

**Health Education East of England
Dean's Report October 2013 - Published Items**

ACTION PLAN (This action plan will be published on the GMC website)

Item number	Deanery/LETB-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deanery/LETB Visit, NTS data, etc.	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the Deanery/LETB encouraged the sharing of this good practice, locally and/or Deanery/LETB- wide?	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
E0E012-5	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1, 5	E0E038	General Surgery		Higher	Concern	Curriculum provision within general surgery must be reviewed including access to induction, access to regional training and maximising surgical training opportunities such as appropriate operating list access.	March 2011	Green	Deanery Visit 17 March 2011	In December 2011, a thorough review of surgical training at the Trust showed that the issues regarding surgery and the release of Registrars to surgical training had been resolved.	Monitoring will occur through School visits, action plan updates and local and GMC surveys. The Quality Review meeting with the Trust took place in May 2013 when progress will be reviewed. The Deanery is awaiting a response from the Trust via its College Tutor's QM1 report. April 2013: A Deanery Quality Improvement visit to the Trust will take place in May 2013 when progress will be reviewed. The surgical outfalls identified in the NTS 2013 are being addressed by the Trust and will be reviewed at the above mentioned School of Surgery visit in December 2013.	Dec-13	Green	Amber	Head of School of Surgery College Tutor and Director of Medical Education	Royal College of Surgeons Tutor and Head of School 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
E0E012-15	Bedford Hospital NHS Trust	6	All	All		All	Concern	The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. (one year)	May 2011	Green	Deanery Visit 12 May 2011	Trainee representatives invited to attend Medical and Dental Education Committee meetings. Clinical Tutor Fora re-launched.	Monitoring will occur through School visits, action plan updates and local and GMC surveys. The Deanery will also revisit the Trust on 10 May 2012.	This remains a continuing condition. Trainees have been informed of the Senior Resident programme and encouraged to apply. Faculty groups to be established. The Deanery will continue to monitor this via its quality management processes and updates from the Trust. April 2013: Action plan update to be received in May 2013 when progress will be reviewed.	Apr-14	Amber	Amber	DME and Deputy Clinical Tutor	N/A
E0E012-20	Bassdon and Thurock University Hospitals NHS Foundation Trust	5	E0E028	Emergency Medicine		All	Concern	The levels of non-Registrar middle grade support for doctors in training in the Emergency Department continue to cause concern, particularly for the Foundation trainees. A visit by the School of Emergency Medicine is due soon and will report further. The Trust is required to thoroughly investigate the reported concerns within the Emergency Department and develop an action plan if appropriate. (3 months)	July 2011	Red	Deanery Visit 28 July 2011	The Trust has reviewed the levels of staffing and approved an increase in consultant and middle grade numbers. Following visit, Trust sought immediate feedback from FY2/GPST trainees undertaking night shifts who reported supervision as good/adequate. Comprehensive feedback also sought from all doctors in A&E including middle grades and night shift doctors in Sept/Oct 2011 confirming that supervision is good despite heavy workload. Following actions undertaken: Planned increase in A&E staffing numbers including 4 additional middle grades. Review of night middle grade cover. FY2 and GPSTs not left unsupervised in A&E at any time. Actions to be monitored at next School of EM visit.	A Joint Foundation/EM visit with GMC representation was undertaken on 25/07/13. The Trust was congratulated on making many positive changes since the previous Foundation School visit. However, there remained issues concerning antibiotic prescribing for sepsis and the current rota for FYs which involves a period of 7 days of continuous night duty. The Trust has provided an action plan ahead of the November deadline showing that the above concerns are being addressed. An audit of all cases of sepsis presenting to the Emergency Department is being undertaken and should be completed in November 2013. In addition, a new rota for FYs is anticipated to be introduced at the next rotational date at the beginning of December.	Dec-13	Amber	Amber	Trust Senior Management Team including Clinical Tutor and College Tutor	College of Emergency Medicine 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.	
E0E012-22	West Hertfordshire Hospitals NHS Trust	1	E0E038, E0E096	General Surgery		All	Concern	Patient tracking in particular of surgical outpatients must be addressed (Action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit).	October 2011	Amber	Deanery Visit 10 October 2011	Trialling of clinical portal to address patient tracking in Surgery. System to be introduced in early 2012.	Dean's revisit will take place in April 2012 with GMC representation. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust confirmed the following actions: - Issue addressed immediately by the Trust - Handover policy being revised - Plans to restrict junior doctors' firms - Trust expanding bed capacity by 48 beds See further details below in Dean's revisit section, April 2013. Action plan update required May 2013.	Oct-13	Amber	Amber	Medical Director, Clinical Tutor and College Tutors	Royal College of Surgeons Surgical Tutor 1) The Regional Advisor sits on the Specialty Training Committee. 2) The annual specialty report from the School to the College.
E0E012-23	West Hertfordshire Hospitals NHS Trust	1	E0E028	Emergency Medicine		Foundation, Core	Concern	The lack of middle grade/senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards - immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this. N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	October 2011	Amber	Deanery Visit 10 October 2011	1) GMC informed of patient safety issues and Deanery concerns. 2) Trust recruited short term middle grade locum cover with immediate effect. 3) Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was supported by substantive middle grade support. Trust planning to offer attractive in house training programmes for specialty doctors to enhance the quality of middle grade staff supervision at all times, especially at night.	Dean's revisit will take place in April 2012 with GMC representation. Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust took immediate steps regarding the transfer of patients from the A&U. The handover policy is being revised with a rewording of handover in that line. There are also plans to restructure the junior doctors' firms and the Trust is expanding its capacity by 48 beds requiring a detailed review of the facilities and staffing. Progress will be monitored by the Deanery. The Trust has been asked to provide a formal update on its action plan by the end of October. April 2013: Action plan update required May 2013.	Oct-13	Amber	Amber	Medical Director, Clinical Tutor and College Tutors	College of Emergency Medicine 1) The Regional Advisor sits on the Specialty Training Committee. 2) The annual specialty report from the School to the College. North West Thames Foundation School Director attended the visit.
E0E012-24	West Hertfordshire Hospitals NHS Trust	2	N/A	N/A		N/A	Concern	To support the engagement of all College Tutors, the Trust are required to review the appointment of all tutors as part of their planned review in conjunction with appraisal by the relevant Head of School. (One year)	October 2011	Green	Deanery Visit 10 October 2011	Current recommendation of 0.125 SPA per trainee being met. Associate Medical Director planning to introduce system of appraisals for CTS, FFPDs and Clinical Tutor - to be embedded within next 6 months.	Dean's revisit will take place on 26 April 2012 with GMC representation. The Trust's Medical Education Department continues to carry out its Departmental Education Reviews with the current College Tutors. The Trust will provide an update on this condition in its action plan by the end of October 2012. April 2013: Action plan update required May 2013.	May-13	Green	Green	Clinical Tutor	N/A	
E0E012-26	West Hertfordshire Hospitals NHS Trust	1	E0E022	Clinical Radiology		Higher	Concern	The repeatedly reported Radiology culture could not be sufficiently triangulated during this visit but is sufficiently concerning to be included. The Medical Director or his nominated Deputy must investigate this and report findings, and if required an action plan. (Investigation 11/2 if required action plan in 3 months)	October 2011	Amber	Deanery Visit 10 October 2011	Trust's internal reviews have not identified a problem. Need for further evidence. Divisional Lead has written to all junior doctors and has informed them that concerns can be reported to himself or via the Medical Education Centre (Appendix 4 of Action Plan).	This will be monitored through the Dean's revisit which will take place in April 2012 with GMC representation. The Trust has put in place a series of measures to address underlying in the Department of Radiology including open sessions with the juniors and a mandatory training programme on bullying and harassment. The message continues to be reinforced via the various fora and monitoring of the situation is ongoing. However, in the light of the GMC survey outfalls 2012, the action plan implemented by the Trust will be monitored closely to determine progress. April 2013: Trust Divisional Lead has written to all trainees informing them that concerns can be reported to himself or through the Medical Education Centre.	May-13	Amber	Amber	Clinical Director of Radiology and Medical Director	N/A	
E0E012-27b	Cambridge University Hospitals NHS Foundation Trust	1, 5	E0E014, E0E041, E0E051	Plastic Surgery		All	Concern	Whilst recognising the positive response to the suggestion of consultant underpinning, the Deanery requires evidence of the actions taken as a result of the review, the outcomes and re-evaluation. (3 months)	November 2011	Red	Deanery Visit 10 November 2012	Action plan to be received by 10-Feb-13	Plastic surgery however remains a red outlier. The Trust is taking steps to address this through a series of measures led by the Director of Medical Education and the Clinical Director in this specialty, including trainee feedback and meetings with consultants. The School of Surgery will visit the Trust in early 2013 when it will review the outcome of these initiatives. The Deanery will continue to monitor in the meantime should any problems arise. April 2013: The School of Surgery visited the Trust on 1 March 2013. Issues previously highlighted in Plastic Surgery are significantly better although not completely resolved. The Trust has been asked to provide an action plan by July 2013.	Mar-14	Amber	Amber	Clinical Tutor / DME	N/A	
E0E012-28	Cambridge University Hospitals NHS Foundation Trust	1, 5	E0E051	Plastic Surgery		All	Concern	The concerns in Plastic Surgery year on year are sufficient that the Deanery requires a formal action plan of how these will be addressed and follow up. (3 months)	November 2011	Red	Deanery Visit 10 November 2011 and GMC Trainee Survey 2011	Action plan to be received by 10-Feb-12.	Monitoring will occur through School visits, review of action plans and local and GMC surveys. The Trust is taking these concerns very seriously and has made a series of changes which have led to the reduction in the number of outfalls in plastic surgery from 8 in 2011 to 5 in 2012. The School of Surgery will continue to monitor further progress through its quality management processes. A school visit to the Trust is planned for April 2013. The School of Surgery visited the Trust on 1 March 2013. The improvement action plan already initiated by the Department of Plastic Surgery to address red outliers in the GMC survey should continue. The Trust has been asked to provide an updated action plan by July 2013.	Mar-14	Amber	Amber	Medical Director / Clinical Tutor / DME / Head of School of Surgery / Royal College of Surgeons Tutor and FPD for Plastic Surgery	Royal College of Surgeons Tutor for local action. 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	
E0E012-29	Southend University Hospitals NHS Foundation Trust	1	All	All		All	Concern	Departmental induction within all departments must occur in a timely manner. (Domain 1) (6 months)	December 2011	Green	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan. Hospital and departmental induction are monitored by the Medical Education Placement Manager. The GMC survey 2012 shows 3 green outliers for induction with only 1 red outlier in paediatrics. A School of Paediatrics visit by the Trust in July 2012 indicated that work is in progress to fine tune the induction programme. The School will continue to monitor the situation and is planning a revisit early in 2013 to review progress. April 2013: School of Paediatrics revisit planned for Summer 2013. Action plan update required May 2013.	Aug-13	Amber	Amber	Clinical Tutor/DME	N/A	
E0E012-30	Southend University Hospital NHS Foundation Trust	1, 5	E0E03A, E0E080, E0E079	Respiratory medicine		All	Concern	The concerns regarding training in clinical oncology, respiratory medicine and O&G must all be addressed as a matter of priority and will be formally reviewed through School visits. (Domain 1 & 5) (6 months)	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan. Clinical oncology continues to experience problems but there are positive indicators of progress. Respiratory Medicine has improved significantly although it is still a red outlier for workload and work intensity in the GMC survey 2012. Underpinning is no longer an outlier. The issues in O&G remain problematic. The Head of School is liaising with the Trust and will be organising a visit within the next few months to review progress. April 2013: On-going issues remain outstanding. Clinical Oncology & Respiratory Medicine. There is evidence of improvement through monitoring for Respiratory Medicine. A School of Medicine Visit is planned for May 2013 when progress will be reviewed. A School of O&G Visit was undertaken on 20 March 2013. Overall there have been improvements in some areas of training but the School / Deanery has concerns over the training culture in a department which continues to have service pressures despite recent consultant appointments. O&G Action plan required by 10 May 2013 with probable follow up visit March 2014.	Sep-13	Amber	Amber	Clinical Tutor/DME Head of School	All relevant Royal Colleges 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	

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				Clinical oncology			Concern								Clinical Oncology. At the School of Medicine review in July 2013 to review clinical oncology, the following issues were raised: - CMT's experience difficulties attending OPD - Previous concerns about unsafe prescribing of chemotherapy have been resolved. - Additional staff have been recruited in CMT and middle grade levels, reducing the workload of the daytime on-call ST3+. However, despite these changes, the frequency (1 in 5) and intensity of daytime on-calls both remain unacceptably high. It became apparent during the visit that training in medical oncology requires significant improvements: there is poor seasonal supervision (including large numbers of unsupervised OPD clinics and difficulties consisting one consultant), poor access to WPBAs. In the short term, it is felt that the ST3+ post in medical oncology is not a suitable training environment and Shared Services (London) have elected not to fill the post for the coming year, in order to allow the Trust time to address the problems outlined. An action plan has been requested by November 2013.	Nov-13	Stage 3a: Progress not yet apparent - there is no change as of yet, but there continuing monitoring and evaluation of actions			
				Obstetrics and gynaecology			Concern							OMG - at the Quality Review visit to the Trust on 17.08.13, it became apparent that previous progress in this specialty had not been maintained and some of this may be accounted for by the long term absence of the College Tutor in OMG. Nevertheless, the specialty is in need of deep structural changes and there are reported issues with midwifery. A School of OMG visit is being arranged for the end of the year with high level representation including externality and midwifery input.	Dec-13	Stage 3a: Progress not yet apparent - there is no change as of yet, but there continuing monitoring and evaluation of actions				
EOE0112-33	Deans/Wide	1, 5	EOE920, EOE944, EOE952, EOE930, EOE921, EOE963	Core Psychiatry Training, Old Age Psychiatry, Psychiatry of Learning Disability, Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry	All	Concern		GMC Trainee Survey 2011 confirmed School of Psychiatry concerns regarding the quality and outcomes of the training programmes. In particular, 1 identified high levels of negative outliers across all domains and training programmes. Overall satisfaction with training in Psychiatry was amongst the lowest in the UK.	2011		GMC Trainee Survey 2011 and Deans Quality Management Framework	The Head of School of Psychiatry undertook a specialty specific end of post survey confirming the areas of concern, in particular concerns around structured educational supervision and the quality of the academic training programme. The Head of School therefore: 1) requested action plans from appropriate College Tutors/TPDs to address negative outliers in their Trust/programme. 2) A specialty specific faculty development programme will be implemented in the early part of 2012 aimed at clinical and educational supervisors including good practice in supervision and feedback, the conduct of ARCPs and familiarity with the Royal College's new e-portfolio. 3) The School will develop a mentoring scheme for all trainees. 4) The School will further develop a psychiatry specific end of post survey. In addition, the Deans have brought forward its timetable to carry out Deans Performance and Quality Reviews of its Mental Health Trusts commencing with South Essex Partnership NHS Trust in November 2012.		1. All POs (core and advanced) submitted Scheme-specific action plans. These were discussed at the School's Board meetings and all actions were monitored and completed. 2. Post and Scheme specific survey carried out at the point of ARCPs. Findings mitigated GMC survey scores in part. 3. School organised with Deans (London) Royal College's Educational and Clinical Supervisors' Courses between April and June 2012. 4. Mentoring scheme implemented for CT1s across the School (completed Sept 2012) with trained mentors. Roll out across CT2/3 underway during autumn 2012. 5. All educational supervisors are required to act as ARCP panel members at least once every three years. 6. Deans visits are being scheduled with first one due to take place in November 2012. April 2013: The Deans is continuing its round of Deans Performance and Quality Reviews to Trusts. It has already visited one of its Mental Health Trusts with a very satisfactory outcome. It will visit the remaining Mental Health Trusts during the course of 2013. The outcomes will be published in due course. The Deans will also review the results of the GMC Survey 2013 when they are available.	Sep-13	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Head of School of Psychiatry/TPDs/College Tutors Postgraduate Dean and Deputy Dean for Psychiatry	Royal College of Psychiatry through Head of School (joint appointment between Deans and College). Engagement with College Tutors and Mental Health Trusts.		
EOE0112-34b	Deans/Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE914, EOE930, EOE935, EOE951, EOE963, EOE947, EOE948	Endocrinology and Diabetes Mellitus, Geriatric Medicine, Clinical Pharmacology and Therapeutics, Plastic Surgery, Rheumatology, Paediatrics	All	Concern		The GMC Trainee Survey 2011 identified a significant excess of negative outliers in these specialties across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2012	Amber	Deans Quality Management Framework and GMC Trainee Survey 2011	Relevant Heads of School and TPDs requested to investigate these findings and provide the Deans with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deans Performance and Quality Reviews.	1. Geriatric Medicine where the results are skewed by findings at Watford both through deans visit outcomes and NTS results 2. Plastic Surgery School of Surgery visits are planned to review all surgical training including Plastic Surgery at the two principal units - Addenbrooke's and the Norfolk and Norwich early in 2013. The Lister Hospital which also has Plastic Surgery Trainees will be visited in November 2012. April 2013: Geriatric Medicine: The School of Medicine visited the Trust in November 2012. Progress has been made, with a business case agreed to address staffing issues in Care of the Elderly for implementation August 2013. Plastic Surgery: The School of Surgery visited all 3 Trusts in 2013. Improvements have been made at all 3 Trusts. Action plans have been requested by July 2013. The Deans will continue to monitor progress through its quality management processes and the GMC survey results 2013.	Jul-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Heads of School and TPDs	1)The Regional Advisor sits on the Specialty Training Committee. 2)The Head of School provides an annual specialty report to the College. 3) Deans reports on updates to the Head of School.		
EOE0112-35	Deans/Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE958	Core Medical Training	Core	Concern		The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Amber	Deans Quality Management Framework and GMC Trainee Survey 2011	Head of School of Medicine requested to investigate these findings and provide the Deans with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deans Performance and Quality Reviews.	The Head of School has carried out a programme of School visits to Trusts and a systematic review, the findings from which are being addressed through the School's quality management processes. April 2013: Monitoring is ongoing. The Deans will review the outcomes of the upcoming GMC Trainee Survey and will respond appropriately.	Jul-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Head of School of Medicine	Royal College of Physicians / Regional Advisors / College Tutors		
EOE0112-36a	Deans/Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE966	Core Surgical Training	Core	Concern		The GMC Trainee Survey 2011 again identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK. The Deans had already been actively addressing concerns regarding the size and quality of its core surgical training programme as a result of national requirements.	2011	Green	GMC Trainee Survey 2011	The Deans through its School of Surgery and Specialty Training Committee in Surgery is in the process of recommending the reduction of core surgery posts in line with national recommendations. This review of the training programme is being informed by outcomes of the Deans Quality Management Framework and the Royal College of Surgeons SMART criteria. It is anticipated that this process together with improved rotations should lead to improvements in the overall quality of our core surgical training programme.	Monitoring will continue through School visits, action plan updates, local and GMC surveys and Deans Performance and Quality Reviews.	The situation has improved based on quality measures (SMART criteria). However although the overall number of posts has been reduced there are still problems with some posts in achieving the SMART criteria despite these being widely publicised and promulgated (including a letter to all chief executives, medical directors, directors of medical education and surgical tutors). A further local trainee survey aimed specifically at the SMART criteria is planned for the core programme. Visits are also planned to the two largest trusts. April 2013: Monitoring is ongoing. The Deans will review the outcomes of the upcoming GMC Trainee Survey and will respond appropriately.	Jul-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Head of School / TPD Core Surgery	Royal College of Surgeons / Regional Advisors / College Tutors 1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deans reports on updates to the Head of School.		
EOE0112-37	Deans/Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	EOE797	Obstetrics and Gynaecology	All	Concern		The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Green	Deans Quality Management Framework and GMC Trainee Survey 2011	Head of School of O&G developed action plan in response to the GMC Survey 2010 which included: 1) Awareness raising at medical director and clinical tutor level in LEPs where undermining identified. Local action plans requested. 2) Commissioned educational module focussing on feedback. 3) Establish functional trainees' committee and increase trainee representation at board and STC level. 4) QA of above via Deans School visits.	Deans and School visits and annual surveys. Feedback module delivered as a pilot to College Tutors in April 2011. Further dates for delivery of feedback module arranged January - May 2012. Evaluation of module in progress. The RAG status was upgraded to Red in line with the GMC guidelines determining the new RAG ratings. The School of O&G continues to liaise with its faculty to address these issues. A further report on progress will be available for the April DR. April 2013: The feedback module has now been utilised in other specialties and LEPs to address issues around bullying and undermining where they have been identified. Although initial impressions have been favourable, the Deans will need to continue to gain feedback on the effectiveness of this intervention. The Deans will review the results of the GMC Survey 2013 and will respond to any concerns appropriately.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Head of School of O&G	Royal College of Obstetrics and Gynaecology Head of School has presented talk on bullying and undermining to RCOG College Tutors' meeting and has written an article for the RCOG Trainee newsletter. RCOG has major concerns over issue as national a problem for the specialty.			
EOE0112-41	Basildon and Thurrock University Hospitals NHS Foundation Trust	1, 5, 6	EOE931	Anaesthetics	Core, Higher	Concern		The GMC Trainee Survey identified a substantial number of negative outliers from anaesthetic trainees of all grades with particular concern around clinical supervision, feedback, undermining and departmental induction.	2011	Green	GMC Trainee Survey 2011	These findings had also been identified by the Trust itself and their action plan included: 1) further training of all educational and clinical supervisors 2) the establishment of an anaesthetic educational faculty group to quality control training and 3) the introduction of competency assessments.	The East of England School of Anaesthesia will undertake a targeted visit to the Department of Anaesthesia within six months to assess the impact of the Trust action plan and to make further recommendations if necessary. This visit will require appropriate representation from the London School of Anaesthetics since all anaesthetic trainees at Basildon Hospital are on London Deans training programmes.	There have been improvements in anaesthetics at Basildon as this specialty is no longer an outlier in this Trust in the GMC Survey 2012. April 2013: The Head of School of Anaesthesia is planning to undertake a visit to the Trust in 2013 to monitor progress against these outcomes and address any issues through the School's quality management processes. The GMC Survey results 2013 will also be reviewed and responded to appropriately.	Jul-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Head of School of Anaesthesia	Royal College of Anaesthetics Externality for this visit will be sought from the Royal College of Anaesthetics.		

Item number	Deansery/LETB/Wider Specialty/Wider Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concern ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deansery/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deansery/LETB encouraged the sharing of this good practice, locally and/or deansery/LETB-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with colleges/university/medical school or other healthcare regulators (if any)	
ECE012-43	Deansery-Wide	9	NA	NA		All	Concern	The GMC ARCP/RITA Outcomes Survey Report 2011	2011	Green	GMC ARCP/RITA Data Collection 2011	The report appears to indicate that the Deansery has a low level of overall "adverse" outcomes compared to the rest of the UK. The Deansery undertook an in-depth analysis in those specialties that had either a "positive" or "negative" outlier. This demonstrated no evidence of any systematic failure of adherence to national or deansery guidance on the conduct of ARCP/RITAs or the criteria for the award of a given outcome. However, the Deansery is in the process of developing and rolling out of a programme of specialty specific training in the conduct of ARCP/RITAs for all panel members across all specialties. This programme will now be enhanced and accelerated through the Deansery's new 'Equity and Excellence Initiative'. The Deansery is also enhancing its own internal quality control procedures to reduce the numbers of ARCP outcomes 5.	Monitoring will occur through quarterly data returns to the Quality Management Team. This will also be monitored through the GMC ARCP/RITA Outcome Survey.	At the stage, the Deansery / HEE/E has been unable to complete a full trend analysis due to staffing difficulties encountered during transition within the Deansery/LETB transformation. However, a qualitative review of our ARCP outcomes shows far fewer outliers from the national mean. Therefore HEE/E will review the trends for the period 2011 - 2013 when our latest return has been analysed and reported upon by the GMC. At the present time, HEE/E has no major concerns regarding the overall trend in our ARCP outcomes.	Apr-4	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team	All Colleges - through the provision of equality to the ARCP/RITA process.		
ECE1012-01	Mid Essex Hospital Services NHS Trust	1, 6	ECE931, ECE928, ECE939, ECE947	Anaesthetics, Emergency Medicine, General (Internal) Medicine, Otolaryngology		Foundation, Higher	Concern	The Trust has reported actions to investigate and address the reported undermining by consultants across a number of specialties. The Trust is asked to provide a formal report on their actions to ensure that this issue has been sufficiently investigated and addressed, and ongoing monitoring is in place. (domains 1 & 6) (2 months)	January 2012	Green	Deansery Visit 19 January 2012	The Trust has taken steps to address undermining as follows: 1. All training beds have been made aware of this issue and asked to share with their department. They have been asked to ensure undermining behaviour is discussed with new trainees at local induction including lines of reporting. It now forms part of the local induction checklist. 2. It was stated in the Clinical Tutor's welcome to new trainees being corporate induction and has been included in the Clinical Tutor's welcome to F1s during PRRP and relayed by the F1s to their welcome to each foundation year. 3. Audit of induction (due September 2012) will include questions as to whether or not this was covered. Monitoring remains ongoing.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	The Deansery will also seek to improve the quality and relevance of ARCP/RITA panels and their review of outcomes by the introduction of a standard reporting form for external assessors. April 2013. The Deansery is planning to complete a trend analysis on its ARCP outcomes during 2013.	Trust action plan and action plan update received in March 2012 and August 2012 respectively. April 2013. Addressed with consultants and issue highlighted as part of induction and via internal forum. Trust has developed mechanisms to monitor relevant action plan. The Deansery is satisfied with progress to date and has requested an action plan update by May 2013.	The Trust has actively addressed this issue and has in place a rolling system of anonymous trainee feedback as well as active intervention and counselling of individuals identified as potential sources of undermining. In addition, an HEE/E Quality Review visit in October 2013 reviewed further evidence and reassurance concerning the resolution of this concern, including the Trust's investigation and actions taken in response to the free text comments regarding undermining at the Trust. HEE/E considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Senior Management Team	All relevant Colleges/Heads of School 1) The Regional Advisors sit on the Regional Specialty Training Committees. 2) The Heads of School provide an annual specialty report to their respective Colleges. 3) Deansery reports on updates to the Heads of School.
ECE1012-04	James Paget University Hospitals NHS Foundation Trust	7	All	All		All	Concern	The Trust must urgently consider how to better harness the trainee voice and engage better with the Senior Residents (Recommendation in April 2011 report).	January 2012	Green	Deansery Visit 20 January 2012	The Trust is committed to increasing the involvement of the Senior Residents with the risk to the local programme including matching the Senior Residents with an appropriate Diapason Director. This will be monitored by the DME. Confirmation was also received that there are many opportunities for trainees to meet within the Trust and that the Medical Director will in future attend open fora.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deansery will continue to monitor through its quality management framework. April 2013. Action plan received. Issues satisfactorily addressed. Action plan update to be received in May 2013.	At the above Quality Review visit to the Trust in June 2013, it was reported that this concern had been adequately addressed by the Trust, in particular that trainee representation was widespread within the Trust's internal committees and fora. In addition, the Trust is looking to appoint a second Senior Resident and is considering whether one of their senior residents could attend Trust Board meetings, thus demonstrating full engagement with the process. HEE/E considers this matter closed.	Jun-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Senior Management Team	N/A	
ECE1012-05	James Paget University Hospitals NHS Foundation Trust	1, 5, 6	ECE923	Rehabilitation Medicine		All	Concern	The Trust must urgently review the utilisation of their Rehabilitation Ward and ensure that the clinical supervision of trainees working on these wards is appropriate (New Condition)	January 2012	Green	Deansery Visit 20 January 2012	The Director of Medical Education visits Ward 9 on a regular basis as part of Medical's management audit. Admission criteria continue to be enforced. The Trust has reviewed the nursing team make up for Ward 9. A very experienced senior nurse has been seconded to the ward and is being proactive about maintaining and improving quality and ensuring high standards of care. Trainee feedback has been positive. The Rehabilitation Ward now has twice weekly consultant ward rounds and the consultant is available outside these visits for urgent queries.	The Deansery will continue to monitor progress via its quality management framework. Monitoring will also occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deansery will continue to monitor through its quality management framework. April 2013. Action plan received. Issues satisfactorily addressed. Action plan update to be received in May 2013.	At the above Quality Review visit to the Trust in June 2013, the DME confirmed that the issues relating to Ward 9 have been adequately resolved and that the solutions are sustainable. This was confirmed in the Trust's annual report to HEE/E of October 2013. HEE/E is satisfied that this is now resolved.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Senior Management Team & Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
ECE1012-06	Colchester Hospital University NHS Foundation Trust	3	NA	NA		N/A	Concern	The Trust must ensure 100% current EAD training for trainees and be able to provide evidence of this. (domain 3) (3 months)	March 2012	Green	Deansery Visit 01 March 2012	The Trust has implemented an e-learning package to deliver this training to all trainees.	The e-learning package is being rolled out.	Monitoring will occur through update of the action plan. April 2013. The Trust is to provide evidence of compliance with EAD training by May 2013.	The Trust has confirmed that EAD training and training in Safeguarding children and vulnerable adults is now embedded in their mandatory training for all consultants and induction for trainees, and is closely monitored for compliance with this requirement. HEE/E will continue to monitor compliance as it does for every Trust but considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Senior Management Team including Director of Medical Education	N/A	
ECE1012-08	Colchester Hospital University NHS Foundation Trust	3	NA	NA		N/A	Concern	All consultants involved in the care of children (including paediatrics and EM) must have valid level 3 safeguarding training, and be facilitated to access this. (domain 3) (3 months)	March 2012	Green	Deansery Visit 01 March 2012	The Trust has reviewed the training status of all trainees regarding Safeguarding children and evidence of compliance with this. October 2012. Three consultants were identified as not having current training and these have been contacted individually by the Medical Director so that their training can be updated.	Update of these consultants' training.	Action plan update from the Trust. April 2013. The Trust is to provide evidence of compliance with EAD training by May 2013.	The Trust has confirmed that EAD training and training in Safeguarding children and vulnerable adults is now embedded in their mandatory training for all consultants and induction for trainees, and is closely monitored for compliance with this requirement. HEE/E will continue to monitor compliance as it does for every Trust but considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Senior Management Team including Medical Director	N/A	
ECE1012-09	West Hertfordshire Hospitals NHS Trust	1, 6	ECE929	Emergency Medicine		All, Foundation	Concern	The following concerns were identified at a DQOR to the Trust on October 2011: The lack of middle grade/cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards - Immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deansery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this. Actions undertaken: 1) GMC informed of patient safety issues and Deansery concerns. 2) Trust recruited short term middle grade locum cover with immediate effect. 3) Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was to be supported by substantive middle grade. Ongoing condition: Whilst the tracking of surgical outfalls has been addressed, there continue to be significant concerns with regard to medicine in general. This condition continues to be extant (domain 1). An updated action plan is required within one week of receipt of this report. N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	October 2011	Green	Deansery Visit	The Deansery with representation from the GMC and North Thames Foundation School revisited in April 2012. The visit outcomes were as follows: 1) the staffing levels required to ensure patient safety were achieved. 2) Trainees were appropriately supervised. 3) The teaching programme was being developed. 4) On-call access to other specialty registrars for the EM Department was readily available. The Deansery survey of EDs across the deansery confirmed that no other concerns regarding the supervision of foundation trainees in EDs were a cause for concern.	This will continue to be monitored by the School of Emergency Medicine, the Foundation School and the Deansery.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys. April 2013. Monitoring continues to occur through the Deansery's quality management processes. The outcomes of the GMC Survey 2013 will be reviewed in July 2013 and responded to accordingly.	The NTS Survey 2013 indicated that the trainees expressed concerns regarding workload within the Emergency Department, in line with most Emergency Departments in the country. However, the Trust has recruited two additional consultants in Emergency Medicine and is carrying out a recruitment drive to attract middle grade doctors from India. In addition, a local taskforce regularly reviews workload issues. At weekends, the Trust has instituted additional consultant sessions to improve both workload and supervision at these times. HEE/E considers that the Trust has made significant progress in this challenging area but will continue to monitor its sustainability. HEE/E considers this matter closed.	Apr-14	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Emergency Medicine and Foundation School Director	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
ECE1012-10	West Hertfordshire Hospitals NHS Trust	1	ECE2070, ECE959	Acute Internal Medicine, General (Internal) Medicine		All	Concern	Particular of surgical outfalls patients must be addressed (action plan) to be provided within one month and full implementation of plan to be assessed at the April 2012 visit. Ongoing condition: Whilst the tracking of surgical outfalls has been addressed, there continue to be significant concerns with regard to medicine in general. This condition continues to be extant (domain 1). An updated action plan is required within one week of receipt of this report. N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	April 2012	Amber	Deansery Visit 26 April 2012	The Trust has taken immediate steps regarding the transfer of patients from the AAU. The handover policy is being revised with streamlining of handover in that Unit. There are also plans to restructure the junior doctors' teams and Trust is expanding its capacity by 48 beds, requiring a detailed review of the facilities and staffing levels. Progress will be monitored by the Deansery. The Trust has been asked to provide a formal update on its action plan by the end of October.	A School of Medicine visit is planned for 23 November 2012 to monitor progress against the action plan, paying particular attention to issues identified in relation to the AAU. Trust put forward a proposal to ensure that there are consultants leading handover at all times. In addition the Director of Nursing issued an edict to ensure that no patient could be moved out of AAU without informing the medical team. Progress has been made including the recent appointment of additional Acute Physicians for the Acute Admissions Unit as well as agreed commissioning of a bespoke electronic patient tracking system. The Trust Task Force group will also continue to meet regularly to ensure that progress continues to be maintained. A revisit will take place in summer 2013 to review progress.	To be determined after the School visit. April 2013. School of Medicine visit on 24 November 2012 identified areas of concern in the AAU. In particular, issues regarding patient movement on the excessive workload and staffing levels within the Unit were highlighted. 1) The Trust has responded in a comprehensive and effective way to the requirements and recommendations of the last School of Medicine report and should be congratulated on this. 2) The Trust must provide a written update on the progress with its action plans to enhance sessional supervision in the AAU, improve handover (both within the AAU and when patients are transferred from the AAU) and to improve patient tracking by 31 December 2013. HEE/E will review the outcomes of the action plan after its receipt.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.		
ECE1012-11	West Hertfordshire Hospitals NHS Trust	1	ECE922	Clinical Radiology		Core, Higher	Concern	Condition 15.6. The continued reporting of a culture of undermining in the Radiology Department is a serious concern. (Domain 1). The Medical Director is asked to investigate urgently and report his findings directly to the Postgraduate Dean. An action plan is required in accordance with paragraph 6.2.	April 2012	Amber	Deansery Visit 26 April 2012	The Trust has put in place a series of measures to address undermining in the Department of Radiology including open sessions with the juniors and a mandatory training programme on bullying and harassment. The message continues to be reinforced via the various fora and monitoring of the situation is ongoing. However, in the light of the GMC survey outfalls results 2012, the action plan implemented by the Trust will be monitored closely to determine progress.	An update will be provided to the Deansery by the end of October. The Deansery will continue to monitor this via School visits and its quality management framework.	To be determined April 2013. Divisional Lead has written to all trainees informing them that concerns can be reported to himself through the Medical Education Centre. The Trust is to provide an action plan update by the end of May 2013. The Deansery will also monitor closely the results of the GMC Survey 2013 and will respond appropriately to the outcomes. HEE/E considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Amber	Trust Senior Management including Medical Director and Director of Medical Education	N/A		
ECE1012-13	West Hertfordshire Hospitals NHS Trust	2	NA	NA		N/A	Concern	Condition 15.4 remains extant as it was a 12-month condition. Engagement of College Tutors. To support the engagement of all College Tutors, the Trust is required to review the appointment of all tutors as part of their planned review in conjunction with the approved Head of School.	April 2012	Green	Deansery Visit 26 April 2012	The Trust's Medical Education Department continues to carry out Departmental Education Reviews with the current College Tutors. The Trust will provide an update on this condition in its action plan by the end of October 2012.	Monitoring will continue through the Deansery's Quality Matrix and Quality Management reporting mechanisms. April 2013. Improved engagement with College Tutors through the Medical Education Board and Departmental Education Reviews. Further reviews to be undertaken.	Monitoring of this issue through HEE/E's reporting procedures confirms that robust and effective processes are in place and that the Trust's College Tutors are fully engaged within their areas of responsibility and the Trust's educational governance processes. HEE/E considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Medical Director, Director of Medical Education & Clinical Tutor	N/A		
ECE1012-14	Bedford Hospital NHS Trust	1	ECE959	General (Internal) Medicine		All	Concern	Condition 14.3. The identified confidentiality (privacy and dignity) issues at handover and ward-rounds should be addressed. (domain 1)	May 2012	Amber	Deansery Visit 10 May 2012	The Trust has taken steps to ensure that all consultant physicians attending AAU conduct ward rounds and handover in a confidential manner. The importance of this has been stressed to all physicians and has been discussed at their monthly meetings as well as with the new cohort of trainees in August 2012.	The Deansery will continue to monitor the situation through its quality management processes and address any further concerns appropriately. A School of Medicine visit to the Trust to review progress with this action plan will take place in November 2012.	To be determined upon receipt of progress report at the end of November 2012. April 2013. Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	Monitoring of this issue through HEE/E's reporting procedures confirms that robust and effective processes are in place. HEE/E considers this matter closed.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
ECE1012-15	Bedford Hospital NHS Trust	5	ECE959, ECE936, ECE946, ECE928	General (Internal) Medicine, General Surgery, Paediatrics, Emergency Medicine		All	Concern	Condition 14.5. Trainees should be able to attend educational opportunities where possible and keep a record of attendance. Sleep free time for this activity must be implemented.	May 2012	Amber	Deansery Visit 10 May 2012	The Trust will continue to encourage all trainees to attend educational opportunities where possible and keep a record of attendance. Sleep free time for this activity must be implemented.	The Trust has been asked to provide an update to the Deansery by 10 November 2012.	To be determined upon receipt of progress report at the end of November 2012. April 2013. Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	Monitoring of this issue through HEE/E's reporting procedures confirms that no concerns have been raised by trainees regarding attendance at local teaching in GB, Surgery and Emergency Medicine. HEE/E considers this matter closed for these specialties. However, concerns persist regarding Paediatric training in general at this Trust which are addressed elsewhere in this report.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Director of Medical Education & all Clinical and Educational Supervisors	N/A	

Item number	Deansery/LETB/Wider Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deansery/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the Deansery/LETB encouraged the sharing of this good practice, locally and/or deansery/LETB-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What were the outcomes, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with colleges/university/medical school or other healthcare regulators (if any)
E0E1012-16	Bedford Hospital NHS Trust	6	All	All	All	All	Concern	Condition 14.7. The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. (domain 6)	May 2012	Amber	Deansery Visit 10 May 2012	The Trust has informed its trainees of the Senior Resident programme and encouraged them to apply. Innovations and interviews were held in August. It is also looking into the establishment of faculty groups by October 2012.	The Deansery will continue to monitor this through the Trust's action plan update of November 2012 (see above).	To be determined upon receipt of progress report at the end of November 2012. April 2013. Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Director of Medical Education	N/A	
E0E1012-17	Bedford Hospital NHS Trust	1	E0E94B	Paediatrics	All	All	Concern	The findings of the recent School of Paediatrics visit are of sufficient concern that they must form part of the conditions of the overall Deansery visit. In particular, there must be no outpatient clinics where trainees are not supported by a consultant present (the Trust reports that this has ceased as of this week) (domain 1 - patient safety). Furthermore, the conditions regarding the children's assessment unit, handover and paediatric resuscitation are key patient safety issues. An action plan has been received. There must be monthly updates on this action plan with a further School visit in August 2012. The Trust should be aware that if that visit is not satisfactory, the Deansery may move trainees to other hospitals and ask the GMC to consider the appropriateness of continued approval of the paediatric unit as a training environment.	May 2012	Green	Deansery Visit 10 May 2012	A School of Paediatrics revisit took place on 31/07/12. Although there was some evidence of progress with the Trust's action plan and good leadership from the College Tutor, it is clear that major concerns remain and the Deansery has significant anxieties regarding paediatric training at Bedford. If there is no sustained progress with the action plan and a definite long term vision for training, the Head of School will be recommending to the Dean that Paediatric trainees be withdrawn from the Trust from March 2013.	In view of the significant improvements in the delivery of paediatric training at Bedford, the Deansery will continue to send trainees to this Unit. However, the Department must sustain progress which will be monitored at the next School of Paediatrics visit in Summer 2013.	To be determined following Paediatric re-visit in Summer 2013. April 2013. To be determined following Paediatric re-visit in Summer 2013.	Aug-14	Stage 2: Implementing Solutions - Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Head of School of Paediatrics/Post-Graduate Deans/GMC	Royal College of Paediatrics and Child Health 1) The Medical Director of HEE Issues directly with the President of RCPCH. 2) The Regional Advisor sits on the Specialty Training Committee. 3) The Head of School provides an annual specialty report to the College. 4) Deansery reports on updates to the Head of School.	
E0E1012-18	Bedford Hospital NHS Trust	1	E0E959	General (internal) Medicine	All	All	Concern	The consistent longstanding issues within the Department of Medicine, reinforced by the GMC Trainee Survey 2011, must be addressed as a matter of priority including consultant supervision, outpatient learning opportunities and access to educational opportunities. An action plan to consider these issues should be received in line with this report which will be followed up by a School of Medicine visit.	May 2012	Green	Deansery Visit 10 May 2012	The Trust has put in place steps to address the concerns raised at the Dean's Revisit to the Trust in May 2012. The action plan provided by the College Tutor is satisfactory. However, the School of Medicine will review the outcomes of these initiatives at its monitoring visit to the Trust on 13 November 2012 and will update the Dean on progress.	A School of Medicine visit to the Trust will take place on 13.11.12.	To be determined after the School visit. April 2013. Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
E0E1012-19	West Suffolk NHS Foundation Trust	1, 5	E0E904	Cardiology	All	All	Concern	The significant concerns in both service delivery and education provision within the Cardiology department as outlined in the School of Medicine report of 06/07/12 must be addressed and the conditions consequent upon that visit are a requirement within the action plan of this visit. (12 months) (domains 1 & 5)	July 2012	Amber	Deansery Visit 09 July 2012	An action plan is being prepared by the Trust in response to the report from the School of Medicine. A higher level action plan built on current service change action will be prepared by the Trust and sent to the Deansery by the end of November 2012.	Implementation and delivery of this action plan will be monitored through a further visit from the School of Medicine focusing on cardiology training (date to be determined).	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys. April 2013. An action plan was received that satisfactorily addressed the concerns raised. However, the School of Medicine is revisiting to review progress in April 2013.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Medicine	Royal College of Physicians 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
E0E1012-20	West Suffolk NHS Foundation Trust	6	N/A	N/A	All	All	Concern	The current inadequate development and support of educators (other than foundation programme educational supervisors) should be addressed as a matter of priority (6 months) (domain 6)	July 2012	Amber	Deansery Visit 09 July 2012	The Trust has provided an action plan to address this concern which includes: 1) Arranging regular meetings for educational supervisors (non Foundation) 2) Ref Terms of Reference of the PETB, formalising the structure for feedback and action to encompass a diagrammatic representation of relationship between PETB, Educational Supervisors, Clinical Supervisors and trainees. This is set to commence at the beginning of November 2012 with a target for completion of January 2013.	The Deansery will review the situation upon receipt of the Trust's formal action plan update which is due on 18.01.13.	Monitoring will continue through the Deansery's Quality Matrix and Quality Management reporting mechanisms. April 2013. An action plan was received that satisfactorily addressed the concerns raised. An action plan update is required in May 2013.	Oct-13	Stage 4: Closed - Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Senior Management Team	N/A	
E0E1012-23	Hinchingsbrooke Health Care NHS Trust	1, 5, 6, 7	E0E938	General Surgery	ST3+	All	Concern	Foundation trainees had written a letter, anonymously, to raise clinical concerns in April 2012. The Deansery conducted a Significant Event Review into its handling of training concerns at Hinchingsbrooke in January 2012. The following points were agreed at an extraordinary meeting of the Quality Management Board: 1) When Trusts inform the Deansery informally of concerns, the Deansery will henceforth request formal notification and ensure that its actions and responses to that are formal. 2) This will ensure an audit trail of concerns, evidence and actions. 3) These will be formally considered by the Deansery Quality Management Board, as will review and follow-up action. 4) Given the GMC's new Cause for Concern Procedure, the Deansery would also inform the GMC of these concerns as appropriate. The Deansery also ensured the following: - Direct engagement with Medical Director, Clinical Tutor, and FTSD - Liaison with SHA Medical Director and Director of Nursing	August 2011	Amber	Anonymous trainee feedback	A triggered School of Surgery visit with GMC representation was carried out in January 2012 which ratified the decision to withdraw trainees from the colorectal posts pending the appointment of two new permanent colorectal surgeons and a repeat visit by the School of Surgery to carry out a review of training opportunities.	Further review by the School of Surgery after the appointment of 2 new consultant colorectal surgeons.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys. April 2013. Review of progress pending appointment of 2 new colorectal surgeons. Progress report required May 2013.	Dec-13	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Surgery and Deansery Senior Management Team	Royal College of Surgeons 1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
E0E1012-25	Deansery Wide	1, 6	All	All	All	All	Concern	The Higher Surgical Trainee had already identified a significant number of negative outliers for undermining across a number of specialties and a number of LEPs and programmes making the East of England Deansery a red outlier.	July 2012	Green	NTS data	The Deansery has contacted all its LEPs and programmes asking them to address their negative outliers in particular those relating to undermining by the consultant in their annual report to the Deansery. Moreover, in specialties such as O&G where undermining was identified (both in terms of red and pink outliers), the Head of School has written to the Trust's Medical Directors asking them to produce an action plan within six weeks. The Deansery will analyse the responses received and will address any remaining concerns through its quality management processes. The Deansery also ensures that undermining is discussed at the Deansery Performance and Quality Review visits to Trusts and where problems are identified, they form part of the conditions of the visit report. Monitoring remains ongoing.	Monitoring occurs through School visits, action plan updates, local and GMC surveys and Deansery Performance and Quality Reviews.	The Deansery will analyse the responses received and will address any remaining concerns through its quality management processes. April 2013. The Deansery is planning to complete a trend analysis on its NTS outcomes during 2013.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Green	All relevant Heads of School & Deansery Senior Management Team	All relevant Colleges 1) The Regional Advisor for each specialty sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deansery reports on updates to the Head of School.	
E0E0413-01	East and North Hertfordshire NHS Trust, East and North Hertfordshire NHS Trust	1	E0E904, E0E928, E0E922, E0E938, E0E954	Cardiology, Emergency medicine, Clinical radiology, General surgery, Trauma and orthopaedic surgery	Cardiology, Emergency medicine, Clinical radiology, General surgery, Trauma and orthopaedic surgery	All	Concern	During the Deansery Performance and Quality Review Visit to the Trust on 24 January 2013, 3 possible new patient safety issues arose, namely: 1. Patient safety concerns regarding EM at both the Lister and CECI sites, in particular the downgrading of Welwyn and the consequent workload and space issues at the Lister. 2. The safety of middle grade cover in Cardiology and Radiology with regard to middle grades being on call from home, with concerns about workload, accessibility and sustainability. 3. Sick patients being transferred from the Surgicentre to the East and North Herts without medical handover.	Jan-13	Amber	Deansery Visit 24.01.2013	The Dean raised these issues with the Chief Executive and Medical Director of the Trust on the day of the visit with a formal letter on 28 January 2013. The Medical Director provided a full reply on 7 February 2013. In light of the patient safety issues as well as being subject to the usual deansery processes, both letters were submitted to the Hertfordshire and South Midlands Area Team Quality Surveillance Group for further consideration. The East of England LETB Health Education England representative on that group was charged with ensuring that these concerns have been sufficiently considered and followed up.	To be determined following Hertfordshire and South Midlands Area Team QSG response.	The mechanism for monitoring the Trust response will be determined in the light of the Area Team response. In addition, these concerns were addressed during the School of Medicine Visit to the Trust on 9 April 2013 as included in the October 2012 update section of this spreadsheet.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Area Team QSG Lead/PG Deansery Trust CEO and MD	Herts and South Midlands QSG Area Team/CQC/Heads of School	

Item number	Deans/LETB-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concern ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deans/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the Deans/LETB encouraged the sharing of this good practice, locally and/or deans/LETB-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with colleges/secondary school or other healthcare providers (if any)
E0E0413-02	The Princess Alexandra Hospital NHS Trust	1	E0E028, E0E079, E0E099, E0E048	Emergency medicine, Obstetrics and gynaecology, Acute Internal Medicine, Paediatrics	Emergency medicine, Obstetrics and gynaecology, Acute Internal Medicine, Paediatrics	All	Concern	Concerns were raised regarding clinical quality and performance issues and significant risks to patient safety.	Dec-12	Amber	Essex GSG	The Risk Summit was convened due to concerns highlighted by the Clinical Commissioning Group (CCG) regarding patient safety and the Princess Alexandra Hospital NHS Trust (PAH). The purpose of the summit was to quantify and identify the risk to patients and ensure that the group has an opportunity to voice their views and concerns.	At the Risk Summit Essex Area Team National Commissioning Board to review the forthcoming financial challenges and the long-term sustainability. Trust to explore Workforce Assurance long term, reviewing staffing levels in particular the impact of CIPs, Working between West Essex CCGs and Hertfordshire CCG through the Clinical Forum to be strengthened. CCG to continue openness, strengthen and engagement with CCG & Trust. Trust to review and strengthen organisation governance processes (Share information/reporting). Trust to continue to improve safeguarding training levels. Trust to continue to improve and demonstrate on the required delivery standard (recovery action plan: mortality, Pressure ulcers, stroke, falls, A&E, cancer waiting times). CCG to review emergency pathways (A&E) and reduce non urgent patients attending PAH. Trust to implement Deans action plan (including improving staff surveys). Area Director Essex Area Team National Commissioning Board with CCG & Trust to conclude finance negotiations: support on winter, marginal rates/CQUINs.	These issues are being addressed by the Trust who provided an action plan update to the Deans at the beginning of April 2013.	The NTS Survey 2013 demonstrated significant improvement regarding outcomes in the specified specialties except Respiratory Medicine which is reported elsewhere in this report. A School of GMC visit confirmed the progress made in this specialty. HEE&E will conduct a Quality Review visit to the Trust to review progress early in 2014. In the meanwhile, routine monitoring procedures will continue.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	PG Dean / Trust Management / Heads of School	Heads of School
E0E0413-03	Basildon and Thurrock University Hospitals NHS Foundation Trust	1	E0E028, E0E224	Emergency medicine, Foundation Programme	Emergency medicine, Foundation Programme	Foundation	Concern	Concerns regarding the adequacy of supervision of foundation trainees within the Emergency Medicine Department.	Feb-13	Amber	Foundation School visit 28.02.13	The Trust was required to develop an action plan to specifically address the following issues identified: 1. Consistent responses to reasonable requests for senior clinical support within the Emergency Medicine Department were not being provided by Foundation Doctors. This included a lack of consultant input and clinical supervision. 2. Urgent investigation of allegations made of unprofessional and inappropriate behaviour by senior Emergency Medicine consultants. 3. To address the lack of supervision of foundation doctors due to not having a second middle grade doctor. Following the visit the GMC were informed of the issues raised.	Monitoring against action plan by Foundation School Director. An initial action plan has been received by the Deans to address the immediate concerns raised. The GMC has received a copy of the correspondence.	Ongoing monitoring through the usual deans/EM processes. Joint Emergency Medicine & Foundation School visit with GMC representation to be undertaken 25 July 2013	The findings of the joint EM/Foundation School visit to the Trust, with GMC representation, were as follows: - The Trust team were congratulated on making so many positive changes since the previous Foundation Quality Management visit. It was reported that F2s were very happy with supervision and handover and had also not experienced any issues related to bullying and undermining. - Issues of concern identified were: - delays in prescribing antibiotics to septic patients - concerns about the weekend night-shift rota - difficulty in sustaining the good work managed to develop better practices in the Emergency Department due to staffing levels. The Trust has provided an action plan ahead of the November deadline showing that the above concerns are being addressed. An audit of all cases of sepsis presenting to the Emergency Department is being undertaken and should be completed in November 2013. In addition, a new rota for F2s is anticipated to be introduced at the next rotational date at the beginning of December. The Trust has put in place measures to address the issues relating to undermining including training sessions for all consultants with external facilitation and reinforcement of the zero tolerance message. They have also appointed 3 Lead Consultants responsible for the	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Management / Foundation School Director	Foundation School Director
E0E0413-04	Iswich Hospital NHS Trust	1, 6	E0E028, E0E224	Emergency medicine, Foundation Programme	Emergency medicine, Foundation Programme	All	Concern	High level Deans Performance and Quality Review was undertaken 7 March 2013. Immediate conditions were identified and an action plan required within 2 weeks. Concerns raised with regard to (i) patient safety issues reported in the Emergency Medicine Department and their relationship to training and (ii) issues of supervision and support for Foundation trainees at night in both Medicine and Surgery.	Mar-13	Amber	Deans Visit 07.03.13	Issues of immediate concern adequately addressed at feedback meeting with Trust on 20 March 2013 and through the subsequent Trust action plan. A full action plan is required by 7th June 2013 including confirmation of completion of actions on the immediate conditions. A formal update on the action plan is required by 08 September 2013.	To be determined following receipt of full action plan.	Ongoing monitoring through the usual deans/EM processes	The School of Emergency Medicine conducted a visit on 18/07/13 which, within the context of delivering the training assistantship, highlighted workload and recruitment issues as major contributory factors that needed to be addressed. Recognising that recruitment to middle grade and consultant posts in Emergency Medicine is a major national issue, the School of Emergency Medicine requested an update in six months and, again, in one year, on progress against the issues raised. At the Quality Review visit to the Trust in September 2013, it was reported that an extra tier of FY2s had been recruited from August (x 4). In addition, trainees were reported to be relatively happy, undermining, including multi-professional, seems to have been resolved, and teaching and educational/clinical supervision were satisfactory.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Management / PG Dean / Heads of School	Heads of School and Foundation School Director
E0E0413-06	West Hertfordshire Hospitals NHS Trust	1, 5, 6	E0E031	Anaesthetics, Foundation Programme	Anaesthetics	Higher	Concern	The London Deans and East of England Deans conducted a Conversation of Concern regarding a number of issues which trainees in Anaesthesia on the London programme had raised directly with the London School of Anaesthesia. This took place on 12 November 2012. In particular, the issues raised were induction, consultant supervision and the conduct of epidural anaesthesia in the obstetric department, rota issues pertaining to private patients on the labour ward.	Nov-12	Amber	Letter from Trainees in Anaesthesia to London School of Anaesthesia	Immediate request from London and EoE Deanseries to The Trust asking for an urgent action plan addressing the 5 Immediate Mandatory Requirements identified relating to the labour ward. This was received on 19 November 2012. A full action plan was provided on 14 December 2012 with an update on 18 March 2013.	The East of England and London Deanseries will revisit the Trust on 13 May 2013 to review progress with the Trust action plan. The GMC has been informed.	Ongoing monitoring through the usual deans/EM processes	Following the EoE/London visit in May 2013, an action plan outline was received as follows: - A comprehensive local induction has been put into place. - Monthly M&M commenced in July and the teaching programme has been restructured to deliver high quality exam preparation and is learner directed. - The rota has been reconfigured so that all CT1s are supplementary and are not supervised by CT2 or SAS doctors and do not hold the fourth on call sleep. Trauma and CEPOD lists are now covered by Consultant Surgeons and Anaesthetists. - Daily board rounds for CEPOD and Trauma have led to more productive working and better patient care as these are covered by Consultant Surgeons and Anaesthetists. This in turn allows for better training opportunities. - A local faculty group has been set up within the department. This group meets monthly and all training aspects are discussed. The Educational Supervisors engage proactively with the e-portfolio and individual trainee needs. A further revisit with GMC representation will be undertaken on 21 October 2013 which will review progress against the Trust's action plan.	Apr-14	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Management / PG Dean / Heads of School	Head of School
E0E1013-01	LETB-Wide	1, 2, 3, 4, 5, 6, 7, 8, 9	All	All	All	All	Good practice	Formulation of a consolidated quality report which outlines current areas of note which is disseminated on a monthly basis and which has been adopted by HEE for reporting to GSGs as the national reporting framework.	Apr-13	Green	By the HEE National Directors of Education and Quality Group	This report provides a unified multi-professional reporting mechanism which has been adopted for use nationally.	This reporting framework has been adopted nationally.			Amber	Quality Manager			
E0E1013-02	LETB-Wide	1, 5, 6	All	All	All	All	Good practice	A local statistical analysis of NTS 2011-2013 patient safety concerns using locally determined categorisation of the comments and a presentation of results normalising the data against Trust bed numbers has been produced.	Sep-13	Green	Feedback from Trusts, GSGs and Specialists	The reports have been widely disseminated to Trusts, Quality Surveillance Groups and Specialty networks across HEE&E.	The analysis model has been shared with the GMC for consideration.				Postgraduate Dean / Quality and Quality Manager			
E0E1013-03	LETB-Wide	1, 5, 6	All	All	All	All	Good practice	HEE&E sponsored a number of year-long multi-professional Quality Improvement Fellowships for the delivery of quality improvement projects in Trusts to develop and deliver quality improvement initiatives whilst developing management and leadership skills.	Jan-13	Green	Delivery of projects and feedback from participating Trusts and Fellows.	The improvement outcomes of the individual projects have/will be shared across LETB stakeholders and showcased at the Annual HEE&E Celebration of Success.	This will be shared regionally at the appropriate fora including the Celebration of Success Conference.				Postgraduate Dean			
E0E1013-04	LETB-Wide	1, 5, 6	All	All	All	All	Good practice	HEE&E has developed policies on Raising Patient Safety Concerns and on the Removal of Trainees which were consulted on widely and have now been adopted by HEE&E as part of our quality improvement processes.	Jul-13	Green	Identification of a need following the issues in Paediatric training at Bedford Hospital.	Adoption of policies by HEE&E.	The Removal of Trainees policy is being revised to form a UK-wide Framework which is to be adopted by CoPMED and is being considered by the HEE Directors of Education Quality Group for England-wide adoption.				Postgraduate Dean	HEE&E networks, HEE and GMC		
E0E1013-05	Papworth Hospital NHS Foundation Trust	1, 2, 3, 4, 5, 6, 7, 8, 9	E0E029	Cardio-thoracic surgery	Cardio-thoracic surgery	All	Good practice	The Dean's Performance and Quality Review Visit to the Trust on 15 March 2013 identified the following areas of outstanding practice: 1) The Trust is internationally recognised as a Centre of Excellence in Cardiothoracic Medicine and Surgery. The achievement of its educational mission and the wealth of training opportunities it offers are laudable. Training in Cardiothoracic Surgery at the Trust is outstanding. 2) The Trust is congratulated on the full implementation of a process for the appropriate selection, appraisal and training of all its educational supervisors. This is an area of notable practice. 3) The 'ALERT' specialist nursing team to support the cardiothoracic junior doctor role and to promote improved handover procedures is an example of good practice across healthcare professions.	15-Mar-13	Green	Deans Visit	1. Excellence of training in these specialties fit for Royalty. 2. Proactive engagement and delivery of training for educators against AME/GMC standards for Educational and Clinical Supervisors. 3. Enhanced patient safety through excellence of handover processes.	Dissemination will occur through presentations to the Regional Clinical Tutors' and Heads of School's fora, and will be submitted for inclusion in the annual Deans' Celebration of Success Conference.				Clinical Tutor supported by Non-Medical Clinical Tutor, Trust Board and Senior Trust Management, Papworth Hospital			

Item number	Deans/LETB-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/ concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deans/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the concern/LETB encouraged the sharing of this good practice, locally and/or deans/LETB- wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
ECE1013-06	Norfolk and Waveney Mental Health NHS Foundation Trust, Suffolk Mental Health Partnership NHS Trust	1, 5, 6	ECE966	Core Psychiatry Training, Foundation Programme, General Practice	General psychiatry	Core, Foundation, GP	Concern	NB: The two Trusts listed in column 8 amalgamated recently into a single Trust now known as Norfolk & Suffolk NHS Foundation Trust. A Dean's Performance and Quality Review Visit to the Trust took place on 20 June 2013. This visit was undertaken at a time when the Trust was in an unprecedented state of reorganisation including radical changes to the configuration and delivery of its services. As a consequence, it occurred at a time of great uncertainty for employees of all professions and levels of seniority. The Trust is fully aware of these current challenges and is clearly seeking to address them in a timely fashion. The visit was carried out in cognisance of the concerns raised by the Royal College of Psychiatrists to the GMC. The following areas of immediate concern were identified: 1. Clinical environment on the ward(s) at the King's Lynn site. These had previously been identified within a School of General Practice visit, the GMC NTS Survey and its trainee education patient safety concerns. These involved bullying, undermining and harassment as well as supervision and support for more junior trainees in the ward.	20-Jun-13	Red	Deans/LETB Visit	The Trust addressed the immediate concerns as follows: 1. The three trainees based full-time on Churchill Ward (acute inpatient unit) have been moved to community posts and general psychiatry post. 2. On-call arrangements in Suffolk - the single Suffolk-wide rota was split into two separate EVTD-compliant rotas, one covering East Suffolk (baswick) and the other covering West Suffolk (Bury St Edmunds). Locums were recruited to fill current training post vacancies in Suffolk to achieve this. The concerns raised by consultants within the Trust with regard to the impact of the reorganisation of services following the amalgamation of these two Trusts were explored at the DPQR visit. It was found that the Senior Management of the Trust were fully engaged with the consultant body in seeking solutions to their concerns. A follow up School of Psychiatry visit to the King's Lynn site is planned for December 2013 with foundation and general practice representation to review progress. The Trust has provided a detailed action plan outlining progress which addresses the issues raised by the consultant body concerning the sustainability and the delivery of education and training in the newly configured organisation.	School of Psychiatry visit December 2013	HEECC was satisfied that the concerns had been addressed appropriately and expeditiously and approved the reinstatement of the trainees from 1st August 2013. However, the new FT posts in Psychiatry planned to start at King's Lynn were redeployed to community placements. The satisfactory outcome of these actions was confirmed at a Quality Review visit to QEMH, which found that the trainees were very happy with their alternative posts in other Trusts and in the community and were receiving suitable educational training for their grades and specialty. No reports were received regarding further problems on Churchill Ward.	Apr-14	Stage 2: Implementing Solutions - Action plans/ plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Head of School of Psychiatry and Trust Medical Director and DME	Royal College of Psychiatrists	
ECE1013-07	Cambridgeshire and Peterborough NHS Foundation Trust, Cam	1, 5, 6	ECE966, ECE963, ECE804	Core Psychiatry Training, General Psychiatry, Foundation Programme, General Practice	General psychiatry	Core, Higher, Foundation, GP	Concern	A Dean's Performance and Quality Review visit to the Trust took place on 2 May 2013. Only one condition was identified, namely hours of cover and supervision on the Addenbrooke's site. The Trust was required to address this to ensure manageable workload, safe clinical supervision, appropriate staffing and handover. An action plan to address this concern was received in September 2013.	02-May-13	Red	Deans/LETB Visit	An action plan to address the condition from the DPQR visit was received, outlining the following actions: 1. Increased CRHT working hours with joint working with Core Trainees 2. Increased provision of liaison psychiatry in evening 3. Expanded role of Duty Nursing Officer to help manage workload HEECC is satisfied with these actions.	An action plan update is expected in November 2013.	See previous	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Coordinating Psychiatric Tutor	Yes		
ECE1013-08	Hertfordshire Partnership NHS Foundation Trust, Hertfordshire	1, 5, 6	ECE963, ECE966	Core Psychiatry Training, General Psychiatry, General Practice, Foundation Programme	General psychiatry	All	Concern	At the Dean's Performance and Quality Review visit to the Trust on 27 June 2013, the following two areas of concern were identified: 1. The trainees raised concerns regarding handover. It was reported that the Trust was exploring an online solution to ensure the necessary information is available. 2. The trainees raised some concerns regarding handover at the Lister and GE2 sites in the morning which is inconsistent and could give rise to patient safety issues. Pending an e-solution to this issue, the Trust was requested to address this potential patient safety issue as a matter of urgency. In common with many Mental Health Trusts, the first on-call trainee is expected to cover multiple sites (5 in the East and 18 in the West) and this can involve the expectation of travel between these sites at any time of the night, raising safety concerns for the trainee and patient safety issues. This issue has only arisen since the number of doctors resident on call was reduced from four to two. The Trust must address this for the next cohort of trainees.	27-Jun-13	Red	Deans/LETB Visit	The Trust responded to the areas of concern as follows: 1. Introduction and piloting of a handover based on daily records on a shared drive. This has been agreed by the IT committee and the Medical Leads are going to review the results of the handover pilot with the trainees in early October. 2. The number of sites covered by trainees has been reduced. This was confirmed by the Trust in July 2013. On 15 October 2013, the Trust was able to report that the online handover process referred to is now operational and is used both in handover and supervision processes to enhance patient safety. HEECC is satisfied with these actions.	An action plan update is expected in December 2013.	N/A	See previous	Oct-13	Stage 4: Closed - Solutions are in place, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of Psychiatric Training	Yes
ECE1013-09	North Essex Partnership NHS Foundation Trust, North Essex Pa	1, 5, 6	ECE963, ECE966	All Core Psychiatry Training, General Psychiatry, Foundation Programme	General psychiatry	All	Concern	A Dean's Performance and Quality Review visit to the Trust took place on 11 July 2013. The reports within the 2013 GMC NTS trainees' free text comments which highlighted questions about the possibility of undermining of trainees being an issue in one locality was raised at this visit. It was reported by the Trust that this matter was already being investigated through the Trust's internal processes and the trainees interviewed on the day had not personally experienced bullying or harassment. The trainees showed an open culture in discussing this matter and identified a number of areas which had been established to address such issues. An action plan from the Trust is expected in November 2013.	Jul-13	Red	NTS data	The Trust has proactively been investigating these matters and has implemented appropriate action to address the concern. An action plan is required by November 2013.	To be determined following receipt of the action plan.	N/A	See previous	Dec-13	Stage 2: Implementing Solutions - Action plans/ plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Coordinating Psychiatric Tutor	Yes
ECE1013-10	Luton and Dunstable Hospital NHS Foundation Trust, Luton and	1, 5, 6	ECE797	Obstetrics and gynaecology	Obstetrics and gynaecology	All	Concern	Significant reports of undermining in Obstetrics and Gynaecology in the GMC NTS Survey 2012 results in a focused School visit in 2012. A Trust action plan was implemented and progress against it reviewed at a Dean's Performance and Quality Review visit in February 2013 which noted that it was imperative that there was genuine and sustained change and that the conditions of the original School visit remained extant.	Oct-12	Red	NTS data	An updated action plan was received in October 2013 which shows that the Trust is currently on track in compliance with the Divisional programme approved by the School of Obstetrics and Gynaecology. Provision of the Difficult Conversations session has now been progressed with the facilitator and Clinical Director. A focused School of Obstetrics and Gynaecology visit took place on 17th July 2013 and the visiting team reported that there had been a noticeable improvement in undermining since previous visit.	A further focused School visit is scheduled for December 2013 when progress against the actions taken will be reviewed.	Ongoing	Dec-13	Stage 3b: Monitoring Progress - Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	DME/Clinical Tutor	Yes	
ECE1013-11	Colchester Hospital University NHS Foundation Trust, Colches	1, 5, 6	ECE931	Anaesthetics	Anaesthetics	Higher, Core	Concern	The 2013 GMC NTS identified nine negative outliers in Anaesthetics at this Trust.	Jun-13	Red	NTS data	A School of Anaesthetics visit to the Trust was undertaken on 14 October 2013 to review training and to seek triangulation of the NTS results. The preliminary report from this is that the present cohort of trainees had no serious concerns regarding their training nor did they express any concerns regarding patient safety. However, HECC will continue to monitor this specialty through its quality management processes.	Routine monitoring will continue following receipt of the Trust's action plan arising from the report of this visit.	Dec-13	Stage 2: Implementing Solutions - Action plans/ plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber	Head of School of Anaesthetics and College Tutor in Anaesthetics	Yes		
ECE1013-12	Norfolk and Norwich University Hospitals NHS Foundation Trust						No concern or good practice													
ECE1013-13	Peterborough and Stamford Hospitals NHS Foundation Trust						No concern or good practice													
ECE1013-14	South Essex Partnership University NHS Foundation Trust						No concern or good practice													
ECE1013-15	Basildon and Thurrock University Hospitals NHS Foundation Trust, Basildon and Thurrock University Hospitals NHS Foundation Trust	1, 6	ECE929, ECE928, ECE930, EMD931, ECE966, ECE797	General surgery, Emergency medicine, General (internal) medicine, Obstetrics and gynaecology, Anaesthetics, Cardio-thoracic surgery	General surgery, Emergency medicine, General (internal) medicine, Obstetrics and gynaecology, Anaesthetics, Cardio-thoracic surgery	All	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13	Red	NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HECC's quality management processes. In addition, HECC has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are linked to DR items ECE912-20 (Emergency Medicine), ECE912-41 (Anaesthetics), ECE941-03 (EM/Foundation), ECE1012-01C and RTC 6.	HECC will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.			Trust and HECC			

Item number	Deansery/LETB-Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deansery/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deansery/LETB encouraged the sharing of this good practice, locally and/or deansery/LETB-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EDE1013-16 PSC - known items 1-23H-168; 1-8V 3365; 1-H2-3913; 1-1Q4U-103; 1-1HUR-95; 1-1UB4-688; 1-1UFG-317; 1-1UB8-418; 1-173D-361	Bedford Hospital NHS Trust, Bedford Hospital NHS Trust	1, 6	EDE194, EDE195, EDE196, EDE197, EDE198, EDE199, EDE200, EDE201, EDE202, EDE203, EDE204, EDE205, EDE206, EDE207, EDE208, EDE209, EDE210, EDE211, EDE212, EDE213, EDE214, EDE215, EDE216, EDE217, EDE218, EDE219, EDE220, EDE221, EDE222, EDE223, EDE224, EDE225, EDE226, EDE227, EDE228, EDE229, EDE230, EDE231, EDE232, EDE233, EDE234, EDE235, EDE236, EDE237, EDE238, EDE239, EDE240, EDE241, EDE242, EDE243, EDE244, EDE245, EDE246, EDE247, EDE248, EDE249, EDE250, EDE251, EDE252, EDE253, EDE254, EDE255, EDE256, EDE257, EDE258, EDE259, EDE260, EDE261, EDE262, EDE263, EDE264, EDE265, EDE266, EDE267, EDE268, EDE269, EDE270, EDE271, EDE272, EDE273, EDE274, EDE275, EDE276, EDE277, EDE278, EDE279, EDE280, EDE281, EDE282, EDE283, EDE284, EDE285, EDE286, EDE287, EDE288, EDE289, EDE290, EDE291, EDE292, EDE293, EDE294, 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EDE420, EDE421, EDE422, EDE423, EDE424, EDE425, EDE426, EDE427, EDE428, EDE429, EDE430, EDE431, EDE432, EDE433, EDE434, EDE435, EDE436, EDE437, EDE438, EDE439, EDE440, EDE441, EDE442, EDE443, EDE444, EDE445, EDE446, EDE447, EDE448, EDE449, EDE450, EDE451, EDE452, EDE453, EDE454, EDE455, EDE456, EDE457, EDE458, EDE459, EDE460, EDE461, EDE462, EDE463, EDE464, EDE465, EDE466, EDE467, EDE468, EDE469, EDE470, EDE471, EDE472, EDE473, EDE474, EDE475, EDE476, EDE477, EDE478, EDE479, EDE480, EDE481, EDE482, EDE483, EDE484, EDE485, EDE486, EDE487, EDE488, EDE489, EDE490, EDE491, EDE492, EDE493, EDE494, EDE495, EDE496, EDE497, EDE498, EDE499, EDE500, EDE501, EDE502, EDE503, EDE504, EDE505, EDE506, EDE507, EDE508, EDE509, EDE510, EDE511, EDE512, EDE513, EDE514, EDE515, EDE516, EDE517, EDE518, EDE519, EDE520, EDE521, EDE522, EDE523, EDE524, EDE525, EDE526, EDE527, EDE528, EDE529, EDE530, EDE531, EDE532, EDE533, EDE534, EDE535, EDE536, EDE537, EDE538, EDE539, EDE540, EDE541, EDE542, EDE543, EDE544, 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EDE795, EDE796, EDE797, EDE798, EDE799, EDE800, EDE801, EDE802, EDE803, EDE804, EDE805, EDE806, EDE807, EDE808, EDE809, EDE810, EDE811, EDE812, EDE813, EDE814, EDE815, EDE816, EDE817, EDE818, EDE819, EDE820, EDE821, EDE822, EDE823, EDE824, EDE825, EDE826, EDE827, EDE828, EDE829, EDE830, EDE831, EDE832, EDE833, EDE834, EDE835, EDE836, EDE837, EDE838, EDE839, EDE840, EDE841, EDE842, EDE843, EDE844, EDE845, EDE846, EDE847, EDE848, EDE849, EDE850, EDE851, EDE852, EDE853, EDE854, EDE855, EDE856, EDE857, EDE858, EDE859, EDE860, EDE861, EDE862, EDE863, EDE864, EDE865, EDE866, EDE867, EDE868, EDE869, EDE870, EDE871, EDE872, EDE873, EDE874, EDE875, EDE876, EDE877, EDE878, EDE879, EDE880, EDE881, EDE882, EDE883, EDE884, EDE885, EDE886, EDE887, EDE888, EDE889, EDE890, EDE891, EDE892, EDE893, EDE894, EDE895, EDE896, EDE897, EDE898, EDE899, EDE900, EDE901, EDE902, EDE903, EDE904, EDE905, EDE906, EDE907, EDE908, EDE909, EDE910, EDE911, EDE912, EDE913, EDE914, EDE915, EDE916, EDE917, EDE918, EDE919, EDE920, EDE921, EDE922, EDE923, EDE924, EDE925, EDE926, EDE927, EDE928, EDE929, EDE930, EDE931, EDE932, EDE933, EDE934, EDE935, EDE936, EDE937, EDE938, EDE939, EDE940, EDE941, EDE942, EDE943, EDE944, EDE945, EDE946, EDE947, EDE948, EDE949, EDE950, EDE951, EDE952, EDE953, EDE954, EDE955, EDE956, EDE957, EDE958, EDE959, EDE960, EDE961, EDE962, EDE963, EDE964, EDE965, EDE966, EDE967, EDE968, EDE969, EDE970, EDE971, EDE972, EDE973, EDE974, EDE975, EDE976, EDE977, EDE978, EDE979, EDE980, EDE981, EDE982, EDE983, EDE984, EDE985, EDE986, EDE987, EDE988, EDE989, EDE990, EDE991, EDE992, EDE993, EDE994, EDE995, EDE996, EDE997, EDE998, EDE999, EDE1000	Paediatrics, General (internal) medicine, Geriatric medicine, General surgery, Emergency medicine, Trauma and orthopaedic surgery	Paediatrics, General (internal) medicine, Geriatric medicine, General surgery, Emergency medicine, Trauma and orthopaedic surgery	Foundation, Core, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13	NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEECo's quality management processes.	HEECo will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.			Trust and HEECo				

Item number	Deansery/LETS/Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Speciality	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? (e.g. GMC Visit, Deansery/LETS Visit, NTS data, etc)	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the Deansery/LETS encouraged the sharing of this good practice, locally and/or deansery/LETS-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/school/medical school or other healthcare regulators (if any)
EDE1013-17 PSC - known items: 1-XH-57; 1-CB-1013; 1-6B-2354; 1-10UR-233; 1-10UR-172; 1-10UR-170; 1-10UR-174; 1-10UR-176; 1-10UR-178; 1-10UR-184; 1-10UR-186; 1-10UR-188; 1-10UR-190; 1-10UR-192; 1-10UR-194; 1-10UR-196; 1-10UR-198; 1-10UR-200; 1-10UR-202; 1-10UR-204; 1-10UR-206; 1-10UR-208; 1-10UR-210; 1-10UR-212; 1-10UR-214; 1-10UR-216; 1-10UR-218; 1-10UR-220; 1-10UR-222; 1-10UR-224; 1-10UR-226; 1-10UR-228; 1-10UR-230; 1-10UR-232; 1-10UR-234; 1-10UR-236; 1-10UR-238; 1-10UR-240; 1-10UR-242; 1-10UR-244; 1-10UR-246; 1-10UR-248; 1-10UR-250; 1-10UR-252; 1-10UR-254; 1-10UR-256; 1-10UR-258; 1-10UR-260; 1-10UR-262; 1-10UR-264; 1-10UR-266; 1-10UR-268; 1-10UR-270; 1-10UR-272; 1-10UR-274; 1-10UR-276; 1-10UR-278; 1-10UR-280; 1-10UR-282; 1-10UR-284; 1-10UR-286; 1-10UR-288; 1-10UR-290; 1-10UR-292; 1-10UR-294; 1-10UR-296; 1-10UR-298; 1-10UR-300; 1-10UR-302; 1-10UR-304; 1-10UR-306; 1-10UR-308; 1-10UR-310; 1-10UR-312; 1-10UR-314; 1-10UR-316; 1-10UR-318; 1-10UR-320; 1-10UR-322; 1-10UR-324; 1-10UR-326; 1-10UR-328; 1-10UR-330; 1-10UR-332; 1-10UR-334; 1-10UR-336; 1-10UR-338; 1-10UR-340; 1-10UR-342; 1-10UR-344; 1-10UR-346; 1-10UR-348; 1-10UR-350; 1-10UR-352; 1-10UR-354; 1-10UR-356; 1-10UR-358; 1-10UR-360; 1-10UR-362; 1-10UR-364; 1-10UR-366; 1-10UR-368; 1-10UR-370; 1-10UR-372; 1-10UR-374; 1-10UR-376; 1-10UR-378; 1-10UR-380; 1-10UR-382; 1-10UR-384; 1-10UR-386; 1-10UR-388; 1-10UR-390; 1-10UR-392; 1-10UR-394; 1-10UR-396; 1-10UR-398; 1-10UR-400; 1-10UR-402; 1-10UR-404; 1-10UR-406; 1-10UR-408; 1-10UR-410; 1-10UR-412; 1-10UR-414; 1-10UR-416; 1-10UR-418; 1-10UR-420; 1-10UR-422; 1-10UR-424; 1-10UR-426; 1-10UR-428; 1-10UR-430; 1-10UR-432; 1-10UR-434; 1-10UR-436; 1-10UR-438; 1-10UR-440; 1-10UR-442; 1-10UR-444; 1-10UR-446; 1-10UR-448; 1-10UR-450; 1-10UR-452; 1-10UR-454; 1-10UR-456; 1-10UR-458; 1-10UR-460; 1-10UR-462; 1-10UR-464; 1-10UR-466; 1-10UR-468; 1-10UR-470; 1-10UR-472; 1-10UR-474; 1-10UR-476; 1-10UR-478; 1-10UR-480; 1-10UR-482; 1-10UR-484; 1-10UR-486; 1-10UR-488; 1-10UR-490; 1-10UR-492; 1-10UR-494; 1-10UR-496; 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1-10UR-666; 1-10UR-668; 1-10UR-670; 1-10UR-672; 1-10UR-674; 1-10UR-676; 1-10UR-678; 1-10UR-680; 1-10UR-682; 1-10UR-684; 1-10UR-686; 1-10UR-688; 1-10UR-690; 1-10UR-692; 1-10UR-694; 1-10UR-696; 1-10UR-698; 1-10UR-700; 1-10UR-702; 1-10UR-704; 1-10UR-706; 1-10UR-708; 1-10UR-710; 1-10UR-712; 1-10UR-714; 1-10UR-716; 1-10UR-718; 1-10UR-720; 1-10UR-722; 1-10UR-724; 1-10UR-726; 1-10UR-728; 1-10UR-730; 1-10UR-732; 1-10UR-734; 1-10UR-736; 1-10UR-738; 1-10UR-740; 1-10UR-742; 1-10UR-744; 1-10UR-746; 1-10UR-748; 1-10UR-750; 1-10UR-752; 1-10UR-754; 1-10UR-756; 1-10UR-758; 1-10UR-760; 1-10UR-762; 1-10UR-764; 1-10UR-766; 1-10UR-768; 1-10UR-770; 1-10UR-772; 1-10UR-774; 1-10UR-776; 1-10UR-778; 1-10UR-780; 1-10UR-782; 1-10UR-784; 1-10UR-786; 1-10UR-788; 1-10UR-790; 1-10UR-792; 1-10UR-794; 1-10UR-796; 1-10UR-798; 1-10UR-800; 1-10UR-802; 1-10UR-804; 1-10UR-806; 1-10UR-808; 1-10UR-810; 1-10UR-812; 1-10UR-814; 1-10UR-816; 1-10UR-818; 1-10UR-820; 1-10UR-822; 1-10UR-824; 1-10UR-826; 1-10UR-828; 1-10UR-830; 1-10UR-832; 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Item number	Deansery/LETS/Wide/ Specialty-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Specialty	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? (e.g. GMC Visit, Deansery/LETS Visit, NTS data, etc)	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the Deansery/LETS encouraged the sharing of this good practice, locally and/or Deansery/LETS-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/university/medical school or other healthcare regulators (if any)
EDE1013-24 PSC - known items 1-FY-167A, 1-2284-37, 1-2284-53	James Paget University Hospitals NHS Foundation Trust	1, 6	EDE028, EDE038, EDE059	Emergency medicine, General surgery, General (internal) medicine	Emergency Medicine, General surgery, General (internal) medicine	F1, ST6	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to Medicine are linked to DR item EDE1012-05. The other concerns are not linked to DR items but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-25 PSC - known items 1-23HD-48, 1-1UFG-472, 1-1QO-414, 1-2Q8HQ3, 1-1HE0-264, 1-1HQJ-110, 1-1QXV-228, 1-14YME1, 1-1KKG-48, 1-1YF-16, 1-1KPM-120, 1-1QF0-87, 1-1UFG-536, 1-22YD-404, 1-11WU-256, 1-21NR-713, 1-21NR-580, 1-6Y-2707, 1-FB-402, 1-22W-38	Luton and Dunstable Hospital NHS Foundation Trust	1, 6	EDE059, EDE054, EDE038, EDE034, EDE039, EDE077, EDE053, EDE039	General (internal) medicine, Trauma and orthopaedic surgery, Emergency medicine, Paediatrics, General surgery, Obstetrics and gynaecology, Rheumatology, Geriatric medicine	General (internal) medicine, Trauma and orthopaedic surgery, Emergency Medicine, Paediatrics, General surgery, Respiratory Medicine, Clinical Oncology, Rheumatology, Geriatric medicine	Core, Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to Medicine are linked to DR item EDE1012-05. The other concerns are not linked to DR items but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-26 PSC - known items 1-21NR-610, 1-1727-2874, 1-128Q-309, 1-888-13, 1-X05-43, 1-27ZK-12, 1-21F2-462, 1-1QF0-259, 1-1K0K-400	Mid Essex Hospital Services NHS Trust	1, 6	EDE2070, EDE069, EDE089, EDE034, EDE038, EDE028	Acute Internal Medicine, General (internal) medicine, Respiratory medicine, Clinical oncology, Dermatology, Emergency medicine	Acute Internal Medicine, General (internal) medicine, Respiratory Medicine, Clinical Oncology, Dermatology, Emergency Medicine	Core, Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to Emergency Medicine and GIM are linked to DR item EDE1012-01. All items are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-27 PSC - known items 1-2NDUJ25, 1-1KCB-24, 1-F-A-259, 1-1BR-422, 1-1KJ0-253, 1-1PED-280, 1-AZ-754, 1-175-1162, 1-1GAM-197, 1-1K0B-16, 1-2284-12, 1-CR-206, 1-2284-338, 1-43859V, 1-1PED-10, 1-1K3B-4	Norfolk and Norwich University Hospitals NHS Foundation Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust	1, 6	EDE059, EDE046, EDE019, EDE038, EDE038, EDE022, EDE038, EDE028, EDE038, EDE070, EDE051	General (internal) medicine, Ophthalmology, Renal medicine, General surgery, Dermatology, Clinical radiology, Geriatric medicine, Emergency medicine, Acute Internal Medicine, Plastic surgery	General (internal) medicine, Ophthalmology, Renal medicine, General surgery, Dermatology, Clinical radiology, Geriatric medicine, Emergency Medicine, Acute Internal Medicine, Plastic surgery	F1, Core, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are not linked to DR items but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-28 PSC - known items 1-2H-2685, 1-EGUEQ, 1-FG-3782, 1-1727-129, 1-1AW-131, 1-C9-3604	Norfolk and Waveney Mental Health NHS Foundation Trust, Suffolk Mental Health Partnership NHS Trust	1, 6	EDE063, EDE030	General psychiatry, Child and adolescent psychiatry	General psychiatry, Child and adolescent psychiatry	Core, Higher, F2	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns are linked to DR item EDE1013-06 and RTC 2723.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-29 PSC - known item: 1-1U7-9	Norfolk PCT	1, 6	EDE088	General Practice	General Practice	ST3	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. This concern is not linked to a DR item but is a known item subject to routine Deansery quality management processes. This has been investigated by the Head of School of General Practice and is not considered to be a patient safety concern. HEE therefore considers this matter closed.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-30 PSC - known items 1-1V9P-288, 1-1KKG-150, 1-F-A-623, 1-KKE-107, 1-23HD-62, 1-22Y-391, 1-0H-3369, 1-2QF0F, 1-21F2-138, 1-1UGA-103, EA1678, 1-1Q25-27, 1-23HD-35, 1-1QO1-276	Peterborough and Stamford Hospitals NHS Foundation Trust	1, 6	EDE079, EDE031, EDE070, EDE059, EDE038, EDE038, EDE038	Obstetrics and gynaecology, Anaesthetics, Acute Internal Medicine, General Practice, General (internal) medicine, Emergency medicine, General surgery, Geriatric medicine	Obstetrics and gynaecology, Anaesthetics, Acute Internal Medicine, General Practice, General (internal) medicine, Emergency Medicine, General surgery, Geriatric medicine	Core, Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns are not linked to a DR item but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-31 PSC - known items 1-1UGA-331, 1-1HEX-375, 1-2FV-13, 1-1UBA-115, 1-6E-2676, 1-AZ-159, 1-1Q2G7-85, 1-1KKG-210, 1-1QO1-125, 1-1736-215, 1-1UEK-897, 1-FG-1090, 1-21Q7-227, 1-9XQ202, 1-1UEK-214, 1-2227-208, 1-F-1884, 1-1UEK-614, 1-	Southend University Hospital NHS Foundation Trust	1, 6	EDE054, EDE037, EDE031, EDE040, EDE038, EDE020, EDE059, EDE077, EDE034, EDE034, EDE015, EDE038	Trauma and orthopaedic surgery, Gastroenterology, Anaesthetics, Paediatrics, Emergency medicine, General (internal) medicine, Obstetrics and gynaecology, Emergency medicine, Clinical oncology, Endocrinology and diabetes mellitus, Renal medicine, General surgery	Trauma and orthopaedic surgery, Gastroenterology, Anaesthetics, Paediatrics, Emergency Medicine, General (internal) medicine, Obstetrics and gynaecology, Emergency Medicine, Clinical Oncology, Endocrinology and diabetes mellitus, Renal medicine, General surgery	Core, Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialties.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are linked to DR item EDE1013-06 and RTC 2723.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		

Item number	Deansery/LETB-Wide/ Speciality-Wide/ Local Education Provider	Domain	Programme code	Programme name	Post Speciality	Please list the level of trainees affected	Concern/good practice/No concern or good practice	Description of concern/good practice	When was the concern/good practice identified? (DATE: day/month/year)	Concerns ONLY RAG in April 2013/When initially identified	How was the concern/good practice identified? i.e. GMC Visit, Deansery/LETB Visit, NTS data, etc	List the actions taken. For good practice items, what was the impact and/or the improvement achieved?	What further actions are planned to address the concern? For good practice items, how has the deansery/LETB encouraged the sharing of this good practice, locally and/or deansery/LETB-wide?	Monitoring, evidence and outcomes and April 2013 update	Update October 2013 What was the outcome, what actions remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY Status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with colleges/universities/medical school or other healthcare regulators (if any)
EDE1013-32 PSC - known items 1-23HD-103, 1-4XCHSR, 1-FE-3598, 1-1UCF-442, 1-22SP-202, 1-21NR-651, 1-FS-1026, 1-1LFD-258, 1-CT-2546.	The Princess Alexandra Hospital NHS Trust, The Princess Alex Local Education Provider	1, 6	EOE959, EOE954, EOE954, EOE2070, EMD939, EOE938	Intensive care medicine, Trauma and orthopaedic surgery, Cardiology, Acute Internal Medicine, Geriatric medicine, General surgery	Intensive care medicine, Trauma and orthopaedic surgery, Cardiology, Acute Internal Medicine, Geriatric medicine, General surgery	Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialities.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to Acute Medicine are linked to DR item EOE0413-02. All other concerns are not linked to a specific DR item but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-33 PSC - known items 1-1UBB-278, 1-21YA-90, 1-21F2-482, 1-1KGR-56, 1-22Y1-363, 1-22Y1-28, 1-23HD-306, 1-1205-302, 1-204-16, 1-47LMBB, 1-AK-350, 1-1UBB-302, 1-1UBA-307, 1-SATD1, 1-1KDEE1, 1-484-4, 1-1KUR-223	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1, 6	EOE959, EOE938, EMD939, EOE938, EOE954, EOE2070	General (internal) medicine, General surgery, Geriatric medicine, Emergency medicine, Trauma and orthopaedic surgery, Acute Internal Medicine	General (internal) medicine, General surgery, Geriatric medicine, Emergency medicine, Trauma and orthopaedic surgery, Acute Internal Medicine	F1, F2, CT1, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialities.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to General Surgery are related to DR item EOE0413-02. All other concerns are not linked to a specific DR item but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-34 PSC - known items 1-8Y-577, 1-BE-2549, 1-LFA-105, 1-21NR-626	West Essex PCT	1, 6	EOE804	General Practice	General Practice	ST3	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialities.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. This concern is not linked to a DR item and the view of our Head of School of General Practice is that this issue is not a patient safety concern and is being pursued through more appropriate processes. HEE therefore considers this issue closed.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-35 PSC - known items 1-1VP9-288, 1-21SD41, 1-1FTH-13, 1-RV1-1, 1-1GDR-126, 1-1KEE-102, 1-LFA-265, 1-Y37-47, 1-1US4-152, 1-YO3-3, 1-1WVU-244, 1-21D7-508, 1-22Y1-451, 1-FDU-164, 1-21ZK-111, 1-305-51, 1-490-27	West Hertfordshire Hospitals NHS Trust	1, 6	EOE2070, EOE938, EOE797, EMD931, EOE959, EOE939, EOE955, EOE934, EOE914, EOE937	Acute Internal Medicine, General surgery, Obstetrics and gynaecology, Anaesthetics, General (internal) medicine, Geriatric medicine, Urology, Clinical oncology, Endocrinology and diabetes mellitus, Gastroenterology	Acute Internal Medicine, General surgery, Obstetrics and gynaecology, Anaesthetics, General (internal) medicine, Geriatric medicine, Urology, Clinical oncology, Endocrinology and diabetes mellitus, Gastroenterology	Core, Foundation, Higher	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialities.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are linked to DR items EOE0112-22 (for General Surgery), EOE0112-23, EOE0102-09 and RTC 20 (for Emergency Medicine), EOE0413-06 (for Anaesthetics) and EOE1012-10 (for Acute Medicine and GIM). All other concerns are not linked to a specific DR item but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-36 PSC - known items 1-8Y-577, 1-BE-2549, 1-LFA-105, 1-21NR-626	West Suffolk NHS Foundation Trust, West Suffolk NHS Foundation Trust	1, 6	EOE928, EOE959, EOE938	Emergency medicine, General (internal) medicine, General surgery	Emergency Medicine, General (internal) medicine, General surgery	F1, ST1, CT2	Concern	The 2013 NTS free text comments identified patient safety concerns in these specialities.	May-13		NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response formulated. Responses were reported as required by the GMC in the spreadsheet submitted in July 2013. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through HEE's quality management processes. In addition, HEE has carried out an in-depth analysis of the free text comments on a Trust by Trust basis categorising each concern raised according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Surveillance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are not linked to specific DR items but are known items subject to routine Deansery quality management processes.	HEE will continue to monitor the actions taken by the Trust through its quality management processes.	Monitoring is ongoing.				Trust and HEE		
EDE1013-37	LETB-Wide	1, 5, 6	All	All	All	All	Concern	Following the detailed analyses that HEE has undertaken (see Good Practice item above), it has clearly been identified that our junior doctors are consistently expressing concerns regarding the potential for patient safety issues to arise as a result of high levels of workload and work intensity coupled with issues of understaffing within all our acute Trusts. A contributory factor is that our landing is significantly below weighted capitation. This is highlighted within the GMC's 2013 report. The state of medical education and practice in the UK 2013 demonstrating that the East of England currently has only 6% of the total number of trainees nationally whereas our weighted capitation indicates that this should be over 10%.	Jul-13		Analyses of GMC NTS Survey	Dissemination of analyses HEE-wide and to the GMC.	Continued representation and dissemination to the appropriate fora.	N/A				Postgraduate Dean	Yes	