



confidence...  
in professional standards

...more  
Approach to Quality gives you

Health Education East Midlands | SHN | THE NHS CONSTITUTION

NHS Health Education East Midlands

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**STEP 1**

Tentative dates for the next year are identified with Local Education Provider partners by end of the previous year. Dates will be confined to October/November.

**DECEMBER**

**2**

Final dates are agreed with Local Education Provider Partners, Lead Educators and partners.

**MARCH**

**3**

Self Assessment forms sent back to Health Education East Midlands sixteen weeks before visit. Additional info may be requested for any gaps in the form.

**JUNE**

**4**

Data collated by Health Educational East Midlands Intelligence Team from all key partners.

**JUNE / JULY**

**5**

Conference call arranged by Quality Managers with key partners to determined the level of visit:

1

2

3

Low Risk    Med Risk    High Risk

**JULY / AUGUST**

**6**

Trust informed of level of visit, standard letter sent to Chief Executive Officer.

**JULY / AUGUST**

**The cycle to repeat annually**

**JAN / FEB / MAR**

Local Education Provider supported by Health Education East Midlands in partnership to find solutions for any high level concerns identified.

**16**

**DEC / JAN / FEB**

Outcomes feed into workforce plans, Learning and Development Agreements and commissioning cycle and Health Education East Midlands reporting governance structure.

**14**

**NOV / DEC / JAN**

30 working days from visit date, final reports sent to Local Education Provider, key partners and added to Health Education East Midlands website.

**13**

Draft Outcome Reports sent to Local Education Provider for comments/areas of accuracy to be returned within 15 working days to include local education provider action plan.

**NOV / DEC / JAN**

**12**

Draft Outcome Reports completed within 15 working days and shared with the lead visitor, Dean, Director and Deputy Directors, Head of Quality and Regulation.

**OCT / NOV / DEC**

**11**

High level concerns shared with General Medical Council Care Quality Commission within two working days.

**OCT / NOV / DEC**

**10**

Visit takes place.

**OCT / NOV**

**9**

Conference call arranged by Quality Managers with the visiting team to debrief on arrangements for the day of the visit.

**AUG / SEPT / OCT**

A quick guide to:

# Quality Management Visits

Part of the Health Education East Midlands Approach to Quality

**7**

Quality Managers plan draft agenda, with the Local Education Provider. Visit lead signs off planned agenda.

**JULY / AUGUST**

**8**

Quality Managers share agenda with visiting team and all key partners at least six weeks before visit.

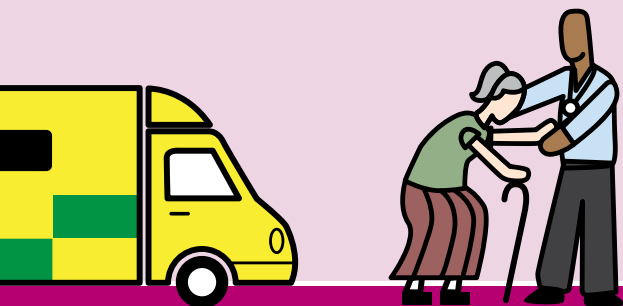
**JUL / AUG / SEP**

# The Review of Quality Management Visits for 2014

Part of Health Education East Midlands Quality Improvement Framework

## 1 Why change?

- ▶ The Francis report
- ▶ The need to be more inclusive and multi-professional
- ▶ Visits only focused on measuring standards set by the General Medical Council and there was concern that other quality indicators were being missed – dangers of ‘silo’ assessment
- ▶ There was honest feedback and concerns had been raised – ‘it didn’t look or feel right’
- ▶ Visits focused on problems rather than strengths, achievements and innovations
- ▶ Relationships were at risk from outdated models of communicating
- ▶ Shared aspiration for a clear process which everyone is aware of and willing to work within



## 2 The review

### Over 200 multi-professional stakeholders contributed to the review

- ▶ Three key meetings with key stakeholders contributed to developing a shared vision for quality education and training – with patients and patient safety at the centre
- ▶ Involvement of all staff groups across the multi-professional workforce. Regulators such as: Care Quality Commission, General Medical Council, Nursing and Midwifery Council, Royal Colleges

### The review has included:

- ▶ the assessment process for quality management of education and training
- ▶ the criteria by which performance is evidenced and assessed
- ▶ the available sources of data and evidence
- ▶ streamlining data collection processes
- ▶ aligning processes with other regulatory and statutory monitoring and visits
- ▶ considering who should be consulted in quality management visits
- ▶ how to include patients' and learners' voices
- ▶ who needs to know the outcomes
- ▶ how and where these should be reported
- ▶ how concerns are to be managed and what sanctions are available



## 3 Our approach

### Vision

- ▶ Health Education East Midlands (HEEM) will have a quality management process for education and training that puts the patient at the heart of what we are doing

### Principles

- ▶ We will **listen to the patient's voice** - every contact will count
- ▶ We will **work together** - building good, strong relationships
- ▶ We will **share information** - in the best interests of patients and the public
- ▶ We will **promote a learning and development environment** - one which is safe, nurturing and inviting
- ▶ We will **think 'whole systems'** - multi-professional
- ▶ We will **look at the pathways** – patient's and learner's.



## 4 Our outcomes

### Outcomes

- ✓ Excellent education and training
- ✓ Competent and capable staff
- ✓ Flexible workforce
- ✓ NHS values and behaviours

### Products

- ✓ Nine domains and set of multi-professional standards
- ✓ Process for the quality management visits
- ✓ Annual self-assurance tool
- ✓ Visit Outcomes Report
- ✓ The use of IT that enhances the trainee's voice
- ✓ A model for measuring our relationships
- ✓ Balanced Scorecard

