



**Quality and Performance Review Visit
West Suffolk NHS Foundation Trust
9th June 2016**

Visit Report

Contents

Introduction	2
Purpose of the Visit	2
Teams	3
Visit Findings.....	4
Notable Practice	4
Areas for Development.....	5
Areas of Immediate Concern	5
Areas of Significant Concern.....	6
Areas Requiring Further Investigation.....	6
Conditions.....	7
Recommendations.....	7
Decision of HEEoE Directorate of Education and Quality Review	8
Appendix 1: GMC Domains and Standards.....	9
Appendix 2: Key Performance Indicators (KPIs)/Standards.....	10
Appendix 3: Quality Matrix.....	11
Appendix 4: Existing Reference Documents Prior to and During Visit	12

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 **West Suffolk NHS Foundation Trust** on **Thursday 9th June 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>Prof Bill Irish, Postgraduate Dean Dr Jonathan Waller, Deputy Postgraduate Dean – Quality Dr Alys Burns, Deputy Postgraduate Dean Jenny McGuinness, Head of Quality and Commissioning Chris Wilkinson, Clinical Advisor Rhonda Fusco, Professional Advisor – Nursing and Midwifery Susan Agger, Senior Quality Improvement Manager Sally Judges, Professional Advisor – Allied Health Professions Ross Collett, Head of Norfolk & Suffolk Workforce Partnership Sandra Gover, Clinical Learning Environment Manager, Norfolk & Suffolk Workforce Partnership Mr Richard Smith, Director of Medical Education, Norfolk & Norwich University Hospital NHS Foundation Trust Rachel Heathershaw, Senior Lecturer Practice Learning & Development and Director of Workforce Development, UCS Brenda Purkiss, Patient and Public Voice Partner Louise Palmer, Professional Education Manager, CCS (observer) Dr Benjamin Marriage, Trainee Representative Kelly Phizacklea, Nursing Student Representative, University Campus Suffolk Agnès Donoughue, Quality Improvement Co-ordinator</p>
Trust Team	<p>Dr Stephen Dunn, Chief Executive Gary Norgate, Non-Executive Director Dr Paul Molyneux, Deputy Medical Director Jan Bloomfield, Executive Director of Workforce and Communications Helen Kroon, Medical Staffing Manager Mr Peter Harris, Director of Medical Education Rowan Procter, Interim Executive Chief Nurse Diane Last, Non-Medical Education Lead / Clinical Tutor Dr Francesca Crawley, Foundation Training Programme Director Helen Vickery, Clinical Practice Facilitator Fiona Whitfield, Head of Nursing and Professional Practice, Community Services Nic Smith-Howell, Associate Director of Integrated Community Paediatric Services Mr Balendra Kumar, SAS Doctors’ Tutor Nigel Beeton, Imaging Services Manager Jenny Hannah, Teacher Practitioner Pharmacist Rosie Finch, Professional Lead Physiotherapist Laura Wilkes, Trust Librarian Denise Pora, Medical Education and Education Centre Manager Julia Wood, Clinical Practice Facilitator Bands 1 – 4</p>

Visit Findings

The visiting team gained a clear vision of a Trust with a strong commitment to the delivery of high quality education and training across all professions from the senior Trust management team led by a highly visible Chief Executive. Within the Trust, there was found to be engaged, supportive and supported trainers. The trainees and students were well motivated and all those met would recommend the Trust 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 The GMC survey and trainee and trainer feedback indicated that the Trust has in place reliable and high quality handover procedures across all specialties. These outcomes were confirmed at the visit.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>3.2 The Trust demonstrated strong visible leadership at the executive level. Communication from the Chief Executive via social media was welcomed as a contemporary method of engaging with staff.</p> <p>3.3 The Trust demonstrates a supportive environment with an open culture which encourages the raising of both patient safety and educational concerns.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>3.4 The visiting team were impressed by the range of teaching opportunities provided by the Trust for learners across all professions including the local teaching for AHPs and for core medical trainees the PACES teaching programme.</p> <p>3.5 The Trust has developed in conjunction with the local Training Programme Director clear written guidance for named clinical supervisors within the Trust regarding curriculum delivery for GP trainees whilst in secondary care placements.</p> <p>3.6 Good access to the curriculum was highlighted in Paediatrics, Emergency Medicine and Intensive Care Medicine.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>3.7 The Trust is commended for its flexible approach and support for trainees and learners, including its willingness to support trainees and learners in need of additional support.</p> <p>3.8 AHP learners all felt that placements were well planned and organised to broaden students' experience of the patient pathways.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>3.9 The new practice-based mentorship model (PEBLS) has been successfully implemented and has received positive feedback from students.</p>

	3.10 The Trust is to be commended for its innovative approach to the use of CPD and its financial investment in the development of its non-medical educators including AHPs.
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Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>4.1 Whilst the Trust has in place a commitment to the provision of departmental induction, there is a lack of consistency in the delivery of this across all specialties and for those trainees who start out of phase with the usual rotation dates.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>4.2 The Trust has a well-developed simulation suite. However the visiting team was disappointed to find that medical trainees had not had access to it and that they thought it was mainly for undergraduates.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>4.3 Trainees reported that responding to the current bleep system was very time consuming and did not allow prioritisation of response.</p> <p>4.4 Mentors reported that they do not always have adequate protected time to provide student feedback and to complete student assessments.</p> <p>4.5 The nurse mentors reported that they would welcome opportunities to meet as a group to share learning and good practice.</p> <p>4.6 There are reliable structures in place for capturing AHP, HCS and Pharmacy student feedback. However educators reported that they were not all aware of the feedback given or the implementation of learning from the feedback.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>4.7 Whilst generally educational governance structures and processes were inclusive of most professions, the integration of Health Care Sciences was sub-optimal.</p> <p>4.8 Although generally AHP educators were positive about the Trust's support for CPD, more could be done to raise awareness of the internal processes for applying for funding and/or funding approval.</p>

Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>5.1 There were no immediate concerns.</p>

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>6.1 The visiting team noted with concern reports of IT governance breaches around trainees sharing logins particularly when starting out of phase.</p> <p>6.2 The AHPs, HCS and Pharmacy staff, students and trainees were extremely positive about the introduction of e-care and the benefits it has brought. However the introduction of this system was reported by medical trainees to have made it necessary for them to create handwritten lists containing confidential patient details with the attendant risks to confidentiality.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>6.3 The Trust has made a significant investment in resources towards successfully delivering the GMC requirements for the appropriate selection, training and appraisal of its Educational Supervisors and named Clinical Supervisors. The Trust is still working towards achieving universal consultant job planning of delivering 0.25 PA per trainee per week within job plans in order to meet LDA and GMC requirements.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>6.4 The visiting team acknowledged that the Trust is working with its HEI partner and the local FE College to address the under-supply of nursing students. However, further work by the Trust is required in order to ensure a sufficient and sustainable nursing workforce for the future.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>7.1 Three areas for further investigation were identified at the visit. HEE has received a satisfactory response from the Trust and confirms that no further action will be required.</p>

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>8.1 The Trust must review its process for the allocation of logins to all learners and locums to ensure that the potential for breaches of IT governance are eliminated.</p> <p>8.2 The Trust must ensure that the challenges around the introduction of the new e-care IT system which have led to medical trainees creating handwritten lists containing confidential patient details are resolved urgently. The Trust is encouraged to include the medical trainees in finding solutions.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>8.3 The Trust must ensure that, as required by the LDA and GMC, that by the end of July 2016 all its Educational and named Clinical Supervisors have 0.25 PA per trainee protected time within their job plan to fulfil this role.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>8.4 The Trust must address in partnership with the HEI and the local FE College the issues associated with the current under-supply of nursing students in order to ensure that its future nursing workforce is adequate and sustainable.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>9.1 The Trust should review the delivery of departmental induction to ensure high quality and consistency across all specialties and particularly for those who start out of phase with the usual rotation dates.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>9.2 The Trust should maximise the opportunities for access to its well-developed simulation suite for all professional groups.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>9.3 The Trust should review its current bleep system to ensure that trainees can respond to calls efficiently and prioritise their responses.</p> <p>9.4 The Trust should ensure that it has in place adequate numbers of mentors with sufficient time to support their students, provide feedback and complete assessments in line with regulatory requirements.</p> <p>9.5 The Trust should review its strategy for mentor engagement it is suggested by establishing a mentor forum, thereby increasing opportunities for learning and sharing of good practice for mentors.</p>

	<p>9.6 The Trust should ensure that there is a communication strategy in place for AHP, HCS and Pharmacy educators to be aware of feedback given and be involved in improvements arising therefrom.</p> <p>9.7 The Trust should encourage the use of personal names rather than referring to students as “the student”, particularly when they have been in their placement for a period of time.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>9.8 The Trust should ensure the full integration of Health Care Sciences within their educational governance structures and processes.</p> <p>9.9 The Trust should raise awareness of the availability of information for staff regarding the allocation of, and application for, CPD funding for all AHPs.</p>

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, *West Suffolk NHS Foundation Trust* has:

Met with conditions

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

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

Timeframes:	Action Plan to be received by:	<p>A report on the areas requiring further investigation is required by 29/07/16.</p> <p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required by 30/09/16.</p> <p>A formal update on the action (improvement) plan is required by 06/01/17.</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>



Professor Bill Irish
Postgraduate Dean

Date: 4 August 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: West Suffolk NHSFT		Date: May 2016							
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	LEP records	100%	100%	100%	<90%	PGME records
		Departmental Induction	% of trainees participating	LEP records	100%	100%	100%	<90%	Departmental Records
		Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%	100%	100%	<90%	PGME and Departmental Records
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	100%	100%	<90%	Allocate (Zircadian) Junior Doctor Portal
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	100%	100%	<90%	Allocate (Zircadian) Junior Doctor Portal
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%	100%	100%	<90%	Assessed by Training Program Directors during various school visits
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	100%	100%	<90%	2015 GMC Survey - handover green outlier in 4 areas, red outlier in 1 see 2015 GMC survey results, 81.36%, 4th in region (previously 4th, 3rd, & 3rd)
		Overall satisfaction rating	Outlier status	GMC Survey	100%	100%	100%	Amber	Red
		Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEoE	5%	NO DATA	100%	>10%
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	100%	100%	<90%
Appropriately trained to AoME standards			% trained	LEP records	100%	100%	100%	100%	PGME records
Appropriately appraised to AoME standards			% reviewed/appraised	LEP records	100%	100%	100%	100%	100%
Required time allocation in job plans			% trainers with allocation in job plans	LEP records	100%	100%	100%	<90%	Job Plans
Trained in workplace-based assessments			% trained	LEP records	100%	100%	100%	100%	100%
Trained in the use of e-portfolio			% trained	LEP records	100%	100%	100%	100%	100%
Trained in Equality and Diversity			% trained	LEP records	100%	100%	100%	<90%	HR Records
NEW		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	100%	100%	<90%	HR Records
		Appropriately trained to AoME standards	% trained	LEP records	100%	100%	100%	<90%	PGME records
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	100%	100%	100%	100%
		Trained in Equality and Diversity	% trained	LEP records	100%	100%	100%	<90%	HR Records
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	100%	100%	<90%	HR Records
		Clinical Supervisors (who are not educational supervisors)	Appropriately trained to AoME standards	% trained	LEP records	100%	100%	100%	<90%
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	100%	100%	100%	No	Medical Director
		Evidence of Board discussion of PGMET (3)	Minuted discussion every meeting/identifiable	LEP records	Yes	100%	100%	No	Trust Board Notes
	Supervision	Sufficient time allocated for educational supervision	* 0.125 PA/trainee/week/ consultant %	LEP records	>11/w	100%	100%	100%	Consultant job plans
		Mapped service provision against curriculum	Completed	LEP records	100%	100%	100%	No	Assessed by Training Program Directors during various school visits
	Teaching	Protected teaching time provided	% Yes	LEP records	100%	100%	100%	90%	GMC survey
		Protected teaching time accessible	% Yes	LEP records	100%	100%	100%	90%	GMC survey
	How many hours/week on average protected time	Number of hours (4)	LEP records	4	100%	100%	100%	2	Most GPVTs trainees get 4 hours. A medium sized DGH offers more 1-1 teaching rather separate protected teaching.
	Revalidation	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%	100%	100%	<95%

* 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 and Follow-up Report, 2013 & 14
Serious Incidents Report 2015-16
GMC Survey Report 2015
DPQR Action Plan 2012 & 2013-2016 Updates
DPQR Report 2012
KPI Documentation 2016
QIPF Feedback Report Peer-Assessment 2016
HEI Reviews 2016
QIPF Action Plan 2015-16
Pre-reg Student Survey 2015-16
QM3 2016
GMC Patient Safety and Undermining Concerns 2015
Visit Reports & Action Plans:
Emergency Medicine 2015-16
Foundation 2015-16
GP 2016
Medicine 2016
O & G 2014
Ophthalmology 2014-16
Paediatrics 2013-16
Surgery 2015-15
Educational Governance Document
Community Structure Chart
Education Strategy Minutes 2015-16
LQAF Certificate 2015
LQAF Report 2014