



**Quality and Performance Review Visit  
Cambridgeshire and Peterborough NHS Foundation Trust  
7<sup>th</sup> July 2016**

**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 Cambridgeshire and Peterborough NHS Foundation Trust on Thursday 7<sup>th</sup> July 2016 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	
<b>Visiting Team</b>	<p>Dr Jonathan Waller, Deputy Postgraduate Dean – Quality and Visit Lead</p> <p>Dr Alys Burns, Deputy Postgraduate Dean</p> <p>Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean</p> <p>Rhonda Fusco, Professional Advisor – Nursing and Midwifery</p> <p>Sally Judges, Professional Advisor – Allied Health Professions</p> <p>Helen Muncey, Quality and Commissioning Framework Manager</p> <p>Lucy Dennis, Head of Cambridgeshire and Peterborough Workforce Partnership</p> <p>Caragh Urquhart, Clinical Learning Environment Lead, Cambridgeshire and Peterborough Workforce Partnership</p> <p>Dr Abu Abraham, Director of Medical Education, South Essex Partnership University NHS Foundation Trust</p> <p>Dr Kunle Ashaye, Director of Medical Education, Hertfordshire Partnership University NHS Foundation Trust</p> <p>Frances Weeley, Representative, Anglia Ruskin University</p> <p>Jill Jepson, Representative, University of East Anglia</p> <p>Carol Kelsall, Patient and Public Voice Partner</p> <p>Roger Allen, Patient and Public Voice Partner</p> <p>Jayne Hartley, Nursing Student Representative, Anglia Ruskin University</p> <p>Dr Ashish Pathak, Trainee Representative</p> <p>Agnès Donoughue, Quality Co-ordinator</p>
<b>Trust Team</b>	<p>Aidan Thomas, Chief Executive</p> <p>Dr Chess Denman, Medical Director</p> <p>Derek McNally, Deputy Director of Finance</p> <p>Mel Coombes, Director of Nursing</p> <p>Steve Legood, Director of People and Business Development</p> <p>Dr Chris O’Loughlin, Head of Medical Education</p> <p>Kath Gordon, Head of Learning and Development</p> <p>Paul Baird, Learning and Development Manager/Non-Medical Clinical Tutor</p> <p>James Claydon, Senior HR Business Partner and Medical Workforce Lead</p> <p>Elaine Bailey, Associate Director, People Services</p> <p>Rachel Wakefield, Trust Lead for Allied Health Professions</p> <p>Nick Oliver, Director of Psychological Services</p> <p>Charlotte Ella, Learning and Development Manager</p> <p>Nicholas Morgan, Medical Education Coordinator</p>

## Visit Findings

The visiting team were pleased to find that the Trust had a sound educational ethos with strong leadership from the Director of Medical Education and the Non-Medical Clinical Tutor supported by a committed Senior Executive Team. The delivery of education and training across all professions is provided by engaged, supportive and supported trainers and educators.

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>3.1 There was clear evidence that AHP student placements were very well organised. This included information received by students prior to placement and robust induction processes.</p> <p>3.2 Clinical psychology and AHP supervision arrangements were robust. There was evidence of educators taking proactive steps to support flexible approaches to placements.</p> <p>3.3 Students were complimentary regarding the learning opportunities available within Mulberry 3, in particular the Trust Datix resource file which allowed students to see examples of lessons learnt from serious incidents.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>3.4 The Mentors interviewed demonstrated that they had an overview of how to raise a concern. There were good examples of how they would manage poor performance and it was clear that they were proud of their role in educating learners.</p> <p>3.5 The nursing students reported positively about the availability of multi-professional learning opportunities they had access to within the learning environment.</p> <p>3.6 The Trust is to be commended for the processes in place for the development and support for trainers to meet the GMC requirements. This was evidenced by the educational supervisors and named clinical supervisors' awareness for the need to comply with requirements and their knowledge of the AoME guidance and framework.</p> <p>3.7 HEE EoE welcomes the support provided by the Trust to individual trainees, in particular its willingness to support those with additional needs.</p>

<b>Domain/KPI/Standard</b>	<b>Areas for Development</b>
<b>GMC Domain 1/KPI 3</b>	<p><b>Patient Safety</b></p> <p>4.1 There is evidence that the larger student nursing cohorts have access to the Trust's planned induction programme. The students were aware that an induction was required before starting placements. However, there were reports that this programme is not available to all student groups, for example Return to Practice.</p> <p>4.2 All nursing students interviewed were aware of raising concerns through Anglia Ruskin University processes/Datix database. However, there was limited awareness of 'Stop the line' and the 'learning from incidents' bulletin.</p> <p>4.3 Although AHP learners all received detailed information about how and where to report incidents and concerns when they attended the induction at the beginning of their placements, conversations regarding safety and staff's duty to report concerns were not discussed with educators in their placement areas.</p> <p>4.4 Trainees reported that the quality of the 3-day induction was lacking focus as there is an imbalance between mandatory training and the induction required to fulfil their roles within departments. Therefore it failed to provide them with the necessary information to safely and effectively undertake their clinical responsibilities at the beginning of the post.</p> <p>4.5 Trainees reported that there is no defined policy for the conduct of handover across the Trust. As a consequence, it was reported as being ad hoc, with no clear structure and inconsistent in its delivery.</p>
<b>GMC Domain 2/KPI 2</b>	<p><b>Quality Management, Review and Evaluation</b></p> <p>4.6 To promote high quality education of learners in the practice environment the Trust is currently working in partnership with ARU to pilot the Enhanced Practice Support Framework. This is being continually developed and good progress is being made. Future consideration should be placed on how to progress with the continued roll out and scale up to consider all learning environments and other non-medical professional student groups.</p> <p>4.7 Issues were highlighted regarding placement capacity in CAMHS for clinical psychology trainees. This had led to a shortage of core paediatric placement areas.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>4.8 All students were aware of the student forums and had the opportunity to attend. This is especially commendable given the varying geographical locations of the Trust's learning environments. However, following the forums, the students had limited awareness of the actions taken with the feedback they had given.</p>

	<p>4.9 There has been good work in relation to employability: partnership working, interview and CV preparation are in place but the students did not seem aware of how to access these opportunities. Pressures on Trust services appeared to impact the students' view of the Trust as an employer of choice when qualifying.</p> <p>4.10 Although there were reports of effective educator development meetings, these were in their early stages and are work in progress.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>4.11 Whilst the Trust has in place independent governance structures for both medical and non-medical education and training, these are not fully integrated. In addition, there is no apparent Board oversight of education and training as evidenced by the absence of education and training matters in the Board minutes and no named Non-Executive Director with responsibility for education and training.</p> <p>4.12 HEE EoE did not receive evidence of pharmacy education prior to the visit although placements are provided to pre-registration trainees.</p>
<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>4.13 It was reported that nursing students had experienced problems and delays of 2-3 weeks in gaining access to IT systems such as Rio and SystemOne. Some students responded that they were unclear if they would have a Trust email account activated.</p> <p>4.14 AHP students requiring smart cards had also experienced some issues gaining IT access. The impact of this on learning was interpreted differently by students and educators, and educators were not aware of how this was perceived negatively by students.</p>

<b>Domain/KPI/Standard</b>	<b>Areas of Immediate Concern</b>
<b>GMC Domain 1/KPI 3</b>	<p><b>Patient Safety</b></p> <p>5.1 HEE EoE was concerned and disappointed to hear reports from trainees that the issues previously addressed relating to the introduction of the new trainee rota had reoccurred. In essence the concerns related to the tier 1 and tier 2 rotas and their negative impact on trainees and patient safety; often inadequate medical and non-medical senior cover; the move from a 2-hub cover system to a whole county system. These have led to low morale amongst trainees and feelings of exclusion from the decision making process. In addition, it was reported that the rates offered by the Trust to do locum work are significantly lower than those of a neighbouring trust.</p>

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 5	<p data-bbox="528 293 1134 320"><b>Delivery of approved curriculum including assessment</b></p> <p data-bbox="528 349 1409 510">6.1 Junior trainees reported an inappropriate administrative burden which is impinging on their educational opportunities. Examples were given of it taking 3 hours to clerk a patient due to the difficulties in accessing the Rio and Epic IT systems and the lack of suitable support for procedures such as phlebotomy and ECGs.</p> <p data-bbox="528 546 1409 667">6.2 The educational value of the GP post in the acute setting was reported as poor due to the administrative burden and to rota gaps imposed on the trainees. This was reflected in disappointing GMC NTS survey results in 2015 and 2016.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p data-bbox="528 848 687 875"><b>Patient Safety</b></p> <p data-bbox="528 904 1409 1227">7.1 <b>Management of the acutely physically deteriorating patient</b> The visiting team received reports from trainees of significant concern regarding several aspects of the management of the acutely deteriorating patient. In particular they expressed concerns about non availability of essential equipment, protocols preventing them from giving appropriate IV medication, the lack of certain emergency drugs and their inability to summon a blue light ambulance due to downgrading of the urgency of the response by the Ambulance Trust. <u>Outcome:</u> The Trust has investigated these reports and has provided a satisfactory response to HEE EoE on the actions taken so far.</p> <p data-bbox="528 1263 1409 1547">7.2 <b>Management of CAMHS patients out of hours at Hinchingsbrooke Hospital</b> Trainees reported that they were receiving inconsistent and contradictory advice from their clinical supervisors regarding their responsibilities for CAMHS patients presenting to Hinchingsbrooke Hospital. This was in particular regard to young persons being admitted following substance abuse and overdose overnight. <u>Outcome:</u> The Trust has investigated this issue and has provided a satisfactory response to HEE EoE as to the actions taken so far.</p>

Domain/KPI/Standard	Conditions
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>8.1 The Trust must address the inappropriate administrative burden which is impinging on trainees' educational opportunities. In particular difficulties in accessing the Rio and Epic IT systems and the lack of suitable support for procedures such as phlebotomy and ECGs.</p> <p>8.2 The Trust must improve the educational value of the GP post in the acute setting.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>8.3 The Trust must ensure that the full GMC requirements for educational supervisors and named clinical supervisors has been fully completed and appropriately documented by the end of July 2016.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>9.1. It is recommended that the planned induction programme is extended to all nursing programmes to ensure a consistent offer for all student groups.</p> <p>9.2 It is recommended that the Trust encourages mentors and educators to discuss all available-resources for raising concerns to enhance student learning. An exemplar of this is the Raising concerns learning resources used in Mulberry 3.</p> <p>As part of this process, the Trust should encourage AHP educators to discuss the importance of raising concerns to enhance student's learning and prepare them to meet HCPC registration requirements.</p> <p>9.3 The Trust should ensure that it demonstrates a truly multi-professional student learning approach. It is recommended that the Trust finalises the clinical learning environment policy to supersede the current draft mentor policy.</p> <p>9.4 The Trust should address the reported inappropriate balance between mandatory training and the induction required to fulfil trainees' roles within departments to provide trainees with the necessary information to safely and effectively undertake their duties at the beginning of the post. This should extend to trainees starting out of phase and all locums.</p> <p>9.5 The Trust should review the conduct of handover across the Trust to ensure that there is a clear and consistent process for its delivery.</p> <p>9.6 The Trust should reassess the impact of the new tier 1 and tier 2 rotas in conjunction with trainees to ensure they feel engaged and supported.</p>



<b>GMC Domain 2/KPI 2</b>	<p><b>Quality Management, Review and Evaluation</b></p> <p>9.7 The Trust should review its placement capacity in CAMHS services and explore alternative models of placement delivery.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>9.8 The Trust should develop a robust system to communicate ‘lessons learnt’ to the student forum such as the ‘You said, we did’ initiative.</p> <p>9.9 The Trust should continue to develop the educator development meetings and share learning across all psychiatric specialties.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>9.10 The Trust should develop a fully integrated multi-professional governance structure for education and training including Board oversight and a Non-Executive Director with responsibility for education and training to assure the quality of education and training across all professions.</p> <p>9.11 The Trust should ensure that Pharmacy is incorporated into its education governance structures.</p> <p>9.12 The Trust should improve the frequency of touchpoints with the students to ensure greater awareness of the employability offer.</p> <p>Consideration should also be given to aligning the healthy work place programme to future employability challenges.</p>
<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>9.13 The Trust should review and clarify its processes for all students gaining IT access.</p> <p>9.14 The Trust should review its processes for issuing smart cards to AHP students, including information sent to students regarding identification requirements. Feedback and learning from students regarding the impact of delays should be shared with educators.</p>

## Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **Cambridgeshire and Peterborough 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.*

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	<p>A report on the areas requiring further investigation is required <b>by 18/08/16.</b></p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required <b>by 28/10/16.</b></p> <p>A formal update on the action (improvement) plan is required <b>by 27/01/17.</b></p>
	<b>Next steps</b>	<p>Subject to a satisfactory action plan, the timing of the next quality review will be in accordance with the requirements of the new HEE quality framework.</p>



**Dr Jonathan Waller**

**Deputy Postgraduate Medical Dean**

**Date: 14<sup>th</sup> September 2016**

## 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 Education Provider is assured that the Employer/s where student are placed have robust education governance.

### KPI Two – High Quality Learning Environment for Students

The Education Provider is assured that the clinical areas where students are placed provide high quality learning.

### KPI Three – Student prepared by Employer to deliver high quality care

The Education Provider is assured that Employer/s have in place infrastructure to prepare students to deliver high quality care.

### KPI Four – Students effectively supported, educated and assessed by the Employer

The Education Provider is assured that Employer/s have measures in place to ensure effective support, education and assessment of students.

### KPI Five – Employers are able to demonstrate effective use of the HEEoE investment

The Education Provider is assured that Employer/s involve the Education Provider in formulating post registration education and training that aligns to service priorities.

### KPI Six – Employment of Students

The Education Provider is assured that Employer/s are involving the Education Provider in securing employment for the newly registered practitioners.

### KPI Seven – Engagement with Education Provider

The Education Provider is assured that the Employer provides appropriate feedback and support as part of the ongoing EP QIPF process.

### KPI Eight – Improvement Plans

The Education Provider is assured that the Employer engages the EP in the production, development and governance of Improvement Plans.

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%	<90%	<90%	Attendance records. All trainees attend Trust induction on arrival. Induction timetable and feedback included in evidence. Brief induction for locums (eg out of hours work) includes IT access and governance	
		Departmental Induction	% of trainees participating	LEP records	100%	<90%	<90%	specific to their place of work. (See induction timetable) including orientation session for out of hours work	
	Working Patterns	Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%	<90%	<90%	Good feedback from trainees on induction (see evidence). Planning to introduce mechanism to capture feedback after longer time in post. Feedback used to iteratively improve induction. Many induction sessions given by trainees to encourage relevance. Induction slightly below national mean on 2015 GMC survey and in Quartile 1	
		DWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	<90%	<90%		
	NEW	DWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	<90%	<90%	Current rotas compliant as monitored (though returns relatively low). Rota involves shift system for core and higher trainees with blocks of 3 or 4 nights to minimize fatigue	
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%	<90%	<90%	Rota improved from August 2015 allowing more differentiation of tasks between core and higher trainees and supervision role for higher trainees. CAMH trainees not currently on rota and plan from August 2016 is to include CAMH trainees for some of their higher training to enable development of appropriate competencies	
	Outcome	Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	<90%	<90%	Previous difficulties involving mobile phones/on-call pager system resolved by each training having individual long range pager to be contacted on. Handover between out-of-hours shifts can be complex due to wider systems (out of hours will include liaison practitioners, CMH and new rapid response team) across county. GMC trainee survey scores from 2012-2015 show gradual improvement (2016 scores awaited)	
		Overall satisfaction rating	Outlier status	GMC Survey	Green	Amber	Red	Overall satisfaction rating in 2015 in GMC trainee survey in Quartile 2 and slightly above national mean (£8.86 vs £8.74). However core psychiatry training and GP training were in Quartile 1, and seems likely to relate in part to increasing out of hours difficulties in 2015. 2016 results awaited.	
		Unsatisfactory ARCP outcomes	% ARCP 5	HEOE	5%	<10%	<10%	Data not yet available for 2016	
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	<50%	<50%	Trainers selected according to criteria including training for role and educational appraisal.
Appropriately trained to AoME standards			% trained	LEP records	100%	<50%	<50%	Supervisor training programme to be repeated in 2016 for renewal of training of current supervisors and to allow new consultant appointments to become named supervisors. Training programme contents contained in evidence for visit.	
NEW		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	<50%	<50%	Educational standards contained as part of standardised Trust appraisal tool (EquiMIS) with support given to trainees to consider appropriate types of evidence to include in appraisal and discussion.	
		Required time allocation in job plans	% trainers with allocation in job plans	LEP records	100%	<90%	<90%	Note that some named trainers might not have specific time in job plan if not currently supervising a trainee (integral part of supervisor training course)	
Clinical Supervisors (who are not educational supervisors)		Trained in workplace-based assessments	% trained	LEP records	100%	90%	<90%	Teaching on eportfolio delivered as part of educational programme, and was part of recent development sessions for educational supervisors (see evidence)	
		Trained in the use of e-portfolio	% trained	LEP records	100%	<50%	<50%	Part of Trust mandatory training	
		Trained in Equality and Diversity	% trained	LEP records	100%	<90%	<90%	Part of Trust mandatory training	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	<90%	<90%	Part of Trust mandatory training	
		Appropriately trained to AoME standards	% trained	LEP records	100%	90%	<50%	All supervisors trained to AoME standards with recent training day (February 2016) as above	
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	<50%	<50%	Educational standards contained as part of standardised Trust appraisal tool and used for revalidation	
	Trained in Equality and Diversity	% trained	LEP records	100%	<90%	<90%	Part of Trust mandatory training		
	Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	<90%	<90%	Part of Trust mandatory training		
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes	No	No	Head of Medical education reports to Medical director for board level representation	
		Evidence of board discussion of PGMET (3)		LEP records	Yes	No	No	Minuted discussion of multidisciplinary training and review of action plans at board level. Training aspects informs discussion through Quality Safety and Governance Committee.	
	Supervision	Mined discussion every meeting/identifiable * 0.125 PA/trainee/week/consultant %		LEP records	Yes	No	No	Educational supervisors chosen for training and experience and on-going training sessions. Role recognized in job plans	
		Sufficient time allocated for educational supervision		LEP records	<10%	<50%	<50%		
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes	No	No	Training posts matched to trainee need by CPFD in accordance with curriculum requirements with some training delivered across all posts (eg psychotherapy). List of training posts at FY / CT / ST and GP training levels included in evidence.	
	Teaching	Protected teaching time provided	% Yes	LEP records	100%	90%	90%	Local teaching at sites in Peterborough and Cambridge. 2015 GMC survey: local teaching and regional teaching similar to national mean	
Protected teaching time accessible		% Yes	LEP records	100%	90%	90%	Local teaching at sites in Peterborough and Cambridge. 2015 GMC survey: local teaching and regional teaching similar to national mean		
	How many hours/week on average protected time	Number of hours (4)	LEP records	4			Includes MRCPsych course and postgraduate training sessions including case conference, journal presentations, audit, Balint group		
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%	<90%	<90%	Exception reports maintained locally and sent 6 monthly. Previous concerns about HEEOE database appear to be resolved. Translogation processes between DME, MD, trainees and educational supervisors	

\* 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.

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

2015/16 LDA

CQC Report 2015

2014-15 Annual Serious Incidents Report

Board Report for closed SIs

Serious Incident diagram

GMC Survey Report 2015

GMC NTS Outliers Summary 2012-15

Notes of pre-visit meeting with Trust 2016

DPQR Visit Report 2013, Trust Action Plan 2013 & 2014 Update

KPI Documentation 2016:

QIPF Self-assessment 2015/16

QIPF Action Plan 2015/16

HEI Review Reports 2016

QIPF Pre-registration Student Survey 2015-16

KPI documentary evidence for nursing and Allied Health Professions

QM3 Director of Medical Education's Report – updated 2016

Documentary evidence to support medical education and training

Other supporting evidence:

Medical Education Structures

Board Minutes 2015-16

Library service information

LQAF Certificate 2015

LQAF Report 2014