



Health Education East of England

Quality Improvement and Performance Framework

For Commissioned Education at Education Providers

2015/16

*Developing people
for health and
healthcare*

www.hee.nhs.uk
hee.enquiries@nhs.net
[@NHS_HealthEdEng](https://twitter.com/NHS_HealthEdEng)



WELCOME

Professor Bill Irish

Postgraduate Dean HEEoE





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Executive Summary

Health Education East of England (HEEoE) exists to ensure high quality services for patients through ensuring that the workforce is planned, educated and trained to a high quality. Through the Quality Improvement and Performance Framework (QIPF) HEEoE assures itself of the quality of the education that it commissions.

The QIPF process was launched in 2014 with further minor amendments in 2015 to take account of stakeholder feedback and also to ensure that HEEoE continues to drive the improvement of education of healthcare professionals.

This handbook provides guidance to Education Providers on the timescale of the process in 2015/16, the key elements of the cycle and the updated key performance indicators against which HEEoE will seek assurance. It is also designed to be read by all stakeholders, including Employers.



Welcome to the Quality Improvement and Performance Framework Handbook which outlines the process for Education Providers (EPs) for 2015/16. HEEoE hope that you find it a useful guide for this year.

HEEoE's role is to enhance quality services for patients by ensuring that the workforce is planned, educated and trained to a high quality. The QIPF is the process by which HEEoE assures itself that the education it commissions and delivers on behalf of Employers providing NHS care in the East of England is of the highest quality. In 2015/16 HEEoE will commission in excess of £370 million of medical and non medical education. QIPF provides a framework that supports world class commissioning, continually drives up quality, links payment with performance and gives assurance that education and training equip staff with the values, knowledge and skills to provide high quality patient care.

The framework was launched on 01 April 2014 by HEEoE and has been developed further in 2015/16. HEEoE has made some minor amendments to the QIPF process in the light of feedback from stakeholders and to ensure that the process continues to support quality improvement.

Changes in 2015/16 include:

- The inclusion of a number of new programmes in the QIPF cycle.
- The inclusion of exemplar evidence and key evidence requirements for each Key Performance Indicator (KPI) to ensure that the evidence considered for each KPI is explicitly documented. This is designed to make the process more transparent for Education Providers, rather than introduce new requirement.
- The strengthening of the Employability KPI so that it encompasses the activity that HEEoE is undertaking in relation to the Supply Board.
- The introduction of differentiated surveys for first years and returning students. The introduction of a Quantitative KPI to measure response rates to the Student Survey and the introduction of student focus groups at the Annual Review Meetings, the revision of the Attrition KPI RAG boundaries.
- The introduction of a Quantitative KPI which measures the percentage of students who have graduated and whose first employed destination is known.
- The introduction of a KPI which focuses on the Improvement Plan following the Annual Review Meetings in 2014/15 and measures its production, governance and achievement.
- The strengthening of the relationship between the EP QIPF and the Employer QIPF.

The handbook focuses on the process for reviewing EPs delivering commissioned education but is designed to be read by stakeholders in the process, particularly Employers who have a key role in providing high quality feedback which will inform the commissioning process.

Glossary

ARM	Annual Review Meeting
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
Employer	Organisation hosting students for practice placements (referred to contractually as 'Practice Placement Provider')
EP	Education Provider
HCPC	Health and Care Professions Council
HEC	Healthcare Education Contract
HEEoE	Health Education East of England
KPI	Key Performance Indicator
LDA	Learning and Development Agreement
MPET	Multi Professional Education and Training Levy
NMC	Nursing and Midwifery Council
OH	Occupational Health
QAA	Quality Assurance Agency for Higher Education
QIPF	Quality Improvement and Performance Framework
WP	Workforce Partnership

Introduction

This Handbook provides an overview of the Quality Improvement and Performance Framework for EPs and gives detailed guidance for organisations involved in the delivery of the Framework.

The Quality Improvement and Performance Framework

The Quality Improvement and Performance Framework (QIPF) sets out HEEoE's approach to ensuring that the quality of the non-medical healthcare education commissioned via Healthcare Education Contracts (HECs) is of high quality.

QIPF is a transparent and locally standardised process. The process collects data and information from a range of sources including an EP self-assessment, feedback from local Employers, quantitative data submitted by the EP, student surveys and focus groups.

The Handbook provides details of the QIPF process for EPs; there is a separate but aligned process for Employers to be reviewed as part of QIPF.

The Key Elements of QIPF

There are 5 key elements of the QIPF process:

1. The on-going collection and analysis of information and data to support management of EP's contracts;
2. The annual triangulation of information provided by all stakeholders involved in education and training;
3. An Annual Review of EPs against agreed KPIs;
4. The development of Improvement plans signed off by the HEI Senior Management Team and HEEoE;
5. The in-year monitoring and challenge by HEEoE of the delivery of the Improvement Plan;



Period of Review

The period reviewed in 2015/16 as part of QIPF is outlined below:

01 April 2015 to 31 March 2016

Evidence relating only to this period will be reviewed as part of the QIPF process, unless stated otherwise. Key issues relating to performance and quality identified outside of the period may be considered if this is deemed to impact on the review.

Stakeholder Responsibilities

Employers

- Provide high quality and robust evidence on the quality of commissioned education;
- Provide high quality educational learning environments for all students;
- Ensure robust processes are in place to supervise and support student development;
- Actively participate in QIPF, including the Annual Review process including providing high quality internally, validated feedback;
- Work with EP partners to ensure the continuous improvement of the clinical learning environment and education provision;
- Use the opportunity provided by QIPF to provide objective and constructive feedback to EP partners;
- Work with EP partners, Workforce Partnerships, the Quality Improvement Team, Education and Commissioning Team and to make continuous quality improvements;

Education Providers

- Deliver high quality education that meets commissioning requirements and professional standards/values;
- Ensure high quality data is submitted in accordance with the contract;
- Actively participate in the QIPF, including the Annual Review process as agreed within the pre-registration contracts;
- Ensure all identified students are aware of their responsibilities to complete student feedback;
- Facilitate access to students for student voice activities;
- Develop comprehensive Improvement Plans in line with the revised 2015/16 guidance for Improvement Plans;
- Implement all actions identified in the Improvement Plans to make continuous quality improvements, working closely with WPs, Quality Improvement Team, Education and Commissioning Team and Employers;
- Undertake an objective and reflective assessment against the KPIs;
- Prepare for and attend Contract Meetings to support the monitoring of performance and on-going improvement.



Health Education East of England

- Lead the development and improvement of QIPF with key stakeholders;
- Ensure consistency and transparency of approach;
- Manage the Annual Review processes, including the members of the Review Panel and the Advisory panel;
- Collect and collate performance data to inform QIPF;
- Collect and collate feedback from Employers;
- Benchmark outcome across the region and share best practice;
- Support the development of capacity and capability within locally developed systems to manage performance and quality improvement;
- Enable locally developed systems to deliver year on year improvements in education;
- Final sign off of the Improvement Plan;
- Challenge incomplete or unclear feedback from Employers;
- Run and analyse the Student Survey.

Via Workforce Partnership

- Manage EP's performance through structured and regular Contract Meetings;
- Use data to review performance throughout the QIPF cycle;
- Work with Employers to understand feedback in relation to EPs;
- Take a supporting role in the Annual Review process;
- Support the sign off the Improvement Plan developed by the EP ensuring that it identifies appropriate actions for all areas identified for improvement in the Annual Review Meeting report prior to sign off by HEEoE;
- Monitor all actions identified in the Improvement Plans to assure continuous quality improvements;
- Manage risk and appropriately escalate non-compliance with Improvement plans;
- Provide assurance for commissioned programmes and escalate concerns;
- Support EPs and Employers to complete constructive, reflective assessment of partners and self-assessments

QIPF Outcomes

The aim of QIPF is to demonstrate and support high quality education outcomes to improve patient care and continuously improve the education being delivered.

Each EP will receive an Annual Review report detailing the outcomes of the review process, identifying areas for improvement as well as areas of good practice. The review process is laid out in Figure 1.

The report will identify areas for attention within the contract year and recommendations. All areas identified as needing attention and recommendations within the contract year will need to be explicitly addressed in the Improvement Plan and formally signed off at the Contract Meeting. Progress against the Improvement Plan will be monitored by HEEoE.

Each commissioned programme will be reviewed against the agreed KPIs and an overall Red/Amber/Green (RAG) rating assigned. The outcomes from QIPF will be used to inform future investment commissioning decisions by HEEoE.

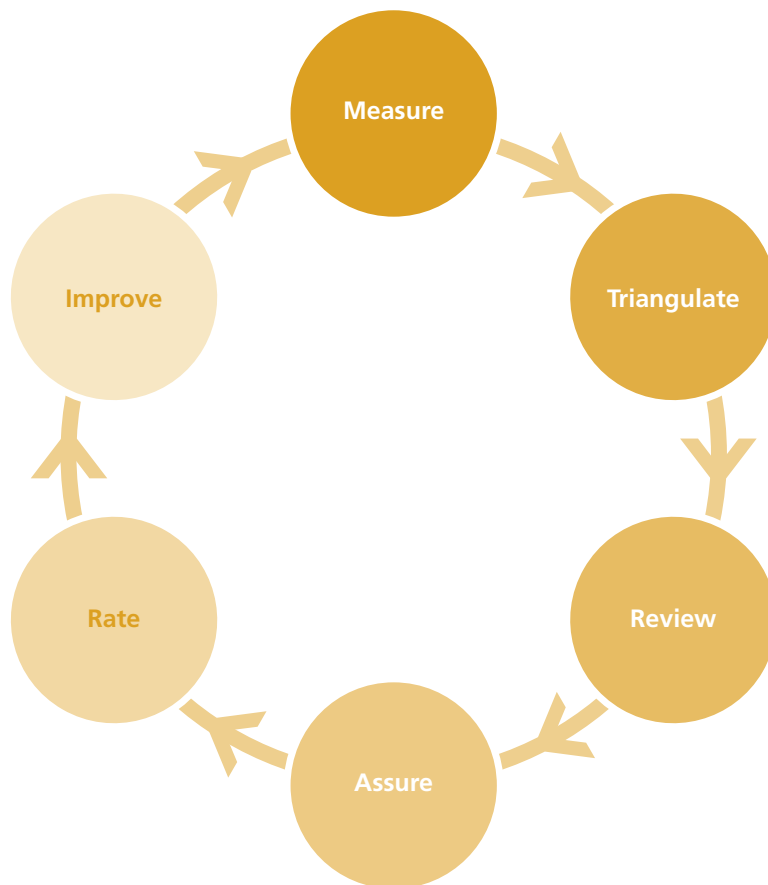


Figure 1

Summary of Process

1. Student Voice

In 2015/16 following feedback from students and EPs, HEEoE will revise its approach to listening and responding to the Student Voice. The QIPF Student Survey, completion of which is an expectation of all NHS funded students, will run in October and November 2015. There will be 2 surveys, one specifically aimed at first year students and one aimed at returning students. Following the review of survey responses, HEEoE will hold Student Focus groups prior to the Annual Review Meetings.

When: Student survey link opens 12 October 2015

When: Student survey links close 27 November 2015

EPs will receive the links to the pre-registration surveys. This should only be sent to students on specified programmes and not to students on programmes commissioned by other LETBs or non-commissioned programmes except for Oral Health Foundation Degree and Paramedic Science.

EPs remain responsible for ensuring all identified students are aware of their responsibility to provide feedback on their NHS funded education as defined in the education contracts, and are responsible for issuing surveys to all students currently in training at the EP on programmes commissioned via the pre-registration contract.

2. Employers sign off the programmes that they will be providing evidence against in the EP QIPF 2015/16.

HEEoE will provide each Employer with a list of commissioned programmes which are hosted by their organisation. The Employer will confirm that they agree with the list provided and that they confirm that they will provide a RAG rating and a comment for each programme by no later than 13:00 on 29 February 2016.

When: October/November 2015

3. HEEoE issue advance copies of the EP Self Assessment and Employer Assessments of Partners to EPs and Employers

When: Monday 1 February 2016

Advance copies of the assessments and self- assessments will be issued to support both Employers and EPs to support organisations to collate evidence and consider assessment data.

A background image of a water splash, with droplets and splashing water visible on the left side of the page.

4. HEEoE issues EP self-assessments and employer assessments of partners to EPs and Employers (see Annex 1: Assessment survey)

Two surveys will be issued by HEEoE which will form the basis of the qualitative KPI Key Lines of Enquiry at the ARM.

EPs will receive an academic self-assessment survey covering the 11 qualitative academic KPIs.

These surveys should be completed with a self assessed RAG rating based on the level of evidence the EP is able to provide. This should reflect the key evidence requirements picked up under each KPI. Through being explicit in relation to evidence required, EPs will be able to provide best quality evidence against each KPI. It is an expectation of HEEoE that the EP undertakes a comprehensive and self-reflective assessment of their position. It is compulsory for the EP to provide narrative as this will be reviewed as part of the triangulation process (see stage 7 below) with HEEoE and the WPs.

Employers will receive an assessment of EP partner assessments covering the 11 qualitative KPIs. These surveys should be completed with RAG ratings for each EP for each programme which the employer has hosted students for placement. It is the Employer's responsibility to ensure the RAG and supporting narrative are objective and reflective as this information will be used in assessing the EP's performance. It is expected that the Non-Medical Clinical Tutor is involved in the completion of the assessments. It is a requirement that the assessment is signed off by the agreed Director with responsibility for QIPF, as outlined in the Learning and Development Agreement (LDA) on behalf of the organisation. It is the expectation of HEEoE that the Employer provides valid and robust data and feedback. Submissions to the EP assessments are used to inform RAG ratings of EPs and have implications for future commissioning decisions. Comments are mandatory. The robustness of evidence provided by Employers as part of the Education Provider QIPF will be discussed with Employers as part of the revised Employer QIPF process.

5. Completion of Self-Assessment EPs complete the self-assessment

When: 08 February 2016 to 29 February 2016

EP self-assessments will be due no later than 13:00 on 29 February 2016. However the assessments can be submitted at any point between 08 February 2016 and 29 February 2016.

6. Employers complete assessment of EP partners

When: 08 February 2016 to 29 February 2016

Employer's assessments of EPs will be due no later than 13:00 on 29 February 2016. However the assessments can be submitted at any point between 08 February 2016 and 29 February 2016.

7. Production of scorecards and detailed KPI reports for Review Panel

When: 14 March 2016

Score cards and detailed KPI reports on the Qualitative KPIs are produced for each EP and made available to the Review Panel and to the EPs.

8. HEEoE triangulates all information submitted for discussion at the first pre-review panel meeting

When: 05 April 2016 and 06 April 2016

The Panel will review the EP self-assessments, Employer assessments and student feedback (including the student survey). The panel will allocate tentative RAG ratings for each programme being reviewed.

At this stage, where the Panel determines that additional clarification or evidence is required this will be requested from the EP.

9. HEEoE requests additional evidence from EPs where required

When: 07 April 2016

Additional evidence requests issued to EP's. Additional evidence must be provided no later than 18 April 2016. Additional evidence will only be requested if HEEoE consider it necessary to support the assurance process.

10. HEEoE processes quantitative information for Annual Review

When: 22 April 2016

Quantitative KPIs are calculated based on the contract data submitted for 2015/16 Quarter 4. Failure to submit an accurate data return in line with schedule 4 of the contract will result in all quantitative KPIs being RAG rated Red.



11. Second panel-review meeting

When: 26 April 2016

Additional evidence is reviewed and considered by the Panel. Key Lines of Enquiry (KLEs) are agreed by the panel in preparation for the Annual Review Meeting (ARM). Evidence from the Quantitative RAGs will also be explored.

12. HEEoE issues to EPs key lines of enquiry, and draft RAG ratings and composition of panels for ARMs

When: 26 April 2016

- KLEs are issued to each EP **one** week prior to the date of its ARM, along with draft RAG ratings for each KPI and confirmation of composition of the Panel for the meeting. Normally only KPIs where there are outstanding issues will be subject to KLEs at the ARM. The EP may choose to share this with Employers and stakeholders.

13. Annual Review Meeting (ARM)

When: 10 May 2016 Onwards

EP ARMs will focus on KLE developed in stage 11. Membership of the ARM panel and the ARM Advisory Panel will be confirmed prior to the ARM and will include:

The Review Chair (the Postgraduate Dean), The Head of Quality Improvement, the Head of Education and Commissioning, the Education and Commissioning Manager, a representative with senior Clinical experience and a representative with senior Academic experience. The Panel is responsible for seeking assurance against all KPIs identified through the Key Lines of Enquiry.

In addition, there will be an Advisory panel. Members of this panel will include representation from Workforce Partnerships, a Public/Patient Voice representative, other members of HEE staff. The role of the Advisory panel is to listen to the evidence provided and provide advice on assurance.

HEEoE will ask the EPs to form a student focus group on the same day as the Annual Review Meetings. Details of the make up of these focus groups will be provided in advance to EPs. This will allow the panel to discuss further elements of the student survey and evidence from the employer and EP assessment.

There is an expectation that the EP Dean, with appropriate senior colleagues, will attend the EP ARM. EPs are responsible for ensuring an appropriate range of Employers partners are present at the ARM. EPs are encouraged to secure representation service users as appropriate. When deciding on representation at the ARM, EPs should consider the Chair's ability to practically manage.

14. Annual Reports produced and signed off by HEEoE

When: June 2016

An Annual Report for each EP will be produced by HEEoE following the ARM.

Within 4 weeks of the ARM, the Annual Report will be issued in draft form for the EP to review for accuracy. Final reports will be issued in June 2016.

15. Improvement Plan produced agreed and managed in year

When: June 2016

Following the final issue of the report the EP will be issued with an ARM report with commendations, identified areas of concern which require attention within the contract year and recommendations for the EP to implement within the year. The Improvement Plan must be completed on the designated template and each item identified as requiring attention within the contract year and recommendations must have corresponding actions. These will need to be formally signed off both by the EP, to confirm agreement of the actions and by HEEoE at the Contract meetings.

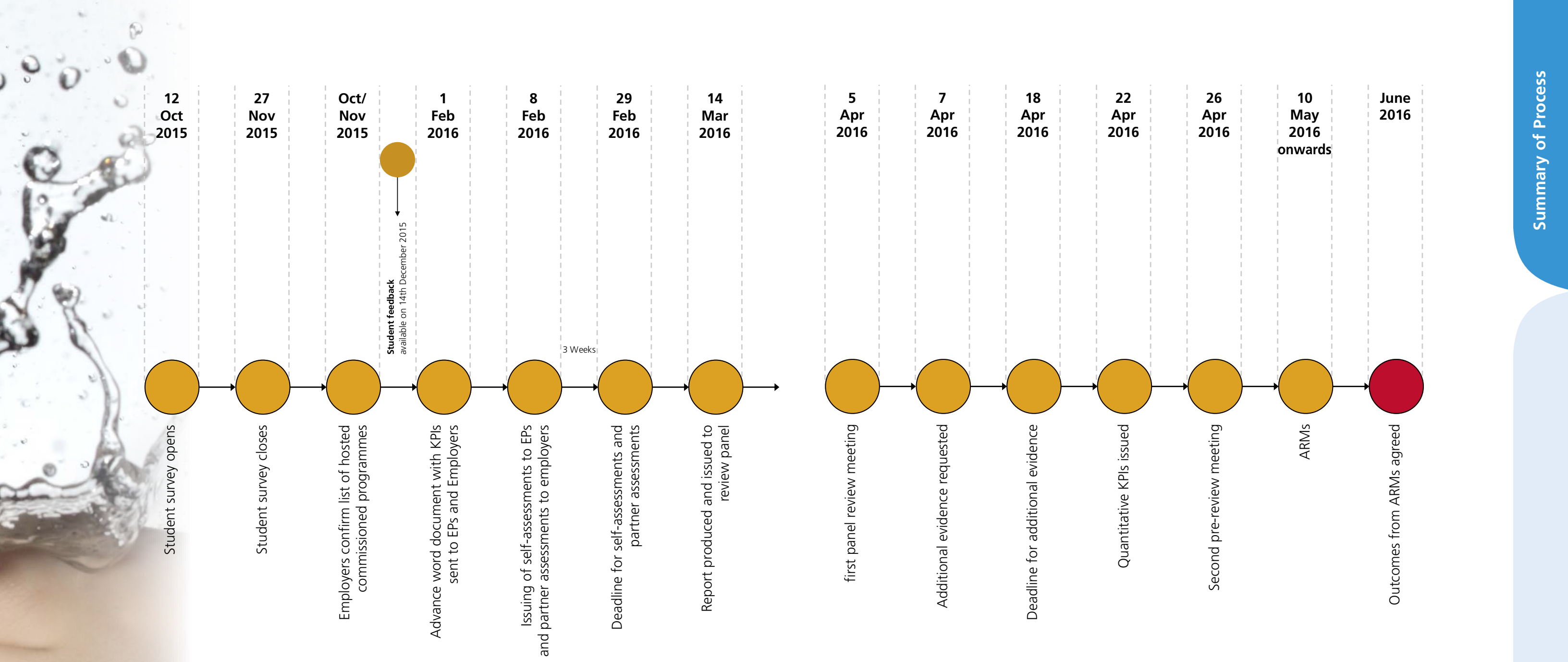


Figure 2 Process Timeline


Key Performance Indicators

This section provides a summary of the KPIs used for the QIPF process. Additional information for KPIs can be found in Annex 3. Information in relation to how both EPs and Employers should assign RAG ratings is outlined in Annexe 4.

Education Provider Key Performance Indicators

EPs will be reviewed against the following KPIs:

R1	Recruitment (Qualitative)	A representative sample of senior staff from Employers carries out a stock-take of recruitment and selection processes, and agrees any actions with the EP annually.
R2	Recruitment (Quantitative)	Variance between commissioned number and actual students recruited per programme (percentage). Number of starters/ numbers of students commissioned.
A1	Course Content	<p>A representative sample from Employers mutually stock takes, annually reviews and agrees with the EP action required to ensure that course content and delivery is suitable for ensuring a workforce is fit for purpose.</p> <p>Assurance should also be provided that curriculum content reflects NHS behaviours, values and attitudes required by healthcare professionals as defined by the NHS Constitution.</p>
P1	Partnerships	The EP can assure HEEoE that it is able to effectively manage in partnership with Employers all risks identified within practice proactively therefore minimising the impact on student learning.
P2	Placement Audit	A representative sample of senior staff from Employers, as agreed with Practice Placement Providers, confirms that the EP places students within currently audited, appropriately staffed clinical areas. The EP ensures that staff supporting students have undertaken appropriate training, and offer updating and Link Lecturer support to practice.
P3	Fitness for Placement	A representative sample of senior staff from Employers, as agreed with Practice Placement Providers, confirms that any concerns about the fitness for placement of students are being agreed by the EP and Practice Placement Provider and that the Practice Placement Provider and the EP work in partnership to resolve any issues.



P4	DBS/OH	A representative sample of senior staff from Employers, as agreed with the Practice Placement Providers, confirms that Disclosure and Barring Service (DBS) and Occupational Health (OH) checks and any resultant actions are carried out by the EP in accordance with mutually agreed processes and communicated to Practice Placement Providers appropriately.
P5	Basic Skills	A representative sample of senior staff from Employers confirms that students starting placements demonstrate basic skills, knowledge and professional behaviours as mutually agreed with the EP.
C1	Review Outcomes	<p>The EP confirms that over the course of the year, it has reported to HEEoE, relevant employers and students any weaknesses identified by relevant reviews (including QAA, NMC, HCP, Internal Validation or other internal review) within two weeks of verbal feedback, or as soon as possible and, in any case, within three working days of the written report.</p> <p>The Employer can confirm that the outcome of any reviews are communicated appropriately. In addition, the EP is able to confirm that an action plan has been or is being developed in partnership with Employers, or the EP is able to confirm that no weaknesses were identified by any form of review over the previous year.</p>
C2	Learner Feedback (Qualitative)	The EP collects student feedback from a range of mechanisms including the Student Survey and the QIPF student survey and can demonstrate an audit trail showing resultant actions and service improvements.
C3	Learner Feedback (Quantitative)	The percentage of all eligible students who have completed one of the student surveys by 27 November in 2015 who are in training on 30th September 2015.
E2	Employability (Qualitative)	The EP has robust mechanisms for collecting first destination data and is using this data to appropriately develop programmes. The EP can demonstrate that it is promoting the East of England as a first destination of choice for newly qualified health professionals and is working with employers to promote HEEoE commissioned students as new members of staff.

E3	Employment of Newly Qualified Health Care Professionals)	The percentage of students that the EP is able to report a known first destination in February 2016 who have an actual completion date between 1 January 2015 and 31 December 2015.
O1	Attrition	Attrition as a percentage for the programme. Sum of all (Discontinuances + Withdrawals + External Transfers Out + Internal Transfers Out – External Transfers in – Internal Transfers In)/Sum of all starters.
L3	Outturn	The percentage of completions on time from the programme against starters. = number of students that complete on time/ number of starters.
L4	Standard Progression	The percentage of completers on standard progression against overall completers. = sum of all completers on standard progression on time/sum of all completers.
I1	Improvement Plan	The EP has an Improvement Plan in place that incorporates all actions and recommendations from the ARM Report, is appropriately signed off and monitored, and provides evidence for actions turned green.

Education Provider RAG Ratings

RAG Scoring

The following scores will be provided for each RAG rating of KPI.

	Red	Amber	Green
Each quantitative KPI	-5	0	5
All qualitative KPIs (except I1)	-6	0	6
I1 Qualitative KPI (Improvement Plan)	-10	0	10

Overall RAG Boundaries

Scores for each of the 17 individual KPIs will be combined into an overall score. Overall RAG boundaries for combined KPIs can be seen in the table below.

In 2015/16 no programme which is RAG rated Red for a qualitative KPI can receive an overall green RAG rating. The maximum possible RAG will be Amber regardless of the score achieved.

Overall RAG Boundaries

Scores for each of the 17 individual KPIs will be combined to give an overall score. Overall RAG boundaries for combined KPIs can be seen in the table below:

RAG	Score boundary
Red	Score < 0 i.e. Strictly less than 0
Amber	0 = < Score < 50 i.e. Greater than or equal to 0 and strictly less than 50
Green	Score = > 50 i.e. Greater than or equal to 50

Flexible Nursing Pathways:

In 2015/16 QIPF will not measure L3 and L4 on flexible nursing pathway programmes. All other relevant Quantitative KPIs will be applied.

In some scenarios not all KPIs will apply to programmes. See details below:

R2	R2 will only apply for programmes with starters during the NHS financial year, 1 April 2015 to 31 March 2016
C3	Will always apply (except for newly commissioned programmes where there are no students in training on 30 September 2015.)
E3	Will only apply for programmes where students have completed and the programme completion date is between 1 January 2015 and 31 December 2015.
O1	Will only apply for programmes which were active during the Quarter 4 reporting period (i.e. have a completion date on or after 1 January 2016) and are active for at least three months (i.e. commence on or before 31 December 2015).
L3	Outturn will only be measured for programmes with an actual completion date between 1 January 2015 and 31 December 2015. Outturn will not be measured for flexible nursing programmes in 2015/16.
L4	Standard progression will only be measured for programmes with an actual completion date between 01 January 2015 and 31 December 2015. Standard progression will not be measured for flexible nursing programmes in 2015/16.
I1	The Improvement Plan KPI will not be RAG rated for programmes which were not subject to the QIPF process in 2014/15.

Where not all RAG ratings apply, the RAG rating will be calculated as a percentage of the available total score, see below:

Red	Strictly less than 0
Amber	Greater than or equal 0 but strictly less than 50% of the total available score
Green	Greater than or equal to 50% of the total available score.

Example:

For a programme where 2 Quantitative KPIs do not attract a score, the total available score is 90. (The RAG rating will be calculated by multiplying the achieved score by 50% of the maximum available, in this case 90. Red score will be less than 0, Amber score less than 0-45 and Green score Equal to or greater than 45.)

Annexes



Annex 1: Assessment Surveys

Both the EP self-assessment and the employer assessment of EPs will be completed online. A link and specific information on how to access and complete assessments will be issued to the Nominated QIPF lead in each Employer. The QIPF lead is identified in the LDA and are responsible for ensuring that feedback is provided on every programme that they confirm that they have hosted students for during the review period in the Autumn 2015. It is also HEEoE's expectation that the Non-Medical Clinical Tutor should be consulted. It is the expectation of HEEoE that the Employer provides valid and robust data and feedback. Submissions to the EP survey are used to inform RAG ratings of EPs and have implications for future commissioning decisions. The quality of the feedback provided by Employers will be reviewed as part of the Employer QIPF.

An advance copy of all questions will be issued in Word format on 1 February 2016 to support completion by stakeholders; however final submissions must be made by using the online submission tool. Further details for the online tool will be issued in January 2016.

Guidance on assigning RAG ratings

Evidence requirements for each KPI should be noted as outlined in Annex 3. Guidance on how RAG ratings will be assigned against evidence requirements is outlined in Annex 4.

It is important that as much relevant information as possible is provided as part of the assessment surveys to support RAG ratings so as to ensure the Panel is able to consider all factors.

Employer assessments and self-assessments for EPs must provide a RAG rating for each programme. Programmes are rated individually, with one comment against each KPI for all programmes. Where programmes have not been rated Green, reference should be made in the commentary as to why this is the case.

Comments are mandatory against all KPIs

Employers and EPs must be able to provide evidence to support any comments made. This evidence can be in the form of emails, minutes of meetings or other suitable form which substantiates the comments.



Annex 2: Student survey

Pre-Registration Student Survey

Link to Survey	TBC
Opening date:	09:00 on 12 October 2015
Closing date:	17:00 on 27 November 2015
Students to be Included	<p>All students who are currently in training on HEEOE funded programmes, (this includes those students on HEFCE funded programmes where HEEOE meet the placement cost e.g. Paramedic Degrees and Oral Health Foundation Degrees). The survey should not be completed by students on programmes that do not fall into either of those 2 categories or who are funded by another LETB. The survey should be completed by students who were currently on commissioned programmes on 30 September 2015. The survey should not be completed by students who have now completed their programme.</p> <p>In 2015/16 there will be 2 specific surveys one for first year students only and one for returning students. It is essential that the correct survey is sent to the correct students.</p>
Expectation of HEIs	<p>It is a requirement for the EP to circulate the link to the pre-registration student survey to all students included in the criteria outlined above.</p> <p>It is the responsibility of the EP to ensure that students are aware that their programme of study is funded by HEEOE and they therefore have any obligation to provide feedback to support the continuous improvement of education.</p> <p>It is the responsibility of the EP to ensure that the maximum response rate is achieved and to follow up students identified as not having completed the survey.</p>
Role of HEEOE	<p>Provide links to Bristol online surveys to named email link by 09:00 on 12 October 2015.</p> <p>Provide each EP a weekly statistical update on the number of completed surveys for each HEI.</p> <p>Provide, where appropriate basic advice to students and EP on technical completion issues of the survey.</p> <p>Analyse and summarise student feedback and provide access for EPs to access this on line by 17:00 on 14 December 2015.</p> <p>Ensure feedback is used effectively by the ARM.</p>

Flexible Nursing Pathways: In 2015/16 the feedback from students on the flexible nursing pathways will not be picked up at the Annual Review Meetings but will be fed into the pilot review team to follow up specifically with this group of students.

Mapping of Questions: The handbook has mapped questions considered against each KPI, these are subject to change following the pilots.



Annex 3: Education Provider KPIs

R1 Recruitment (Qualitative)

A representative sample of senior staff from Employers carry out a stock-take of recruitment and selection policy and processes and agrees any actions with EP annually.

Evidence of a mutually agreed recruitment and selection plan between the EP and the Employer showing the outcomes of these actions.

Minimum Evidence Requirements:	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>Evidence that all EP requirements are met except for EP requirement x, and xi. Student and service user feedback is consistent with this. Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p> <p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI. The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Key Requirement for EP	Potential Sources of Evidence
<ul style="list-style-type: none">i. There is an adequate recruitment strategy in place to ensure the required number of students are recruited at as agreed in commissioning letters;ii. Students are recruited to the NHS Constitution Values;iii. All employers are invited and encouraged to be involved in the recruitment of students;iv. Students recruited have the necessary skills and abilities to complete the programme within the commissioned timescales;v. Students are made aware of their responsibility to provide feedback as NHS commissioned students;vi. The involvement of service users and carers in recruitment;vii. The involvement of students in recruitment;viii. Evidence of close working relationships with WPs to indicate under and over recruitment and early warning mechanisms demonstrated;ix. Common recruitment activities and requirements are shared across all NHS commissioned programmes and supported with an increasing evidence base of meeting service needs for graduates;x. Website and other pre-course information for NHS commissioned programmes is regularly monitored and reviewed to reflect NHS requirements;xi. Widening participation strategy is monitored and reviewed annually, effectively implemented and impacts on the profile of recruited cohorts.	<ul style="list-style-type: none">i. Evidence in Employer assessments and EP Self-Assessment;ii. Support for widening access;iii. EP and School recruitment strategy;iv. Widening Participation Strategy;v. Management of Employer concern in relation to candidates' suitability;vi. Clear record of interview decisions is being maintained;vii. Demonstration of innovation and adoption of best practice in the development of marketing, recruitment and selection plans;viii. Demonstration of partnership working;ix. Plans for ensuring that all students are eligible for NHS funding;x. Evidence that all staff, including administrative staff, involved in the recruitment and selection of students are aware of the requirement to recruit to the NHS Constitution;xi. EP in partnership with WP to manage over and under recruitment;xii. Annual review, evaluation and improvement plan for recruitment, selection and enrolment processesxiii. Compliance with the HEE Values Based Recruitment Toolkit;

<p>Key evidence from Employer</p> <ul style="list-style-type: none"> i. Employers are invited to participate in recruitment and the recruitment strategy is reviewed annually with Employers to identify good practice and alignment with the NHS values; ii. Employers are invited to a stocktake of policies and procedures on at least an annual basis. 	
<p>Student Survey Questions considered in this KPI (all from 1st Year Survey) (subject to change based on Student survey pilot)</p>	
<p>Information was provided about a face to face interview in a timely manner;</p> <p>I had a clear understanding that my programme was funded by the NHS when making my application;</p> <p>The information provided about my programme made clear that NHS Constitution and Values were important;</p> <p>The information provided about my programme emphasized the importance of delivering good patient/ service-user experience;</p> <p>The induction programme provided gave me a good introduction to my programme.</p>	

R2 Recruitment (Quantitative)

Variance between commissioned numbers and actual students recruited per programme (percentage).

This is a quantitative measure based on the contract data collection; no self-assessment or assessment by partners is required.

- Recruitment will be measured at 31 March 2016 and will cover all new starters reported during the NHS financial year, 1 April 2015 to 31 March 2016. Recruitment will be measured against agreed commissioning plans.

The recruitment KPI is a measure of the percentage extent to which the commissioned places have been achieved through recruitment and is calculated as follows:

$$\frac{\text{Number of starters}}{\text{Number of students commissioned}}$$

For the purpose of recruitment, starters are defined as those students who:

- are first time entrants to Year 1;
- have not transferred in from another healthcare programme;

Information on aggregation and rounding is outlined in Annex 6.

Programmes will be RAG rated as outlined below:

	Red	Amber	Green
Programmes with commissions of 20 students or more	Recruitment < 85% or Recruitment > 110% i.e. Strictly less than 85% or Strictly greater than 110%	85% = < Recruitment < 95% or 105% < Recruitment = < 110% i.e. Greater than or equal to 85% and strictly less than 95% or Strictly greater than 105% and strictly less than 110%	95% = < Recruitment = < 105% i.e. Greater than or equal to 95% and less than or equal to 105%
Small Cohort Calculation: Programmes with commissions of less than 20 students	3 or more students above or below target	2 students above OR below target	On target or 1 student above OR below target

A1 Course content

A representative sample of senior staff from Employers mutually stock-takes, annually reviews and agrees with the EP action required to ensure that the course content and delivery is suitable for ensuring a workforce that is fit for purpose.

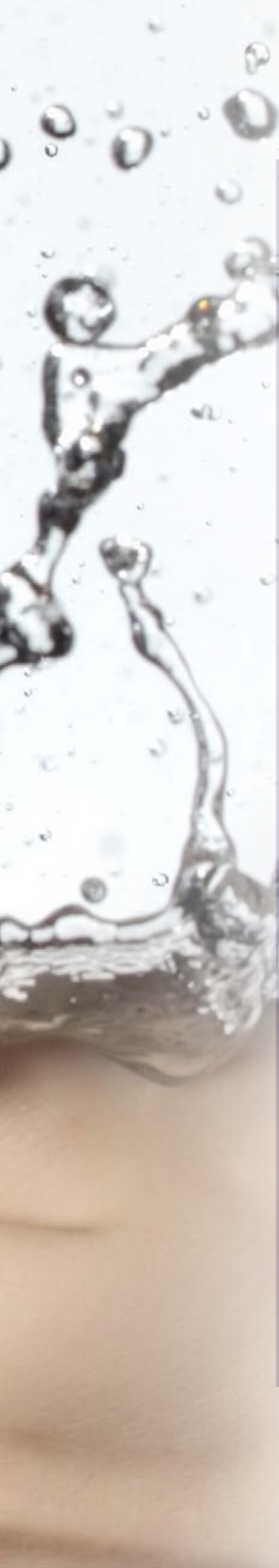
Assurance should be provided that curriculum content reflects NHS behaviours, values and attitudes required by healthcare professionals as defined by the NHS Constitution.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p> <p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Key Requirements for EP	Potential Sources of Evidence
<ul style="list-style-type: none">i. Curriculum content reflects the behaviours, knowledge, skills and attitudes required by healthcare staff as defined by the NHS constitution;ii. Academic staff developing and delivering programmes have up to date, relevant clinical knowledge;iii. Curricula are reviewed annually taking into account feedback from professional, regulatory and statutory bodies;iv. Evidence that the EP is responding to national and local priorities such as Band1-4, the Care Certificate, flexible models of learning and the outcomes of relevant commissioning reviews;v. Processes in place to ensure that concerns raised by stakeholders regarding the continuing suitability of course content can be reviewed and agreed in a timely manner;vi. Course content and curricula reflects the requirements of service providers and users to ensure that successful graduates are fit for purpose;vii. Inter-professional learning opportunities are sought and included within curricula.	<ul style="list-style-type: none">i. Evidence in Employer Survey and EP Self-Assessment;ii. Feedback from Patients and Carers;iii. Clear process for the management of concerns raised by Employers and/ or students including effective programme committees and student forums;iv. Evidence of involving all Employers in curriculum design and delivery;v. Evidence that the curriculum content and delivery are being reviewed annually in partnership with Employers, including minutes of relevant committees and boards;vi. Evidence of innovation and curriculum design and delivery;vii. Evidence of staff developing and delivering the curriculum have up to date and relevant clinical knowledge through placements and continuous professional development.
Key Evidence from Employer <ul style="list-style-type: none">i. Employers confirm that the students they have on placement have the required skills to start and undertake placements;ii. Employers confirm that Newly Qualified Health Professionals have the required skills to start work in the NHS;iii. Employers can confirm that the students they are training have the right attitudes to work as healthcare staff as defined by the NHS constitution;	

iv. Feedback from Employers is implemented on the EP programme;	
Student Survey Questions considered in this KPI (1st Year survey) (subject to change based on Student survey pilot)	
Staff are good at explaining things; Staff have made the subject interesting; The staff are enthusiastic about what they are teaching; Teaching on my programme has a clear focus on the importance of delivering a high quality patient/ service user experience; I have received sufficient advice and support with my studies; I have been able to contact staff when I needed to and had an appropriate response; The timetable works efficiently as far as my activities are concerned; Any changes in the programme or teaching have been communicated efficiently; The programme is well organised and is running smoothly.	



Student Survey Questions considered in this KPI (2nd and returning Year survey) (subject to change)	
<p>Staff are good at explaining things;</p> <p>Staff have made the subject interesting and enthusiastic;</p> <p>Teaching is up to date and reflects current clinical knowledge and practice;</p> <p>Staff teaching the programme made clear the NHS Constitution and Values were important;</p> <p>Teaching on my programme has a clear focus on the importance of delivering a high quality patient/ service user experience;</p> <p>The teaching on my course enabled me to learn with or about other health and social care professionals;</p> <p>The criteria used in marking have been made clear in advance;</p> <p>Assessment arrangements and marking have been fair;</p> <p>I have received detailed comments on my work;</p> <p>I have received sufficient advice and support with my studies;</p> <p>I have been able to contact staff when I needed to and get an appropriate response;</p> <p>The timetable works efficiently as far as my activities are concerned;</p> <p>Any changes in the programme or teaching have been communicated efficiently;</p> <p>The programme is well organised and is running smoothly.</p>	

P1 Partnerships

The EP can assure HEEoE that it is able to manage all risks identified within practice effectively and proactively in partnership, thereby minimising the impact on student learning.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none">i. Partnership working with all employers to ensure that risks are minimised;ii. Effective and robust processes are in place to identify the placement activity required across each commissioned programme;iii. Effective, robust and timely processes are in place to allocate students to appropriate practice placements which meet the required learning outcomes;iv. Effective processes are in place to monitor and report to relevant stakeholders, concerns raised with regard to patient safety.	<ul style="list-style-type: none">i. Evidence in Employer assessment and EP Self-Assessmentii. Minutes of meetings containing clear and unambiguous reference to the confirmation that all risks are reviewed annually and that there are no risks or that risks are being managed effectively;iii. Evidence that where risks, are identified, a clear, mutually agreed action plan is available with evidence of active management;iv. Signed letter from Employers agreeing that KPIs are met;v. Evidence of EP raising unresolved risk at Contract Meetings and Strategic Review Meetings.
Key evidence from Employer <ul style="list-style-type: none">i. Employers feel positively engaged in managing all risk;ii. Employer can confirm that communication about placements happens in an efficient, robust and timely manner.	
Student Survey Questions considered in this KPI (2nd and returning students only) these are additional to requirements (subject to change based on Student survey pilot)	
<p>I have received sufficient information about my allocated placements in a timely manner</p> <p>I was allocated placements that were suitable for my course;</p> <p>The course has taught me the importance of escalating concerns (e.g. patient safety and whistle blowing);</p> <p>I am clear about precisely what I should do if I need to report an issue of risk or patient safety.</p>	

P2 Placement Audit

A representative sample of senior staff from EPs, as agreed with Employers, confirms that the EP places students within currently audited and appropriately staffed clinical areas. The EP ensures that staff supporting students have undertaken appropriate training, and offers updating and Link Lecturer support to practice.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p>
Red	<p>The EP evidence does not confirm that all EP requirements are met and the Employer evidence does not confirm this for all items including iv. Student and service user feedback is consistent with this:</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI;</p> <p>Significant review is required to address issues outlined in the KPI;</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none">i. The EP has effective processes in place for auditing placements to ensure that Mentors are in place and effectively trained and identify where capacity is available;ii. The EP has a mechanism for raising issues arising from audits appropriately;iii. There are a range of tools available to EP staff to enable them to effectively support students on placement;iv. The EP can evidence identifying where capacity available does not meet the required level of practice placement demand and resolving these issues;v. Capacity of each practice placement to support students is being managed consistently.	<ul style="list-style-type: none">i. Evidence from Employer assessment and EP Self-Assessment;ii. Minutes of meetings contain clear, unambiguous reference to confirm that these processes are in place;iii. Signed letter from representative from the EP agreeing that the KPI is met in partnership with all stakeholders;iv. The EP is working with the local Employers to ensure that current and future placement circuits reflect the changing NHS and can provide documentation demonstrating this;v. Processes for identification, approval and allocation of new practice placements;vi. Representative sample of quality audit visits/student placement evaluations;vii. Agreed action plan to manage identified concerns, issues and risks;viii. Attendance of mentors on mentor update programme;ix. NMC and other regulatory body reports;x. Membership of and activities from locality placement capacity planning groups/forums;xi. Practice placement committee membership/minutes/actions/outcome and reviews.
Key evidence from Employer <ul style="list-style-type: none">i. Audits are undertaken regularly in partnership with EPs and issues are appropriately raised with the Employer;ii. Link Lecturer support from the EP is in place and is effective;iii. Regular mentor updating sessions are in place;iv. There are a range of tools available to Employers to enable them to effectively support students on placement.v. Placement audit systems that record capacity and are reviewed annually;	

Student Survey Questions considered in this KPI (1st Year survey) (subject to change based on Student survey pilot)

The library and knowledge resource services met my needs;

I have been able to access general IT resources when I needed to;

I have been able to access specialised equipment, facilities or rooms when I needed to

Student Survey Questions considered in this KPI (2nd year and returning students only) these are surplus to requirements (subject to change based on Student survey pilot)

I received structured feedback from my mentors/supervisors;

My practice supervisors/mentors understood how my placements related to the broader requirements of my course.

The library and knowledge resources are good for my needs;

I have been able to access specialised equipment, facilities or rooms when I needed to;

I have appropriate supervision and guidance from mentors and supervisors on placement;

I receive appropriate support from University staff while on placement;

I have been able to access IT services using a personal login that were sufficient for my needs.

P3 Fitness for Placement

A representative sample of senior staff from EPs, as agreed with Employers, confirms that any concerns about fitness for placement of students are being responded to in line with processes about timeframes mutually agreed by the EP and the Employers and that the Employers work in partnership to resolve any issues.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Evidence that all EP requirements are met and that the Employer evidence confirms all evidence of the KPI.</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious risk or risk.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>

Key Requirement for EP	Potential sources of Evidence
i. EPs are able to confirm that when Employers raise Fitness for Placement concerns for students they deal with them quickly and effectively and to the satisfaction of the Employer;	i. Evidence from Employer assessment and EP Self-Assessment; ii. Minutes of meetings contain clear, unambiguous reference to the confirmation in partnership with all stakeholders;

<ul style="list-style-type: none"> ii. Cause for concern processes are implemented and effective; iii. Reporting of all untoward incidents involving students to HEEoE; iv. Effective processes are in place to ensure practice placements report all serious untoward incidents (SUIs) involving students; v. Prior to placement, students are aware of the expectations placed on them whilst on placement and the processes that will be followed should there be a concern regarding their performance or behaviour; vi. Where required, agreed processes are in place to conduct effective and timely fitness to practice panels; vii. Those with an identified responsibility in implementing the policy and procedures relating to raising concerns regarding students' performance or behaviour are regularly updated to ensure the policy is being implemented effectively; viii. Policies and processes are reviewed and amended as required to reflect learning and best practice. 	<ul style="list-style-type: none"> iv. Evidence of reporting untoward incidents involving students to HEEoE; v. Communication processes at all appropriate levels including escalation processes; vi. Regular summary reports are provided to placement providers and HEEoE with regard to the outcomes of concerns raised regarding students' performance and behaviour.
<p>Key evidence from Employer</p> <ul style="list-style-type: none"> i. All Employers are able to confirm that when they raise Fitness for Placement concerns these are always dealt with quickly and effectively by the EP to the satisfaction of the Employer; ii. Cause for concern processes are implemented and effective; iii. Systems in place for monitoring individual students as they progress through each practice placement; 	

P4 Disclosure and Barring Service and Occupational Health Checks

A representative sample of senior staff from Employers confirms that Disclosure and Barring Service (DBS) and Occupational Health (OH) checks and resultant actions have been carried out by the EP in accordance with mutually agreed processes and communicated to Employers.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>

Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none"> i. EP always carries out DBS and OH checks on all students prior to starting placements; ii. EP always communicates the outcomes of DBS and OH checks on students to Employers prior to students starting the placements; iii. The information is sent securely to Employers; iv. Effective processes are in place to review and monitor that students continue to meet the requirements of DBS and Occupational Health; v. Quality assurance processes are in place and regularly audited, evaluated and developed to ensure that clearances are conducted safely and appropriately in line with agreed standards. 	<ul style="list-style-type: none"> i. Evidence from the Employer assessment and EP Self-Assessment; ii. Emails to Employers confirming individual student clearance for OH and DBS; iii. Minutes of meetings contain clear, unambiguous reference to confirmation that the KPI is being met in partnership with all stakeholders; iv. Processes to deal with any issues that arise and how they are handled; v. Reports on audits undertaken and actions proposed and implemented; vi. Minutes of meetings to discuss issues and decisions taken.
<p>Key evidence from Employer</p> <ul style="list-style-type: none"> i. The Employer can confirm for all students on all programmes that prior to students starting placements the outcomes of DBS and OH checks are communicated. This is not reporting by exception; ii. Employers feel adequately represented and involved in decision making where any concerns regarding clearances are raised. 	

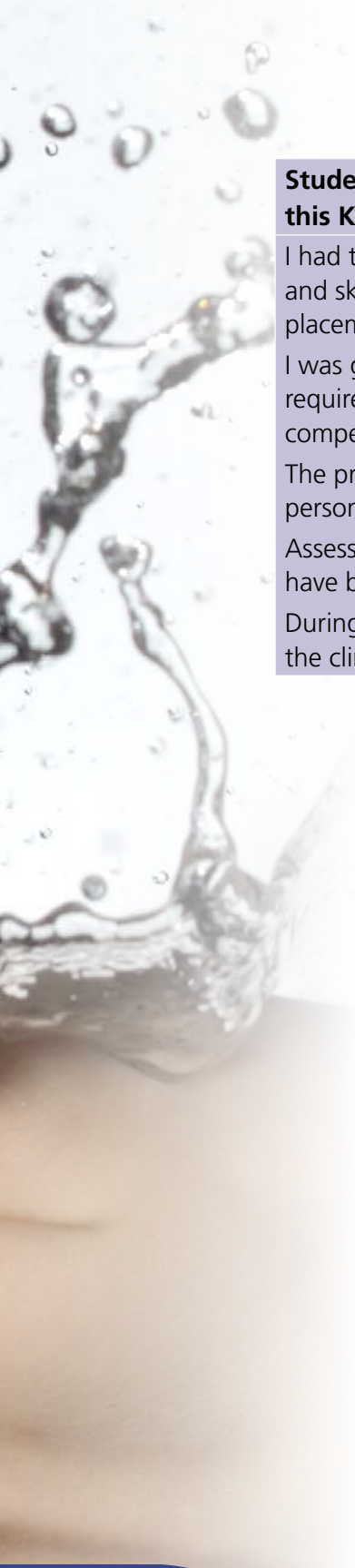
P5 Basic Skills

A representative sample of senior staff from Employers confirm that students starting placements demonstrate basic skills, knowledge and professional behaviours as mutually agreed with the EP

Minimum Evidence Requirements	
Green	EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant). Assurance has been provided to the extent required in the KPI.
Amber	The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM. Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.
Red	EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk. Serious concerns are identified about one or more of the requirements identified in the KPI. Significant review is required to address issues outlined in the KPI. The panel is not confident that issues can be addressed within a reasonable timeframe.

Key Requirements for EP	Potential sources of Evidence
i. Agreement has been reached with the EP, Employers and HEEoE on the expected skills, knowledge and professional behaviours required from students whilst on practice placements; ii. Students are effectively prepared and supported to meet and demonstrate the required standards relevant; iii. The EP monitors that students have a clear induction from service staff prior to commencing each placement;	i. Evidence from Employer assessment and EP Self-Assessment; ii. Student involvement in quality assurance processes and programme management; iii. Development and implementation of action plans/ business plans; iv. Evidence of changes in service as a result of student feedback;

<ul style="list-style-type: none"> iv. The EP monitors that there are mechanisms in places to ensure that patients are aware and consent to care being provided by students; v. Students are encouraged and enabled to provide feedback on their experiences within a practice placement environment; vi. Standards required of students and the delivery methods used to prepare them; vii. Curriculum is regularly monitored, reviewed and amended to ensure that students continue to meet standards required. 	<ul style="list-style-type: none"> v. Minutes of meetings contain clear, unambiguous reference to the confirmation of partnership with all stakeholders; vi. A signed letter from representative senior staff from the Employer that the KPI is being met; vii. Evidence of reporting untoward incidents involving students to HEEoE; viii. Records of induction are held as part of the placement documentation and evidence of students having clear placement guidelines and expectations; ix. Support processes in place for students, their implementation and outcome.
<p>Key evidence from Employer</p> <ul style="list-style-type: none"> i. The employer confirms that students start each placement with the knowledge, skills and experience to undertake the placement successfully; ii. The employer confirms Newly Qualified Healthcare Professionals employed by the Trust have the knowledge, skills and experience to successfully undertake their role; iii. Students undertaking the placement have the behaviours which reflect professional codes of conduct and the values of the NHS Constitution; iv. Students have completed all mandatory training prior to commencing each placement; v. Feedback is obtained, collated and reviewed from mentors, supervisors, placement facilitators and patients with regard to student performance and behaviour whilst on practice placements; vi. Employer staff who support students on placement are aware of the expected basic skills, knowledge and professional behaviours required from students whilst on practice placement. 	




Student Survey Questions considered in this KPI (2nd year and returning only)	
<p>I had the appropriate preparatory knowledge and skills that I needed before starting each placement;</p> <p>I was given opportunities to meet my required practice learning outcomes and competencies;</p> <p>The programme has helped me develop my personal communication skills;</p> <p>Assessment arrangements on placement have been fair;</p> <p>During placement my contribution as part of the clinical team was valued.</p>	

C1 Review Outcomes

The EP confirms that over the course of the year, it has reported to HEEoE, relevant employers and students any weaknesses identified by relevant reviews (including QAA, NMC, HCPC, Internal Validation or other internal review) within two weeks of verbal feedback, or as soon as possible and, in any case, within three working days of the written report.

The Employer can confirm that it is aware of the outcome of any reviews and that these have been communicated appropriately. In addition, the EP is able to confirm that an action plan has been or is being developed in partnership with Employers, or the EP is able to confirm that no weaknesses were identified by any form of review over the previous year.

Minimum Evidence Requirements:	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern or risk.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>




Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none"> i. The outcomes of all reviews (QAA,NMC,HCP, Internal Validation or other internal reviews) are communicated within 2 weeks of verbal feedback or 3 working days of the written report to HEEoE and relevant Employer and students; ii. HEEoE has been informed of all external reviews planned within the contract year; iii. HEEoE is provided with copies of relevant external feedback and reports within the required timescale; iv. All relevant stakeholders have been engaged throughout the review process; v. Relevant stakeholders are fully engaged in the development of action plans and ongoing management reports; vi. Lessons learnt and actions taken are disseminated across programmes in order to support wider improvements. 	<ul style="list-style-type: none"> i. Evidence from the Employer assessment and EP Self-Assessment; ii. External reports and reviews; iii. Minutes of meetings to demonstrate stakeholder engagement; iv. Details of progress against action plans; v. Research to demonstrate learning from issues; vi. Emails or letters to HEEoE, and students confirming that weaknesses identified by relevant reviews have been communicated; vii. Action plans in place where weaknesses have been identified;
<p>Key Evidence from Employer</p> <ul style="list-style-type: none"> i. All employers can confirm that the outcomes of reviews (QAA,NMC,HCPC, Internal Validation or internal reviews) are communicated within the timescales laid out above to them. Employers can confirm that where weaknesses are identified there are action plans in place which have been agreed with them. 	

C2 Learner Feedback

The EP collects student feedback through the National Student Survey, internal surveys and the QIPF Student survey and can demonstrate an audit trail showing resultant action plans and service improvements.

Employers can confirm that feedback from the National Student Survey, Internal surveys and the QIPF Student survey are shared with them and joint action is agreed to improve the quality of academic learning and the clinical learning environment.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none"> i. Evidence of internal processes for analysing feedback from students; ii. Evidence of change being effectively implemented to improve student experience following student feedback; iii. Feedback on student performance and behaviour is collated and used to drive development and improvement in how students are prepared for clinical placement; iv. The student voice is effectively incorporated into all relevant programme quality assurance and management meetings; v. The outcomes of student evaluations are communicated with students and other relevant stakeholders within an agreed timeframe; vi. Implementation and outcomes of actions agreed are monitored and evaluated to ensure desired improvements are achieved. 	<ul style="list-style-type: none"> i. Action plans and collated feedback for each cohort; ii. Evidence that feedback is sought on: course content and delivery, adequacy of preparation for placements, placement learning experiences and service improvements; iii. Evidence of an effective approach to interrogating the data; iv. Effective mechanisms for feeding back to students; v. Evidence of measuring effectiveness of changes made as a result of student feedback. vi. Evidence of the process for making changes based on feedback; vii. Evidence from Employer assessment and EP self assessment.
Key Evidence from Employer <ul style="list-style-type: none"> i. Employers can confirm that feedback and resultant actions are communicated to them; ii. Confirmation that feedback specifically relating to placements is discussed with them and joint actions are agreed. 	

C3 Learner Feedback (Quantitative)

The percentage of all eligible students (measured by the submission of students on programmes on 30 September 2015) who complete the QIPF Student survey by 17:00 on 27 November 2015. This is a quantitative measure and will be based on collection of submitted data to the student survey via the links issued 12 October 2015. A separate measurement will be made for each programme eligible to be measured as part of the Student Survey.

	Red	Amber	Green
All eligible students (see Annex 2)	Uptake levels = <50% i.e. Less than or equal to 50%	Uptake levels >50% and <80% i.e. strictly greater than 50% and strictly less than 80%	Uptake levels = >80% i.e. Greater than or equal to 80%

E2 Employability

The EP can demonstrate that it has robust mechanisms for collecting first destination data of students and can demonstrate that it is promoting the East of England as a first destination of choice for newly qualified health care professionals and is working with employers to promote HEEoE commissioned students as new members of staff.

The Employer can confirm that the EP engages with them to promote to students opportunities within their organisation and prepares students appropriately to engage in recruitment processes.

Minimum Evidence Requirements	
Green	<p>EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant).</p> <p>Assurance has been provided to the extent required in the KPI.</p>
Amber	<p>Evidence that all EP requirements are met except for EP requirement vi and the Employer evidence supports all evidence of required in the KPI. Student and service user feedback is consistent with this.</p> <p>The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.</p> <p>Not all Employer requirements are met but the concerns do not constitute a serious concern.</p>
Red	<p>EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk.</p> <p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>

Key Requirements for EP	Potential sources of Evidence
<ul style="list-style-type: none"> i. Students are aware at recruitment and through their programmes of the opportunities to work in the East of England; ii. The EP promotes the East of England as an appropriate place to work for all commissioned students; iii. The EP regularly communicates with Employers to discuss promotion to commissioned students of employment opportunities in their organisation; iv. The EP has an established employability and careers guidance strategy to support students into employment; v. The EP supports students in their choice of final placement to consider post-qualifying opportunities; vi. Innovative practice for supporting students into employment in the East of England; vii. The EP ensures that students are aware of their unique position as NHS funded students and the expectations that come with this. 	<ul style="list-style-type: none"> i. Evidence from the Employer assessment and EP self assessment; ii. Evidence of an Employability and Careers Guidance strategy; iii. Evidence of Careers Fairs for Employers in the East of England; iv. Evidence of innovative partnership work to support commissioned students into employment in the East of England.
Key Evidence from Employer <ul style="list-style-type: none"> i. Employers can confirm that the EP works in partnership with them to promote their organisation as a potential employer. 	
Student Survey Questions considered in this KPI	
When I complete my programme I am likely to work in the NHS East of England area.	

A decorative background image on the left side of the page showing a close-up of water splashing, with droplets and ripples visible.

E3 Employment of Newly Qualified Health Care Professionals

The percentage of students that the EP is able to report a known first destination who have an actual completion date between 1 January 2015 and 31 December 2015 that the EP is able to report a known destination for in the February 2016 Schedule 4 submission.

This is a quantitative measure based on the contract data collection; no self- assessment or assessment by partners is required.

	Red	Amber	Green
All eligible students (see Annex 2)	Known levels of destination = <50% i.e. Less than or equal to 50%	50%< Known levels of destinations<75% i.e. Strictly greater than 50% and strictly less than 75%	Known levels of destinations = >75% i.e. Greater than or equal to 75%

O1 Attrition (Quantitative)

Attrition as a percentage for the programme.

This is a quantitative measure based on the contract data collection; no self-assessment or assessment by partners is required.

Attrition is measured at 31 March 2016 and includes cohorts which were active during the Quarter 4 reporting period (i.e. have a completion date on or after 1 January 2016) and have been active for at least three months (i.e. commence on or before 31 December 2015).

The KPI value is produced for each programme by grouping equivalent eligible cohorts (those which have a common subject or nursing field, level, and duration), and calculating the aggregate rate of attrition over all cohorts.

The percentage attrition for a programme, based on the eligible cohorts, is given by the formula:

Sum of all (Discontinuances + Withdrawals + External Transfers Out + Internal Transfers Out – External Transfers In – Internal Transfers In) / Sum of all Starters

Definitions of the items used in the formula:

Discontinuation: A student who leaves by the EP decision

Withdrawal: A student who leaves by their own decision

External Transfer: A student who moves to or from a different EP, with credit

Internal Transfer: A student who moves between programmes or cohorts within an EP, e.g. a change of Nursing field or level, or returning after a break in study and moving to a later cohort.

Starters:

For the purpose of attrition, starters are defined as those students who:

- are first time entrants to year 1
- and have not transferred in from some other healthcare programme

Information on aggregation and rounding is outlined in Annex 6.

RAG rating boundaries are outlined over the page for all programmes.



Programme	Red	Amber	Green
Adult Nursing BSc (including flexible pathway)	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Adult Nursing Postgraduate	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Children's Nursing	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Learning Disability Nursing	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Mental Health Nursing (including flexible pathway)	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Mental Health Nursing Postgraduate	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Midwifery 3 Year	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Midwifery 18 month	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
All Physiotherapy not Postgraduate	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Physiotherapy Postgraduate	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Occupational Therapy BSc	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Occupational Therapy Postgraduate	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Speech and Language Therapy BSc	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Speech and Language Postgraduate	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Dietetics	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Diagnostic Radiography	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%

Therapeutic Radiography	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Operating Department Practice	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Clinical Psychology	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Health Visiting	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Oral Health Foundation Degree	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Paramedics	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Pre registration pharmacy	Strictly greater than 12%	8% to 12% inclusive	Strictly less than 8%
Pre registration pharmacy technician	Strictly greater than 15%	10% to 15% inclusive	Strictly less than 10%
Small Cohort Calculation: For programmes with less than 8 students	Red	Amber	Green
	3 or more net leavers	2 net leavers	0 to 1 net leaver

L3 Outturn

RAG Rating tolerances for this KPI are outlined in the table below:

This is a quantitative measure based on the contract data collection; no self-assessment or assessment by partners is required.

This KPI measures the number of starters who complete from a programme on time as a percentage of the number of starters for that programme.

- Completion on time is defined by a student having an actual completion date no earlier than 100 days before and no later than 45 calendar days after the programme completion date.
- Completion is defined as a student who qualifies from a programme, which may or may not be the same programme that they originally enrolled on.
- Students who qualify with an exit award that does not make them eligible to register with a professional body will not be classed as completers.

For the purpose of completions starters are defined as those students who:

- are first time entrants to Year 1;
- have not transferred in from another healthcare programme.

Outturn will be measured on 31 March 2016 for all programmes with a completion date between 1 January 2015 and 31 December 2015.

The percentage of students who complete a programme, on time, as a percentage of the number starters is calculated using the following formula:

$$\frac{\text{Number of students that complete on time}}{\text{Number of starters}}$$

Information on aggregation and rounding is outlined in Annex 6.

RAG Rating tolerances for this KPI are outlined in the table below:

	Red	Amber	Green
All programmes	Outturn < 45% i.e. Strictly less than 45%	45% = < Outturn < 60% i.e. Greater than or equal to 45% and strictly less than 60%	Outturn = > 60% i.e. Greater than or equal to 60%

L4 Standard Progression

The percentage of completers on standard progression against overall completers

This is a quantitative measure based on the contract data collection; no self-assessment or assessment by partners is required.

This KPI measures the number of students who complete on standard progression on time in a calendar year as a percentage of the total number of completers that year.

Standard Progression will be measured at 31 March 2016 for all students with an actual completion date between 01 January 2015 and 31 December 2015 inclusive.

The number of students who complete on standard progression on time in a calendar year as a percentage of the total number of completers that year is calculated using the following formula:

$$\frac{\text{Sum of all completers on standard progression on time}}{\text{Sum of all completers}}$$

Completer on Standard Progression: A student on standard progression completes the programme of study for which they originally enrolled and qualifies with an exit award that makes them eligible to join the professional register, without re-sitting such that they would not complete within the normal timeframe. The normal time frame includes students whose actual completion date is no earlier than 100 days before and no later than 45 days after the programme completion date. Students who enter a programme as direct entrants with Accreditation of Prior and Experiential Learning (APEL) and who continue and complete on time in that programme are included in the students who complete under standard progression. Transfers between Health Visiting programme levels, are not classed as leaving standard progression, unless the cohort year, nursing field or programme duration is also changed.

Completer: A student who completes a programme of study and qualifies with an exit award that makes them eligible to join the professional register. If this is not the same programme they originally enrolled on, they are not a completer on standard progression.

Completion on time: This is defined by a student having an actual completion date no earlier 100 days before and no later than 45 calendar days after the programme completion date.

RAG Rating tolerances for this KPI are outlined in the table below:

	Red	Amber	Green
All programmes	Standard Progression < 78% i.e. Strictly less than 78%	78% = < Standard Progression < 82% i.e. Greater than or equal to 78% and strictly less than 82	Standard Progression = > 82% i.e. Greater than or equal to 82%

I1 Improvement Plan

The EP has an Improvement Plan in place that incorporates all actions and recommendations from the ARM Report, is appropriately signed off and monitored, and provides evidence for actions turned green.

It is the expectation of HEEoE that all areas for improvement will be met within the contract year or a formal agreement is made by the Contract Meeting for timeliness to go across contract years. In this case clear milestones must be included for the current year to determine level of progress in year.

This KPI relates solely to the process of developing Improvement Plans through good governance processes, delivering against actions with on-going review. Specific non-delivery of actions relating to KPIs will be RAG rated against the individual KPI.

The Improvement Plan KPI will not be RAG rated for programmes which were not subject to review in the QIPF process 2014/15.

Minimum Evidence Requirements	
Green	EP Requirements are met. Employers confirm agreement with their identified key evidence. Student and/or service user confirms agreement (where relevant). Assurance has been provided to the extent required in the KPI.
Amber	Evidence of all EP requirements. Employers confirm all items except for item iii. Student and/or service user feedback confirms agreement (where relevant). Not all Employer requirements are met but the concerns do not constitute a serious concern. The Review panel is not confident that the subject of the ARM will be able to maintain performance against the KPI until the next ARM.
Red	EP requirements are not met. Employers do not confirm with their identified key evidence. Student and/or service user do not confirm. Constitutes a serious concern or risk. Serious concerns are identified about one or more of the requirements identified in the KPI. Significant review is required to address issues outlined in the KPI. The panel is not confident that issues can be addressed within a reasonable timeframe.

Key Requirements for EP	Potential Evidence
<ul style="list-style-type: none"> i. The EP produced an Improvement Plan within agreed timescales on agreed proforma; ii. The EP can demonstrate that this was signed off by an appropriate level of Senior Management within the EP; iii. The EP can demonstrate that it has developed an Improvement Plan which identifies an action for all items identified as needing attention within the year; iv. The EP can demonstrate that all issues identified at the ARM have been clearly translated into the Improvement Plan; v. The EP can demonstrate that all identified actions have been implemented by the dates that were agreed with HEEoE; vi. Senior Management can demonstrate that they are taking an active role in managing the Improvement Plan; vii. The EP can demonstrate that they have regularly reviewed the outcomes of the Improvement plan and have checked that they are meeting the required outcomes; viii. The EP can demonstrate that where the actions do not meet the required outcomes they have identified this and reviewed the relevant actions; ix. The EP can demonstrate that it has evaluated the impact of the actions; x. The EP can demonstrate that it has developed the plan collaboratively with Employers. 	<ul style="list-style-type: none"> i. Evidence that the Improvement Plan was signed off by the Senior Management Team in the EP; ii. Evidence that the Improvement plan was signed off as fit for purpose by the Head of the Workforce Partnership, incorporating all recommendations from the Annual Review, with clear accountability for actions, timelines and documentation of the evidence that will substantiate achievement of improvement objectives; iii. Evidence of review of progress each quarter-standing agenda items at Contract Meetings to demonstrate review and where necessary, challenge and escalation; iv. Appropriate minutes/papers from EP Senior Management Meetings which demonstrates the governance of improvement plan including review of evidence for action and remedial actions where progress is not sufficient or effective.
<p>Key Evidence from Employer:</p> <ul style="list-style-type: none"> i. Items which affect the partnership with the Employers have been discussed and agreed with the Employer; ii. Employers are aware of the content of the Improvement Plan; iii. The Employer can confirm that they have been involved in the development of the Improvement Plan where appropriate. 	



Annex 4: Guidance for RAG Ratings

To ensure a consistent regional approach, all RAG ratings will be subject to peer review and agreement prior to ARMs to ensure consistency within the information being reviewed and the outcomes agreed. The following guidance has been produced as a tool to support the determination of RAG ratings for each qualitative KPI.

Employers are reminded that they should take care to ensure that their evidence relates specifically to each programme and that the appropriate clinical leads have been contacted and that the Director of Nursing (or other Director identified in the LDA) has signed off the submission. The robustness of evidence provided for the EP QIPF will be subject to discussion as part of the Employer QIPF.

Green	Amber	Red
<p>Evidence has been provided which covers all the requirements identified in the KPI. Both the EP and the Employer is assured that the programme is meeting the identified requirements identified.</p> <p>Assurance has been provided to the extent required in the KPI.</p> <p>The Review panel is confident that the subject of the ARMs will be able to maintain performance against the KPI for the period until the next Annual Review.</p> <p>Evidence has been provided that sufficient assurance that the EP has already achieved the requirements outlined in each KPI.</p>		<p>Serious concerns are identified about one or more of the requirements identified in the KPI.</p> <p>Evidence cannot be provided of compliance within a significant number of requirements identified.</p> <p>The Review Panel is not assured of compliance within a significant number of requirements or there is serious concern identified in one of the requirements of the KPI.</p> <p>Significant review is required to address issues outlined in the KPI.</p> <p>The panel is not confident that issues can be addressed within a reasonable timeframe.</p>



Annex 5: Dispute Resolution

Although a three step dispute process has been agreed for QIPF, it is the expectation that Steps 2 and 3 will only be used as a last resort and that the informal resolution process described in Step 1 will be attempted first.

The dispute resolution steps

- Step 1** Individual EP concerns should be first raised with the Head of Quality Improvement and the Head of Education and Commissioning to find an informal resolution to the problem through discussion and mediation, involving others as necessary.
- Step 2** If the concerns cannot be resolved at this level, the matter should be raised by either with HEEoE Exec Lead Local Director who will convene an appropriately constituted panel to consider the matter further and appoint a mediator, involving others as necessary.
- Step 3** If the EP is still not happy, the last recourse in this local process would be to the Local LETB Director.



Annex 6: Aggregation and Rounding

Aggregation

- For nursing, degree, masters Level, postgraduate and flexible nursing programmes will be treated separately.
- Where a programme has multiple intakes within the period covered by the KPI, these are aggregated for the calculation of KPI values.
- All Health Visiting programmes will be aggregated based on programme duration, and not based on programme level.
- Where an EP delivers education programmes at different levels or for different durations, other than the programmes identified above, these will be treated as separate programmes when reviewing programmes and calculating KPIs.

Rounding

Where the quantitative KPIs are based on a percentage value, these values will be rounded to two decimal places before the RAG rating is applied.

Contact Information

Jenny McGuinness
Head of Education Commissioning
jenny.mcguinness@nhs.net

Cathy Sanderson
Education Commissioning Manager
catherine.sanderson1@nhs.net

Chris Birbeck
Head of Quality Improvement
cbirbeck@nhs.net

Lynsey Poole
Commissioning Support Officer
lynsey.poole@nhs.net