The workshop leader will hand out copies of a "worked example" of possible PI data items applied to an imaginary school, the *Carebrain School of Nursing*, along with calculations which can be made from these data, and suggestions as to different breakdowns which could be made. All these suggestions have been drawn from schemes which are already in use in English Regions, and the data have been derived or estimated from real schools.

Each group will have a notetaker to record its deliberations.

The task is essentially a problem-solving one, in which we are inviting you to examine these data items and consider the following questions:

- 1) Are you in favour of the cost-effectiveness of your school being monitored in this way, given that the basic data you supply can be organised in these patterns ?
- 2) Are there any data or breakdowns which you feel it is properly the job of the school itself to monitor and to give verbal or written reports about ?
- 3) Which data do you think the EAG has a legitimate interest in collecting and perhaps using to help allocate resources ?
- 4) Which data do you think the RHA and/or the DHAs have a legitimate interest in collecting ?
- 5) What further information will need to be collected to illuminate differences in the values shown by different schools ? What is the appropriate status of ownership of this further information ?

To start off, spend 5 - 10 minutes looking through the data, and go round the group giving some initial reactions.

Then take each group of items and discuss them in the light of the questions listed above. Try and arrive at a decision for each one, but if you cannot agree, when the debate becomes repetitive the notetaker is instructed to simply record the terms of disagreements, and you can move on to the next item.

The focus of discussion will be slightly different for each of the groups; the DNEs should consider initial training and continuing education, while the midwives should discuss the possible relevance for the particular situation of midwifery schools. The health visitor and district nurse teachers should apply the data to their areas and discuss its relevance for them.

There will be a break for lunch half-way through this exercise, and at the end, a forty minute session of feedback in the whole group.

Carebrain School of Nursing: Student flow for Sept 1985 intake (RGN)

Starters					Discontinued					Completions					Employment			
places	total	F	M	25+	No	transfers			Total	No sitting exam	1st	2nd	3rd	F	DHA	RHA	other	NK*
204	194	188	6	17	43	3	4	5	49	145	137	5	0	3	65	0	20	57

Possible calculations

Starters / places	(194 / 204) = 95%
Total discontinued / starters	(49 / 194) = 25%
Total discontinued / places	(49 / 204) = 24%
Total completions / starters	(142 / 194) = 73%
Total completions / places	(142 / 204) = 70%
Total completions / entrants	(142 / 145) = 98%
DHA employed / completers	(65 / 142) = 46%
Total known employed / completers	(85 / 142) = 60%
Total DHA employed / starters	(65 / 194) = 33%

- * NK = Not known
- EN = to Enrolled training

Possible breakdowns

Entry data could be broken down in terms of:

- a) characteristics of students: previous experience, entry gate (these can be coded)
 - combining gender and age breakdown to give both males and females over 25
- b) recruitment: inquiries (local or clearing house) / appointments / interviews / offers / acceptances; or statements on a scale of 1–5 about how easy it has been to fill the course.

Discontinuations could be broken down by:

- a) reasons: death / removed from course / promotion / voluntary / dependants / personal / other (provide codes for reasons)
- b) characteristics of entrants: same as Entry data (a) above.

Completions could be broken down by characteristics of entrants, as in Entry data (a) above.

Employment destinations could be broken down by DHA / RHA / elsewhere in NHS / non-NHS / left nursing / further study / NK.

Carebrain School of Nursing: Student:staff ratios for year ending April 1989 (RGN)

Funded posts	Staff in post					Students	
(exc DNEs & ADNEs)	NT	CT	Unqual	Total	Total qual	Total learners	Learner estab
45	25	12.7	5	42.7	37.7	617	650

Possible calculations

Student: staff ratio (exc unqual)	$(617 / 37.7)$	= 16.1:1
Student: staff ratio (exc unqual and CTs)	$(617 / 25)$	= 24.6:1
Student: staff ratio (all teaching staff)	$(617 / 42.7)$	= 14.4:1
Student: staff ratio (funded establishments)	$(650 / 45)$	= 14:1
Student: staff ratio (total learners / funded establishments)	$(617 / 45)$	= 13.8:1

(£) EAG funding			Staff			Learners
Staff costs	Non staff costs	Total	Total teachers (inc RMN & RMHN)	Support staff	Total staff	Total learners (inc RMN & RMHN)
841,902	73,208	915,110	53.7	4.7	58.4	769

Possible calculations

Total costs / total learners (EAG) (£915,110 / 769) = £1,190

Staff costs / total learners (EAG) (£841,902 / 769) = £1,095

Non staff costs / total learners (EAG) (£73,208 / 769) = £95

District costs are not at present collected in any standard way, but the following calculations should be possible after the implementation of the White Paper and would harmonise with DES breakdowns:

DHA staff costs / learner

DHA capital costs / learner

DHA equipment costs / learner

DHA total recurrent costs / learner

Carebrain School of Nursing: Teachers for year ending April 1989 (RGN)

Funded posts (excl DNEs & ADNEs)	Staff in post				Teachers in training		Studying for degree		Holding degree		Leavers	Support staff
	NT	CT	Unqual	WTE*	f / t	p / t	first	higher	first	higher		
45	25	12.7	5	42.7	3	2	6	4	6	2	2	4.7

*WTE Whole-time equivalent

Possible calculations

Occupancy: total teachers / posts	(42.7 / 45)	=	94%
Nurse tutors (qual) / posts	(25 / 45)	=	55%
Nurse tutors (qual) / in post	(25 / 42.7)	=	59%
CTs + unqual / in post	(17.7 / 42.7)	=	41%
Teacher trainees / in post	(5 / 42.7)	=	11%
NTs + trainees / in post	(30 / 42.7)	=	71%
Teacher trainees / unqual + CTs	(5 / 17.7)	=	28%
First + higher degree students / qual NTs	(10 / 25)	=	40%
First + higher degree students / in post	(10 / 42.7)	=	23%
First + higher degree holders / qual NTs	(8 / 25)	=	32%
Degree + higher degree holders / in post	(8 / 42.7)	=	16%
Leavers / in post	(2 / 42.7)	=	4.7%
Support staff / in post	(4.7 / 42.7)	=	11%

What are performance indicators?

Exercise Four: Project work

time: one hour thirty minutes

The aim of this exercise is to circulate the project work to be carried out in individual schools and to be reported on and discussed at the third workshop. We want to ensure that everyone takes away from the workshop a task which they feel comfortable about undertaking.

First of all the projects will be handed out by the group leader. Take a few minutes to read through your project.

The workshop leader will assign you to groups.

Each person should explain to the group what they are going to do, and how they are going to go about it. The other members can ask questions, and each person should note any aspects of the project they are not clear about, adding any further questions they think might be appropriate.

Each person should do this in turn.

The group leader will go round each group and try to answer any queries.

The whole group will then reconvene to hear brief descriptions about each of the projects from each workshop member.

THIRD TEACHERS' WORKSHOP

INTRODUCTION

The activities for the third workshop will consist of four sessions with a break for lunch. In general, the day will be one in which the "fourth E", the E of ethics, will return to the centre of the stage.

Exercise One will be an opportunity to share the results of the project work carried out by participants following the second workshop. In Exercise Two there will be a chance for everyone to voice any concerns they may have about the general focus of the project, and Exercise Three will draw on these and other concerns to formulate a "code of practice" for PI implementation. In Exercise Four participants will discuss what kind of input they would like to make to the forthcoming National Invitation Conference on PIs.

Here is the day's agenda:

Coffee	9.30 - 9.50
Introduction to the day's activities	9.50 - 10.15
Exercise One: Project reports	10.15 - 11.30
Exercise Two: Areas of Concern: an open forum	11.30 - 12.30
BREAK FOR LUNCH	12.30 - 1.15
Exercise Three: The Way Forward: plenary session	1.30 - 3.30
Exercise Four: Input to the National Conference	3.30 - 4.00
tea	3.00

Exercise One: Project reports

*time : one hour thirty
minutes*

The aim of this exercise is to share the results of project-work which participants have conducted following the second workshop.

The workshop leader will assign you to two groups. Within these groups, each participant is requested to give a ten-minute report on their project work. Where projects have been carried out collaboratively, one person should take the job of reporting. The emphasis should be on any discoveries made, obstacles encountered, and how participants felt about the value of carrying out work of this type in exploring and assisting PI implementation.

While there will inevitably be some discussion of the issues raised, participants are reminded that it will be necessary to observe a strict timetable to ensure everyone has a turn to report. The notetakers are requested to allocate time.

Exercise Two: Areas of Concern: an open forum

time: one hour

The aim of this exercise is to provide some time for participants to express any concerns they themselves may have, or that they have encountered amongst their colleagues, about the proposed methods of gathering PI data.

This is a whole group "brainstorm" exercise in which everyone is invited to voice their concerns. Group members can start anywhere they like, mentioning any aspect of the case-study work about which they have some anxiety, or foresee some problem, or would like to question in any other way. These will be listed on a flipchart and referred to in the afternoon's session.

Exercise Three: The Way Forward: plenary session *time: two hours*

The aim of this exercise is to formulate a "Code of Practice" for PI implementation.

This will be a plenary session, with the whole group participating. At the beginning of this exercise participants will be reminded of several key resources by means of flipchart and OHP display. These are:

- 1) the list of "concerns" drawn up in **Exercise Two**,
- 2) the framework for examining the ethical implications of information-gathering outlined in the first workshop **Preparation** materials,
- 3) **Exercise Five: An Agenda for Quality**, from the first workshop.

Below we have listed the key issues which we believe have emerged from the work done so far in this project. Participants are asked to go through the list, and to suggest suitable policies which might be adopted concerning them, thinking of *good practice which could be adopted by*:

- a) the ENB
- b) the EAG or other intermediary body
- c) schools themselves
- d) others, eg the Board Education Officers

the issues:-

- 1) the question of outcomes and effectiveness
- 2) how to guarantee standards
- 3) how to ensure a development perspective
- 4) communication and feedback of information
- 5) how PIs are to be used
- 6) boundaries of confidentiality
- 7) representation of clients groups' interests
- 8) approaches to monitoring quality
- 9) framework for PIs for post-basic & continuing education
- 10) possible uses for information technology
- 11) further work to be done

APPENDIX FOUR
The Executive Summary

ENB PROJECT ON PERFORMANCE INDICATORS

EXECUTIVE SUMMARY OF FINAL REPORT

Introduction

The brief of this project has been to investigate the feasibility of using performance indicators for nursing & midwifery training institutions, and to examine the problems of implementing a nationally agreed data set at local, regional and national level.

The research has led to the following recommendations:

1. A Recommended Data Set

A data set can be recommended from which suitable performance indicators can be calculated, including the following broad parameters

1) Institutional data (pre-registration):

number of courses; number of intakes; size of intakes; registrations and other qualifications available; number of routes to registration

2) Institutional data (post-basic and continuing education):

framework for further development

3) Student data (cohort analysis - per intake, pre-registration):

Numbers on: recruitment; starters; discontinuers; completers; employment destination

4) Teacher data:

number ENB-funded; number funded from elsewhere; qualifications; number of joiners; number of leavers

6) ENB Cost data:

teaching salaries; non-teaching salaries; lecture fees; teaching equipment; computers; textbooks & journals; stationery postage & reprographics; travel; community care

It is recommended that equal opportunities monitoring be pursued on a confidential in-house basis.

2. Quality and Standards

A major finding of the study is that development of performance indicators must be firmly linked with the monitoring of quality and standards.

It is recommended that:

2.1. All training institutions should undertake an annual review of the quality of educational provision. Where appropriate such reviews should make use of the results of existing monitoring activities. This project has developed a framework suitable for conducting reviews, published as a resource guide entitled "*Figuring Out Performance*".

2.2. At all levels - national, regional and training institution, performance indicators need to be used within an overall framework through which standards are agreed and reviewed.

2.3. Standards of educational provision may be linked to performance indicators, but performance indicators themselves cannot specify such standards. In some cases performance indicators may be used to discover national norms, which can inform standards-setting.

2.4. A Quality Assurance function should be incorporated into the management structure of training institutions, if possible with a designated post. Client satisfaction levels among students, staff, employers and patients where appropriate should be monitored within this function.

2.5. Results of annual reviews of quality and standards in training institutions should be reported upon at Regional level, to EAG or LTC. In the absence of EAG responsibility for midwifery education under current arrangements, a suitable framework for these reviews will need to be devised

2.6. The construction by the ENB of special detailed proformas for internal review is not considered to be essential. However, a broad framework is recommended in the report. Given the rapid changes taking place in nursing and midwifery education, this framework itself will need early and regular review.

2.7. Internal reviews should include information which might be needed to supply answers to any questions which are raised by consulting performance indicators.

3. Information systems

3.1. Post-amalgamations, each training institution should incorporate an information function into its management structure. This should be integrated into, not separate from, academic and practical work. It is suggested that the ENB Computer-Assisted Learning Project could provide appropriate infrastructures.

3.2. Training institutions require greater flexibility and less duplication of data-gathering activities. They should be equipped with microcomputing facilities with hard disc capacity in order to streamline data-gathering and provide the appropriate level of flexibility needed for the formulation of data for different purposes.

3.3. Although such information systems will be needed for the use of performance indicators at local level, training institutions need first to develop a greater awareness of their own information requirements.

3.4. Training institutions should investigate (where they have not done so already) progress within the District Health Authorities which they serve on the installation of new manpower-related information systems, and when appropriate, advise on operationalising data items for nursing and midwifery so that they are as consistent as possible with the ENB's requirements for performance indicators

3.5. It is anticipated that ENB Education Officers will play a major role in assisting training institutions with the implementation of performance indicators. ENB Education Officers should therefore be familiar with the data set, the quality framework and the use of microcomputers. Education Officers' personal training needs on information technology might need reviewing and skills updating where necessary. It is suggested that the ENB Computer-Assisted Learning Project could provide appropriate support.

4. Implementation & Further Work

4.1. It is anticipated that there will be some problems over implementing the proposed data set. One problem arises from the fact that, initially, part of the data set will be readily available to the Board centrally through the clearing house/training index, and other parts will need to be collected separately. This initial use of separate systems will not meet the training institutions' own needs, nor the EAGs' needs for a complete set for local and regional use. While there is a long-term requirement for local on-screen validation of clearing house/training index data, thereby making this information ultimately available for local use, there is also a need for it to be generated locally as a complete set. The development and use of local micro-computing facilities is recommended as a means of allowing this.

4.2. We recommend that the initial year's collection of PIs is to be used for information only. This will enable greater integration of strategic planning with PIs and give the ENB the opportunity to discuss how PIs are to be used, particularly in the context of different models of resource allocation. It will also give training institutions time to set up their internal review procedures.

4.3. The Board needs a conceptual framework within which to implement performance indicators which distinguishes between their use as aids to routine decision-making, their use in educational planning, and their use in resource allocation. Management using performance indicators needs to be decision-led not data-led, and the Board needs to discuss and clarify the principles which will underpin their use, and what their role will be in the resource allocation process.

4.4. The Board should set up an advisory group for performance indicators to assist the Information Directorate in the process of operationalising the data set, reviewing it and further developing it. The constitution of the group should focus on expertise rather than specialist representation; such representation can be brought to the group from within the Board as and when required. Outside expertise should also be drawn upon as and when required.

4.5. There exists some confusion among nurse and midwife educators about the terminology surrounding performance indicators and their use. For implementation to proceed using uniform definitions, there is a need for staff development and advice at least at regional EAG level, and in some

cases at training institution level.

4.6. While there are many nurse and midwife educators who are enthusiastic about the use of numerical information for management purposes, there are also many who do not feel comfortable about manipulating such information, and there is a lack of confidence within the profession about statistical expertise. There is a need for some further work to devise means of enhancing the expertise of these members of the profession if the use of numerical information in general and performance indicators in particular, is to be successfully integrated into the professional role.

4.7. The proposed data set represents a common core for pre-registration training institutions which will need to be supplemented and refined in several ways. Further detailed work will need to be carried out in the following areas:

- how to agree what is to be included in average contact hours
- how to agree criteria for distinguishing laboratory-based and classroom-based courses
- how to identify separately data on common foundation and branch programmes and community placements
- how to retrieve data on employment destinations
- how to construct a framework for teacher workload analysis
- how to agree a framework for the review of midwifery training institutions
- the development of performance indicators for health visiting, district nursing and perhaps teacher preparation
- the development of a framework for post-basic and continuing education
- how to agree a means of estimating the full costs of education, including currently unknown District Health Authority contributions

