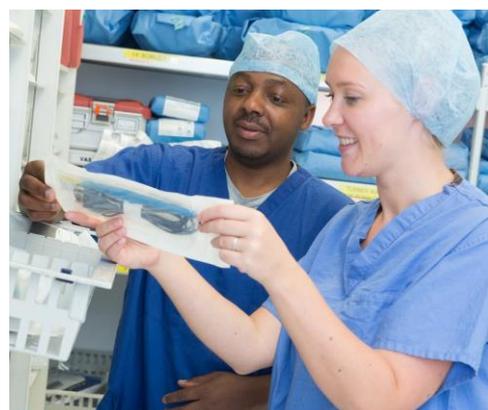


Quality Team

Annual Report 2020 - 2021



Working across Kent, Surrey, and Sussex

Developing people
for health and
healthcare

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1. Key achievements

COVID-19 response

HEE enabled staff to work remotely and support critical services. The quality team quickly learnt to use Microsoft Teams to enable virtual working as a team and core business to continue.

HEE stopped all routine quality activity at the start of the pandemic and reviewed the position as the pandemic situation changed. The quality team continued to take a proportionate approach to quality activity working with key stakeholders and taking covid pressures into account.

The Quality Management Oversight Group continued to meet and ran in extraordinary format for five of twelve meetings. This allowed the group to continue to support the governance structure with a focus on clinical supervision, induction, and patient/trainee safety during the pandemic.

The team supported County surge planning meetings during the second wave of the pandemic from October 2020 to March 2021. This was beneficial to the team as it enabled awareness of areas which were experiencing higher pressures from covid-19.



Find out more in [Section 3: COVID-19 response](#).

New ways of working

The operational model has moved to South East way of working and integrated into a regional model. The establishment of a South East Quality Team Meeting and South East Education Quality Management Oversight Group have supported this.

A national quality refresh began in 2020 and the team have contributed to all workstreams to result in an updated HEE Quality Framework and Standards.

The introduction of Integrated Care Systems has supported a move to systems-based quality.

The covid-19 pandemic has forced ways of working to be changed and the team have successfully moved to running quality interventions virtually and created guidance to support.



Find out more in [Section 3: COVID-19 response](#), [Section 12: Working across regions and nationally](#).

Quality interventions

A review of all Immediate Mandatory Requirements issued between 1 January 2017 and 15 March 2020 took place and the outcomes were discussed with stakeholders to enable the production of guidance in issuing and monitoring IMRs to ensure a more consistent approach.



Find out more in [Section 4: Quality interventions](#).

Primary care

From 1 April 2020 to 31 March 2021 in Kent, Surrey, and Sussex:

99 new Clinical Supervisors were approved.

47 new Educational Supervisors were approved.

Re-approvals were paused due to the pandemic and a 12-month automatic extension granted to any CS or ES due to expire to aid in relieving pressures and allow primary care to focus on the pandemic response.



[Find out more in Section 6: Primary care.](#)

Reporting and governance

A new process for Higher Education Institutions to share concerns relating to clinical learning environments was consulted on with the HEIs and signed off by the Quality Management Oversight Group. The first report to QMOG was given in January 2021, an important step for QMOG triangulating intelligence from multiple professions.



[Find out more in Section 8.1: Quality Management Oversight Group, Section 8.5: Quality intervention planning reports and Section 4: Quality interventions.](#)

Trainee surveys

The team contributed to the National Education and Training Survey through the Quality Lead and NETS Regional Project Manager who both sat on the national NETS implementation group. This enabled a South East view to be taken into account by the National Team and for the South East to regionally manage many NETS tasks.

A General Medical Council National Training Survey results support tool was produced to assist stakeholders with reviewing the results.



[Find out more in Section 5.1: National education and training survey, and Section 5.2: General Medical Council national training survey.](#)

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2. Introduction

The Quality Team work to ensure there are high quality clinical learning environments for all healthcare learners, primarily within NHS trusts and primary care, across the South East region, ultimately aiming to support the delivery of high-quality patient care. Supporting the following systems:

- Kent and Medway Sustainability and Transformation Partnership
- Sussex Health & Care Partnership Integrated Care System
- Frimley Health and Care Integrated Care System
- Surrey Heartlands Health & Care Partnership Integrated Care System

The Quality Team's work is underpinned by the following:

Mission statement

We are committed to supporting the implementation of education standards in clinical learning environments as defined in the HEE Quality Framework. Learners have a right to expect safe, good quality education from their clinical placements.

Strategic ambition 1

To provide evidence-based quality management processes that enable transformation and sharing of best practice.

Strategic ambition 2

To contribute to wider quality management systems enabling sharing of intelligence to promote learning opportunities.

The HEE Quality Strategy (2016 – 2020) describes HEE's vision for how we will use our levers, leadership, and influence to assure and continuously improve the learning environment. This is underpinned by the HEE Quality Framework which is intended to be used collaboratively across educational providers in all relevant settings, to enable work-based placements and academic educational providers to work in partnership with HEE regional and local teams. It sets out HEE's expectations for quality within the learning environment and represents a single framework through which we will measure, identify, and improve the quality of education and training for all healthcare learners. The framework details the domains, standards, and expectations to demonstrate a high-quality learning environment.

During 2020-21, the team have transitioned to a South East model and adapted ways of working across the region. To support this the Regional Postgraduate Dean and Associate Dean – Quality have attended the Oversight Group and the Regional Director has attended the Systems Working Group.

The Quality Team have been supporting the national refresh work and are awaiting the new framework. The South East have been part of and contributed to all workstreams and a South East representative has attended each of the five task and finish groups.

The Quality Team monitor and analyse intelligence received from a range of sources regarding the quality of clinical learning environments for healthcare learners. Where concerns are identified, these are risk assessed using the HEE Intensive Support Framework.

3. COVID-19 response

The COVID-19 pandemic was unprecedented and placed pressure on all Health and Care Systems. HEE made the decision to pause all routine quality activities during the COVID-19 pandemic. The focus remained on the quality of the clinical learning environment and its impact on the safety of learners and patients. During the early weeks of the pandemic HEE enabled staff to work remotely and support critical services. Staff were also redeployed to utilise skill sets across workstreams to provide a response to COVID-19. The KSS Quality Team reviewed priorities and objectives and developed restart plans for 2020/21 to ensure the clinical effectiveness of the learning environments as services were redesigned.

This section describes the work that the KSS Quality Team undertook in response to the pandemic.

13.1. Quality interventions

The Quality Team reviewed action plans for each Trust in KSS at the beginning of the pandemic, and risk rated each Mandatory Requirement against the HEE priority areas, a summary document and actions were agreed at the Dean's Operational Group. Eight Trusts including four which were prioritised due to their enhanced monitoring/surveillance status required monitoring during this period. These Trusts were sent letters in April 2020 offering support from the team advising that areas of concern should be monitored locally until the restart of routine monitoring.

Eight Quality Interventions were paused in April 2020 due to the pandemic. Below is a summary of the outcomes of these paused quality interventions:

Table 1: Quality interventions that were paused due to COVID-19 and outcomes

Trust	Specialty	Review Type	Outcome
Brighton and Sussex University Hospitals NHS Trust	General Surgery – Core & Higher	Trainee Focus Group	Trainee Focus groups with a follow up Senior Leader Conversation took place in September 2020. Surgery at BSUH continues to be closely monitored.
East Kent Hospitals University NHS Trust	Emergency Medicine	Risk Based Review	An Education Lead Conversation took place in October 2020.
East Kent Hospitals University NHS Trust	Obstetrics, Gynaecology & Paediatrics	Multi-professional Focus Group	Informal discussions with Adult Nursing and Midwifery Students and Trainees took place in November 2020.
East Sussex Healthcare NHS Trust	Core, GP, and Foundation Medicine (including Stroke)	Risk Based Review	IMT: Trainee focus groups and a follow up Senior Leader conversation took place in October and December 2020 and Core Medicine at ESHT was removed from GMC Enhanced Monitoring. GP and Foundation: Trainee surveys were carried out and it was agreed that interventions were not necessary, and monitoring remained at school level. The Trust has not yet returned Foundation doctors to Stroke Medicine.
East Sussex Healthcare NHS Trust	Foundation Surgery	Risk Based Review	A trainee survey was carried out and it was agreed that an intervention was not necessary, and monitoring remained at school level.
Frimley Health NHS Foundation Trust	Foundation Medicine	Risk Based Review	The Foundation School advised that an intervention was not required but this would be monitored through the School.
Medway NHS Foundation Trust	Emergency Medicine and Medicine	Multi-professional Focus Group	A multi-professional survey was carried out and the results fed back to the Trust. It was decided by the Quality Team and PGD that an intervention was not necessary.

Trust	Specialty	Review Type	Outcome
Royal Surrey County Hospital NHS Foundation Trust	GP Medicine and Medical Oncology	Education Lead Conversation and Trainee Focus Group	GP LFG and LAB minutes reviewed by the HoS and County Dean. It was decided that there was insufficient evidence to reinstate an intervention and this would be monitored locally.

In September 2020 routine quality monitoring activity resumed. Revised and updated Master Action plans were sent to each Trust with new deadlines set for each requirement. The action plans were sent out in a new format with Specific, Measurable, Achievable, Realistic and Timeframe (SMART) actions. The successful restart of quality monitoring resulted in many requirements being closed on Trust action plans and work carried out with DMEs and MEMs to adequately close many historically open actions. Any requirements issued as a result of an intervention during the pandemic resulted in SMART actions being issued relating to the HEE priority areas of quality monitoring.

During further COVID surges the Quality Team recognised that pressure on services may impact on the implementation of requirements on Trust action plans. Action plan monitoring continued, taking a proportionate approach. Trusts continued to send in updates where able and when necessary new deadlines were mutually agreed between the Trust and intervention lead.

The quality team worked with Heads of School to review trust action plans throughout the year as the pandemic situation changed and further surges in Covid-19 cases arrived. The focus remained on the key areas of Induction, Clinical Supervision, Patient and Trainee Safety, working with professional leads to mitigate risk.

13.2. Quality management oversight group

The group has continued to meet monthly via Microsoft Teams, chaired by the Postgraduate Dean. Considering pressures associated with the pandemic, five of the twelve meetings which took place during 2020/21 were extraordinary meetings, with the agenda focused on known and emerging quality risks. This allowed the group to continue to support the governance structure with a focus on clinical supervision, induction, and patient/trainee safety during the pandemic. The terms of reference were due to be reviewed in December 2020; as the pandemic situation settles, there will be scope to review the terms of reference to ensure that the group continues to fulfil its purpose.

13.3. County surge planning meetings

The team supported County surge planning meetings during the second wave of the pandemic from October 2020 to March 2021. This was beneficial to the team as it enabled awareness of areas which were experiencing higher pressures from covid-19, aiding in taking a proportionate approach to quality interventions and monitoring. The purpose and scope of these meetings was:

- To hold county wide weekly surge planning meetings
- To report into KSS Surge Planning Strategy Group
 - Inform of activity across county specific to Trust and specialty against principles
 - Escalate concerns including issues relating to the quality of learning environments
 - Request decisions
 - To share experiences/practices for dissemination
- To support Trusts and share practice across county
- To share information regarding the redeployment of nursing and AHP staff across the South East where this may impact on service and education
- To disseminate communications from KSS Surge Planning strategy Group, Healthcare Education Team, National as required

Reports from the county surge planning meetings were fed up to the KSS surge planning strategy group.

13.4 Escalating Concerns

In recognition of the need for all healthcare learners and Directors of Education to be able to raise and then escalate concerns if felt their own or patient safety is at risk, HEE set out a [process for how](#)

[escalating concerns](#) should be reported. The quality team developed an internal process for checking for concerns in the specific inbox and an escalation route. This process set out a clear pathway for managing anything that came into the inbox and detailed criteria to aid in reviewing emails that were received. An automatic reply was put onto the inbox and template emails for responding to concerns were produced. The escalation route is described below:

1. Quality team check the inbox throughout each day.
2. Emails received within the inbox reviewed to check if requires action through the escalating concerns process or if it should be managed through another route. If the email received contained insufficient information, quality team would reply and request more information.
3. Every day at 1530, email sent to Associate Dean – Quality to inform what had been received in the past 24 hours.
4. Postgraduate Dean Senior Leadership team meeting in diary each day at 1645 to discuss any concerns received and agree action required.
5. Email summarising the action being taken in response sent to the email sender to update them.

13.3. Primary care

It was agreed from 24 April 2020 that the response of the Quality and Primary Care Teams would be to temporarily amend elements of both the approvals and reapprovals processes to consider the increased workload for practices across the region.

During the start of the pandemic, there were unknown variables that could not be pre-empted. The increased workload required former, retired, or out of practice clinicians and Educators to return to the service. The Returning Patch Associate Dean (PAD) undertook delegated work as an additional Approver.

To facilitate the continuation of visits by Approvers during this time, practice visits were transformed to virtual visits taking place via Microsoft Teams. Pivoting to this model has increased the capacity of Approvers to undertake more approvals without having to travel to each visit.

Clinical supervisor approvals

These were processed as standard after receipt of paperwork. The Lifelong Learning Advisor completed all Clinical Supervisor (CS) approvals and Clinical Learning Environment (CLE) approvals (if required) via a virtual visit using Microsoft Teams with completed approval being sent for second reading.

Educational supervisor approvals

These were processed as standard after receipt of paperwork. The local PADs or Returning PAD completed all ES approvals via a virtual visit using Microsoft Teams. New CLE approvals where an experienced ES had moved to a non-training practice were undertaken by a Training Programme Director. It was agreed that new ES' could have their applications approved subject to the submission and receipt of the completed PG Cert required for the ES role. The timeframe for extended completion of the PG Cert was twelve months.

Clinical supervisor and educational supervisor reapprovals

It was agreed that between 24 April 2020 to 17 December 2020 all CS and ES Educators due to be reapproved from 1 March 2020 to 31 March 2021 would receive an automatic twelve-month extension to their accreditation duration.

Second reading

In the case of reports for both the CS and ES roles, the general role of Second Reading by readers external to the approvals team was removed from the process. New CS reports undertaken by the Lifelong Learning Advisor, were to be sent to the local Training Programme Director for second reading before inclusion on the monthly Head of School report. This meant that new ES approval reports undertaken by the local PAD would only require second reading by the Lay Second Reader if the PAD did not approve the accreditation application of the Educator. This addition to the process will help mitigate risk.

13.4. Workforce transformation

The COVID-19 pandemic required additional frontline clinical staff to manage the potential high level of clinical need anticipated as the pandemic developed. Most of the standard placement activity had been stopped due to the impact of the pandemic and the pressure on Trusts to deliver frontline care. In late March 2020, HEIs were asked to approach final year Nursing and Midwifery students in the last six months of their training to see if they would be prepared to opt into voluntary paid placements to support the frontline response to COVID-19. HEE set up a national portal for students to be registered and their details shared with HEE and these details were passed onto Trusts and other placement providers. The placements were paid and were not supernumerary, but it was recognised that the students were not fully qualified clinicians and would need supervision following deployment.

The scheme was extended to Nursing and Midwifery second year undergraduates, first year postgraduates and to AHPs in early April 2020.

The Quality Lead joined the Deputy Head of Transformation in KSS to deliver the deployment work along with colleagues across the South East.

Table 2: Number of nursing student volunteers for paid placements in KSS up to the end of April 2020

Nursing type	Opted in numbers
Adult	528
Child	121
Learning Disability	9
Mental Health	141
Midwifery	237
Total	1036

Of the 1,036 students who opted in and were sent to KSS for placement, 983 had been allocated to placement providers by the end of April. The remaining number had queries about their applications which the team needed to resolve before passing on. For example, if a mental health student had opted for an acute Trust that did not provide mental health services, they were contacted to discuss a more appropriate option. The other offices in HEE South East sent through a total of 1,144 students in the same period (Thames Valley (TV) - 625, Hampshire Isle of Wight (HIOW) - 520).

Initially the paid placements were only for final year students in the last six months of their training, but this became open to other third year and second year students from 6 April. The HEIs were asked to send the details of all of the potential student volunteers to HEE and an additional 80 student names were sent to KSS where the student either chose not to opt in for the paid placements or was not eligible or recommended by their university.

Paid placements for AHP students became an option in mid-April 2020. Of the 247 students who had opted in, 211 had been passed onto the placement providers by the end of April. The other offices in HEE South East sent through a total of 55 AHP students in the same period (TV - 36, HIOW - 19).

Table 3: Number of AHP student volunteers for paid placements up to the end of April 2020

AHP type	Opted in numbers
Diagnostic Radiographers	12
Occupational Therapists	71
Operating Department Practitioners	3
Paramedics	76
Physiotherapists	76
Speech and Language Therapists	5
Total	247

4. Quality interventions

In review: Business plan 2020/21	
Determine annual programme for Quality Interventions in KSS	✓
Develop interventions procedures and processes to implement the HEE Quality Framework across all professional groups	✓
Provide pre-review evidence bundles to aid effective focused interventions process	✓
Provide reporting administration at interventions to ensure robust reporting and audit	✓
Support the development and progression of SMART action plans	✓
Monitor the Intensive Support Framework and rate risk	✓
Evaluate effectiveness of quality interventions and develop a methodology to identify areas of success and development in current intervention processes	✓
Operationally manage the recruitment, training and contract arrangements for Quality Processes Lay Representatives	✗
Develop and enhance the role of the trainee voice as part of the quality visit and enhancement functions	Partially Met

Table 4: Summary of Quality Interventions that took place in KSS from 1 April 2020 to 31 March 2021

Senior Leader Conversations	Education Lead Conversations	Trainee Focus Groups	Informal Student Discussions	Informal Trainee Discussions
5	3	15	2	2

The Quality Team planned, attended, scribed, and reported outcomes of 8 medical and multi-professional quality interventions virtually up to 31 March 2021.

In April 2020, all routine quality management and monitoring activity was paused during the outbreak of the COVID 19 pandemic. HEE continued to have responsibility for the safety and wellbeing of healthcare learners in their clinical learning environment during this period. Key principles for learners in clinical environments underpin HEEs quality strategy and quality framework and remain critical during challenging times. In line with national guidance, the following HEE priority areas needed to be continually monitored during the pandemic:

- Induction
- Clinical Supervision
- Patient and Trainee Safety

Any concerns regarding these areas triggered an intelligence gathering exercise to identify any risks that needed to be addressed. The Quality Team revised the existing Request for Quality Intervention form and created a Quality Intervention Proposal form to be completed by anyone requesting a quality intervention. This new form better facilitated a holistic approach to fact finding and intelligence and evidence gathering to support any intervention requests during this period and helped to ensure a focus on the key priority areas during the pandemic.

All quality interventions carried out during the pandemic were reviewed by the Postgraduate Dean and discussed in the Quality Management Oversight Group. A detailed summary of quality interventions carried out can be found in Appendix 1.

Each intervention that took place during this period was carried out virtually via Microsoft Teams. The Quality Team have worked very closely with each Trust requiring an intervention to ensure that each intervention was well attended and beneficial for the Trust. This change to working virtually resulted in the creation of new virtual guidance documents being produced.

New guidance documents were created for:

- The intervention panel including a chair checklist
- Trainees and Learners attending focus groups
- Trusts and other stakeholders attending virtual interventions

Moving to a successful virtual way of working involved streamlining and adapting processes very quickly at the beginning of the pandemic. It also involved increased direct communication with Trusts as each intervention was organised more quickly than normal due to the concerns raised. Panel members were actively encouraged to provide feedback to the Quality Team on their experience of each intervention and a quality improvement approach was taken during this adaptation period. Feedback from both internal and external panel members was positive. This collaborative way of working has been beneficial and the transition to online interventions has been very successful.

The quality team have also successfully carried out multi-professional interventions during this period that were well attended and facilitated and allowed intelligence to be gathered from the wider workforce when considering the impact of the learning environment on all learners.

Pre-review meetings during this period have also been held virtually and this has allowed more flexibility for panel members to attend and enable the Quality team to organise these quickly and efficiently via Microsoft Teams.

The shift to virtual interventions has resulted in increased attendance from learners due to them being able to log in to the meetings either from their clinical site or from a mobile device wherever they are.

4.1. Trust master action plans

Below is a summary table of requirements and recommendations issued and closed in the period between April 2020 and March 2021.

Table 5: Summary of the number of requirements and recommendations issued from 1 April 2020 to 31 March 2021

Action type	Number issued	Number closed
Immediate Mandatory Requirement	0	4
Mandatory Requirement	22	85
Recommendation	0	27

4.2. Review of IMR Process

As part of the refinement of the Quality Team's implementation of HEE national guidance, it was identified as good practice to review the way the team applies the Quality Framework, specifically the issuing of Immediate Mandatory Requirements (IMRs). The objectives of this review were as follows:

- To review and improve practice within the Quality team.
- To ensure consistency with national expectations.
- To identify consistency in the issuing and management of IMRs across the locality.

All IMRs issued for Trusts between 1 January 2017 and 15 March 2020 were reviewed and comparisons of data were made categorised by theme, school, and county for analysis along with the time taken to close the IMR. The record of monitoring for each IMR was also reviewed to aid the analysis of quantitative data and provide an insight into the management of IMRs.

The outcomes of the IMR review were discussed with the relevant stakeholders to assist with the development of guidance on issuing and monitoring IMRs to ensure a more consistent approach. This IMR guidance was signed off in August 2020 at the Quality Management Oversight Group for implementation from 1 September 2020.

The new IMR guidance supported the closure of several historically open IMRs as outlined in table 5 above.

Looking forward: 2021/22 objectives

Determine multi-professional programme for quality interventions

Develop intervention procedures and processes to implement the HEE Quality Framework across all professional groups

Provide evidence bundles to aid effective focussed decision making to support interventions process

Provide reporting administration at interventions to ensure robust reporting and audit

Support the development and progression of SMART, standardised action plans to monitor progression and aid reporting

Contribute to quality intervention planning and improvement by monitoring the Intensive Support Framework (ISF) and rating risk

Operationally manage the recruitment, training and contract arrangements for quality interventions lay representation

Develop and enhance the role of trainees as part of the quality intervention and assurance functions

5. Trainee surveys

In review: Business plan 2020/21

Work with the Review Lead to determine trainee surveys are gathering correct evidence ahead of interventions and develop NETS analysis and reporting for local purposes

Partially Met

5.1. National education and training survey

Health Education England National Education and Training Survey (NETS) is a survey of all healthcare learners across all clinical learning environments and provides the opportunity for feedback to be given on training and learning experiences.

Quality Team supported the November 2020 survey through the following activity:

- Management of free text comments.
- Review of quantitative data.
- Working with the other south local offices to share information about the survey, discuss ways of working with the data, agree communications to ensure consistency across the south and strengthen feedback to the national team.

The response rate for the South East was 14.26%, placing the South East 4th out of the seven HEE regions. A breakdown of the response rate by professional group can be found in the South East region report on this webpage: [HEE NETS](#).

Learners were able to enter free text comments if they selected 'other' as a reason for recommending or not recommending their placement. The comments were limited to 50 characters.

All free text comments received were read and assessed by the Quality Team. Due to the 50-character limit there were not any comments with sufficient detail to share with Trusts. The below table shows the number of free text comments received for Kent, Surrey, and Sussex.

Table 6: Summary of the free text comments received through the November 2020 NETS

Survey Area	Number
Responses for other reasons would recommend placement.	21
Responses for other reasons would NOT recommend placement.	35

The Quality Lead attended the National NETS Implementation Group on behalf of the South East which enabled more input into the survey, sharing of NETS information and better planning for NETS related tasks such as communications. A regional band 6 post also supported the Quality Lead with NETS so that communications and during survey tasks were completed once for the region.

5.2. General Medical Council national training survey

It is a regulatory requirement that HEE local offices take responsibility for General Medical Council National Training Survey (GMC NTS) processes before, during and after the survey takes place. GMC NTS 2020 was postponed from March to August due to the pandemic. When the survey did run from 22 July to 12 August 2020, it was not in its usual format and was a shortened, targeted survey with covid-19 related questions.

5.2.1. Pre-survey

The Quality Team led the data collection of specialty and GP Clinical Supervisors and Educational Supervisors for submission to the GMC for the trainer survey. Data was collected, validated, and submitted for 2939 trainers. The Quality Team supported the Healthcare Education Team and Business Intelligence with the validation of trainee data through investigating records that would not validate due to training site errors. Through this work it was identified that data cleansing of training sites held by Healthcare Education Team and the GMC Approved Training Sites was required. The Quality Team began to work on this data cleansing as a one-off project at the end of March 2020 with the aim of a cleansed list and a 'business as usual' process for ongoing additions/removals of sites.

5.2.2. During the survey

Due to the pandemic and the survey being postponed, the survey was not run in its usual format. There were no change requests or patient safety and bullying and undermining comments. It was also agreed by the HEE Deans that HEE would not support the survey, therefore no survey communications were sent by the Quality Team.

5.2.6. Post survey

KSS achieved a 41.4% response rate for the trainee survey. The trainer survey response rate was 21.7%.

5.2.7. Analysis of the results

The GMC released results of the August 2020 survey in October 2020, due to it being a shortened survey they reported the results using a revised online tool. The results were available at trust level only.

A South East approach for use of the GMC NTS 2020 results was agreed. The Quality Team used the results for triangulation with known existing concerns and with new intelligence. Trusts were informed of how HEE would use the results. Heads of Schools were asked to review the results for their school and bring any concerns to the Quality Management Oversight Group in December 2020. To support trusts and Heads of School, the Quality Team produced and edited a video support tool on the GMC Reporting

Tool. This was well received and found to be a useful resource. Heads of School did not identify any new concerns requiring a quality intervention from the survey results.

Looking forward: 2020/21 objectives

Review the range of evidence sources which support quality interventions and quality monitoring processes

Develop NETS analysis and reporting for local purposes

Develop process for managing free text comments

Work with the Review Lead to determine whether trainee surveys are gathering correct evidence ahead of interventions and develop NETS analysis and reporting for local purposes

6. Primary care

In review: Business plan 2020/21

Manage the process for approvals and re-approvals of GP Educational Supervisors, Clinical Supervisors, and learning environments for GP practices in KSS	✓
Work with the primary care team to develop and implement processes for ensuring the learning environments are safe and effective	✓
Arrange, co-ordinate, attend and provide administrative support for primary care meetings that have a quality function	✓
Manage triangulation of evidence related to quality standards	Partially Met

The approval of Clinical Supervisors (CS) and Educational Supervisors (ES) in General Practice is a GMC requirement and is a key part of ensuring the education of trainees is maintained to a consistent and high level. Each clinical learning environment and its supervisors are assessed, and quality assured to facilitate positive learning outcomes for trainees. The Quality Primary Care function (under instruction of the GP School) has facilitated a steady number of accredited GP Supervisors. In total there are 736 approved supervisors across Kent, Surrey, and Sussex. This is an increase of 79 approved supervisors from the 2019/20 period. The table below details the figures by role and county

Table 7: Total number of approved clinical and educational KSS supervisors across KSS

	Kent	Surrey	Sussex	Total
Clinical supervisors (2020/21)	116	69	93	278
Clinical supervisors (2019/20)	94	61	69	224
Educational supervisors (2020/21)	157	155	146	458
Educational supervisors (2019/20)	146	158	129	433

6.1. Clinical learning environment approvals

The environment used to host and supervise a trainee is assessed based on the [HEE Quality Framework 2019 - 2020](#). The process of approving a practice which is new to training would usually happen when the first CS goes through the approval process. The Practice Manager (PM) completes a Clinical Learning Environment application form. The practice is visited by the Lifelong Learning Advisor who conducts a thorough evaluation of the practice's policies, facilities, and opportunities for learning prior to trainee allocation. In total, eight practices were approved as a Clinical Learning Environment from 1 April 2020 to 31 March 2021.

If an experienced ES moves to a practice which is not already approved as Clinical Learning Environment (CLE), the approval process would be undertaken by the PAD.

A practice becomes a training practice when it has an ES and can host General Practice Trainees. The move to becoming a training practice requires the attendance of the local PAD. In total, there were three new training practices from 1 April 2020 to 31 March 2021.

Clinical Learning Environments are submitted for GMC Training Site Approval as follows:

- Clinical Supervisors the site is submitted for approval for the South Thames Foundation Programme.
- Educational Supervisors the site is submitted for approval for the General Practice Programme.

6.2. Approval process

The process of becoming an accredited supervisor starts with the submission of the requisite paperwork after the completion of a mandatory training course. An approval interview is arranged with the relevant approver – Lifelong Learning Advisor, Training Programme Director or PAD.

Approvals are ratified via the monthly Head of School report which contains the details of all applicants who have completed the process in the preceding month. Once the report is ratified by the Head of the GP School, the Quality Team sends a letter to the applicant notifying them of their approval and accreditation expiry date.

The accreditation timeframe is subject to no changes in circumstances, for example a move to another practice, a period of lapse, leave (maternity, sick or compassionate). If for any reason the trainer has a break from training, the validity period for their next approval will revert to the initial two years.

Variations to the approvals process are listed below by circumstance.

6.2.2 Clinical supervisor approvals

Once approved, a CS can supervise Foundation trainees. The below points highlight the CS approval process steps in addition to those explained above:

- A virtual approval interview is arranged with the Lifelong Learning Advisor for applications received from GPs in both non-training and existing training practices.
- The approved accreditation report is passed to the Training Programme Director for second reading before being added to the Head of School report.

Table 8: Total number of new clinical supervisors approved in KSS from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Totals
New clinical supervisors	39	23	37	99

6.2.3. Educational supervisor approvals

Once approved an ES can supervise ST1, ST2 and ST3 trainees. A HEE KSS mandatory requirement of advancement to this level is the completion of a PG Cert. The below points highlight the ES approval process steps in addition to those explained above:

- If based in a non-approved CLE – a virtual approval interview visit is arranged with the Training Programme Director. The Training Programme Director will complete an assessment and report on the learning environment which will inform the PAD's evaluation when completing the assessment of the applicant.
- If based in a Training practice – virtual approval interview visit is arranged with the local PAD.
- Once the approved accreditation report is completed, it is added to the Head of School report.
- The Quality Team adds the new trainers' details to the GMC list of approved GP Trainers.

Table 9: Total number of new educational supervisors approved in KSS from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Totals
New educational supervisors	14	12	21	47

6.2.4. Clinical supervisor reapprovals

After the expiry of the first accreditation (two years), the CS is required to reapprove. The approvals process is followed with the below variances:

- The Quality Team sends the applicant reapproval paperwork six months before their expiry date.
- Submitted paperwork is sent to the Training Programme Director for a paper-based approval.
- Once the assessment is complete, the report is added to the Head of School report.
- The accreditation period for a reapproval is five years.
- Reapprovals had been automatically extended for a period of twelve months from 24.04.2020. Note that it was agreed from 17.12.2020 that the reapprovals process would restart for all upcoming reapprovals from 01.03.2021. This is the reason that the below table reflects a total of zero reapprovals over the period. See section 3 relating to the agreed COVID-19 response for reapprovals during the COVID-19 pandemic.

Table 10: Total number of clinical supervisors re-approved in KSS from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Totals
Clinical supervisor reapprovals	0	0	0	0

6.2.5. Educational supervisor reapprovals

After the expiry of the first accreditation (two years), the ES is required to reapprove. The standard approval process is followed with the below variances:

- The Quality Team sends the applicant reapproval paperwork six months before their expiry date.
- Submitted paperwork is sent to the local PAD, the first reapproval requires an interview with the trainee present. Subsequent reapprovals are paper based.
- Once the assessment is complete, the report is added to the Head of School report.
- The accreditation period for a reapproval is five years.
- The trainer's record is updated on the GMC list of approved GP Trainers.
- Reapprovals had been automatically extended for a period of twelve months from 24.04.2020. Note that it was agreed from 17.12.2020 that the reapprovals process would restart for all upcoming reapprovals from 01.03.2021. This is the reason that the below table reflects a low total number of reapprovals over the period. See section 3 relating to the agreed COVID-19 response for reapprovals during the COVID-19 pandemic.

Table 11: Total number of educational supervisors re-approved in KSS from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Totals
Educational supervisor reapprovals	3	2	1	6

6.2.6. Mandatory requirements and recommendations

Following the interview and assessment of the applicant, the approver can issue mandatory requirements or recommendations in their final report. The mandatory requirements must be completed by the applicant within a given timeframe and are monitored by the Quality Team. They are signed off by the PAD once evidence of completion is received. The table below details the number of mandatory requirements and recommendations that were issued to supervisors approving or re-approving from 1 April 2020 to 31 March 2021.

Table 12: Mandatory requirements and recommendations issued in KSS from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Total
Educational supervisor mandatory requirements	1	0	1	2
Educational supervisor recommendations	4	3	4	11
Clinical supervisor mandatory requirements	0	2	0	2
Clinical supervisor recommendations	3	1	1	5

6.8. Abeyance

The term 'abeyance' currently covers several scenarios: lapse (a trainer allows their accreditation to expire without renewal), move to another practice, sick leave, or maternity leave, when an experienced trainer moves into the KSS area.

Table 13: Supervisors entering abeyance from 1 April 2020 to 31 March 2021 (of which the KSS Quality Team was informed)

	Kent	Surrey	Sussex	Totals
Clinical supervisor abeyance	1	0	0	1
Educational supervisor abeyance	0	1	0	1

6.9. Resignations

The Quality Team keep a record of the CS and ES resignations that they are informed of. Resignations are added to the Head of School report for ratification. The supervisor is sent a formal letter noting the resignation from the role and expressing appreciation for the dedication to GP education whilst in post. Common reasons received for resigning from the role are retirement, moving away from the area and workload pressures.

Table 14: Number of supervisor resignations from 1 April 2020 to 31 March 2021 (of which the KSS Quality Team was informed)

	Kent	Surrey	Sussex	Totals
Clinical supervisor resignations	4	1	0	5
Educational supervisor resignations	3	3	3	9

6.10. Risk reviews

Risk reviews are undertaken by the PADs when an issue has been raised to the CQC or GMC regarding a practice or individual. The local PAD will visit the practice after the CQC visit if there is a drop in the rating to assess and understand the issues and ensure that a plan for improvement is developed in keeping with the [HEE Quality Framework](#).

All decisions regarding the steps to take on a matter are formalised at the quality segment of the monthly Primary Care Operations meeting. This forum, attended by the Primary Care Dean, the Head of the GP School, and all PADs, is used to discuss each matter and to advise the local PAD on ways to assist the practice or individual returning to training.

The Quality Team monitors any requirements that are placed on practices or individual trainers. Evidence received from the individual or practice is submitted to the local PAD for review. The PAD's indication that the matter is resolved is recorded on the Risk Review Log and the matter is recorded as closed by the Quality Team.

In instances where a trainee has been removed from the practice, it is necessary for the practice and any relevant trainers to be approved by the local PAD.

Table 15: Risk reviews that took place in primary care clinical learning environments from 1 April 2020 to 31 March 2021

	Kent	Surrey	Sussex	Totals
Risk reviews	1	2	2	5

6.11. Escalation Panel

Hosted annually by the Head of the GP School, the Escalation Panel meeting took place on 24 September 2020. The attendees included PADs and Quality Team. The objective of this meeting was to review and discuss any complex matters pertaining to specific cases. Attendees also undertook a team calibration exercise. The Quality Team selected seven anonymous cases - both CS and ES approval reports - from each county for the exercise. Equal groups containing a PAD and a Second Reader

discussed the findings of the report and outcome. The calibration exercise served to highlight any elements of good practice that could be shared as well as to improve consistency in the assessment of ongoing approvals.

The input of the Second Readers was particularly useful in illustrating the necessity for a consistent approach and ways in which the approver's assessment could be structured to provide clarity for the CS or ES reading the final report after approval. It was noted and agreed that each approver should endeavour to include approval recommendations on their final assessment as this would assist the Educator in their role.

Looking forward: 2021/22 objectives

Manage the process for approvals and re-approvals of GP Educational Supervisors, Clinical Supervisors, and learning environments for GP practices in KSS

Work with the primary care team to develop and implement processes for ensuring learning environments are safe and effective

Arrange, co-ordinate, attend and provide administrative support for primary care meetings that have a quality function

Manage triangulation of evidence related to quality standards

Produce an annual work plan to aid business delivery

Support the implementation of a Quality assurance process to support the new model in primary care

7. Regulation

In review: Business plan 2020/21

Prepare to provide evidence requirements for the GMC Quality Assurance process	✓
Remain compliant with GMC regulatory requirements	✓



This section describes the work that the KSS Quality Team undertakes in relation to regulatory bodies.

7.1. Fitness to practise

The Quality Team is responsible for responding to any GMC Investigation notifications involving trainers in KSS Trusts or General Practice. Should an investigation arise, the GMC will write to the Postgraduate Dean via the Quality Team to confirm that there is a link. Following confirmation, the GMC will provide details to the Quality Team, who contact the relevant Head of School to ascertain whether the School holds any related information that should be released to the GMC. Quality Team will write to the GMC to confirm that either no information is known or to provide the intelligence shared by the Head of School.

The team has responded to three requests. The GMC shares investigation updates with the team, which are filed, and a tracker is kept up to date.

7.2. Guardians of safe working hours

The requirement for all NHS Trusts to have a Guardian of Safe Working Hours (GSWH) was introduced in 2018 due to the introduction of exception reporting in the junior doctors' contract. The role of the GSWH is to oversee the safety of doctors in training by providing assurance on compliance with safe working hours. KSS has a GSWH group which meets quarterly and is chaired by the Postgraduate Dean Medical Education. The Associate Dean – Quality attends all meetings to link the Quality Team to this important role. GSWH meetings have continued to run during the pandemic with a focus on safety and

clinical supervision. GSWHs have also been involved in Quality Interventions, which has been beneficial as commonly explored areas such as rotas and exception reporting, link to the GSWH role.

7.3. GMC quality assurance

HEE KSS GMC Quality Assurance review will begin in October 2021.

7.4. GMC quality reporting

GMC Quality Reporting is the process by which HEE local offices provide updates on items meeting the threshold for reporting to the GMC. There are five concerns which meet the threshold for reporting to the GMC. Two concerns have been de-escalated from GMC quality reporting in 2020-21.

7.5. GMC enhanced monitoring

In Kent, Surrey, and Sussex there are two open GMC Enhanced Monitoring cases:

Table 16: Areas under GMC enhanced monitoring within KSS

Trust	Sites	Department	Trainee level	EM Escalation Date
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	General surgery	Core, Foundation, General Practice, Higher	19.01.2016
Brighton and Sussex University Hospitals NHS Trust	Trust-wide	Obstetrics and gynaecology	Core, Foundation, Higher	16.12.2016

KSS Quality Team worked with the GMC to de-escalate one enhanced monitoring case. East Sussex Healthcare NHS Trust was under GMC enhanced monitoring for General (Internal) Medicine, Core Trainees, from 15 December 2016 and was de-escalated on 18 December 2020.

7.6. GMC national training surveys

KSS Quality Team have responsibility from the regulator for some survey processes. [See Section 5 Trainee Surveys for more information.](#)

Looking forward: 2020/21 objectives

Prepare to provide evidence requirements for the GMC Quality Assurance process, beginning in October 2021

Remain compliant with GMC regulatory requirements

8. Reporting and governance

In review: Business plan 2020/21	
Identify and develop robust reporting mechanisms to meet requirements and provide local reporting and analysis	✓
Attend the two Quality Surveillance Group meetings (Kent and Medway, and Surrey and Sussex) and present key findings from KSS	✓
Review terms of reference and membership and provide administrative support for the Quality Management Oversight Group. Provide oversight to the quality assurance processes and decisions	✓

The KSS Quality Team has continued to develop robust reporting mechanisms to meet regulatory requirements.

8.1. Quality management oversight group

The Quality Management Oversight Group (QMOG) is established by HEE KSS as part of its quality assurance processes to ensure that the [HEE Quality Framework](#) is being met. QMOG ensures all HEE KSS learners on clinical placements meet the required quality standards of the relevant professional regulator and curricular requirements, thus ensuring that the future workforce is fit for purpose and able to provide safe, compassionate care.

The group reports to the Senior Leadership Team and HEE South East quality governance structures.

QMOG fulfils a governance role through:

- Receiving information on emerging concerns, making judgements and decisions about quality of education and training, and where there are serious concerns, escalating these appropriately at the discretion of the Postgraduate Dean, Associate Dean – Quality, Primary Care Dean and Local Director.
- Implementing the [HEE Intensive Support Framework](#) (ISF) by agreeing the level of risk associated with identified concerns about the quality of education and training in order to determine the appropriate quality intervention.
- Instigating the ISF escalation policy and proposing levels of support for Senior Leadership Team approval.
- Ensuring members remain accountable for actions agreed.
- Contributing to regional, national, and regulatory reporting requirements, for example through agreement of items for escalation to the HEE KSS reporting register (further details can be found below).
- Receiving reports on patient safety issues and making recommendations on appropriate actions linked to HEE's remit.
- Receiving reports about HEE-commissioned programmes run by Higher Education Institutions (HEIs) and considering any implications for clinical learning environments and learners.
- Proposing and agreeing quality management processes and procedures, ensuring these are based on good practice.

During 2020/21, multi-professional attendance at QMOG was maintained and further expanded, with new members including representatives of Library and Knowledge Services and Paramedics. Links remain in place with the National School of Healthcare Science to support intelligence-sharing and reports are received from the Head of School via the Education Quality Management Oversight Group (see section 8.2) and shared with the QMOG as appropriate.

Membership during 2020/21 consisted of:

- Postgraduate Dean
- Associate Dean – Quality
- Associate County Deans
- Primary Care Dean
- Heads of School
- Lay Representative
- Director of Medical Education Representative
- Medical Education Manager Representative
- Professional Leads (Nursing and Midwifery, Advancing Practice and Allied Healthcare Professionals, Pharmacy, Physician Associates, Paramedics)
- Medical School Representative
- Library and Knowledge Services Representative

The Quality Team has continued to support QMOG to contribute effectively to internal and external governance processes. Attendees from the KSS Quality Team include the Associate Dean – Quality, Quality Support Manager and Quality Support Administrator, with other team members attending as appropriate to the agenda. The team has continued to provide administrative support for the meetings.

The process for managing declarations of interest for QMOG has been reviewed during 2020/21. Advice was sought from the corporate affairs team to determine how the local process could be aligned with the central HEE policy and register while ensuring the information captured is meaningful and accessible for QMOG purposes. A proposal was presented to the group at the December 2020 meeting, and it was agreed that a local register of members' declarations of interest would be held by the quality team and approved by the Postgraduate Dean, however this would also feed into the central register. The team are working to establish this process.

Due to the focus on quality risks during the pandemic, there has been limited scope for invited speakers during 2020/21. Members of the Quality Team worked with the Postgraduate Dean to plan meeting agendas which provided opportunities for relevant and timely updates and discussion on key areas, for example in July 2020, the Deputy Head of Transformation was invited to provide an update on the situation with regards to nursing, midwifery and AHP student placements. The Quality Team continue to work with external contacts to plan future agenda items in response to members' requests for invited speakers in relation to quality issues.

QMOG is essential to the quality assurance of risks and to ensure parity in the way concerns are managed across the region. QMOG has oversight of ISF Category 1 concerns. The process requires the Head of School to notify the Quality Team of an ISF Category 1 concern and subsequently to supply regular updates. The Quality Team keep a register of ISF 1 concerns. The Head of School uses their professional judgment to determine when a concern has been addressed and can be closed, however the proposal and evidence for closure must be proposed to QMOG for agreement. Equally, if a concern requires escalation and quality intervention, this must be proposed at QMOG before being added to the team's Quality Interventions Planning list. Monitoring of ISF 1 concerns was paused in line with the HEE decision to pause routine quality activity and was not included as an agenda item for extraordinary QMOG meetings.

QMOG also agrees items for escalation to the Reporting Register. The threshold for inclusion on this register is ISF Category 2 and a risk rating threshold of 12 and this may indicate the need to be reported regionally and/or nationally. The Quality Support Manager works with Heads of School and County Deans to update both the ISF Category 1 Concerns Register and the HEE KSS Reporting Register monthly to support discussion and agreement of changes to risk ratings, escalation or de-escalation of items and decision-making around further actions. Updating and monitoring of the Reporting Register continued throughout the pandemic.

In January 2021, QMOG received the first quarterly report as part of the new HEI reporting concerns process which was agreed in October 2020. More information on this process is available in [section 11 workforce transformation](#).

8.2. Education quality management oversight group

The Education Quality Management Oversight Group (EQMOG) was established during 2020/21 as part of the regional quality governance structure. The group meets monthly, chaired by the Regional Postgraduate Dean, and reports to the South East Regional Senior Leadership Team.

Membership during 2020/21 consisted of:

- Regional Postgraduate Dean
- Postgraduate Deans
- Primary Care Deans
- Heads of Quality
- Professional Leads (Nursing and Midwifery, Advancing Practice, Allied Healthcare Professionals, Pharmacy, Healthcare Science)

The team provide reports for the group on risks meeting the threshold for escalation to regional level. The Quality team have also provided administrative support for these meetings.

8.3. South East risk and safety oversight group

Establishment of a South East Risk and Safety Oversight Group began in March 2020, it is chaired by a Regional Director and all programmes of work across the South East are represented. The link between this group and quality is being established.

8.4. Quality surveillance groups

Quality Surveillance Groups (QSGs) are led by NHS England/Improvement to bring together different parts of the health and care system regionally and locally. Their purpose is to allow sharing of intelligence gathered through performance monitoring, commissioning, and regulatory activities about risks to quality, to support early identification of risks, and to enable collective agreement on the most appropriate system response where risks are identified. Representation at QSGs comprises NHS England, Clinical Commissioning Groups, CQC, NHS Improvement, relevant local authorities, Public Health England, HEE and the relevant local Healthwatch.

The KSS Quality team produces key reports to ensure robust sharing of intelligence to meet regulatory and stakeholder requirements. The HEE KSS Reporting Register forms the basis for monthly reports for the QSG to support wider quality monitoring processes and intelligence sharing between Arm's Length Bodies (ALBs).

The Associate Dean – Quality attends QSG meetings for the Kent, Surrey, and Sussex region to present key findings from KSS and, following meetings, cascade relevant information internally and externally. The QSG meetings are being restructured to align to Integrated Care System footprints.

8.5. Joint strategic oversight group

The Joint Strategic Oversight Group (JSOG) was established by NHS England as a forum to allow oversight organisations to share concerns, aiming to ensure an aligned and consistent approach to supporting Trusts and intervening where necessary. Members include senior representatives from NHS Improvement, NHS England, the CQC, the General Medical Council (GMC) and HEE. The group meets bi-monthly and these meetings are attended by the Postgraduate Dean and National Head of Quality on behalf of HEE.

The KSS Quality team contributes to reporting of concerns nationally through completion of a template to support identification of Early Warnings/Emerging Concerns for the JSOG.

8.6. Briefing papers

As well as regular reporting for meetings, the Quality Team has responded to specific areas of concern within NHS Trusts by preparing comprehensive deep-dive reports and briefing papers where appropriate. The purpose of these reports has been:

- To triangulate evidence from a range of sources including the General Medical Council National Training Survey (GMC NTS), National Education and Training Survey (NETS), previous quality interventions (including action plans), and concerns shared by HEIs. This enables a stock-take of evidence to date.
- To support reporting to regulators by providing evidence from an education and training perspective in response to concerns shared by ALBs including NHSE/I, CQC and the GMC.
- To support evidence-based internal decision-making regarding quality interventions.

8.7. Newsletter

Following the successful introduction of the Quality Team newsletter previously, regular production of the Quality Team newsletter was paused during COVID-19 surges in 2020/21. This decision was taken in line with the pause in routine quality activity and in support of efforts to ensure communications with stakeholders were focused on the pandemic response.

One edition of the newsletter was produced in December 2020 and shared with stakeholders via email and on the quality webpages of the HEE KSS website. Content included:

- Sharing good practice – the role of Advanced Practitioners in Emergency Medicine
- Interview with the Primary Care Dean and Deputy Postgraduate Dean
- Primary Care Educator approvals and reapprovals update
- HEE NETS and GMC NTS updates
- Team contact details and staffing updates

The Quality team aim to resume quarterly newsletters as the pandemic situation resolves.

Looking forward: 2021/22 objectives

Identify and develop robust reporting mechanisms to meet regulatory requirements and internal/external intelligence requirements

Locally Analyse and report on National Training Surveys (NTS), National Student Survey, National Education and Training Survey (NETS) and Primary Care

Attend Quality Surveillance Groups/ICS Quality meetings and present key findings from KSS

KSS Quality Management Oversight Group: Ensure multi-professional representation and operate reporting on an ICS geography, provide administrative support, and provide oversight on quality assurance processes and decisions

SE Education Quality Management Oversight Group: Support the implementation of EQMOG along with appropriate governance and reporting to support Regional Post Graduate Dean

Produce dashboards to support the Education contract quality requirements

9. Education

In review: Business plan 2020/21

Work with Heads of School to identify and showcase quality trainee placements by identifying areas of notable practice and sharing findings to support quality improvements across the system	✓
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Share quality intelligence via Quality Management Oversight Group to ensure professional leads are aware of suitable quality placements for new roles	✓
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The aim is for the region to be highly sought after as a place to train. Employer, trainee, and learner satisfaction should be high, and all placements should be filled. There should be high registration rates where appropriate and retention in posts delivering NHS services. To support this, the Quality Team set out to identify areas of notable practice and share findings to support quality improvements across the system.

The Quality Team continues to use their newsletter as a forum for sharing examples of notable practice in healthcare education and training with both internal and external stakeholders. More information on the team's newsletter is available in Section 8.7.

The December 2020 newsletter highlighted the role of Advanced Practitioners in the Emergency Department at Surrey and Sussex Healthcare NHS Trust. The Head of School for Emergency Medicine had identified this as an example of good practice for sharing, this also had the support of the SE Advancing Practice Faculty Lead.

The article, written by the Trust's Director of Medical Education, explained that the emergency practitioners are registered healthcare professionals from a nursing or paramedic background, highly experienced in the management of trauma or illness in the ambulatory patient. The successful expansion of posts as part of workforce transformation within the department was described, showcasing a model reported to have resulted in a 'well-trained, highly motivated department of colleagues providing a stable clinical environment which supports the education of colleagues experiencing short-term learning placements.'

During the pandemic, the Quality team have provided administrative support to weekly surge planning meetings in each of the counties (Kent, Surrey, and Sussex). The meetings have been chaired by County Deans, with Directors of Medical Education, Medical Education Managers and GP Patch Associate Deans in attendance. Within the scope of these meetings, there has been opportunity to highlight and share notable practice with regards to supporting learners during the pandemic, for example wellbeing initiatives. Examples were reported to the KSS surge planning strategy group as appropriate, however the Quality team hope to be able to share notable practice more widely by offering colleagues the opportunity to showcase examples from their learning environments in future editions of the Quality team newsletter.

The monthly Quality Management Oversight Group meetings remain an opportunity for multi-professional quality intelligence sharing. Due to pressures associated with the pandemic, five of the twelve meetings during 2020/21 have taken place as extraordinary meetings, with the agenda focused on quality risks. However as the pandemic situation settles, there will be scope to review terms of reference and enable the meeting to support broader quality discussion to ensure professional leads are aware of suitable quality placements for new roles. More information on the Quality Management Oversight Group is available in Section 8. Reporting and governance.

Looking forward: 2021/22 objectives

Work with Heads of School/Professional Leads to identify and showcase quality trainee placements
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Share quality intelligence with Workforce Transformation Team to support new roles
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Share intelligence and inform decision making on the quality of clinical placements linking to workforce growth plans

10. Workforce planning and intelligence

In review: Business plan 2020/21

Compile intelligence to share with local office Transformation and Workforce planning teams	✓
Develop and monitor a process for gathering evidence from placement providers for non-medical education	✓

Quality Team continues to develop processes to ensure quality intelligence is reviewed multi-professionally to support quality across a system (place) and identify areas where transformation would be of benefit.

During all quality interventions, feedback has been shared with transformation teams and stakeholders to aid decisions relating to the clinical learning environment. Feedback from all quality interventions carried out in 2019/20 has been shared with professional leads via QMOG.

10.1 Evidence from education providers

The Quality Team have worked with local Higher Education Institutions to review how HEE and local Higher Education Institutions (HEIs) work together to ensure the safety and effectiveness of clinical learning environments for non-medical learners on placements within Kent, Surrey, and Sussex (KSS). Health Education England is responsible for ensuring that the clinical learning environment (placements) meets professional regulatory standards where defined in remit and the HEE Quality Framework for all healthcare learners.

A new process was agreed and launched in December 2020, HEIs report concerns relating to placements within a Clinical Learning Environment (placement) in Kent, Surrey, or Sussex to the Quality Team on a quarterly basis. High level/risk concerns must be reported to HEE KSS withing five working days of the HEI finding out.

A placement within a clinical learning environment refers to Acute Trusts, Community Trusts, Ambulance Trusts, Independent Providers, Nursing Homes, Primary Care Contractors, and any other organisation.

The quality management of concerns regarding placements is the responsibility of Higher Education institutions. The role of HEE is to hold an overview of any risks and support mitigation where appropriate. HEE provides placement for the majority of students with educational tariff monies and therefore needs to work in partnership with HEIs to ensure the quality and effectiveness of this educational contribution. As HEE has multi-professional oversight it is important to triangulate the experiences of all trainees and students to support quality assurance on a systems level. HEE will triangulate issues reported by different sources and professions.

Concerns that should be reported to HEE KSS could include, for example:

- All that map to the [HEE Quality Standards](#), as this ensures that the concerns reported are within the remit of HEE e.g. the learning environment or culture of it, educational governance and leadership, clinical supervision, induction, support for supervisors, access to training opportunities and curriculum coverage etc.
- Adverse CQC inspections that influence student placements.
- Concerns that are escalated to or from a professional regulator to the HEI or direct to HEE e.g. NMC, HCPC

A high-level concern is one that describes actual harm, near misses or continuing inadequate supervision, is a first-person account and not hearsay, specifies a location and provides a clear description of the problem. This is applicable to trainee and patient safety and bullying and undermining.

The first quarterly reports were received in December 2020 and a summary report was presented to the Quality Management Oversight Group in January 2021. Communications and engagement with the HEIs continues as this new process is implemented.

10.2. Quality assurance visits

In March 2021, a Quality Project Officer represented HEE at a virtual quality assurance visit to an undergraduate medical student placement provider. The visit was arranged by a Higher Education Institution.

10.3 Student data collection

The Quality team have worked with colleagues from the Workforce Planning and Intelligence team to support the quarterly student data collection process. The purpose of this is to ensure correct payment to placement providers for delivery of training for healthcare students across non-medical professions. This work has involved liaising with both HEIs and Trusts to determine the numbers of placement hours provided within each quarter.

Looking forward: 2020/21 objectives

Compile intelligence to share with local office Transformation and Workforce planning teams

Develop and monitor a process for gathering evidence from placement providers for non-medical education

11. Workforce transformation

In review: Business plan 2020/21

Establish quality function with Transformation team to ensure the HEE Quality Framework is implemented as appropriate



The Workforce Education Transformation team works in partnership with individuals, teams, organisations and systems to define key requirements, and to determine responsive workforce solutions to deliver the best care to patients, now and in the future. The team uses the [HEE STAR tool](#).

The Quality Team is working increasingly closely with Workforce Education Transformation to identify opportunities to work more effectively together. For example, in reviews of medical training with Trusts there may be opportunities for teams to explore other models of working where Advanced Clinical Practitioners or the employment of different cohorts of staff may address issues affecting the clinical learning environment such as staffing shortages.

The Quality Team has contributed to some meetings which the Workforce Transformation team attend with HEIs.

There are also Practice Learning Academic Network meetings in the South East region attended by the HEIs and HEE to address issues of placement provision and monitoring. These take place three times a year. The KSS Quality Lead has started to attend these and the relationship with this group will be developed further in 2021/22.

Looking forward: 2020/21 objectives

Establish quality function with Workforce Education Transformation team to ensure the HEE Quality Framework is implemented as appropriate

12. Working collaboratively across regions and nationally

In review: Business plan 2020/21	
Attend meetings to integrate KSS Quality Team functions and reporting to the regional South East quality activity	✓
Ensure processes are KPMG compliant/apply KPMG recommendations	✗
Review processes in line with South East operating model and ensure compliance	✓

South East Regional Quality Team Meetings have been established and take place monthly. The group have focused on the South East Quality Operating model, aligning processes and making joint decisions on how key areas of work such as NETS should be managed.

The Associate Dean Quality has continued to attend monthly National Heads of Quality Meetings on behalf of the South East.

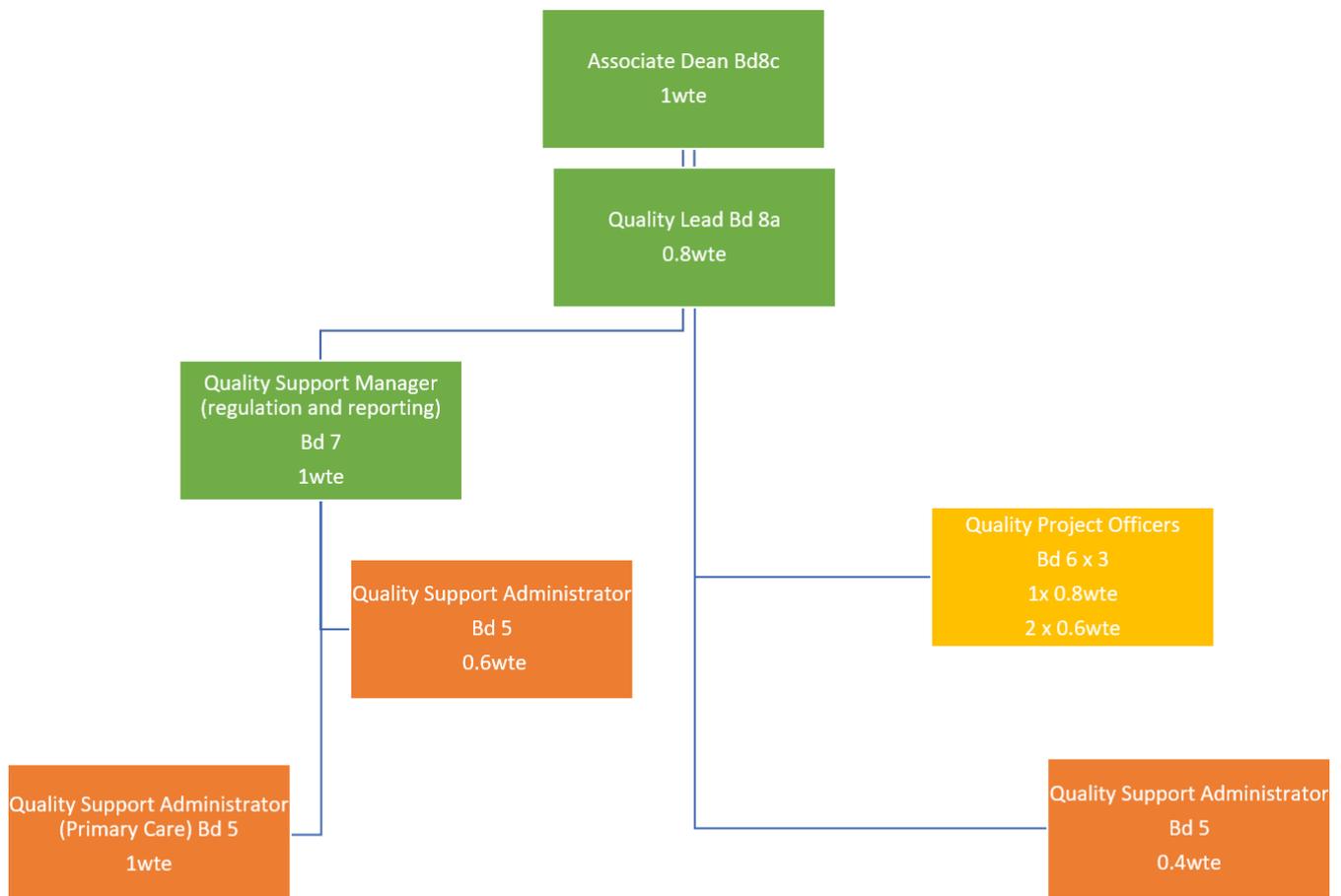
A National Quality Refresh has taken place during 2020-21, the Associate Dean Quality has contributed to Task and Finish Groups to support this work and incorporated feedback from the Quality Team. The new Quality Framework and Standards are expected at the end of April 2021.

Looking forward: 2020/21 objectives	
Attend meetings to integrate KSS Quality Team functions and reporting to the regional South East quality activity	
Ensure processes are KPMG compliant/apply KPMG recommendations	
Review processes in line with South East operating model and ensure compliance	
Ensure processes are reflective of Quality refresh and national business plan priorities	

13. Team

In review: Business plan 2020/21	
Develop KSS Quality Team identity and functions by establishing KSS Quality Team roles and functions with internal and external stakeholders	✓
Establishment of an effective KSS Quality Team through: <ul style="list-style-type: none"> Establishing HR processes Establishing weekly operational meetings and monthly strategic meetings Identifying and planning team development Identifying team risks and mitigate/escalate/report as appropriate to ensure business continuity and growth Modernisation and streamlining of core business activity utilising technology 	✓

The Quality Team exists to cover Kent, Surrey, and Sussex which is part of the South East region. A business plan for 2020/21 was produced which the team have worked to, the in-review sections throughout this report show what the team has achieved. The below diagram shows the team structure:



Changes to the team structure since 2018/19 are detailed below:

- Associate Dean Quality completed a secondment with NHS England/Improvement for 0.5wte from January to April 2021.

- One 0.6wte QPO post was vacant from October 2020 to April 2021 and will be repurposed for the new structure for 2021-22.
- Due to internal promotion within HEE, the 0.8wte of Quality Lead post became vacant in January 2021.
- During the pandemic members of the team reprioritised and supported other workstreams in response to the pandemic.

During 2020-21 staff completed training and development as follows:

- Associate Dean Quality – began an Executive Masters in Business Administration, MBA.
- Quality Support Manager – completed the HEE Management Development Programme.

Team health and wellbeing

The Quality Team have used Microsoft Teams to maintain communication channels while remote working, which has helped to support health and wellbeing. Initially, daily team check-ins via Microsoft Teams were scheduled each morning. Over time, the frequency was reduced as the team settled into new ways of working, and later ceased altogether. However regular team meetings have continued virtually, with regular review of the frequency and structure to ensure these meetings remained beneficial. Currently formal and informal team meetings take place on alternate weeks.

As team meetings are work-focused, the Quality team have also adopted the Swedish practice of Fika, following shared experience from another HEE team. Fika sessions are scheduled for 30 minutes every fortnight as an opportunity for team members to meet virtually with a social focus, recognising the benefit of this for health and wellbeing.

Regular one to one meetings with line managers have continued virtually, using a standard template which includes wellbeing as a point for discussion, supporting any concerns to be raised and appropriate actions agreed.

Team members have been encouraged to use Outlook calendars to schedule breaks, including time outside within coronavirus restrictions. Team members have been signposted to HEE resources on health and wellbeing and have been able to engage with and benefit from national and regional initiatives depending on individual preference, examples have included webinars focusing on health and wellbeing topics and virtual quizzes.

The Quality team have registered an interest in participating in the Enjoying Work Collaborative pilot programme that will utilise improvement methodology to support teams to make changes that improve their wellbeing and experiences at work.

Looking forward: 2020/21 objectives

Develop SE Quality Team identity and functions, aligning and reviewing the function so it delivers SE priorities

Establish an effective KSS Quality Team through:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Establishing HR processes • Establishing fortnightly operational meetings and monthly strategic meetings • Identifying and planning team development | <ul style="list-style-type: none"> • Identifying team risks and mitigate/escalate/report as appropriate to ensure business continuity and growth • Modernisation and streamlining of core business activity utilising technology |
|--|--|

14. References

[HEE Intensive Support Framework](#)

[GMC NTS Reporting Tool](#)

[GMC Education Data Reporting Tool Help Pages](#)

[HEE Quality Framework](#)

[HEE STAR Tool](#)

[Quality and Improvement Outcomes Framework for Library and Knowledge Service](#)

[HEE Escalating Concerns Process](#)

[HEE National Education and Training Survey](#)

Appendices

Appendix 1: Planned quality interventions that took place from 1 April 2020 to 31 March 2021

Trust	Site(s)	Specialty / Specialties	Date	Review type
Ashford and St Peter's Hospitals NHS Foundation Trust	Trust-wide	Obstetrics & Gynaecology	29/04/2020	Education Lead Conversation
Brighton and Sussex University Hospitals NHS Trust	Trust-wide	Obstetrics & Gynaecology	07/08/2020	Education Lead Conversation
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	Core & Higher General Surgery	01/09/2020	Trainee Focus Groups x 2
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	Foundation Surgery	02/09/2020	Trainee Focus Group
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	Foundation Surgery	09/09/2020	Trainee Focus Groups x 2
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	Foundation Surgery	25/09/2020	Senior Leader Conversation
East Kent University NHS Foundation Trust	Trust-wide	Emergency Medicine & ACCS	05/10/2020	Education Lead Conversation
East Kent University NHS Foundation Trust	Trust-wide	Adult and Paediatric Nursing	17/11/2020	Informal CCCU Student Discussion
East Kent University NHS Foundation Trust	Trust-wide	Adult Nursing and Midwifery	23/11/2020	Informal CCCU Student Discussion
East Kent University NHS Foundation Trust	Trust-wide	Medicine, Obstetrics & Gynaecology and Paediatrics	25/11/2020	Informal Trainee Discussion
East Kent University NHS Foundation Trust	Trust-wide	Medicine, Obstetrics & Gynaecology and Paediatrics	30/11/2020	Informal Trainee Discussion
East Sussex Healthcare NHS Trust	Trust-wide	Internal Medicine	22/10/2020	Trainee Focus Groups x 4
East Sussex Healthcare NHS Trust	Trust-wide	Internal Medicine	08/12/2020	Senior Leader Conversation
Sussex Partnership NHS Foundation Trust	Trust-wide	Foundation and GP Psychiatry	25/06/2020	Trainee Focus Group
Sussex Partnership NHS Foundation Trust	Trust-wide	Foundation and GP Psychiatry	26/06/2020	Trainee Focus Group

Sussex Partnership NHS Foundation Trust	Trust-wide	Foundation and GP Psychiatry	03/09/2020	Senior Leader Conversation
Western Sussex Hospitals NHS Foundation Trust	Worthing	GPST Department of Medicine for the Elderly	26/10/2020	Senior Leader Conversation
Western Sussex Hospitals NHS Foundation Trust	Worthing	IMT and Foundation Department of Medicine for the Elderly	19/01/2021	Trainee Focus Groups x 4
Western Sussex Hospitals NHS Foundation Trust	Worthing	IMT and Foundation Department of Medicine for the Elderly	02/02/2021	Senior Leader Conversation

Appendix 2: HEE Intensive Support Framework categories

The ISF is designed to enable both categorisation of concerns and to provide support to address them. The categories are shown below:

Category 0	The education and training meets the HEE standards.
Category 1 – Minor Concerns	One or more areas where standards are not met, but suitable plans in place to address.
Category 2 – Significant Concerns	One or more areas where standards are not met and/or plans are not delivering sustainable improvement at pace required.
Category 3 – Major Concerns	Standards are/or are at risk of being well below HEE standards. Risk or impact on quality of education and training provided. Notice will be given that training will be suspended if rapid sustained improvements are not made.
Category 4 – Training Suspended	Due to quality of education and/or safety of learning environment – follow Serious Concerns Policy.