

Quality review outcome report



Local office name: XXX

Organisation: XXX

Placements reviewed: XXX

Date of Review: XXX

Note: Please remove red text, prior to finalising the report

Date of report: XXX

Author: XXX

Job title: XXX

Review context

Background

Reason for review:	
No. of learners met:	
No. of supervisors / mentors met:	
Other staff members met:	
Duration of review:	
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	

Panel members

Name	Job title

Note: Please keep in mind the audience when writing this report, and that it will be published on the local HEE website

Executive summary

Sign off and next steps

Report sign off

Outcome report completed by (name):	
Chair's signature:	
Date signed:	
HEE authorised signature:	
Date signed:	
Date submitted to organisation:	

Organisation staff to whom report is to be sent

Job title	Name

Action plan to be completed by XXX [XXX = name of organisation]

Note: Insert the email address to which the action plan should be sent.

<i>Email to XXX within X weeks of receipt of report.</i>	
To be returned to HEE by (date):	
To be completed by (name):	

Findings and conclusions

Risk scores (1 – 25; see Appendix 2 for breakdown)

Scores prior to review:	<p><i>Multiple risk scores can be included, if several programmes/professions are covered in the report. For example</i></p> <p><i>Emergency Medicine ACCS: Impact 2 – Likelihood 3 = 6</i></p> <p><i>Foundation Year 1: Impact 3 – Likelihood 3 = 9</i></p> <p><i>Nursing: Impact 3 – Likelihood 3 = 9</i></p>
Proposed scores following review:	

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Patient / learner safety concerns

Any concerns listed will be monitored by the organisation. It is the organisation's responsibility to investigate / resolve.

Were any patient/learner safety concerns raised at this review?	YES / NO
To whom was this fed back at the organisation, and who has undertaken to action?	
Brief summary of concern	

Educational requirements

Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.

Note: Please add additional boxes as required.

Were any requirements to improve education identified?			YES / NO
Reference no.	Programme / specialty:	Learner / professional group:	
YYYYMMDD_org_RQ1	e.g. Pharmacy, Surgery, Midwifery	e.g. Higher Specialty Doctor, Medical Student etc....	
Related Domain(s) & Standard(s)	Either Regulatory or HEE		
Summary of findings			
Required action			

Educational recommendations

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Recommendations are a proposal as to the best course of action.

Please add additional boxes as required.

Reference no.	Programme / specialty:	Learner / professional group:
YYYYMMDD_org_RC1	e.g. Pharmacy, Surgery, Midwifery	e.g. Higher Specialty Doctor, Medical Student etc.
Related Domain(s) & Standard(s)	Either Regulatory or HEE	
Summary of findings		

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)

Summary of discussions with groups

Senior Organisation team

XXX

Learners (specify groups – add subsections as applicable)

XXX

Supervisors / Mentors

XXX

Appendix 1: HEE Quality Framework Domains & Standards

Domain 1 - Learning environment and culture

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Domain 2 – Educational governance and leadership

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

Domain 3 – Supporting and empowering learners

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

Domain 4 – Supporting and empowering educators

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

Domain 5 – Developing and supporting curricula and assessments

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

- 6.1 Recruitment processes to health care programmes fully comply with national regulatory and HEE standards.
- 6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.
- 6.3 Progression of learners is measured from commencement to completion for all health care learning programmes.
- 6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.
- 6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendix 2: HEE Risk matrix

Likelihood	RAG RATING MATRIX					
5. Almost Certain	G	A	A/R	R	R	
4. Likely	G	A	A/R	R	R	
3. Possible	G	G/A	A	A/R	R	
2. Unlikely	G	G/A	A	A	A/R	
1. Rare	G	G	G/A	G/A	A	
	Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

Likelihood	RAG RATING MATRIX					
5. Almost Certain	5	10	15	20	25	
4. Likely	4	8	12	16	20	
3. Possible	3	6	9	12	15	
2. Unlikely	2	4	6	8	10	
1. Rare	1	2	3	4	5	
	Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

Score	Likelihood	Impact
Green	Rare: <ul style="list-style-type: none"> Will probably never happen Will only occur in exceptional circumstances 	Negligible: <ul style="list-style-type: none"> Very low effect on service/programme/placement/intended outcomes No impact on patients/learners/educators/public/staff No impact on NHS/HEE and/or public reputation (individuals may be unhappy) New minor educational concerns but with immediate employer response
Green	Unlikely: <ul style="list-style-type: none"> Do not expect it to happen It is possible that it may occur 	Minor: <ul style="list-style-type: none"> Minimal disruption to service/programme/placement/intended outcomes Limited impact on patients/learners/educators/public/staff Minimal reputational impact on NHS/HEE and/or public reputation (public awareness of poor performance and/or difficult to recruit) New or low level educational concerns but with immediate employer response
Amber		
Amber	Possible: <ul style="list-style-type: none"> Might occur Could happen occasionally 	Moderate: <ul style="list-style-type: none"> Moderate impact on service/programme/placement/intended outcomes Moderate level of impact on patients/learners/educators/public/staff Medium level of impact on NHS/HEE and/or public reputation (significant / recurrent adverse reputational events, public pressures and/or performance management) Significant or persistent educational concerns with failure to respond and possible escalation
Amber		
Amber	Likely: <ul style="list-style-type: none"> Will probably happen in most circumstances Not a continuing occurrence 	Major: <ul style="list-style-type: none"> Major effect on service/programme/placement/intended outcomes Major level of impact to patients/learners/educators/public/staff Major impact on NHS/HEE and/or public reputation (severe reputational loss NHS and/or public. Local political pressure.) Significant educational concerns needing regulator involvement and possible removal of learners
Red		
Red	Almost certain: <ul style="list-style-type: none"> Expected to happen Likely to occur in most circumstances 	Significant: <ul style="list-style-type: none"> Service/programme/placement/intended outcomes at immediate or imminent risk Detrimental effect on patients/learners/educators/public/staff Maximum adverse impact on NHS and/or public reputation Significant educational concerns needing immediate regulator escalation and possible immediate removal of learners