**Quality Concerns Alert Form (QCA)**

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| **SECTION 1 - CONCERN BEING RAISED** | | | | | | | | | |
| **1. Unique log number** *(for HEE office use):* | | | | | **2. Date risk identified:** | | | | |
| **3. Provider:** | | | | | **4. Area(s)and/or Programmes involved:** | | | | |
| **5. Type of evidence highlighting concern** |  | | | | | | | | |
| **6. Description of the cause for concern:** |  | | | | | | | | |
| **7. Who is affected by this?** | **Trainee/ Learner/**  **Student?**  Yes/No | **Trainer/ Mentor/**  **Educator?**  Yes/No | | | **Service User?**  Yes/No | | | **Other (please state)** | |
| **8. What are the main risks associated with this?** |  | | | | | | | | |
| **9. What mitigating actions/**  **controls are in place to minimise risk?** |  | | | | | | | | |
| **10. What further actions would you recommend?** | **Trust:** | | | **HEE:** | | | **Other Bodies:** | | |
| **11. Any other comments** |  | | | | | | | | |
| **12. Which domains of the HEE National Quality Framework are affected?** | 1. Learning environment & culture Yes/No 2. Educational governance and leadership Yes/No 3. Supporting and empowering learners Yes/No 4. Supporting and empowering educators Yes/No 5. Developing and implementing curricula and assessments Yes/No 6. Developing a sustainable workforce Yes/No | | | | | | | | |
| **13. Details of Additional Intelligence Reviewed and findings.** |  | | | | | | | | |
| **14. Risk Rating (based on National Quality Framework matrix)** | **Impact x Likelihood = Risk score**  **RAG rating =** | | | | | | | | |
| **15. Suggested Intervention** | **Supportive** | | | | | **Exploratory** | | | |
| **16. Concerns and Risk Initial Assessment Completed by:** | **Name:**  **Job Title:**  **Email Address:**  **Signature:** | | | | | | | | |
| **On completion please submit this template as soon as possible to: qa.framework.em@hee.nhs.uk** | | | | | | | | | |
| **SECTION 2 – QUALITY ASSURANCE TEAM TRIANGULATION & RISK ASSESSMENT** | | | | | | | | | |
| **17. Provide details of the evidence sources used to triangulated with the concern and provide a summary of the findings:**  **Tick here:✓** | | | | | | | | | |
| **18. Initial Risk assessment reviewed and agreed? Yes/No.** | | | **Yes – Score of => 12 (High Risk)** | | | | **Forward to the Risk and Quality Oversight Panel for Review** | |  |
| **Yes – Score of < 12 (Low Risk)** | | | | **Return to the originator with details of the actions required** | |  |
| **No – Score Revised and is now =>12 (High Risk)** | | | | **Discuss with Originator and forward to the Risk and Quality Oversight Panel for Review** | |  |
| **No – Score Revised and is now <12 (Low Risk)** | | | | **Return to the originator with details of the actions required** | |  |
| **19. Outline of the risk assessment variances (for feedback to originator):** | | | | | | | | | |
| **SECTION 3 –RISK AND QUALITY OVERSIGHT PANEL DECISION – HIGH RISK (=>score of 12)** | | | | | | | | | |
| **20. Date and Time of Risk and Quality Oversight Panel:** | | | | | | | | | |
| **21. Panel Member Names:** | | | | | | | | | |
| **22. Outcome from review at Risk and Quality Oversight Panel:** | | | | | | | | | |
| **23. Initial Risk Rating Confirmed? Yes/No** | | | **24. If Not Add New Risk Rating Here:** | | | | | | |
| **25. Initial Quality Intervention Confirmed? Yes / No** | | | | | | | | | |
| **26. If not add details of next steps here:** | | | | | | | | | |
| **27. Decision approved by Post-graduate Dean? Yes / No** | | | **28. Date approved:** | | | | | | |
| **SECTION 4 – DESCRIPTION OF NEXT STEPS** | | | | | | | | | |
| **29. Provide an outline description of the next steps:** | | | | | | | | | |

**Guidance for Completing the Risk Assessment and Management template**

Each of the boxes is numbered, with corresponding guidance for completion as follows:

**Box 1:** to be completed by the HEE admin team on receipt of a template submitted electronically to [local](mailto:local)office@hee.nhs.uk. Every template will be allocated a unique log number.

**Box 2:** Record the date the risk was identified in this box

**Box 3:** Record the name of the provider where the educational quality risk is occurring e.g. Trust, GP Practice, care home, University.

**Box 4:** Record the specific area in which the risk has been identified e.g. ward, specialty or educational programme. This detail will assist the exploration of evidence to be focused and proportionate to the risk(s) identified.

**Box 5:** List any evidence that has triggered the concern about educational quality and the risk assessment. This could be one or more issue, including for example, end of placement evaluations, HEE and/or GMC survey findings, CQC reports, academic attainments for a particular programme etc. Soft intelligence may also trigger concerns e.g. feedback from trainees attending regional teaching sessions, feedback from students when in the university for teaching sessions.

**Box 6:** The specific nature of the cause for concern should be described using objective evidence to clarify the issues.

**Box 7:** Anyone who is likely to affected by the cause for concern should be identified – several of the boxes may be relevant for the same concern.

**Box 8**: Having identified the cause for concern and how this has been triggered, this box asks the reporter to clarify what the risk(s) is/are.

**Box 9:** Where concerns have been raised and risks identified, those local to the area should make every attempt to control and mitigate the risk. The reporter should record any actions that have been put in place to do this in Box 9, e.g. where the clinical learning environment is impacted by lack of mentorship/supervision, it may be possible to provide temporary additional support for the learners to protect the quality of learning in their placement.

**Box 10:** Where the risk is not being optimally managed and mitigated, additional actions might be required. The reporter should identify these and the organisation most likely to provide the required action, i.e. at i) the Trust/learning environment provider; ii) HEE; or iii) any other body (the proposed body should be specified)

**Box 11:** The reporter should identify any other relevant comments, if appropriate

**Box 12**: The reporter should identify which of the domains from the Quality Framework are affected.

**Box 13:** Please add anything that will assist the effective management of the identified risk that has not been included in any of the boxes above.

**Box 14:** the risk rating should be assessed based on the likelihood of the incident occurring and the impact the incident would have should it recur. Using the matrix below, if a risk was deemed to be likely to occur, with a moderate impact, it would be rated as 4 x 3= 12, and would be Red/Amber/Green (RAG) rated at Amber/Red (A/R). Enter the detail of the score calculation as per the example given i.e. 4 x 3 = 12, and A/R



**Box 15:** The reporter should include the intervention that they are proposing and whether it is supportive or exploratory.

**Box 16:** The name and electronic signature (where possible) of the reporter should be included here, together with the date of submission.

**Box 17:** Please provide details of the evidence sources that have been used to triangulate the concerns (local/national surveys etc).

**Box 18:** Please review and identify any variances regarding the initial risk assessment and record the new risk rating if necessary.

**Box 19:** Please record the reasons for your variances for feedback to the originator

**Box 20:** Record of the date of the meeting of the Risk and Quality Oversight Panel members to review the outcomes from further action.

**Box 21:** Identify Risk and Quality Oversight panel member names

**Box 22:** This box will be populated following review of the additional action taken by the Risk and Quality Oversight Panel members and will provide a record of the discussion outcome, e.g. closure of the risk and referral back for local on-going risk management, further exploratory and/or supportive action (see Sections 3.5.1 and 3.5.2) or escalation within HEE, and the person allocated to provide feedback to the reporter.

**Box 23:** Identify if the initial risk rating is confirmed

**Box 24:** Please record the new risk rating.

**Box 25:** Identify if the initial risk rating is confirmed.

**Box 26:** Include details of any next steps if initial risk rating was not confirmed.

**Box 27:** The local governance process requires decisions made by the Risk and Quality Oversight Panel members to be reviewed and approved by the Post-graduate Dean: Please identify if the Post graduate Dean has approved the decision

**Box 28:** The HEE admin team will record here the date the decision was approved from the Post graduate Dean.

**Box 29:** Please provide an outline of the next steps that have been agreed by the risk and oversight panel.