NHS Governance - Clinical Governance
NHS Education for Scotland

NHS Education for Scotland is a national special health board, established in 2002, supporting the education and training of those working in the NHS and care sector. We have key responsibilities in funding and managing the quality of postgraduate training for health care professionals, providing essential educational infrastructure, developing educational resources, and providing training.

NES does not have a role in direct patient care and therefore does not operate clinical governance systems. We recognise the importance of effective governance for our services however and established Educational Governance arrangements for NES in 2006, which we regard as analogous to clinical governance in our specific context. Our corporate Educational Governance Framework defines Educational Governance as:

*The systems and standards through which organisations control their educational activities and demonstrate accountability for continuous improvement of quality and performance.*

Our responses to the following questions are based on our approaches to Educational Governance and the associated processes and outcomes.

- **Are services safe, effective, and evidence-based?**

NES has a well-established Educational Governance reporting structure, designed to provide assurance about the effectiveness of our educational programmes. This follows a risk-based approach to scrutiny, with programmes associated with lower risk subject to less frequent scrutiny and with less exposure to review by executive and non-executive directors. Programmes assessed at the highest levels of risk, including those subject to regulatory scrutiny (e.g. Quality Management of Postgraduate Medical Education and Training) are reviewed annually by our Educational & Research Governance Committee, under delegated authority of the NES Board. Internal audits and external assessments of our Educational Governance processes have confirmed the efficacy of this approach.

Educational Governance reviews during the past 10 years have provided the Board with assurance that our programmes are performing as expected and are well managed. Although our Educational Governance committees and panels have recommended specific improvements to processes and practice during this period, there have been no programmes giving rise to fundamental governance concerns. In all instances the Educational Governance reviews have identified areas of good educational practice and significant achievement.
An important area of focus for our Educational Governance processes is the Medical Directorate’s Quality Management of Postgraduate Education and Training. The Medical Director and Postgraduate Dean for Quality Management present detailed quality management data to our Educational & Research Governance Committee each year. This data, based on feedback from trainees and the outcomes of quality management visits, provides a comprehensive picture of adherence to the General Medical Council’s standards for postgraduate training. The report highlights training programmes subject to Enhanced Monitoring because of persistent concerns about the training environment, and the measures taken to address these quality issues. Although these Enhanced Monitoring cases have a potential impact on the quality of patient care, the GMC and E&RGC have expressed their confidence in the steps taken by the Medical Deanery to improve these educational environments.

NES is the designated body for all doctors in training in Scotland, and is therefore responsible for making the recommendation for revalidation to the General Medical Council in all cases for trainees. There are over 5,700 doctors in training in Scotland - this constitutes around a third of all doctors in practice. In 2016-17, out of 5723 trainees, 1072 were successfully revalidated. In addition, we are responsible for the development of the IT platform used by all doctors in Scotland, to evidence their revalidation, making it a ‘one stop shop’ for all doctors, allowing them to remain licenced to practice. NES also provides approved training for all appraisers in Scotland, thus making sure all appraisals are of sufficient standard to satisfy the GMC.

• Are patient and service users’ perspectives taken into account in the planning and delivery of services?

Although NES does not have a direct patient-facing role, our Educational Governance principles and processes require a focus on the needs of health boards, primary care contractors, and in particular on trainees and learners, who are considered our service-users. In some cases, we also elicit the views of patients or carers in the development of specific education programmes.

Our recently published annual report on Feedback, Comments, Concerns and Complaints describes the ways in which we collect and use feedback from trainees and partner organisations. We work in partnership with a wide range of stakeholders and individuals throughout the lifecycle of our education initiatives. This begins with engagement with the Scottish Government, employers, learners, professional bodies, regulators, third sector organisations and others to identify the most important educational priorities. This engagement is essential in enabling us to identify required learning content, understand preferred learning styles and identify potential barriers to access or knowledge and skills acquisition.
Our stakeholders play an important part in the review and improvement of education initiatives by providing informed feedback and expert advice. The development, commissioning or quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, Health Boards and others. There are several examples where service users or learners participate in the ongoing review and enhancement of our programmes.

- **Do services treat people with dignity and respect?**

As indicated in the preceding section, NES invests significant resources in the collection, analysis and use of feedback from trainees and other learners. We have also reflected on the efficacy of our feedback collection processes and affected improvements in several programmes.

Our feedback collection has enabled us to identify external educational programmes where learners do not feel they have been treated with dignity and respect. Questions on ‘undermining’ behaviour by senior colleagues are routinely asked both in the GMC National Training Survey and our own Scottish Training Survey in postgraduate medicine. This is has enabled us to take remedial action where this is reported by trainees.

NES is fortunate to receive very few complaints through its formal processes, as documented in our Feedback, Comments, Concerns and Complaints report. These are handled and resolved in line with national complaints protocols. Although we recognise some complaints are resolved at an informal level, we hope the small number of formal complaints is an index of the treatment of people in receipt of our educational support.

- **Are staff and the public confident about the safety and quality of NHS services?**

The regular collection of feedback data from participants in educational programmes funded, designed or delivered by NES gives us confidence that our services are well respected by health and social care staff. The results of these feedback collection processes are reported to stakeholders through project governance processes and discussed by our Educational Governance groups through our regular review processes. As documented in the Feedback, Comments, Concerns and Complaints report, we frequently review and enhance our feedback mechanisms.
Do quality of care, effectiveness and efficiency drive decision making in the NHS?

NES’s Educational Governance processes are focused on the quality and effectiveness of our educational services. Programme governance, evaluation and review enables us to identify areas for improvement, which are addressed by project teams, or in partnership with local education providers in Health Boards, primary care or social care services.

Our Strategic Framework 2014-2019 sets out our aspiration to demonstrate the impact of our work on health and social care services. To this end, we can cite a number of examples of how NES’s educational support has yielded measurable benefits in areas such as improving access to services, enhancing the quality of services or increasing efficiency. Demonstrating the impact of our educational services across all programmes remains a challenging aim however because of the availability of collecting credible data or in disaggregating the effects of our work from other influences on quality.

The challenging financial environment faced by all Health Boards in Scotland has necessitated a focus on efficiency in prioritising and reconfiguring NES’s education and training programmes. In recent years, we have sought to make efficiencies through the rationalisation of services and the elimination of duplication and variation (including the consolidation of postgraduate medical training in a single Scotland Deanery). We continue to seek efficiencies in the way our services our delivered and are currently reconfiguring the following areas in the pursuit of cost savings:
- Training Programme Management (including Vocational Training)
- Workforce planning support
- Leadership and management education
- NES infrastructure support in cross-cutting policy areas

Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

NES manages a diverse range of educational programmes across different professional groups, sectors and themes. Our Educational Governance processes enable our executive and non-executive Board members to maintain effective oversight of the systems used to detect variations in quality, and the remedial measures taken in response. These systems include our learner feedback processes, collection and analysis of performance data, assessment of learning, periodic or triggered quality reviews and programme evaluations. In some cases, the processes for quality monitoring are determined by professional regulators such as...
the General Medical Council or are operated by third parties, including higher education institutions.

NES’s Educational Governance reporting processes require programmes to specify the structures and processes used for managing quality and to provide evidence of their effectiveness. Where these processes indicate sub-optimal performance, it is expected that programme teams will detail robust improvement plans. This approach is applied to postgraduate medical training where programmes are subject to Enhanced Monitoring in cases where quality issues relating to the learning environment are not resolved within agreed timescales. A report on Enhanced Monitoring cases is reviewed at length by NES’s Educational & Research Governance Committee annually.