NHS

Health Education East of England

**Quality and Performance Review Visit
Norfolk & Suffolk NHS Foundation Trust
Friday 19th June 2015**

Visit Report

Contents

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 Norfolk & Suffolk NHS Foundation Trust on Friday 19th June 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	Dr Jonathan Waller, Postgraduate Dean Dr Alys Burns, Deputy Postgraduate Dean Prof John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Chris Birbeck, Head of Quality Improvement Rhonda Fusco, Professional Advisor, Nursing and Midwifery Susan Agger, Senior Quality Improvement Manager Sally Judges, Professional Advisor – Allied Health Professions Alison Ryan, Head of Recovery and Psychological Services, HPFT Sandra Gover, Clinical Learning Environment Lead, Norfolk & Suffolk Workforce Partnership Dr Abdul Raoof, Director of Medical Education, North Essex Partnership University NHS Foundation Trust Dr Abu Abraham, Psychiatric Clinical Tutor, South Essex Partnership University NHS Foundation Trust Prof Richard Holland, Course Director and Professor of Public Health Medicine, UEA Medical School Jane Blowers, Representative, University of East Anglia Professor Jill Robinson, Executive Dean, Faculty of Health and Science, University Campus Suffolk Wendy Kingston, Patient and Public Voice Partner Carol Kelsall, Patient and Public Voice Partner Dr Simon Mitchell, Trainee Representative Angela Jarvis, Student Representative, University Campus Suffolk C Fiske, Student Representative, University of East Anglia Catherine Sanderson, Education Commissioning Manager (observing) Agnès Donoughue, Quality Coordinator
Trust Team	Mr Michael Scott, Chief Executive Dr Bohdan Solomka, Medical Director Mr Andrew Hopkins, Deputy Chief Executive and Director of Finance Dr Luk Ho, Deputy Medical Director (Medical Education) Dr Jane Sayer, Director of Nursing, Quality and Patient Safety Dawn M Collins, Deputy Director of Nursing Leigh Howlett, Director of Strategy and Resources Dr Stephen Jones, Core Programme Director Dr Catherine Keep, College Tutor – Suffolk Dr Kapil Bakshi, College Tutor – Norfolk Emma Townsend, AHP Team Leader/AHP Lead Dr Julian Beezhold, Module 11 Lead for UEA MBBS Programme Rosie Peck, Postgraduate Medical Training Administrator Dr Roger Wesby, Psychotherapy Tutor (Norfolk) Dr Carol Gregory, Psychotherapy Tutor (Suffolk) Dr Uju Ugochukwu, Research Tutor (Norfolk) Dr John Bellhouse, Research Tutor (Suffolk)

Visit Findings

Introduction

The visiting team was highly encouraged to experience the sense of a very supportive training environment and the leadership shown by the senior educators including TPDs and College Tutors. This was in contrast to the consistent reports received from medical trainees of the Trust as an unsupportive employer with persisting concerns around the medical staffing functions. This contrast is an unusual combination of findings. Many of the issues identified within this report also need to be cross referenced to the findings of those within the School of Psychiatry visiting programme. The Trust needs to continue to work with HEEoE in monitoring and implementing the ongoing and respective action plans.

Domain/KPI/Standard	Notable Practice
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 3.1 The development of the Trust-wide Faculty of Educators by the Medical Core Programme Director is a welcomed initiative.
GMC Domain 7/KPI 1	**Management of education and training** 3.2 Use of aspirational approaches within Commissioned education to promote a culture of sharing and recognition of best practice e.g. Trust Awards and the Professional Practice Conference. 3.3 The close collaborative clinical leadership and close working relationship between the Matron, Deputy Matron and Practice Educator is a valuable initiative to promote innovation and strategy development for commissioned education and training.

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	**Patient Safety** 4.1 There is inconsistent use of the processes for reporting and feeding back on serious incidents and never events. There are some very positive experiences from the learners regarding 'Raising concerns', however this is not consistent across all of the professions and the Trust sites.
GMC Domain 2/KPI 2	**Quality Management, Review and Evaluation** 4.2 It was not apparent that the Trust's Practice Placement policy includes Psychology or Pharmacy staff.
GMC Domain 5	**Delivery of approved curriculum including assessment** 4.3 There is a reported lack of access to training in the Mental Health Act and insufficient exposure to Mental Health Act assessments.

	4.4	The provision of Psychotherapy training is limited by access to Psychologists.
	4.5	The Allied Health Professions (AHP) Lead is using a creative approach to ensure Occupational Therapy (OT) placement outcomes are met and tries to closely match student needs to placement areas. The development of the AHP leadership role could support further developments in other AHP groups.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty**	
	4.6	On call facilities, in particular resident on call in East Suffolk, were reported as unsatisfactory with outstanding issues yet to be addressed.
	4.7	Significant concerns were expressed by trainees regarding adequate provision of either accommodation or taxis to address the difficulties they face at night having to cover several remote units during the course of a shift.
	4.8	The good work on the Mentor registers for Nursing is acknowledged. However it is not clear how far this extends to other clinical professions.
	4.9	The Trust Research & Development Strategy for nurses and other professions related to medicine is a welcomed innovation which would benefit from further enhancement.
GMC Domain 7/KPI 1	**Management of education and training**	
	4.10	There needs to be a review of the strategy for placements including placement capacity for students, in particular for Psychology students.
	4.11	Multi-professional governance arrangements require strengthening to ensure all professions are included and engaged with processes. The Trust needs to improve its education assurance processes for all staff groups, in particular the Trust is encouraged to continue to make sustainable investments in the educational infrastructure to further enhance the quality of the clinical learning environment. The further development of the multi-professional approach through these developments will encourage further integration of the clinical education agendas.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity**	
	4.12	Trainees in Norfolk reported a lack of educational resources, in particular access to computer facilities on the Hellesdon site.
	4.13	It was not clear how decision making processes for CPD were informed, for example the AHP Lead did not make decisions regarding AHP CPD but submitted these to another group.
	4.14	The Library and Knowledge Services are notable on the Hellesdon Hospital site, however there appears to be a lack of clarity and availability to these services elsewhere.

Domain/KPI/Standard	Areas of Immediate Concern
	5.1 There were no areas of immediate concern.

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	**Patient Safety** 6.1 It was reported that, in Central Norfolk, a trainee is expected to cover out of hours at night 15 wards across 4 sites including a new Acute ward. This is unsustainable and has the potential for unsafe clinical practice and is a patient safety concern which must be addressed. 6.2 There were concerns identified relating to understaffing and reports of wards being completely staffed by agency nurses. There were rota gaps identified with an expectation of these being covered by the more junior trainees. The middle grade doctors also cover the Crisis team. The situation was exacerbated by the complete loss of good will amongst junior doctors who reported persistent delays in payment for their locum duties. 6.3 Trainees reported induction was not always relevant to the locality where they were training. They also reported a lack of clarity of, and access to, mandatory training. 6.4 Attendance at Trust induction is variable amongst learners. 6.5 AHP students and trainees reported a lack of access to Lorenzo to meet their placement objectives.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 6.6 Concerns persisted amongst trainees with regard to access to study leave and it remains a source of significant frustration for them. 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 0.25PA per trainee per week within their job plans. 6.8 There was a lack of clarity around governance arrangements relating to those consultants who work through Hertfordshire Partnership University NHS Foundation Trust.
GMC Domain 7/KPI 1	**Management of education and training** 6.9 There were concerns regarding the absence of a strategic voice for

	Psychological services in the organisation. This has led to a lack of strategic oversight of the education environment for trainees and education investment for psychological therapies staff.
	6.10 It was not clear that there was anyone with responsibility akin to, or occupying the role of, Director of Medical Education/Clinical Tutor.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity** 6.11 There was a lack of clarity surrounding the financial allocations associated with the delivery of tariff for education and training.

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	**Patient Safety** 7.1 It would appear that a trainee in East Norfolk is on a ward with no substantive consultant cover and that he/she has had no clinical supervision for 5 months. This report must be investigated as soon as possible and, if substantiated, this practice must cease. A response is required **by 13th July**. 7.2 There was a worrying report of one of the AHP students accessing the secure unit without a personal alarm. This is unacceptable and must cease immediately. Reassurance must be provided to HEEoE that this has been addressed. It was also reported that some access cards do not work/do not open doors. Given that this relates to the Secure unit, the Trust is asked to investigate and report back to HEEoE that all access cards are working to ensure student and patient safety. A response is required **by 13th July**. 7.3 Information governance and access to patient records was reported as an issue with the example of an individual with no access to the electronic patient records sending word documents via email to a colleague to be uploaded onto the system. This constitutes a serious breach of information governance which must be investigated and, if substantiated, it must cease. The Trust is required to ensure that members of staff are provided with the necessary access to the system to avoid this practice. A response is required **by 13th July**.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity** 7.4 HEEoE requires clarification from the Trust around the allocation of tariff and of the NMET funding as this was not evident on the day of the visit due to the absence of the Director of Finance. A response is required **by 13th July**.

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	**Patient Safety**
	8.1 The Trust must resolve the current patient safety concerns associated with the provision of out of hours cover at night in central Norfolk, in particular the high work load expected of the trainee, and ensure that the solution covers all patient safety issues.
	8.2 The shortfall in medical staffing levels within certain areas in the Trust and the expectation on occasions that rotas gaps will be covered by more junior trainees must be addressed. The Trust must also ensure that payment for trainees undertaking locum duties is timely.
	8.3 The Trust must ensure that trainee induction is relevant to the locality where they are training and that the requirements for mandatory training are clear and timely access is available to all.
	8.4 The Trust must continue to ensure that student and trainee attendance at Trust induction is fully embedded and delivered for all commissioned education learners.
	8.5 The Trust must demonstrate they have a plan in place to train and provide access to Lorenzo to ensure AHP students and trainees meet their placement objectives.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty**
	8.6 The Trust must ensure that its processes through which trainees access study leave are working to ensure that ease of access is maximised.
	8.7 The Trust is required to achieve the GMC standards for the selection, training, appraisal and job planning (including 0.25 PA per trainee per week for Educational Supervisors and named Clinical Supervisors) and it must complete the appraisal and job planning processes for consultants to ensure that all the GMC requirements are in place by July 2016.
	8.8 The Trust must provide clarity of the governance arrangements relating to those consultants who work through Hertfordshire Partnership University NHS Foundation Trust.
GMC Domain 7/KPI 1	**Management of education and training**
	8.9 The Trust must review its psychological services leadership requirements.
	8.10 The Trust must identify a Director of Medical Education/Clinical Tutor. The role and responsibilities must be clearly defined in accordance with the role and responsibilities outlined in HEEoE's job description and person specification. This role must be fully integrated into the Trust governance structures in order to ensure Board level engagement.

Domain/KPI/Standard	
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity** 8.11 The Trust must clarify the financial allocation associated with the delivery of tariff for education and training.

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	**Patient Safety** 9.1. The Trust should ensure, and further develop, the full and effective implementation of the dissemination of learning from serious incidents to all professional groups. It should also ensure that trainees have a clear understanding of what constitutes a serious incident and that all students receive feedback when they have been involved in reporting an incident.
GMC Domain 2/KPI 2	**Quality Management, Review and Evaluation** 9.2 The Trust should review its Practice Placement Policy to ensure it is inclusive of all staff groups.
GMC Domain 5	**Delivery of approved curriculum including assessment** 9.3 The Trust must facilitate adequate access to training in the Mental Health Act and exposure to Mental Health Act assessments. 9.4 The Trust must ensure that there is sufficient access to psychologists to allow for the delivery of the supervision for trainees undertaking psychotherapy training. 9.5 The Trust should continue to develop the AHP leadership role to full time in order to enhance support to other AHP groups.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 9.6 The Trust should review the on call facilities in East Suffolk and resolution of the issues identified at the previous School of Psychiatry visit should be expedited. 9.7 The Trust should engage with affected trainees and ensure that appropriate accommodation and/or transport is available for those trainees covering multiple remote sites at night in order to ensure their safety and wellbeing. 9.8 Whilst there has been good work on the mentor registers for Nursing, this needs to continue and the Trust needs to ensure that the mentor registers reflect other clinical professions e.g. AHPs. 9.9 The Trust should continue to develop its strategy and aspirations for Research & Development for nurses and other professions related to medicine.

GMC Domain 7/KPI 1	**Management of education and training**
	9.10 The Trust needs to review its strategy for placements including placement capacity for students, in particular the psychology students.
	9.11 The Trust should strengthen its multi-professional governance arrangements to ensure all professions are included and engaged with processes. The Trust is also encouraged to make sustainable investment in its educational infrastructure to further enhance the quality of the clinical learning environment.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity**
	9.12 The Trust needs to review the provision of educational resources in Norfolk, in particular access to computer facilities on the Hellesdon site.
	9.13 The Trust should consider the access to Library and Knowledge Services across all sites and how this is communicated to staff.
	9.14 There needs to be further clarity regarding the identification and use of the HEEoE tariff funds to enhance the clinical learning environment, including access to CPD funding for all professions.

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **Norfolk & Suffolk 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 QIPF 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 areas requiring further investigation is required **by 13th July 2015.** An action (improvement) plan to address the conditions and recommendations highlighted in the report is required **by 21st September 2015.** A formal update on the action (improvement) plan is required **by 21st December 2015.**
	Next QPR Visit:	Subject to a satisfactory action plan and the outcome of the GMC Regional Review Visit in the Autumn, or unless otherwise triggered, the next full Quality Performance Review [QPR] will be in **2018.**

Dr Jonathan Waller

Postgraduate Dean: **Date: 3rd August 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 with 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.

	Trust:		Date:						
		Quality Metrics Dashboard Against LDA Requirements							
						Self assessment RAG Status				
Group	Category	Metric	Measure	Data Source	Goal (3)	Amber (2)	Red (0/1)	Source of evidence for self assessment *	Action plan to achieve full compliance
					Green	Amber	Red		
Trainee	Induction	Hospital Induction	% of trainees participating	LEP records	100%		<90%	Attendance record	
		Departmental Induction	% of trainees participating	LEP records	100%		<90%	Attendance record	
		Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%		<90%	Attendance record	
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%		<90%	HR data	
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%		<90%	Some Junior Doctors did not complete any returns in June 14. They were advised with the latest round that failure to complete would be considered a disciplinary action. NSFT followed through with the individuals concerned and the PG Dean was informed.	JDs must complete monitoring returns when asked to do so.
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%		<90%	HR data	
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%			School of Psychiatry Visit, November 2014	
	NEW	Overall satisfaction rating	Outlier status	GMC Survey	Green	Amber	70%	GMC survey and School of	Steady progress against HEEoE targets following Deanery and School visits. Trainees are very happy with the quality of training
	Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEoE	5%		17%	HEEoE	2012/13 year Trainees have been made fully aware of the requirement to submit documentation on time and correctly signed off.
Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%		<50%	Information held by PG medical training administrator	Appendix 5 of HEEoE form being used. Plan is for this to be incorporated into Consultant Appraisal
		Appropriately trained to AoME standards	% trained	LEP records	100%		<90%	A course on WPBA took place in February 15 and attendance was good. This is work in progress and information is held by the PG medical training administrator as well as the Training Department and Revalidation lead.	The Core Programme Director is working closely with the Revalidation lead and training department. A medical educators appraisal framework has just been produced in draft form based on the AoME domains
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%		<50%	Appraisal and Revalidation information held by Training Department	New Medical Educators' Appraisal Framework, NSFT
		Required time allocation in job plans	% trainers with allocation in job plans	LEP records	100%		<90%	Full support from Medical Director	
		Trained in workplace-based assessments	% trained	LEP records	100%		<90%	A RCPsych run WPBA Course took place in February 15 and attendance was excellent. Appraisal documentation	All ES required to attend 'Training the Trainers' or equivalent
	NEW	Trained in the use of e-portfolio	% trained	LEP records	100%		<50%	A RCPsych run WPBA Course took place in February 15, including a session on the use of e-portfolio. Appraisal documentation	Attendance at RCPsych training events
		Trained in Equality and Diversity	% trained	LEP records	100%		<90%	Training records	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%		<90%	Training records	
	Clinical Supervisors (who are not educational supervisors)	Appropriately trained to AoME standards	% trained	LEP records	100%		<50%	This is work in progress and information is held by the PG medical training administrator as well as the Training Department and Revalidation lead	The Core Programme Director is working closely with the Revalidation lead and training department. A medical educators appraisal framework has just been produced in draft form based on the AoME domains
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%		<50%	Appraisal and Revalidation information held by Training Department	New Medical Educators' Appraisal framework, NSFT
			% trained	LEP records	100%		<90%		
		Trained in Equality and Diversity	% trained	LEP records	100%		<90%	Training records	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%		<90%	Training records	
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes		No	MD and Mr Brian Parrott, Non-Exec Member of Board and Chair Organisational Development & Worforce Committee	Regular MD report to the BOD (quarterly) co-authored with the Core Programme Director
		Evidence of Board discussion of PGMET (3)	Minuted discussion every meeting/identifiable	LEP records	Yes		No	Monthly discussion. ODWC & Board Minutes	CPD attended recent BOD meeting (March 2015)
	Supervision	Sufficient time allocated for educational supervision	* 0.125 PA/trainee/week/ consultant %	LEP records	>1%		<0.5	0.25 SPA per week per trainee Records held by PG medical education administrator	
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes		No		
	Teaching	Protected teaching time provided	% Yes	LEP records	100%		90%	Attendance records	
		Protected teaching time accessible	% Yes	LEP records	100%		90%	Attendance records	
		How many hours/week on average protected time	Number of hours (4)	LEP records			2	Attendance records at PG teaching, Balint Groups and Comm Skills	
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%		<95%	Medical Director and CPD records	

* Please 1) state a verifiable source for the evidence used for self assessed RAG status, and 2) be aware that hard copies of the evidence will be required for review at the next Quality and Performance Review Visit.

Notes

1   Key areas to be covered in induction are detailed in GMC GST 6.1 and 6.2.   Link

    6.1 Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; their duties and reporting arrangements to ensure they are told about departmental policies and to meet key staff.

    6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post.

2   Training programme directors should refer to specialty specific guidance issued by the relevant Royal College (if available) in making this judgement.   Link

3   As a guide, discussion of PGMET or educational governance at Board level should occur with a frequency similar to that of clinical governance.

4   As a guide, the expectation is that trainers' job plans should include one hour of educational supervision time per week per trainee educationally supervised. * Total hours in job plans (6)

Appendix 4: Existing Reference Documents Prior to and During Visit

Learning and Development Agreement – 2014/15

CQC Report – February 2015
List of SIs

Trust Quality Report – August 2014

Notes of Pre-Visit Meeting with Trust – April 2015
Deanery Performance and Quality Review Visit Report – June 2013
Trust Action Plans and Correspondence with Trust 2013/14
School of Psychiatry Visit Reports – January and November 2014
Trust Action Plans and Follow up Correspondence 2014/15

QIPF Self-Assessment for Employers 2014/15
Education Provider Review of Employer Organisations 2015 [University of UCS & UEA]
Surveys of Pre-Registration and Post-Registration Students – 2014/15 and 2013/14
Healthcare Science, Pharmacy and Allied Health Professionals Documentation 2015

HEEoE Monthly Quality Summary Report – March 2015
Director of Medical Education's Report – Updated May 2015
Quality Metrics Dashboard – updated May 2015

GMC Training Survey:
Training Survey Outliers 2009 – 2014
Norwich Medical School Annual Quality Assurance Visit Report – February 2014

Trust Educational Governance Structures
Minutes of Trust Board Meetings – March & April 2015
Education, Training and Continuing Professional Development Document – May 2014
Conflict Resolution Policy – April 2014
Harassment and Bullying at Work Policy