

**Quality and Performance Review Visit  
East and North Hertfordshire NHS Trust  
Thursday 16<sup>th</sup> July 2015**

**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 .....	6
Areas of Significant Concern.....	6
Areas Requiring Further Investigation.....	7
Conditions.....	7
Recommendations.....	8
Decision of HEEoE Directorate of Education and Quality Review .....	9
Appendix 1: GMC Domains and Standards.....	10
Appendix 2: Key Performance Indicators (KPIs)/Standards.....	11
Appendix 3: Quality Matrix.....	12
Appendix 4: Existing Reference Documents Prior to and During Visit .....	13

## 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 **East and North Hertfordshire NHS Trust on Thursday 16<sup>th</sup> July 2015** 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, Postgraduate Dean          Dr Kate Wishart, Deputy Postgraduate GP Dean          Mr Alex Baxter, Deputy Postgraduate Dean and Director of Dental Education          Rhonda Fusco, Professional Advisor –Nursing and Midwifery          Sue Agger, Senior Quality Improvement Manager          Judy Croot, Professional Advisor – Health Sciences          Sally Judges, Professional Advisor – Allied Health Professions          Gareth George, Head of Beds &amp; Herts Workforce Partnership          Anita Carter, Clinical Learning Environment Manager –Beds &amp; Herts Workforce Partnership          Emma Heslin, Clinical Learning Environment Lead – Beds &amp; Herts Workforce Partnership          Gary Cole, Clinical Learning Environment Lead– Beds &amp; Herts Workforce Partnership          Mr Richard Smith, Director of Medical Education – Norfolk &amp; Norwich Hospital University NHS Foundation Trust          Finola Devaney, Head of Quality, National Trust Development Authority          Alan Randle, Associate Dean Academic Quality Assurance (Practice Enhancement) – University of Hertfordshire          Dr Barbara Burden, Lead Midwife for Education, University of Bedfordshire          Brenda Purkiss, Patient and Public Voice Partner          Carol Kelsall, Patient and Public Voice Partner          Dr Rohin Francis, Trainee Representative          Katherine Fay, Student Representative – University of Hertfordshire          Laila Martin, Student Representative – University of Hertfordshire          Agnès Donoughue, Quality Coordinator</p>
<b>Trust Team</b>	<p>Nick Carver, Chief Executive          Miss Jane McCue, Medical Director          John Watson, Director of Operations          Angela Thompson, Director of Nursing          Dr Shahid Khan, Director of Medical Education          John Sloan, Deputy Director of Finance          Thomas Simons, Director of Workforce and Organisational Development TBC          Carolyn Fowler, Non-Medical Education Lead and Associate Director of Nursing          Mr Tim Lane, FTPD          Dr Deepak Jain, FTPD          Dr Nicola Anyamene, College Tutor, Oncology Department, Mt Vernon Hospital          Dr She Lok, RC Physician          Dr Thida Win, RC Physician          Mr Matt Metcalfe, RC Surgeon          Dr Anshoo Dhalaria, RC Paediatrician and Child Health          Mr Ezzat Hemaya, RC Obstetrics and Gynaecology          Ms Shachi Mudgal, RC Obstetrics and Gynaecology          Dr Jon Baker, RC Emergency Medicine          Dr Anil Kambli, RC Anaesthetist          Dr Matt Simpson, RC Anaesthetist          Dr Sarah Williams, RC Radiologist          Mr Stephen Campbell, RC Ophthalmologist          Caroline Kirby, Undergraduate Clinical Skills Tutor          Dr Farrukh Sheikh, SAS Tutor          Christine Crick, Medical Education Centre Manager          Sandeep Bachra, Medical Staffing Manager          Anne Timms, Medical Staffing Manager          Julie Beechey, Clinical Educator, Perioperative Care          Julie Charlwood, Radiology Clinical Manager</p>

	<p>Katie Chilton, Head of Midwifery and Gynaecology Nursing Services Manager          Caroline Dilks, Children’s Nursing Services Manager          Claire Hardiman, Consultant Clinical Physicist          Jagdeep Kudhail, Superintendent Radiographer          Tracey Radnall, Anaesthetics Nursing Services Manager          Urvina Shah, Clinical Learning Facilitator, Radiotherapy          Nikki Stewart, Clinical and Operational Lead for Dietetics          William Wong, Principal Pharmacist – Education and Training</p>
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## Visit Findings

### Introduction

The visiting team obtained a clear impression of a Trust with true commitment to multi-professional working, learning and training. The visiting team also recognised that this visit has come at the end of a long period of radical change within the distribution of services in the Trust and centralisation of acute services on the Lister site. The Trust demonstrated much insight into the challenges facing them and the responses that are necessary. The educational ethos was evident and the family and friends educational test extremely positive with regard to both trainees and students expressing that they would recommend this Trust as a place to train.

Domain/KPI/Standard	Notable Practice
<b>GMC Domain 5</b>	<p><b>Delivery of approved curriculum including assessment</b></p> <p>3.1 The GMC survey and trainee feedback confirms that training in Radiology is of a consistent high standard.</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>3.2 There are clear processes in place for the reporting and handling of serious incidents (SIs) and raising of concerns through Datix with constructive feedback and support across the professions including provision of learning opportunities.</p> <p>3.3 There is a strong trainee and student voice with trainee representation in Faculty groups and as part of the educational governance structures. The Trust is responsive to student and trainee feedback and changes are initiated appropriately.</p> <p>3.4 Feedback from various sources supports the view that both the Operating Department Practitioner (ODP) and Medical Physics programmes provide excellent training and develop the student experience.</p>
<b>GMC Domain 7/KPI 1</b>	<p><b>Management of education and training</b></p> <p>3.5 The Trust has clear well documented and effective governance in place for multi-professional education and training. There is explicit board level reporting and effective engagement with trainees and students through their representation on appropriate boards and committees.</p>

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p><b>Patient Safety</b></p> <p>4.1 There was evidence from both trainees and trainers that departmental induction was of variable quality with some areas of good practice but particular concerns being expressed around handover in Paediatrics and in Emergency Medicine. Trainees also reported that some departments have produced high quality induction packs whilst others do not. 'Out of phase' induction is also poorly provided.</p> <p>4.2 There was uncertainty expressed by radiography students about whether they had attended a Trust induction, placement induction or any induction.</p> <p>4.3 Recent School visits to Paediatrics and Emergency Medicine at the Lister site had both highlighted areas of significant concern in a number of areas. These however are subject to action planning under the aegis of the relevant Postgraduate School.</p>
GMC Domain 5	<p><b>Delivery of approved curriculum including assessment</b></p> <p>4.4 Concerns were expressed that following the centralisation of services on the Lister site, the Trust has not re-provided a dental skills training lab which means that there are now no such facilities for the whole of Hertfordshire.</p> <p>4.5 Both the GMC NTS and feedback received on the day confirmed that there are significant problems for the Trust in the adequate delivery of local teaching especially in T&amp;O, Medicine and F2, access to regional teaching and study leave in some specialties. There was little evidence that these issues were receiving the attention they deserve.</p> <p>4.6 The very busy workload in pharmacy was reported as having a detrimental effect on the trainer/trainee experience. In particular the access to planned assessments and trainee/ trainer 1:1s. The cardiac physiology students reported the impact from overseas recruitment was damaging the learner experience of trainer support.</p>
GMC Domain 6/KPI 4	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>4.7 It was noted during the visit that, although faculty groups were functioning in some specialties, this important function is still very patchy and therefore their ability to respond to the trainee voice is compromised.</p> <p>4.8 There appeared to be a lack of clarity about the supernumerary status of the students with reports from 3<sup>rd</sup> year students that during their time on placement they felt they had been treated as part of staffing numbers on the ward areas rather than as supernumerary students.</p>
GMC Domain 8	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>4.9 Trainees reported concerns that they were unable to access wi-fi in two distinct areas on the hospital site and in addition, provision of passwords to access clinical IT systems was often deficient.</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>

<b>Domain/KPI/Standard</b>	<b>Areas of Significant Concern</b>
<b>GMC Domain 1/KPI 3</b>	<p><b>Patient Safety</b></p> <p>6.1 Trainees expressed a number of significant concerns around the provision and quality of external locum cover provided to fill gaps in the rota in a number of specialties including Emergency Medicine, O&amp;G and medical specialties. In addition, there were several reports of locums arriving from overseas with poor language and clinical skills to a degree that existing staff would not refer patients and issues to them.</p> <p>6.2 Whilst handover had some areas of satisfactory practice, particular concerns were expressed by trainees regarding morning handover in medicine which was poorly organised and led, and several junior trainees felt undermined by the process and by one individual in particular. This issue had already been flagged up in a recent School visit.</p> <p>6.3 Trainees in Emergency Medicine reported that handover in the Emergency Department only occurred once a day and was on occasions poorly led and that one handover a day was insufficient for both patient and trainee needs.</p> <p>6.4 There are significant information governance issues. In particular, nursing students reported not having their own log-in details to gain access to the system and other students reported that although they had access to the system it did not work appropriately. Students reported sharing log ins with another student or mentors.</p>
<b>GMC Domain 3</b>	<p><b>Equality, Diversity and Opportunity</b></p> <p>6.5 Although the Trust has a commitment to 100% compliance with mandatory training in Equality and Diversity and Safeguarding Children and Vulnerable Adults, it is unable to provide evidence of this level of compliance for medical educators</p>
<b>GMC Domain 6</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>6.6 Although the Trust has in place some of the elements required to meet the GMC requirements regarding the recognition of Educational Supervisors and named Clinical Supervisors, the Trust must complete the appraisal and job planning processes for consultants to ensure that all the GMC requirements are in place by July 2016. The Trust must also ensure that Educational Supervisors and named Clinical Supervisors have the equivalent of 0.25PA per trainee per week within their job plans.</p>

<b>GMC Domain 7/KPI 1</b>	<b>Management of education and training</b>  6.7 It was not clear if there are governance processes or documentary evidence for the students on placement with Hertfordshire Community NHS Trust but placed at East & North Hertfordshire NHS Trust.
<b>GMC Domain 8</b>	<b>HEEoE funded investment/Educational Resources and Capacity</b>  6.8 All trainees and students interviewed expressed significant concerns about the Library Services and support available to them at the Mount Vernon Hospital site.

<b>Domain/KPI/Standard</b>	<b>Areas Requiring Further Investigation</b>
<b>GMC Domain 1/KPI 3</b>	<b>Patient Safety</b>  7.1 There were no areas for further investigation.

<b>Domain/KPI/Standard</b>	<b>Conditions</b>
<b>GMC Domain 1/KPI 3</b>	<b>Patient Safety</b>  8.1 The Trust must address and urgently resolve the issues identified around the provision and quality of locums since the reports received by the visiting team suggested that there may be associated significant patient safety concerns.  8.2 The Trust must address and resolve the concerns expressed regarding the provision of safe handover particularly within medicine and the emergency department. The reports of undermining within handover in medicine must also be addressed and resolved.  8.3 The Trust must investigate the concern raised regarding the sharing of IT passwords by nursing students, along with inappropriate access levels for therapeutic radiography students to the computer system. If it is found that individual specific passwords are being shared, action is to be taken to address this practice.  All staff, students and trainees must be reminded that only generic passwords for Datix are to be shared and all other passwords as person specific and must not be shared.
<b>GMC Domain 3</b>	<b>Equality, Diversity and Opportunity</b>  8.4 The Trust must ensure that it is delivering 100% compliance with the requirements for mandatory training in Equality and Diversity and Safeguarding Children and Vulnerable Adults and it must be able to evidence this compliance for medical educators.
<b>GMC Domain 6/KPI 4</b>	<b>Support and development of trainees, trainers and local faculty</b>  8.5 The Trust must deliver 100% compliance with the GMC requirements for the recognition of its educational supervisors and named clinical supervisors with regard to selection, training, appraisal and job

	<p>planning by July 2016. This includes evidenced provision of the equivalent of 0.25 PA per trainee per week within job plans.</p> <p>8.6 The organisation is required to take immediate action to ensure that mentors are given time to work with students during shift. It must ensure that PADs are not taken away by the mentors and that the practice assessment is completed with the student present.</p> <p>8.7 The organisation is required to take immediate action to ensure all third year students on their final placement are given an hour protected time with their Sign-Off mentor each week for the duration of their placement.</p>
<b>GMC Domain 8</b>	<p><b>HEEoE funded investment/Educational Resources and Capacity</b></p> <p>8.8 The Trust must find ways to significantly improve the Library services for trainees and students at the Mount Vernon Hospital site.</p>

<b>Domain/KPI/Standard</b>	<b>Recommendations</b>
<b>GMC Domain 1/KPI 3</b>	<p><b>Patient Safety</b></p> <p>9.1. The Trust should extensively review departmental induction in all specialties but particularly within Paediatrics and Emergency Medicine and for 'out of phase' starters. The Trust should seek to disseminate the good practice shown by some specialties who provide high quality induction packs to those who do not.</p> <p>9.2 The Trust should ensure that it is compliant with the requirements arising from the recent Postgraduate School visits to Paediatrics and Emergency Medicine.</p> <p>9.3 The Trust should clarify the induction procedures in place around induction for all learners.</p>
<b>GMC Domain 5</b>	<p><b>Delivery of approved curriculum including assessment</b></p> <p>9.4 The Trust should seek to fulfil its original commitment to re-provide a dental skills training laboratory at the Lister site.</p> <p>9.5 The Trust should urgently seek to address the concerns expressed by trainees with regard to various issues concerning local teaching, regional teaching and study leave.</p> <p>9.6 The Trust should ensure that support measures are in place to allow protected time for planned assessments and for 1:1s to take place between pharmacy trainees and cardiac physiology students and their trainers</p>
<b>GMC Domain 6/KPI 4</b>	<p><b>Support and development of trainees, trainers and local faculty</b></p> <p>9.7 The Trust should complete the process of developing functional faculty groups across all specialties.</p>



	9.8 The Trust should ensure that the supernumerary status of all students is protected and that mentors are reminded to monitor that all students fully understand the learning outcomes of duties given to them.
<b>GMC Domain 7/KPI 1</b>	<b>Management of education and training</b> 9.9 The Trust should work towards incorporating Hertfordshire Community NHS Trust students into the East & North Herts student forums and student support resource and learning opportunities.
<b>GMC Domain 8</b>	<b>HEEoE funded investment/Educational Resources and Capacity</b> 9.10 The Trust should address the concerns expressed with regard to the quality of IT support for trainees, particularly wi-fi access and the timely provision of personal passwords.

### Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **East and North Hertfordshire NHS 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>	An action (improvement) plan to address the conditions and recommendations highlighted in the report is required <b>by 16/10/15</b> .  A formal update on the action (improvement) plan is required <b>by 16/01/16</b> .
	<b>Next QPR Visit:</b>	Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality Performance Review [QPR] will be in <b>2018</b> .



Deputy Postgraduate Dean: Dr Jonathan Waller

Date: 13<sup>th</sup> August 2015

## **Appendix 1: GMC Domains and Standards**

### **Domain 1 – Patient Safety**

The duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.  
There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

### **Domain 2 – Quality Management, review and evaluation**

Specialty including GP training must be quality managed, reviewed and evaluated.

### **Domain 3 – Equality, diversity and opportunity**

Specialty including GP training must be fair and based on principles of equality.

### **Domain 5 – Delivery of approved curriculum including assessment**

The requirements set out in the approved curriculum must be delivered and assessed.  
The approved assessment system must be fit for purpose.

### **Domain 6 – Support and development of trainees, trainers and local faculty**

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Standards for trainers:

- Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.
- Trainers must be involved in, and contribute to, the learning culture in which the patient care occurs.
- Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.
- Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

### **Domain 7 – Management of education and training**

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

### **Domain 8 – Educational resources and capacity**

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

### **Domain 9 - Outcomes**

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

<b>Appendix 2: Key Performance Indicators (KPIs)/Standards</b>
<b>KPI One – Education Governance</b>
The organisation is assured that they have robust education governance in place
<b>KPI Two – Learning Environment</b>
The organisation provides high quality learning environments for students
<b>KPI Three – Quality of Care</b>
Students are adequately prepared by the provider organisation to deliver high quality care.
<b>KPI Four – Student Support / Education / Assessment</b>
Students are effectively supported, educated and assessed by the provider organisation.
<b>KPI Five – Investment of HEEoE Commissioned Funding</b>
Provider organisations demonstrate effective utilisation of the HEEoE commissioned funding investment.

# Appendix 3: Quality Matrix

Trust: E&N Herts NHS Trust					Date: 2014				
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%	Amber	<90%	186 of 187 attendance - Registers	Attending Induction 1st October 2014
		Departmental Induction	% of trainees participating	LEP records	100%	Amber	<90%	82% (190/232) records returned Aug 2014	Records are continued to be collated
		Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%	Amber	<90%		Audit to be conducted
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	Green	<90%	Allocate 'software	
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	Green	<90%	Monitoring 2014 'allocate' software	
	NEW	Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%	Green	<90%	Rotas changes endorsed by College Tutor and / or DME	
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%	Amber	<90%	GMC survey	
		Overall satisfaction rating	Outlier status	GMC Survey	Green	Amber	<90%	GMC survey	
		Unsatisfactory ARCP outcomes	% ARCP 5	MEECE	5%	Green	>10%	1% (14 : 445)	
	Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	Amber	<50%	
Appropriately trained to AoME standards			% trained	LEP records	100%	Amber	<90%	80% 122-153	Up to date records were available for 122 supervisors. Records for the remaining 29 supervisors are awaited.
Appropriately appraised to AoME standards			% reviewed/appraised	LEP records	100%	Amber	<50%		This is part of the annual appraisal
Required time allocation in job plans			% trainers with allocation in job plans	LEP records	100%	Amber	<90%		To reviewed in December 2014 after
NEW		Trained in workplace-based assessments	% trained	LEP records	100%	Amber	<90%	80% 122-153	Part of the supervisor training programme
		Trained in the use of e-portfolio	% trained	LEP records	100%	Amber	<50%	80% 122-154	Part of the supen
		Trained in Equality and Diversity	% trained	LEP records	100%	Amber	93%	<90% 93% 142-153	Mandatory training updates are being conducted
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Amber	<90%	55% 94:153	Mandatory training updates are being conducted
		Appropriately trained to AoME standards	% trained	LEP records	100%	Amber	54%	<50% 54% 56:104	
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	Amber	<50%		Part of annual appraisal
Clinical Supervisors (who are not educational supervisors)		Trained in workplace-based assessments	% trained	LEP records	100%	Amber	<90%	54% 56:104	
		Trained in Equality and Diversity	% trained	LEP records	100%	Amber	90%	<90% 90% 94:104	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	Amber	<90%	74% 76:104	
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes	Amber	No	DME to MD via RAQC - Trust Board sub committee	
		Evidence of Board discussion of PGMET (3)	Minuted discussion every meeting/identifiable	LEP records	Yes	Amber	No	RAQC minutes	
	Supervision		* 0.125 PA/trainee/week/ consultant %						To be reviewed in December 2014 after the feedback from the regional group set up by HE EOE
		Sufficient time allocated for educational supervision		LEP records	>1h/w	Amber	<0.5		Foundation posts 112 are compliant. Figures for other grades are not available at present.
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes	Amber	No		
		Protected teaching time provided	% Yes	LEP records	100%	Amber	90%		This varies by speciality & figures will be available after trainees survey in november 2014
NEW	Protected teaching time accessible	% Yes	LEP records	100%	Amber	90%			
	How many hours/week on average protected time	Number of hours (4)	LEP records	4	Amber	3	2		
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%	Amber	<95%		There are no trainees with fitness to practice issues till the last exception report.
<p>* 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.</p>									
Notes									
1	Key areas to be covered in induction are detailed in GMC GST 6.1 and 6.2.								<a href="#">Link</a>
	6.1 Every trainee starting a post or programme must access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; and their duties and reporting arrangements to ensure they are told about departmental policies and to meet key staff.								
	6.2 At the start of every post within a programme, the educational supervisor (or representative) must discuss with the trainee the educational framework and support systems in the post and the respective responsibilities of trainee and trainer for learning. This discussion should include the setting of aims and objectives that the trainee is expected to achieve in the post.								
2	Training programme directors should refer to speciality specific guidance issued by the relevant Royal College (if available) in making this judgement.								<a href="#">Link</a>
3	As a guide, discussion of PGMET or educational governance at Board level should occur with a frequency similar to that of clinical governance.								
4	As a guide, the expectation is that trainers' job plans should include one hour of educational supervision time per week per trainee educationally supervised. * Total hours in job plans (6)								

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

Learning and Development Agreement – East & North Herts

CQC Reports 2013 & 2014

List of SIs

Trust Quality Report 2014

Notes of QPR Pre-Visit Meeting with Trust – May 2015

Deanery Performance and Quality Review (DPQR) Visit Report – January 2013

Trust Action Plans and Responses to Action Plans

QIPF Self-Assessment 2014/15

QIPF Education Providers Reviews of Employer Organisations 2015

Pre-Registration Survey Report 2014/15

Post-Registration Survey Report 2013/14

Health Care Sciences, Pharmacy and Allied Health Professions Documentation

Libraries Quality Assurance Framework (LQAF) Report 2014

HEEoE Quality Summary Report 2015

Director of Medical Education's QM3 Report 2014 [updated June 2015]

GMC Training Survey Outliers 2009 – 2015

GMC Survey Patient Safety and Undermining Concerns 2014/15

School Visit Reports and Trust Action Plans relating to:

School of Anaesthesia 2014/15

School of Dentistry 2012

Foundation School 2012/2015

School of General Practice 2011/2015

School of Medicine 2015

School of Obstetrics & Gynaecology 2014

School of Ophthalmology 2014

School of Radiology 2013

School of Surgery 2014/15

Additional documents provided by the Trust:

Trust Educational Governance Structures

Minutes of Trust Board Meetings 2015

Learning Points/Information for Clinical Governance Rolling Half Days 2015

Minutes of Risk and Quality Committee Meetings 2015

Statutory Training Performance Exception Reports 2015

Patient Safety Matters 2015

Trust Progress Report on Pathology Issues

Laboratory-based Performance Issues Document