

North West Placement Providers Quality Surveillance Reporting to

Health Education England- working across the North West:

*Process to report issues highlighted from education quality monitoring into the
Quality Surveillance Groups (QSGs) - Refreshed December 2016*

1. Introduction

1.1 The Learning and Development Agreement Leads (LDA) in North West NHS Placement Providers are asked to facilitate for the required bi- monthly quality surveillance reports to be submitted to Health Education England in the North West (HEE NW) detailing any quality of care concerns reported by learners, or identified through other education quality monitoring processes. This information is required as set out in the LDA and is reported into the Local Quality Surveillance Groups.

1.2 This paper provides guidance for LDA leads regarding the reporting process including guidance on completion of the reporting template to facilitate the sharing of information obtained from quality monitoring processes in a timely and systematic way.

2. Background

2.1 The Department of Health publication -'Quality in the new health system -Maintaining and improving quality from April 2013' describes the role of Health Education England in monitoring the quality of education and training in all education and placement providers, and how this provides intelligence and information about the quality of care in providers by identifying areas of concern which impact on patient safety or service delivery.

2.2 HEE NW as a member of the local Quality Surveillance Groups (QSGs) is required to share this information with others eg NHS England, Public Health England, Care Quality Commission (CQC), NHS Improvement, Clinical Commissioning Groups (CCGs) Local Authority representatives etc.

2.3 To support this process, Health Education England's Quality Strategy 2016 – 2020, and multi-professional HEE Quality Framework published in April 2016 describe HEE's approach to develop system-wide responses to concerns about quality and patient safety identified through its quality monitoring approach. This includes reporting on the quality improvement interventions put in place, and identifying, sharing and adopting best practice.

3. Quality Surveillance Reports- concerns to be reported to HEE NW

3.1 Concerns reported should be those where there is a direct impact on patient safety or service delivery, for example where learners have observed poor patient care, harm or neglect, or where there are issues in the culture of the learning environment, or where there are concerns relating to service pressures.

3.2 'Learners' refers to all healthcare learners in placements, e.g. pre-registration students, undergraduate medical students, Continuing Professional Development (CPD) learners

undertaking a placement as part of their programme, Community Specialist Practitioner Trainees, Trainee Assistant Practitioners, Cadets, etc.

3.3 Example information sources for these reports include:

- Quality concerns identified through education quality monitoring processes eg quality visits, assessments.
- Complaints or concerns raised by learners to their mentor/ educator or any other member of staff including Placement Provider leads for education in practice, eg Clinical Tutors, PEFs, WBEFs, Undergraduate Education Managers etc
- Learner feedback reported through placement evaluation processes eg placement or education provider evaluations such as through the on line PARE tool, focus groups etc
- Learner feedback to Education Providers eg HEI placement departments, programme leads, student support, personal tutors etc.

3.4 To provide assurance to all stakeholders in the quality surveillance process, it is important to ensure:

- Immediate action is taken when issues / concerns are raised, and action plans are developed and monitored for all parties to track and record progress.
- Information is shared with others in the Placement Provider across professions and services where applicable eg safeguarding, clinical governance leads, quality leads, and externally with Education Providers (Higher Education Institutions, Further Education) as applicable.
- Information submitted to HEE NW is routinely shared with external stakeholders including professional and regulatory bodies, NHS England, CQC, CCGs, GMC, NMC etc as appropriate.
- Complaints, or issues raised by learners/ students on an 'ad hoc' basis are listened to, acknowledged and responded to.

3.5 Where serious issues are identified outside of the timescale for the bi monthly reports to HEE NW, these issues should be reported immediately to HEE NW.

3.6 The attached template, Appendix A should be completed and agreed by a relevant Director/ LDA Lead prior to submission to HEE NW upon which a report will be produced for each respective QSG which will incorporate information relating to each Placement Provider in that locality. If no issues have been identified this should be stated.

3.7 A single point of contact in the Placement Provider is required to submit the report to HEE NW to ensure timely 2 way communication; this will ensure continuity where further information is required.

4. Completing the template

4.1 Issues identified need to be reported to HEE NW bi-monthly before / on the dates specified below and no later than the last day of the reporting month (i.e. 30/04/2017):

28/02/2017	28/08/2017
28/04/2017	28/10/2017
28/06/2017	28/12/2017

If no issues have been reported, please respond by email to HEE NW to state 'NO ISSUES HAVE BEEN REPORTED IN THIS PERIOD'.

4.2 Reports on the template:

- Should be escalated internally and signed off at senior level – eg Director, LDA Lead prior to submission;
- Should be shared internally across professions to identify, assess and manage any adverse impact on all learners;
- Should be succinct and factual with all columns completed. This should include
 - the date the incident occurred;
 - the placement name eg ward, department, team, and service;
 - the specialty or clinical pathway eg acute medicine;
 - the quality improvement intervention put in place to resolve the issue should be included in the action plan column;
- Should refer to individuals involved by job titles, not names. Please note- no confidential staff or patient information should be included.
- Should be removed from subsequent reporting template submission to HEE NW once reported as resolved.
- Will be shared by HEE NW upon request with the CQC and other regulators as required.

5. Further information

5.1 This guidance will be reviewed and updated April 2017 aligned to the HEE Quality Strategy and implementation plan.

5.2 For further information please contact Victoria.MacMillan@nhs.net

6. References and supporting information

DH (2013) *Quality in the new health system -Maintaining and improving quality from April 2013* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213304/Final-NQB-report-v4-160113.pdf

HEE NW (2014) Enabling learners to raise concerns can be obtained at the following link <https://www.ewin.nhs.uk/resources/item/4896/enabling-learner-involvement-in-quality-surveillance-using-the-learners-voice-for-better-learning-and-better-care>.

HEE (2016) Quality Framework
https://hee.nhs.uk/sites/default/files/documents/HEE_J000584_QualityFramework_FINAL_WEB.pdf

Glossary

ACRONYM/ TERM	MEANING
CCG	Clinical Commissioning Group
CPD	Continuous Professional Development
CQC	Care Quality Commission
DH	Department of Health
GMC	General Medical Council
HEI	Higher Education Institution
LDA	Learning and Development Agreement
NMC	Nursing Midwifery Council
PARE Tool	Practice Assessment Record and Evaluation Tool
PEF	Practice Education Facilitator
PDM	Placement development Manager
Placement Provider	NHS Trust, General Practice setting or Private, Independent or Voluntary Organisation
QSG	Quality Surveillance Group
WBEF	Work Based Education Facilitator