

HEE Quality Framework Handbook 2017-2018



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for health and
healthcare

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We will improve the quality of NHS patient care through high quality education, training and workforce transformation underpinned by the values of the NHS Constitution.

Foreword

Health Education England (HEE) is responsible for ensuring that there are high quality learning environments for all healthcare learners. In order to drive greater improvements in the quality of education and training across England, we launched **HEE's Quality Strategy 2016 – 2020**, and our associated multi-professional HEE Quality Framework, in April 2016. Together they set out how HEE will measure, identify and improve quality in the education and training environment. Both recognise the significant impact that excellent educational leadership and the culture within an organisation has on the experience and outcomes of learners, and the experience and empowerment of patients as partners in their care.

The multi-professional HEE Quality Framework is underpinned by a suite of quality management principles and processes. The purpose of the handbook is to introduce and clarify how the Quality Framework will be applied across HEE and act as a repository for the tools and resources that will support our principles and processes. Regular review will enable us to update the handbook as our knowledge and evidence base develops further.

In developing a shared approach to quality processes, systems and governance, HEE has engaged with a range of stakeholders to identify the standards required, design the models of operation and consider the reporting and governance regime. This approach will enable HEE to support our system partners and education and placement providers by delivering a whole workforce quality perspective. Building on our learning, the Framework will also provide a platform from which HEE will work with system partners to respond to concerns about quality and the identification, sharing and adoption of best practice across England.

The Quality Framework Handbook will not only reduce the burden on our education and placement providers, but will also enable HEE to drive sustainable quality improvement across all learning environments.

We will improve the quality of NHS patient care through high quality education, training and workforce transformation underpinned by the values of the NHS Constitution.

Implementation of the Quality Framework signals HEE's commitment to high educational standards and improving quality across the spectrum of learning environments. This handbook and its outcomes provides the means through which HEE's Board can be assured that educational quality is subject to appropriate scrutiny. It should also enable us to be more accountable to patients, service users and learners.

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Introduction

HEE has a statutory duty to secure continuous improvements in the quality of education and training for the health and care workforce including promoting skills and behaviours that will uphold the NHS Constitution. Continual improvements in education and training are fundamental to driving improvements in patient safety and the delivery of high quality care. HEE's unique role as custodian of the learning environment enables multi-professional oversight of the work-based learning environment.

The Quality Framework has been co-produced under the leadership of the HEE Postgraduate Deans and Quality teams in partnership with wider stakeholders including learners, placement providers, higher education providers (HEIs) and regulators. Collectively this group was clear that having a nationally consistent and comparable view of educational quality could not be overstated in order to provide effective quality assurance. The Quality Framework (Fig.1) will provide this assurance through a risk-based and multi-professional approach to quality management and quality improvement. It comprises a core set of standards and metrics supported by a multi-professional learner survey; the National Education and Training Survey (NETS).

The Framework can be used as a diagnostic tool where there may be concerns about the quality of education and training; as a comparator to benchmark one learning environment against another or as a quality improvement tool to measure, identify and improve the quality of education and training.

Two of the underpinning themes of the Quality Framework are to reduce the burden on providers and increase operational efficiency.

For example, the Framework will reduce the burden by ensuring HEIs have a lead local office for quality management; utilising and rationalising the metrics that are already collected; introducing a risk-based approach for visits and ensuring that visits have a clear rationale and lines of enquiry.

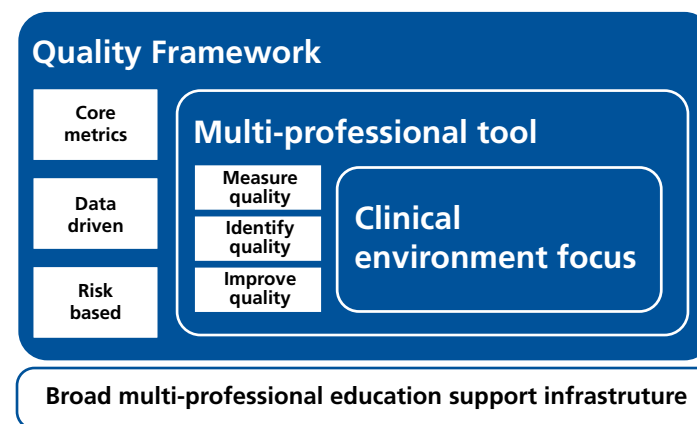


Figure 1. The role of the HEE Quality Framework

The Quality Framework in the context of this Handbook can be applied to HEIs and placement providers. However, as the number of HEE commissioned students eventually moves to students self funding or following an apprenticeship pathway, **the primary focus of the Quality Framework will be on the placement learning environment.**

It is anticipated that this handbook will be reviewed annually to ensure that HEE's quality management processes continue to evolve in order to meet the needs of the changing market.

Drivers for and benefits of implementation

The NHS is facing unprecedented financial and operational pressures so partnership working to improve the quality of education and training to drive tangible improvements in patient care, patient safety, learner outcomes and patient and learner experience has never been so important.

Following the Comprehensive Spending Review, HEE will continue to be responsible for funding clinical placements, based on the tariff set by the Department of Health (DH), and commensurate with the minimum numbers of registered professionals needed by the NHS. HEE will not be funded to meet the additional placement costs required to meet the anticipated expansion in the number of students. Therefore there will be a mixed economy of placements that are funded by HEE and placements that are not funded by HEE.

Drivers for implementation

- Sharing information about how education and training complies with the HEE Quality Standards demonstrates a culture of candour.
- The NHS Constitution (Principle 3) states that the “NHS aspires to the highest standards of excellence and professionalism.” The Quality Framework epitomises Principle 3 of the NHS Constitution and supports Principle 4 and 7.
- The Quality Framework supports NHS Values; working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts.
- The Health and Social Care Act 2012 states the Secretary of State’s duties to improvement on the quality of services to the NHS Constitution and to education and training. The Quality Framework supports delivery of these duties.

- Implementation of the Quality Framework now forms part of the NHS Standard Contract.
- The final and perhaps the most important lever for the Quality Framework is that if the Framework demonstrates best practice based upon the best available evidence then why would an placement provider choose not to use it. Secondly how would an placement provider defend any decline in the quality of education and training if they opted not to use the HEE Quality Framework.

Benefits of implementation

- The link between high quality education and training and improved patient safety is well documented. The Quality Framework can be used to drive demonstrable improvements in patient safety through improvements in education and training.
- The Quality Framework can contribute to the evidence that providers need in order to demonstrate how clinically safe and cost effective their services are (e.g. to the Care Quality Commission (CQC) and NHS Improvement (NHSI)).
- In an increasingly dynamic environment the Quality Framework can also be used to demonstrate stability despite the changing market forces e.g. barometer for quality.
- Sharing information about how education and training complies with the HEE Quality Standards demonstrates a culture of candour.
- Demonstrating compliance to the Quality Framework can help placement providers and HEIs to meet regulatory requirements e.g. Nursing and Midwifery Council, General Medical Council etc.

Drivers for and benefits of implementation

- The evidence collated to demonstrate compliance to HEE Quality Standards can complement and support HEIs evidence against the Teaching Excellence Framework which may help to attract students to programmes and courses.
- Placement providers and HEIs can use the Quality Framework as a benchmarking tool and to identify those “competitors” who are demonstrating excellence or not in order to share best practice and spread innovation. In an increasingly competitive market, placement providers and HEIs need to be able to quickly demonstrate how their organisation is performing and their focus on increasing quality.
- Placement providers can use the Quality Framework as a marketing tool to recruit and retain staff. There are some early examples of where HEIs are working with the placement providers to gain mutual benefit by using the Quality Framework as a marketing tool.
- HEE is the system leader for healthcare education and training and therefore the custodian of the learning environment. HEE’s knowledge, expertise and extensive infrastructure within the multi-professional healthcare education environment provides an unparalleled oversight of the healthcare learning environment.
- The Quality Framework’s focus on continual improvement and the underlying principles of reducing the burden to providers (one consistent Quality Framework across England) whilst continually improving quality benefits everyone, patients, learners, trainers, placement providers and HEIs.
- If used as a diagnostic, the Quality Framework may help to reduce costs by identifying declining education quality at an early stage rather than downstream where more costly supportive interventions may be required. The collection of case studies that demonstrate this will be a key component to the developing evidence base.

HEE Quality Framework 2017/18

This HEE Quality Framework is intended to be used collaboratively across education and placement providers in all relevant settings.

The Framework is based on six domains (Fig.2) comprising 27 quality standards. These reflect the key components for quality in work-based placements for all learner groups. Each domain is supported by a set of evidence-based quality standards that learning environments will be expected to demonstrate compliance against. Each domain is underpinned by a set of metrics that will act as proxy measures. This data triangulated with local insight and intelligence will provide the evidence to demonstrate compliance, non compliance or partial compliance to each quality standard.

Furthermore, the HEE Quality Framework will enable HEE to identify high quality learning environments as well as identifying where quality is poor or declining. In these instances, solutions to concerns about education quality will be developed in partnership with the respective placement provider using the local knowledge, relationships and expertise of HEE Postgraduate Deans and their respective Quality teams.



Figure 2. The HEE Quality Framework 2017/18

Quality domains and standards

Domain 1

Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
- 1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2

Educational governance and leadership

- 2.1. The educational governance arrangement measure performance against the quality standards and actively responds when standards are not being met.
- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3

Supporting and empowering learners

- 3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3. Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4. Learners receive an appropriate and timely induction into the learning environment.
- 3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Quality domains and standards

Domain 4

Supporting and empowering educators

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

Domain 5

Delivering curricula and assessments

- 5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6

Developing a sustainable workforce

- 6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Quality cycle

The HEE Quality Cycle (Fig.3) will follow the generic steps below. Some steps can be undertaken concurrently;

1. **Collate and analyse data and intelligence in order to enable oversight of the quality of the learning environment.** If the data is not sufficiently robust, this should be considered within the risk assessment decision making process.
2. **Collect and analyse a provider self-assessment.** It is recommended that this is undertaken on an annual basis.
3. **Undertake a risk assessment to establish level of risk to education and training quality.**
4. **If an exploratory Quality Intervention(s) is required, work in partnership with the Placement Provider or Higher Education Institute (HEI) to plan the intervention.** Each intervention must be proportionate and supported by a clear rationale and key lines of enquiry.
5. **Undertake exploratory Quality Intervention and agree further actions / action plan with the education and / or placement provider, with clear timescales for action and a named lead responsible for delivery.**
6. **Monitor and evaluate progress against the agreed actions and / or action plan taking appropriate and proportionate action when required.**

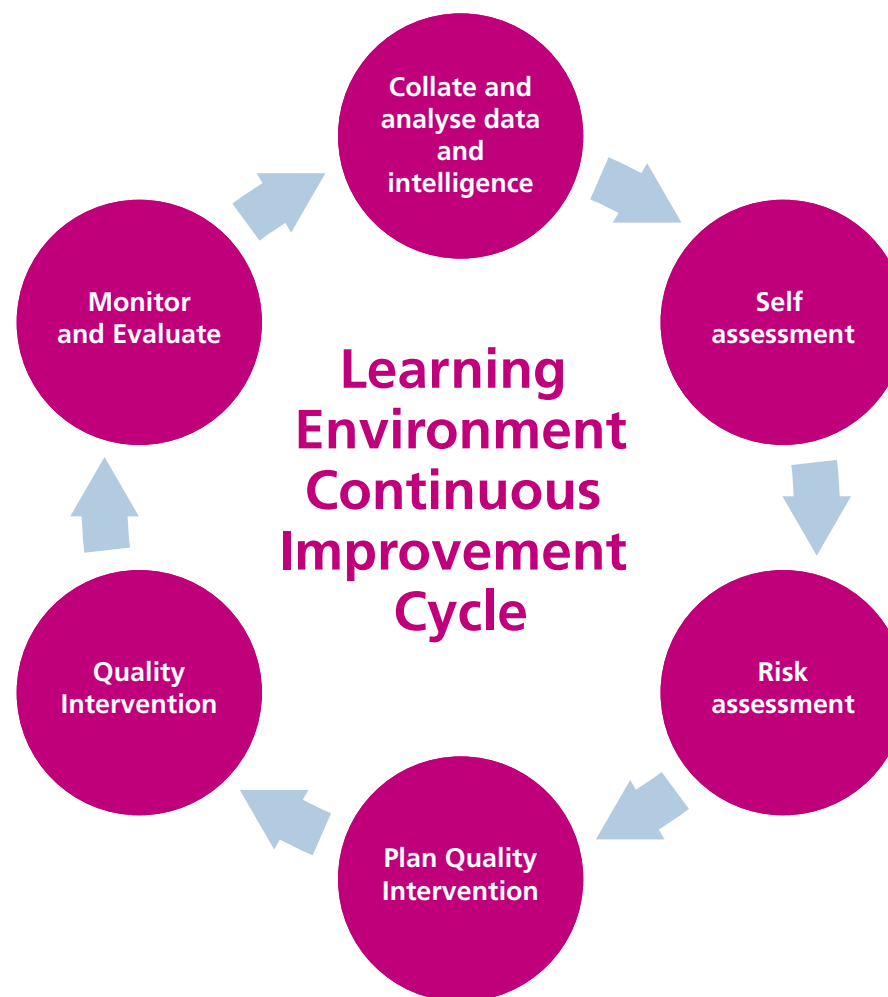


Figure 3. The HEE Quality Cycle

Quality partners and stakeholder relationships

One of the critical success factors for implementation of the HEE Quality Framework is the engagement of our stakeholders and the continual development of partnerships. The HEE quality process model can only be effective by fostering collaborative and mutually beneficial relationships at all levels with stakeholders and utilising local expert knowledge and experience to risk assess learning environments, undertake quality reviews and support improvements in the quality of education.

In order to achieve sustainable quality improvement, the following stakeholder responsibilities will be key;

Placement providers

- Adoption of the HEE Quality Framework;
- Demonstrable Board level focus on education and training supported by a robust governance structure and processes;
- Partnership working with Education Provider partners and HEE local offices to ensure continuous quality improvements;
- The provision of timely, robust and transparent evidence against the quality standards;
- The provision of high quality educational learning environments for all learners.

Education providers

- Deliver high quality education that meets HEE Quality Standards and professional standards / values;
- Ensure high quality data is submitted in accordance with any contractual responsibilities;
- Actively participate in the delivery of the HEE Quality Framework, including the Quality Review process;
- Ensure all identified learners are aware of their responsibilities and know how to complete learner feedback and escalate concerns;
- Facilitate access to learners for learner voice activities;
- Develop and implement comprehensive Continuous Improvement Plans working closely with key stakeholders.

Assessment

The assessment of learning environments will comprise the collation and analysis of; an annual organisational self-assessment, the metrics underpinning the quality standards, learner and educator feedback and local intelligence and insight as demonstrated in Figure 4.

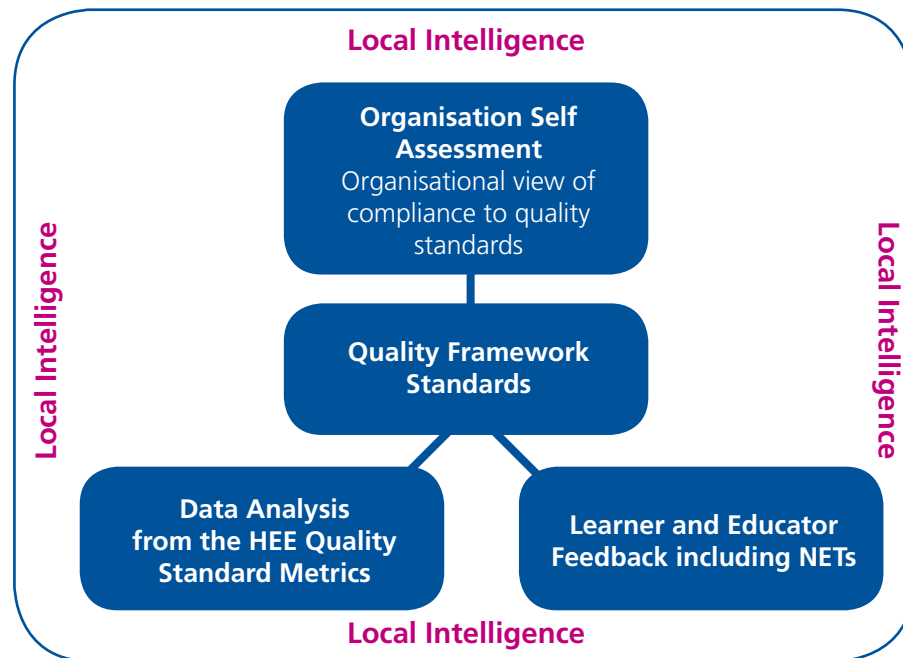


Figure 4. Triangulation of evidence

Being able to assess, in a timely manner, how effectively a placement provider is meeting the quality standards and determine the level of risk to patient safety or educational provision is critical. Assessment processes need to generate robust evidence that can provide assurance or act as a timely, early warning of declining quality or concerns.

Collation and analysis of data will be undertaken at national, regional, and local level. A Quality Dashboard will provide the means of benchmarking nationally available data across placement providers and enable more local based interrogation of data which will be supported by local knowledge and evidence. Figure 5 demonstrates how education quality data will be translated into intelligence over the coming year.

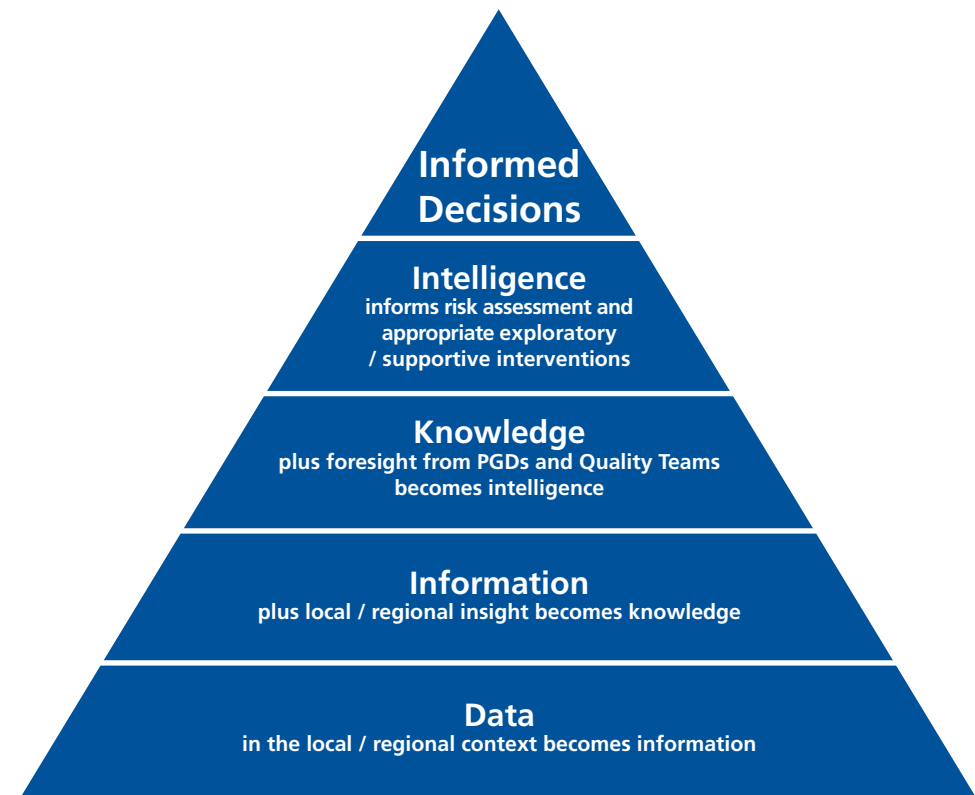


Figure 5. Education Quality Data to Intelligence

Self-assessment

It is recommended that all placement providers undertake a self-assessment during 2017/18 using the HEE Quality Framework self assessment tool. The self-assessment tool is not intended to be used as a standalone assessment of placement quality. The intelligence gathered from the self assessment exercise is intended to be used in conjunction with other sources of evidence to support informing a risk-based approach. It can add value to the overall assessment of quality – for example, a placement provider not recognising where there is declining education quality presents a risk not only to the quality of education and training but also potentially to patient safety. The self-assessment tool can be used as a mutually beneficial resource and has benefits for HEE and placement providers.

Benefits for Health Education England

- Provides insight for HEE on the quality of placements from a provider perspective;
- May help to identify key lines of enquiry for further exploration;
- May help to identify common trends and challenges that are being faced by placement providers;
- The self-assessment can also provide organisational evidence that will confirm and challenge evidence from a variety of sources
- Can be a triggered approach to risk identification and mitigation and not just a routine occurrence. Triggers may include risks identified through other, regularly reviewed sources including student / trainee / trainer survey data, stakeholder meetings, performance reports and regulatory body reports.

Benefits for placement providers

- Can provide a comparative review of the quality of their respective learning environments e.g. departmental level;
- As a diagnostic tool where there may be concerns about the quality of education and training;
- As a quality improvement tool to measure, identify and improve the quality of education and training;
- Self-assessments undertaken over a period of time will enable organisations to identify the progress that has been made in either maintaining high quality educational provision as well as improving areas that may not have met the expected standard;
- The outcomes of the self-assessment can be used to inform placement provider Boards where resources may need to be aligned to improve the quality of education and training;
- Additionally, much of the common evidence base identified will meet the requirements of the Learning and Development Agreement (LDA) and support Professional Body and Regulator evidence requirements e.g. General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Dental Council (GDC), General Pharmaceutical Council (GPhC).

National Education and Training Survey (NETS)

The National Education and Training Survey (NETS) was developed to provide an overview of the quality of placements from a learner perspective across all learner groups. It provides a critical source of data to underpin the Quality Framework and is integral to the success and sustainability of the Framework.

Outcomes from academic partner research

NETS has now been piloted, tested and revised nationally across a sample of all learner groups and work will be ongoing to fully launch and formally validate the survey over the coming year. The testing phase, led by Newcastle University, comprised seven national workshops to inform changes to the draft survey followed by a pilot completed by more than 800 learners.

The results of the research, testing and piloting identified that;

- the content validity and acceptability of the survey had been improved as a result of the revisions;
- a single survey is acceptable and feasible to all occupational groups included within the pilot phase;
- analysis from the pilot suggests the survey measures a continuum of the educational quality of the placement as well as being able to act as a diagnostic indicator of a negative adverse learning environment;
- the 5 point Likert scale should be retained;
- there is evidence to support content, construct and criterion validity, internal consistency and test-retest reliability.

Next steps

During 2017/18, the intention is to;

- create a number of pilots sites to implement NETS;
- develop a platform through which NETS can be delivered; analysed and reported through the Quality Dashboard;
- consider the means through which learners can be encouraged to undertake completion of the Survey;
- continue to refine NETS;
- validate NETS;
- utilise the NETS results to identify key trends and themes across all learner groups to inform multi-professional approaches to improving the quality of education and training and patient safety.

Learning and Development Agreement

The Learning and Development Agreement (LDA) is an agreement between Health Education England (HEE) and an organisation, whether NHS or Non-NHS, from which it commissions and funds a broad range of education, training and learning activities, including the provision of work-based placements. The LDA enables HEE to monitor and evaluate key performance indicators that in turn assures the Department of Health (DH) and the Secretary of State that HEE continues to meet its mandate requirements.

The purpose of the Learning and Development Agreement

Building on the legacy from 13 local offices, a continuing priority for HEE is to develop and embed consistent quality management structures and processes, generate core evidence that can be transparently validated, enable the spread of good practices and create a continual drive for improvement. Consequently, the purpose of the LDA continues to be to:

- Set out what HEE and the organisation needs to do in order to ensure provision of high quality, safe learning and training environments where all learners are supported to develop the appropriate knowledge, skills and behaviours to meet their professional requirements and personal ambitions;
- Set out the arrangements for the use of the allocated budget by the organisation;
- Set out how HEE will measure, identify and improve the quality of education and training for all healthcare learners in line with HEE's Quality Framework and;
- Sets out the expectations of HEE with regard to how the organisation will plan for and utilise the investment provided to support national and local workforce priorities.

The LDA and the Comprehensive Spending Review

The education, learning and training environment across HEE is currently subject to a level of uncertainty as the full consequences of the Comprehensive Spending Review (CSR) unfold and other national initiatives such as the Apprenticeship Levy and changes to Higher Education provision are introduced. The LDA needs to remain relevant as a quality tool and as such will be updated and refreshed over the next few years.

The LDA and the Quality Framework

Meeting the needs of the Quality Framework requires information from different aspects to come together in a meaningful way. The organisations need to assess how they comply to the standards required in both the Quality Framework and against the Regulatory Body requirements; the learners need to be able to voice how they experience the current learning environment and the available evidence needs to confirm or challenge both the organisation and learner view in a timely, robust and transparent way. The LDA is a critical part of that evidence base and as such will be evaluated to ensure that it provides what is needed to ensure effective oversight of education, training and learning. The LDA should also help to identify where there are areas of risk and challenge, and be part of helping to create new solutions.

Risk assessment

The HEE corporate risk matrix, detailed below, will support the HEE Quality Cycle by determining the level of risk to education and training quality.

Likelihood	5	G	A	A/R	R	R
	4	G	A	A/R	R	R
	3	G	G/A	A	A/R	R
	2	G	G/A	A	A	A/R
	1	G	G	G/A	G/A	A
		1	2	3	4	5
		Impact				

If a Quality Intervention should be required, the following table provides examples of proportionate interventions in line with the assessed level of risk:

Level of risk	Interventions
High	<ul style="list-style-type: none"> ✓ Triggered visit ✓ Programme review
Medium	<ul style="list-style-type: none"> ✓ Programme review ✓ Learner/educator meetings
Low	<ul style="list-style-type: none"> ✓ Desktop review ✓ Programme review ✓ Learner/educator meetings

Score	Likelihood	Impact
1	Rare: <ul style="list-style-type: none"> • Will probably never happen • Could only imagine it happening in rare circumstances 	Negligible: <ul style="list-style-type: none"> • Very low effect on service, project or business area • No impact on patients, learners, public or staff • No reputational impact (i.e. no press interest) • No financial loss
2	Unlikely: <ul style="list-style-type: none"> • Do not expect it to happen • It is possible that it may occur 	Minor: <ul style="list-style-type: none"> • Minimal disruption to service, project or business area • Limited impact on patients, learners, public or staff • Minimal reputational impact • Limited financial loss
3	Possible: <ul style="list-style-type: none"> • Might occur • Could happen occasionally 	Moderate: <ul style="list-style-type: none"> • Moderate impact on service, project or business area • Moderate level of impact on patients, learners, public or staff • Medium level of reputational impact • Medium financial loss
4	Likely: <ul style="list-style-type: none"> • Will probably happen in most circumstances • Not a continuing occurrence 	Major: <ul style="list-style-type: none"> • Major effect on service, project or business area • Major level of impact on patients, learners, public or staff • Major impact on reputation (i.e. major press interest) • Major financial loss
5	Almost certain: <ul style="list-style-type: none"> • Expected to happen • Likely to occur in most circumstances 	Significant: <ul style="list-style-type: none"> • Loss of service, project or business area • Detrimental effect on patients, learners, public or staff • National press coverage • Significant financial loss

Quality interventions

Context

This section provides guidance on a best practice, evidence-based approach to our quality management processes, underpinning the HEE Quality Framework.

The evidence base for the guidance presented in this document has been developed from the expertise and experience of local office quality leads and their teams. As the subject experts, they are able to identify and articulate best practice and what is effective, efficient and proportionate within the scope of a risk-based model.

While not prescriptive, there is an expectation that local offices will be able to demonstrate that they undertake efficient, effective, evidence-based and proportionate risk-based quality management that is in line with the HEE Quality Strategy and Quality Framework, but recognising that there will need to some flexibility in certain circumstances.

Quality management interventions

The responsive, risk-based approach outlined in the Quality Framework requires that all quality management activities are guided by evidence and a clear rationale relating to risk.

The majority of activities within a risk-based model will be driven by the quality of education and training or concerns around patient safety, and the need to support improvement. However, there are other types of risk that will also provide a rationale for action. For example:

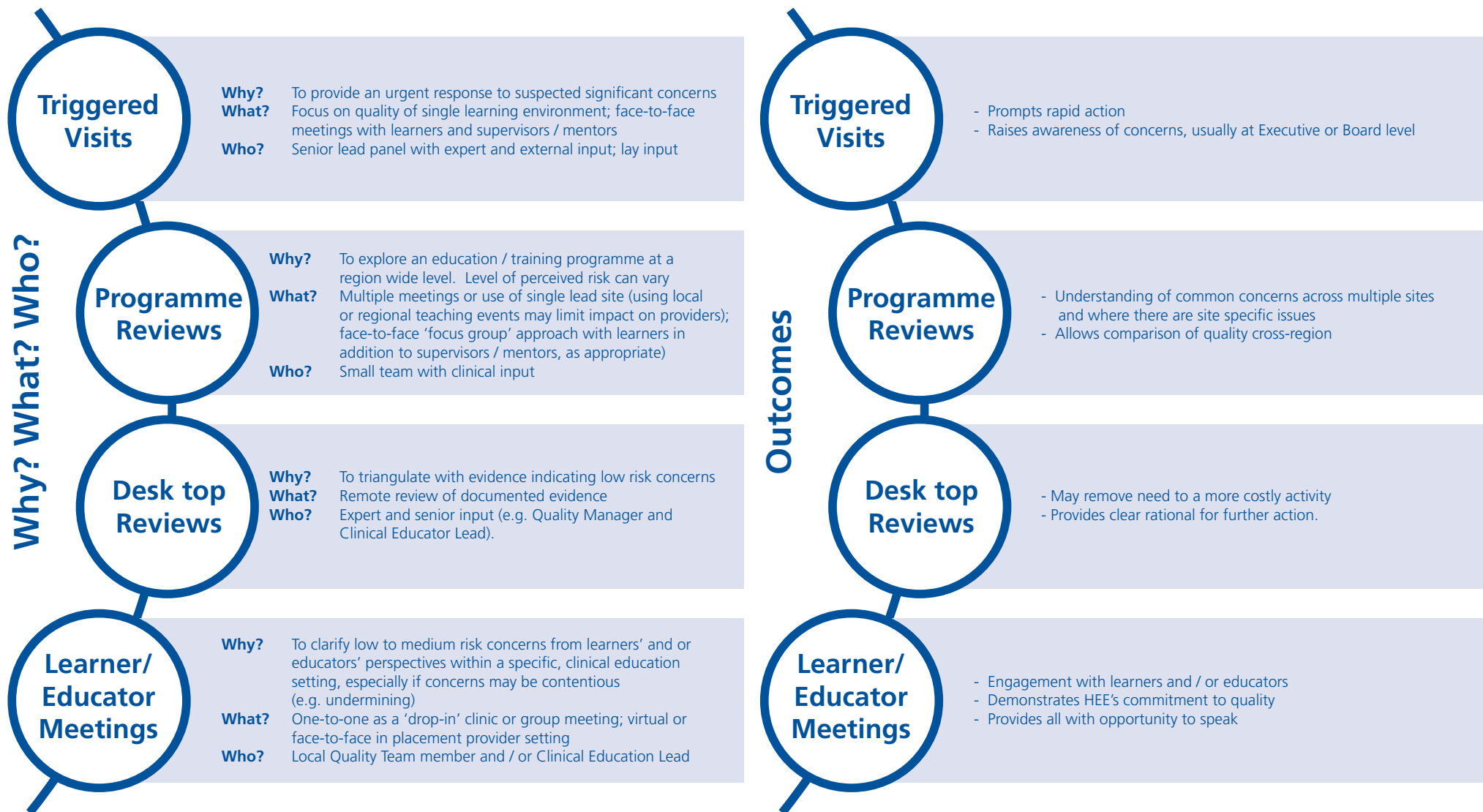
Risks to HEE's relationship with education providers;

- Risks of not identifying and disseminating good practice
- Risks around stakeholder engagement

The following pages of the handbook therefore sets out two broad quality management activities i) exploratory activities that involve gathering further intelligence about quality when there is evidence and / or a clear rationale for doing so; ii) supporting activities specifically intended to help providers improve quality.

Quality interventions

Exploratory interventions



Quality interventions

Routine quality visits typically comprise cyclical, large scale visits to placement providers which does not align to a risk-based, data-driven approach.

Such visits usually take place at a regular fixed point in time rather than when needed (with a temptation to 'save up' concerns for the visit rather than addressing them immediately); HEE should not wait for a routine visit to review quality within an education and training provider. These visits are also very costly in time and resource for HEE and can generate a large amount of work for a provider, with disruption to training and service. Moreover, where routine visits are undertaken by specialty schools, providers experience multiple visits, which can prove particularly disruptive and do not enable a picture of quality across a provider to be captured. That is not to say the specialty schools should not be involved in the visit process, but rather that the schools can provide the specialist expert input where required within HEE's wider quality management processes.

Where confidence in the quality being delivered is high, routine visits also become disproportionate. There may be ancillary benefits from these visits around raising the profile of education and training and engaging with the provider at a senior team level. However, where these are identified as areas of risk, they can be addressed via the supportive activities outlined in the next section.

Supportive interventions

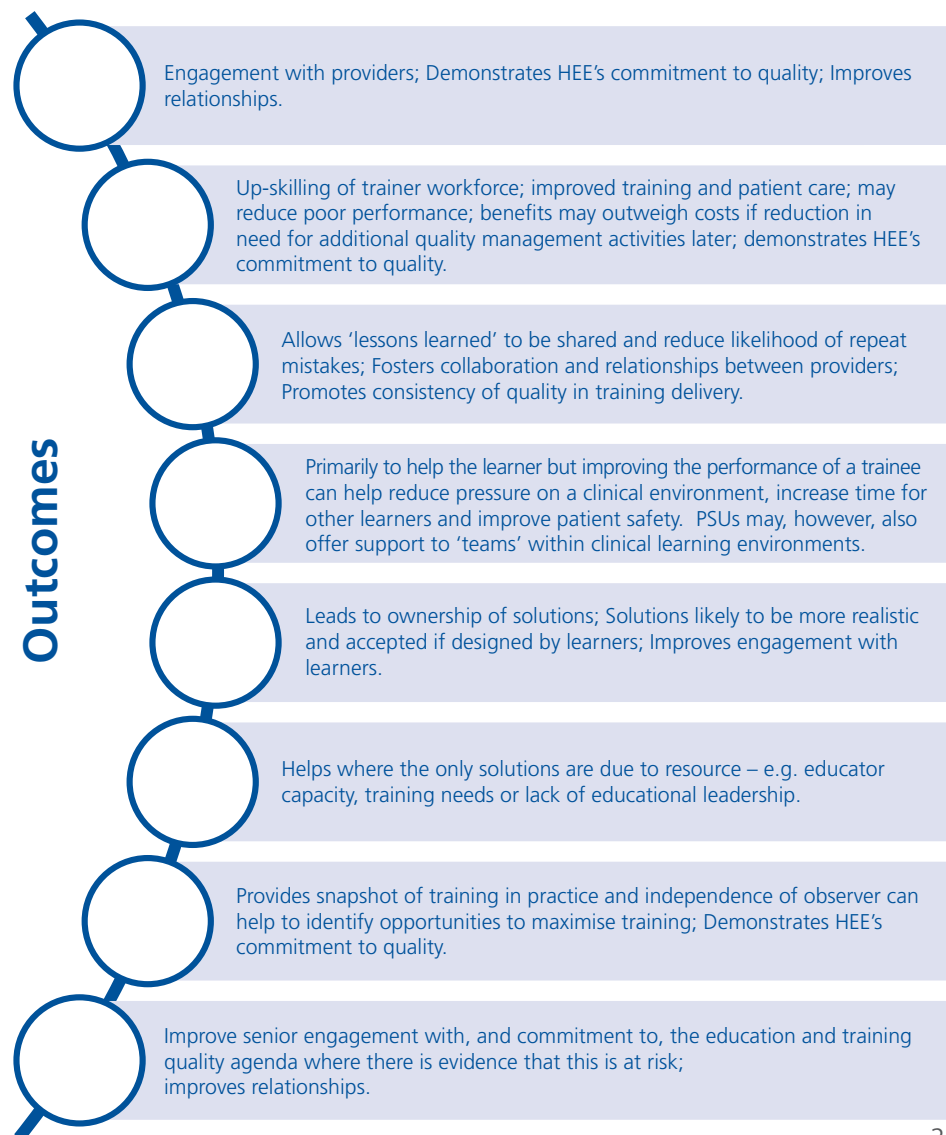
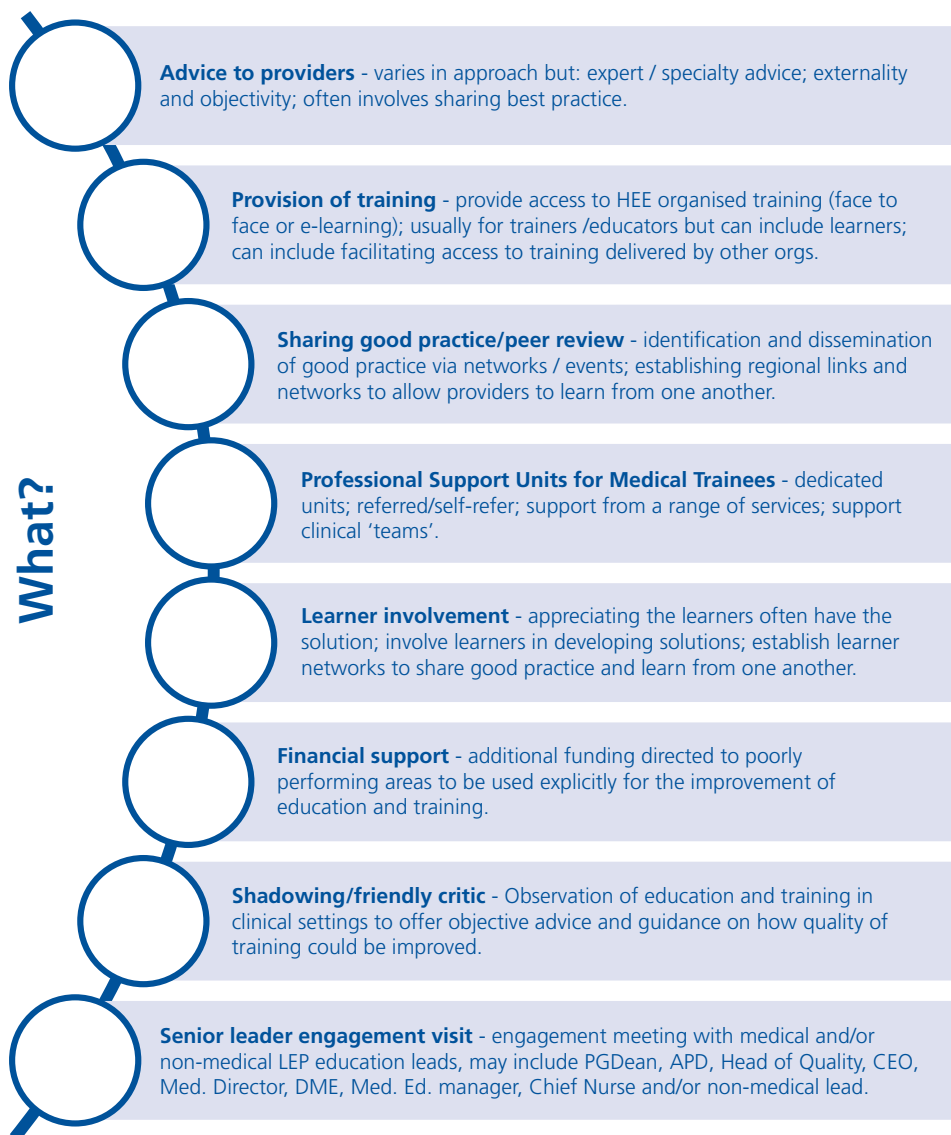
Evidence from local offices suggests the following as useful supportive quality management activities to actively assist education providers to meet and / or exceed the quality standards.

Where a provider has a range of serious education and training issues, these activities can be useful as part of a wider package of support.

A selection of scenarios demonstrating the various quality interventions can be found in the Tools and Resources Section.

Supportive interventions

Exploratory interventions



Supporting and escalating concerns

Learners are in a unique position within the learning environment. They interact with those familiar with systems, processes, ways of working and the accepted norms within any team or department and are able to bring a fresh pair of eyes to how things operate at that moment. They are able to – and are expected to – question what they see, how it makes them feel and potentially relate their experience to how it may be for others who are also unfamiliar with a given situation – the patients and their carers.

Each organisation will have policies that will enable staff in general to raise and escalate concerns. The following pages provide a common pathway through which Learners are encouraged to raise their concerns regarding both their local educational provision and the learning environment within which they are being asked to work and learn. The pathway does not replace the processes required with regard to Serious Incident Reporting within the local organisations that learners work in and are responsible to.

Local inductions to the organisation, department or individual programme should include information on the three pathways available to them and when they would be expected to make use of the individual pathways in terms of escalating their concerns. Generally, as well as the formal contacts identified within the pathways, there will be informal opportunities for learners to express concerns (e.g. learner forums, group meetings). Learner surveys may also identify and highlight areas of concern.

Learners should be encouraged, wherever possible, to take responsibility for raising concerns with the appropriate individuals in the first place. The pathway document identifies the actions learners need to take.

Across HEE, local offices may already have similar pathways in place. Each office, or region will be encouraged to establish a generic email for example EscalatingConcerns.LocalOffice@hee.nhs.uk, so that learners can also make direct contact with the Quality teams locally. Information also gained through local learner forums, learner surveys etc. can be used as an integral part of assessing the level of risk and will help to decide on an appropriate and proportionate level of intervention with each placement provider.

The Quality Framework standards have identified what is expected from each organisation with regard to how learners raise concerns. The self-assessment tool will expect organisations to evidence what is in place, identify how well the systems and processes are working and reflect on the outcomes of any concerns that are raised.

The Supporting and Escalating Concerns Pathway for Learners is demonstrated on the next page.

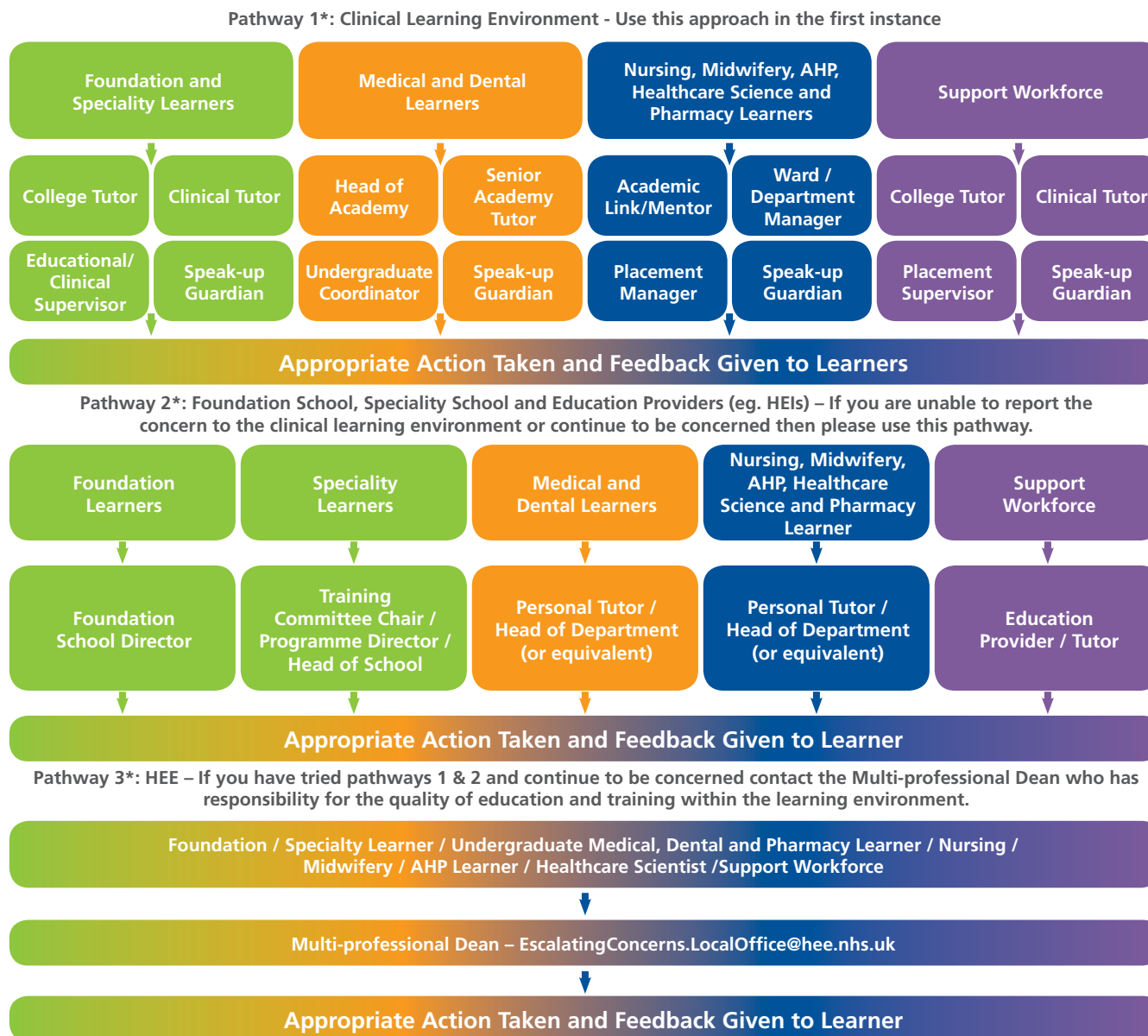
Supporting and escalating concerns

Figure 6. Supporting and escalating concerns: pathway for learners

Supporting and escalating concerns: pathway for learners

Health Education England [Local Office] (HEE XX) believes that it is important that Healthcare Learners are able to raise and, where appropriate, escalate concerns. The flow chart below highlights the ways in which you can do this. You are encouraged to follow the appropriate pathway, starting with reporting the concern within your placement learning environment in the first instance. For further information please contact the Quality Team at EscalatingConcerns.LocalOffice@hee.nhs.uk

Please note: This process is not intended to replace local Serious Incident reporting.



*Guidance for Local Offices – titles used in this Pathway are recommendations and can be altered to align with local roles and arrangements.

Governance

HEE Board are ultimately accountable to the Secretary of State for Health for the quality of the educational provision across all the healthcare learning environments and for all healthcare learners. The Quality Scrutiny Forum (QSF) is in place to ensure that HEE has a continuous focus on educational quality and provide challenge and oversight to educational quality improvement across HEE. The QSF;

- Provides strategic leadership and direction across HEE's quality agenda
- Will hold HEE to account across the national, regional and local teams for quality and quality improvement of education and training
- Will provide challenge and oversight of quality and quality improvement for HEE funded education and training
- Provides high level assurance to the Board and the Executive for HEE's quality assurance for programmes of education and training.

Membership of the QSF includes Non-Executive Board Members, HEE Executive members, Regional Directors of Education and Quality, Chair of HEE's Postgraduate Deans and a HEE Postgraduate Dean in addition to members of the Commissioning for Quality team.

Regional Directors of Education and Quality (DEQs);

- Provide challenge and oversight across the region for quality and quality improvement of education and training
- Hold the local offices within a region to account for quality and quality improvement of education and training
- Provide support and expertise to the local offices within a region where there are emerging high risk concerns
- Provide leadership and direction across the local offices with regard to the quality agenda
- Provide assurance to the QSF for quality assurance across the region.

At a local office level, the Postgraduate Dean has multi-professional accountability for quality within each HEE local office and should ensure that;

- the HEE Quality Framework and associated quality standards are being met within all learning environments
- placement providers are striving for continuous quality improvement and improved outcomes in all learning environments
- evidence based best practice is identified, shared and implemented
- risks to the quality of education within a learning environment are identified and managed
- sub-standard performance is investigated and action taken to improve
- escalating concerns processes support, promote and ensure that patient safety concerns are escalated to the relevant Quality Surveillance Group
- innovation, research and quality improvement are supported
- feedback on quality is provided to the Directors of Education and Quality on a monthly basis.

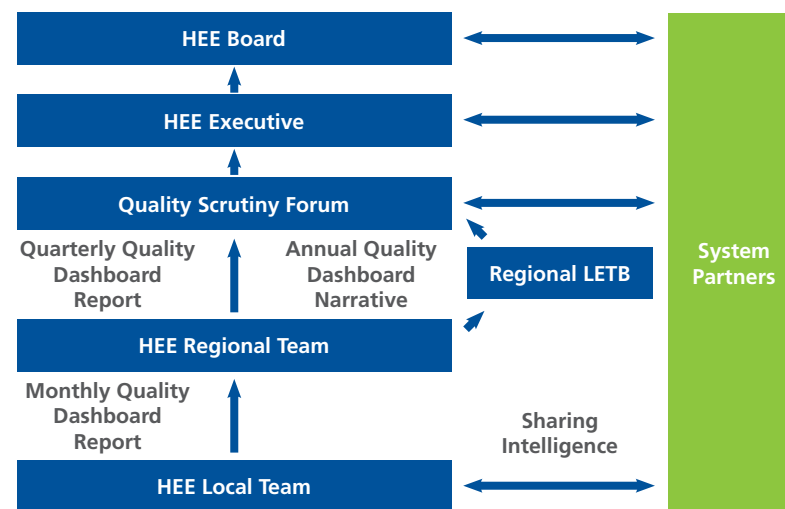


Figure 7. Quality Framework Governance Structure

Reporting

The importance of having a nationally consistent and comparable view of quality, in order to provide quality assurance, is a critical requirement for HEE. The handbook aims to enable national consistency across HEE. The outcomes, driven from the full range of activities identified within the handbook, provides the means through which HEE's Board can be assured that educational quality and performance is subject to appropriate scrutiny; that good practice can be identified and shared; and that those organisations, departments, programmes and learner groups that need additional support have been recognised and action taken to provide the support required. It is therefore critical to ensure that reporting processes are nationally consistent. Reporting systems and formats need to;

- serve multiple internal (e.g. HEE Executive) and external (e.g. regulators audiences), with differing levels of granularity answering the business questions on page 21.
- expose any patterns, trends and themes
- work towards building intelligence that can raise awareness of excellent and struggling learning environments as soon as data / intelligence becomes available.

HEE Executive will be provided with a quarterly (commencing July 2017) dashboard that will have been signed off by the Regional DEQs. The accompanying narrative will reflect the local situation and concerns (especially for those learning environments recognised as needing support); risks and mitigating actions; identify actions planned and taken; identify the impact on patient safety as well as recognise best practice or quality improvements.

In order to minimise duplication and make best use of information already being generated, it has been agreed that the reporting format for the local offices will be aligned with that used to meet the Quality Surveillance Group (QSG) requirements. It is recommended that regions peer review monthly reports to develop and ensure consistency and development of evidence based thresholds for reporting.

Annual reports will be available and may be published as a means of demonstrating how HEE meets its statutory responsibilities and is continually driving quality improvement in education and training and patient safety.



Figure 8. Reporting Hierarchy

HEE Quality Dashboard

The **HEE Quality Dashboard** will draw on a set of specific data and will be analysed and reported at national level with the expectation that regional and local offices will provide the related narrative describing what concerns, interventions and actions are in place to mitigate against potential risks. There will also be the opportunity to identify where good service provision and good educational practices intersect in order to articulate and share best practice. This in turn will drive sustainable quality improvement across all learning environments.

Quality Dashboard business questions

The business questions that the Quality Dashboard aims to answer are as follows;

- Does the dashboard provide assurance for the Board / HEE Executive / regional teams / local office teams?
- Which organisations need the greatest amount of support?
- Which organisations are showing early warning signs that education quality is beginning to / or may decline?
- Which organisations are demonstrating excellence?
- What are the key trends / specific themes for prioritisation across all learner groups?
- Where do we need to prioritise resources and what is the resulting impact on quality?
- How are we demonstrating improvements in quality and patient safety?
- What / where are our key successes?

Quality Dashboard design

The Quality Dashboard will be accessible by all local offices and will mainly comprise nationally held data e.g. Friends and Family, GMC etc. In summary, the dashboard will provide a strategic view of performance for the HEE Board and regional teams. It will also allow the interrogation of data to provide a more focussed and tactical view of performance at an operational level for local teams. As data is gathered, the dashboard will begin to provide an historical view of quality which will allow the identification of trends and provide a snapshot of performance at a single point in time. Over time the aim is to utilise the dashboard to use past performance and intelligence to predict future performance.

The initial data sources for the Quality Dashboard will be drawn from the following;

- **Friends and Family Test (FFT)**
- **GMC Trainee and Trainer Survey**
- **Hospital Episode Statistics (HES)**
- **National Student Survey (NSS)**
- **NHS Staff Survey**
- **NHS Improvement Single Oversight Framework**
- **CQC Intelligent Monitoring**

The metrics will be further tested for validity during 2017/18 in order to move towards outcome based measures.

Resources and toolkits

Tool	Link
HEE Quality Strategy 2016-2020	https://www.hee.nhs.uk/sites/default/files/documents/HEE_J000584_QualityStrategy_FINAL_WEB.pdf
HEE Quality Framework 2017-18	https://hee.nhs.uk/our-work/planning-commissioning/commissioning-quality
HEE Quality Standards 2017-18	https://hee.nhs.uk/our-work/planning-commissioning/commissioning-quality
HEE Quality Framework Glossary	https://hee.nhs.uk/our-work/planning-commissioning/commissioning-quality
Self-assessment tool	https://healtheducationengland.sharepoint.com/QLN/SitePages/Home.aspx
Documentation toolkit	https://healtheducationengland.sharepoint.com/QLN/SitePages/Home.aspx
Monthly Quality Report / QSG Report Template	https://healtheducationengland.sharepoint.com/QLN/SitePages/Home.aspx
Removal of trainees policy	https://healtheducationengland.sharepoint.com/QLN/SitePages/Home.aspx
Intensive support policy	In development

Contacts

Region	Local Office	Quality Leads	Link
London and South East	Ian Bateman		Ian.Bateman@hee.nhs.uk
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	Wessex	Nikkie Marks	Nikkie.Marks@hee.nhs.uk
	Thames Valley	Tess Candy	Tessa.Candy@hee.nhs.uk
Midlands and East	West Midlands	Semone Lamba	Semone.Lamba@hee.nhs.uk
	East of England	Jenny McGuinness	Jenny.McGuinness@hee.nhs.uk
	East Midlands	Richard Higgins	Richard.Higgins@hee.nhs.uk
North	North East	Ewa Heydecke	Ewa.Heydecke@hee.nhs.uk
	North West	Helen Duff	Helen.Duff@hee.nhs.uk
	Yorkshire and Humber	Emma Jones	Emma.Jones@hee.nhs.uk
National Quality Team	CommissioningForQuality@hee.nhs.uk		

Scenarios

Level of Risk	High
Scenario	<p>There is evidence from the GMC National Trainee Survey (NTS) that an emergency department in a large teaching hospital, which hosts a range of medical and non-medical placements relating to a variety of curricula, is failing to deliver any education and training such that learner competencies are not being developed and there is a significant risk to learner progression. The National Education and Training Survey (NETS) indicates that issues extend to all learners. Moreover, evidence suggests that the learning environment is one in which learners are exposed to patient safety risks. The Trust's Education Team provide a response to the survey results and acknowledge that service pressures are impacting severely on capacity to deliver education and training.</p>
Quality Management Interventions	<ul style="list-style-type: none"> • The HEE local office Quality Team discusses its concerns with the Dean, the relevant Heads of Schools (more than one may have trainees in the department), the Trust's management, and the local Higher Education Institute (HEI) and it is decided that a triggered visit should be organised to further investigate the concerns and identify the immediate actions required. The Professional Regulators are kept informed. • A visit takes place chaired by an Associate Dean and attended by Quality Team members, Heads of affected Specialty Schools, an Education Commissioning Manager, a College representative, a Lay partner and a HEI representative (by invitation). • Concerns are agreed by learners and their supervisors / mentors alike. These include no timetabled teaching, insufficient time for supervisors and mentors to provide on-the-job teaching, a lack of appropriate clinical supervision and difficulties getting competencies and assessment signed off. • The Trust develops an action plan, with HEE input, setting out timetabled deliverables. This includes a mix of Trust initiatives as well as supporting activities from HEE. Bi-monthly meetings with learners and education and service leads from the department (attended by the APD, a Quality Manager, the School of Emergency Medicine Quality Lead and an Education Commissioning Manager) take place until the concerns are felt to have been addressed.
Outcome	<p>The Trust understands that the situation is unsustainable, with the removal of learners the ultimate outcome without improvement. Measures put in place include:</p> <ul style="list-style-type: none"> • Identifying a medical and a non-medical senior educator to work together and provide educational leadership (the Trust includes this with job planning and backfills the time required); • Trust appoints a HEE approved Education Fellow to undertake a Quality Improvement project and support the work; • Once per month, protected whole day teaching for trainee doctors in place with cover during these times provided from other medical departments; • Trust appointment of Physician Associates; • Structuring and timetabling the morning handover to provide an inter-professional learning opportunity; • HEE facilitated access for medical and non medical educators to attend shop-floor education training session run by another Trust; • Medical and non-medical shop-floor 'educator of the week' identified as named point of contact for learner support; • Sustained solutions become recognised as good practice and HEE organises a regional event to share good practice. • Evidence of sustained improvement is obtained from direct learner feedback and subsequent survey results.

Scenarios

Level of Risk	Medium
Scenario	The National Education and Training Survey (NETS) identifies that student radiographers are not receiving hands-on experience.
Quality Management Interventions	<p>A desktop review focussing on evidence of log books, GMC National Trainee Survey results and Annual Review of Competence Progression outcomes to see if issues of adequate clinical experience extend to other learner groups within the department.</p> <p>To better understand the nature and scope of the risk, meetings are held with learners and then with supervisors and other qualified staff (the HEE team comprises a Quality Manager, an Education Commissioning Manager, a representative with an understanding of the Radiography curriculum and a Quality Lead from the School of Radiology). It is revealed that there have been two, high profile, untoward incidents within the last two years. While investigations have cleared staff of clinical error, it is admitted that an overly risk-averse culture has developed, whereby there is a reluctance to allow inexperienced learners, both medical and non-medical to gain practical experience even when appropriately supervised.</p>
Outcome	<p>Additional supervision safeguard arrangements, which sufficiently reassure mentors and supervisors, are jointly agreed to enable learners to gain greater hands-on experience; HEE offers access to enhanced supervisor training</p> <p>A subsequent desktop review of survey results and log books suggests an ongoing problem and little change in behaviours leading to a triggered visit (as described in the first scenario). The outcome is escalation to HEE's 'intensive support' process and the temporary withdrawal of junior trainees and, in conjunction with the Higher Education Institute (HEI), the withdrawal of radiography students.</p>

Scenarios

Level of Risk	High
Scenario	A Foundation Year 2 (FY2) trainee on placement in a GP practice complains to their hospital-based Educational Supervisor that they are not being de-briefed after seeing patients and there have been two instances where they had to run a morning clinic with the other GPs absent from the practice.
Quality Management Interventions	<p>An urgent, triggered visit is organised. Given the risk to patient safety, the practice is contacted and the trainee is moved to another practice for the remainder of their 3 months placement.</p> <p>The visit indicates that the GP trainers and Practice Manager have a poor understanding of the supervision requirements for Foundation Training in contrast to GP training. Meanwhile the incidents of the trainee being left wholly unsupervised appear to have been due to miscommunication between the Practice Manager and GP trainers.</p>
Outcome	<p>HEE organises for a GP trainer from a high performing practice, with extensive experience of hosting Foundation placements, to spend time in the practice and educate the trainers around Foundation supervision requirements as well as offering advice on best practice for supporting Foundation education and training needs</p> <p>The practice is allowed to have a new Foundation trainee at the next rotation. Two follow-up meetings with trainers and learners at the practice take place to ensure that appropriate arrangements are now in place and being adhered to. There is evidence of sustained improvement.</p>

Scenarios

Level of Risk	Medium
Scenario	<p>A small, private provider is awarded a contract for a service previously provided by a hospital department. Trainee doctors and consultants in the specialty transfer with the service and the new provider starts to also accommodate student placements.</p> <p>However, through ARCPs and logbooks, it is apparent that the range of services commissioned with the new provider is narrower than the range of services provided in the hospital department and so some key competencies for some learners cannot be achieved within the new environment.</p>
Quality Management Interventions	<p>A Quality Manager, Education Commissioning Manager, Head of School and Associate Dean hold a meeting with the new provider organisation, including sessions with trainers, learners and service leads and management. Mismatches between the service model and curricula are identified, as well as a lack of timetabled teaching sessions. An action plan is developed to address this.</p>
Outcome	<p>HEE negotiated with a local Trust for the trainees to gain the clinical exposure not available in the new provider; Teaching timetable implemented;</p> <p>A series of follow-up meeting took place with the trainees, trainers and service leads to monitor progress. Sustained improvement demonstrated.</p>

Scenarios

Level of Risk	Medium / Low
Scenario	GMC National Trainee Survey (NTS) results show a regional training programme as an outlier in terms of trainee satisfaction compared to the same specialty nationally. However, there is no other evidence of concerns.
Quality Management Interventions	<p>A Quality Manager, School Quality Lead and invited specialty expert from outside the region attended the regional teaching day for the programme and met with trainees from across the region. Trainees' experiences of different training sites were discussed. There was a consensus around which training sites are considered to provide excellent education and training and which sites require improvement.</p> <p>A series of meetings with trainees and trainers at all training sites was undertaken to identify specific areas for improvement as well as good practice.</p>
Outcome	<ul style="list-style-type: none"> • Underperforming sites identified and actions plans to address specific shortcomings produced; • Good practice detailed and shared with all sites. • Quality improved across the programme and evidenced via subsequent GMC NTS results.

Scenarios

Level of Risk	Medium / Low
Scenario	Following a series of serious concerns and triggered visits, a large provider's relationship with a local HEE office has become strained and is hindering effective communication and effective quality management.
Quality Management Interventions	An Associate Postgraduate Dean and the provider's Medical Director agree to quarterly senior lead review meetings.
Outcome	<ul style="list-style-type: none"> • Improved channels of communication; • Better mutual understanding of concerns; • Information sharing and joint horizon scanning.