NHS

Health Education East of England

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Quality and Performance Review Visit
Luton and Dunstable University Hospital NHS Foundation Trust
Friday 3rd July 2015

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Quality and Performance Review Visit
Luton and Dunstable University Hospital NHS Foundation Trust
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Visit Report

Contents

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 **Luton and Dunstable University Hospital NHS Foundation Trust** on **Friday 3rd July** 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	Dr Jonathan Waller, Postgraduate Dean Dr Alys Burns, Deputy Postgraduate Dean Prof John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Rhonda Fusco, Professional Advisor – Nursing and Midwifery Peter Jarritt, Professional Advisor – Physical Science and Engineering, CUHFT Sally Judges, Professional Advisor – Allied Health Professions Gareth George, Head of Beds & Herts Workforce Partnership Anita Carter, Clinical Learning Environment Manager, Beds & Herts Workforce Partnership Emma Heslin, Clinical Learning Environment Lead, Beds & Herts Workforce Partnership Paul Bates, Clinical Learning Environment Lead, Beds & Herts Workforce Partnership (observing) Dr Clive Lewis, Director of Medical Education, Papworth Hospital NHS Foundation Trust Dr Henna Jaleel, Director of Medical Education, Southend University Hospital NHS Foundation Trust Dr Barbara Burden, Lead Midwife for Education, University of Bedfordshire Elaine Gannon, Associate Dean Enterprise (NHS Engagement), University of Hertfordshire Liz Houghton, Patient and Public Voice Partner Carol Kelsall, Patient and Public Voice Partner Jess Gould, Student Representative, University of Hertfordshire Gayle Burridge, Student Representative, University of Bedfordshire Agnès Donoughue, Quality-Coordinator
Trust Team	Pauline Philip, Chief Executive Dr Robin White, Deputising for Medical Director Matthew Gibbons, Deputy Director of Finance Alison Clarke, Non-Executive Director Patricia Reid, Chief Nurse Angela Doak, Director of Human Resources Dr Nisha Nathwani, Director of Medical Education Carmel Synan-Jones, Non-Medical Clinical Tutor Dr Mark Alexander, Associate Director of Medical Education Jane Kemp, Clinical Education Facilitator Marion Collict, Director of Transformation Sally Gitkin, Head of Organisational Development & Learning Dr Ritwik Banerjee, Foundation Training Programme Director Dr Harriet Nichols, Associate Medical Director & Simulation Lead Dr Raj Khanchandani, GPST Director Angie Heilmann, DCP Tutor Dr M Hemavathi, College Tutor Dr A Ingram, College Tutor Dr A Sharma, College Tutor Mr S Gurjar, College Tutor Ms P Maharajan, College Tutor Mary Evans, Chief Pharmacist Barbara Turner, Manager for Radiography Cathy O'Mahony, Education Lead for Healthcare Sciences Sharon Fletcher, Medical Education Manager (Operational) Frances McMahon, Medical Education Manager (Quality)

HEEoE QPR Visit Report Template

Visit Findings

Introduction

The visiting team gained a clear vision of a Trust with well-motivated trainers, trainees and students who, by a vast majority, would recommend their training to colleagues. Very positive feedback during the visit was received from all the groups interviewed.

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	**Patient Safety** 3.1 The engagement of the Trust in the Quality and Safety agenda was robust and wide ranging and this was exemplified by the high quality of the Schwarz rounds which have been in place now for over two years.
GMC Domain 5	**Delivery of approved curriculum including assessment** 3.2 There was clear evidence of exceptional educational leadership within the Emergency Department for not only trainees but including support for the development of non-training grades. 3.3 There was also strong educational leadership and management of the Foundation Training programme with exceptional support for trainers and true trainee engagement within this. 3.4 Occupational Therapy (OT) and Physiotherapy placements were very well organised and demonstrated that the needs of individual students and departments were considered and met. Innovative solutions to issues were being realised and there was a strong belief in providing high quality placements.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 3.5 There was clear evidence of a well-established and functioning network of Faculty groups with active engagement of trainees and trainers across all specialties.
GMC Domain 7/KPI 1	**Management of education and training** 3.6 The Trust should be commended on its introduction of the new leadership practitioner nurse role that has been implemented to support leadership in clinical areas. The impact of this post has increased student nurse capacity within some placements.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity** 3.7 All professional groups testified to the excellent well-resourced library services and the outstanding support provided by the enthusiastic library staff.

Domain/KPI/Standard	Areas of Recognised Improvement
GMC Domain 5	**Delivery of approved curriculum including assessment** 4.1 The Trust has made impressive progress with regard to the concerns previously identified within the Obstetrics and Gynaecology training programme but these have yet to be tested in the longer term.

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	**Patient Safety** 5.1 Student and trainee experience varied across Allied Health (AHP), Health Care Sciences (HCS) and Pharmacy professions with only some receiving robust information regarding the reporting of serious incidents and near misses. 5.2 Although a pre-placement visit for Radiography students is good practice and appreciated by the students, a representative was not always available on the first day of placement which had led to a poor initial experience for students.
GMC Domain 5	**Delivery of approved curriculum including assessment** 5.3 The GMC survey and reports from trainees and trainers confirmed that there are significant issues within the Trust regarding the delivery of local and regional teaching and the availability of study leave. This was particularly marked regarding the release of GP trainees to attend their half day training programme and the provision of sub-specialty education within medicine. 5.4 Whilst the visiting team noted with interest plans for an extensive new site development programme at the Trust, this does have the potential to destabilise the delivery of education and training across the professions. 5.5 Pharmacy trainees and technicians reported some challenges in meeting all competencies due to work pressures.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 5.6 Medical educators during their collective meeting with the visiting team volunteered that the opportunity for educators from different specialties to meet had proved a valuable experience and felt that they would benefit from having such a forum within the Trust. 5.7 Whilst the Trust has introduced some extended roles such as Advanced Nurse Practitioners (ANPs) and alternative ways of working, such initiatives are still patchy and not fully developed. 5.8 There appeared to be a lack of clarity around the supernumerary status of the students with reports from third 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.

	5.9 Students stated that, whilst they were aware of the student forums, they could not always attend them due to the high workload on the wards.
	5.10 The students present in the group session were not aware of the Trust engagement initiatives such as the Schwartz Rounds or the Safeguarding Breakfasts. The mentors were not aware either of the Patient Safety/Safeguarding Breakfast sessions organised by the Trust.
	5.11 Whilst the Trust is praised on the whole day mentor update programme, students fed back that many mentors do not fully understand the Placement Assessment Document (PAD).
	5.12 The level of supervision provided to Pharmacy trainees, technician trainees and Radiography students was reported to be patchy. Discrepancies were also noted regarding the provision of placement feedback to Radiography students.
	5.13 Despite some good examples given by mentors/educators regarding access to CPD, this seemed to be inconsistent across and within teams.
GMC Domain 7/KPI 1	**Management of education and training** 5.14 It was felt by the visiting team that, although there was in place documented governance of education and training, there was a lack of clarity relating to the interactions between the Training and Education Committee, the Clinical Operational Board, the Executive Board and the Trust Board of Directors. There was significant overlap in the membership of these bodies but the visiting team was concerned as to representation within this by the non-medical Clinical Tutor and the lack of adequate engagement for Allied Health Professions, Healthcare Sciences and Pharmacy. 5.15 Whilst the visiting team was very grateful for the helpful presentation regarding the allocation of funding for education and training within the Trust, this lacked sufficient clarity and transparency to provide full assurance in this area.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity** 5.16 Many AHP/Pharmacy/Radiography students and trainees were not aware of the library resources available in the organisation.

Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	**Patient Safety** 6.1 There were no areas of immediate concern.

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	**Patient Safety** 7.1 Whilst the Trust has made significant progress towards resolving the issues within the acute medical care pathway identified at the recent enhanced School of Medicine inspection with the GMC, there remain significant concerns regarding the full delivery of the required actions. 7.2 Trainees consistently reported issues around information technology, in particular the Trust has seven different systems which doctors in training must access, log in details given often do not work and there are worrying issues around locums being unable to access or use electronic prescribing. In general, access to IT via Wi-fi was a significant problem. 7.3 Occupational Therapy (OT), Physiotherapy and Radiography students reported not having Trust emails and using generic logins to access IT systems.
GMC Domain 3	**Equality, Diversity and Opportunity** 7.4 The Trust was unable to evidence 100% compliance with mandatory training in Equality & Diversity and Safeguarding Children and Vulnerable Adults for educational and clinical supervisors. Whilst this may be accounted for by a systems problem, the Trust must be able to both achieve and evidence that the required training has been completed.
GMC Domain 5	**Delivery of approved curriculum including assessment** 7.5 There was clear evidence that the high clinical workload within the Trust has a marked negative impact on the Trust's ability to develop education and training in many specialties.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 7.6 Although the Trust has appropriate processes for the selection and training 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 0.25PA per trainee per week within their job plans. 7.7 Students reported that mentors do not have sufficient time during a shift to complete the student assessment paperwork and several students in the group shared with the visiting team that mentors are taking Placement Assessment Documents (PAD) off site to be completed, which had led, in some instances, to the loss of these documents and subsequently to the loss of the student's record of achievement. Such practice has been driven by the lack of protected time for mentors to complete the essential student assessment and thus compromising the learning opportunity for the students. 7.8 It was also highlighted that third year students were not aware of, and not receiving, the NMC standard of one hour protected time each

	week with their Sign-Off Mentor. This practice should be in place to ensure the final placement and subsequent assessments are robust and that students are given sufficient time and support to achieve the necessary practice outcomes.

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 8.1 A number of students during the engagement session fed back to the visiting panel that they had witnessed senior nursing staff shouting and speaking in a derogatory way to junior staff. Whilst the students themselves had not been the recipient of such behaviour it had impacted on their learning experience. The students also reported observing derogatory statements being made towards midwifery staff by the general adult nursing staff. The students were not willing to name the individuals or wards on which they had observed the behaviour. The trust is asked to investigate these reports and to provide a response to HEEoE by 28th August. 8.2 A number of students also fed back that during their placement they had on occasions been referred to as the student or called 'student 1' as staff on the ward had not taken the time to learn their names. Some reported this behaviour occurring on placements over nine weeks long. The students were not prepared to share the names of individuals or placement area where this behaviour occurred. The Trust is asked to investigate this report and to provide a response to HEEoE by 28th August.

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	9.1 The Trust must ensure that it fully addresses and resolves the issues within the acute medical pathway identified at the last enhanced School of Medicine inspection visit with the GMC. 9.2 The Trust must investigate and resolve the IT access and information governance issues identified by the visit and, in particular, the issues around locum access to electronic prescribing. 9.3 The Trust should review IT access for OT, Physiotherapy and Radiography students and ensure information governance requirements are being met.
GMC Domain 3	**Equality, Diversity and Opportunity** 9.4 The Trust must be able to assure HEEoE that they have delivered and can evidence the delivery of 100% compliance with mandatory training with Equality and Diversity and Safeguarding Children and Vulnerable Adults for educational and clinical supervisors.
GMC Domain 5	**Delivery of approved curriculum including assessment** 9.5 The Trust must address the issues of the negative impact that high workload in many specialties is having on the ability to develop high

Domain/KPI/Standard	
	quality education and training.
	9.6 The Trust must ensure that the acknowledgement improvements achieved within education and training in Obstetrics and Gynaecology are fully embedded within this specialty and can demonstrate their sustainability.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty**
	9.7 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 planning by July 2016. This includes evidenced provision of the equivalent of 0.25 PA per trainee per week within job plans.
	9.8 The organisation is required to take immediate action to ensure that mentors are given protected 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.
	9.9 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.
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity**
	9.10 Education Leads should work with the Trust's Library and Knowledge Lead to ensure students and trainees from all professions including AHP/Pharmacy and Radiography are receiving equitable access to resources.

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	**Patient Safety**
	10.1 The Trust should review its local induction policies to ensure a more proactive coverage of incident reporting in all departments.
	10.2 It is recommended that the staff rota is structured so that at least one member of the student team is available on the student's first day of placement.
GMC Domain 5	**Delivery of approved curriculum including assessment**
	10.3 Whilst there are some specialties where the delivery of local and regional and access to study leave are acceptable, there remain significant concerns regarding the delivery of local and regional teaching and study leave which have a significant impact on the trainee experience and curriculum delivery at the trust. These issues need to be investigated and addressed appropriately.
	10.4 It is recommended that the Trust should carry out a formal risk assessment of the potential impact on education and training for all

		professions by the new site development programme and work with teams to support staff, trainees and students.
	10.5	The Trust should review how Pharmacy competencies are being met and how expectations are communicated to trainees.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty**	
	10.6	It is recommended that the Trust consults with its medical educators particularly at the educational and named clinical supervisor level to develop a forum for sharing between the different specialties within the Trust in order to build on the existing receptive environment for cross fertilisation of ideas.
	10.7	Given the acknowledged high workload within the Trust and the need to address this to enhance education and training, it is strongly recommended that the Trust further explores the introduction of extended roles and alternative ways of working as part of the solution to this issue.
	10.8	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.
	10.9	The Trust should ensure that learning opportunities both within the ward and beyond are accessible to all students.
	10.10	Whilst the Trust is commended on its Schwartz Rounds and Safeguarding Breakfasts, it is encouraged to promote these to students and mentors and ensure that students are able to attend, which will maximise opportunities for learning and sharing.
	10.11	The Trust is asked to ensure that mentors are all fully briefed on the use of the PAD in order to be able to complete students' assessments.
	10.12	The Trust should provide assurance that all Pharmacy and Radiography students and trainees are receiving the expected supervision and that Radiography students are receiving placement feedback.
	10.13	The Trust should review their processes to ensure that there is equity of access to CPD across all professions. There also needs to be assurance that staff are released to attend mentor/educator training and updates.
GMC Domain 7/KPI 1	**Management of education and training**	
	10.14	The Trust should review its governance structures concerning education and training to clarify and simplify this and to ensure that it is truly multi-professional with adequate representation by the Non-Medical Clinical Tutor within these structures. It should also ensure adequate engagement for the AHPs, HCSs and Pharmacists in training.
	10.15	The Trust should increase the clarity and transparency of its funding allocations for education and training across all the professions following the introduction of tariff

GMC Domain 8	HEEoE funded investment/Educational Resources and Capacity
	10.16 The Trust should ensure that all AHP/Pharmacy/Radiography students and trainees are aware of the library resources available to them.

Decision of HEEoE Directorate of Education and Quality Review
With regard to the provision of postgraduate medical education and training, *Luton and Dunstable University Hospital 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:	A report on the areas requiring further investigation is required **by 28/08/15**. An action (improvement) plan to address the conditions and recommendations highlighted in the report is required **by 03/10/15**. A formal update on the action (improvement) plan is required **by 03/01/16.**
	Next QPR Visit:	Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality Performance Review [QPR] will be in **2018**.

Dr Jonathan Waller

Postgraduate Dean/Deputy Postgraduate Dean   Date: 3rd 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 with 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 organisation is assured that they have robust education governance in place

KPI Two – Learning Environment

The organisation provides high quality learning environments for students

KPI Three – Quality of Care

Students are adequately prepared by the provider organisation to deliver high quality care.

KPI Four – Student Support / Education / Assessment

Students are effectively supported, educated and assessed by the provider organisation.

HEEoE QPR Visit Report Template

KPI Five – Investment of HEEoE Commissioned Funding

Provider organisations demonstrate effective utilisation of the HEEoE commissioned funding investment.

Appendix 3: Quality Matrix

Trust:			Date: 17th September 2014						

Quality Metrics Dashboard Against LDA Requirements

| | | | | | Self assessment RAG Status | | | | |
Group	Category	Metric	Measure	Data Source	Goal (3)	Amber (2)	Red (0/1)	Source of evidence for self assessment *	Action plan to achieve full compliance
					Green	Amber	Red		
Trainee	Induction	Hospital Induction	% of trainees participating	LEP records		98%		Attendance records	I trainee was sick and other was on night shift immediately prior to induction
		Departmental Induction	% of trainees participating	LEP records		98%			Trainees who did not attend have received 1:1 departmental inductions
		Induction content covers all key areas	% of inductions judged satisfactory (1)	LEP records	100%			Induction programme	
	Working Patterns	EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%			HR records	
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records				No evidence from HR	
		Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records		Amber		See school of medicine reports	
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records		Amber		2014 GMC survey	
	NEW	Overall satisfaction rating	Outlier status	GMC Survey		Amber		2014 GMC survey	
	Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEoE			11%	HEEoE data	
Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%			appointment letters	
		Appropriately trained to AoME standards	% trained	LEP records		95%		Training records	
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records		94%		94% Trust appraisal	
		Required time allocation in job plans	% trainers with allocation in job plans	LEP records			38%	HR records	
		Trained in workplace-based assessments	% trained	LEP records		95%		CS training records	Faculty & Tutor action required
	NEW	Trained in the use of e-portfolio	% trained	LEP records	100%			Faculty training records	
		Trained in Equality and Diversity	% trained	LEP records		94%		T&D records	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records			65%	T&D records	
	Clinical Supervisors (who are not educational supervisors)	Appropriately trained to AoME standards	% trained	LEP records	100%				
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records				No data avaialble	
		Trained in workplace-based assessments	% trained	LEP records				No data avaialble	
		Trained in Equality and Diversity	% trained	LEP records				No data avaialble	
		Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records				No data avaialble	
Training Environment	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes				
		Evidence of Board discussion of PGMET (3)	Minuted discussion every meeting/identifiable	LEP records		See executive summary			
	Supervision	Sufficient time allocated for educational supervision	* 0.125 PA/trainee/week/ consultant %	LEP records			38%	HR records	
	Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes				
	Teaching	Protected teaching time provided	% Yes	LEP records			90%		
		Protected teaching time accessible	% Yes	LEP records			90%		
		How many hours/week on average protected time	Number of hours (4)	LEP records			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%				

> * 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.

Notes

1 Key areas to be covered in induction are detailed in GMC GST 6.1 and 6.2. Link

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 specialty specific guidance issued by the relevant Royal College (if available) in making this judgement. Link

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 - Luton and Dunstable

CQC Report – October 2013
List of SIs

Trust Quality Report 2015
Notes of QPR Pre-Visit Meeting with Trust – May 2015
Deanery Performance and Quality Review (DPQR) Visit Report – February 2013
Trust DPQR Action Plans and Response to Action Plan 2013

QIPF Self-Assessment 2014/15
QIPF Education Provider Reviews of Employer Organisations: University of Hertfordshire 2015
Pre-Registration Survey Report 2014/15
Post-Registration Student Survey 2013/14
Radiography, Allied Health Professions and Pharmacy Documentary Evidence
Libraries Quality Assurance Framework (LQAF) Report 2014

HEEoE monthly Quality Summary – April 2015
Director of Medical Education's QM3 Report 2014 [updated June 2015]

GMC Training Survey Outliers 2009-2015
GMC Survey Patient Safety Concerns 2015 and Trust Response
GMC Survey Undermining Comments 2015 and Trust Response

Visit Reports and Trust Action Plans relating to:
School of Anaesthesia 2009/15
School of Dentistry 2012/15
School of Emergency Medicine 2015
Foundation School 2014/15
School of General Practice 2013
School of Medicine 2013/15
School of O & G 2014/15
School of Ophthalmology 2009/15
School of Paediatrics 2013/15
School of Radiology 2013
School of Surgery 2015

Additional documents provided by the Trust:
Educational Governance Structures
Minutes of Trust Board Meetings 2014/15
Executive Board Reports 2014/15
Minutes of the Division of Medical and Dental Education and Research Meeting 2015
Training and Education Committee Terms of Reference and Minutes 2015