Escalating Quality Issues (including De-escalation and Sharing)

Yorkshire and the Humber

Policy Document

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Document Status

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1. Introduction and Purpose

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

This policy aims to provide the overarching approach and principles for escalating, de-escalating and sharing of issues, risks and concerns relating to the quality of education and training and to the clinical learning environment. The policy's purpose is to ensure that issues, risks and concerns are shared, escalated and de-escalated in a timely manner, to allow triangulation, support, monitoring and the sharing with other NHS partner organisations, as required. It is crucial that HEE's partnership arrangements across professional regulators and partner organisations are as effective as possible to collectively ensure patient safety and for HEE to enhance the experience and outcomes for learners.

2. Scope

This policy applies to all clinical learning environments in which learners are placed, be they placements in provider organisations with an established funding link to HEE or otherwise. This includes:

- The training of junior doctors and dentists for postgraduate and undergraduate medical and dental placements
- Learners on Higher Educational Institute programmes and placed in clinical learning environments including:
  - Nursing and Midwifery
  - Allied Health Professions
  - Bands 1-4 and vocational apprentices
  - Health Care Sciences
  - Pharmacy

3. National, regional and local context

Health Education England is responsible for ensuring that there are high quality learning environments for all healthcare learners. HEE provides a national quality framework that defines the standards and requirements for all clinical learning environments. This framework articulates HEE's expectations of the quality of the clinical environment as a whole system, complementing the other regulatory and professional frameworks and requirements where relevant. For medical education, there is a statutory responsibility to the General Medical Council to meet their quality assurance framework and to demonstrate training monitoring, data collection and to identify and respond to areas where improvements are required. There is also statutory accountability of the Postgraduate Dental Dean directly to the General Dental Council.

Robust monitoring and reporting processes are essential to the continuous improvement of education and training, with patient safety and quality, central to all activities. The NHS

Education Contract sets out the expectations for Providers in respect of the application and monitoring of quality through the HEE Quality Framework and associated quality and performance requirements. The HEE Quality Framework is a risk-based process and will be enacted in the first instance where quality concerns are identified. The Provider is required to assure HEE on how it is performing and delivering against the contract including assuring services are delivered as required within the principles outlined in the Quality Strategy and Quality Framework.

All training related concerns need to be validated and triangulated with other sources of information. HEE is well placed to triangulate both learner and educator feedback and to raise concerns about both training and patient safety through its own internal quality processes. It is also well placed to triangulate/escalate concerns with other NHS Arm's Length Bodies (including NHSE/I, CQC and local CCGs), other regulators, and through participation in Quality Surveillance Groups (QSGs). Timely sharing of appropriate information and evidence across the healthcare system, and the system wide raising of, and responding to concerns about patient safety and care, are crucial local partnership endeavours. The HEE Quality Framework provides a consistent and corporate approach to support this system wide monitoring from an educational perspective.

This policy sets out overall principles for sharing and escalating quality concerns to HEE YH and does not replace existing policies and protocols which provider organisations may already have in place for their own role in escalating items to NHS partner organisations, for example to a professional regulator. HEE YH will be informed of any escalation of this kind, where there is an impact on education and training.

At a local level, provider organisations and those responsible for education and training must have processes in place to manage concerns raised by learners.

This policy should be read in conjunction with the HEE National Quality Strategy and Framework and their supporting documents.

This policy covers escalation and governance to and from HEE YH with external partners. It includes the local information sharing, escalation and de-escalation process between Higher Education Institutes (HEIs) and HEE YH.

4. Principles for escalation, de-escalation, and triangulation for all learner groups

Learners in any clinical learning environment (or healthcare related educational placement) are well placed to provide valuable information through evaluation/feedback on their placements, not just about the quality of their educational experience, but also about the supportive nature of each workplace, both in terms of patient safety and interpersonal/inter-professional behaviours. Since learners commonly rotate between different placements, their feedback can often be an early warning for potential quality or patient safety concerns.

The principles that underpin this policy are:
- To ensure a safe and suitable learning environment for all healthcare learners.
- To promote the values of the NHS constitution through collaboration and respect for each other.
- To support openness and transparency between organisations with a commitment to work together to drive improvements.
- To have a duty of candour and to share information and concerns in a timely manner.
- To use the HEE Quality Strategy and Framework / GMC standards when describing issues, concerns and risks. Specifically reporting against the six grouped domains/themes:
  - **Learning environment and culture** (HEE / GMC)
  - **Educational governance and leadership** (HEE / GMC)
  - **Supporting and empowering learners** (HEE / GMC)
  - **Supporting and empowering educators** (HEE / GMC)
  - **Delivering curricula and assessments** (HEE / GMC)
  - **Developing a sustainable workforce** (HEE)

Escalation should be considered where there is a risk of, or evidence that standards are not being met and would especially be considered where there are:

- Persistent issues that are not resolved through actions with providers / stakeholders. These may include persistent minor concerns over a longer period of time.
- Major and serious quality issues that may require immediate escalation / action. For example, a lack of supervision/support because of trainer/educator absence.
- Regulator concerns, including GMC, NMC, HCPC, Ofsted.

Whilst managing quality issues and concerns, the following should be considered:
- To be clear what the issue/concern is.
- To be clear what the desired improvements, and any actions to achieve these are.
- To consider and define what a successful outcome looks like.
- That the pace and timings of actions /monitoring are clearly described.
- That the next steps and potential end points, including escalation, are clearly described. To be clear if there is potential for impact on other professional or learner groups.

De-escalation is considered when sustained and triangulated progress has been made.

HEE YH will triangulate information with a range of intelligence including (Please note this is not an exhaustive list):

- National Education Training Survey (NETS)
- GMC National Training Survey (NTS)
- HEE Student Data Collections
- NHS Staff Surveys
- CQC reports and local intelligence.
- Ofsted reports
- NHSE/I reports and local intelligence.
- HEI and provider intelligence.
- Professional and/or regulatory body reports and intelligence
- Placement feedback from placement or education provider and or Learners
- Complaints and investigation reports
- Learner committees
- Feedback from programme managers including Tutors, Deans, Training Programme Directors and Head of Schools.

5. Categories (levels) of concern

HEE's national Intensive Support Framework is designed to enable both categorisation of concerns and provide local support to address them. It facilitates a graded approach to this reporting and support. To promote consistency HEE offices apply the same language and categories (levels 0, 1, 2, 3 or 4) for all learners in order to classify and describe the escalation level.

Escalation levels can be used in 3 ways: to provide an overall escalation level for a provider, to provide an escalation level for a provider by HEE Quality Framework theme, or to provide an escalation level by HEE Quality Framework theme for a specific clinical learning environment (e.g. department / post).

The following table outlines the local governance that takes place within the categories (Levels) of concern:

HEE Intensive Support Framework – Escalation Levels **Incorporation into HEE YH Local Quality Management Structures**						
Level 0		**Level 1**		**Level 2**	**Level 3**	**Level 4**
No Concerns **& Sustained Outstanding Practice**	**No Concerns**	**Minor Concerns**	**Minor Concerns**	**Significant Concerns**	**Major Concerns**	**Training Suspended** **/Withdrawn**
HEE YH QM **Programme** **Level**	**HEE YH QM** **Programme** **Level**	**HEE YH QM** **Director Level** **+/-DEMQ Guidance**	**HEE YH QM** **Dean Level** **DEMQ** **Quality Management System**	**HEE YH QM** **Dean Level** **DEMQ with system wide notification**	**HEE YH QM** **Dean/National DEMQ with system wide actions**	**HEE YH QM** **Dean/National DEMQ** **Posts may be disestablished permanently**

There are different concerns that may be identified in a clinical learning environment, and organisations are required to be familiar with all standards and requirements as outlined in the HEE Quality framework and complimented by those of the regulatory and professional groups. The following table provides examples of concern for each escalation level and further detail on the process by which escalation should occur.

Categories	Process	Examples
Category 4 – Training Suspended / withdrawn The decision has been made to remove / suspend learners from the clinical learning environment with Postgraduate Dean awareness and involvement.	Sharing of concerns within HEE and with others across the wider system (QSG / GMC, for example) is routine.	A lack of supervision (named supervisor, mentor or educator) due to staffing shortages. An immediate escalated risk to safety (leaner or patient). Lack of opportunity to attain curriculum requirements.
Category 3 - Major Concerns The provider has failed or is at risk of falling well below the standards expected by HEE. The provider has not delivered on the improvement trajectory agreed with HEE; there is a significant risk to, or significant impact on, the quality of education and training provided to learners. There is a risk or notice to removing learners. There may be system wide concerns that require HEE YH to consider the quality of education and training in a particular service and/or provider organisation.	Requires specific reporting and discussion of concerns to the Postgraduate Dean via the Dean's Executive Meeting for Quality (DEMQ) and escalation log. Routine sharing of the concerns will be made within HEE and across the wider system (QSG / GMC, for example).	A provider under region-wide monitoring such as a Quality Improvement Board or special measures and educational concerns e.g. Significant workforce gaps affecting poor supervision levels at a particular post and site. Learners unable to obtain curriculum requirements with poor trainee feedback over several years. Significant patient safety risk because of insufficient staff to cope with workload pressures. Services identified at risk due to significant non-training workforce gaps that have not been resolved and which impact on educational opportunities, supervision, and experience. Outlier data of 3 or more years that triangulates with trainee feedback (forums, reporting, visits, or escalated concerns via the school structure).
Category 2 - Significant Concerns There are a significant number of areas where the provider does not meet the HEE standards, and/or plans in place are not delivering sustainable	Requires specific reporting and discussion of concerns to the Postgraduate Dean. If concerns are confirmed as significant and/or triangulated then the wider sharing of concerns within HEE or with others (QSG / GMC, for example) will be considered.	A provider under region wide monitoring such as a Quality Improvement Board or special measures that may not triangulate with educational concerns but that requires regular and additional monitoring, support, and engagement.

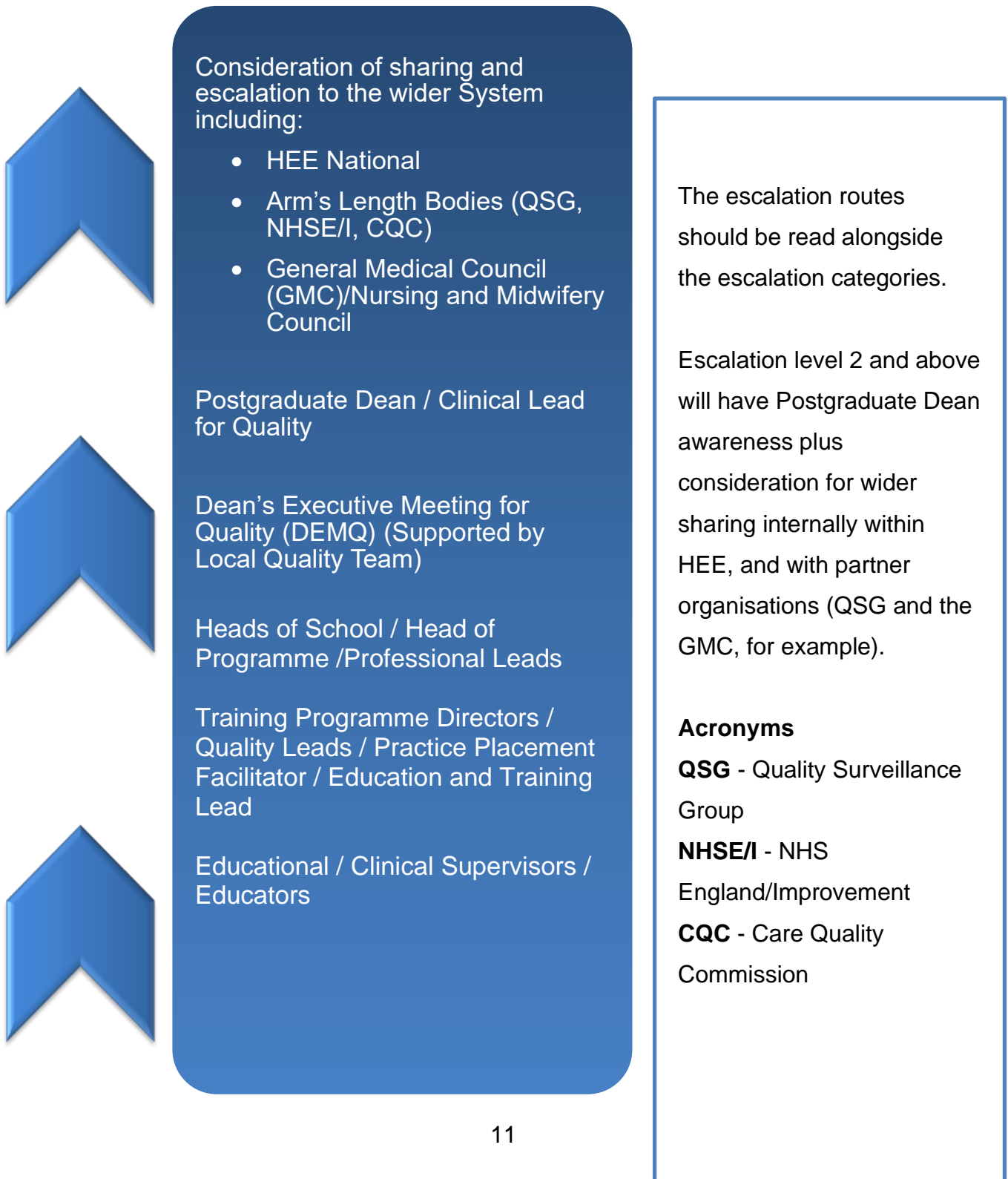| Categories	Process	Examples
improvement at the pace required.	HEI Escalation to HEE is required. I.e.,Reporting and discussion of concerns via the monthly escalation log from HEI's by their Professional Leads. Quality Team to report to the Postgraduate Dean via monthly DEMQ. I.e., Reporting and discussion of concerns by School / Director to the Quality Team. Quality Team / Director to report to the Postgraduate Dean via the monthly DEMQ	CQC inadequate ratings that triangulate with educational concerns. Poor governance including reporting or poor engagement with the Trust senior educational team or leads. Outlier data of 3 or more years that triangulates with trainee feedback (forums, reporting, visits, or escalated concerns via the school structure). A trend of reported bullying and undermining behaviours in a clinical learning environment that has not improved or where feedback regarding concerns has not been acted upon.
Category 1 - Minor Concerns There are one or more areas where the provider does not meet the HEE standards, however there are active plans in place to meet these standards, which are consistently delivered against.	The Postgraduate Dean is aware via routine management and directorate-level meetings. The concern is not at a level for system wide sharing. i.e. Concerns are managed by the professional lead(s) within HEIs and provider organisation, without the need for HEI escalation to HEE YH i.e. Training Committees and the School's management of programmes occurs day to day with specific reporting and discussion of concerns and guidance with the Director.	Single year data outlier(s) that require further exploration and monitoring at a programme or post level e.g. outlier data for one year in curricula and workload. Trend data that is mixed over several years with recurring areas flagged as not a below outlier, but as being in Q1 (or a "pink flag") Some areas requiring improvement or monitoring e.g., trainee feedback that clinic attendance usually occurs but is sometimes cancelled at short notice e.g. verified learner feedback that they would not recommend the placement A standard considered partially met, because of mixed engagement with work placed based assessments and variable WPBA quality across the consultant body. Access to clinics or procedures reported as mixed and sometimes

Categories	Process	Examples
 		difficult, but with a plan in place to monitor and resolve. Single reported issue(s) or a culmination of minor issues that require further exploration and monitoring at a placement level e.g. Verbal report via professional lead relating to quality concerns due to lack of resource Placement experiences reported as mixed and sometimes difficult, but with a plan in place to monitor and resolve
Category 0 - No Concerns Normal quality processes are used where routine management of the programme occurs day to day. Areas may also be identified with sustained outstanding practice (These items will be added to the northern region's Good Practice System for wider sharing as appropriate).	Programmes are managed by the professional lead(s) within HEIs and provider organisations, without the need for HEI escalation to HEE NE. Training Committees and School management monitoring, without the need for director involvement.	Data within range or positive trends. Feedback reporting no concerns. No data but no concerns (no escalated or reported concerns via established local process and network).

6. Escalation Routes and Governance

The following flowchart shows the available escalation routes for quality concerns. Considering escalation through this structure supports individuals managing concerns as well ensuring appropriate and fair actions or next steps. This visual reflects the established governance of HEE (roles and committees as per local and national structures) as well as that of partner and national organisations. HEE will always inform the relevant provider organisation if the issue relating to the placement requires further escalation.

Consideration of sharing and escalation to the wider System including:

- HEE National
- Arm's Length Bodies (QSG, NHSE/I, CQC)
- General Medical Council (GMC)/Nursing and Midwifery Council

Postgraduate Dean / Clinical Lead for Quality

Dean's Executive Meeting for Quality (DEMQ) (Supported by Local Quality Team)

Heads of School / Head of Programme /Professional Leads

Training Programme Directors / Quality Leads / Practice Placement Facilitator / Education and Training Lead

Educational / Clinical Supervisors / Educators

The escalation routes should be read alongside the escalation categories.

Escalation level 2 and above will have Postgraduate Dean awareness plus consideration for wider sharing internally within HEE, and with partner organisations (QSG and the GMC, for example).

Acronyms

QSG - Quality Surveillance Group

NHSE/I - NHS England/Improvement

CQC - Care Quality Commission

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Governance principles of the Dean's Executive Meeting for Quality DEMQ

DEMQ is accountable to the Postgraduate Dean for process and organisational governance. The meeting is held on a bi-monthly basis with the following aims:

- To ensure appropriate clinical leadership from all professional groups is sought and views are taken into consideration of any response.
- Ensure any concerns are noted, monitored, escalated, de-escalated and shared as required.
- Oversee the management of risks to training of the health workforce across HEE NE&NC including escalation to the HEE, QSG, JSOG, ICS and the regulators and adding items to the HEE NE&NC risk register.
- Be responsible for advising the Postgraduate Dean about any decisions regarding a change in educational approval and/or the placement of trainees (removal, continued or reinstated). This will be supported by information and the views collated.
- Review and triangulate medical, dental, and multi-professional issues at ISF level 2 and above along with issues that have been on the issues log for longer than three months, reviewing the progress of actions and providing feedback where required.
- Promote quality improvement of the education and training delivered in the HEE NE&NC area by identifying and sharing good practice.
- Receive, review, and approve Quality Team reports and reports to regulators and external bodies (Quality Surveillance Group, risk summits etc.)
- Manage the issues logs with an operational focus, ensuring that current items are updated and that there is an 'organisational memory' for the region.
- Oversee the management of any regulator visits and the monitoring of associated action plans to ensure activities are completed within agreed timescales.
- For medical and dental education and training: receive and review quality reports and updates (including action plans for current items with associated timeframes), school visit reports, school board reports, regulator visit reports and data including local and national (GMC) survey results. DEMQ will manage the governance of all visits including the support for visits outside the usual scheduled visits cycle.
- Receive and consider updates on the national workstreams and programmes.

7. Sharing intelligence and reporting escalated concerns

To ensure that education and training concerns are known and responded to across the system; HEE will share with HEIs, its view of escalations within the region's trusts, CQC updates and concerns occurring within locations within the region brought through system meetings. Higher Educational Institutes will be asked bi-monthly to review whether they have learners placed in any of the flagged locations and to share any intelligence that may inform and support an appropriate response. HEIs will also notify HEE YH of escalated quality risks at level 2 or above to quality.yh@hee.nhs.uk. In notifying HEE YH of concerns, HEIs will forward regulator escalation templates as appropriate.

Provider Organisations are responsible for raising concerns directly to HEI's. If learner or patient safety is identified as an issue, reporting will be promptly made e.g., issues raised by a regulatory body will be passed directly on to the HEI by the provider organisation, without awaiting the publication of a report.

8. Equality Impact Assessment (EIA)

Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.

9. Monitoring Compliance and Effectiveness

The effectiveness of the policy will be reviewed on a regular basis by the quality team with any discrepancies or possible changes highlighted to local and regional quality committees where required (DEMQ).

Any adjustments following feedback or changes to national or local policy will also be considered, reviewed and highlighted.

This policy will be reviewed to consider any changes that are required formally on an annual basis.

10. Associated Documentation

Documents available at https://www.hee.nhs.uk/our-work/quality

- HEE Intensive Support Framework
- HEE Quality Framework
- Emerging Concerns Protocol
  HEE Intensive Support Framework