Kent, Surrey and Sussex Primary Care   
Quality Management Toolkit

.

**HEE Kent, Surrey and Sussex Primary Care Department**

# 

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# Introduction

This toolkit sets out Kent, Surrey and Sussex’s Primary Care Department Quality Management processes. Responsibilities are as follows:

* Quality Assurance - Health Education England (HEE) is responsible for the quality assurance of all learners in Primary Care. The Primary Care Department (through its GP School, Primary Care School and Training Hubs) provides the necessary advice to assure the Primary Care Dean. The Postgraduate Dean has final oversight and accountability.
* Quality Management – the Primary Care Department, including members of the GP School and Training Hubs, are responsible for quality management within a defined area.
* Quality Control – Primary Care Networks (PCNs), practices and other providers are responsible for quality control within their organisations.

The Primary Care Department Quality Management processes are described in this document to include:

* Quality Management Forums
* Completing Clinical Learning Environment (CLE) approvals
* Annual review of CLE approvals
* Quality concerns
* Triggered Quality Assessments (TQA) and co-ordination with Higher Education Institution (HEI) and ICS quality partners

Ownership and locality participation should be ensured through regular Quality Management Forums. This process will be supported by both the Primary Care Department and the Quality Team.

1. Quality Management Forums

The quality management forum should adhere to the [Terms of Reference](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) for these meetings. The following sections describe the focus of the forums.

1. Clinical Learning Environments

Using the [Clinical Learning Environment Approval Process](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/), and the [Clinical Learning Environment approval form](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/), each Training Hub will plan how they will approach and prioritise accreditation of organisations such as Primary Care Networks in their area.

### Reviewing the completed application

The Training Hub will arrange approval meetings. These should include multi-professional representation from across the CLE (e.g. PCN, Practice, Hospice or NHS Trust). The approval meeting should include representation from the list below:

* TH leads, Patch Associate Dean/Training Programme Director
* GP Tutor, Workforce Development Leads
* TH administrative support
* PCN educational leads (medical, multi-professional, administrative/managerial as defined by the Community Education Facilitator)
* HEI placement leads as appropriate by locality

The approval team should understand the requirements for each profession they are approving in the learning environment for i.e., a multi-professional approval team, for a multi-professional learning environment.

During the approval meeting, evidence will be reviewed, and the submission discussed. The meeting should be both formative and supportive.

The approval team need to be assured that each training site meets the standards required for all learners. If there are any gaps or concerns identified, these should be explored during the meeting. Any recommendations for improving the clinical learning environment or mandatory requirements to gain approval need to be discussed and agreed.

### Approval

Following the meeting, the lead assessor completes the approval sections on the submitted form, including any recommendations or mandatory requirements. If approval has not been given for all sites, or for all learners, then this must be clearly documented on the form.

Clinical Learning Environments are reviewed the Primary Care School Head of School monthly.

The Training Hub administrative staff should place the completed form in the dedicated folder on the [Primary Care Systems SharePoint site](https://healtheducationengland.sharepoint.com/sites/KSSTH-SE/) and update the Clinical Learning Environment spreadsheet.

The approval status of the learning environment will be shared with the Training Programme Directors, Patch Associate Deans, Primary Care Department, the Health Education Team, GMC, and the relevant HEIs through viewing access to this spreadsheet.

### Annual review

The purpose of the annual review is to ensure that Clinical Learning Environment approval information remains up to date and any recommendations or mandatory requirements have been followed up and met.

The annual review meeting serves as a reminder to PCNs and other approved organisations of their responsibility to report any significant changes or learning environment concerns to the Training Hub, in a timely manner.

As a result of feedback gained throughout the PCN CLE pilot, the approval process has developed. Therefore, the first annual review for the CLE pilot sites may require additional evidence.

1. Quality concerns

Examples of quality concerns are:

* Concerns about supervision in the learning environment.
* Concerns about education input in the learning environment.
* A mid-programme learner moving between learning environments or employment (for example, advanced practice trainees) due to failure of the placement.
* Supervisor/learner relationship issues.
* Concerns raised directly with the HEI.

Quality concerns are managed using the [Quality Management Flowchart](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) to inform decision making. The approach should be supportive throughout. The nominated quality concern lead should be an experienced learning environment assessor and appropriate subject expert (e.g. Patch Associate Dean or Training Hub Clinical Lead). They will be responsible for making the relevant investigations on behalf of the Primary Care Dean.

The Training Hub should maintain a local record, using the template below, to track any Quality concern meetings for future reference. This record may be requested by the HEE Primary Care Department and other authorities when appropriate.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Locality Training Hub | Quality concern lead name and role | ODS Code | Organisation name | Date of concern raised | Type and summary of concern (e.g. clinical learning environment or supervisor | Date of meeting (if held) | Summary of meeting (if held) | Summary of lead’s decisions and further action required (e.g actions from QMF) | Date of concern closure |
|  |  |  |  |  |  |  |  |  |  |

1. Triggered Quality Assessments
   1. **Threshold**

Triggered quality assessments (TQA) are initiated when a concern about a supervisor or a clinical learning environment (CLE) reaches the threshold for mandatory reporting (see section 4.4), or if the Quality Management Forum decide that a TQA is needed. This process is governed by the [Quality Management Flowchart](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/). Examples of triggers are an ‘inadequate’ or ‘requires improvement’ overall CQC rating, or a breakdown in the supervision relationship.

A TQA lead is nominated as per the [Quality Management Flowchart](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) as soon as possible. This person should be an experienced learning environment assessor and appropriate subject expert (e.g. Patch Associate Dean or Training Hub Clinical Lead).

* 1. **Submission of TQA form to the Primary Care Quality Team (PCQT)**

The TQA Lead should follow the [Triggered Quality Assessment Form Guidance](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) and complete a TQA form within 6 weeks. During the assessment, information should be sought from all relevant parties including the learners hosted by the organisation and the HEI where appropriate.

The completed TQA form must be emailed to [primarycare.kssquality@hee.nhs.uk](mailto:primarycare.kssquality@hee.nhs.uk) no less than 5 working days before the Primary Care Operations meeting, with the acronym ‘TQA’ in the subject line. The form should not be sent to any named email addresses or saved directly to SharePoint. This is so that the TQA can be placed on the agenda of the Primary Care Operations meeting and be read by the Quality Lead for Primary Care before the meeting. The Primary Care Quality Team may request follow up information before and after the meeting.

TQA forms received after the deadline will be placed on the agenda of the following month’s Primary Care Operations meeting.

* 1. **Primary Care Operations meeting (PC Ops)**

All Triggered Quality Assessments are to be reviewed at the Primary Care Department Operations meeting. Shared learning and development conversations will be cascaded through the Quality Management Forum as appropriate.

Any change in the approval status of the learning environment will be shared with the relevant parties as appropriate. Decisions will be recorded in a Triggered Quality Assessment Log. The update and information governance of the TQA Log is the responsibility of the Quality Lead for Primary Care.

* 1. **Mandatory Triggered Quality Assessments**

Concerns that require mandatory reporting are:

* Adverse CQC findings (these will be shared with the PCs and THs by the HEE Quality Team).
* GMC, NMC, HCPC, ICB, complaints or investigations.
* Parliamentary and Health Service Ombudsman complaints or investigations if learners are affected.
* Suspensions or dismissals.
* Serious Untoward Incident (SUI) currently being investigated that may affect the organisation as a learning environment.