Learners: Supporting their involvement in Enabling Quality Surveillance

Workshop

19th September 2013

Voting Button Questions

- How effective do you think the current practice assessment/performance systems are for collecting and acting upon quality concerns raised by learners? **Options**: Scale Very effective, Effective, Unsure, Ineffective, Very ineffective.

- Do you agree that there is scope for a common North West approach for obtaining feedback across all learners in practice. **Options**: Scale Agree, Disagree or Unsure

- To what extent do you believe learners currently feel encouraged and legitimised to raise safety issues without fear of disadvantage **Options**: Scale: 1 = Not at all – 5 = To a great extent.

- How effective do you think the current Quality Surveillance processes are for collecting and acting upon quality concerns raised by learners placed in **non NHS placements**? **Options**: Scale Very effective, Effective, Unsure, Ineffective, Very ineffective.

Strategic Context

- NHS Constitution - Values and Behaviours

- Policy drivers- Francis; Patients First and Foremost; Cavendish, Berwick, 6 'C's

- Quality Surveillance - building a picture of quality of care and quality of education- Care Quality Commission, NHS England, Clinical Commissioning Groups, Professional Regulators (GMC, NMC, HCPC etc.), Health Education England/ Health Education North West

- Raising and Acting on concerns regarding patient safety, transparent flows of communication/ information

- The value of the Learner experience and Learner feedback as a significant source of information on the quality of services and patient care

- Responding to challenges of people, finance, estates and technology - Major service change

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Quality of Healthcare Education

- HEE- Health Education England- April 2013

- HENW- Health Education North West – NHS Trusts; a range of non NHS placement providers; Health and Social Care Sectors; Deaneries; Higher Education Institutions including Medical and Dental Schools; FE Colleges

- Investment in Healthcare education:
  - Right numbers of staff
  - Right skills
  - Right values
  - When and wherever needed

- Whole workforce- e.g.. professional training at undergraduate and postgraduate level; work based learning; bands 1-4 vocational learning; CPD

- Regional developments e.g.. NW Placement Charter; Dignity Promise

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Culture of care and compassion

NHS

- A quality 'learning organisation is a 'caring' organisation

- Embed at a personal and organisational level

- Value placed on the learner experience and learner feedback

- Value placed on the trainer/ mentor/ educator support

- Value placed on team working – understanding and valuing each other- shared learning, working flexibly, common goal- high quality patient care and experience- with the patient at the heart of all learning

- Value placed on Managers to engender all of the above

- Discussion of a concern provides an educational opportunity for the learner- a culture of learning- positive impact

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Approaches for raising Concerns - not an exhaustive list!

NHS

Health Education North West

- Learner feedback- e.g. placement evaluations, Student/ Trainee Surveys, focus groups at Annual Assessments, Annual Reviews etc.

- Locally in the organisation directly to a trainer, clinical supervisor, mentor, educator, PEF, WBEF, Cadet Lead etc. or other member of staff in the organisation

- Direct to the Deanery, Medical School, HEI, FE College

- Incident reporting- adverse / serious untoward incidents

- Patient, or relative / carer complaint

- Through the sharing of information across professions/ services/ etc.- triangulation

- Use of new technology to capture 'real time' feedback without fear of disadvantage

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Workshop 1

Learners contribution and involvement in quality surveillance and reporting

Aims:

- Identify and agree shared expectations and principles to inform how learners might contribute to Quality Surveillance

Workshop 1 Task

In your table groups, discuss and agree 2-3 principles which you believe need to be appreciated by the various parties (Trusts, Education Providers and Students) if any Quality Surveillance (QS) model is to be meaningful and effective.

For example

- **For Trusts**: That NHS trusts appreciate that Learners can provide vital intelligence and their feedback should be recognised as a legitimate source and inform quality improvement.

- **For HEIs:** That all faculties/departments within the University recognise that this something we all need to contribute too and it is not just left to some particular faculties and department to report.

- **For Learners**: Learners need to understand that we don't use Quality Surveillance to report anything we haven't already raised through the usual mechanisms.

- **Time on Task:** 30mins. Commit any statements to the flip chart provided.

Workshop 2

Promoting a common approach and reporting processes for learners

Aims:

- Identify, agree and categorise the type of quality concerns that we would anticipate that Learners would be supported to recognise and report

- Capture an outline process and way in which any quality concern is captured and reported

- Identify any risks that will need to be considered to ensure that this is a constructive endeavour for all stakeholders

Workshop 2 - Task 1

Group 1

Review the examples of concerns that might be reported through QS.

Are there any other examples of concerns that should be included? Brainstorm, discuss and add any new ones that you identify.

Prioritise the concerns that you have identified into those that you all agree

- **Must** be reported
- **Should** be reported
- **Could** be reported

as part of any QS process.

Group 2
With the aim of promoting a common approach to QS reporting,
- using existing systems & processes
- trying to minimise undue burden,
sketch out a *flow chart* that might be used to guide and manage the reporting of any concerns by a learner from
- the trigger point,
- through trust and education provider systems
- and from there up to Health Education North West

Highlight the expectations and responsibilities of those most likely to be involved.

Time on Task: 30mins

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Examples of types of concerns that have been highlighted

NHS

Health Education North West

- Direct patient care/ safety concern observed by Learners

- Lack of learner support and supervision by trainers/ mentors/ clinical supervisors etc.

- Inadequate staffing levels impacting on quality of care, as well as quality of learning opportunities

- Poor staff attitudes, behaviours

- No induction for learners

- Poor communication across professions, in teams, handovers etc.

- Complaints made by patients or relatives/ carers

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Workshop 2 - Task 2

Thinking about the whole implications and processes for Quality Surveillance

- Identify 2 key risks that you think might be potentially triggered, for either placement providers, education providers and learners that will need to be addressed.

- Identify, if possible, the actions that could be used to manage and reduce any risks you identify.

Workshop 3

Supporting Learners confidence and abilities to recognise and report quality concerns

An outline of a potential learning intervention will be given. To help with the design of this development to ensure that it is

- relevant for all learner groups
- and will be used

using the Voting Buttons supplied respond to the questions posed at the scheduled points

Voting Button Questions

Workshop 3

- In designing **any** proposed training intervention rank in order of preference your three priorities that need to be depicted. **Options**: Rank Options by preference
- The types of quality concerns that learners should understand they need to raise?
- How to raise any quality concerns?
- What happens when any concerns are raised?
- What to do if the learner is unsure about how to raise any concerns?
- Why it is important for learners to raise any quality concerns?
- Potential risks and feelings for learners if they raise any concerns?

- Would a training intervention as outlined be a useful way to help raise awareness about the importance of learners in being able to report quality concerns: **Options Scale:** Not at all useful, quite useful, useful, very useful.

- When would be the best time to introduce any planned training intervention: **Options Scale**: By the education provider on commencement of a programme, By the education provider just prior to the learners first placement, By placement providers on commencement of a learners placement.

- To what extent would you agree that the use of any learning intervention developed should be **compulsory and recorded** for use with all learners. **Options Scale:** Strongly Agree, Agree, Unsure, Disagree, Strongly Disagree.

References

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