Guidelines for Foundation Programme Trainees on Completion of E-Portfolio

Medical Education Team
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## CONTENTS

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Logging on</td>
<td>4</td>
</tr>
<tr>
<td>Declarations &amp; Agreements</td>
<td>4</td>
</tr>
<tr>
<td>Personal Development Plan</td>
<td>5</td>
</tr>
<tr>
<td>Examples of how to construct a Learning Objective</td>
<td>6</td>
</tr>
<tr>
<td>Meetings</td>
<td>7</td>
</tr>
<tr>
<td>End of Placement Review</td>
<td>8</td>
</tr>
<tr>
<td>Self Appraisal of Learning</td>
<td>8</td>
</tr>
<tr>
<td>Recording and undertaking Work Based Assessments</td>
<td>9</td>
</tr>
<tr>
<td>Educational Logs</td>
<td>11</td>
</tr>
<tr>
<td>Adding Comments to Work Based Assessments</td>
<td>11</td>
</tr>
<tr>
<td>The Curriculum</td>
<td>13</td>
</tr>
<tr>
<td>Guidance for confirming achievement</td>
<td>14</td>
</tr>
<tr>
<td>Annual Record of Competency Progression (ARCP)</td>
<td>17</td>
</tr>
<tr>
<td>Trust Contacts</td>
<td>19</td>
</tr>
</tbody>
</table>
Introduction
Here is a step-by-step guidance on how to complete your electronic portfolio (e-portfolio). Followed correctly this information will help you to understand and document the formal requirements for supervision and review; it will provide you with the necessary knowledge to complete your e-portfolio which is required to demonstrate your competence at the end of Foundation Years 1 and 2 and to obtain a successful Annual Review of Competence Progression (ARCP) at the end of each year.

Your e-portfolio contains information, which is essential not only for the Foundation Programme but also for the rest of your career. It is a great resource when it comes to completing application forms for jobs and will provide the evidence necessary for the GMC revalidation process.

This guidance document will help you
- Understand the logical order of completion
- Decide what documentation is to be completed by you, by your Educational Supervisor and by your Clinical Supervisor
- Decide what to include in your portfolio as evidence
- Prepare for ARCP
- Find contact details of who can support you with content queries

Please refer to:
User guide for Foundation programme trainees – 2010 Curriculum for detailed information for navigating the site

Final points
Remember your portfolio is evidence of your good practice as a doctor and you will need to continue this throughout your career. It is important to go through your evidence regularly and ensure that it is relevant. You will need to archive older evidence as it is replaced by newer, more appropriate evidence.

It is hoped you will find this information/guide useful. Please refer to this throughout your Foundation Years. You are encouraged to meet with your Educational Supervisor (ES) on a regular basis to discuss your progress. There will be opportunities to meet with the Foundation Programme team and other clinical educators throughout this time, you are strongly advised to attend any sessions as extra support will be necessary in completing your e-Portfolio.
LOGGING ON

Logging on can be done at www.nhseportfolios.org

Once logged in you can now navigate through your e-portfolio. You can edit your profile and submit a photograph (not essential!).

DECLARATIONS & AGREEMENTS

Both you and your educational supervisor are required to electronically sign the agreements. An educational agreement is an appropriate and useful starting point for confirming the educational goals and discussing learning opportunities, assessment process and the use of the portfolio. Please note that you are also agreeing to undertake and seek out other educational opportunities in order to successfully complete the Foundation Programme.

Once your self assessment is completed (see page 10 of the User Guide) you can then complete your PERSONAL DEVELOPMENT PLAN (PDP) (see page 11 of the User Guide) this should include areas for development identified from the self assessment. This should be created for each 4 month placement.
PERSONAL DEVELOPMENT PLAN

Access the PDP by clicking onto reflections. This needs to reflect specifically what learning objectives you need to achieve during your placement and throughout your Foundation year.

Ideally you should complete your Self Assessment and PDP documents prior to meeting with your educational supervisor. If you require help in creating your PDP your Educational Supervisor can assist you.

Your PDP sets out what you and your Educational Supervisor expect you to achieve during each placement and throughout the year. The learning objectives in your PDP are discussed and agreed by you and your Educational Supervisor and should reflect both the curriculum and placement specific objectives. The PDP should reflect the Foundation Programme Curriculum and may be placement specific as well as personal.

Please note that whilst it may be a personal requirement that you complete MRCP/MRCP/PHD etc these should not be to the detriment of your achieving Foundation Programme competence. It is this that should take priority!

If you should require assistance in constructing your PDP please inform your ES, the Medical Education Teaching Team is also available for guidance.
Examples of how to construct a learning objective:
Your learning objectives should be Specific, Measurable, Achievable, Realistic, and against a Time bound (SMART)

SPECIFIC: The learning outcome should contain an unambiguous ‘action’ verb eg. DISCUSS, RECALL, ANALYSE, APPLY, DEFINE, STATE, DEMONSTRATE

MEASURABLE: In reality, of course, a proportion of intended or desirable outcomes, particularly attitudinal, cannot be reliably measured, therefore be specific in what is to be measured e.g. Demonstrate recognition of ECG.

ACHIEVABLE: Is it achievable by the trainee for this current placement or will it take longer?

REALISTIC/RELEVANT: Why do I need to know this e.g. Demonstrating recognition of ECG is important for cardiology/Acute medicine placement.

TIMED: e.g. by the end of this placement etc
An Example:
Title:
Interpretation of ECGs and how to manage acute cardiac problems.

What specific Learning needs do I have:
I have difficulty in recognising the acute ECG in particular in relation to AMI, I have limited knowledge in the acute care and management – specifically in current therapies.

How will these be addressed:
I will attend clinical teaching and reflect on learning. Attend ward rounds with senior colleagues and present acute admissions. Undertake elearning modules on Acute ECG and treatment of AMI.

Timescale: 2 months into this rotation.

Evaluation and outcome:
I will have undertaken a DOPS on the recording and interpretation of an ECG with the senior CCU staff. Undertake a Mini-CEX with the ST3/ Middle Grade in cardiology/Acute Medicine. Undertake a CbD with Consultant/Education Supervisor on an AMI which I have been involved with.
MEETINGS (see page 24 of the User Guide)

Throughout the Foundation Programme year you are required to have recorded meetings with your Educational and Clinical Supervisor. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THESE MEETINGS TAKE PLACE AND ARE RECORDED. If you or your ES are experiencing difficulties with these please contact the clinical educators/foundation Tutors.

Click onto Forms – select Educational Supervision/Meetings.
Create meeting - forms available are:
- Initial
- Mid-point
- End of placement Review
- Supervisors Report

Initial Meeting:
This meeting should take place within the first 2 weeks of starting the placement (details should be recorded by your Educational Supervisor on his/her login).
When meeting with your Clinical Supervisor they will have access to this through your log in – therefore when completing please identify who this is in the free text. You are advised to have recorded meetings with both – although at times this may not be possible.
The Educational Supervisor records
- The details of the place and location e.g. Educational Supervisor’s office, ENT department
- A brief summary of the placement e.g. General Practice in rural setting,
- Patient case-mix

Mid-point meeting: It is not compulsory to have this meeting, but essential if either you, your Clinical Supervisor or Educational Supervisor have any concerns. The Educational Supervisor accesses this using his/her login. The Clinical Supervisor is required to do this with the trainee logging on.

Supervisors Report:
This is completed by your Clinical Supervisor via a ticket. (See pages 24 - 25 of the User guide) It is completed at the end of the placement but before the End of Placement Review meeting with your Educational Supervisor.
**End of Placement Review:**
This takes place at the end of your placement with the Educational Supervisor, he/she will require you to be present – Please note this is your responsibility to arrange. Where possible the clinical supervisors report should be complete before this meeting. Your ES is required to log on through their access in order to complete the document. As before this is found in the forms and meetings links.

This meeting serves to link all the above together. It is to review your work-based assessments undertaken, your reflective practice recorded, your Clinical ‘Supervisor Report’, your ‘Self Appraisal of Learning’ and compare against the learning objectives agreed by you and your Educational Supervisor in your PDP at the beginning of your placement.

This can also acknowledge areas in your practice which may require development to be addressed in your future placements.

**Self Appraisal of Learning** (see page 35 of the User Guide)
By completing this document you will identify what you enjoyed most/least in your placement and whether you achieved your learning objectives that you set out to do at the beginning of your placement, which were highlighted in your PDP.

You will also have identified any objectives you have not met and why and how these are going to be addressed in the future. This should be shared with your educational supervisor and actioned for future placements.
RECORDING WORK BASED ASSESSMENTS
(Please refer to pages 22-23 of the User Guide)

There are a required number of assessments for you to undertake during your Foundation Year for each placement.

- **LOG BOOK**
The GMC requires demonstration of competence in a series of procedures in order to gain full registration. These will be recorded and signed off in a log book within the e-portfolio. Log Book procedures should not be self entered. A completed log book is also required for successful completion of the foundation programme – this is completed by the FY1 trainee only.

- **DOPS – Directly Observed Procedures**
This is a structured checklist for assessing practical procedures, which may be planned by the trainee or be unscheduled by observers/assessors. These skills have a different focus from your Log Book procedures as they assess your interaction with the patient while carrying out the procedure. Different observers/assessors should be used for each encounter where possible. Each DOPS should represent a different procedure sampling from the acute care skills or from placement specific.
  - X 6 per year minimum therefore 2 per placement

- **Mini-CEX – Mini Clinical Examination encounter**
This is an assessment of an observed clinical encounter with IMMEDIATE development feedback. Each mini-CEX represents a different clinical problem, sampling each of the acute care categories (see section 4 of the curriculum). Although, the trainee plans these assessments, there may be times when an observer/assessor will carry out an unscheduled assessment.
  - X 6 per year minimum therefore 2 per placement

- **CbD – Case Based Discussion**
This is a structured discussion of clinical cases managed by the trainee. Its strength is assessment and discussion of clinical reasoning. The discussion takes place of real cases in which the foundation doctor has been involved.
  - X 6 per year minimum therefore 2 per placement

- **TAB – Team Assessed Behaviour**
These are collated views from a range of co-workers.
  - X 10 raters for the year
    - Doctors more senior than FY2 – includes 3 consultants or GP
    - Senior nurses band 5 or above
    - AHP
    - Other team members including ward clerks, secretaries and HCA
Developing the clinical teacher

This is a form to aid the assessment of your skill in teaching and or making a presentation. The minimum requirement is one assessment. The aim of this assessment is to assess the foundation doctor’s skill in teaching and/or making a presentation. This can be assessed in one-to-one teaching and/or group teaching.

Assessors must be trained in assessment and feedback methodology. They should be able to competently undertake the teaching session themselves. Assessors should be consultants, GPs, doctors in higher training (ST3 or above/SpR), specialty doctors/staff grade or associate specialists, or senior nurses. If possible, a different assessor should be used for each teaching assessment.

Who can be assessors?

DOPS: – ‘COMPETENT’ registered health care professionals. e.g qualified nurses, pharmacists, physiotherapists and medical colleagues NOT other Foundation Trainees. The raters must be competent in the procedure themselves. DOPS assessments should be additional skills not listed in the Log Book of procedures.

Mini-Cex: – ST3/Trust Registrar and above. However there may be opportunity to be assessed by some specialist nurses/midwives e.g. Respiratory and Vascular nurse specialist. WCH have limited middle grades and therefore you may utilise Trust SHO to undertake this assessment.

CbD – Registrar or above – where possible this should be with Consultants. You are advised that time should be set aside for this and that you should not be presenting cases for CbD assessment that you have not got prior knowledge of.

TAB – As this is a 360° appraisal representatives from the team should be chosen – consultants / GPs, middle grades, qualified nurses, AHP, with a variable mix - not heavily weighted to one group. These assessments should be undertaken throughout the year. A minimum of 10 TABs are required and will not be repeated unless:

- There are concerns raised either within the feedback
- The trainee chooses
- Educational Supervisor requests following concerns identified

RECORIdNG OF ASSESSMENTS

In order to record an assessment the trainee is required to approach the assessor and get agreement of which assessment is to be undertaken. The patient should be fully informed of the assessment and consent gained. In order for the assessment to be recorded a ‘Ticket’ is required (See page 21 of the User guide).

Completion of the assessment tools requires the assessor to click onto the rating and submit text comments where appropriate, completing with their details including GMC/NMC number. Once this is submitted it cannot be removed without authorisation from the assessor who will communicate this to an e-portfolio administrator. Please see further information in work based assessment guide.
There have been incidents where by trainees have received the completed assessment retrospectively. Whilst it is appreciated that often work load from the assessors deems this the only way to complete. It is not encouraged. Where possible the assessment tool is completed as soon after the event as possible with the trainee present. Effective developmental feedback is encouraged. The trainee is encouraged to reflect on this feedback, providing evidence of learning.

EDUCATIONAL (Reflective Practice) LOGS: (please refer to pages 34 – 35 of the User guide)
You are required to demonstrate educational engagement throughout your Foundation Years (in fact throughout your medical career!) This is Life-Long Learning!
To assist you in this process the e-portfolio has an educational log facility to enable you to record samples of educational activities/opportunities which you will encounter whilst undertaking the Foundation Programme. The list provided is extensive. You are not required to demonstrate all of these activities – these are suggestions to aid you in logging experiences etc.

Adding Comments to Work-Based Assessments (WBA)
You are required to ensure that the WBA you are using as evidence to demonstrate competence etc have relevant and appropriate information to support the outcome. This information may be ‘obvious’ if the assessor has annotated the feedback. If this has not been done then you can add personal comments to the assessment tool using the following process:

Step 1
Click onto link icon beside the assessment you wish to comment on

Step 2
Click onto add comment
STEP 3:
Add descriptive comments on clinical presentation, diagnosis, treatment, management etc. or whatever you wish to support the assessment.

Once this is done scroll to the foot of the page and click add comment. PLEASE NOTE ONCE THIS HAS BEEN SUBMITTED THIS CAN NOT BE EDITED

You can also submit comments to acknowledge developmental feedback etc

STEP 4:
You will now note that the comment has been recorded and if you have linked the assessment to the curriculum previously this will also be viewed. Click on the magnifying glass icon and you will view your comments.
STEP 5:
Go to curriculum click on the magnifying glass icon against the assessment tool and scroll the foot of the page you will now view your comments within the tool

The Foundation Curriculum (See pages 14 - 21 of the User Guide)
The Foundation Curriculum puts quality of care and patient safety at the centre of clinical practice; the structure mirroring GOOD MEDICAL PRACTICE (2007).
Content of the curriculum:

- Good Clinical Care
- Maintaining good medical practice
- Teaching and training, appraising and assessing
- Relationships with patients
- Working with colleagues and in teams
- Probity
- Health

To access the curriculum click onto ‘curriculum’- note FY1/FY2

The curriculum will require expanding to view as a whole click onto expand
You are required to provide evidence of learning and development achievements linked to these to demonstrate competence. The following information is a guide to assist you in providing appropriate robust and relevant evidence linked to the curriculum outcomes:

GUIDANCE FOR CONFIRMING ACHIEVEMENT OF EVIDENCE AGAINST CURRICULUM OUTCOMES:

Background:
The Foundation Programme (FP) provides an educational framework in which newly qualified doctors are expected to formally demonstrate their clinical and professional competence in the workplace. This paper provides guidance on the quantity and quality of the evidence which should appear in a trainee’s portfolio.

Curriculum:
The FP curriculum is available in hard copy previously circulated, the web www.foundationprogramme.nhs.uk and within the e portfolio. Trainees and supervisors should make themselves familiar with the required competencies.

The FP supplies a menu of assessment tools which enable the trainee and educational supervisor to monitor a doctor’s progress against the curriculum learning outcomes.

Evidence of learning may also be drawn from others sources where these are relevant and directly reflect the specified outcomes.

Other sources can include:
- Short courses / On-line learning.
- Clinical and professional teaching attendance.
- Problem based learning.
- Presentations.
- Simulation exercises.
- Personal reading.
- Certificates of attendance/competence.
- Personal library materials.
- Educational log.
Responsibilities:
Trainee: To collect appropriate and relevant evidence linking this to the curriculum outcomes in their portfolio.

Educational supervisors: to review the presented evidence and check that it is appropriate in quantity and quality. They should indicate to trainees where the evidence is not satisfactory and provide guidance on how to improve.

What evidence is required?
Quantity:
The trainees can provide up to a maximum of 5 pieces of relevant quality evidence which relates to the core competences for each learning outcome. One piece of evidence is the minimum requirement.

Quality:
Each item of evidence must be specific and identifiable as relevant to the linked competency.
A “catch all” approach linking CbD’s and Mini-CEXs is not acceptable.

Where possible evidence should reflect learning of knowledge and demonstrate its application. Hence the two pieces of evidence recommendation above. This may not be possible or practical in all domains.

At ARCP the panel will look in detail at the evidence presented and also take a holistic view of the material presented.

Evidence is required against ALL of the curriculum outcomes as stated in the eportfolio. e.g. 1.5 Clinical Governance. Understands that clinical governance is the overarching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved standards.

The evidence should reflect the statements of the expected knowledge, attitudes, behaviour and core competencies and skills. Not all the bullet points which are listed under that main heading require individual items of evidence.

Different assessment tools are better at providing evidence in some areas than another:

Work Based assessment Tools what to look for:

**Mini-Cex** (mini clinical evaluation exercise)
This assessment addresses the patient and doctor interaction. Good for clinical skills, attitudes and behaviour.
Look for:
- Grade of assessor.
- Each assessment should represent a different clinical problem.
- Trainee should show evidence of learning from the feedback provided. e.g. Reflection
**CbD (case based discussion)**
This assessment is a structured discussion of clinical cases focusing on clinical reasoning, record keeping, treatments and management. It can be used to discuss ethical and legal issues and explore why a trainee has acted in a particular manner.

Look for:
- Assessment should include a senior doctor consultant/GP.
- Each assessment should represent a different clinical problem.
- Trainee should show evidence of learning from the feedback. e.g. reflection

**DOPS (direct observation of procedural skills)**
Structured checklist for assessing practical procedures should include examples of those included in the curriculum for both F1/F2.

Look for:
- An appropriate assessor for the clinical skill and experienced in giving feedback.
- Different assessors for each procedure.

**MSF/TAB (Team assessed behaviour/multi source feedback)**
Good for attitudes and behaviour, communication and aspects of professionalism.

Look for:
- A range of co workers.
- No missing key groups e.g. should not obviously avoid consultants or nursing staff etc.
- The comments should be reviewed and both trends and specific areas identified for feedback.

**Reflective practice:**
Good for attitudes, behaviour, soft skills, communication, feelings, professional behaviour.

Look for:
- A description, evaluation, analysis and action plan.
- A simple narrative is not reflection.

**Examples of good practice:**
Some outcomes are more difficult to provide good quality evidence for than others e.g.:

**Simple outcome:**
1.1 (iii) *Good clinical Care (FPY1), Diagnosis and clinical decision making.*
Suitable evidence might include: CbD, Mini-CEX.

**Difficult outcome**
1.3 *Patient Safety. (FPY1) Makes patient safety a priority in own clinical practice*
Not all FPY1 doctors will have experience of medical harm and may therefore struggle to provide evidence.

Suitable evidence might include:
- Attendance at Professional development Programme,
- Reflection on an experience in practice,
- Reading and reflection on how this change their actions, e learning.
Self entered Assessments
You can create forms in this section. It is generally accepted and recommended that most forms will be entered into your account via the ticketing system or directly from your Supervisors e-Portfolio account, however you are also able to create a form yourself on an assessor’s behalf in the unusual circumstance that an assessor is unable to do so themselves. Normally an assigned clinical or educational Supervisor or an administrator would create assessments directly using their own login. You should not use this facility to allow others to fill in forms from your own access. This will log those forms as ‘self entered’ and they may therefore not count towards your necessary numbers of assessments.

Annual Review of Competence Progression (ARCP)
Currently within the Northern Deanery Foundation School ARCP is a requirement to demonstrate that trainees are competent safe doctors on completion of the foundation programme.

“Our goal is for doctors in training to be safe, to develop the habits of ‘life long learning’, and to achieve appropriate standards of practice. The ARCP process protects patients and regulates the progress of doctors in training, assuring the trainee, the Foundation School and employers that the competences required are being gained at an appropriate rate and through appropriate experience.”

The Purpose of the panel:
- To consider and approve the adequacy of the evidence and documentation provided by the trainee
- Provided that adequate documentation has been presented, to make a judgement about the trainee’s suitability to progress to the next stage of training or confirm training has been satisfactorily completed
- To award the appropriate ARCP outcome
- To provide feedback to the trainee and to inform the trainee’s future training placement.

ARCP Outcomes:
Satisfactory progress
1. Achieving progress and competences at the expected rate

Unsatisfactory or insufficient evidence
2. Development of specific competences required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specified competences
5. Incomplete evidence presented – additional training time may be required

Recommendation for completion of training
6. Gained all required competences
Example time line for ARCP Preparation:
Trainees will be meeting with Education Supervisors at regular intervals – the portfolio will be reviewed throughout this process. Clinical Educators will review at intervals and feedback to both trainees and supervisors portfolio development.

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Introduction to portfolio by Lead Medical Clinical Educator and ES</td>
</tr>
<tr>
<td>October</td>
<td>Mandatory e-portfolio teaching sessions – 1:1</td>
</tr>
<tr>
<td>February</td>
<td>Mandatory e-portfolio teaching sessions – 1:1</td>
</tr>
<tr>
<td>May</td>
<td>Mandatory e-portfolio teaching sessions – 1:1</td>
</tr>
<tr>
<td>April/May</td>
<td>Interim portfolio review by Clinical Educators – feedback to trainees/ES</td>
</tr>
</tbody>
</table>

PORTFOLIO EVIDENCE NEARING COMPLETION

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>ARCP PANEL MEETS</td>
</tr>
<tr>
<td>June/July</td>
<td>Review panel</td>
</tr>
</tbody>
</table>

In preparation for ARCP you are required to:
- submit/complete the minimum work-based assessments
- demonstrate competence linked to curriculum learning outcomes,
- demonstrate education engagement

Work based assessments
You are required to undertake a minimum of 6 per year. As you will be 6-8 weeks into your final placement when the portfolio review takes place it is recognised that not all will be completed by then, however you must ensure that the minimum has been done by the time the ARCP panel meets.
Failure to do so will affect the ARCP outcome

Please ensure that the work based assessments have comments attached to describe/illustrate the clinical presentation. This will provide robust supportive evidence being linked to the curriculum evidence.
Failure to do so will affect the ARCP outcome

Demonstrate Competence linked to curriculum
All learning outcomes must have evidence linked. As stated earlier this must be robust, relevant and appropriate.
Failure to do so will affect the ARCP outcome

Demonstrate Educational Engagement
As stated earlier being trainees you are required to develop habits of life long learning. Therefore you must demonstrate samples of your educational activities as outlined in your educational log. These must also demonstrate reflection of learning and how your practice will improve. Educational engagement also means meeting with educational supervisors and having these recorded throughout the year.
Failure to do so will affect the ARCP outcome
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Medical Education Manager:
Anne Sewell
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Advice on portfolio content and completion of evidence can be sought from:
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