



Health Education England

Memorandum of Understanding between Health Education England (HEE) and the CQC.

Overview

This Memorandum of Understanding (MoU) is to set out a framework between HEE and the Care Quality Commission (CQC), to facilitate effective collaboration between the two bodies in relation to visits to Education and Care Providers for which both have oversight responsibilities, and in which there is mutual interest in ensuring the quality of healthcare and healthcare education, and promoting their improvement.

Purpose

The purpose of this document is to set out a clear and transparent agreement between the organisations. This MoU covers the working relationship between central HEE and HEE's regional Local Education and Training Boards (LETBs) and the CQC; with regard to the inspection approach and the sharing of information for the inspection process.

This MoU seeks to establish respective roles and responsibilities with regard to the inspections and outlines the mechanisms by which effective joint working will be delivered. Both organisations have responsibilities to collaborate and to communicate in a timely manner.

This MoU does not affect the statutory functions or responsibilities of either HEE or the CQC, and highlights the importance of ensuring neither healthcare provision, nor education and training provision, influence the focus of an inspection visit or its outcomes to the detriment of the other.

This MOU consists of **two annexes** which differentiate between arrangements with the Chief Inspector of Hospitals (CIOH) and HEE and the Chief Inspector of General Practice (CIGP) and HEE. Plus an appendix of contacts.

Operation and review of the MOU

This memorandum will be reviewed and amended as required by December 2016.

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David Behan
Chief Executive
Care Quality Commission

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Ian Cumming
Chief Executive
Health Education England

ANNEX 1

Memorandum of Understanding between Health Education England (HEE) and the Chief Inspector of Hospitals (CIOH)

Purpose

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework between HEE and the Chief Inspector of Hospitals (CIOH), in the Care Quality Commission (CQC), to facilitate effective collaboration between the two bodies in relation to the CIOH visits to Education and Care Providers for which both have oversight responsibilities, and in which there is mutual interest in ensuring the quality of healthcare and healthcare education, and promoting their improvement.
2. This MoU covers the working relationship between HEE and the CIOH and CQC; with regard to the inspection approach and the sharing of information for the inspection process.
3. This MoU seeks to establish respective roles and responsibilities with regard to the inspections and outlines the mechanisms by which effective joint working will be delivered. This MoU does not affect the statutory functions or responsibilities of either HEE or the CIOH and CQC, and highlights the importance of ensuring neither healthcare provision, nor education and training provision, influence the focus of an inspection visit or its outcomes to the detriment of the other

Functions of HEE and the CIOH

HEE

4. HEE has a mandate from the HM Government (2014) to deliver high quality, effective, compassionate care, by developing the right people with the right skills and the right values.
5. HEE has primary responsibility for Healthcare education and training in England and provides national leadership and strategic direction for education, training and workforce development. HEE has to ensure that current and future NHS and public health staff receive high quality education, training and development in order to provide the best care now, and in the future.
6. HEE works locally with healthcare providers to deliver high quality clinical and public health clinical placements, supported by high quality and effective supervision and assessment of students and trainees.
7. HEE contracts with healthcare providers through the Learning Development Agreements (LDAs); these reflect the standards set by the professional regulatory bodies and other requirements for high quality clinical placements. The LDAs require the healthcare providers to form partnership agreements with the Medical Schools and Higher Educational Institutions to monitor the quality of the education of medical

and non-medical students, whilst postgraduate medical education and training is quality managed by the Postgraduate Dean (PG Dean).

8. HEE must address any issues regarding the quality of education and training openly and transparently. Education providers should be given the opportunity to address quality issues but this should not prevent information being shared to ensure that the interests of patients, trainees and students, are protected. HEE can use a range of powers to take action when a service is not meeting the standards in order to drive improvement.

9. HEE uses a visiting process along with other information to monitor whether education providers are meeting the required standards, taking account of the views and experiences of trainees and students.

CQC and the CIOH

10. The CQC is the independent regulator of health and adult social care in England. The responsibilities of the CQC are set out in the amended *Health and Social Care Act 2008* and accompanying Regulations.

11. CQC focuses on identifying risks to the quality and safety of people's care; acting swiftly to help eliminate poor quality care and making sure that care is centred on people's needs and protects their rights and health.

12. All providers of care services in England are responsible by law for making sure that their services meet national standards of quality and safety set by HM Government. CQC can use a range of powers to take action when a service is not meeting the standards in order to drive improvement.

13. The CQC uses inspections and other information sources to monitor whether care services are meeting the required standards, taking account of the views and experiences of people who use the services.

14. The CQC has used a new approach to inspect acute hospitals from September 2013, and reviewed this after the first wave of these inspections, having looked at the care provided by NHS Trusts, through a mixture of announced and unannounced inspections. The inspection process is led by Professor Sir Mike Richards, who is the Chief Inspector of Hospitals (England)

Principles of cooperation

15. The inspection process for healthcare provider organisations is strengthened by taking into account both the perspective of those reviewing the quality of services, and the perspective of those reviewing the quality of education and training.
16. Education and training issues are often the first symptoms of wider patient safety and care concerns, but educational issues can occur where there are no significant patient safety concerns. In general, high quality healthcare education and training is not possible where there is poor care provision.
17. The processes for both Inspections by the CIOH, and for visits to review the quality of healthcare education and training by HEE should be mutually supportive and must not be detrimental to each other.
18. Cooperation will require the effective and timely exchange of information. All arrangements for collaboration and exchange of information will take account of, and comply with, the *Data Protection Act 1998*, and the general disclosure provisions of the *Freedom of Information Act 2000 (FOI)*, plus CQC and HEE codes of practice, frameworks or other policies relating to information.
19. HEE and the CIOH and CQC will agree definitions of categories of concern to ensure the consistency of the messages given to healthcare providers nationally, and across visiting teams.
20. Collaboration should not increase the visiting burden for Hospital Trusts. HEE and the CIOH and CQC will work with the GMC to preserve robust quality assurance improvement processes and avoid multiple visits.
21. Any reporting and action planning by the CIOH inspection with a focus on surveillance against set standards, should not preclude a parallel formative local supportive approach by HEE.

Collaborative working arrangements for inspections of acute Trusts

22. Collaborative working has two elements:
 - Information sharing
 - Involvement in visits to acute Trusts

Information Sharing

23. HEE, will continue to conduct focussed announced and unannounced educational visits to address areas of concern; which may, at times, include GMC and or CQC involvement. Information from these visits will be made available to the CQC. They will occur;
 - Through a targeted risk-based visiting process that usually focuses on specific units/departments, in which the requirement for a visit can be flagged by a number of parties including trainee or student feedback, Heads of School, lead providers and LETB quality teams, or concerns from regulators such as CQC or the NTDA.

- As part of the on-going process of Trust wide review with a focus on quality improvement in healthcare education and training when no CIOH inspection has been planned within the timeframe.
24. An identified local for the CIOH, will support the provision of information with regard to these quality visits, and updates on the actions.
25. CQC will continue to visit acute Trusts as part of their surveillance programme. Information from these visits will be shared with HEE
26. The starting point for the CIOH inspection is the data pack of nationally available metrics addressing the 5 domains of patient safety; effectiveness, caring, responsiveness, and well led, plus any qualitative data. This data pack provides information towards the key lines of enquiry for the inspecting team.
27. Workforce data and multi-professional education and training information, held locally, will be provided by HEE to be included in the pack and to be available to the visiting team. Metrics will be agreed between the CIOH and HEE. This information will draw upon the information available to HEE, which can include, but is not limited to;
- Placement activity – numbers of placements, programme types and training posts
 - Practice experience evaluation specific to the organisation (including GMC Trainee Survey data and student feedback)
 - Organisational engagement; action plans and responses to educational concerns
 - Compliance with education and training standards outlined within the LDA
 - High level engagement with education and training and staff development (well led)

Visits to Acute Trusts

Visiting Timetable

28. The CIOH is following through on a timetable of inspections. The CQC will share the dates of inspections with the DEQ at HEE to enable HEE to plan effectively to support the process

29. HEE has a current timetable of visits and inspections; these vary as some are led by the PG Deanery, some involve the General Medical Council and others are multi-professional in their approach. Effective two way communication about the timing of the planned visits by the two organisations should allow for an alteration of plans to avoid an excessive visiting burden on providers at any one time.

Selection of provider organisations to be inspected.

30. The selection of the first cohort of inspections was based on the CQC risk assessment tool. The risk assessment and timetable for future cohorts of inspections, will take into account HEE's information about areas of significant education and training concern, and where possible, the timing of HEE's planned

visits. The possible visit timetable will be discussed with the HEE link for the CIOH, who will provide updated intelligence to inform this decision.

31. The planning of the inspection visit will incorporate information from a number of sources; including the GMC, Monitor and the NHS Trust Development Authority (NTDA), NHS England, Health & Social Care Information Centre and Public Health England (PHE). In the event that review of this information highlights significant education and training issues, greater engagement with HEE will be considered.

Provision of information for the visit

32. HEE has a wealth of information about provider organisations, which should be used to inform a robust visiting process. In order to make effective use of this information, the CQC will ask for this within an agreed timescale through the DEQ at HEE, and HEE locally will provide this in sufficient time for the information to be incorporated into the visit intelligence and data pack.

33. If the risk analysis demonstrates a need for a significant focus on education and training, HEE representatives will be asked for advice on how best to gain that information.

The inspection

34. Each inspection visit will be undertaken by a multi-professional team; including patient representatives, managers, nurses and doctors and led by an appointed Chair of the inspecting team.

35. HEE will be invited to contribute information to every inspection.

36. HEE representatives will contribute to the inspection process, by providing input into the initial discussions planning the visit and, if requested, attend on the first day to explain relevant information. HEE will be invited to attend the Quality Summit at the end of the visit.

37. If HEE representation is wanted their attendance and role will be agreed in advance by the CQC team leader (Head of Hospital Inspection)

38. If serious concerns about education and training are identified as part of the visiting process, these will be passed immediately to HEE and the Postgraduate Dean, and the provider will be informed of this. HEE's actions with regard to these concerns will be separate to the visiting process and HEE will notify the Chair of any actions taken, and any response by the provider, during the actual visit.

39. If the CQC visit identifies concerns about an individual trainee doctor, such that the inspection team feel that referral to the GMC is required, this will be discussed with the trainee's Responsible Officer, the Postgraduate Dean, before referral.

40. As education and training quality impacts on patient care all members of the inspection team should be cognisant of workforce development and education and training quality issues as well as patient care quality and patient safety concerns. To facilitate effective joint working, HEE will provide information on the role and responsibilities of HEE for visiting teams.

Quality summit

41. A Quality Summit reviewing the findings relating to the provider organisation will be held within 6 weeks of completion of the inspection. A HEE representative will take part in all the Quality Summits. Attendance at the feedback summit at the end of the visit is seen as especially important as some of the information discussed is of much greater importance to the educational quality management process than it is to the CQC, and so may not be highlighted in subsequent reports.

42. The drawing up of an action plan is the responsibility of the trust in conjunction with supporting organisations like TDA, Monitor and HEE. This is produced after the Quality Summit and should take account of any requirements for improvement of the quality of education and training education.

43. The mechanism for follow up of the healthcare education and training elements of the action plans will be agreed by HEE, and accountability for this will be clarified at the Quality Summit. It is expected that this would usually sit with the HEE locally.

Feedback and Report

44. The inspection team Chair will provide immediate feedback to the provider organisation as to any serious risks concerning service provision and education and training which require immediate attention and which have been passed to HEE for further management.

45. The Inspection Report may incorporate information about education and training. The report represents the views of the CIOH, and should be clear if it is not representative of a joint view agreed with HEE.

46. Actions taken by HEE, as a result of any findings during the visit, including plans for future monitoring or action, should be communicated separately to the provider by HEE and clearly separated from the visiting process.

47. The inspection process has a clear summative aspect, but the summative results should be used formatively to support improvement.

Review of Memorandum of Understanding

48. This Memorandum will be reviewed after a year in 2015



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Professor Sir Mike Richards
Professor Wendy Reid
Chief Inspector of Hospitals
Care Quality Commission



Director
Health Education England

ANNEX 2

Memorandum of Understanding between Health Education England and the Chief Inspector of General Practice regarding accredited GP training practices.

Purpose

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework between Health Education England (HEE) and the Chief Inspector of General Practice (CIGP) in the Care Quality Commission (CQC), to facilitate effective collaboration between the two bodies in relation to the CIGP visits to education and care providers for which both have oversight responsibilities, and in which there is mutual interest in ensuring the quality of healthcare and healthcare education, and promoting their improvement.
2. This MoU covers the working relationship between HEE and its local education and training boards (LETBs) and the CIGP and CQC; with regard to the inspection approach and the sharing of information relating to GP training for the GP practice inspection process. It does not cover information HEE may hold relating to the training of other primary care professionals, for example nurses and dentists. A separate MOU relating to these professional groups will be developed in future.
3. This MoU seeks to establish respective roles and responsibilities with regard to the inspections and outlines the mechanisms by which effective joint working will be delivered. This MoU does not affect the statutory functions or responsibilities of either HEE or the CIGP and CQC, and highlights the importance of ensuring neither healthcare provision, nor education and training provision, influence the focus of an inspection visit or its outcomes to the detriment of the other

Functions of HEE and the Chief Inspector of General Practice

4. HEE has a mandate from the HM Government to deliver high quality, effective, compassionate care, by developing the right people with the right skills and the right values.
5. HEE has primary responsibility for healthcare education and training in England and provides national leadership and strategic direction for education, training and workforce development. HEE has to ensure that current and future NHS and public health staff receive high quality education, training and development in order to provide the best care now, and in the future.
6. HEE works with LETBs and primary care healthcare providers to deliver high quality clinical and public health clinical placements, supported by high quality and effective supervision and assessment of students and trainees.
7. HEE contracts with individual GP trainers who must offer training that meets the standards set by the professional regulatory bodies. HEE coordinates the statutory trainer approval process via its LETBs on behalf of the General Medical Council (GMC). This process is overseen by the LETB Postgraduate Dean (PG Dean).

8. HEE addresses all issues regarding the quality of education and training openly and transparently. Education providers are given the opportunity to address quality issues but this does not prevent information being shared to ensure that the interests of patients, trainees and students, are protected. HEE can use a range of powers to take action when a service is not meeting the standards in order to drive improvement.

9. HEE uses a range of information sources including a visiting process to monitor whether education providers within primary care are meeting the required standards, taking account of the views and experiences of trainees and students.

CQC and the CIGP

10. The CQC is the independent regulator of health and adult social care in England. The responsibilities of the CQC are set out in the amended *Health and Social Care Act 2008* and accompanying Regulations.

11. CQC focuses on identifying risks to the quality and safety of people's care; acting swiftly to help eliminate poor quality care and making sure that care is centered on people's needs and protects their rights and health.

12. All providers of care services in England are responsible by law for making sure that their services meet national standards of quality and safety set by HM Government. CQC can use a range of powers to take action when a service is not meeting the standards in order to drive improvement.

13. The CQC uses inspections and other information sources to monitor whether care services are meeting the required standards, taking account of the views and experiences of people who use the services.

14. The CQC has used a new approach to inspect GP practices (including training practices) and out-of-hours services (including those that supervise trainees) in early 2014. The inspection process is led by the Chief Inspector of General Practice (England) and uses a rating system for these services across a number of domains.

Principles of cooperation

16. The inspection process for healthcare provider organisations is strengthened by taking into account both the perspective of those reviewing the quality of services, and the perspective of those reviewing the quality of education and training.

17. Education and training issues are often the first symptoms of wider patient safety and care concerns, but educational issues can occur where there are no significant patient safety concerns. In general, high quality healthcare education and training is not possible where there is poor care provision.

18. The processes for both inspections by the CIGP, and for visits to review the quality of healthcare education and training by regional LETBs should be mutually supportive and must not be detrimental to each other.

19. Cooperation will require the effective and timely exchange of information. All arrangements for collaboration and exchange of information will take account of, and comply with, the *Data Protection Act 1998*, and the general disclosure provisions of the *Freedom of Information Act 2000* (FOI), plus CQC and HEE codes of practice, frameworks or other policies relating to information.

20. HEE and the CIGP and CQC will agree definitions of issues of concern about which we will share information and ensure that these messages are communicated to healthcare providers in a consistent way.

21. Collaboration should not increase the visiting burden for, GP practices, or GP Out of Hours Services HEE and the CIGP and CQC will work with the GMC to preserve robust quality assurance improvement processes and avoid multiple visits.

22. Any reporting and action planning by the CIGP inspection with a focus on surveillance against set standards, should not preclude a parallel formative supportive approach by HEE through the local LETB.

Collaborative working arrangements for inspections of Primary Medical Services

23. Collaborative working has two elements:

- Information sharing
- Involvement in visits to general practices and GP Out-of-hours services

Information Sharing

26. HEE will continue to conduct focussed announced and unannounced educational visits to GP training practices to address areas of concern; which may, at times, include GMC and or CQC involvement. Information from these visits will be made available by the Regional GP Dean to the Regional Head of Inspection at CQC. They will occur:

- Through a targeted risk based visiting process
- As part of the on-going process of GP practice and GP Out of hours visits

An identified LETB link for the CIGP will support the provision of information with regard to these quality visits, and updates on the actions.

27. CQC will continue to visit General practices and GP Out of Hours services as part of their surveillance programme. Information from these visits will be shared with HEE

28. The starting point for the CIGP inspection is the data pack of nationally available metrics and qualitative data. This data pack provides information towards the key lines of enquiry for the inspection team. Currently the information in these packs covers 3 of the 5 domains CQC inspects – effectiveness, caring and responsiveness. Currently no metrics are used for Safety and Well-led.

29. For the CIGP inspections of training practices any workforce data and multi-professional education and training information, held by the local LETB, will be provided by the LETB to be included in the pack and to be available to the visiting team. The type information to be shared will be agreed between the CIGP and HEE to ensure relevance and efficient cooperation. This information may include, , but is not limited to;

- Outputs from quality visits
- Outputs from trainer approval process

- Training survey results and learner feedback from undergraduate departments deemed relevant and reproducible by HEE.

30. If the risk analysis demonstrates a need for a significant focus on education and training, HEE representatives will be asked for advice on how best to gain that information in collaboration with the regional LETB.

Visiting Timetable

31. The CIGP is following through on a timetable of inspections. The CQC will share the dates of inspections of training practices with the DEQ at HEE to enable HEE to plan effectively to support the process

32. HEE LETBs have a current timetable of visits and inspections; these vary between LETBs, some are led by the PG Dean, some involve the General Medical Council and others are multi-professional in their approach. Effective two way communication about the timing of the planned visits by the two organisations should allow for an alteration of plans to avoid an excessive visiting burden on providers at any one time.

Selection of provider organisations to be inspected.

33. The selection of the first cohort of inspections of primary medical services was based on the CQC risk assessment tool. The risk assessment and timetable for future cohorts of inspections, will take into account HEE's information about areas of significant education and training concern, and where possible, the timing of HEE's planned visits by regional LETBs. The possible visit timetable will be discussed with the LETB link for the CIGP, who will provide updated intelligence to inform this decision.

34. The planning of the inspection visit will incorporate information, depending on sector, from a number of sources; including the GMC, NHS England, Health & Social Care Information Centre and Public Health England (PHE). In the event that review of this information highlights significant education and training issues, greater engagement with HEE and LETBs will be considered.

The inspection

35. Each CQC inspection visit will be undertaken by a small multi-professional team depending on the area being inspected; these may include patient representatives, nurses and doctors and led by an appointed inspector.

36. HEE, through the regional LETBs will be invited to contribute information to every inspection of a training practice. Any LETB presence on the inspecting team will have been agreed in advance, and will vary depending on the type and level of concern and the timing of the inspection.

37. HEE representatives will contribute to the inspection process, by providing input at the GP Advisory Board, and if requested, attending on the day of inspection to explain relevant information. If issues arise on an inspection which relate to matters under HEE's remit, a representative from HEE will be invited to attend post-inspection information sharing meetings.

38. If HEE representation is invited to attend a post-inspection meeting, this will be initiated by CQC and role of the HEE representative at the meeting will be agreed in advance by the CQC team leader with HEE.

39. If serious concerns about education and training are identified as part of the visiting process, these will be passed immediately to the regional LETB, and the provider will be informed of this. The LETB's actions with regard to these concerns will be separate to the visiting process although the LETB will notify the Chair of any actions taken and any response by the provider during the visit.

40. If the CQC visit identifies concerns about an individual trainee doctor, such that the inspection team feel that referral to the GMC is required, this will be discussed with the trainee's Responsible Officer, the Postgraduate Dean, before referral.

41. If a training practice or an out-of-hours service that supervises trainees is rated as Requiring Improvement or Inadequate the HEE will be routinely informed by the CQC inspector who performed the visit or their inspection manager. The contact person at HEE for this information will be the Regional GP Dean. This information will be passed on immediately prior to the publication of the CQC report at the latest.

42. As education and training quality impacts on patient care all members of the inspection team should be cognisant of workforce development and education and training quality issues as well as patient care quality and patient safety concerns. To facilitate effective joint working, HEE will provide information on the role and responsibilities of HEE for visiting teams.

Feedback and Report

43. The inspector will provide immediate feedback to the provider organisation as to any serious risks concerning service provision and education and training which require immediate attention and which have been passed to the LETB for further management. Less-serious concerns about training quality at a practice will be communicated to HEE after the Inspection Report has undergone CQC's National Quality Assurance Panel review.

44. The Inspection Report may incorporate information about education and training. The report represents the views of the CIGP, and should be clear if it is not representative of a joint view agreed with HEE.

45. Actions taken by HEE, as a result of any findings during the visit, including plans for future monitoring or action, should be communicated separately to the provider by HEE and clearly separated from the visiting process.

46. The inspection process has a clear summative aspect, but the summative results should be used formatively to support improvement

Review of Memorandum of Understanding

47. This Memorandum will be reviewed annually.



Professor Steve Field
Chief Inspector of General Practice
Care Quality Commission



Professor Simon Gregory
Director and Dean of Education
and Quality, Midlands and East

Annex 3: MOU Leads

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