

**Quality and Performance Review Visit
South Essex Partnership University NHS Foundation Trust
14th January 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 **South Essex Partnership University NHS Foundation Trust** on **14th January 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	
Visiting Team	<p>Professor Bill Irish, Postgraduate Dean Dr Jonathan Waller, Postgraduate Dean – Quality Professor John Howard, Postgraduate GP Dean and Deputy Postgraduate Dean Chris Birbeck, Head of Quality Improvement Rhonda Fusco, Professional Advisor – Nursing and Midwifery Judy Croot, Professional Advisor – Health Sciences Sally Judges, Professional Advisor – Allied Health Professions Louise Kitley, Head of Essex Workforce Partnership Alison Williams, Strategic Development Manager, Essex Workforce Partnership Dr Hugo de Waal, Head of School of Psychiatry Dr Abdul Raoof, Director of Medical Education, North Essex Partnership Trust Dr Wayne Wilson, Subject Lead for Speech and Language Therapy, University of Essex Tony Calvey, Course Leader for BSc (Hons) Nursing Mental Health, Anglia Ruskin University Brenda Purkiss, Patient and Public Voice Partner Roger Allen, Patient and Public Voice Partner Dr Sanjukta Das, Trainee Representative, Norfolk & Suffolk Foundation Trust Natalia Herakova, Healthcare Science Student Representative, ARU Agnès Donoughue, Quality Co-ordinator</p>
Trust Team	<p>Sally Morris, Chief Executive Dr Milind Karale, Medical Director Andy Brogan, Executive Director of Clinical Governance and Quality (Executive Nurse) Anthea Hockly, Head of Workforce and Development Mark Madden, Executive Chief Finance Officer and Resources Officer Ann Nugent, Head of Clinical Quality and Multi-Professional Tutor Dr Gladvine Mundempilly, Director of Appraisal and Revalidation Dr Abu Abraham, Director of Medical Education Dr Victor Udu, SAS Tutor Geraldine Gardener, Medical Education Manager Andrea Bedford, Medical Education Manager Education Leads for Pharmacy, AHPs and Health Care Sciences</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 1/KPI 3	<p>Patient Safety</p> <p>3.1 There were consistent reports across the breadth of medical and non-medical placements of good educational and clinical supervision for all groups within the Trust.</p> <p>3.2 Handover at the Basildon Mental Health Assessment Unit was identified as an area of notable practice with the use of the doctors' office to carry out face to face handovers complemented by a handover register. This is discussed monthly at the medical staff meetings which also receive reports of challenges and problems experienced by trainees in this environment and appropriate action is taken to address these concerns.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>3.3 The delivery of psychiatric placements for the Foundation programme in this Trust is to be commended including the Foundation taster scheme.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>3.4 All trainees and students would recommend the Trust as a supportive clinical learning environment. It was notable that all groups of trainees and students interviewed would recommend their current post and the Trust as an excellent training organisation.</p> <p>3.5 The 'buddying' scheme whereby a student nurse is linked to a specific service user to develop an awareness of each other's perspective is laudable and should be disseminated widely.</p> <p>3.6 The student/mentor forums are much valued as they provide an excellent opportunity for the exchange of views and dissemination of information.</p> <p>3.7 The Student Education Facilitators (SEFs) were universally appreciated and recognised for the support provided to the clinical staff, the mentors and the students within the clinical learning environment in the area of nursing.</p> <p>3.8 There is an excellent Mentor culture and support to the mentors from the Trust and the HEIs. At an operational level, there appeared to be clear escalation processes and support for challenging issues including</p>

	<p>the management of a student with difficulties.</p> <p>3.9 It was noted that there is good organisational support for the NMC revalidation process.</p> <p>3.10 The Trust demonstrates a supportive culture of mentorship as exemplified by the introduction of mentor buddies within nursing, where more experienced mentors work with newly qualified mentors to ensure they feel supported in their early days.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>3.11 The visibility, approachability and engagement of Trust senior management including the CEO, Medical Director and DME/Core Programme Director was evident and valued by trainees and students.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>3.12 Despite the disparate geographical and service spread, good access to IT was reported by all professional groups met by the visiting team.</p>

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>5.1 Although the Trust has in place processes relating to the reporting and disseminating of learning from SIs, the visiting team were concerned to hear of two separate incidents where trainees were involved in serious incidents that were distressing and that there appeared to have been inadequate support provided to them.</p> <p>5.2 The AHP students and educators were unclear about the Trust expectations regarding corporate induction for students on short placements. Evidence was not submitted prior to the visit describing corporate induction expectations for short placements. The students interviewed were not aware of the e-induction package.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>5.3 Placement capacity is an issue as it was reported that sometimes despite an agreement between the Trust and HEI regarding appropriate learner numbers, these are increased without discussion. The consequence of which is to leave the Trust struggling to provide optimum mentor support.</p> <p>AHP professions appeared to monitor placement capacity locally including liaison with HEIs. The visiting team did not receive evidence to demonstrate Trust oversight of placement capacity for all professions.</p>

<p>GMC Domain 5</p>	<p>Delivery of approved curriculum including assessment</p> <p>5.4 Trainees, and in particular Foundation trainees, reported that the Mental Health Assessment Unit at Basildon Hospital was potentially an excellent facility to provide psychiatric experience for foundation, GP and core psychiatry. However the intensity of the workload, recurrent requests from nurses to perform inappropriate tasks and an inappropriate distribution of junior doctors between the teams serving the Unit were barriers to the Unit being able to realise its educational potential.</p> <p>5.5 Speech and Language Therapists from SEPT have not engaged with the Speech and Language Therapy (SLT) Programme Committee at Essex University and are therefore not contributing to curriculum development.</p>
<p>GMC Domain 6/KPI 4</p>	<p>Support and development of trainees, trainers and local faculty</p> <p>5.6 It was reported that the current model of mentorship is not fully understood leading to some confusion regarding expectations from the Trust relating to the role and support available to mentors.</p> <p>5.7 The Trust is providing appropriate support to Registered Nurses to enable them to meet the Revalidation standards for the NMC.</p> <p>5.8 Although the nursing student/mentor forums are much valued, it was reported that AHP students and pharmacy trainees were not aware of them and would be keen to be involved.</p> <p>5.9 A specific issue was raised by dietitians in Bedfordshire services regarding the need for training specifically for dietitians in developing skills to support students and to be an effective supervisor/student trainer.</p>
<p>GMC Domain 7/KPI 1</p>	<p>Management of education and training</p> <p>5.10 The Trust's current governance arrangements encourage education and training issues to be discussed and resolved at sub-Board level. We were unable to find any evidence of regular Board level reporting and the Trust stated that it intended Education and Governance to be reported to the Board annually (i.e. 1 report per year).</p> <p>5.11 In line with most trusts, it was identified that there is a need to manage recurrent gaps in rotas for junior doctors. However the Trust works hard with trainees and consultants to manage rotas in a collaborative way within a supportive environment.</p>
<p>GMC Domain 8/KPI2</p>	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>5.12 The majority of AHP students and Pharmacy trainees were not aware of where to access library facilities or how to access electronic resources.</p>

Domain/KPI/Standard	Areas of Immediate Concern
All domains and KPIs	6. There were no areas of immediate concern.

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>7.1 Although it was noted that the Trust has appropriate processes in place for the training and appraisal of its Educational Supervisors and named Clinical Supervisors, it was reported that the selection processes for these educators did not meet the necessary standards set by the GMC.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>8.1 It was reported that FY2s are included on the same on call rotas as core trainees and GP STs and that there is no on site senior supervision available to these foundation trainees. Although the trainees could not identify any instances where patient or their own safety was compromised by this situation, this practice is not acceptable to the GMC. The Trust is asked to investigate the matter and, if the findings are corroborated, this practice must cease with immediate effect. The Trust must report to HEE East of England Office within two weeks of the date of the request letter.</p> <p>Outcome: The Trust produced evidence and adequate assurance that the requirements of the Memorandum of Understanding (MoU) between the Royal College of Psychiatrists and the GMC regarding supervision of junior trainees in psychiatry were fully in place and that appropriate actions were taken to ensure that all trainees were aware of these. HEEoE considers the matter now closed.</p>

Domain/KPI/Standard	Conditions
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>9.1 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>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>9.2 The Trust must review its educational governance structures in order to maximise Board level engagement with the delivery and quality of multi-professional education and training for both trainees and students. In particular, consideration should be given to the provision of bi-annual reporting to the Board by the relevant sub-committees so that the Trust Board can be assured as to the quality of education and training across the professions within the organisation.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>10.1 The Trust should review its corporate induction requirements for AHP students and ensure that all educators are aware of what students should receive and how to action.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>10.2 Speech and Language Therapists (SLTs) should engage with the SLT Programme Committee to meet the requirements of KPI 2 and to ensure the SLT curriculum meets the needs of patients/service users.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>10.3 The Trust is strongly encouraged to investigate and listen to the concerns expressed by the junior working in the Mental Health Assessment Unit at Basildon and to take appropriate measures to ensure that there is an appropriate balance provided for trainees with regard to service delivery and the provision of educational opportunities.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>10.4 Although the Trust has in place processes relating to the reporting and disseminating of learning from SIs, the Trust is urged to ensure that responsive and timely support is provided to trainees and students involved in serious incidents and that learning from SIs is shared across all staff groups.</p>

	<p>10.5 The process for clinical placement capacity needs to be reviewed and a consistent approach adopted.</p> <p>10.6 The current mentorship model requires some clarity in respect of the Trust's approach to the selection, training and support of mentors. In addition, the Trust should continue to develop and implement innovative approaches to mentorship to continue to improve the support to students in the clinical learning environment.</p> <p>10.7 It is recommended that the good practice exhibited by the 'buddying' scheme which is currently limited to student nurses is rolled out across other professional groups and is more widely shared outside of the Trust across the educational community.</p> <p>10.8 In order to maximise the supervision of, and curriculum delivery for, GP trainees, the Trust is encouraged to develop links between their GP named clinical supervisors and the Southend GP Faculty group.</p> <p>10.9 The Trust should review how it engages with, and learns from, non-nursing students in order to inform improvement of the student experience, in particular the inclusion of AHP/Pharmacy students/trainees in the student/mentor forums is encouraged.</p> <p>10.10 The Trust should review how best to meet the learning needs identified by dietitians to further develop their support to students. HEE's AHP Professional Advisor would be able to support this discussion if required.</p> <p>10.11 The Trust should roll out the Student Education Facilitator (SEF) role to include all professions.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>10.12 The Trust must ensure that its management of rota gaps is done in a way which is both supportive of trainees and their needs as well as ensuring patient safety. In particular the Trust must ensure that trainees are not required to undertake inappropriate levels of responsibility and that adequate supervision is in place at all times.</p>
GMC Domain 8/KPI 2	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>10.13 The Trust should review its promotion of Library and Knowledge services across the trust to ensure staff and students make best use of the available resources.</p>
KPI 6	<p>Employment of students</p> <p>10.14 The Trust should review what is in place for AHP and Pharmacy students/trainees to meet the requirements of KPI 6.</p>

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **South Essex Partnership University 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 within two weeks of the date of the request letter.</p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required by 30 April 2016.</p> <p>A formal update on the action (improvement) plan is required by 30 July 2016.</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 2019.</p>



Postgraduate Dean: Professor Bill Irish

Date: 11/03/2016

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.

Appendix 3: Quality Matrix

Trust: South Essex Partnership NHS Foundation Date: September 2015
 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	
					Goal (3)	Amber (2)	Red (0/1)			
Trainee	Induction	Hospital induction	% of trainees participating	LDP records	100%	Green	Amber	Red	100%	
		Departmental induction	% of trainees participating	LDP records	100%	100%	<90%	100%		
	Working Patterns	Induction content covers all key areas	% of inductions judged satisfactory (1)	LDP records	100%	100%	<90%	100%		
		EWTR compliance of rotas as published	% of rotas compliant	LDP records	100%	100%	<90%	100%		
	NEW Outcome	EWTR compliance of rotas as monitored	% of rotas compliant	LDP records	100%	100%	<90%	100%		
		Rotas support delivery of curriculum	% of rotas educationally satisfactory (2)	LDP records	100%	100%	<90%	100%		
	NEW Outcome	Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	Green	Amber	Red	Colour coded white	
		Overall satisfaction rating	Overall status	GMC Survey	100%	Green	Amber	Red	Colour coded white	
	NEW Outcome	Un satisfactory ARCP outcomes	% ARCP 5	HEEOE	HEEOE	5%	Green	Amber	Red	Colour coded white
						>10%	None			
Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	100%	<90%	100%		
		Appropriately trained to ADME standards	% trained	LEP records	100%	100%	<90%	100%		
	NEW	Appropriately appraised to ADME standards	% reviewed/appraised	LEP records	100%	100%	<90%	100%		
		Required time allocation in job plans	% trainees with allocation in job plans	LEP records	100%	100%	<90%	100%		
	NEW	Trained in workplace-based assessments	% trained	LEP records	100%	100%	<90%	100%		
		Trained in the use of e-portfolio	% trained	LEP records	100%	100%	<90%	100%		
	NEW	Trained in Equality and Diversity	% trained	LEP records	100%	100%	<90%	100%		
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	100%	<90%	100%	To ensure 2 trainees 90% complete asap	
	Clinical Supervisors (who are not educational supervisors)	Appropriately trained to ADME standards	% trained	LEP records	100%	100%	<90%	100%		
		Appropriately appraised to ADME standards	% reviewed/appraised	LEP records	100%	100%	<90%	100%		
NEW	Trained in Equality and Diversity	% trained	LEP records	100%	100%	<90%	100%			
	Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	100%	<90%	100%			
Training Environment	Governance	Board member with responsibility for EQMET	Identifiable	LEP records	Yes	Yes	No	Yes		
		Evidence of Board discussion of EQMET (3)	Minutes discussion every meeting/identifiable	LEP records	Yes	Yes	No	Yes		
	Supervision Curriculum Delivery Teaching	Sufficient time allocated for educational supervision	* 0.125 Pd/trainees/week/ consultant %	LEP records	>10W	Yes	<0.5	Yes		
		Mapped service provision against curriculum	Completed	LEP records	Yes	No	100%	100%		
NEW	Protected teaching time provided	% Yes	LEP records	100%	100%	90%	100%			
	Protected teaching time accessible	% Yes	LEP records	100%	100%	90%	100%			
NEW Revalidation	Immediate notification of all trainees with fitness to practice concerns and full completion of HEEOE 6-monthly exception reports	How many hours/week on average protected time	Number of hours (4)	LEP records	4	4	2	4hrs		
		% of trainees with fitness to practice concerns included in Trust exception reports notified to Dean and also included in Trust 6-monthly cumulative exception reports	LEP exception and 6-monthly returns	100%	<95%	100%		100%		

Appendix 4: Existing Reference Documents Prior to and During Visit

2015/16 Learning and Development Agreement

CQC Reports 2013 & 2015
Serious Incidents Summary 2015
Notes of QPR Pre-Visit Meeting with Trust 2015
2012 DPQR Visit Report, Trust Action Plan and Correspondence

South Essex GMC Quality Report 2015
South Essex GMC NTS Outliers 2015
South Essex Clinical Tutor's Report January 2016

QIPF Annual Self-Assessment for Employers 2015/16
QIPF Action Plan 2016/17
QIPF Quarter Two Review Meeting 2015
University of Essex Review Report of Education Provider 2015
Anglia Ruskin University Review Report of Education Provider 2015
2014/15 Pre-Registration Student Survey
Allied Health Professions and Pharmacy Documentary Evidence
Libraries Quality Assurance Framework (LQAF) Report 2014

SEPT Workforce Education Governance Structure
Board of Directors Minutes 2015
Additional evidence provided by the Trust