# Kent, Surrey and Sussex Primary Care

## Triggered Quality Assessment Form Guidance

Triggered quality assessments (TQA) are initiated when a concern about a supervisor or the quality or safety of a clinical learning environment (CLE) reaches the threshold for mandatory reporting as per the [Primary Care Quality Management Toolkit](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/). Examples of triggers are an overall CQC rating of inadequate or requires improvement, a serious untoward incident, or a referral to the regulator.

A summary of the TQA meeting, any actions and/or recommendations must use the approved Triggered Quality Assessment Form which can be found on [our website](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/).

**Document title**

The TQA document’s title must be saved by the TQA Lead in following format:

*Practice Name* – Triggered Quality Assessment – *Meeting Date (yyyy-mm-dd)*

Or

*Educator Initials* – Triggered Quality Assessment – *Meeting Date (yyyy-mm-dd)*

**Meeting Details**

* **What learners are there in the Clinical Learning Environment** must include all the types of learners of all professions, whether on placement, apprenticeships or employed (either by host practice or local trust).
* The **background of the meeting** should outline the history of the concern(s) being investigated and the rationale for conducting the review.
* **The TQA team** should include the name of the TQA Lead and additional attendees.
* Include the name and job titles of **practice attendees** unless anonymity is required.
* You should consult and include the **learner groups or types** as part of the TQA. However, do **not** record the personal details (including name) of any individual learner in the TQA document.

**Triangulation with Relevant Parties**

* Prior to the visit, information about the concern and the learning environment needs to be gathered. Record key information from each discussion in this section.
* If appropriate, use this section to highlight any relevant GMC NTS or NETs survey data.

**Summary of Discussion**

* The record of conversation should be factual and concise. Subjective comments or opinions should be avoided.
* Keep identifiable information to a minimum.
* The record of conversation should include feedback from learners in the learning environment. Do not include any information that may lead to the identification of individual learners.
* Personal and special category information should only be recorded if it is relevant to the quality concern and the individual’s consent has been obtained.

**Summary of Concerns**

* Following the discussion and having reviewed the information, a summary of any potential concerns is given.

**Level of concern**

Using HEE’s [Intensive Support Framework](https://kss.hee.nhs.uk/wp-content/uploads/sites/15/2022/10/Intensive-Support-Framework-Guide-June-18.pdf), please assess the level of concern following the meeting.

|  |
| --- |
| **ISF Rating Level (please tick)** |
| No concerns | 0 |
| Minor concerns | 1 |
| Significant concerns | 2 |
| Major concerns | 3 |
| Training suspended | 4 |

**Conclusion**

* The assessment team record whether they feel a safe and appropriate learning environment, with a suitable level of supervision is being provided.

**Next Steps**

* **Mandatory Requirements** are thesteps that must be taken by the placement provider or supervisor. These must be followed up by the agreed timeframe.
* **Recommendations** are not mandatory but intended to be helpful. It may be useful to raise them at any future conversations with the placement provider to evaluate whether they have resulted in any positive changes.
* Any **follow up actions** that are required must be recorded. A named person should be responsible for each action and a timeframe agreed.
* **Please refer to the** [**Primary Care Quality Management Toolkit**](https://kss.hee.nhs.uk/primary-care/clinical-learning-environments-and-triggered-quality-assessments/) **for further next steps.**

**Data Protection and Information Governance**

**Why HEE collects the information**

* HEE processes personal information because HEE has a legal obligation to do so or because it is necessary for the exercise of HEE’s statutory functions or any other function in the public interest. This includes the quality assurance of training programmes and ensuring that standards are maintained.

**What information is collected and how it is stored**

* The [HEE Privacy Notice](https://www.hee.nhs.uk/about/privacy-notice) explains how HEE will use and protect any information they are given including any information about HEE sponsored training, education, and development.
* Training Hubs, HEE Teams, and the HEE Primary Care Department on behalf of the Primary Care Dean must ensure that all data and information is securely stored in accordance with the requirements of HEE and the General Data Protection Regulations.

**Information Sharing**

* The completed TQA form will be shared between the HEE Primary Care Department, the HEE Quality Team and, in the case of the Clinical Learning Environment related concerns, the relevant Training Hub.
* The approval status of the clinical 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.