

# **Humber, Coast and Vale**

## **Faculty of Advanced Practice**

### **Quality Strategy**

### **2020-2022**

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## Introduction

The Humber, Coast and Vale Faculty of Advanced Practice (HCV FoAP) is established to drive the growth of Advanced Level Practitioners (ALPs) in the region. Quality is fundamental to reducing unwanted variation in recruitment and retention and achieving sustainable growth of ALPs that meets the needs of patients, employers and staff. This Quality Strategy outlines how this will be achieved.

It begins by defining the context to growing the ALP role and the stakeholders involved in developing, utilising and benefiting from this Quality Strategy. It then defines what is meant by 'Quality' and its key drivers. Finally, it describes how the strategy will be delivered taking into account the interdependencies of a robust 'Quality Framework' and 'Quality Methodology'.

In order to ensure longevity of this document, the term 'advanced level practitioner (ALP)' will be used generically to cover all advanced roles supported via the Faculty, as recognised by HEE at any given time.

## 1. Background

In 2014 the UK government published the [Five Year Forward View](#) in recognition that a new way of commissioning and delivering care was needed. It set out a vision for the future NHS focused on prevention of ill health and a shift away from hospital-based care towards more integrated, community-based care. The [Interim NHS People Plan](#) later highlighted how new roles such as ALPs are fundamental in enabling this system-wide service and workforce transformation. The [We are the NHS: People Plan for 2020/21 – action for us](#) all emphasised the need to develop skills and expand capabilities of the workforce in order to create more flexibility, increase morale and support career progression.

In 2017 the HCV Partnership Workforce Board (PWB) agreed the development of the HCV FoAP through ratification and sign-off of the workforce delivery plan and funding. The HCV FoAP is a membership group of employers and educators providing strategic direction and a co-ordinated approach to ensure ALP capacity meets service need across the region.

## 2. How has this Quality Strategy been developed and who is it for?

This strategy has been developed through talking and listening to stakeholders of the HCV FoAP including Health Education England (HEE), employers, Higher Education Institutions (HEIs) and ALPs. This wide engagement is in an effort to develop an understanding of what quality is considered to be and how we can work together to make and sustain improvements for ALP growth in our region; our ultimate aim is to deliver the best outcomes and experiences for staff, patients and their families. This strategy is for all stakeholders of the HCV FoAP with the ultimate beneficiaries being patients and their families.

## 3. What is 'Quality'?

The three elements of quality – **Patient Safety, Clinical effectiveness** and **Patient Experience** – were first defined by Lord Darzi in his wide scale review of the NHS ([DoH, 2008](#)) and are now

established as the fundamental NHS definition of quality. These three elements will be the guiding principles for this strategy; namely the growth of ALPs should support or enhance:

- **Patient safety** within organisations that train or employ ALPs
- **Clinical effectiveness** of teams that include ALPs
- **Patient's experiences** of their care and treatment delivered by ALPs

## 4. Quality Drivers

This strategy is underpinned and guided by the following drivers for quality:

- [The NHS Constitution](#) which establishes quality as a core value of the NHS:  
*"[The NHS] provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive."*
- [HEE Quality Strategy 2016-2020](#) which describes HEE's commitment to aligning quality efforts locally and nationally:  
*"our shared ambition for quality improvement, innovation and transformation through a focus of 'commissioning for quality' and how our system leadership in the education and training landscape at local and national level will galvanise behind a common vision, understanding and view of quality."*

## 5. Quality Framework

The following national and regional documents define standards of quality for education and learning environments. These form the framework or 'structure' within which the faculty operates with clearly defined roles, responsibilities and accountability. This framework enables the strategy to be dynamic and evolve over time to reflect the transformation of the healthcare learning environment.

### National

- [HEE Quality Framework 2019/20](#) – describes the domains, standards and expectations to demonstrate a high quality learning environment.
- [HEE HEI Programme Accreditation](#) – a programme for accrediting advanced practice education programmes.
- [The Multi-professional framework for advanced clinical practice in England](#) – sets out the core capabilities for health and care professionals at the level of advanced clinical practice

### Regional

- HCV FoAP Governance Framework 2020
- [Minimum Standards for Supervising Trainee Advanced Clinical Practitioners and Physician Associates in Humber Coast And Vale](#)

- [Best practice guidelines: Local preceptorship programme for qualified Advanced Clinical Practitioners](#)

## 6. Delivering the Strategy

The strategy identifies what we need to do to – support or enhance safety, clinical effectiveness and patient experience through the growth of ALPs. However this is high-level and indefinable.

In order to deliver this strategy therefore, a Quality Methodology is required that incorporates all of the Quality elements. In summary:

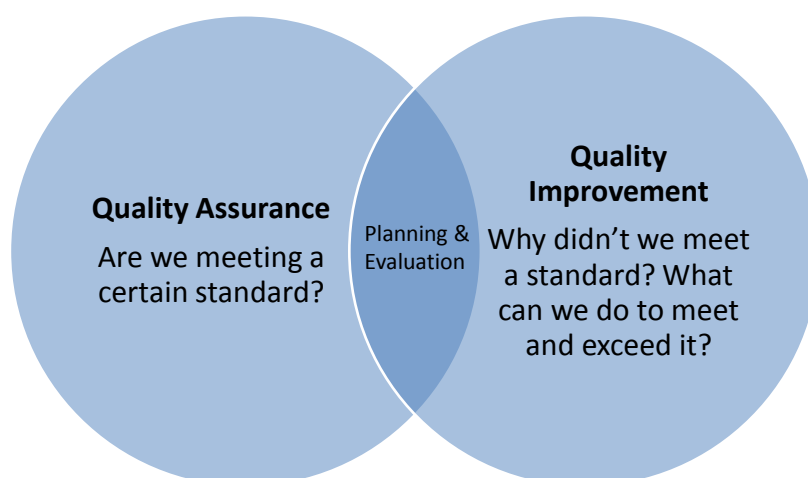
- The **Quality Strategy** sets the high-level, overarching goals we are aiming to achieve
- The **Quality Framework** is the structure linking theory and practice and setting the parameters for us to operate within
- The **Quality Methodology** is the detail and plan of how we implement the strategy
- The **Quality Drivers** are the foundations on which everything is built

Appendix 1 illustrates how the strategy is supported by each of these elements or interdependencies.

### 6.1 Quality Methodology

The Quality Improvement/Assurance Plan provides the detail of how we will achieve the goals of the Quality Strategy taking into account all of the above elements. It encompasses both 'Quality Assurance' and 'Quality Improvement' methodologies. The two are not mutually exclusive but complimentary; the evaluation aspect of quality assurance will support the need for any targeted improvement efforts as shown in Figure 1.

Figure 1: How quality assurance and quality improvement support planning and evaluation



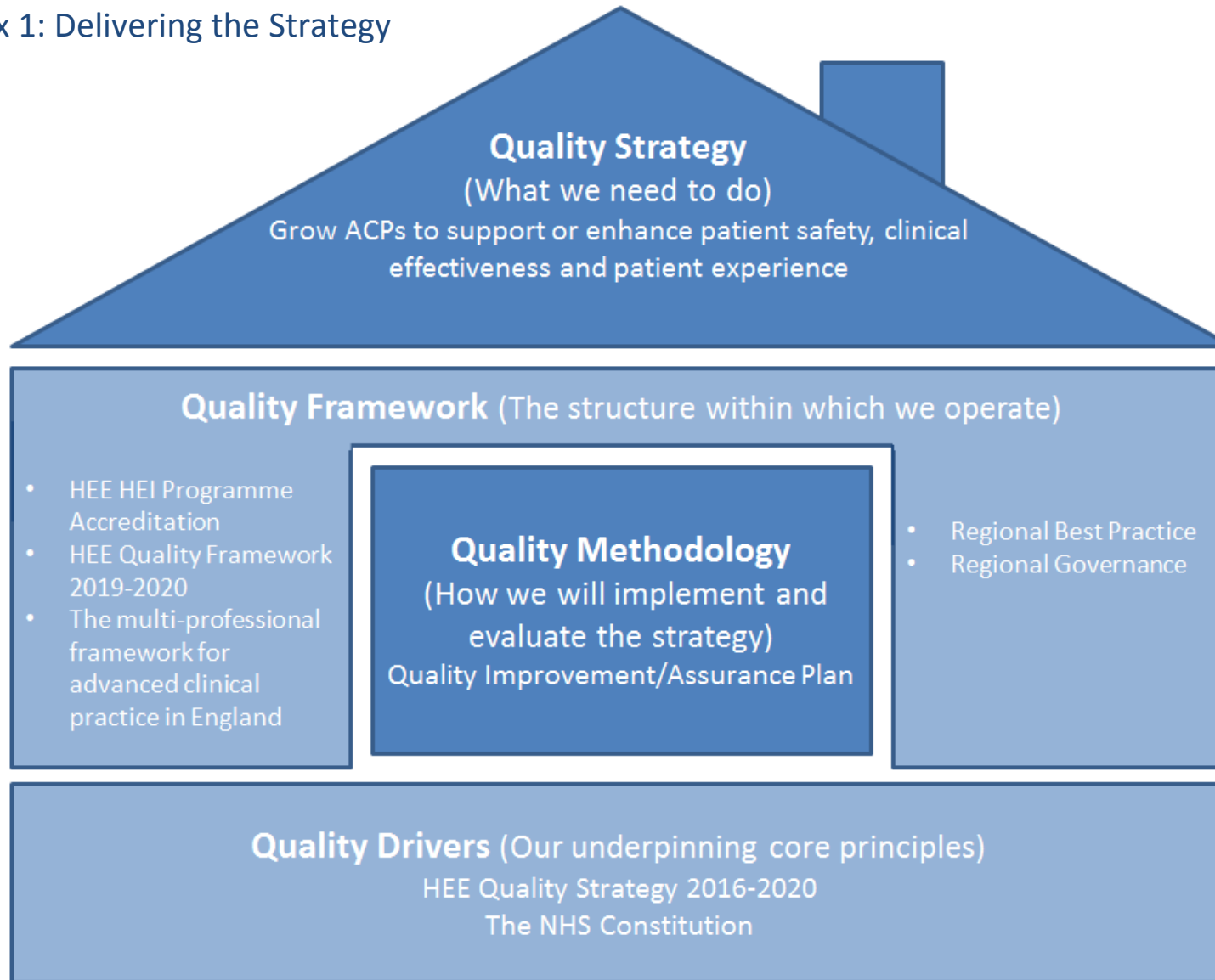
The action plan in Appendix 2 illustrates how the HCV FoAP will achieve both quality assurance and improvement. In summary:

- **Year one** (September 2020-March 2021) will focus on building on existing improvements; for instance providing more guidelines and standards to give employers tools to support ALPs before, during and beyond training.
- **Year two** (April 2021-March 2022) will focus on evaluation of improvement measures, assuring against standards and assessing areas for further improvement; for example reviewing compliance with policies and enabling ALP-led projects to facilitate a culture of continuous improvement.

## 6.2 Governance

This Quality Strategy is developed and owned by the HCV Faculty Group; this group meets quarterly. Appendix 3 is a driver diagram that shows how this action plan is linked to the HCV FoAP [Delivery Plan](#) and associated local drivers for quality. Appendix 4 shows the timeline for planned outcomes of the strategy.

## Appendix 1: Delivering the Strategy



## Appendix 2: Quality Improvement/Assurance Plan

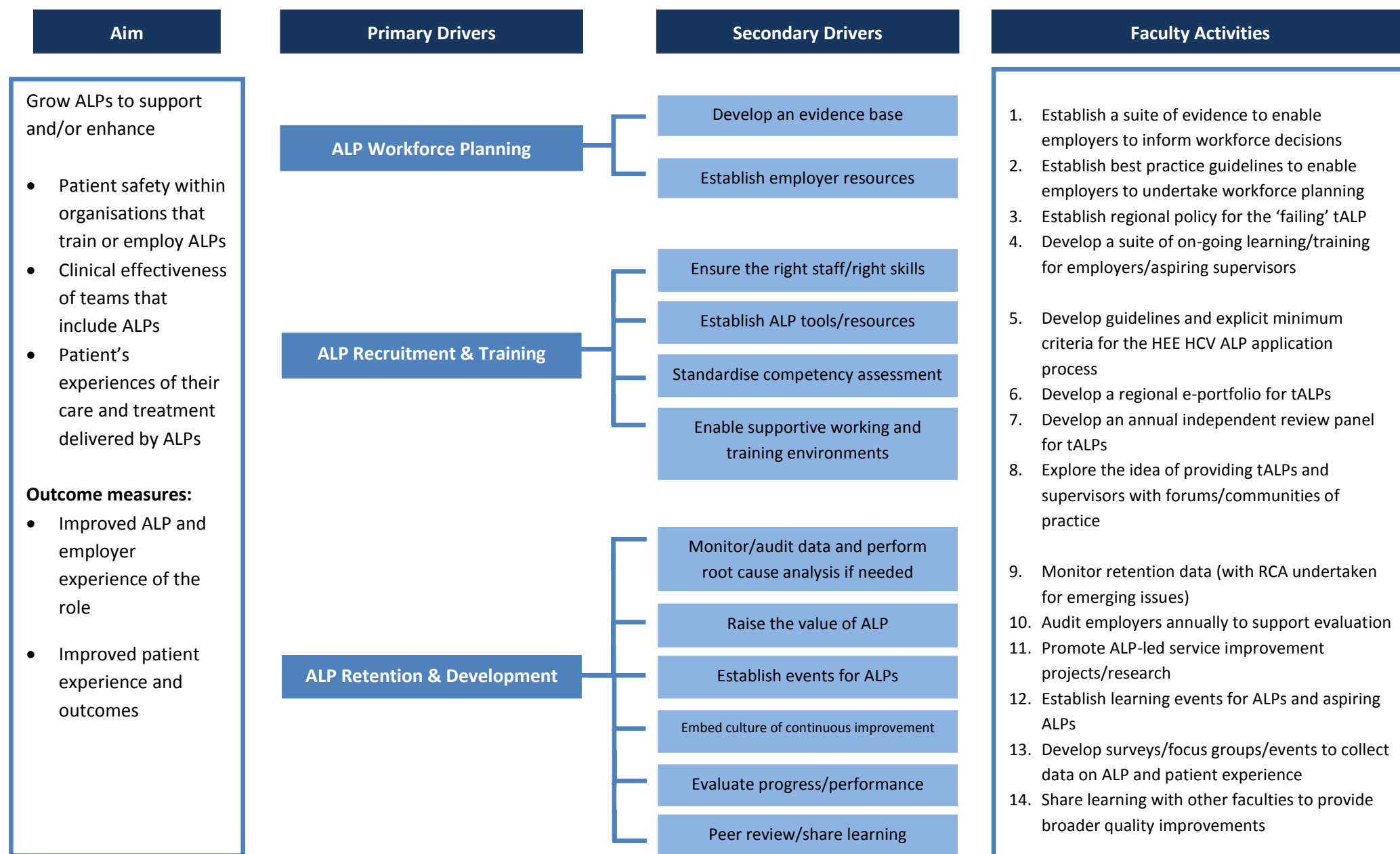
Quality Improvement	
Quality Assurance	

	Activity	Detail	Deadline
1.	Establish a suite of evidence to enable employers to develop business cases and inform workforce decisions	Develop a suite of evidence on the faculty website to enable employers to make evidence-based decisions on ALPs i.e. hierarchy of evidence from systematic reviews down to local case study data for Primary, Secondary and Community-based Care	Dec 2020
2.	Establish best practice guidelines to enable employers to undertake workforce planning	Provide local best practice i.e. governance document*(add link when complete), competency documents and links to national resources on the faculty website i.e. the <a href="#">ALP Toolkit</a> to enable employers to take a structured approach to workforce planning.	Nov 2020
3.	Establish regional policy/process for the 'failing' tALP	Work with employers and HEIs to establish training contracts/processes to support an employer should an ALP start to fail and/or there are concerns regarding anticipated progress i.e. process map with clear trigger points to be made explicit for employees and ALPs prior to the application stage.	Dec 2020
4.	Develop a suite of on-going learning/training for employers	Work with HEIs and employers to establish quarterly training linked to <a href="#">HCV best practice guidelines</a> i.e. Clinical Supervisor training and opportunities to provide employers with the tools to support ALPs in training and beyond.	Mar 2021
5.	Develop guidelines and explicit minimum criteria for the HEE HCV ALP application process	Support applicants with pre-application guidance and develop minimum criteria for employers to reduce variation in quality of applications.	Mar 2021
6.	Develop regional E-portfolio	Develop a HCV e-portfolio that enables tALPs without access to a professional body portfolio to record CPD and evidence of training and development (consider national work)	Aug 2021
7.	Develop an annual independent review panel process	Create and pilot an independent expert panel process for tALPs to provide a structured framework for competency assessment. Consider a proportionate process for ALPs.	Mar 2021
8.	Provide tALPs and supervisors with online forums/communities	Establish an online forum for tALPs and supervisors on the faculty website to share ideas and support one another remotely	Dec 2020



	of practice		
9.	Monitor retention data (with RCA undertaken for emerging issues)	Maintain a database of ALPs with agreed trigger points for undertaking root cause analysis i.e. in cases of high attrition	Jan 2021
10.	Audit employers annually to support evaluation	Develop annual online reporting process to enable data on employer support for ALPs to be captured i.e. ratio of supervisors to ALPs, adherence to best practice guidelines, incidents involving ALPs etc.	Mar 2022
11.	Promote ALP-led service improvement projects/research	Link with local and regional funding streams to promote opportunities for ALPs to identify gaps in knowledge and lead service improvements linked to the 4 pillars and embedded within their career progression plan	Mar 2022
12.	Establish learning events for ALPs and aspiring ALPs	Enable bi-annual events for ALPs to come together to learn, connect and share ideas. Ensure content is led by the identified needs of ALPs.	Mar 2022
13.	Develop surveys/focus groups/events to collect data on ALP and patient experience	Conduct online surveys and virtual or face-to-face focus groups to understand what quality outcomes are occurring in areas where ALPs are practicing i.e. improved patient access and staff processes. <i>(<a href="#">Evidence</a> suggests the impact of healthcare roles is inherently hard to capture through quantitative outcome measures and it takes at least five years for a new post to develop fully therefore assessing impact earlier may be premature).</i>	Mar 2022
14.	Share learning with other faculties	Work with faculties in other regions to share knowledge and innovations to promote continuous improvement on a wider scale.	Mar 2022

## Appendix 3: How the Quality Strategy is linked to the goals of the Faculty Delivery Plan



## Appendix 4: Timeline of planned outcomes

### First 8 Months (Aug 20-Mar 21)

- A suite of evidence is available to employers to inform workforce decisions on employing ALPs
- Best practice guidelines and evidence-based tools are available for employers to conduct workforce planning
- A regional policy/process or guidelines are in place for employers to support the 'failing ALP'
- Learning sessions are developed for employers linked to supporting ALPs in training/practice
- Guidelines and explicit minimum criteria are in place to support employers with the HEE HCV ALP application process
- An independent panel review process is ready to be piloted by tALPs in 2021
- An online forum for tALPs and supervisors is available on the faculty website
- Recruitment/ retention/ supervisor data is maintained by the faculty with RCA undertaken for emerging issues

### Following 12 months (Apr 21-Mar 22)

- An e-portfolio model is developed and is ready to be piloted by tALPs in 2021
- A process is in place to audit employers to support evaluation i.e. ratio of supervisors to ALPs, adherence to best practice guidelines etc.
- ALP-led projects/research are supporting quality improvement efforts of the faculty linked to their career pathways and four pillars
- A calendar of learning events for ALPs and aspiring ALPs are developed and evaluated
- Surveys/focus groups/events to collect data on ALP and patient experience show measurable outcomes highlighted in Appendix 2
- Peer review/sharing learning with other faculties adds value and leads to broader improvements