



**Quality and Performance Review Visit  
James Paget University Hospitals NHS Foundation Trust  
3 May 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 **James Paget University Hospitals NHS Foundation Trust** on **3<sup>rd</sup> May 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>Professor Bill Irish, Postgraduate Dean and Visit Lead            Dr Alys Burns, Deputy Postgraduate Dean            Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean            Mr Alex Baxter, Deputy Postgraduate Dean and Director of Dental Education            Rhonda Fusco, Professional Advisor – Nursing and Midwifery            Susan Agger, Senior Quality Improvement Manager            Judy Croot, Professional Advisor – Health Care Sciences and Pharmacy            Sally Judges, Professional Advisor – Allied Health Professions            Sandra Gover, Clinical Learning Environment Manager, Norfolk &amp; Suffolk Workforce Partnership            Dr Clive Lewis, Lead for Medical Education and Workforce, Papworth Hospital NHS Foundation Trust            Rachel Heathershaw, Senior Lecturer Practice Learning &amp; Development/Director of Workforce Development, University Campus Suffolk            Emma Sutton, Associate Dean Learning &amp; Teaching FMH, University of East Anglia            Liz Houghton, Patient and Public Voice Partner            Carol Kelsall, Patient and Public Voice Partner            Dr Priti Kamath, Trainee Representative            Lou Cherrill, Student Representative, University of East Anglia            Alice Morris, Student Representative, University Campus Suffolk            Agnès Donoughue, Quality Coordinator</p>
<b>Trust Team</b>	<p>Christine Allen, Chief Executive            Mark Flynn, Director of Finance            Nick Oligbo, Medical Director            Sharon Spicer, Medical Staffing Lead            Matthew Williams, Director of PGMDE            Elizabeth Libiszewski, Director of Nursing            Julia Hunt, Deputy Director of Nursing            Dawn Cumby, Associate Director of HR &amp; Workforce            Sharon Crowle, Non-Medical Education Lead            Duncan Peacock, Foundation Training Programme Director            Irene Walker, Medical Education Manager            Rachel Hulse, AHP Lead            Jayne Utting, Head of Midwifery            Tamzin Springall, Occupational Therapy Team Leader            Peter Ransome, Library Manager            Dr David McConnell, Deputy GPST Programme Director            Vamsi Velchuru, SAS Tutor            Jan Lindsay, Dental Tutor            Nick Watson, Careers Tutor            Emma Brandon, GP Tutor            Dr Ayodele Obideyi, Anaesthetics College Tutor            Dr James Crawford, Emergency Medicine College Tutor            Mr Peter Tassone, ENT College Tutor            Dr Dhiraj Ail, ICM College Tutor            Dr Damodar Makhuni, RCP College Tutor            Dr V Choudhary, O&amp;G College Tutor            Mrs Bridget Hemmant, Ophthalmology College Tutor            Mr Sunil Garg, T&amp;O College Tutor            Dr Viji Raman, Paediatric College Tutor            Dr Kamal Aryal, Surgical College Tutor</p>

## Visit Findings

The visiting team gained a clear vision of a Trust with a strong commitment from senior Trust management to the delivery of high quality education and training across all professions with engaged, supportive and supported trainers. The trainees and students are well motivated and all those met would recommend their post/placement to colleagues as a valuable learning and training environment.

Domain/KPI/Standard	Notable Practice
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>3.1 The pre-registration pharmacist programme was identified as an area of notable practice, in particular, Pharmacy education tutors were taking a proactive approach to reviewing the education programme for pre-registration pharmacist trainees.</p> <p>3.2 The trainees in Paediatrics and Anaesthetics reported an excellent learning experience in a supportive and positive clinical learning environment with good feedback, supervision and teaching.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>3.3 We welcome the caring and supportive approach of the Trust to learners at times of challenge in their training.</p> <p>3.4 The delivery of multi-professional training is engrained within the Trust as exemplified by the provision of inter-professional simulation and the opportunities provided to student midwives to learn from the medical team.</p> <p>3.5 AHP and health science learners were positive about the organisation of placements/rotations and there was good evidence of educators acting on feedback from AHP students. Learners were positive about the willingness of educators to be flexible in supporting individual learner needs and there was good evidence of educators acting on feedback from AHP students.</p>
GMC Domain 7/KPI 1	<p><b>Management of education and training</b></p> <p>3.6 The positive culture of education within the Trust was evident with clear engagement from the Board and commitment to education and training from senior management including the Director of Nursing and the Director of Medical Education and Non-Medical Education Team who exhibited strong leadership and pride in their role.</p> <p>3.7 The nurse mentor coaching based model (CLIP) is being piloted within the Trust and has received positive feedback from students.</p> <p>3.8 Educator databases were well structured and inclusive of all professions.</p>

<b>GMC Domain 8</b>	<b>HEEoE funded investment/Educational Resources and Capacity</b>
	3.9 The Trust's investment in education and training initiatives is to be commended.

<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 Most medical trainees receive a good departmental induction except for O&amp;G trainees who reported starting on nights without induction and general difficulties accessing induction.</p> <p>4.2 The introduction of a standard induction document for all learners was very positive and all nursing and midwifery students had attended local induction but there are further opportunities to share learning across the trust.</p> <p>4.3 Not all staff were aware of how and where learning from incidents is shared and were not aware of the examples used by the trust during the presentations to the visiting team.</p>
<b>GMC Domain 5</b>	<p><b>Delivery of approved curriculum including assessment</b></p> <p>4.4 The medical trainees reported that the impact of rota gaps was having a detrimental effect on their access to education and training.</p> <p>4.5 Whilst the nursing students valued the learning gained from the Clinical Skills sessions provided within the trust, the opportunity did not appear to be available to midwifery students.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>4.6 It was reported that mentor capacity in midwifery was limited with the potential of having a negative effect on their ability to support their students. In addition, it was reported that Midwifery Mentors do not always have adequate protected time to provide student feedback and to complete student assessments.</p> <p>4.7 It was reported that the nursing and midwifery mentors had only one opportunity to attend a mentor development forum within the last year.</p> <p>4.8 The Trust has forged relationships and engaged with medical trainees through a variety of fora such as the Foundation Committee, the GPStR Committee and the Fight Club. However the trainees met did not seem to be aware of most of these initiatives.</p> <p>4.9 Although it was noted that the Trust has appropriate processes in place for the selection, training and appraisal of its Educational Supervisors and named Clinical Supervisors, the Trust must ensure that the appraisal and job planning processes for consultants are in place by July 2016. It must also ensure that Educational Supervisors and named Clinical Supervisors have the equivalent of 0.25 PA per trainee per week within their job plans.</p>

	<p>4.10 All AHP and health science staff voiced concerns regarding the impact of workload on the time to support learners. The trust could explore different solutions to enable educators to make good use of the clinical educator roles.</p> <p>4.11 Although the education governance groups are multiprofessional, frontline educators across all professions do not meet. AHP and pharmacy educators felt it would be helpful if educators had opportunities to get together and share learning across professions.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>4.12 Nursing and midwifery Mentors and the majority of AHP and health science staff and learners were not aware of the “Coffee and cake” sessions hosted by the Chief Executive and Director of Nursing.</p> <p>4.13 The Trust would benefit from the development of collaborative working with other organisations, for example other LEPs and HEIs, in order to maximise leadership, education and training opportunities.</p>
<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>4.14 It was reported by trainees and students that there is a lack of opportunity to access library facilities out of hours. The mentors reported that it offers limited resources and they were unaware of the online resources available to them.</p> <p>4.15 It is recognised that the Trust is in the process of implementing an integrated IT system which includes a single portal along with the development of electronic requests and e-training for locums.</p> <p>4.16 It was reported that Wi-Fi coverage is patchy and students expressed concern regarding lack of Wi-Fi in hospital accommodation which restricted their learning opportunities whilst on placement.</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 There were no areas of immediate concern.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>7.1 It was reported that mentor capacity for midwifery students was limited which impinges on the learning opportunities for students in this specialty. The Trust is asked to investigate the matter and report back to HEE EoE.</p> <p>7.2 It was reported that ODP educators do not receive protected time to provide teaching. The Trust is asked to investigate the matter and report back to HEE EoE within two weeks of receipt of the request letter.</p>

Domain/KPI/Standard	Conditions
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>8.1 The Trust must ensure that, as required by the GMC, that by the end of July 2016 all its Educational and named Clinical Supervisors have been appropriately selected, trained to AoME standards, appraised and have 0.25 PA per trainee protected time within their job plan to fulfil this role. In particular the Trust needs to ensure that their selection processes are appropriate and in line with GMC requirements.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>9.1 The Trust should ensure that all O&amp;G trainees receive departmental induction regardless of when they start the post.</p> <p>9.2 The Trust should continue to develop induction documentation ensuring learning is shared across all AHP and Health science professions. In addition, a ward orientation checklist for nursing and midwifery students would be beneficial.</p> <p>9.3 The Trust should continue to review and develop a feedback loop for SIs and other learning opportunities to all staff groups.</p>
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>9.4 The Trust should explore ways of mitigating against rota gaps to ensure that medical trainees are able to maximise access to their education and training opportunities.</p> <p>9.5 It was reported that there is a lack of integration of the separate curricular requirements of the ACCS programme. This will be referred to the relevant Schools for appropriate action.</p>

	<p>9.6 The Core Surgical trainees reported that there is no teaching programme for them at the Trust. This matter will be referred to the School of Surgery for investigation.</p> <p>9.7 The Foundation trainees met were unclear about the expectations around attendance at the teaching programme and the e-learning opportunities. This matter will be referred to the Foundation School for investigation and appropriate action.</p> <p>9.8 It is recommended that a mentor/educators forum is developed for sharing of good practice and networking.</p> <p>9.9 The Trust should explore extending the Clinical Skills sessions to midwifery students.</p>
<p><b>GMC Domain 6/KPI 4</b></p>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>9.10 It is recommended that educator fora for mentors are developed. In particular, AHP and pharmacy educators felt it would be helpful if educators had opportunities to get together and share learning and practice across professional groups.</p> <p>9.11 The Trust should build on opportunities for the Trainee Voice to be heard by ensuring improved visibility of these activities.</p> <p>9.12 The Trust should ensure that all Midwifery Mentors have adequate protected time for student assessment. In particular, the Trust is reminded of the Nursing and Midwifery Council (NMC) educational requirement that “Sign off” Mentors must have one hour protected time per week with their students and that this must be applied.</p> <p>9.13 The Trust should raise awareness of the Chief Executive and Director of Nursing’s Coffee and Cake sessions and may like to review their communication about these events to ensure all are aware that these are open to all educators and learners.</p> <p>9.14 The Trust is encouraged to ensure, wherever possible, that staff are supported to provide supervision to learners by exploring different ways the clinical educators could be used to support AHP and health science learners.</p>
<p><b>GMC Domain 7/KPI 1</b></p>	<p><b>Management of education and training</b></p> <p>9.15 The Trust is encouraged to expand the profile of the Coaching model for adult nurses across all specialties. When planning future roll out of this programme, preparation for individual placements should be consistent.</p> <p>9.16 It is recommended that the Trust explores opportunities for collaborative working with partnership groups to maximise the delivery of education and training in the clinical learning environment.</p>



<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>9.17 The Trust is encouraged to find a solution to the lack of library access out of hours. In addition, it is recommended that the Trust explores alignment with HEE's Library and Knowledge Services strategy with a view to developing a collaborative arrangement with other trusts.</p> <p>9.18 The Trust should continue to develop its proposed integrated IT system.</p> <p>9.19 The Trust should endeavour to improve Wi-Fi coverage across all areas.</p>
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### Decision of HEEoE Directorate of Education and Quality Review

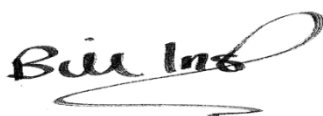
With regard to the provision of postgraduate medical education and training, **James Paget University Hospitals NHS Foundation Trust** has:

**Met with condition**

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

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

<b>Timeframes:</b>	<b>Action Plan to be received by:</b>	<p>A report on the areas requiring further investigation is required <b>by 14/06/2016</b>.</p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required <b>by 05/08/2016</b>.</p> <p>A formal update on the action (improvement) plan is required <b>by 04/11/2016</b>.</p>
	<b>Next QPR Visit:</b>	<p>Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality and Performance Review [QPR] will be in <b>2019</b>.</p>



**Professor Bill Irish**  
Postgraduate Dean:

**Date: 17/06/16**

## 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

<b>KPI Three – Student prepared by Employer to deliver high quality care</b>
The Education Provider is assured that Employer/s have in place infrastructure to prepare students to deliver high quality care
<b>KPI Four – Students effectively supported, educated and assessed by the Employer</b>
The Education Provider is assured that Employer/s have measures in place to ensure effective support, education and assessment of students.
<b>KPI Five – Employers are able to demonstrate effective use of the HEEoE investment</b>
The Education Provider is assured that Employer/s involve the Education Provider in formulating post registration education and training that aligns to service priorities
<b>KPI Six – Employment of Students</b>
The Education Provider is assured that Employer/s are involving the Education Provider in securing employment for the newly registered practitioners
<b>KPI Seven – Engagement with Education Provider</b>
The Education Provider is assured that the Employer provides appropriate feedback and support as part of the ongoing EP QIPF process
<b>KPI Eight – Improvement Plans</b>
The Education Provider is assured that the Employer engages the EP in the production, development and governance of Improvement Plans

# Appendix 3: Quality Matrix

Trust:		Date:		Quality Metrics Dashboard Against LDA Requirements				Self assessment RAG Status		Source of evidence for self assessment *	Action plan to achieve full compliance
Group	Category	Metric	Measure	Data Source	Goal (3)	Amber (2)	Red (0/1)				
Trainee	Induction	Hospital induction	% of trainees participating	LEP records	100%	Green	<90%	Attendance register			
		Departmental induction	% of trainees participating	LEP records	100%	Green	<90%	Attendance register			
	Working Patterns	Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%	Green	<90%	Induction programmes			
		EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	Green	<90%	Rotas			
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	Green	<90%	Monitoring results			
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%	Green	<90%	GMC survey and school visits			
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	Amber	<90%	Red for A&E GMC survey			
	NEW Outcome	Overall satisfaction rating	Outlier status	GMC Survey	Green			GMC survey and School visits			
		Unsatisfactory ARCP outcomes	% ARCP 5	HEEe			7% (2012-13)				
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	Green	<50%	LEP database		
Appropriately trained to AoME standards			% trained	LEP records	100%	Green	<90%	LEP database			
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	Red	<50%	LEP database			
		Required time allocation in job plans	% trainers with allocation in job plans	LEP records	100%	Green	<90%	LEP records / job plans			
NEW		Trained in workplace-based assessments	% trained	LEP records	100%	Green	<90%	Attendance records			
		Trained in the use of e-portfolio	% trained	LEP records	100%	Green	<50%	Attendance records for			
		Trained in Equality and Diversity	% trained	LEP records	100%	Green	<90%	Horus			
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Green	<90%	Trust database			
Clinical Supervisors		Appropriately trained to AoME standards	% trained	LEP records	100%	Green	<90%	Trust database			
			Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	Red	<50%	LEP database		
	Trained in Equality and Diversity	% trained	LEP records	100%	Green	<90%	Trust database				
	Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Green	<90%	Trust database				
	(who are not educational supervisors)	Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	Red	<50%	LEP database			
		% trained	LEP records	100%	Green	<90%	Trust database				
		Trained in Equality and Diversity	% trained	LEP records	100%	Green	<90%	Trust database			
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Green	<90%	Trust database			
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes	Green	No	Education / Trust board minutes and structures			
		Evidence of Board discussion of PGMET (3)	Minuted discussion every meeting/identifiable	LEP records	Yes	Green	No	Hospital management group TOR and Minutes			
		* 0.125 PA/trainee/week/ consultant						Trust job planning guide being rewritten. Minutes of M&C/ES/CS meetings and e-mails with Med Director.			
	Supervision	Sufficient time allocated for educational supervision		LEP records	>1/1W	0.25 PA	<0.5	Director.			
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes	Green	No	Specialty and FTP			
	Teaching	Protected teaching time provided	% Yes	LEP records	100%	Green	90%	teaching programmes			
		Protected teaching time accessible	% Yes	LEP records	100%	Green	90%	Registers / FTP attendance and GMC survey			
	How many hours/week on average protected time	Number of hours (4)	LEP records	4	Amber	2	weekly teaching programmes				
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%			Exception reports returned to Dean			

\* Please 1) state a verifiable source for the evidence used for self assessment 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 Learning and Development Agreement – James Paget University Hospitals NHS Foundation Trust  
James Paget Financial Schedules 2015/16

CQC Inspection Report - November 2015  
List of Serious Incidents 2015/16

Trust GMC Quality Report 2015  
Notes of Pre-Visit Meeting with Trust – March 2016  
Summary Notes of Quality Review Meeting – June 2013  
Deanery Performance and Quality Review Visit Reports 2011/12  
Trust Action Plan and HEEoE Response

QIPF Self-Assessment 2015/16  
QIPF Peer Review 2016  
QIPF Education Provider Review of Employer Organisation 2015/16: University of East Anglia  
Student Survey Placement Summary 2015/16  
Pre-Registration Survey Report 2014/15  
Allied Health Professions, Health Care Sciences, and Pharmacy Documentary Evidence

HEEoE monthly Quality Summary Report – January 2016  
Director of Medical Education's QM3 Report 2015 [updated April 2016]

GMC Training Survey Outliers 2012/15  
GMC Survey Patient Safety Concerns 2015 and Trust Responses

### Visit Reports and Trust Action Plans including updates relating to:

Trust Anaesthetics Action Plan 2014  
School of Emergency Medicine – 2015  
Foundation School – 2014/16  
School of General Practice – 2015/16  
School of Medicine – 2016  
School of Obstetrics & Gynaecology – 2015/16  
School of Ophthalmology 2010/16  
School of Paediatrics – 2015/16  
School of Surgery– 2014/16

### Additional documents:

Trust Educational Governance Structures  
Trust Quality Report 2014-15  
Minutes of Trust Board Meetings 2016  
Libraries Quality Assurance Framework (LQAF) Reports 2014/15  
Minutes of Workforce, Education and Wellbeing Steering Group Meetings 2016