

**Quality and Performance Review Visit
The Ipswich Hospital NHS Trust
27th January 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 The Ipswich Hospital NHS Trust on 27th January 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 Dr Alys Burns, Deputy Postgraduate Dean Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Mr Alex Baxter, Director of Postgraduate Dental Education Chris Birbeck, Head of Quality Improvement Judy Croot, Professional Advisor – Health Sciences Sally Judges, Professional Advisor – Allied Health Professions Graham Seward, Programme Manager – Quality Improvement (observing) Ross Collett, Head of Norfolk & Suffolk Workforce Partnership Chris Sykes, Education Development Manager, Norfolk & Suffolk Workforce Partnership Dr Hywel Jones, Director of Medical Education, Mid Essex Hospital Services NHS Trust Rachel Heathershaw, Representative, University College Suffolk John Morrison, Quality & Safety Manager, East Anglia Area Team Carol Kelsall, Patient and Public Voice Partner Liz Houghton, Patient and Public Voice Partner Dr Yazmin Faiza, Trainee Representative Tony Brown, Student Representative, University College Suffolk Agnès Donoghue, Quality Co-ordinator</p>
Trust Team	<p>Mr Nick Hulme, Chief Executive Neill Moloney, Chief Operating Officer Dr Barbara Buckley, Medical Director Mrs Clare Adams, Head of Medical Staffing Dr Lynne Wiggins, Director of Nursing & Quality Clare Edmonson, Director of Human Resources Mr Robert Brierly, Director of Medical Education Sue Pettitt, Clinical Education and Workforce Development Lead Mr Tim Brammer, Foundation Training Programme Director Dr Gerry Rayman, Clinical Sub-Dean Dr F Fernando, College Tutor – Child Health Dr D Hartin, College Tutor – Emergency Medicine Miss Haroona Khalil, College Tutor – O&G Dr Jasmine Patel, College Tutor – Medicine Mr M Crabtree, College Tutor – Surgery Dr H Ganapathy, College Tutor – Anaesthetics Kay Wilson, Medical Education Facilitator Mary Burgess, Medical Education Manager</p>

Visit Findings

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>3.1 The two day pre-placement visits in Radiography were welcomed by the students.</p> <p>3.2 There were examples of good practice in Pharmacy regarding incident reporting and feedback from incidents as well as a good system for sharing learning.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>3.3 All those interviewed on the day confirmed and demonstrated that the Trust has embedded within its culture the NHS Values and Behaviours throughout the Trust including the clinical learning environment.</p>
GMC Domain 5/KPI 4	<p>Delivery of approved curriculum including assessment</p> <p>3.4 The Orthopaedic Training Programme at Ipswich Hospital scored highly nationally within the 2014 GMC National Training Survey and is held in high regard by current and previous post holders within the HEEoE Trauma & Orthopaedics Training Programme.</p> <p>3.5 All AHP, HCS and Pharmacy students were positive about their placements and felt they would be able to meet the expected competencies.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>3.6 Despite the challenges facing the Trust, all trainees, students and learners interviewed would recommend their posts and placements to friends and colleagues.</p> <p>3.7 The new Senior Management Team and the Associate Medical Director for Education/DME have forged good relationships and engagement with medical trainees through a wide variety of initiatives such as the rejuvenation of the Junior Doctors' Committee and Junior Doctors' Forum. The Trust has appointed two active Senior Residents and has harnessed the 'Trainee voice' to develop the new e-handover system. In addition, the Chief Executive and Medical Director hold regular informal meetings with Trainees.</p> <p>3.8 The Clinical Practice Facilitators and other dedicated 'educator' roles have a very positive impact on the clinical learning environment.</p>

GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>3.9 Following the introduction of new governance arrangements within the Trust, particularly with regard to education and training, there is clear evidence of Board level engagement in this area, strengthened by a named Non-Executive Director providing oversight of this. This has resulted in the development of a clear educational ethos within the Trust and growing evidence of excellent engagement between the Senior Team and Trust Educators.</p> <p>3.10 Strong educational leadership and the development of multiprofessional education is given by the Associate Medical Director for Education/DME for PGMET, the Non-Medical Clinical Tutor and Medical Education Manager. Their leadership has been supplemented by high quality Library and Knowledge Services and the opening of the East Anglian Simulation & Training Centre (EAST) which were praised for their positive impact on the clinical learning environment. In addition, the Clinical Audit Department provides high quality support to enhance this aspect of education and training.</p>
GMC Domain 8/KPI 5	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>3.11 The Trust demonstrates excellent evidenced use of tariff funding to support the non-medical clinical learning environment.</p> <p>3.12 Positive feedback was received from AHP, HCS and Pharmacy students regarding the support provided by the hospital Librarians.</p>

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>4.1 Although there is some good practice and commitment across the Trust to deliver effective departmental induction for medical trainees, the delivery of this remains patchy and of poor quality, particularly within the Department of Medicine.</p> <p>4.2 Whilst an improved “e-handover” system has been introduced with input from Trainees, this requires further development. There is also at present limited consultant input to handover which represents a potential patient safety risk and a missed opportunity for educational input at handover.</p> <p>4.3 Although there was evidence that processes and procedures for incident reporting and dissemination of learning from them were present, as evidenced by trainees in Pharmacy who received robust information on the reporting of incidents and were involved in the learning from them, little evidence could be gained that trainees or students in other professions were adequately engaged in the process of reporting of SIs, getting feedback on their personal involvement in any SIs or participating in organised educational</p>

	activities focussed on disseminating the learning from them.
KPI 2	<p>Learning Environment</p> <p>4.4 Some students reported that there was an issue with obtaining swipe cards to gain access to various parts of the hospital which meant that they had to use other staff members' cards to access these areas.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>4.5 It was noted that within the Trust there seemed to be poor recognition of, and the necessary support for, GP training compared with other comparable areas such as foundation training, and only patchy coordination between the specialties delivering the individual elements of this rotation.</p> <p>4.6 Mentors reported that the high pressure clinical environments such as the move to 12-hour shifts (long days) had negatively impacted on their ability to appropriately supervise their students and undertake 'sign off' processes in particular. Some reported using their own time and annual leave to make sure that this was done to a high standard.</p> <p>4.7 There seems to be an insufficient number of "Sign off Mentors" in some areas as it appeared that some of them are undertaking this role excessively.</p> <p>4.8 There is a lack of clarity amongst the Health Care Assistants in some areas as to the status of the students and there appears to be missed opportunity for student learning due to this.</p> <p>4.9 A lack of awareness of opportunities for the student voice to be heard within the organisation was noted.</p> <p>4.10 It would appear that not all HCS staff were aware of student expectations or when they were rotating through departments.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>4.11 The Trust has developed a comprehensive mentor database which allows rapid access to the core data necessary to monitor all aspects of mentorship within the Trust.</p> <p>4.12 Despite the Trust's new educational governance arrangements and processes, these do not appear to include all professions and the Trust does not always seem aware of the students it hosts such as, for example, the current University of Essex Physiotherapists.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>4.13 Although the Trust generally makes excellent use of its HEEoE tariff funds, it does not always have a consistent approach to CPD spend across all of the professions especially those who require access to non contract funds, specifically for some of the smaller professions.</p>

	4.14 Although improvements in IT access were reported by all AHP, HCS and Pharmacy students met, these need to be maintained. It was noted that students and trainees in these professions were not aware of the Trust's "Up to date" initiative.
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Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>5.1 There were no areas of immediate concern.</p>

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>6.1 Whilst it is recognised that significant efforts have been made in this area, within General Surgery, the responsibilities associated with holding the "299" surgical bleep lead to unsustainable levels of work which are unacceptable for FY2 or GPST trainees. This represents a significant patient safety concern. It also has a very detrimental effect on curriculum delivery for core surgical trainees. This concern is exacerbated by gaps in the surgical rota which are often filled short-term by the removal of trainees from outpatients and theatre experience necessary to fulfil their curriculum.</p> <p>6.2 It was reported by all trainees in medicine that they hold major concerns regarding the cover that is provided on medical wards during the evenings and overnight. After 10pm, it was reported that only one Medical Registrar and two Foundation trainees were available to cover in excess of 300 beds, and at night the cover for the same number of beds fell to just one Registrar and two Foundation/Core trainees. This constitutes both an unacceptable workload and a major patient safety concern.</p> <p>6.3 The problems above seem to be further exacerbated by working practices that may be better supported through implementation of a "Hospital at Night" team.</p> <p>6.4 Whilst progress has been made regarding handover within Obstetrics and Gynaecology so that there is now a joint handover at the start of the day involving midwives and doctors in training, there continues to be a separate "staggered" handover in O&G in that the duty Consultants hand over to each other separately and at a later time. This issue was also identified at the GMC focussed visit to O&G in November 2014.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>6.5 The Trust Quality matrix and evidence from Medical Trainers indicates that the Trust achieves inadequate recorded levels of Equality & Diversity and Safeguarding Children and Vulnerable</p>

	Adults training. These are shown respectively as 88% and 86% compliance for educational and clinical supervisors.
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>6.6 Whilst it is recognised that, within the Department of Anaesthesia, much progress has been made against the action plan developed by the Trust following the School visit to the Trust in Summer 2014, there continue to be concerns regarding clinical supervision and support for trainees. Concerns were expressed about poor access to experience in obstetric and theatre experience in core anaesthetic training which, in part, relates to locum doctors being assigned to these areas whilst core/ST trainees provide a disproportionate amount of cover to the Intensive Care Unit.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>6.7 Although the Trust has in place some of the 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>6.8 Whilst Trainers acknowledged the significant engagement with education and training within the Trust Senior Management Team, they felt strongly that this was not replicated within middle management within the Trust who were service- focussed and driven and rarely showed willingness to support the effective delivery of education and training.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>7.1 The visitors were informed of concerns relating to a middle grade locum who was allegedly working the night shift at Ipswich Hospital and then returning to their day job in another trust. It was also alleged that, whilst the locum would attend when help was requested, it was felt that they were otherwise unsupportive of junior colleagues. In view of the absence of any further information regarding this reported behaviour, the Trust is asked to investigate this report and advise HEEoE of its findings and actions as appropriate, by Monday 16th February 2015.</p>

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>8.1 The Trust must fully address the issues associated with the “299” surgical bleep including a review of the workload of the FY2 and GPST trainees holding the bleep. This must include an urgent review of the level of clinical supervision available to GPST and FY2 trainees holding the “299” bleep and to ideally remove them from the same rota as core surgical trainees in view of their differing levels of experience in this specialty and their differing curriculum requirements. The new arrangements must also ensure that core surgical trainees are able to fulfil the necessary requirements of their curriculum.</p> <p>8.2 The Trust must urgently review the high workload for middle grade and core level trainees on the medical wards during the evening and overnight as this was universally reported to be a patient safety concern due to the excessive workload. This is unacceptable and must be rectified as a matter of urgency otherwise HEEoE may have to consider the continued recognition of the posts affected as suitable for training.</p> <p>8.3 The Trust must review the processes and working practices out of hours and consider implementation of a “Hospital at Night” approach as part of the actions required in 8.1 and 8.2.</p> <p>8.4 The Trust is required to develop a single handover process in Obstetrics and Gynaecology for midwives, trainees and consultants, thereby eliminating the current “staggered” handover arrangements involving a separate handover between consultants.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>8.5 The current levels of E&D and Safeguarding Children and Vulnerable Adults training for educational and named clinical supervisors are below the required levels at 88% and 86% respectively. This must be rectified as a matter of urgency within three months and evidenced as such within the Trust action plan.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>8.6 The Trust must fully address all the requirements of the School of Anaesthesia visit to the Trust in Summer 2014 including those relating to clinical supervision, support for trainees and poor access to experience in obstetrics and theatre experience in core anaesthetic training. In particular, the Trust must ensure that core and ST trainees do not have to provide a disproportionate amount of cover to the Intensive Care Unit.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>8.7 Although the Trust has in place some of the 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</p>

	<p>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>8.8 Despite the very significant engagement of Senior Management within the Trust with their support for education and training, the reports by Trainers that this does not receive the same support within middle management are of significant concern and need to be addressed.</p>
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Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>9.1 It is recommended that the Trust reviews its departmental induction processes for medical trainees in order to provide a high quality and consistent delivery across the medical specialties.</p> <p>9.2 The Trust should ensure that e-handover is further developed and that increased consultant input to handover is sought to enhance patient safety, trainee support and educational value.</p> <p>9.3 Although examples of good practice were noted in Pharmacy in regard to the reporting of, and learning from SIs, the Trust should enhance its processes for the effective dissemination of, and learning from, SIs to all students and trainees across the professions including the organisation of educational activities focussed on cascading the learning from them to these groups.</p> <p>9.4 Long day shifts appear to be exacerbating the clinical pressure experienced by Mentors and their ability to support their students. The Trust should consider seeking the views of the mentors regarding the possibility of introducing a range of flexible shift patterns which may support them and the clinical learning environment.</p>
KPI 2	<p>Learning Environment</p> <p>9.5 The Trust must ensure that all students are provided with swipe cards in a timely manner to access the various parts of the hospital so that they do not have to use other staff members' cards to gain access to some of the areas.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>9.6 The Trust is urged to enhance its support and supervision arrangements for GP training in line with other comparable areas such as foundation training, and to ensure that coordination between the specialties delivering the individual elements of this rotation is consistent and of high quality.</p> <p>9.7 The Trust has good processes in place to provide support for the mentors. However it is urged to ensure that all mentors of</p>

	<p>students have specific time allocated within their working week to fully deliver their responsibilities in this role. In particular, the Trust is reminded of the Nursing and Midwifery Council (NMC) requirement that “Sign off Mentors” must have one hour protected time per week (or 12 hours per allocation) with their students and that this must be applied.</p> <p>9.8 The Trust should maximise the opportunities for the student voice to be heard within the organisation. These should be communicated to the students.</p> <p>9.9 The Trust should review the understanding of the status of the students with the Health Care Assistants in some areas as there appears to be missed opportunity for student learning due to this.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>9.10 The Trust is encouraged to continue to develop its multi-professional educational governance arrangements and processes and to ensure further inclusion of all professions including for example the University of Essex Physiotherapists.</p> <p>9.11 The Trust has developed a comprehensive nursing mentor database which allows timely access to the core data necessary to monitor all aspects of mentorship. The Trust should continue to promote the use of this database for all professions and engage with the relevant professional leads.</p> <p>9.12 The number of “Sign off Mentors” may need to be reviewed as it appeared that some of the Sign off Mentors are undertaking this role excessively.</p> <p>9.13 The Trust should review its communication channels in relation to HCSs to ensure that all staff are aware of the HCS trainees within the organisation.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>9.14 Although the Trust generally uses its HEEoE tariff funds very well, it should ensure that there is a consistent approach to CPD spend across all of the professions, especially those who require access to non contract funds, specifically for some of the smaller professions.</p> <p>9.15 The Trust should ensure that IT access works well for smaller professions such as Pharmacy, when the trainees’ start dates clash with large cohorts of medical trainee starters. The Trust is also encouraged to promote the availability of its “Up to date” initiative.</p>

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, The Ipswich Hospital NHS 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:	<p>A report on the area requiring further investigation is requested by 16/02/15.</p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required by 30/04/2015.</p> <p>A formal update on the action (improvement) plan is required by 31/07/2015.</p>
	Next QPR Visit:	<p>Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality Performance Review [QPR] will be in 2018.</p>



Dr Jonathan Waller
Postgraduate Dean:

Date: 5th 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

Quality Metrics Dashboard Against LDA Requirements										
Group	Category	Metric	Measure	Data Source	Self assessment RAG Status			Source of evidence for self assessment *	Action plan to achieve full compliance	
					Green (3)	Amber (2)	Red (0/1)			
Trainee	Induction	Hospital Induction	% of trainees participating	LEP records	100%			Registers		
		Departmental Induction	% of trainees participating	LEP records	100%			Division Worksheets, emails		
		Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%			Induction packs/booklets		
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records		Amber		Allocate Software's MRM-Live package	All rota templates are both EWTR and New Deal compliant. Med Staffing monitor regularly to ensure that the hours worked comply with the template and investigate any areas of concern	
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records		Amber			It's reported that the departments have appropriate rotas to incorporate education programme	
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records		Amber			We need to develop a system for verification in 2015	
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	Amber	<90%			
	NEW	Overall satisfaction rating	Outlier status	GMC Survey		Amber	<90%	GMC Survey		
	Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEoE	5%	9%	>10%		Outcomes are for 2013	
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records			Red	Currently no formal selection process	To be driven by Educational Appraisal and more formalised job planning to enable a selection process to be developed
Appropriately trained to AoME standards			% trained	LEP records		90%	Amber	Online booking and regular reports from Edgcombe and MAO	Continuous monitoring and reminders sent out regularly	
Appropriately appraised to AoME standards			% reviewed/appraised	LEP records		Amber		SARD system now includes module for Education Appraisal which will be a requirement for all CS and ES	To be rolled out over the next 12 months. Already started in CMT and ENT (using SARD system)	
NEW		Required time allocation in job plans	% trainers with allocation in job plans	LEP records			Red	HR are currently verifying proportion of job plans against Educational Supervisor records.		
		Trained in workplace-based assessments	% trained	LEP records		Amber		See line 21		
		Trained in the use of e-portfolio	% trained	LEP records		Amber		T&C, Medicine and Anaesthetics in place	To continue liaison with College Tutors to ensure regular updates to all CS and ES	
		Trained in Equality and Diversity	% trained	LEP records			88%	Email trails following regular compliance figures submitted by the Trust	To continue monitoring and liaison with the Divisions	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records		90% (children) Amber	86% (adults) Red	Email trails following regular compliance figures submitted by the Trust	To continue monitoring and liaison with the Divisions	
Clinical Supervisors (who are not educational supervisors)		Appropriately trained to AoME standards	% trained	LEP records	100%	68%	Amber	<50%	SARD system now includes module for Education Appraisal which will be a requirement for all CS and ES	To be rolled out over the next 12 months. Already started in CMT and ENT (using SARD system)
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%			<50%		
		Trained in workplace-based assessments	% trained	LEP records	100%			<90%		
		Trained in Equality and Diversity	% trained	LEP records	100%			<90%	Red	
Trailing Environment		Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes			Joint Nursing and Medical Director on Trust Board representing the DME. The DME sits on the Trust Healthcare Governance Committee	
	Evidence of Board discussion of PGMET (3)		Minuted discussion every meeting/identifiable * 0.125 PA/trainee/week/ consultant %	LEP records	Yes			board minutes	0.125 contradicts 0.25 pa in LDA. Job planning across the board falls short of 100% compliance	Currently being reviewed by Medical Staffing. DME to act accordingly.
	Supervision	Sufficient time allocated for educational supervision		LEP records			Red	Outcomes from ARCPs and Specialty Visits		
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes			Registers, outcomes from Visits		
	Teaching	Protected teaching time provided	% Yes	LEP records	100%				Registers, outcomes from Visits, GMC Survey	
		Protected teaching time accessible	% Yes	LEP records	100%				Cannot be verified across the Trust	To include in next Survey Monkey to trainees
How many hours/week on average protected time	Number of hours (4)		LEP records		Amber					
Revalidation	NEW Revalidation	Immediate notification of all trainees with fitness to practice concerns and full completion of HEEoE 6-monthly exception reports	% of trainees with fitness to practice concerns included in Trust exception reports notified to Dean and also included in Trust 6-monthly cumulative exception reports	LEP exception and 6-monthly returns	100%			HR Report direct to HEEoE		

Appendix 4: Existing Reference Documents Prior to and During Visit

Learning Development Agreement – 2014/15

CQC Reports – February 2014; July 2013
List of SIs and SIRIs

Trust Quality Reports – August 2014 and November 2013

Notes of Pre-Visit Meeting with Trust – October 2014
Notes of Quality Review Meeting with Trust – September 2013
Deanery Performance and Quality Visit Report – March 2013
Action Plan Updates and Correspondence with Trust 2013/15

QIPF Self-Assessment for Employers 2014/15
QIPF Education Provider Review of Employer Organisations 2014
Surveys of Pre-Registration and Post-Registration Students – 2013/14
Healthcare Science, Pharmacy and Allied Health Professionals Documentation 2014
Non-Medical Information received from the Trust relating to:
KPIs 1 - 6

HEEoE Monthly Quality Summary Report – December 2014
Director of Medical Education's Report – September 2014
Quality Metrics Dashboard – 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 2010/14
School of Emergency Medicine 2013/14
Foundation School 2012/14
School of General Practice 2013/14
School of Medicine 2014
School of O & G 2014
School of Ophthalmology 2013
School of Paediatrics 2013/14
School of Surgery 2014

Additional Documents Provided by the Trust:
Minutes of Trust Board Meeting and Agenda – November 2014
Report from the Workforce Education Committee to the Board – October 2014
Educational Governance Structures – January 2015