Enabling Learner Involvement in Quality Surveillance

Using the learner’s voice for better learning and better care

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Patient safety is the first priority for everyone involved in healthcare; we all have a duty to protect patients/service users and put their interests first. The report of the Francis inquiry has raised the profile of patient safety and highlighted the role that learners have in raising concerns about the standards of care (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013). All learners will face new situations which are unfamiliar and challenging, but this cannot account for witnessing harm or neglect.

Within the scope of their knowledge, skills and experience, learners may have concerns about care delivery, health and safety, the environment, fitness to practice or problems with clinical resources. Learners may see or be made aware of an unsatisfactory situation, or believe someone is being put at risk by a person, the environment, abuse or neglect.

Learners are expected to develop into skilled practitioners who are aware of their limitations and aspire to the highest standards. Therefore placement and education providers must act as role models, fostering a culture and environment where learners feel that their views are respected, acknowledged and acted on, and where they are inspired to act with honesty, integrity and compassion.

The following guidance is intended to enable a consistent, supportive approach to learner involvement in reporting their concerns and safeguarding patient safety. Sections are included for learners, placement educators, placement providers, placement leads for education in practice and education providers:

- All Learners in all learning environments across care sectors, across all professions and at all levels.
- Placement educators for all learners, for example, mentors, supervisors, clinical educators and trainers.
- Placement providers all placement areas ‘in’ hospital, and ‘out’ of hospital in primary care, community, including the private, voluntary and independent sector.
- Placement provider leads for education in practice, for example Practice Education Facilitators, Work Based Education Facilitators, Undergraduate Medical Education Managers and Cadet Leads – also relevant to placement provider Patient Safety and Risk Managers and Learning and Development Agreement (LDA) Leads.
- Education providers Further Education Institutions and Higher Education Institutions.
Setting the context

In addition there is an appendix with benchmarking statements to accompany each section of guidance. These provide a framework which will enable:

- Learners to understand what information they should expect from placement and education providers, and understand what is expected of them.
- Organisations, placement leads and educators to review their level of implementation of Health Education North West’s Quality Surveillance expectations.

Each set of self assessment benchmark statements includes indicators describing good practice for stakeholders to provide assurance that effective quality surveillance monitoring and reporting is in place in order to ensure patient safety and quality of care.
Learners should feel able to raise any questions or concerns with their placement educator and not fear reprisals or negative feedback. Should this be problematic, all placement areas have learner support staff and reporting systems that are accessible and supportive.

If learners have a concern, whether they are aware of the official reporting processes or not, they need to speak to someone:

1. The first consideration should be speaking to the placement educator.
2. If learners are not able to speak to them for any reason, they should talk to the placement manager or a lead clinician.
3. Alternatively, all placement providers have leads for education in practice (e.g. Practice Education Facilitators, Work Based Education Facilitator, Undergraduate Medical Education Manager, or Cadet Lead). Contact information is available in the placement/work area.
4. Learners can use the local incident reporting system or speak to the Patient Safety team – local details will be available in your placement/work area.
5. If unable or unhappy to raise the issue with anyone in the placement, learners should contact their tutor or the learner support service at the Education Provider.

Once a concern is raised it will be taken seriously, acted on and the learner will be informed of the outcome. The placement, education provider and Health Education North West work in partnership to ensure the safety and quality of the learning environment. Investigations and actions will be transparent and proportionate including the provision of support to ensure that the learning experience is not impaired.

Good Practice Example

Blackpool Teaching Hospitals NHS Foundation Trust

The Trust has developed a variety of routes for learner feedback including an online feedback survey, focus groups and regular listening events.

Impact This feedback from students is delivered to the Workforce Board identifying themes which feed into the action plan for the trust.
As the first line of support for learners in practice, placement educators must ensure that learners have the confidence and opportunity to speak up. Learners need to feel that they are trusted and their views, questions and concerns are respected.

How, when and why to raise concerns must be part of the induction conversation with all learners. Their expectations about practice can be managed by being open and honest that things do not always happen as intended. Formal reporting processes are important, but it must also be clear that learners can ask about what they observe and express their worries. Discussing things early may help keep them in perspective and improve the experience for all.

At times the learner may not accept the response of the placement educator, or even feel comfortable speaking about their concern. The appropriate escalation of concerns should be identified in advance, in line with local guidance or policy.

**Good Practice Example**

**Incident Reporting Systems**

Both the Ulysses (e.g. Central Manchester University Hospitals NHS Foundation Trust) and Datix (e.g. East Cheshire NHS Trust) reporting systems can be used by any learner given placement IT access.

**Impact**

Learners can report concerns directly into existing reporting systems.
Placement provider framework for enabling learner involvement in Quality Surveillance

Health Education North West's approach to quality assurance, incorporated in the Learning and Development Agreement (LDA), is informed by a series of policies and guidance documents that define quality assurance and surveillance.

The Education Outcomes Framework (EOF) emphasises the importance of the right investment in education and training to ensure that the right values, behaviours, attitudes and team-working are developed to provide person-centred care (Department of Health, 2013). EOF Domain 1, Excellent Education, requires that ‘…learners have an excellent experience and… all elements of education and training are delivered in a safe environment for patients, staff and learners’ (Department of Health, 2013).

Health Education North West’s Placement Charter demonstrates the commitment of placement providers to delivering a safe and high quality multi-professional learning environment for all learners. Placements pledge to ‘Promote a healthy and “just” workplace culture built on openness and accountability, encouraging all learners to raise any concerns they may have about poor practice or “risk” ’ (Health Education North West, 2013).

Good Practice Example

Liverpool Women’s Hospital NHS Foundation Trust

The Practice Education Facilitator has developed new ways for learners to report what works, what does not and to raise any concerns with practice. These include monthly meetings with learners and an e-letter box for learners to report concerns. Issues are followed up with input from the education provider and the outcomes reported to the Education Governance group.

Impact

The e-letter box was used by a learner to report concerns regarding the behaviour of a particular member of staff in a team in which they were placed, and the PEF liaised with HR, the education provider and the placement matron. The staff member was spoken to, the learner was updated and supported throughout, and the learner fed back positively about the process.
All placement providers must have processes in place to manage concerns raised by learners. Such processes need to demonstrate:

- how concerns are raised
- how they are investigated
- how they are reported
- how timescales are agreed and managed
- how learners are supported
- how learning is used and shared.

Placement provider processes/flowcharts for learners raising concerns need to include and expand on the following elements:

- Engage with learners
- Promote reporting, explain support
- Learner raises concern (define formal & informal routes)
- Outline placement systems, roles and responsibilities
- Feedback to learners and stakeholders
- Investigation, reporting and implement learning
- Engage with: • Education provider(s) • Regulatory and regional Quality Surveillance reporting
- Include the role of the lead for education in practice

Good Practice Example

The Mersey Practice Educator Facilitator Network

The network has established a process for managing concerns raised by learners; highlighting specific roles and responsibilities, collaboration with relevant stakeholders, reporting and escalation procedures.

Impact

All placement and education providers have a single process ensuring equity for learners across the placement circuit.
Section 5: Guidance for placement leads for education in practice

Communication is essential to raising concerns; the placement leads for education in practice and the clinical quality leads, patient experience leads, and risk managers should work collaboratively with managers and staff to ensure a cohesive and inclusive approach. Openness, transparency and candour are essential values for communication (Thorlby et al, 2014) and placement providers along with their education provider learner support staff (e.g. personal tutors) must exhibit these when dealing with any concerns. Learners are unique in that they require specific support to firstly be able to recognise examples of what patient safety concerns are, but also in having the courage and confidence to report issues, knowing who to report to, and understanding what happens next in the process including the outcomes.

Having a process to address concerns raised by learners is an important first step, but there is a need to be clear on how learners raise and escalate their concerns:

- How can learners raise concerns?
- What incident reporting system does the placement provider have that learners can access independently?
- How is the topic of raising concerns discussed with learners on placement, for example, as part of induction sessions in learner forums?
- How does the placement provider know that learners are confident to raise concerns?
- How does the placement provider know that staff acknowledge concerns or support learners to act?

The emphasis needs to be on ensuring that learners know that they should speak to someone and the ways in which they can do this. There should be a core process for investigating learner concerns based on existing incident reporting systems, and the routes into this process need to be as varied and accessible as possible. Working patterns, relationships with placement educators, use of information technology, etc vary greatly across different groups of learners and placement providers should reflect this in their learner engagement.

The support of all learners that raise concerns, including those that are employed (e.g. Trainee Assistant Practitioners) must include the education provider in order to reflect their status as a learner and the wider learning environment perspective; any concern may have learning or safety implications for other learners in that area.

This topic should also be included in discussions with staff, for example at placement educator/mentor updates and training sessions. Staff need to be prepared to support their learners in what may be a challenging situation. Patient safety has to be the priority. Questioning the quality of care is good practice and placement educators play a major role in instilling this ethos in our learners; culture determines behaviour in the NHS (West, 2013).

Good Practice Example

Southport and Ormskirk Hospital NHS Trust

Student Quality Ambassadors (SQAs) have been involved in Listening in Action events “in your shoes”, where Trust staff from all departments talk to patients about their experiences good and bad, and ask them as a patient group what improvements/changes they would like to see.

Impact

The SQAs have reported this experience as having a positive impact on their learning and practice, and the trust has now invited them to take part in planned mock CQC review events.
Section 6: Guidance for education providers

Those who provide academic support for learners have a responsibility to protect the patients and carers that these learners interact with on placement. Any concerns discussed with an education provider by a learner, or highlighted in a placement audit or evaluation, must be shared with the relevant placement provider as a matter of urgency, whether they relate to patient safety, poor practice or the quality of the learning environment.

Placement providers normally take the lead on investigating concerns, with the education providers providing pastoral support for the learner, as well as working with the Placement Provider in partnership to provide clinical and professional insight and scrutiny regarding suitability for ongoing placement learning. Education and placement providers are required to report into HENW’s Quality Surveillance processes, providing details of investigations and outcomes that are shared with other parts of the healthcare system including the CQC. Education and placement providers must decide if and when they deem it appropriate to inform other relevant regulatory bodies.

**Good Practice Example**

**Manchester Medical School**

The school (MMS) encourages learners primarily to raise concerns with placement staff, the hospital Dean or any of their learner support staff, but for learners reticent to do so in their placement MMS have introduced an electronic “Education Alert”. This is a way for learners to alert MMS about adverse circumstances affecting their education, or incidents they have witnessed. Concerns are then reported back to the placement provider and an action plan is developed.

**Impact**

A medical student raised concerns about practice on an elderly care ward which resulted in an immediate review of practice and a time limited action plan which resolved the issues.
The following benchmark statements are intended as a self assessment tool for the relevant group – there are sets of benchmarks that correspond to each of the preceding sections in this guide. For learners and placement educators the aim is to help raise awareness of the issues and available support. For placement and education providers the benchmarks indicate best practice roles, activities and systems which ensure patient safety, the quality of care, and learner support.

1: Benchmark statements for learner self assessment

1.1 Learner awareness of Quality Surveillance and their role within this

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No awareness of how to raise concerns

Awareness of how to raise concerns

**Indicators**

- Learners are aware of the moral, legal and professional rationale for raising concerns.
- Learners are aware of placement processes for raising concerns as well as highlighting positive experiences and role models.
- Immediate concerns about care deficiencies or risks are reported by learners on placement.
- Placement evaluation completion is a routine part of the placement experience.
- Learners engage with using concerns raised as formative learning opportunities.
- Learners engage with learning from significant events e.g. simulated scenarios based on clinical incidents, learner involvement with quality reviews, shadowing experiences, teaching sessions by the Patient Experience/Quality Lead.
- Learners are aware of local leads for education in practice (e.g. Practice Education Facilitators, Work Based Education Facilitator, Undergraduate Medical Education Manager, or Cadet Lead), how to contact them and what initiatives they have set up to engage with learners.
- Learners are aware of the education provider learner support staff (e.g. personal tutors).
2: Benchmark statements for placement educators

2.1 Ensuring learners are engaged with Quality Surveillance

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<tr>
<th>Learners are not encouraged, facilitated or supported to raise concerns</th>
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<td><strong>Indicators</strong></td>
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<td>• Learners are encouraged to raise concerns and questions about practice.</td>
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<td>• Reporting of concerns is discussed at the induction of all learners.</td>
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<td>• Support is provided to learners who report practice based concerns.</td>
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<td>• Concerns raised by learners are utilised as a formative learning opportunity for learners, placement educators and service development.</td>
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<td>• Action plans based on learner feedback (evaluations, incident reports, etc) are developed, monitored and their impact on patient safety and service delivery measured.</td>
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<td>• Learners are given opportunities to learn from significant events e.g. simulated scenarios based on clinical incidents, involvement with quality reviews, shadowing experiences, teaching sessions by the Patient Experience/Quality Lead.</td>
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<td>• There is awareness of local leads for education in practice (e.g. Practice Education Facilitators, Work Based Education Facilitator, Undergraduate Medical Education Manager, or Cadet Lead), how to contact them and what initiatives they have set up to engage with learners.</td>
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<td>• There is awareness of the education provider learner support staff (e.g. personal tutors).</td>
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3: Benchmark statements to enable placement providers to evidence effective engagement of learners and staff with quality surveillance

All placement provider circumstances and systems are unique, but can support the same learner actions and achieve the same outcomes. The following indicators can be used as a guidance framework for effective quality surveillance of the learning environment. This ensures placement provider commitment to enable learners to raise concerns, and to provide a transparent and effective escalation process and response.

3.1 Quality Surveillance leadership

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**There is no accountable leadership in the organisation for Quality Surveillance**

**There is accountable leadership for Quality Surveillance in the organisation**

**Indicators**

- There is a named organisation lead with Board responsibility for Quality Surveillance.
- The organisation lead seeks and has mechanisms in place to monitor and review responses to concerns raised, including action planning and monitoring.
- Organisational teams and placement educators (mentors, trainers, etc) are aware of, and engage with, the named organisation lead.
- The placement provider lead ensures that structures are in place for concerns raised at placement level and escalated through the education governance structures to be fed into regulatory and regional Quality Surveillance reporting to Commissioners via the Quality Review Groups.
- The organisation lead ensures mechanisms are in place to ensure that patient safety and quality leads engage with placement leads for education in practice (e.g. PEFs, WBEFs, Under Graduate and Post Graduate Education Managers).
- The organisation lead ensures that there are transparent links within the organisation between clinical governance and education governance reporting processes.
- There is organisational sign up to the Placement Charter and Dignity Promise.
3.2 Engagement of learners with Quality Surveillance

**Score** 0 **Best Practice** 10

**Indicators**
- Reporting of concerns is core content of induction processes for all learners, including induction at organisational and placement level.
- Learners are encouraged to raise concerns and questions about practice.
- Support is provided to learners that report practice based concerns.
- Enabling learners to report concerns is core content of all placement educator training and updates provided by the organisation.
- Evaluations of placement learning gather evidence that all learners are able to report concerns.
- Processes are in place to enable learners to highlight positive experiences and role models.
- Resources are available to enable learners to identify what could be a concern in practice e.g. teaching sessions, simulated learning intervention, PBL scenario.
- Opportunities are structured for learners to understand clinical quality structures in the organisation e.g. teaching sessions by the Patient Experience/Quality Lead, shadowing, Hub and Spoke experiences.
- Processes are in place to inform learners of practice developments based on feedback or significant events e.g. through audit, feedback to education providers, simulated scenarios based on clinical incidents.

3.3 Quality Surveillance reporting processes

**Score** 0 **Best Practice** 10

**Indicators**
- There is a clear systematic process in place to enable reporting of concerns, investigation and feedback on these.
- Education providers are informed of concerns and involved in investigations.
- Learner concerns, action plans and outcomes are reported to the organisation executive with Board responsibility for Quality Surveillance.
- There are transparent links within the organisation between clinical governance and education governance reporting processes.
- Concerns, action plans and outcomes are shared with relevant stakeholders – for example, education providers, learners, service users and commissioners/CCGs.
- Quality Surveillance dashboards in all learning environments provide evidence that learner feedback is used to improve education and practice at local and organisational level.
- Organisational leads for education in practice have a regular and formal presence at education provider forums.
## 3.4 Learning from Quality Surveillance

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### Concerns raised by learners are not used to develop practice, service delivery and the learning environment

### Concerns raised by learners are used to develop practice, service delivery and the learning environment

### Indicators
- Concerns raised by learners are utilised as a formative learning opportunity.
- Processes are in place to enable learners to learn from significant events e.g. feedback to education providers, simulated scenarios based on clinical incidents, learner involvement with mortality reviews.
- Learning is shared with all stakeholders including education providers, learners, service users, regulatory bodies, commissioners (e.g. CCGs).
- Action plans based on learner feedback are developed, monitored and their impact on patient safety and service delivery measured.
- Education providers have a regular and formal presence at placement provider forums.
- Engagement between Patient Experience/Quality Lead, PALS and leads for education in practice, e.g. Friends and Family Test including feedback on learners.
4: Benchmark statements for placement leads for education in practice to evidence effective engagement with Quality Surveillance in all learning environments

Placement leads for education in practice are essential to implementing and achieving the benchmark statements in section 2 (placement providers). The following indicators are intended to be considered in conjunction with and support that agenda.

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### 4.1 Systematic Quality Surveillance engagement

#### Indicators
- There are identified placement leads for education in practice (e.g. Practice Education Facilitators, Work Based Education Facilitator, Undergraduate Medical Education Manager, or Cadet Lead) for all learners.
- Placement leads for education in practice work collaboratively to ensure equitable and effective engagement with all learners.
- Systems to encourage and enable all learners to raise concerns and questions about practice are developed, implemented, monitored and reported to the organisational lead.
- Support is provided to all learners and placement staff when practice based concerns are reported.
- Action plans based on learner feedback (evaluations, incident reports, etc) are developed, monitored and their impact on patient safety and service delivery measured.
- Learning opportunities are developed from significant events e.g. simulated scenarios based on clinical incidents, learner involvement with mortality reviews, shadowing experiences, teaching sessions by the Patient Experience/Quality Lead.
- There is ongoing engagement with the education providers and their learner support staff (e.g. personal tutors) for all learners.
5: Benchmark statements to guide education providers on their responsibilities regarding Quality Surveillance

To ensure education provider commitment to enabling learners to raise concerns and to engage with transparent and effective placement provider escalation processes, the following set of indicators can be utilised as a guidance framework for effective quality surveillance of the environments in which learners are placed.

5.1 Quality Surveillance management

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**The organisation does not have a unified approach to managing placement quality surveillance**

**The organisation has a unified approach to managing placement quality surveillance**

**Indicators**

- Education providers with more than one school or department engaged in learner placements have a shared approach to, and expectations of, placement providers.
- There is an established process for reporting and engaging with placement providers when concerns are identified.
- There is engagement with shared placement and education provider reporting, investigation and feedback of the outcomes and learning of concerns raised by learners.
- Learning is shared with all stakeholders including learners, service users, regulatory bodies and commissioners (e.g. HENW and CCGs).
- Action plans based on learner feedback are developed, monitored and their impact on patient safety and service delivery measured.
- Education providers have a regular and formal presence at placement provider forums.
- There is engagement with leads for education in practice relevant to the learners (e.g. Practice Education Facilitators, Work Based Education Facilitator, Undergraduate Medical Education Manager, or Cadet Lead).
- There is organisational engagement with the Placement Charter and Dignity Promise.
5.2 Engagement of learners with Quality Surveillance

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**The organisation does not engage learners in reporting placement concerns**

**The organisation enables learners to report placement concerns**

**Indicators**

- Reporting concerns is included in the curricula for all learners, e.g. discussion of the moral, legal and professional rationale for raising concerns before commencing placement experiences.
- Learners are encouraged to raise concerns and questions about practice directly to the placement.
- Initial reporting to the education provider should be promoted as the option when learners feel they cannot raise their concern at any level within the placement provider organisation.
- Support and encouragement is provided to learners raising concerns including those that are employed (e.g. Trainee Assistant Practitioners), but learners are informed that confidentiality cannot be guaranteed for the learner in all cases.
- Concerns raised by learners are utilised as a formative learning opportunity.
- Processes are in place to enable learners to highlight positive experiences and role models.
- Evaluation completion is established as a routine part of the placement experience to highlight poor experiences or observations, but not to replace the immediate reporting of care deficiencies or risks.
- Evaluations of placement learning include evidence that all learners are able to report concerns.
- Feedback from placement providers about practice developments or significant events is disseminated to learners or used to inform their learning.
Guidance from other sources

**General Medical Council**
http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

**General Pharmaceutical Council**

**Health and Care Professions Council**
http://www.hpc-uk.org/registrants/raisingconcerns/

**NHS Employers**
http://www.nhsemployers.org/EmploymentPolicyAndPractice/UKEmploymentPractice/RaisingConcerns/Pages/GuidanceAndSupportforNHSStaff.aspx

**Nursing and Midwifery Council**

**Public Concern at Work**
http://www.pcaw.org.uk/

**Public Interest Disclosure Act 1998**

**Royal College of Nursing**
http://www.rcn.org.uk/support/raising_concerns

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**References**


General Medical Council (2013) *National Training Survey 2013: concerns about patient safety.*

Health Education North West *North West NHS Placement Charter.*


Nursing and Midwifery Council (2013) *Raising concerns: guidance for nurses and midwives.*


West, M (2013) *Now is the time to transform NHS cultures.*