

**Quality and Performance Review Visit  
Cambridge University Hospitals NHS Foundation Trust  
24<sup>th</sup> February 2015**

**Visit Report**

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## Introduction

- 1.1 Health Education East of England (HEEoE) commissions and quality manages postgraduate medical, dental and healthcare education on behalf of Health Education England. It does so within the Corporate and Educational Governance systems of Health Education England and to the standards and requirements of the General Medical Council (GMC), General Dental Council (GDC), the Nursing and Midwifery Council (NMC) and other allied healthcare education regulators and requirements. These processes are outlined in Health Education East of England's Quality Improvement and Performance Framework (QIPF).
- 1.2 As part of the development and implementation of the Quality Improvement and Performance Framework, HEEoE seeks to ensure that, where possible, we align quality improvement processes to ensure that the quality of our education and training within our employer organisations and our education providers is continually improved. The HEEoE Quality and Performance Reviews are a key part of this developing process.
- 1.3 Quality management uses information from many and varied sources that triangulate evidence against standards of the quality of education and training within local education providers and across the east of England. These sources include student, trainee and trainer surveys, the Quality Improvement and Performance Framework (QIPF), panel feedback (e.g. ARCP panels), hospital and public health data (e.g. HSMR), visits by specialty colleagues ("School Visits") and Quality and Performance Reviews (formerly known as Deanery Performance and Quality Reviews) that may be planned or triggered by concerns or events.
- 1.4 Whilst Health Education East of England's Quality Management processes incorporate information from many sources, it is explicit that the primary purpose of the Quality and Performance Review is the quality management of non-medical, medical and dental education and training. The visit is not designed to, nor capable of, providing a thorough assessment of the quality care provision. Moreover, if concerns are identified, these are passed on to those responsible and where appropriate shared through Quality Surveillance Groups or with regulators.
- 1.5 This report is of a planned Quality and Performance Review assessing non-medical and medical education and training in the provider, and is not a response to any concerns.
- 1.6 This report is based on sampling via surveys and visits and is not therefore exhaustive. The findings are provided with the caveat that any further conclusions that are drawn and action taken in response to those conclusions may require further assessment.

*This report summarises the findings and recommendations of the "Quality and Performance Review" to Cambridge University Hospitals NHS Foundation Trust on 24<sup>th</sup> February 2015 in line with Health Education East of England's Quality Improvement and Performance Framework.*

## Purpose of the Visit

- 2.1 The purpose of the visit is the review of the Trust's performance against the Learning and Development Agreement including the GMC and Non-Medical Commissioned Programmes standards. Through the review and triangulation of the evidence gathered through Health Education East of England's Quality Improvement and Performance Framework (QIPF), the visit will seek to explore key lines of enquiry where further assurance is needed and to celebrate good practice. The visit is multi-professional, reflecting the whole workforce and the clinical learning environments that the Trust provides for all professions and specialties.

Teams	
Visiting Team	<p>Dr Jonathan Waller, Postgraduate Dean (Visit Lead)</p> <p>Mr Stuart Bloom, Chair, HEEoE Local Education and Training Board (observing)</p> <p>Dr Alys Burns, Deputy Postgraduate Dean</p> <p>Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean</p> <p>Mr Alex Baxter, Deputy Postgraduate Dean and Director of Postgraduate Dental Education</p> <p>Chris Birbeck, Head of Quality Improvement</p> <p>Susan Agger, Senior Quality Improvement Manager</p> <p>Judy Croot, Professional Advisor – Health Sciences</p> <p>Sally Judges, Professional Advisor – Allied Health Professions</p> <p>Graham Seward, Programme Manager – Quality Improvement (observing)</p> <p>Dr Diana Wood, Clinical Dean, University of Cambridge School of Clinical Medicine</p> <p>Katrina Oates, Principal Clinical Physiologist, Papworth Hospital (observing)</p> <p>Lucy Dennis, Head of Cambridgeshire &amp; Peterborough Workforce Partnership</p> <p>Audrey Foster, Clinical Learning Environment Manager, C&amp;P Workforce Partnership</p> <p>Dr Mark Alexander, Head of School of Radiology, HEEoE</p> <p>Dr Matthew Williams, Director of Medical Education, James Paget Hospitals</p> <p>Annette Thomas-Gregory, Anglia Ruskin University Representative</p> <p>Mary Benfield, Patient and Public Voice Partner</p> <p>Alison Clough, Patient and Public Voice Partner</p> <p>Dr Dimitri Pournaras, Trainee Representative</p> <p>Fiona Arthur, Student Representative, Anglia Ruskin University</p> <p>Agnès Donoughue, Quality Co-ordinator</p>
Trust Team	<p>Dr Keith McNeil, Chief Executive</p> <p>Francis Cousins, Chief Operating Officer</p> <p>Dr Jag Ahluwalia, Medical Director</p> <p>Dr Arun Gupta, Director of Postgraduate Medical Education</p> <p>Dr Pamela Todd, Clinical Tutor/Deputy Director of Postgraduate Medical Education</p> <p>Mr David Wherrett, Director of Workforce</p> <p>Ms Lynne Berry, Non-Executive Director</p> <p>Ms Alison Risker, Associate Director of Workforce</p> <p>Lynsey Searle, Medical Staffing Manager</p> <p>Zoe Searle, Medical Workforce Manager</p> <p>Anne-Marie Ingle, Director of Nursing</p> <p>Sue Wilkinson, Non-Medical Clinical Tutor/Educational Lead</p> <p>Paul James, Director of Finance</p> <p>Dr John Firth, Deputy Medical Director</p> <p>Dr Jane Sturgess, Foundation Training Programme Director</p> <p>Mr Rikin Trivedi, Foundation Training Programme Director</p> <p>Dr Sanjay Ojha, RCP College Tutor</p> <p>Dr Madhavi Vindlacheruvu, RCP College Tutor</p> <p>Dr Maria Ross-Russell, Dental Tutor/Advisor</p> <p>Dr C Schramm, GPSTR Training Programme Director</p> <p>Dr J Lindeck, GPSTR Training Programme Director</p> <p>Dr F Leckie, GPSTR Training Programme Director</p> <p>Dr Arvind Arora, SAS Tutor</p> <p>Dr Ruchi Sinnatamby, Clinical Sub-Dean</p> <p>Professor Edwin Chilvers, Director of Clinical Academic Training Office</p> <p>Dr Susan Wan, Head of Clinical Academic Training Office</p> <p>Ms Isla Kuhn, Librarian</p> <p>Mrs Mary Archibald, Medical Education Centre Manager</p> <p>Mrs Susan East, Deputy Medical Education Centre Manager</p>

## Visit Findings

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>3.1 Student induction is consistently good and the introduction of i-pads to gain contemporaneous student feedback to allow for a rapid response in clinical areas is a welcome initiative.</p> <p>3.2 The Trust is commended for its robust handover processes and the introduction of the rapid response team which is recognised widely by staff within the Trust, including facility for escalation from a nurse to a Consultant.</p> <p>3.3 Excellent clinical supervision was reported, in particular the ethos and involvement of the consultants in providing appropriate guidance.</p>
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>3.4 The Trust has an excellent medical academic training programme hosted by CATO which consistently achieves very high outcomes.</p> <p>3.5 The training programme for final year adult nursing students was exemplary and recommended by all the students met.</p> <p>3.6 The Pharmacy Education Lead presides over a well organised training programme which includes explicit promotion of NHS values.</p> <p>3.7 The Radiography training programme received excellent feedback from all students who reported that it exceeded expectations.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>3.8 The Trust has in place an innovative approach to multi-professional training opportunities in specialties such as Paediatrics, O&amp;G and T&amp;O which is to be commended. The work programme for school students to experience medicine is also welcomed.</p> <p>3.9 Strong support was provided by the professional development team and other division-based clinical educators to both nursing and midwifery mentors.</p>
GMC Domain 7/KPI 1	<p><b>Management of education and training</b></p> <p>3.10 Strong and effective medical leadership for education and training within the Trust particularly from the Medical Director, Associate Medical Director, Director of Postgraduate Medical Education, Clinical Tutor/Deputy Director of Medical Education and the</p>

	educational Faculty were noted.
3.11	The appointment of a Chair of Nursing is a welcomed development. This has the potential to raise the profile of nursing and other clinical professional research with the Trust and nationally.

Domain/KPI/Standard	Areas of Recognised Improvement
GMC Domain 7/KPI 1	<p><b>Management of education and training</b></p> <p>4.1 The introduction of new educational governance structures and arrangements within the Trust, and clear evidence of Board level engagement in this area, strengthened by a named Non-Executive Director, demonstrates a clear educational ethos within the Trust and excellent engagement between the Senior Team and Trust Educators.</p>

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>5.1 Whilst the Trust has in place processes for the reporting, analysis and utilisation of the learning from Serious Incidents (SIs), the full and effective implementation of the dissemination of learning from SIs requires further development across all professional groups.</p> <p>5.2 Although induction is generally good, there needs to be consistent delivery of this across the specialties and particularly for trainees who are beginning rotations out of phase. Time should also be formally recognised for the completion of e-induction.</p> <p>5.3 It was unclear whether the provision of regular supervision slots for Health Care Sciences (HCS) trainees are being built into the work programme.</p>
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>5.4 It was reported that there are limited opportunities to access local and regional teaching due to a high workload, which has an attendant impact on meeting curriculum requirements. Access to study leave was also reported as problematic.</p> <p>5.5 Following the School of Medicine visit to the Trust at the beginning of February 2015, there were a number of concerns identified regarding the delivery of CMT training which were also highlighted in the meeting with the trainees, to be addressed in the Trust response to the School visit.</p> <p>5.6 There were issues within the Foundation programme highlighted on the day regarding the Foundation teaching programme and access to curricular activities which will require further exploration at the upcoming Foundation School visit in Spring 2015.</p>

	<p>5.7 The access to academic learning opportunities is, at present, limited for the professions other than Medicine.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>5.8 It is recognised that the Trust has some good processes in place including the database for the management of its nursing Mentors; however there is room for improvement and alignment of the processes across the Trust and professions.</p> <p>5.9 It was reported by a number of 'sign off' mentors that they were working beyond their capacity.</p> <p>5.10 Generally all of the commissioned students with whom the visitors met reported that they had had at least one poor learning experience within their training so far.</p> <p>5.11 Despite opportunities for the trainee and student voice to be heard, there is still scope for further enhancement of opportunities for this across the breadth of all professional groups and levels of training.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>5.12 There is evidence of some duplication of mandatory training being undertaken by students/trainees which could be avoided by improved communication.</p>
<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>5.13 Very few of the commissioned students met knew about the Trust-based Library and Knowledge Services, despite a considerable investment from HEEoE.</p> <p>5.14 It was apparent that the Trust processes regarding rotations needed for HCS programmes would benefit from a review.</p> <p>5.15 There were reports of students/trainees being unable to access IT systems and not receiving personal log ins and full access to the range of services provided by the Library.</p>

<b>Domain/KPI/Standard</b>	<b>Areas of Immediate Concern</b>
<b>GMC Domain 1/KPI 3</b>	<p><b>Patient Safety</b></p> <p>6.1 A number of issues were reported by both medical trainees and the students regarding the new EPIC IT system. These were considered to impact on patient safety and particularly related to prescribing issues, patient identification, cancellation of appointments, delays in sending out discharge letters and insufficient access to workstations. It was reported that a blame culture operates whereby deficiencies in the system are being attributed to individuals. Concerns were also expressed that there is inadequate</p>

	capacity to undertake training to use the system, especially for locums, and the potential impact of the August intake of medical trainees. Although it is recognised that there are teething problems with the introduction of all new systems, this is nevertheless felt to be a serious patient safety concern which must be addressed.
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Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>7.1 There are long term gaps in the rotas which are not being filled, the management of which is being addressed by pressurising junior doctors to cover internally and without much notice, which has an impact on both the trainees' wellbeing and training opportunities.</p>
GMC Domain 2/KPI 2	<p><b>Quality Management, Review and Evaluation</b></p> <p>7.2 There were reports of unacceptable breaches of patient dignity and confidentiality resulting from a lack of suitable spaces to undertake patient assessments. There was a concerning report of an anaesthetics pre-assessment having to be undertaken in a toilet.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>7.3 Although the Trust has in place elements required to meet the GMC requirements regarding the recognition of Educational Supervisors and named Clinical Supervisors, the Trust must complete the appraisal and job planning processes for consultants to ensure that all the GMC requirements are in place by July 2016. The Trust must also ensure that Educational Supervisors and named Clinical Supervisors have the equivalent of 0.25PAs per trainee per week within their job plans.</p> <p>7.4 The supernumerary status of commissioned nursing and midwifery students is an area that requires clarity. It was reported that the students can feel that they are expected to be part of ward numbers to meet service requirements and therefore they can miss out on learning opportunities.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>8.1 Issues were reported concerning out of hours access to the general paediatrician on-call about the management of complex specialist patients who arrive overnight. Clear examples of the problem were given which need further investigation. The Trust was required to investigate these issues as soon as possible and to provide a response to HEEoE by 30<sup>th</sup> April 2015.</p>

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>9.1 The Trust is required to investigate the issues reported by both medical trainees and the students regarding the new EPIC IT system particularly relating to prescribing issues, patient identification, cancellation of appointments, delays in sending out discharge letters and insufficient access to workstations. Processes and arrangements for AHP and HCS students/trainees to gain timely access to IT including personal log in need to be improved. In addition, the reports of a blame culture must be explored. Assurance is sought that the concerns expressed about capacity within the system to undertake training to use the system, especially for locums, and the potential impact of the August intake of medical trainees are being addressed.</p> <p>9.2 The Trust is required to find alternative solutions to the problem of long term gaps in the rotas which does not require junior doctors being pressured to cover, often at short notice.</p>
GMC Domain 2/KPI 2	<p><b>Quality Management, Review and Evaluation</b></p> <p>9.3 The Trust is asked to ensure that patient dignity and confidentiality is maintained at all times and that reported breaches are fully investigated.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>9.4 Although the Trust has in place elements required to meet the GMC requirements regarding the recognition of Educational Supervisors and named Clinical Supervisors, the Trust must complete the appraisal and job planning processes for consultants to ensure that all the GMC requirements are in place by July 2016.</p> <p>9.5 The Trust should clarify the supernumerary status of commissioned nursing and midwifery students to ensure that they can access learning opportunities.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>10.1 The Trust should ensure, and further develop, the full and effective implementation of the dissemination of learning from SIs to all professional groups including Allied Health Professions, Health Care Scientists and Pharmacy.</p> <p>10.2 The consistent delivery of induction across all specialties and particularly for trainees who begin out of phase needs to be addressed. Formal recognition of time for the completion of e-</p>



	<p>induction should be implemented.</p> <p>10.3 Confirmation is required of support to HCSs in departments, especially where new programmes and models are being introduced.</p>
<b>GMC Domain 5</b>	<p><b>Delivery of approved curriculum including assessment</b></p> <p>10.4 The lack of access to local and regional teaching along with study leave needs to be reviewed and addressed.</p> <p>10.5 The requirements of the School of Medicine visit report must be investigated and responded to within the required action plan.</p> <p>10.6 The Trust should explore the issues highlighted on the day regarding the foundation teaching programme and access to curricular activities for foundation trainees ahead of the upcoming Foundation School visit to the Trust in Spring 2015.</p> <p>10.7 The Trust should explore access to academic learning opportunities for the professions other than medicine.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>10.8 The Trust should review its processes for the management of Mentors across the Trust and professions.</p> <p>10.9 The Trust is requested to review the numbers of 'sign off' Mentors currently in post and adjust where necessary.</p> <p>10.10 The Trust should continue to review its student feedback and address these concerns.</p> <p>10.11 The Trust should continue to maximise the opportunities for the Trainee and Student voice to be heard within the organisation. These should be communicated to all groups.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>10.12 The Trust has some good processes in place in relation to educational governance as evidenced on the day. However, it is encouraged to keep revising these so that the whole workforce is represented and the Board has a high level of assurance.</p> <p>10.13 The Trust is encouraged to continue to review its placements, capacity, audit of environments and expectations for its Health Care Sciences and AHP students/trainees.</p> <p>10.14 Clarification is sought from trainers/educators of the required mandatory training for students/trainees undertaking 3 year training programmes and of the mandatory training students/trainees have already undertaken in their respective HEIs. It must be ensured that robust processes are in place for the monitoring of mandatory training requirements for the range of students and trainees using different HEI providers and placement models.</p>

## Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, Cambridge University Hospitals NHS Foundation Trust has:

### Met with conditions

*the requirements of Health Education East of England under the Quality Improvement and Performance Framework (QIPF) of the General Medical Council, and therefore conditional approval is given for three years subject to demonstrable, sufficient and sustained fulfilment of the requirements of the QIPF and of the conditions set above.*

*Failure to fulfil the requirements of the GMC's QIF and its published domains and standards within the required timeframe would result in removal of trainees and could result in loss of GMC approval of the educational environment.*

Timeframes:	Action Plan to be received by:	A report on the area requiring further investigation is requested <b>by 30/04/15</b> .  An action (improvement) plan to address the conditions and recommendations highlighted in the report is required <b>by 22/05/15</b> .  A formal update on the action (improvement) plan is required <b>by 28/08/15</b> .
	Next QPR Visit:	Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality Performance Review [QPR] will be in <b>2018</b> .



Dr Jonathan Waller  
Postgraduate Dean:

Date: 20<sup>th</sup> March 2015

## Appendix 1: GMC Domains and Standards

### Domain 1 – Patient Safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

### Domain 2 – Quality Management, review and evaluation

Specialty including GP training must be quality managed, reviewed and evaluated.

### Domain 3 – Equality, diversity and opportunity

Specialty including GP training must be fair and based on principles of equality.

### Domain 5 – Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum must be delivered and assessed.

The approved assessment system must be fit for purpose.

### Domain 6 – Support and development of trainees, trainers and local faculty

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Standards for trainers:

- Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.
- Trainers must be involved in, and contribute to, the learning culture in which the patient care occurs.
- Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.
- Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

### Domain 7 – Management of education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

### Domain 8 – Educational resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

### Domain 9 - Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

## Appendix 2: Key Performance Indicators (KPIs)/Standards

### KPI One – Education Governance

The organisation is assured that they have robust education governance in place

### KPI Two – Learning Environment

The organisation provides high quality learning environments for students

### KPI Three – Quality of Care

Students are adequately prepared by the provider organisation to deliver high quality care.

## KPI Four – Student Support / Education / Assessment

Students are effectively supported, educated and assessed by the provider organisation.

## KPI Five – Investment of HEEoE Commissioned Funding

Provider organisations demonstrate effective utilisation of the HEEoE commissioned funding investment.

## Appendix 3: Quality Matrix

Total: Cambridge University Hospitals Date: 18th September 2014									
Quality Metrics Dashboard Against LDA Requirements									
Metric	Category	Metric	Measure	Data Source	Performance			Status of evidence for last assessment	Notes on evidence
					Score	Target	Weight		
Teaching	Education	Basic Education	% of learners achieving	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
		Basic Education	% of learners achieving	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
	Workshop Performance	Workshop Performance	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
		Workshop Performance	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
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		Workshop Performance	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
	Assessment	Assessment	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
		Assessment	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
Clinical	Clinical	Clinical	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
		Clinical	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
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	Workshop Performance	Workshop Performance	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days
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		Clinical	% of students achieving 100%	JRP results	9.5	9.5	1.0	met	assessment of all students achieved for all 12 days

## **Appendix 4: Existing Reference Documents Prior to and During Visit**

Learning Development Agreement – 2014/15

CQC Reports – March 2014

List of SIs 2013/14

Trust Quality Report – August 2014

Notes of Pre-Visit Meeting with Trust – December 2014

Notes of Quality Review Meeting with Trust – November 2013

Deanery Performance and Quality Visit Report – November 2011

Action Plan Updates and Correspondence with Trust 2012

QIPF Self-Assessment for Employers 2014/15

QIPF Peer Review Report and Action Plan

QIPF Education Provider Reviews of Employer Organisation 2014 - [UEA/UCS/ARU/UoH]

QIPF Survey of Pre-Registration Students 2014/15

PQAF Surveys of Pre- and Post-Registration Students 2013/14

Healthcare Sciences, Pharmacy and Allied Health Professions Documentation 2015

HEEoE Monthly Quality Summary Report – December 2014

Director of Medical Education's Report – updated January 2015

Quality Metrics Dashboard – updated January 2015

GMC Training Survey:

Training Survey Outliers 2009-14

Patient Safety Concerns 2014 with Trust responses

Visit Reports, Reports and Trust Action Plans relating to:

School of Anaesthesia 2014

School of Dentistry 2012/15

School of Emergency Medicine 2012/15

Foundation School 2012/14

School of General Practice 2013

School of Medicine 2013/15

School of O & G 2011/15

School of Ophthalmology 2014/15

School of Paediatrics 2011/15

School of Pathology 2014

School of Surgery 2013/15

Medical Undergraduate Education:

QA Visit Report 2014

Additional Documents Provided by the Trust:

PGME Staffing Structure 2015

Minutes of Trust Board Meetings 2014

Quality Committee Terms of Reference 2015

Workforce and Education Committee Terms of Reference 2014  
Multi-Professional Education Learning Development and Training Group  
Terms of Reference, Agenda and Minutes  
Education Board Reports 2014/15  
Director of Workforce's Report to Workforce Committee 2014