

**Quality and Performance Review Visit
Southend University Hospital NHS Foundation Trust
Wednesday 3rd December 2014**

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 Southend University Hospital NHS Foundation Trust on 3rd December 2014 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, Deputy Postgraduate Dean Dr Alys Burns, Deputy Postgraduate Dean Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Rhonda Fusco, Professional Advisor – Nursing and Midwifery Susan Agger, Senior Quality Improvement Manager Judy Croot, Professional Advisor – Health Sciences Sally Judges, Professional Advisor – Allied Health Professions Peter Jarritt, Professional Advisor for Physical Science and Engineering, CUHFT (observing) Boyd Mullins, Head of Essex Workforce Partnership Alison Williams, Education Lead, Essex Workforce Partnership Dr Simon Fletcher, Head of School of Anaesthesia Mr Peter Harris, Director of Medical Education, West Suffolk NHS Foundation Trust Mr Robert Brierly, Director of Medical Education, Ipswich Hospital NHS Trust Professor Jo Jackson, Dean of Health, University of Essex Karen Clarke, Course Leader International Nursing Studies/Education Champion, ARU Joan Skeggs, Assistant Director of Patient Experience, Essex Area Team Carol Kelsall, Lay Representative Liz Houghton, Lay Representative Dr Claire Smith, Trainee Representative Amy Biggin, Student Representative, Anglia Ruskin University Leyla Callaghan, Student Representative, University of Essex Agnès Donoughue, Quality Co-ordinator</p>
Trust Team	<p>Ms Sue Hardy, Acting Chief Executive Mr Jon Findlay, Chief Operating Officer Prof John Kinnear, Director of Medical Education and Associate Medical Director Dr Tony O'Brien, Associate Medical Director Mrs Cheryl Schwarz, Acting Director of Nursing Mrs Julie Coleman, Non-Medical Education Lead, Nursing Mr Simon Worrall, Non-Medical Clinical Tutor Dr Emily Simpson, Associate Director of Medical Education Dr Ayesha Siddiqi, Foundation Training Programme Director Dr Fernando Moro-Azuela, Undergraduate Dean Dr B Krishnachetty, College Tutor – Anaesthetics Dr S Kumar, College Tutor – Medicine Miss E Gray, College Tutor – Surgery Dr Alan Kerry, GPST Programme Director Mr Abdel Reda, SAS Tutor Dr Lucy Coward, Educational Appraisal Lead Ms Lynda Steer, Head of Leadership, OD and Learning Mrs Katie Palmer, Medical Education Manager Mr Billy Fashanu, Consultant Physiotherapist Ms Wendy Aness, Dietetics Lead Mrs Lorna Brown, Radiographer Education Lead Mrs Uchenna Ukah, Pharmacist Education Lead Mrs Cath Comery, Practice Development Orthopaedics Mrs Sally Ashdown, Practice Development Student Lead Dr Sarah Mapplebeck, Consultant Clinical Biochemist</p>

Visit Findings

Domain/KPI/Standard	Notable Practice
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>3.1 The Trust appears to be inclusive of all professions; this was evident on meeting with educators and from the evidence submitted prior to the visit.</p> <p>3.2 The Trust is commended for its engagement with HEEoE's quality management processes including its completion of the QM3 report and Quality Metrics Matrix and its provision of an excellent portfolio of non-medical evidence to support this visit.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>3.3 The Trust is to be commended for the highly effective and valued Preparation for Professional Practice (PfPP) which is provided for foundation year one trainees before they start their placements and which spans over two weeks.</p> <p>3.4 Excellent feedback was received from the trainees regarding the delivery of education and training in paediatrics, and in intensive care medicine and anaesthetics where the Trust had satisfactorily addressed the problems previously reported.</p> <p>3.5 AHP, HCS and pharmacy students and trainees were positive about their experience in the Trust and would recommend it as a placement area to peers.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>3.6 The trainees and trainers highly value the support they receive from the Postgraduate Medical Centre staff.</p> <p>3.7 The Trust exhibits an inclusive approach to the delivery of education and training to AHP, HCS & Pharmacy students. This was evident on meeting the educators and from the evidence submitted prior to the visit.</p>

Domain/KPI/Standard	Areas of Recognised Improvement
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>4.1 The excellent support provided by GP trainers to their trainees is to</p>

	be commended.
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Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>5.1 Whilst the Trust has processes in place for reporting serious incidents (SIs) as evidenced by trainees in HCS and Pharmacy who received robust information on the reporting of incidents and were involved in the learning, this did not appear to be the case across all other groups of learners including medical trainees and students. In particular, nursing students were not confident about when to raise concerns and did not feel involved in the process and outcome.</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 start on-call or are beginning rotations out of phase.</p> <p>5.3 Despite improvements in the delivery of oncology training, there were reports of variable clinical supervision in this specialty.</p> <p>5.4 It was reported that clinical supervision at the weekend for surgical foundation trainees, especially when the team is in theatre, is a concern. There is a need for greater clarity around the escalation pathways to ensure that the F1 trainees can access appropriate clinical supervision and support.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>5.5 There were reports of difficulties in accessing a quiet and confidential space within which to undertake supervision of AHP, HCS and Pharmacy students.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>5.6 Issues were raised by educators regarding the placement pattern for City University Radiography students and there were reports of City University putting pressure on Radiography educators not to fail students. It is noted that the City University Commission for the pre-registration Radiography programme has been established for some time without review.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>5.7 Faculty groups are in development. They are currently departmental led but there is variability depending on the specialties, and the functions of the faculty groups appear to be disparate.</p> <p>5.8 Whilst the Trust has recruited two senior residents, has trainee representation on its medical education board, and a mess president, it was reported that trainee fora had been tried and had failed. Equally, there was a lack of evidence of opportunities to engage the views of the students. HEEoE is concerned that more trainees and the students do not have sufficient formal</p>

	<p>opportunities to express their views and have input into the wider trust agenda.</p> <p>5.9 The Nurse and Midwifery mentor voice within the organisation is limited. Mentors reported that they received no formal student feedback on their performance as a mentor. It was also reported that mentors did not engage with the Practice Education Committee (PEC), with only one mentor having an awareness of this committee.</p> <p>5.10 It was reported by nursing students that nurse mentors did not have sufficient time specifically allocated to fulfil their role and that consequently sign off was rushed.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>5.11 CPD decision making processes did not appear to be clear to all staff. There were reported issues regarding equity of access to CPD funding for AHP, HCS & Pharmacy mentors resulting from the diverse educational requirements of this group of staff in regard to accessing non-contract CPD funding.</p>

Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>6.1 There is an immediate concern regarding the reported undermining in the Trust. HEEoE is concerned to hear the trainees describe what they perceive to be a 'them and us' culture between departments across the Trust. There were specific concerns raised about the professional behaviour of midwives towards some trainees in Paediatrics, and isolated reports of undermining behaviour in the Emergency Department and in AMU. In addition, there were reports of undermining behaviour within the Radiology Department which had already been flagged through the GMC Training Survey. However, despite the actions taken to address this, it was clear from all the trainees present at the visit that such behaviours persist in this department. This is a serious concern which we feel has repercussions on patient safety as the trainees reported that they "dread" requesting investigations for fear of negative behaviour towards them. The Trust is required to immediately investigate the matter and provide a response by 19th December 2014.</p>

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>7.1 There are significant information governance issues. In particular, trainees reported sharing their passwords with locum doctors, and nursing students reported using their mentor passwords and log in details to gain access to the system. Moreover, appropriate access levels for AHP, HCS and Pharmacy students/trainees was problematic. There are clear patient safety issues and serious</p>

	<p>breaches of information governance.</p> <p>7.2 There is no formal structured process for ward handover in Surgery or Medicine apart from Fridays in Medicine.</p> <p>7.3 The AMU has a mix of understaffing and high workload with a consequent negative effect on the delivery of training. Issues were also reported around the implementation of the policy that states that F1 doctors cannot clerk patients.</p> <p>7.4 The level of staffing on Hobbs Ward was described as borderline. The clinical supervision of foundation trainees on this ward was felt to be unsafe.</p> <p>7.5 Trainees in emergency medicine reported concerns with staffing levels and workload, in particular the levels of nursing cover in paediatric EM were felt to be unsafe.</p> <p>7.6 Nursing mentors, at times, appear to be unclear about student supervision. Lack of time was identified as a key issue that contributed to this.</p> <p>7.7 Nursing students reported that at times they were left without clear supervision and felt unsupported. In addition, nursing student access to appropriate mentor support varied when the named mentor was not available.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>7.8 Although the Trust has well-developed policies and processes with regard to the appropriate selection, training and appraisal of its educational supervisors and named clinical supervisors to the AoME standards required by the GMC, the group of supervisors seen by the visitors were unable to substantiate the robustness of these processes. There was also uncertainty about whether educational supervisors received 0.25 PAs per trainee.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>7.9 HEEoE notes the poor performance evidenced within the quality matrix regarding the unacceptably low levels of Equality & Diversity and appropriate Safeguarding training amongst educators. This must be rectified as a matter of urgency.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>7.10 Although the Trust has in place arrangements for the governance of education and training, there appears to be a disconnect within the organisation between the educational governance arrangements and processes and what is happening clinically, for example, Mentors did not have an awareness of educational governance structures within the Trust and how they would report issues to the Board. A lack of regular discussion of education and training at Board level was also noted.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>8.1 The monitoring equipment in the Emergency Department Resuscitations bays for patients requiring airway support and anaesthetic intervention was considered by the trainees met at the visit to be unsafe and 'not fit for purpose'. This related specifically to a lack of availability of monitoring equipment for end-tidal carbon dioxide, which is an essential requirement for safe monitoring of patients requiring airway invention and respiratory support. Concerns were also expressed about outdated cardiovascular monitoring provision, the positioning of which meant it was not visible to the anaesthetist when standing at the head of the patient. HEEoE asked the Trust to investigate these concerns and to respond by 19th December 2014. If corroborated, the Trust is required to specify the actions to be taken to address these concerns so that patient safety is not compromised.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>8.2 Patient Confidentiality: it was reported that whiteboards are used on wards and that patient details are visible to all. It was also reported that handover occurs in public places. The Trust is required to investigate these matters and report back to HEEoE by 19th December 2014. If true, these reports would compromise patient confidentiality and dignity and would need to be addressed.</p>

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>9.1 The Trust must fully address the reported undermining in the EM, AMU and Radiology departments.</p> <p>9.2 The sharing of IT passwords by trainees and nursing students, along with inappropriate access levels for AHP, HCS and Pharmacy students/trainees to the computer system, were reported. This is a serious breach of information governance which must cease with immediate effect.</p> <p>9.3 The lack of a formal ward handover process in Surgery and Medicine must be addressed and concerns with regard to patient safety resolved.</p> <p>9.4 The Trust must re-examine the delivery of training in the AMU and ensure that it is adequately staffed to cope with the high workload. It should also review the issues regarding the use of F1 doctors to clerk patients.</p> <p>9.5 The clinical supervision of foundation trainees on Hobbs Ward must be reviewed with immediate effect.</p> <p>9.6 The staffing levels in the Emergency Medicine Department including nursing cover in Paediatric EM must be addressed to</p>

	<p>ensure patient safety.</p> <p>9.7 The Trust is asked to clarify the arrangements relating to student supervision by nursing mentors so that students feel supported and have access to appropriate mentors at all times. It is also reminded of the Nursing and Midwifery Council (NMC) requirement that “Sign off Mentors” must have one hour protected time per week, which equates to 12 hours supervision, with their students and that this must be applied.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>9.8 The current levels of E&D and appropriate Safeguarding training for Educational Supervisors and Clinical Supervisors are below the required levels. This must be rectified as a matter of urgency.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>9.9 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>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>9.10 Evidence is required that the Governance structures for education and training have been fully embedded and that Board engagement has been achieved.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>10.1 The Trust should enhance its processes for the effective dissemination of, and learning from, SIs to students and trainees across the professions. In addition, it should ensure that all practice educators have a clear understanding of expectations regarding incident reporting whilst supporting students on placement.</p> <p>10.2 It is recommended that the Trust reviews its departmental induction processes in order to provide a consistent delivery across the specialties and particularly for trainees who start on-call or out of phase.</p> <p>10.3 The Trust should review clinical supervision arrangements for trainees in oncology and for surgical foundation trainees, particularly at the weekend.</p> <p>10.4 It is also recommended that the Trust provides clarity around the escalation pathways.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>10.5 Although the trust appears to be inclusive of all professions, it should develop placement capacity work in HCS and AHP groups.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>10.6 The Trust is requested to review the options available for providing confidential space within which to undertake supervision of AHP, HCS and Pharmacy students/trainees.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>10.7 The arrangements with City University for accepting radiography students and the impact of taking out of region students should be reviewed.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>10.8 The Trust should ensure that all mentors of 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 with their students and that this must be applied.</p> <p>10.9 The Trust is urged to continue to develop faculty groups to cover all specialties and to ensure trainee representation within all faculty groups.</p> <p>10.10 Despite the development of opportunities for the educator, trainer,</p>

	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.
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>10.11 Despite evidence of educational governance structures for education and training and board engagement through a non-executive director, it is strongly recommended that the proposal for the biannual DME reporting to the board is introduced as soon as possible and that there are further developments to allow direct routine reporting to the Board in a truly multi-professional manner. HEEoE also recommends that the Trust explores the development of a medical/non-medical education committee.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>10.12 The Trust is requested to clarify the CPD decision making processes regarding equity of access for AHP, HCS and Pharmacy mentors, amend as necessary and disseminate to all appropriate staff.</p>

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **Southend University Hospital 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:	<p>A report on the areas requiring further investigation is required by 19/12/14.</p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required by 06/03/15.</p> <p>A formal update on the action (improvement) plan is required by 05/06/15.</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 2017.</p>



Dr Jonathan Waller
Deputy Postgraduate Dean:

Date: 26th January 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

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	
Trainee	Induction	Hospital Induction	% of trainees participating	LEP records	100%	Green	Amber	Red	Mandatory attendance - attendance register GMC survey 2014: Anaesthetics, Acute Medicine, O&G, Ophthalmology, Surgery, T&O, Paediatrics (pink); Clinical Oncology, Geriatric Medicine, GP Paeds (green)	Pockets of excellence - good practice disseminated via Med Ed Board. No red outliers
		Departmental Induction	% of trainees participating	LEP records	100%	Green	Amber	Red	Comprehensive induction for all new starters	
		Induction content covers all key areas	% of inductions (judged satisfactory (1))	LEP records	100%	Green	Amber	Red	Rotas reviewed by DME	
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	Green	Amber	Red	Rotas monitored regularly	
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	Green	Amber	Red	Rotas changed in response to comments by specialty school visits	
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%	Green	Amber	Red	GMC survey 2014: ACCS, (pink); Endo & Diabetes, CMT, cardiology (red); GP O&G (green)	medicine currently under review - project to convert to central electronic database every day of the week
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	Green	Amber	Red	GMC survey 2014: Anaesthetics, Acute medicine (pink); Neurology, O&G, Ophthalmology, Paediatrics, Surgery (F2), T&O (red); Palliative medicine, Geriatric medicine (green)	Internal quality review visits to continue. General trend of improvement since last year.
	NEW	Overall satisfaction rating	Outlier status	GMC Survey	Green	Amber	Red			
	Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEOE	Green	Amber	Red	>10%	<1% ARCP 5	
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	Green	Amber	Red	Database held by Medical Education
Appropriately trained to AoME standards			% trained	LEP records	100%	Green	Amber	Red	all supervisors from August 2013 fully trained database held	
Appropriately appraised to AoME standards			% reviewed/appraised	LEP records	100%	Green	Amber	Red	Educational Appraisal Lead reviews and appraises	
		Required time allocation in job plans	% trainers with allocation in job plans	LEP records	100%	Green	Amber	Red	All consultants get 2.5 SPA to include educational supervision activity. This should be included in the job plan.	
NEW		Trained in workplace-based assessments	% trained	LEP records	100%	Green	Amber	Red	local records	
		Trained in the use of e-portfolio	% trained	LEP records	100%	Green	Amber	Red	no records available	
		Trained in Equality and Diversity	% trained	LEP records	100%	Green	Amber	Red	currently 94% of all Consultants have had E	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Green	Amber	Red	currently 72% of ALL consultants have Child Safeguarding level 1, 49% of ALL Consultants have Child Safeguarding level 2, 62% have Adult Safeguarding Level 1 and 64% have MCA DOLS level 1.	Need to refine reporting system to see determine compliance relevant to named trainers. Targeted reminders being sent
Clinical Supervisors (who are not educational supervisors)		Appropriately trained to AoME standards	% trained	LEP records	100%	Green	Amber	Red	as above	
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	Green	Amber	Red	as above	
	Trained in Equality and Diversity	% trained	LEP records	100%	Green	Amber	Red	as above		
	Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Green	Amber	Red	as above	As above. Need to refine reporting system to see determine compliance relevant to named trainers	
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes	Green	Amber	Red	Medical Director has responsibility for PGMET	expectation of Board discussion brought to the attention of Chief Exec-and
		Evidence of Board discussion of PGMET (3)			Yes	Green	Amber	Red	Medical education discussed at Quality Assurance Board, which reports directly to the Trust Board	
		Sufficient time allocated for educational supervision	* 0.125 PA/traine/week/ consultant %			Green	Amber	Red	All consultants get 2.5 SPA to include educational supervision activity. This should be included in the job plan.	
	Supervision			LEP records	100%	Green	Amber	Red	GMC survey 2014: workload red outliers: Emergency med F2, Gastroenterology, O&G, Paediatrics. Pink: Urology Green: Palliative med, Geriatric med Adequate experience green outlier: Emergency med F2, Geriatric med; pink: Acute medicine, GP O&G	Current plans to review ways of working (to Hospital at Night configuration) and innovative plans to use Physician Assistants in future
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes	Green	Amber	Red		All specialties report that they provide protected teaching time
	Teaching	Protected teaching time provided	% Yes	LEP records	100%	Green	Amber	Red	GMC survey 2014: Local teaching red outliers: Anaesthetics (ST), Paediatrics pink: Emergency med (F2), GP med, GP O&G Green: Anaesthetics (CT), Palliative med, renal med, geriatric med Study leave & Regional teaching: Red: Endo & Diabetes, Pink: CMT, Emergency med, Rheumatology Green: Geriatric med, T&O	Pockets of excellence - presentation at Med Ed Board so that problematic areas can learn
	Protected teaching time accessible	% Yes	LEP records	100%	Green	Amber	Red	Most departments provide this, but difficult to verify whether universal	Monitor GMC NTS feedback	
	How many hours/week on average protected time	Number of hours (4)	LEP records	4	Green	Amber	Red			
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%	Green	Amber	Red	>95%	

Appendix 4: Existing Reference Documents Prior to and During Visit

Learning Development Agreement – 2014/15

CQC Reports – October 2014; November and June 2013
List of SIs

Trust Quality Report – 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 – December 2011
Action Plan Updates and Correspondence with Trust 2011/13

QIPF Self-Assessment for Employers 2014/15
QIPF Peer Review Report 2014/15
QIPF Education Provider Review of Employer Organisations – November 2014 [ARU and University of Essex]
PQAF Action Plan 2013/14

PQAF 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:

- CPD Allocation and Spend
- Governance Structures
- Student Allocation
- Student Induction
- Student Evaluation
- Practice Education Committee

HEEoE Monthly Quality Summary Report – August 2014
Director of Medical Education's Report – September 2014
Quality Metrics Dashboard – September 2014

GMC Training Survey:
Training Survey Outliers 2009-14
Patient Safety Concerns 2013/14
Free Text Comments 2013/14

Visit Reports, Reports and Trust Action Plans relating to:

School of Anaesthesia 2014
School of Dentistry 2014 – to follow
School of Emergency Medicine 2014
Foundation School 2014/13
School of General Practice 2014
School of Medicine 2014
School of O & G 2012/14
School of Ophthalmology 2014
School of Paediatrics 2014
School of Pathology 2014
School of Surgery 2014

Undergraduate Medical Documentation:
BLSMD Visit Report 2014 and BLSMD Report 2013

Additional Documents Provided by the Trust:
Committee Structure
Minutes of Trust Board Meetings 2014

