

# Understanding the Quality Process

Presented by:

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**Quality Team** 

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# Quality is everyone's role.

Reporting quality issues is a shared responsibility.



# How do we decide if a service/experience is good quality?

Expectations
Environment
Appropriate
Engagement
Outcome

#### **Good quality**

#### Context

- Long Term Workforce Plan
- Education Learning Agreement formally Education Contract
- Education Quality Framework
- Safe Learning Environment Charter

#### **Extract from current education contract**

#### BACKGROUND

- A) NHS England is an executive non-departmental public body at arms-length from the Department of Health and Social Care, whilst remaining accountable to the Secretary of State for Health and Social Care. In accordance with the Care Act 2014, NHS England is responsible for the leadership of all healthcare education and training for those employed by the NHS and for those seeking NHS employment. NHS England also has statutory obligations for the quality of the Services delivered for which it funds for the safety and protection of Learners and Service Users.
- B) This contract is the mechanism by which NHSE entrusts Providers to undertake healthcare education and training activities. This contract is limited to use for the following across all healthcare professions:
  - (i) future workforce funds (including, but not limited to, placement tariff, salary support, and where appropriate unless commissioned separately tuition funds); and
  - (ii) workforce development funds (including, but not limited to, Workforce Transformation).
- C) This contract includes all healthcare education and training regardless of the Funding mechanism, and applies unilaterally across all areas which NHSE funds (i.e. all pre-registration healthcare programmes where NHSE funds placement activity but not tuition).

# HEE Quality Framework from 2021



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#### **Education quality framework – Multi-professional**



1. Learning













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underpins the other 5 domains by aiming to significantly improve the retention, progression and development of the whole workforce.

2. Educational environment and governance and commitment to culture relates to the settings within quality describes which learners the organisational ethos, priorities, are located and where the activity structures, rules of education and and policies in training takes place. place to support learning.

3. Developing and supporting learners sets out the resources, support and tools learners need to succeed.

4. Developing and supporting supervisors covers the resources and support required by those guiding and overseeing the clinical and educational development and progression of learners.

5. Delivering programmes and curricula articulates how organisations can provide for and training placement providers' to achieve this.



1. Learning environment and culture relates to the settings within which learners are located and where the activity of education and training takes place.

#### **Quality standards**

- The learning environment is one in which education and training is valued and championed.
- 1.2 The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.
- 1.3 The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.



2. Educational governance and commitment to quality describes the organisational ethos, priorities, structures, rules and policies in place to support learning.

- 2.1 There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.
- 2.2 There is active engagement and ownership of EDI in education and training at a senior level.
- 2.3 The governance arrangements promote fairness in education and training and challenge discrimination.



3. Developing and supporting learners sets out the resources, support and tools learners need to succeed.

- 3.1 Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.
- 3.2 There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

3.5

5 Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.

#### **Education Quality Framework**

The NHS England Workforce, Training, and Education (WTE) Directorate Quality Framework reinforces the quality principles set out in the Quality Strategy

In particular, the framework:

- Has patient safety and learner wellbeing at its core
- Promotes quality improvement
- Is multi-professional
- Reflects the shared responsibility we all have for quality.

#### **Safe Learning Environment Charter**



#### Safe Learning Environment Charter – what good looks like

The Charter is designed for learners and those responsible for supporting learning across all environments and professions within them.

- 1. Respect and feeling valued
- 2. Positive identity
- 3. Wellbeing
- 4. Raising concerns and speaking up
- 5. Placement induction

- 6. Communication
- 7. Flexibility
- 8. Supervision
- 9. Teaching and learning needs
- 10.Time and space for learning

### **Evaluating Quality**



#### **Education Quality Team**

#### Working together to solve problems

#### Ongoing responsibility and wider triangulation

- The education or placement provider will remain responsible for the management and mitigation of the concern
- NHS England WT&E will be able to offer support and will require providers to share progress updates and confirmation of resolution
- This information will enable the triangulation of concerns
- Providing regular updates to the regional NHS England WT&E office will support the collation of mitigating actions and good practice to support other providers to resolve similar concerns.

#### Local measures first

#### Before an issue is escalated mitigations should be made locally

- Good educational governance processes will support identifying and addressing rising concerns.
- Departments should promote the raising of concerns, and processes should be covered at induction. When concerns are raised feedback should be provided (ie. What is being done).
- Induction is an opportunity. Trainee participation/feedback should support a continuous improvement process to build/improve induction for new starters.
- Review, use, and act on survey data/feedback.

#### The role of the Quality Team

Lead Quality Framework processes

Ensure Consistency, Transparency and Proportionality

Support continuous quality improvements

Collect, collate and triangulate performance and feedback data

Benchmarking and promoting and sharing best practice

Support capacity and capability plans

Providing appropriate challenge and support

### Sharing and escalating quality concerns

Persistent issues not resolved through actions with providers / stakeholders.

Major and serious quality issues that are impacting the quality of the learning environment or pose a risk to patient/learner safety.

Concerns that impact one of more of the educational contract quality standards.

Professional and System Regulator concerns.

Please raise concerns to

england.qualityframework.eoe@nhs.net

#### Things we consider when reviewing if an organisation is delivering the necessary quality of education for health professionals?

- Information is acquired from multiple sources and triangulated wherever possible.
- Is curriculum being delivered?
- Are the learners working in a safe environment?
- Are the educators working in a safe environment?

### **Quality in education – from learners**

- Normalising trainees working out of hours
- Consultants on-call when have clinical commitments
- Induction what induction trust wide and departmental
- Attendance at training
- Rota
- "Figure it out yourself"
- Psychological safety so that juniors can escalate concerns and there is a meaningful response to their concerns
- Ockenden mandates regular skills and drills, could this be done on the day of induction not in place
- Looking up how to use equipment before starting procedure training not taken place.
- Assumptions trainees should know !

### **Quality in education – from learners**

- Rota design supports training and clinic time
- Educators take time to listen and feedback
- Concerns reported are actioned we receive feedback on steps to improve.
- Positive atmosphere

### **Risk Assessment**

Score	Likelihood	Impact		
1	Rare: • Will probably never happen • Could only imagine it happening in rare circumstances	Negligible: • Very low effect on service/project/ business area • No impact on patients/trainees/public/staff • No reputational impact, i.e. no press interest • No financial loss		
2	<ul> <li>Unlikely:</li> <li>Do not expect it to happen</li> <li>It is possible that it may occur</li> </ul>	Minor: <ul> <li>Minimal disruption to service/project/business area</li> <li>Limited impact on patients/trainees/public/staff</li> <li>Minimal reputational impact</li> <li>Limited financial loss</li> </ul>		
3	Possible: • Might occur • Could happen occasionally	Moderate: Moderate impact on service/project/business area Moderate level of impact on patients/trainees/public/staff Medium level of reputational impact Medium financial loss		
4	Likely: • Will probably happen in most circumstances • Not a continuing occurrence	Major: • Major effect to service/project/business area • Major level of impact to patients/trainees/public/staff • Major impact on reputation, i.e. Major press interest • Major financial loss		
5	Almost certain: • Expected to happen • Likely to occur in most circumstances	Significant: • Loss of service/project/business area • Detrimental effect on patients/trainees/public/staff • National press coverage • Significant financial loss		

		Impact						
		1	2	3	4	5		
	1	G	G	G/A	G/A	Α		
C	2	G	G/A	А	А	A/R		
Likelihood	3	G	G/A	А	A/R	R		
poo	4	G	Α	A/R	R	R		
	5	G	Α	A/R	R	R		

### Intensive Support Framework



#### **Key messages**



We are here to support education and quality



Quality is everyone's role



Seek and utilise feedback



What can be done locally to resolve a concern



Promote reporting of concerns and good practice

# **Primary Care Summary**

Given the large number of learning organisations the number of concerns raised is small

Most concerns are dealt with locally and returned to BAU quickly

More serious concerns are escalated centrally

Lt is rare that learners are removed from organisations



Primary care organisations small and so can rapidly progress from being fine to being in crisis - How do we build resilience ? PCN models of training.

*if* Aims are to support educators and learners and to drive quality improvement