

**Quality and Performance Review Visit
Norfolk & Norwich University Hospitals NHS Foundation Trust
7th May 2015**

Visit Report

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Introduction

- 1.1 Health Education East of England (HEEoE) commissions and quality manages postgraduate medical, dental and healthcare education on behalf of Health Education England. It does so within the Corporate and Educational Governance systems of Health Education England and to the standards and requirements of the General Medical Council (GMC), General Dental Council (GDC), the Nursing and Midwifery Council (NMC) and other allied healthcare education regulators and requirements. These processes are outlined in Health Education East of England's Quality Improvement and Performance Framework (QIPF).
- 1.2 As part of the development and implementation of the Quality Improvement and Performance Framework, HEEoE seeks to ensure that, where possible, we align quality improvement processes to ensure that the quality of our education and training within our employer organisations and our education providers is continually improved. The HEEoE Quality and Performance Reviews are a key part of this developing process.
- 1.3 Quality management uses information from many and varied sources that triangulate evidence against standards of the quality of education and training within local education providers and across the east of England. These sources include student, trainee and trainer surveys, the Quality Improvement and Performance Framework (QIPF), panel feedback (e.g. ARCP panels), hospital and public health data (e.g. HSMR), visits by specialty colleagues ("School Visits") and Quality and Performance Reviews (formerly known as Deanery Performance and Quality Reviews) that may be planned or triggered by concerns or events.
- 1.4 Whilst Health Education East of England's Quality Management processes incorporate information from many sources, it is explicit that the primary purpose of the Quality and Performance Review is the quality management of non-medical, medical and dental education and training. The visit is not designed to, nor capable of, providing a thorough assessment of the quality care provision. Moreover, if concerns are identified, these are passed on to those responsible and where appropriate shared through Quality Surveillance Groups or with regulators.
- 1.5 This report is of a planned Quality and Performance Review assessing non-medical and medical education and training in the provider, and is not a response to any concerns.
- 1.6 This report is based on sampling via surveys and visits and is not therefore exhaustive. The findings are provided with the caveat that any further conclusions that are drawn and action taken in response to those conclusions may require further assessment.

This report summarises the findings and recommendations of the "Quality and Performance Review" to Norfolk & Norwich University Hospitals NHS Foundation Trust on 7th May 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

Visiting Team	<p>Dr Jonathan Waller, Postgraduate Dean (Visit Lead) Dr Alys Burns, Deputy Postgraduate Dean Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Mr Alex Baxter, Deputy Postgraduate Dean and Director of Dental Education Chris Birbeck, Head of Quality Improvement Susan Agger, Senior Quality Improvement Manager Rhonda Fusco, Professional Advisor – Nursing and Midwifery Judy Croot, Professional Advisor – Health Sciences Sally Judges, Professional Advisor – Allied Health Professions Dr Barbara Lloyd, Professional Advisor for Life Sciences, CUHFT Ross Collett, Head of Norfolk & Suffolk Workforce Partnership Sandra Gover, Clinical Learning Environment Manager, Norfolk & Suffolk Workforce Partnership Mr Bruce Ramsay, Associate Medical Director of Medical Education, Peterborough & Stamford Hospitals NHS Foundation Trust Julia Hubbard, Representative, University of East Anglia Professor Richard Holland, Course Director and Professor of Public Health Medicine, University of East Anglia Medical School Liz Houghton, Patient and Public Voice Partner Carol Kelsall, Patient and Public Voice Partner Dr Dhanya Mullassery, Trainee Representative Emma Reason, Student Representative, University of East Anglia Agnès Donoughue, Quality Co-ordinator</p>
Trust Team	<p>Mr Peter Chapman, Medical Director Mr Milind Kulkarni, Associate Medical Director Professor David Richardson, Non-Executive Director - Education Sheila Budd, Deputy Director of Finance Richard Parker, Interim Chief Operating Officer Jeremy Over, Director of Workforce Emma McKay, Director of Nursing and Education Esther Jewson, Medical Workforce Manager Mr Richard Smith, Director of Medical Education Mr Charles Mann, Deputy Director of Medical Education Paula Balls, Non-Medical Clinical Tutor Dr Calum Ross, Foundation Training Programme Director Monica Little, Medical Education Manager Karen Crockett, Deputy Medical Education Manager Clive Beech, Deputy Chief Pharmacist Julia Watling, Head of Learning and Development Tracey Fleming, Head of Occupational Therapy Services Miss Daisy Nirmal, College Tutor - O&G Dr Jane Evans, College Tutor - Emergency Medicine Dr Manasi Bhagwat, College Tutor - Anaesthetics Mr Phil Hopgood / Mr Simon Wemyss-Holden, College Tutors - Surgery Dr Arne Juette, College Tutor - Radiology Mr David Spokes, College Tutor - Ophthalmology Dr Rahul Roy, College Tutor - Paediatrics Dr Laszlo Igali, College Tutor - Pathology</p>

Visit Findings

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>3.1 The trainees met reported excellent clinical supervision by committed consultants across the specialties, in particular Urology, Paediatric Surgery and Trauma and Orthopaedics at the higher level, and across all levels for Anaesthesia and Radiology.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>3.2 All of the students reported that the Trust provides a very positive learning environment with Audiology and Occupational Therapy being reported as exemplary.</p> <p>3.3 The supernumerary status of the commissioned students is well understood and the learning time for them in the clinical placement areas protected.</p>
	<p>Management of education and training</p> <p>3.4 The Mentors and other educational post holders demonstrated an understanding of their role in developing the potential future workforce and saw this as a 'badge of honour'. They also recognised the need for good governance and they are beginning to engage with the Trust's educational governance processes. There was also a clear understanding that, as mentors, they are supporting the development of the workforce of the future.</p> <p>3.5 There is good leadership from the Non-Medical Clinical Tutor. A wide range of commissioned students and Trust staff reported how effective the role and the post holder are.</p>

Domain/KPI/Standard	Areas of Recognised Improvement
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>4.1 There was consistent praise and support for the role of the Nursing Practice Educators and it was noted that an additional five posts had been recruited to recently. The impact of this in the clinical areas, especially those areas running the Collaborative Learning in Practice (CLiP) project, was very positive with both the mentors and the students feeling better supported.</p>

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>5.1 The trainees reported issues with the ENT/Plastic Surgery cross-cover which was felt to be unsafe. This matter will be referred to the School of Surgery for investigation.</p> <p>5.2 There were concerns expressed by trainees about handover in the Emergency Department which need to be investigated by the School of Emergency Medicine.</p> <p>5.3 Consultant-led handover in Medicine was reported to be patchy, in particular morning handover was described as less formal.</p> <p>5.4 The medical trainees reported a lack of clarity with regard to the mandatory training requirements associated with Trust induction.</p> <p>5.5 The ODP students reported that they would have liked a corporate induction at the start of their programme although all of them had received a comprehensive local orientation. Inconsistencies in local induction for non-medical students however were noted.</p> <p>5.6 Although there are processes in place for the reporting of, and learning from Serious Incidents (SIs), the Trust should enhance the effective dissemination of, and learning from, SIs to all students and trainees across the professions including the organisation of educational activities focussed on cascading the learning from them to these groups.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>5.7 The education governance arrangements appear to be operating well, however it is felt that there could be more communication and active involvement with the staff, which would result in a truly multi-professional approach to clinical governance and inter-professional learning and development.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>5.8 The trainees reported deficiencies in the delivery of core surgical training and core medical training, in particular access to clinics. These issues will be referred to the Schools of Surgery and Medicine respectively for investigation.</p> <p>5.9 Issues with access to attend the GP half day release will be taken up through the School of General Practice.</p> <p>5.10 The MRCP teaching delivered by Jean McKay is reported to be of excellent quality and was greatly valued by all the trainees met. The Trust would benefit from providing a similar resource to other specialties.</p> <p>5.11 The medical undergraduate students seemed unaware of the process for raising concerns.</p>

<p>GMC Domain 6/KPI 4</p>	<p>Support and development of trainees, trainers and local faculty</p> <p>5.12 There are good mentorship arrangements in place with supportive mentors providing good learning experiences and opportunities. However more work needs to be done regarding the capacity of the mentors to ensure that they have appropriate levels of protected time. It was reported by both nursing students and mentors that many had to use their own time, including annual leave, to complete assessments. This issue is also being compounded by the necessity for the mentors to provide support to a range of others e.g. overseas nurses, preceptees, within the clinical areas.</p> <p>5.13 Although the Trust has robust processes to harness the trainee/student voice, and there is evidence that students and trainees have actively seen changes that have occurred as a result of their feedback, this does not apply to all professional groups. In particular, it was reported that Allied Health Professions (AHP) students and Health Care Sciences (HCS) and Pharmacy trainees were not aware of any student fora.</p> <p>5.14 Mentors also reported an absence of fora for Mentors where they could discuss good practice and issues. Only one Mentor was aware that, as part of the Trust governance arrangements, there is a Practice Education and Mentor Forum.</p>
<p>GMC Domain 7/KPI 1</p>	<p>Management of education and training</p> <p>5.15 There were some good examples of Research and Innovation for the non-medical professions. The Trust should consider an approach which captures this activity and optimises its impact as part of a multi-professional approach to Research & Innovation. It was noted however that poor uptake of the Scientist Training (ST) Programme and Higher Specialist Scientific Training (HSST) Programme could have a detrimental effect on the Trust's Innovation and Research profile.</p> <p>5.16 The roles of the various clinical education posts are well received within Nursing and Midwifery services and the Trust is commended for this investment. This valuable resource is not apparent across all commissioned students and clinical areas. It is suggested that the Trust reviews this so that there is greater parity for all of the commissioned students. It is also noted that HCS strategic leadership is lacking and the Trust should consider the development of an HCS Lead. In addition, the Trust should use the planned clinical educator role expansion to support smaller departments and departments taking students for the first time or from new programmes, for example respiratory and cardiology.</p>
<p>GMC Domain 8</p>	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>5.17 Generally the Trust uses its funding for continued professional development well, however there were reports that access to non-contract CPD funds for some of the AHP and HCS professions is very challenging. Besides, there were difficulties in access to essential CPD for Pharmacy Technicians due to alignment of the new Pharmacy Contract to main stream commissioning. The Trust is encouraged to review this to ensure that there is greater parity</p>

	<p>across all of the clinical professions.</p> <p>5.18 In both the general clinical areas and midwifery areas, the lack of space to undertake ad hoc training and development is an issue. Offices within clinical areas are being used and these are less than ideal as learning environments. It was also reported that access to the Bob Champion building was challenging, with bookings up to six months in advance being required to secure a space.</p> <p>5.19 Although the Trust generally makes good use of its HEEoE tariff funds, with investments in the Practice Educator posts, the impact of this investment is currently based on verbal feedback.</p>
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Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>6.1 There were no areas of immediate concern.</p>

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>7.1 The trainees reported a lack of clarity regarding the requirements to undertake mandatory training and an inconsistency in the employment of sanctions.</p> <p>7.2 The uptake of the STP and HSST programmes was reported as poor.</p>
GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>7.3 The current levels of Equality and & Diversity and appropriate Safeguarding training for Educational Supervisors and Clinical Supervisors are below the required levels.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>7.4 There is an implicit expectation that junior doctors will attend out of hours to access training opportunities.</p>
GMC Domain 6	<p>Support and development of trainees, trainers and local faculty</p> <p>7.5 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>

GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>7.6 Although education and training is represented at Board level, there is insufficient evidence that it is regarded as core business by the Trust. There were a number of reports that service needs to take precedence over educational delivery and, consequently, the ability of the Trust to optimise education and training is compromised.</p> <p>7.7 It is apparent that gaps in the rota are not actively managed, with the impact on rotas and consequent high workload resulting in trainees being unable to meet curriculum requirements.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>7.7 HEEoE is disappointed at the failure by the Trust to demonstrate transparency of process with the allocation of medical tariff funding, in particular, a lack of engagement with the Director of Medical Education was noted.</p> <p>7.8 It was reported that there is poor access to the IT systems, which is hampering the students' ability to access relevant policies and procedures and reducing the capacity of the registered nurses to care, as they are being constantly asked by the commissioned students to use logins, which takes them away from the patients for periods of time. There were also reports of the use of mentors/educators' logins by commissioned students/trainees to access the Trust's software systems.</p>

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>8.1 There were no areas for further investigation.</p>

Domain/KPI/Standard	Conditions
GMC Domain 1	<p>Patient Safety</p> <p>9.1 There must be clarity for trainees regarding the requirements to undertake mandatory training and a consistent approach by the Trust to the employment of sanctions adopted.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>9.2 The Trust must address the reports that junior doctors are expected to access training opportunities out of hours in order to meet curricular requirements.</p> <p>9.3 The Trust must address the poor uptake of the STP and HSST programmes through a review of all its specialties including Life sciences.</p>

GMC Domain 3	<p>Equality, Diversity and Opportunity</p> <p>9.4 The current levels of Equality and Diversity and appropriate Safeguarding training for Educational Supervisors and Clinical Supervisors are below the required levels. This must be rectified as a matter of urgency.</p>
GMC Domain 6	<p>Support and development of trainees, trainers and local faculty</p> <p>9.5 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 for GP trainees have the equivalent of 0.25PA per trainee per week within their job plans.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>9.6 The lack of demonstrable evidence that education and training is regarded as core business by the Trust Board must be addressed.</p> <p>9.7 The Trust must actively manage the reported gaps in the rota to ensure that trainees are able to meet their curriculum requirements.</p>
GMC Domain 8	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>9.8 The Trust is required to implement robust and transparent processes for the use of medical tariff funding including the active involvement of the Director of Medical Education.</p> <p>9.9 The generally poor access to the IT systems is hampering the students' ability to access relevant policies and procedures and reducing the capacity of the registered nurses to care, as they are being constantly asked by the commissioned students to use logins, which takes them away from the patients for periods of time. There were also reports of the use of mentors/educators' logins by commissioned students/trainees to access the Trust's software systems. This is a breach of Information Governance and must be addressed urgently.</p>

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	<p>Patient Safety</p> <p>10.1 The reported issues with the ENT/Plastic Surgery cross-cover which is felt to be unsafe will be referred to the School of Surgery for investigation.</p> <p>10.2 The concerns expressed by trainees about handover in the Emergency Department will be investigated by the School of Emergency Medicine.</p> <p>10.3 Consultant-led handover in Medicine, in particular morning</p>

	<p>handover, needs to be formalised.</p> <p>10.4 The Trust should provide a corporate induction at the start of the ODPs' programme and must ensure that local induction for non-medical students across the areas is delivered consistently.</p> <p>10.5 The Trust should enhance the effective dissemination of, and learning from, SIs to all students and trainees across the professions including the organisation of educational activities focussed on cascading the learning from them to all groups.</p>
GMC Domain 2/KPI 2	<p>Quality Management, Review and Evaluation</p> <p>10.6 Although the education governance arrangements appear to be operating well, it is felt that the Trust could consider greater communication and active involvement with staff, which would enhance a multi-professional approach to clinical governance and inter-professional learning and development.</p>
GMC Domain 5	<p>Delivery of approved curriculum including assessment</p> <p>10.7 The reported deficiencies in the delivery of core surgical training and core medical training, in particular access to clinics, will be referred to the Schools of Surgery and Medicine respectively for investigation.</p> <p>10.8 Issues with access to attend the GP half day release will be investigated by the School of General Practice.</p> <p>10.9 The provision of a resource similar to the excellent MRCP teaching delivered by Jean McKay would be of benefit to other specialties.</p> <p>10.10 The Trust should ensure that the medical undergraduate students are aware of the process for raising concerns.</p>
GMC Domain 6/KPI 4	<p>Support and development of trainees, trainers and local faculty</p> <p>10.11 The Trust must ensure that mentors have sufficient capacity and appropriate levels of protected time to fulfil their designated role.</p> <p>10.12 The Trust should implement across all professional groups including AHP students and HCS and Pharmacy trainees a formal feedback system to harness the trainee/student voice.</p> <p>10.13 To ensure active engagement of its mentors, the Trust should raise the profile of its non-medical fora, in particular the Practice Education and Mentor Forum.</p>
GMC Domain 7/KPI 1	<p>Management of education and training</p> <p>10.14 There is evidence of Research and Innovation, with a Senior Nurse for Research and a Director of Medical Research. The Trust should consider the adoption of a framework to optimise R&I activity to ensure that it impacts favourably on the standard of care and patient experience provided by the Trust.</p> <p>10.15 Although there are clinical education posts within nursing and midwifery services, it is suggested that this resource is extended</p>

	<p>across all commissioned students and clinical areas.</p> <p>10.16 It is noted that HCS strategic leadership is lacking. The Trust should consider the development of an HCS Lead in order to manage the issues relating to this professional group.</p> <p>10.17 The Trust should consider using the planned clinical educator role expansion to support smaller departments and departments taking students for the first time or from new programmes, for example respiratory and cardiology.</p>
GMC Domain 8/KPI 4	<p>HEEoE funded investment/Educational Resources and Capacity</p> <p>10.18 Creative solutions to utilise space within the Trust for clinically-based education are required as there is a capacity issue for both the teaching sessions and for the storing of necessary equipment for training and development. The trust should also ensure access is distributed equitably across all professional groups.</p> <p>10.19 Although the Trust generally makes good use of its HEEoE tariff funds, with investments in the Practice Educator posts, the impact of this investment is currently based on verbal feedback. The Trust is encouraged to consider a more formal evaluation of these posts and other tariff funded investments.</p> <p>10.20 There are reports that access to non-contract CPD funds for some of the AHP and HCS professions is very challenging. In addition, there are difficulties in access to essential CPD for Pharmacy Technicians due to alignment of the new Pharmacy Contract to main stream commissioning. The Trust is encouraged to review this to ensure that there is greater parity across all of the clinical professions.</p>

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, **Norfolk & Norwich University Hospitals 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 QIF and its published domains and standards within the required timeframe would result in removal of trainees and could result in loss of GMC approval of the educational environment.

Timeframes:	Action Plan to be received by:	<p>An action (improvement) plan to address the conditions and recommendations highlighted in the report is required by 21/08/15.</p> <p>A formal update on the action (improvement) plan is</p>
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		required by 20/11/15.
	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
Deputy Postgraduate Dean

Date: 15th 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.

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.

KPI Five – Investment of HEEoE Commissioned Funding

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

Appendix 3: Quality Matrix

Trust: Norfolk and Norwich University Hospitals NHS Foundation Trust		Date: 18 September 2014 - Updated April 2015								
Quality Metrics Dashboard Against LDA Requirements										
Group	Category	Metric	Measure	Data Source	Self assessment RAG Status			Source of evidence for self assessment *	Action plan to achieve full compliance	
					Green (3)	Amber (2)	Red (0/1)			
Trainee	Induction	Hospital Induction	% of trainees participating	LEP records	100%	100%	<90%	Sign in sheets, NANIME	Data for December 2014 starters	
		Departmental Induction	% of trainees participating	LEP records	100%	100%	<90%	Sign in sheets, NANIME		
	Working Patterns	Induction content covers all key areas	% of inductions (judged satisfactory (1))	LEP records	100%	100%	<90%	Sign in sheets, NANIME - but not externally assessed		
		EWTR Compliance of rotas as published	% of rotas compliant	LEP records	100%	100%	<90%	Medical staffing department data		
		EWTR Compliance of rotas as monitored	% of rotas compliant	LEP records	100%	100%	<90%	Medical staffing department data		
	NEW	Rota supports delivery of curriculum	% of rotas educationally satisfactory (2)	LEP records	100%		<90%	Data not available	DME to raise with TPD's and/or HEEoE	
		Handover well organised and supervised	% of trainees reporting positively	GMC Survey / LEP records	100%		<90%	Score of 59.8 in GMC survey (not an outlier but in first quartile)	Outliers at programme level shared with tutor/educational leads, targeted discussion with recurrent outliers	
		Overall satisfaction rating	Outlier status	GMC Survey	Green		Red	No guidance on how to RAG rate this. NNUH rated the highest acute Trust regionally, but second quartile nationally (which includes non-acute trusts)	Outliers at programme level shared with tutor/educational leads, targeted discussion with recurrent outliers	
		Outcome	Unsatisfactory ARCP outcomes	% ARCP 5	HEEoE	5%	7.80%	>10%	Spreadsheet from HEEoE, period 01/08/2012 - 31/07/2013	No specific action plan but all other actions listed here and after school visits would be expected to improve this.
										Spreadsheet from HEEoE, period 01/08/2012 - 31/07/2013
Educator	Educational Supervisors and named Clinical Supervisors	Appropriately appointed	% selected against defined criteria	LEP records	100%	100%	<50%	Spreadsheet in NANIME	Content of in-house training will be reviewed against AoME standards once HEEoE guidance received	
		Appropriately trained to AoME standards	% trained	LEP records	100%	100%	<90%	Spreadsheet in NANIME	Content of in-house training will be reviewed against AoME standards once HEEoE guidance received	
	NEW	Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	100%	<50%	Spreadsheet in NANIME	Content of in-house training will be reviewed against AoME standards once HEEoE guidance received	
		Required time allocation in job plans	% trainees with allocation in job plans	LEP records	100%		<90%	Spreadsheet in NANIME	Although included in job plan guidance, data not available.	
		Trained in workplace-based assessments	% trained	LEP records	100%	100%	<90%	Spreadsheet in NANIME		
		Trained in the use of portfolio	% trained	LEP records	100%	100%	<50%	Spreadsheet in NANIME		
		Trained in Equality and Diversity	% trained	LEP records	100%	91.50%	<90%	Spreadsheet in NANIME	Worse than previous. Compliance with mandatory training escalated repeatedly to board level.	
	Clinical Supervisors (who are not educational supervisors)	Trained to appropriate level in Safeguarding children and vulnerable adults	% trained	LEP records	100%	88.30%	<50%	Spreadsheet in NANIME	Worse than previous. Compliance with mandatory training escalated repeatedly to board level.	
		Appropriately trained to AoME standards	% trained	LEP records	100%	100%	<50%	Spreadsheet in NANIME	Consultants informed that from Sept 2014 they cannot act as Clinical Supervisors unless appropriately trained (this has been the case for Ed Sup since 2013). Content of in-house training will be reviewed against AoME standards once HEEoE guidance received	
		Appropriately appraised to AoME standards	% reviewed/appraised	LEP records	100%	100%	<50%	Spreadsheet in NANIME	Content of in-house training will be reviewed against AoME standards once HEEoE guidance received	
Trained in workplace-based assessments		% trained	LEP records	100%	100%	<90%	Spreadsheet in NANIME			
Trained in Equality and Diversity		% trained	LEP records	100%	91.50%	<90%	Spreadsheet in NANIME	Worse than previous. Compliance with mandatory training escalated repeatedly to board level.		
Training Governance	Governance	Board member with responsibility for PGMET	Identifiable	LEP records	Yes	Yes	No	DME sits on exec board		
		Evidence of Board discussion of PGMET (3)	Minutes discussion every meeting/identifiable	LEP records	Yes	Yes	No	Standing report from DME to sub-board		
	Supervision	Sufficient time allocated for educational supervision	*0.125 PA/trainee/week/ consultant %	LEP records		Partial	<50%	Although included in job plan guidance, data not available.		
		Curriculum Delivery	Mapped service provision against curriculum	Completed	LEP records	Yes		No	Foundation programme teaching is clearly mapped to curriculum (foundation teaching programme). Obstetrics & Gynaecology has fixed teaching locally and regionally mapped to curriculum (programme, faculty development group minutes). Histopathology school visit (school visit report). Core Medical Training from August 2014 moving more towards this (personal communication with new RCP tutors).	College tutors and educational leads will be reminded of this at Postgraduate Education Committee and through regular communication.
	Teaching	Protected teaching time provided	% Yes	LEP records	100%		90%	As above		
		Protected teaching time accessible	% Yes	LEP records	100%		90%	As above		
	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	100%		<90%	Full completion of exception reports. Currently not cross-correlated with other methods of reporting to Dean (eg via College Tutors or Training Programme Directors).	DME will cross-correlate next exception report with College Tutors/DME's	
	<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. 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.								Link	
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 Development Agreement – 2014/15

CQC Report –March 2014

List of SIs

Trust Quality Report – August 2014

Notes of Pre-Visit Meeting with Trust – March 2015

Updated DPQR Trust Action Plan – April 2015

Deanery Performance and Quality Review Visit Report – June 2011

Previous Action Plans and Dean’s Responses – 2011/12

QIPF Self-Assessment for Employers 2014/15

QIPF Education Provider Review of Employer Organisations 2014 - [University of Essex and ARU]

Surveys of Pre-Registration and Post-Registration Students – 2013/14

Healthcare Science, Pharmacy and Allied Health Professionals Documentation 2015

HEEoE Monthly Quality Summary Report – February 2015

QM3 Clinical Tutor’s Report –2014

Quality Metrics Dashboard – updated April 2015

GMC Training Survey:

Training Survey Outliers 2009-14

Patient Safety Concerns 2014 with Trust responses

Visit Reports, Trust Action Plans and Action Plan Updates relating to:

School of Anaesthesia 2015

School of Dentistry 2010/15

School of Emergency Medicine 2014/15

Foundation School 2014/15

School of General Practice 2013/15

School of Medicine 2014/15

School of O & G 2012/15

School of Ophthalmology 2014/15

School of Paediatrics 2014/15

School of Pathology 2012/14/15

School of Radiology 2014/15

School of Surgery 2013/15

Additional Documents Provided by the Trust:

QA Visit Reports – Undergraduate Medical Education 2014/15

Educational Governance Structures 2015

Minutes of Trust Board Meetings– 2014/15

NNUH LQAF Report 2014