Item Number	Sector/Education Provider	Site	Trainers	Programme code	Programme curriculum	Post Specialty	Placed Sector/Trust of trainees affected	Item type	Description of Item	Date Item Identified (DD/MM/YYYY)	Concerns ONLY - RAG when initially identified	How was the item identified?	How was the item identified? - NOTES	Are the actions taken	What further actions are planned?	Previous return update April 2015	Current return update October 2015	Concerns ONLY - Update (Yes/No/N/A)	Concerns ONLY - Date Closed (DD/MM/YYYY)	Concerns ONLY - Status	Concerns ONLY - Grade at the time of latest visit	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
H2903132-15	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)	12/06/13	Amber			Yes	Monitoring will occur through Ticket exits, action plan updates and local and GMC surveys. The Deanery will also revisit the Trust on 10 May 2014.	Trainee representatives invited to attend Medical and Dental Education Committee meetings. Clinical Tutor Forum launched.	The Trust reports that opportunities are available for trainee representation at committee level. The minutes of these meetings are discussed at the monthly MDEC meetings. Faculty groups are being established in all areas to provide additional opportunities for supervisors and trainees representatives. Faculty groups also feed up into the MDEC. Trainee surveys are being used to monitor the effectiveness of these groups where the Trust requires specific feedback.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	LNW and Deputy Clinical Tutor	N/A
H2903132-20	Basildon and Thurrock University Hospitals NHS Foundation Trust		9	H3N9DR	Emergency medicine		All	Concern	The levels of Low Fidelity mobile 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 requested to thoroughly investigate the reported concerns within the Emergency Department and develop an action plan if appropriate. (3 months)	28/07/13	Amber			Yes	Deanery Visit 28 July 2015	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 FY1s/SPVT doctors and received positive feedback. Trust has implemented a Senior Comprehensive Feedback also sought from all doctors in ARU including middle grades and night shift doctors in May/Oct 2015 confirming that supervision is good despite heavy workload. Following actions undertaken: Planned increase in A&E staffing numbers including 6 additional middle grades. Review of staffing and skill mix in ambulatory care. Trust left unsupervised in A&E at any time. Actions to be monitored as part of school of EM visit.	The Clinical Tutor confirmed that the FY1s/ST4s were changed in December 2014 and that the FY1s trainees are now rotating through the Acute Medicine, on a 4 weeks on, 4 nights on a stretch followed by 3 nine nights later. An audit of impact carried out by the Trust also showed significant improvements in the performance. Whilst will continue to monitor progress against the action plans and the results of School visit undertaken is further review in the light of the GMC survey 2016.	At the LETB Quality and Performance Review of the Trust on 20 June 2016, no issues were identified by the Deanery. The Trust's response to the GMC training survey 2016 demonstrated considerable improvement across all grades working in the specialty. Although there is still room for improvement, the Trust is keen to monitor the situation through its routine quality management processes.	Ongoing monitoring	01/08/2015	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Trust Senior Management Team, Medical Director and College Tutor	Yes
H2903132-27G	Cambridge University Hospitals NHS Foundation Trust		5, 5	H3N9GA, H3N9GG, H3N9GS	Plastic surgery		All	Concern	MRAD recognising the positive response to the suggestion of consultant undermining, the Deanery requires evidence of the actions taken as a result of the review, the outcomes and re-evaluation. (3 months)	10/12/13	Amber			Yes	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	Action plan to be reviewed by 30 Feb '15	The GMC Training Survey 2015 GG&S newsletters year on year improvements in this specialty. The concern regarding regional teaching reflects a programme wide challenge which is being addressed by the Head of School and Training Programme Director. The Trust reports this is being addressed as an integral part of a School of Surgery visit to the Trust in January 2015.	Ongoing monitoring	01/08/2015	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Medical Director / Clinical Tutor / LNW	N/A
H2903132-28	Cambridge University Hospitals NHS Foundation Trust		5, 5	H3N9GS	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)	10/12/13	Amber			Yes	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	Action plan to be reviewed by 30 Feb '15	The GMC Training Survey 2015 GG&S newsletters year on year improvements in this specialty. The concern regarding regional teaching reflects a programme wide challenge which is being addressed by the Head of School and Training Programme Director. The Trust reports this is being addressed as an integral part of a School of Surgery visit to the Trust in January 2015.	Ongoing monitoring	01/08/2015	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Medical Director / Clinical Tutor / LNW Head of School of Surgery / Royal College of Surgeons Tutor and PRN for Plastic Surgery	Royal College of Surgeons Tutor for Local actions. GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-30	Southend University Hospital NHS Foundation Trust		5, 5	H3N9HA, H3N9BR, H3N7RP	Clinical oncology		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 5 & 7]. (6 months)	12/12/13	Red			Yes	Deanery Visit 12 December 2015	Action plan to be reviewed by 9 Mar '15	To be determined after receipt of action plan.	MRAD will continue to monitor progress with the action plans and will review the outcomes of the GMC Survey 2016 for this specialty.	The GMC Training Survey 2015 confirmed significant improvement in the overall experience in this specialty. Whilst it satisfied that the actions taken to address the concerns have been met and sustained.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Clinical Tutor/DME Head of School	All relevant Royal Colleges GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-32	Southend University Hospital NHS Foundation Trust		5, 5	H3N9HA, H3N9BR, H3N7RP	Obstetrics and gynaecology		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 5 & 7]. (6 months)	12/12/13	Red			Yes	Deanery Visit 12 December 2015	Action plan to be reviewed by 9 Mar '15	To be determined after receipt of action plan.	The School of O&G carried out a duality visit to the Trust in December 2014 and found a significant number of O&G trainees to be in changing environment, and concerns persist regarding undermining and supervision. Trust has appointed a new College Tutor and appointed the Medical Director of the Trust. MRAD has requested a new action plan by the beginning of May 2015, and a further Quality review will take place in Autumn 2015 with appropriate representation.	The Trust has appointed a new College Tutor and an Associate Dean for Training. Recruitment issues are identified. The GMC Survey 2015 shows some improvement. MRAD will undertake a further School visit to the Trust in October 2016 to monitor progress in line with MRAD's quality management processes.	Ongoing monitoring	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School and Clinical Tutor/DME	All relevant Royal Colleges GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-33	Deanery Wide		5, 5	H3N9GG, H3N9GA, H3N9GE, H3N9GS, H3N9GX	Core Psychiatry Training, Old age psychiatry, Psychiatry of learning disability, Child and adolescent psychiatry, Forensic psychiatry, General psychiatry		All	Concern	GMC Trainee Survey 2015 confirmed School of Psychiatry concerns regarding the quality and outcomes of the training programmes. In particular, it identified high levels of negative outlets across all domains and training programmes. Overall satisfaction with training in Psychiatry was amongst the lowest in the UK.	01/05/15	Green			Yes	GMC Trainee Survey 2015 and Deanery Quality Management Framework	The Head of School of Psychiatry undertook a specialty specific end of year survey confirming the areas of concerns, 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 2016 aimed at clinical and educational supervisors including good practice in supervision and feedback, the conduct of MRCPs 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 year survey. In addition, the Deanery has brought forward its timetable to carry out Deanery Performance and Quality Reviews of 2x Mental Health Trusts commencing with South Essex Partnership NHS Trust in November 2015.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	MRAD continues to monitor progress against the action plans. The Head of School will undertake a further review in the light of the GMC Survey 2016.	Improvements are shown in the GMC Training Survey results 2016. However there are still significant numbers of red outliers relating to 'Feedback' which, in Further Foundation, appear to have been exacerbated by the introduction of Feedback modules. These reflect the Handover process for single sex working which is not applicable to the multi site Psychiatry training programmes in Psychiatry. The Head of School has undertaken a review of the provide reassurance that appropriate handover arrangements are in place. This review has been shared with Heads of Training Programmes in Norfolk & Suffolk NHS Foundation Trust which will be reviewed at the upcoming School visit to the Trust in November 2016.	Ongoing monitoring	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Psychiatry / TPDs / College Tutors Postgraduate Dean and Medical Dean for Psychiatry	Royal College of Psychiatry through Head of School (joint appointment between Deanery and College). Engagement with College Tutors and Mental Health Trusts.
H2903132-34b	Deanery Wide		1, 2, 3, 5, 6, 7, 8, 9	H3N9GA, H3N9GB, H3N9GD, H3N9GE, H3N9GF, H3N9GR	Endocrinology and diabetes mellitus, Geriatric medicine, Clinical pharmacology and therapeutics, Plastic surgery, Rheumatology, Otolaryngology, Paediatrics, Endocrinology and diabetes mellitus, Geriatric medicine, Clinical pharmacology and therapeutics, Plastic surgery, Rheumatology, Otolaryngology, Paediatrics		All	Concern	The GMC Trainee Survey 2015 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.	01/05/15	Green			Yes	Deanery Quality Management Framework and GMC Trainee Survey 2015	Remained Heads of School and PTMs responsible to investigate these findings and provide the Deanery 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 Deanery Performance and Quality Reviews.	Progress is being closely monitored by our Head of School of Singles including obtaining an Independent Review of training within the Department by an external Consultant Interventionist. As a result of this the Department is fully engaged with the Quality Improvement Team and has undertaken a number of actions to enable the department to further enhance clinical and educational supervision and the performance of workplace-based assessments.	MRAD, through its quality management processes, considers the the issues that were identified following the GMC NTS Survey 2015 have been addressed and continue to be monitored through the routine quality mechanisms. Specifically in Pharmacology & Therapeutics, both of which are addressed as separate items in this report.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Heads of School and PTMs	GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-37	Deanery Wide		1, 2, 3, 4, 5, 6, 7, 8, 9	H3N7RP	Obstetrics and gynaecology		All	Concern	The GMC Trainee Survey 2015 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.	01/05/15	Amber			Yes	Deanery Quality Management Framework and GMC Trainee Survey 2015	Head of School of O&G developed action plan in response to the GMC Survey 2014 which included: 1) Commissioning an medical director and clinical tutor level in order where undermining identified, social action plans expanded. 2) Commissioned educational module focussing on feedback. 3) Updated Functional trainees' committee and increase trainee representation at board and committee. 4) Set of above via Deanery School visits.	Deanery and School visits and annual surveys. Feedback module delivered as a pilot to College Tutors in April 2015. Further dates for delivery of feedback module arranged January - May 2016. Evaluation of module in progress.	Progress is being closely monitored by our Head of School of O&G through the School's quality management processes. Recruitment issues are identified in West Suffolk, Ipswich, East & North Herts and Southend Hospitals. The monitoring of action plans is ongoing. Additionally, a local Working Party has been convened to review the delivery of quality outcomes in O&G across the region with a view to strengthening the delivery of training in the land performing Trusts. The Head of School will undertake further review in the light of the GMC Survey 2016	MRAD continues to monitor progress against the action plans. The Head of School will undertake a further review in the light of the GMC Survey 2016. MRAD continues to monitor the specialty through its quality management processes.	Ongoing monitoring	01/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Amber	Head of School of O&G	Royal College of Obstetrics and Gynaecology General Medical Council
H2903132-41	Basildon and Thurrock University Hospitals NHS Foundation Trust		1, 5, 6	H3N9EG	Anaesthetics	Core, Higher	All	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 rotation.	01/05/15	Green			Yes	GMC Trainee Survey 2015	These findings had also been identified by the Trust itself and their action plan included: 1) Further listening 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 Local Higher School of Anaesthesia will undertake a targeted visit to the Department of Anaesthetics 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 Deanery training programmes.	Monitoring will occur through quarterly data extracts the Quality Management Team. This will also be monitored through the GMC ARCP/RITA Outcome Survey.	Improving the outcomes of HMDT/Quality and Performance Review to the Trust in June 2014 and the outcomes of the 2014 GMC National Training Survey, MRAD considers this issue to have been sustainably resolved.	Ongoing monitoring	01/07/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Anaesthetics	Royal College of Anaesthetists
H2903132-43	Deanery Wide		9	N/A	N/A		All	Concern	The GMC ARCP/RITA Outcomes Survey Report 2015	01/05/15	Green			Yes	GMC ARCP/RITA Data Collection 2015	The report appears to indicate that the Deanery has a low level of overall "pass rate" compared to other Deaneries. The Deanery has a high level of "Failure to progress" outcomes in those specialties that had either a "positive" or "negative" outlier. This demonstrates evidence of any systematic failure of adherence to national or deanery guidance on the conduct of ARCPs/RITAs for all grade trainees. The Deanery is aware of this issue and the Deanery is in the process of developing and rolling out of a programme of specialty specific training in the conduct of ARCPs/RITAs for all grade trainees across all specialties. This training will be rolled out to all trainees involved in the conduct of the Deanery's Core Regional Academic Initiative". The Deanery is also contributing to an internal quality control procedures to reduce the numbers of ARCP outcomes 9.	Monitoring will occur through quarterly data extracts the Quality Management Team. This will also be monitored through the GMC ARCP/RITA Outcome Survey.	MRAD continues to analyse and review 9s ARCP/RITA outcomes and to monitor the implementation of the programmes. The School is re-evaluating their ARCP outcomes, including any outliers included in this report, and responding accordingly.	MRAD has reviewed the trends and comparative data in relation to 9s ARCP/RITA outcomes in specialties and trusts and has also completed a further cycle of ARCP training/reflection courses for Panel members. The School has noted that there have been improvement in these specialties which had previously shown significant variance from national data. The School will continue to monitor these measures locally and against the national data. MRAD has confidence that its ARCP processes are robust and conform to the requirements of the 'Red Guide'.	Ongoing monitoring	01/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Senior Management Team Quality Management / Quality Assurance Lead	All Colleges – through the provision of sustainability to the ARCP/RITA process by Representatives
H2903132-49	West Hertfordshire Hospitals NHS Trust		5, 6	H3N9DR	Emergency medicine		All, Foundation	Concern	The following concerns were identified at a GPQR to the Trust in October 2015: The lack of mobile grade/senior cover on site in the Emergency Department after 22 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. Actions undertaken: 1) GMC influenced of patient safety issues and Deanery concerns. 2) Recruitment of short term mobile grade locum cover with immediate effect. 3) Trust to take forward in an JP December 2015 recommendation expansion of consultant numbers in Emergency Medicine to 18 whole time equivalents which was accepted by the Trust and was to be supported by substantive mobile grade support. 4) The Deanery to survey all other EM departments across the Deanery regarding the supervision of Foundation trainees working in EDs. Trust planning to offer attractive in-house training programmes for specialty doctors to enhance the quality of mobile grade staff supervision at all times, especially at night.	02/05/15	Green			Yes	Deanery Visit.	The Deanery with representations from the GMC, and North Thames Foundation School resulted 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) Trainees were not unsupervised at any point 4) On call access to other specialty registrars for the EM Department was readily available. The Deanery survey of EDs across the Deanery confirmed that no other concerns regarding the supervision of Foundation trainees in EDs were in place for seniors.	MRAD continues to monitor progress against the action plans. The Head of School will undertake a further review in the light of the GMC survey 2016.	The School of Emergency Medicine undertook a visit to the Trust in September 2014 to review progress in this area. The School confirmed that the concerns previously identified had been satisfactorily resolved and sustained. This was reflected in the 2014 GMC National Training results which had no negative outliers for this specialty. MRAD considers this matter closed.	Monitoring is ongoing.	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Emergency Medicine Postgraduate School Director	Royal College of Emergency Medicine GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-50	West Hertfordshire Hospitals NHS Trust		5, 6	H3N9DR, H3N9DW	Acute Internal Medicine, General (Internal) medicine		All	Concern	Original Condition 15.3. Patient backing in particular of surgical authors patients must be addressed (action plan to be provided within one month and full implementation of plan to be assessed at the April 2015 visit). Ongoing condition: While the tracking of surgical authors has been addressed, there continue to be significant concerns with regard to medicine in general. This condition continues to be evident [domain 5]. An updated action plan is required within one week of receipt of this report. N.B. As was alluded to at the Trust on the day, this is a specific concern 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.	28/06/13	Amber			Yes	Deanery Visit 26 April 2014	The Trust has taken immediate steps regarding the transfer of patients from the Acks. The handover policy is being revised with a timetabling of handover to that time. There are also plans to introduce the junior doctors' Times and the Trust is expanding its capacity by 48 beds. Impacting substantive moves of the Facilities and Staffing levels. 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.	A School of Medicine visit is planned for 20 November 2015 to monitor progress against the action plan, paying particular attention to issues identified in relation to the AAUs	A satisfactory action plan has been received, in particular, the Trust has put forward a proposal to ensure that there are consultants leading handover at all times. The Trust has also put forward a proposal to ensure that no patient could be moved out of AAU without informing the medical team. This continues to be actively monitored by the School. MRAD will continue to monitor progress against the action plan and the results of School visit undertaken is further review in the light of the GMC survey 2016.	The Trust confirms that: 1. Further development of the enhanced ward rounds implemented by the existing team has been agreed with the Medical Directorate, Deanery, GMC, Foundation doctors and other clinicians through the use of a single integrated system including a 'Ward Round Tool'. 2. A handover is also to be undertaken through the enhanced ward round. 3. There is now a formal consultant led handover of ward patients who would need review over the weekend. Deanery, GMC, Foundation doctors and other clinicians no longer raise any concerns or complaints about Medical Handover. Medical will further monitor at its upcoming Quality and Performance Review and to the Trust in November 2016.	Monitoring is ongoing.	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Medicine	Royal College of Physicians GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-57	Bedford Hospital NHS Trust		5	H3N9PB	Paediatrics		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 Deanery 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 two 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 2015. The Trust should be aware that if that visit is not satisfactory, the Deanery 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.	10/06/13	Red			Yes	Deanery Visit 30 May, 2012	A School of Paediatrics revisit took place on 01.07.13. Although there was some evidence of progress with the Trust's action plan and ground leadership from the College Tutor, it is clear that major concerns remain and the Deanery has significant concerns regarding paediatric training at Bedford. If there is no sustained progress with the Action plan and a definite long term plan for the future of the Paediatric service, the Deanery will advise the Bedford Paediatrics trainees to withdraw from the Trust from March 2014. The School of Paediatrics conducted a further visit to the Trust on 19.12.13. This demonstrated considerable progress with: 1. more engagement of consultants across the department 2. improvement in the Children's Assessment Unit 3. enhanced presence of the Consultant of the Week in the department 4. robust consultant support and supervision of the outpatient clinics.	In view of the significant improvements in the delivery of paediatric training at Bedford, the Deanery will continue to revisit training in this Unit. However, the Department must sustain progress which will be monitored at the next School of Paediatrics visit in Summer 2015.	Whilst and the GMC will for carrying out a joint Review Visit to the Trust on 29 April 2014 to review progress against the aforementioned standards.	A joint visit between MRAD and the GMC in April 2014 undertook a review of progress against the previously agreed action plan. It was agreed to give a the Trust retained conditional approval to the return of SP Paediatrics for a further 12 months, subject to a further period of formal review. A Full Quality and Performance Review Visit took place in October 2014where further concerns were identified. As a result, it was agreed to exercise the management function further mentioned by the Foundation School and the School of Paediatrics. The Deanery Quality Management team will allow the return of Foundation placements with effect from December 2014.	The Trust confirms that: 1. Further development of the enhanced ward rounds implemented by the existing team has been agreed with the Medical Directorate, Deanery, GMC, Foundation doctors and other clinicians through the use of a single integrated system including a 'Ward Round Tool'. 2. A handover is also to be undertaken through the enhanced ward round. 3. There is now a formal consultant led handover of ward patients who would need review over the weekend. Deanery, GMC, Foundation doctors and other clinicians no longer raise any concerns or complaints about Medical Handover. Medical will further monitor at its upcoming Quality and Performance Review and to the Trust in November 2016.	Monitoring is ongoing.	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Paediatrics/Post Graduate Dean/GMC	Royal College of Paediatrics and Child Health GPhe Regional Advisor sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. GDeanery reports on updates to the Head of School.
H2903132-25	Deanery Wide		5, 6	All	All		All	Concern	The GMC Trainee Survey 2012 identified a significant number of negative outliers for undermining across a number of specialties and a number of LEPs and programmes making the Trust of England Deanery a red outlier.	01/05/15	Green			Yes	NTS data	The Deanery has conducted 20 x LEPs and programmes asking them to address their negative outliers in particular those relating to undermining by the consultant in their annual reports to the Deanery. Moreover, 2x specialties such as O&G where undermining was identified as a concern, the Deanery has asked the Trust to provide a formal action plan to the Trusts' Medical Director, asking them to produce an action plan within six weeks. The Deanery will analyse the responses received and will address any remaining concerns with the Trust Medical Directorate. The Deanery also ensures that undermining is discussed at the Deanery Performance and Quality Review visits to Trusts (and, where problems are identified, they form part of the conditions of the visits report). Monitoring remains ongoing.	Monitoring occurs through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	MRAD is continuing to monitor this issue and will review the outcomes of the GMC Survey 2016 and take action as appropriate.	MRAD has fully investigated the individual first hand comments within the 2013 GMC NTS survey regarding undermining through the Medical Directors and Postgraduate Deans of the relevant Trusts/Deaneries and appropriate action plans have been received. This has been shared separately with the GMC and MRAD continues to monitor the results through its quality management processes. The GMC is also to undertake individual visits to the O&G Departments at Ipswich and Colchester in 2014 to further investigate one of its national investigations on undermining. The work instituted by our Head of School of O&G in response to previous issues around undermining continues to be disseminated across Medical Education Out of Hospital in all specialties and Trusts.	Ongoing monitoring	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	All relevant Heads of School & Deanery Senior Management Team, Trust Medical Directors and DMEs	All relevant Colleges GPhe Regional Advisor for each specialty sits on the Specialty Training Committee. GThe Head of School provides an annual specialty report to the College. G Head of School provides updates to MRAD. G DME reports and updates as part of the annual MRAD reporting requirements.
H2903132-35	East and North Hertfordshire NHS Trust		5	H3N9GA, H3N9GB, H3N9GD, H3N9GE, H3N9GF	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 Deanery Performance and Quality Review Visit to the Trust on 19 January 2015, 3 possible new patient safety issues arose, namely: 1. Patient calling concerns regarding lack of both the colon and GIM clinic, significant for downgrading of 7Wksaz and the consequent workload and space issues at the colon. 2. The safety of mobile grade cover in Cardiology and Radiology with regard to mobile grade training as 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.	28/04/14	Amber			Yes	Deanery Visit 26.05.2015	The deaneries and Dorset issues with the Chief Executive and Medical Director of the Trust on the day of the visit with a formal letter on 28 January 2015. The Medical Director provided a full reply on 9 February 2015. In light of the patient safety issues as well as being subject to the Trust's Quality Review, the Deanery has asked the Trust to provide a formal Medium Term Quality Sustainability Group for further consideration. The chair of England (PTN) 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 (SM) response.	The Quality Review Visit to the Trust on 4 December 2014 confirmed that progress is being made, as outlined in the action plan received from the Trust to address the issues and concerns raised through previous quality monitoring. MRAD will continue to closely monitor progress through its quality management processes, particularly as the Trust's reconfiguration of services involves its final phase. MRAD will review the outcomes of the GMC National Training Survey 2015 and take action as appropriate.	The Trust Origin of the recent Expansion of services will be complete by the end of October 2016. In the meanwhile, the GMC NTS survey results 2015 and the Trust's quality data continue to be monitored to show year on year improvement across the range of specialties, grades and indicators, in particular, Acute Medicine, Acute Internal Medicine, Cardiology, O&G and Plastic Surgery. The relevant PTs/Medical Schools are investigating and the Trust has in place an action plan which seeks to address these but MRAD believes that the issues will not be fully and sustainably resolved until the new Trust configuration services is fully in place. To this end, to fully review the situation therefore, MRAD will carry out a full Quality and Performance Review visit to the Trust Review visit to the Trust in the Summer of 2016.	Ongoing monitoring	02/02/2016	Stage 4a: Concerns seen Progress – The action plan has fallen behind or is likely to fall behind.	Red	PD Dean/Trust CEO and MD/DME/Heads of School	Royal Colleges/Heads of School
H2903132-52	The Princess Alexandra Hospital NHS Trust		5	H3N9GB, H3N7RP, H3N9HA, H3N9HB	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 failures and significant risks to patient safety.	01/12/14	Amber			Yes	Ockenden Review	The RCA Summit was convened due to concerns highlighted by the Clinical Commissioning Group (CCG) regarding patient safety at 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.	Ambulance Trusts Area Team National Commissioning Board to review the forthcoming financial challenges and the long term sustainability. Trust Sustainer Workforce Assurance long term, reviewing staffing levels in particular the impact of EWTD. Working Deliberate West Essex CCGs and Hertfordshire CCG through the Clinical Passes to be strengthened. Trust to review and strengthen governance processes (Mortality/Morbidity). Trust to review and strengthen organisation governance processes (Mortality/Morbidity/Incidents). Trust to continue to improve Safeguarding training levels. Trust to review and strengthen its performance against required delivery standard (recovery action plan mortality, Pressure ulcers, Urine, Falls, A&E, cancer waiting times). CCG to review emergency pathways (A&E) and reduce non urgent patients attending PAH. Trust to review and strengthen its Commissioning Contract Negotiations. Ambulance Trust, Area Team National Commissioning Board with CCG & Trust to conclude finance negotiations: suspension wonder; marginal rates/QQ&Ms.	MRAD continues to monitor progress against the Trust action plans. The Heads of School will undertake a further review in the light of the 2016 GMC Survey results. MRAD will undertake a Quality Review visit to the Trust in the Summer 2016 to evaluate progress.	The 2014 GMC NTS survey demonstrated a significant improvement across indicators, specialties and grades. A quality review visit in September 2014 gave further reassurance on its progress against action plans. The Deanery Quality Management team, the Deanery of Paediatric training and a School of Paediatrics visit to investigate this further will take place on 9th October 2015.	Ongoing monitoring	01/08/2016	Stage 4b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Trust Management / Heads of School	Heads of School
H2903132-53	Basildon and Thurrock University Hospitals NHS Foundation Trust		5	H3N9GB, H3N9EA	Emergency medicine, Foundation Programme	Emergency Medicine;	Foundation	Concern	Concerns regarding the adequacy of supervision of Foundation trainees within the Emergency Medicine Department.	28/05/14	Amber			Yes	Foundation School visit 28.02.14	The Trust was required to develop an action plan to specifically address the following issues (domain 1): 1. Consistent responses to reasonable requests for senior clinical support within the Emergency Medicine Department were not being provided to Foundation Doctors. This could result in serious patient safety and clinical supervision. 2. Inappropriate behaviour of senior clinicians, 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.	A Foundation School Board meeting with Trust on 25 March 2015 and through the subsequent Trust action plan. A Full action plan is required by 7th June 2014 including confirmation of completion of actions on the immediate conditions. A formal update on the action plan is required by 6th September 2015.	MRAD received an action plan confirming that the educational requirements of the visit report have been addressed. However, staffing remains an issue in line with the problems experienced nationally with regard to recruitment to Emergency Medicine Departments. MRAD continues to monitor progress through its quality management processes. The Head of School will undertake a further review in the light of the 2016 GMC Survey results.	The Trust provided an action plan update in July 2014 confirming that the clinical training requirements of the visit report had been sustained. However, in the 2014 GMC NTS survey, four trainees reported undermining by a senior Consultant and by nurses. The Trust has confirmed that it has put an educational programme to address this issue. The Emergency Department is working with the PGMDE to develop a Consultant Supervision of Junior Doctors policy towards undermining and bullying type behaviours in the ED. This is taking the form of a Zero Tolerance campaign and the development of an ambulatory "champion" in the ED to take forward this new initiative and maintaining a healthy working environment. Whilst will continue to monitor closely through its quality management processes and will track measures that this has been addressed at its Quality and Performance Review visits pre-visit meeting with the Trust in October 2015.	Ongoing monitoring	01/08/2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Management / Head of School of Emergency Medicine and Foundation School Director	Foundation School Director and Emergency Medicine Head of School
H2903132-59	Ipswich Hospital NHS Trust		5, 6	H3N9GB, H3N9EA	Emergency medicine, Foundation Programme	Emergency Medicine;	All	Concern	High level Deanery Performance and Quality Review was undertaken 7 March 2015. Immediate conditions were identified and an action plan requested within 2 weeks. Concerns were with regard to (1) patient safety issues reported in the Emergency Medicine Department and then relatedness to training and (2) issues of supervision and support for Foundation trainees at nights in both Medicine and Surgery.	07/05/15	Amber			Yes	Deanery Visit 07.05.15	The Trust has been unavailable for Trust itself and their action plan to conclude. 1) Further listening 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.	To be determined following receipt of full action plan.	MRAD monitored an action plan confirming that the educational requirements of the visit report have been addressed. However, staffing remains an issue in line with the problems experienced nationally with regard to recruitment to Emergency Medicine Departments. MRAD continues to monitor progress through its quality management processes. The Head of School will undertake a further review in the light of the 2016 GMC Survey results.	The Trust provided an action plan update in July 2014 confirming that the clinical training requirements of the visit report had been s

KD0203-09	Norfolk and Suffolk NHS Foundation Trust, Suffolk Mental Health Partnership NHS Trust	1, 5, 6	KD9966	Core Psychiatry Training, Foundation Programme, General Practice	General psychiatry	Care, Foundation, GP	**Concern**	08 - The two Trusts listed in scope: A amalgamated recently into a single Trust now known as Norfolk & Suffolk NHS Foundation Trust. A Deanery Performance and Quality Review Visit to the Trust took place on 18 June 2015. 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 these in a timely fashion. The visit was carried out in cognisance of the concerns identified by the Royal College of Psychiatrists to the GMC. The following areas of innovation concern were identified: 1. Clinical environment on the ward(s) (at the King's site) is poor. These had previously been identified within a School of General Practice visit, the GMC NTS Survey and its Senior undertaken patient safety concerns. These involved bullying, undermining and harassment as well as appreciation and support for never junior trainees in the ward environment. While the Trust had taken appropriate action regarding the conduct of the individual, the outing have identified sufficient persisting concerns regarding the clinical and educational environment there to require that trainees in Foundation, SPT and Core Psychiatry be withdrawn from working on the ward environment with effect from Monday 28th June 2015. 2. Rota (West Suffolk and the 'Victorian' - the on-call arrangements for Acute Psychiatry along the 'Victorian' between Speech and Bury St Edmunds are still based on a trainee learning to cover and travel between both sites to cover acute psychiatric cases. This situation is unacceptable on the grounds of patient and trainee safety, as well as educational grounds and must cease with effect from Monday 28th June. Separate on-call arrangements must be established on both sites.	20/06/15	**Amber**		Deanery Visit	The Trust addressed the remediable concerns as follows: 1. The three trainees based full time on Ulcerhill Ward (acute inpatient unit) have been moved to community posts and general psychiatry posts. 2. On-call arrangements in Suffolk - the single Suffolk wide rota was split into two separate rotas (WTD compliant rota, one covering West Suffolk (Ipswich) 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 which led rise to the concern of the Deanery were also discussed at the Trust Board level and a number of actions were put in place to address the SPQR visit. It was found that the Vice-Management of the Trust were fully engaged with the consultant body in seeking solutions to these concerns.	MRHA was satisfied that the concerns had been addressed appropriately and expeditiously and approved the environment of the trainees from 1st August 2015. However, the new PS posts in Ulcerhill Ward (acute inpatient unit) will need to be monitored closely to ensure that the satisfactory nature of these actions was confirmed at a Quality Review visit to QEHB which found that the trainees were very happy with their alternative posts in other Trusts and/or the community and were receiving suitable educational training for their grades and specialty. No inquiries were received regarding further problems on Ulcerhill Ward. A follow up School of Psychiatry visit to the King's site site is planned for December 2015 with Foundation and general practice representatives 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.	MRHA undertook a School of Psychiatry Visit to the Trust on 18 January 2016 to review progress with the Trust in addressing the concerns identified in the Quality Review to the Trust on 18 June 2015. Progress has been made to address the majority of the issues raised in the visit report and MRHA will continue to monitor these through its quality management processes. The Trust has seen improvement in the results of the 2014 GMC Survey. However, significant concerns remain as the Trust is unable to achieve 100% compliance with Mandatory Training and Safeguarding Training (MTS) for Educational and Clinical Supervisors. Trainees will be managed by alternative trained supervisors in the interim with immediate effect until this is addressed. MRHA has brought this matter to the attention of the GMC. The Trust is required to provide an updated action plan by 16 July 2016 and a revisit will be undertaken in October 2016.	A satisfactory action plan was received in July 2016 which confirmed that the progress made to address the concerns raised in the visit report had been satisfactorily addressed. In addition, the GMC NTS survey 2016 showed significant improvements in the area of educational supervision and governance. Moreover, the Trust has now achieved the required level of 100% compliance with VBA and Safeguarding training. A School of Psychiatry revisit to the Trust in November 2016 to review progress towards the sustainability of the recommendations contained in the School visit report.	Ongoing monitoring	01/08/2015	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Amber**	Head of School of Psychiatry and Trust Medical Director and GMC	Royal College of Psychiatrists and GMC Medical School
KD0203-07	Cambridgeshire and Peterborough NHS Foundation Trust	1, 5, 6	KD9966, KD9966, KD9966	Core Psychiatry Training, General psychiatry, Foundation Programme, General Practice	General psychiatry	Care, Higher, Foundation, GP	**Concern**	A Deanery Performance and Quality Review visit to the Trust took place on 2 May 2013. Only one condition was identified, namely out of hours cover and supervision on the Addenbrooke's site. The Trust was requested to address this to ensure manageable workload, with clinical supervisors, appropriate oversight and of such support. An action plan to address this concern was received in September 2013.	02/05/13	**Green**		Deanery Visit	An action plan to address the condition from the SPQR visit was received, outlining the following actions: 1. Increased GMP working hours with joint working with Core Trainees 2. Sustained provision of Senior psychiatry in evening 3. Expanded role of Duty Nursing Officer to help manage workload MRHA's satisfaction with these actions:	An action plan update is expected in November 2015.	The Trust action plan update confirmed that the actions taken including addressing the out of hours cover have been maintained. MRHA will continue to monitor as part of its quality management processes and will review in light of the GMC Survey results 2016.	The sustainability of the Trust's actions has been confirmed by the Director of Medical Education in its quality management report and through the MRHA's analysis of the outcomes of the 2014 GMC NTS survey.	Ongoing monitoring	01/08/2015	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Green**	Coordinating Psychiatrist Tutor/Head of School of Psychiatry	Yes
KD0203-09	North Essex Partnership University NHS Foundation Trust	1, 5, 6	KD9966, KD9966	All, Core Psychiatry Training, General psychiatry	General psychiatry	All	**Concern**	A Deanery Performance and Quality Review visit to Trust took place on 11 July 2013. The reports within the 2013GMC NTS trainees' free text comments which highlighted questions about the possibility of undermining of fairness and transparency in the Trust's Training Programme. This was followed up by the Trust Board to the Deanery and Medical Workforce Management on the Trust's Training Programme. The trainees's feedback expressed a culture in discussing this matter and identified a number of Trust which had been established to address sub-issues. An action plan from the Trust is expected in November 2015.	02/05/13	**Amber**		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 2015.	To be determined following receipt of the action plan.	An action plan update has been received confirming that the Trust has taken steps to address the concerns raised. The MRHA analysis of the 2014 GMC NTS survey confirmed that the Trust had made significant progress in addressing the concerns raised in the Foundation and psychiatry postgraduate educational environments compared to 2013. A single important lacking area specific to the Trust's Psychiatry Programme relating to undermining behaviour was identified by the Trust. However, it was impossible to crush any conclusion in this area because of the small sample size. The Trust noted the issue of undermining behaviour but no further evidence of such behaviour was obtained.	Ongoing monitoring	01/08/2015	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Green**	Coordinating Psychiatrist Tutor/Head of School of Psychiatry	Yes
KD0203-10	Luton and Dunstable University Hospital NHS Foundation Trust	1, 5, 6	KD9797	Obstetrics and gynaecology	Obstetrics and gynaecology	All	**Concern**	Significant reports of undermining in Obstetrics and Gynaecology in the GMC NTS Survey 2012 resulted in a focused School visit in 2013. A Trust action plan was implemented and progress against it reviewed at a Dean's Performance and Quality Review visit in February 2014 which noted that it was imperative that there was genuine and sustained change and that the continuance of the original School visit remained noted.	02/05/13	**Amber**		NTS data	An updated action plan was received in October 2014 which showed that the Trust is currently on track in compliance with the Electronic programme approved by the School of Obstetrics and Gynaecology. Prevention of the Difficult Conversations session has now been progressed to 'Phase 2' and the Trust is currently developing a Training Programme for Consultants and Associate on CPD July 2014 and the existing been imparted that there has been a noticeable improvement in undermining since previous visit.	A further focused School visit is scheduled for December 2015 where progress against the actions taken will be reviewed.	The School of O&G carried out a Quality Revisit to the Trust on 16 January 2015. The Trust has provided an initial action plan which reports progress with some of the actions taken. The School of O&G will continue to monitor progress with the actions taken by the end of May 2016 as the issues relating to undermining. MRHA will continue to monitor and will review the action plan and the results of the 2016 GMC Survey. Action will be taken as appropriate.	There was a repeated report of undermining for the previously noted Consultant through several sources including the GMC NTS survey 2014. The Trust has provided an update in May 2014 with regard to the actions taken to address the concerns raised in the School of O&G visit report. The concerns raised were escalated to the GMC and the impact of the interventions undertaken by the Trust will be reviewed at a GMC unlinked interview scheduled for the Trust in the Autumn/Winter Term in November 2015. Subsequently the School of O&G will undertake a further visit which has tentatively been planned for March 2015.	Ongoing monitoring	01/08/2015	Stage 3 Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated	**Amber**	GMC/Clinical Tutor/CD/Head of O&G	Yes
KD0203-11	Colchester Hospital University NHS Foundation Trust	1, 5, 6	KD9955	Anaesthetics	Anaesthetics	Higher, Core	**Concern**	The 2013 GMC NTS identified cross-negative outliers in Anaesthetics at this Trust.	02/05/13	**Amber**		NTS data	A School of Anaesthetics visit to the Trust was undertaken on 14 October 2014 to review learning and to seek integration of the NTS results. The preliminary report from this is that the present cohort of trainees had no serious concerns regarding their training or staffing requires any concerns regarding patient safety. However, MRHA 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.	A satisfactory Trust action plan was received following the school visit in October 2015. Progress will continue to be monitored through the School's quality management processes. MRHA will review in light of the 2016GMC Survey results and will take action as appropriate. MRHA is due to undertake a Quality and Performance Review Visit to the Trust in 2016 and will review progress in this area will also be scrutinised.	The GMC NTS survey 2014 confirmed satisfactory implementation of the action plan and that progress has been sustained. Further confirmation of this was received in the Trust's Quality and Performance Review visit to the Trust in June 2015 and in the Director of Medical Education's annual quality management report to MRHA.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that these factors sustained improvement over an appropriate time period.	**Green**	Head of School of Anaesthetics and College Tutor in Anaesthetics	Yes
KD0203-15	Basildon and Thurrock University Hospitals NHS Foundation Trust	5, 6	KD9909, KD9909, KD9909, KD9903, KD9909, KD9797	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 2014 GMC NTS identified concerns regarding patient safety concerns in these specialties. PSC - Known Items: 1-2940-175/1126-1021-1-DPM-2062 2-179-10015-1795-2102/1-DPM-9813-2940-92/ 1-2940-3867/2-DPM-5	02/05/13			NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response. Responses were expected as required by the GMC in the spreadsheet submitted in July 2015. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through MRHA's quality management processes. In addition, MRHA has carried out an in-depth analysis of the free text comments as 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:DD0102-1A (Training, Medicine), KD0102-E1 (Anaesthetics), KD0102-D1 (Medicine/Paediatrics), KD0102-D2 and PTS.	MRHA will continue to monitor the actions taken by the Trust through its quality management processes.	MRHA will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2016 GMC survey results and patient safety concerns from text comments. The findings will inform both MRHA's Joint Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and review of MRHA's GMP report to the Trust in October 2016 as well as the results of the GMC NTS survey 2016, MRHA is satisfied that the concerns raised in the GMC NTS survey 2014 have been satisfactorily addressed. A new concern has been identified in Gastroenterology in the GMC NTS survey 2014. The actions taken by the Trust are reported in the Confidential Items section of this document.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that these factors sustained improvement over an appropriate time period.	**Green**	Trust and MRcoE	
KD0203-16	Bedford Hospital NHS Trust, Bedford Hospital NHS Trust	5, 6	KD9968, KD9968, KD9968, KD9968, KD9968, KD9968	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. PSC - Known Items: 1-2940-588, 1-84-1996, 1-42-1011/1-1Q12-1311/1-3KUR-95, 1-5UN-6481/1-5LPD-157/1-5UN-458/1-5TPD-5966	02/05/13			NTS data	All patient safety concerns were shared with the Trust's Medical Director and Clinical Tutor for investigation and a response. Responses were expected as required by the GMC in the spreadsheet submitted in July 2015. All Trusts now have action plans in place to address both known and previously unknown concerns which will be monitored through MRHA's quality management processes. In addition, MRHA has carried out an in-depth analysis of the free text comments as 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:DD0102-1A (Training), KD0102-D1 (Paediatrics), KD0102-DE1(GMC and PTS 2568.	MRHA will continue to monitor the actions taken by the Trust through its quality management processes.	MRHA will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2016 GMC survey results and patient safety concerns from text comments. The findings will inform both MRHA's Joint Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and review of MRHA's GMP report to the Trust in October 2016 as well as the results of the GMC NTS survey 2016, MRHA is satisfied that the concerns raised in the GMC NTS survey 2014 have been satisfactorily addressed. A new concern has been identified in Gastroenterology in the GMC NTS survey 2014. The actions taken by the Trust are reported in the Confidential Items section of this document.	Ongoing monitoring	02/08/2016	Stage 4: Closed – Solutions are verified, evidence that these factors sustained improvement over an appropriate time period.	**Green**	Trust and MRcoE	
KD0203-17	Cambridge University Hospitals NHS Foundation Trust	5, 6	KD9962, KD9962, KD9797, KD9962, KD9962, KD9962, KD9962, KD9962, KD9962, KD9962, KD9797, KD9962, KD9962, KD9797	Anaesthetics, General (internal) medicine, Obstetrics and gynaecology, Neurosurgery, General Surgery, Plastic surgery, Geriatric medicine, Paediatrics, Trauma and orthopaedic surgery, Gastroenterology, Otolaryngology, Immunology	Anaesthetics, General (internal) medicine, Obstetrics and gynaecology, Neurosurgery, General surgery, Plastic surgery, Geriatric medicine, Paediatrics, Trauma and orthopaedic surgery, Gastroenterology, Otolaryngology, Immunology	Foundation, Core, Higher	**Concern**	The 2013 NTS Free text comments identified patient safety concerns in these specialties. PSC Known Items: 3-94-97/1-138-5002, 1-94-1956, 1-1618-1181, 1-1455-2535, 1-PPD-1985, 1-KLF-7965, 1-STN-1562, 1-SGHM-1977, 1-3K1W-1B, 1-1BB4-7, 1-CFN-1965

KSS0159-51	Southend University Hospital NHS Foundation Trust	1, 4	ESORHA, ESORET, ESORES, ESORMA, ESOR2070, ESOR09, ESOR7RT, ESOR7MA, ESOR7GA, ESOR7ES, ESOR7BR	Trauma and orthopaedic surgery, Gastroenterology, 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, Gastroenterology, Anaesthetics, Paediatrics, Emergency Medicine, General (Internal) medicine, Obstetrics and gynaecology, Emergency medicine, Clinical oncology, Endocrinology and diabetes mellitus, Renal medicine, General Surgery	Care, Foundation, Higher	**Concern**	The 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 1 Colon 301; 5 GERD 375; 5 HPV 15; 5 Colon 130; 1 HIV 8676; 1 A2 136; 1 SQUIP 91; 1 W.BMI 210; 1 ISQUIP 125; 1 CTFD-231; 5 SUPH 497; 5 PG 5890; 1 ESCP-207; 5 NSISQ2; 1 SUAH 232; 1 ESOP-208; 1 FT 3890; 1 SUAH 511; 1 ZSMH 975; 1 SUAH 882	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are linked to GMC Items and the view of our Head of School of General Practice is that this issue is not a patient safety concern and is being passed through more appropriate processes. HMoH therefore considers this issue closed.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed. A new concern has been identified in Trauma and Orthopaedic Surgery in the GMC NTS survey 2014. The actions taken by the Trust and the review of the outcomes will be monitored through the processes that are mapped in the Confidential Items section of this document.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-52	The Princess Alexandra Hospital NHS Trust	1, 4	ESORHA, ESORMA, ESORMG, ESOR2070, ESOR7ERC, ESOR7ERI	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 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 1 CHMI 303; 5 ABCHME, 1 PU 8906; 1 SUEP-602; 1 ZEP-202; 1 ZSMH-601; 5 PU 5536; 1 SUPU 258; 1 FT-2946;	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to Acute Medicine are linked to GMC Item 8 ID8222-5. All other concerns are not linked to a specific GMC Item but are known items subject to routine Deanery quality management processes.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-53	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	1, 4	EOMRH, EOMRGR, EMERRM, EOR7GEN, EOR7MG, EOR7ZER	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 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 5 Colo 259; 1 ECH 90; 1 ESP-0 392; 1 WGH 58; 1 ZEP-361; 1 ZEP-26; 5 ZHMI 386; 1 ZZD-202; 1 ZZBB-16; 1 ATLAN8; 1 AH 3500; 5 LUN- 400; 5 LUN-527; 5 ATOLL; 5 ARDVL; 1 KMP-0; 1 SNUR-223	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. The concerns relating to General Surgery are related to GMC Item ID8222-5. All other concerns are not linked to a specific GMC Item but are known items subject to routine Deanery quality management processes.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-54	West Essex PCT	1, 4	EOMWA	General Practice	General Practice	STS	**Concern**	The 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 5 BY 975; 1 BE 2585; 5 SUN- 505; 1 ZOSM- 806	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. This concern is not linked to a GMC 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 passed through more appropriate processes. HMoH therefore considers this issue closed.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the GP's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-55	West Hertfordshire Hospitals NHS Trust	1, 4	EOS2070, EOR4GR, EOR7RO, EMERMG, EOR4RB, EOR4RR, EOR4RG, EOR4GG, EOR4GE, EOR4RT	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	Care, Foundation, Higher	**Concern**	The 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 1 EAPA 896; 1 ESOD 41; 5 EPTW 53; 1 KSU 1; 5 LEON 136; 5 SKIN 100; 5 SUPH-265; 1 FST-97; 5 SUPU 192; 5 YEA 9; 5 YMFU-266; 1 ZIEP-508; 1 ZGEP-401; 5 ZPDU-566; 5 ZGEP-515; 5 YGN-55; 5 YBRU-297	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are linked to GMC Items ID8222-22 (Co-General Surgery), ID8222-25, ID8222-26 and ID8222-28 (Acute Medicine), ID8222-30 (Co-Anaesthetics) and ID8222-32 (Co-Acute Medicine and ID2282. All other concerns are not linked to a specific GMC Item but are known items subject to routine Deanery quality management processes.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed. A new concern has been identified in O&G in the GMC NTS survey 2014. The actions taken by the Trust are reported in the Confidential Items section of this document.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-56	West Suffolk NHS Foundation Trust	1, 4	EOMRA, EOMRWS, EOMRW	Emergency medicine, General (internal) medicine, General Surgery	Emergency Medicine, General (internal) medicine, General surgery	F1, STS, CTC	**Concern**	The 2013/14 Trust level comments identified patient safety concerns in these specialties. PSC - Known Items: 5 BY 975; 1 BE 2585; 5 SUN- 505; 1 ZOSM- 806	01/05/13	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 expected 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 HMoH quality management processes. In addition, HMoH has carried out an in-depth analysis of the free text comments as a Tool by Trust Series categorising each concern stored according to locally defined criteria. The statistical outcome of this analysis is in the process of being disseminated to each Trust, the relevant Quality Assurance Groups, Health Education England, and a preliminary report has already been shared with the GMC. These concerns are not linked to specific GMC Items but are known items subject to routine Deanery quality management processes.	HMoH will continue to monitor the actions taken by the Trust through its quality management processes.	HMoH will continue to monitor progress with the actions taken by the Trust and will review and triangulate these with the 2014 GMC survey results and patient safety concerns from text comments. The findings will inform both HMoH's Local Quality and Performance Review Visit to the Trust and the Schools' quality management processes.	Following receipt of the Trust's action plan and the results of the GMC NTS survey 2014, HMoH is satisfied that the concerns raised in the GMC NTS survey 2013 have been satisfactorily addressed.	Ongoing monitoring	01/08/2014	Stage 4: Closed – Solutions are verified, evidence that these has been sustained improvement over an appropriate time period.	**Green**	Trust and HMoH
KSS0159-57	UTW-Wide	1, 5, 6	All	All	All	All	**Concern**	Following the detailed analyses that HMoH has undertaken (see GeoPractice item above), it has clearly been identified that our junior doctors are consistently expressing concerns regarding the potential for patient safety issues to arise in the Trust. The Trust has been aware of these concerns for some time and has taken steps to address them. However, the GMC survey results for 2013 show that the Trust's performance within the GMC's 2013 report 'The state of medical education and practice in the UK: 2013 demonstrating that the level of England currently has only 8% of the total number of trainees nationally whereas our weighted cohortise indicates that this should be over 10%.	01/05/13	Analyses of GMC NTS Survey	Dissemination of analyses HMoH wide and to the GMC.	Continued representation and dissemination to the appropriate fora.	The GMC is satisfied that appropriate action has been taken and no further update is required.	This is now resolved.	01/08/2014	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Green**	Postgraduate Deans/Director Postgraduate Dean/Director Quality Improvement Manager	Yes
KSS0159-58	Cambridge University Hospitals NHS Foundation Trust	1, 5, 6	Ophthalmology					The School of Ophthalmology carried out a Quality Management Visit to the Trust on 28 January 2014. The following issues were identified: 1) The Consultant body needs to be united in recognising the value and importance of the role of the Specialty Tutor and trainees in maintaining the training and educational standards within the specialty, rather than allowing tension processes and the demands of administration to determine the direction of the Unit. 2) The roles of Specialty Tutor and Educational Supervisor are separated, such that the Specialty Tutor can take a more over-arching role in making sure that the collective needs of the trainees are met by the department. 3) Trainees need to be given more opportunities to undertake more independent management of ophthalmic patients. 4) The trainees' timetable needs to be under direct control of the Specialty Tutor. The Trust has provided an action plan within the required timeframe. However, in view of the gravity of the basic findings of the visit, HMoH and the Royal College of Ophthalmologists have decided that it would be desirable that a further and early joint VisT to the Department should take place before the current trainees leave their posts to evaluate the success of the implementation of the Trust action plan to address the concerns raised. HMoH will therefore undertake a Re-visit in July 2014.	28/05/14	School Visit	The Trust action plan received in light of concerns raised. Revisit to be undertaken in July 2014 to confirm that progress has been made.	To be determined	N/A	The School of Ophthalmology revisit to the Trust was undertaken in July 2014. Concerns persisted regarding the role of the Specialty Tutor in relation to training and training of its promoter, in particular with regard to the provision of a named consultant supervisor to be available to trainees when the Specialty Tutor is not there, they are in the Emergency Eye Clinic. A clear escalation policy to guide the Ophthalmology trainees in the Emergency Eye Clinic to the right consultant medical support for the deteriorating patient. HMoH will be undertaking a further revisit to the Trust in November 2014 to confirm that by November 2014 to seek reassurance that the actions reported by the Trust have been implemented satisfactorily.	Ongoing monitoring	01/08/2015	Stage 3b: Progress not yet apparent – there is no change as yet, but there is evidence of monitoring and evaluation of actions.	**Red**	Head of School and Training Programme Director	Yes, College and GMC
KSS0159-59	Cambridge University Hospitals NHS Foundation Trust	1, 5, 6	Clinical pharmacology and therapeutics					HMoH School of Medicine in conjunction with GCC representatives from the RCP and GMC organisation undertook a Quality Management Visit to the Trust to review training in this Specialty on 19 March 2014. In light of the issues identified, the Trust was asked to provide an action plan to cover the following requirements: 1. The new TPD should develop a structured training programme which clearly demonstrates how trainees will meet all of the curriculum requirements; this should include a formal programme of Regional Training Days (potentially shared with other Trusts in the East of England) and a formal programme of Trust based training. 2. The new TPD should map the proposed joint curriculum in dermatology/CPT against the CPT curriculum in order to clearly demonstrate how the CPT curriculum requirements are being met; the proposed joint curriculum should be submitted to the CPT lead in time for it to be considered at its next meeting. 3. The Trust should develop a formal process for monitoring training in this specialty by HMoH and the JRCPTB (via the relevant SAC) prior to advertisement of the posts. 4. All advertisements for dual programmes should clearly state the specialties involved; there should be representation from both specialties on the short listing and appointments committee. 5. All trainees should receive departmental induction within one week of joining the Programme; for trainees on dual programmes, this should cover both CPT and the second specialty. 6. All trainees should be allocated an educational supervisor within one week of joining the Programme; where trainees are dually assessing, this trainee should be allocated an educational supervisor from one specialty and a trainee clinical supervisor in the second specialty. 7. All Educational Supervisors and Trainee Clinical Supervisors, when initially selected, have the HMoH School of Medicine's educational supervisor job description, meet the educational supervisor person specification (including undergoing training to meet areas 1to 7 of the AoME's Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process. 8. All named clinical supervisors should be appropriately selected, have the HMoH School of Medicine's named clinical supervisor job description, meet the clinical supervisor person specification (including undergoing training to meet areas 1 to 7 of the AoME's Framework for the Professional Development of Postgraduate Medical Supervisors) and be assessed in their educational roles as part of the annual appraisal process. 9. There should be a consultant on call rota which clearly identifies the consultant responsible for providing sessional supervisors to the trainees. 10. Trainees in the CPT programme should be required to attend clinic without consultant supervision. 11. Trainees in the CPT programme should be required to undertake independent research projects, for example PEPRIMEDS, which they have an direct involvement and which are of limited educational value. 12. Trainees in the CPT programme should be required to attend clinics which do not provide training which is clearly relevant to their training programme, for example, it is not appropriate to ask a trainee where dually assessing in Dermatology to attend a Rheumatology clinic where there is no Dermatology training. 13. Trainees in the CPT programme should be required to attend clinics in the Department when they have been time out of programme for research particularly when they are not covering any of their research time towards clinical training or when they are on placements outside the department. 14. All behaviours by trainees which might be perceived by trainees as undermining should cease and all consultant members of the CPT department should be required to attend appropriate training to prevent further undermining. The Trust must provide an action plan to address the concerns by July 2014.	19/03/14	**N/A**	School Visit	Action Plan awaited July 2014.	To be determined	See previous entry	HMoH received a satisfactory action plan from the Trust in July 2014 with a course remaining relating to the consultant on call rota which required an action plan to be implemented in November 2014. This is awaited.	Ongoing monitoring	01/08/2015	Stage 3: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated	**Amber**	Head of School of Medicine	Yes
KSS0159-60	Norfolk and Norwich University Hospitals NHS Foundation Trust	1, 5, 6	N/A					The School of Medicine carried out a Quality Management Visit to the Trust on 6 January 2014 to review training in this specialty. In light of the issues identified, the Trust was asked to provide an action plan to address the following concerns by March 2014: • Trust wide and Cardiology: The wide capturing of critical events which either name or make it easy to identify the individual(s) concerned must cease with immediate effect. • GMC data demonstrates that the position in Neurology is not satisfactory and requires urgent attention. The Neurology SAC Tutor has raised concerns regarding the Trust's ability to meet the GMC's Quality Framework. Given lapsed of these areas the Trust addressed the issues, planning the delivery of education and training on a par with the service delivery requirements of the regulators. This consultation: Initial finding at the QPR visit to the Trust in June 2013 that there were no remaining significant concerns regarding the delivery of education and training for its trainees. This leads in the Trust Acute SMR to receive a report combining no conditions that needed to be addressed.	09/03/14	**N/A**	School Visit	Action Plan awaited by March 2014.	To be determined	See previous entry	The School of Medicine revisited the Trust in January 2014 to review progress with the action plan and ensure that the concerns have been/are being addressed.	Ongoing monitoring	01/08/2015	Stage 3: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated	**Amber**	Head of School of Medicine	Yes
KSS0159-61	West Hertfordshire Hospitals NHS Trust	1, 5, 6	Foundation Programme					The Foundation School Visit to the Trust on 19 March 2014 identified a number of serious risk concerns relating to: 1) the management of acute medical patients, namely Acute Medicine; lack of repeatent tracking systems; unsatisfactory clinical handover; failure to notify duty medical team of transfers and doctors aimed of patients' deteriorating by ward nursing staff; 2) correcting of surgical procedures undertaken by F3 doctors, which should stop immediately. The Trust was asked to address these concerns as a matter of urgency and provided an action plan as requested by 28th March.	19/03/14		School Visit	The Trust action plan evaluated in light of the concerns identified highlighted the following actions relating to the AMU: 1. Re-introduction and mandatory use of a Handover tool with effect 31/3/14, including NBS Bleep Tracker; 2. Stand down presentation of this SB/31/3; 3. Ward clerk/or senior nurse (if after hours) in the ward from where a patient is being transferred will be responsible for ensuring the transfer is logged into PEA at the time of transfer; 4. Laminated posters on handover protocols to be posted in every clinical ward area; 5. Daily ward round/review of all patients on the AMU to be undertaken between 9am-1pm by consultant Acute Physician (AP) in Medicine; on-call consultant for hospital, (Acute for Surgery, Bern for Medicine); 6. Introduction of Ward Based Ward Round, Spell for PWBRR, Trust Instruction (all, supervised by AP or Consultant Physician of Bern for PWBR(on Admission 1); 7. Daily In-right handover 9pm, supervised by PoD (on Admission 1); 8. Include in Handover re induction training; 9. All "Bedser or Med" RMO-linked patients must have doctor to doctor verbal handover before transfer; 10. All patients requiring consultant review to be identified in handover, and details given to AMU or PWBR discharge consultant on weekends. In relation to surgical procedures(2), the Medical Director has confirmed that no consenting of procedures by Foundation trainees should take place, unless supervised by a Consultant or suitably qualified higher trainee.	The Foundation School will revisit the Trust in conjunction with the School of Medicine on 6 May 2014 to review progress with the action plan and ensure that the concerns have been/are being addressed.	The Foundation School will revisit the Trust in conjunction with the School of Medicine on 6 May 2014 to review progress with the action plan and ensure that the concerns have been/are being addressed.	Significant improvement was identified at the joint Foundation School and School of Medicine visit to the Trust in May 2014. The Trust was encouraged to develop Bern + handover and for Bleep tracker a pilot to be run on a ward with a consultant ward based patients. An action plan is requested in November 2014. HMoH will undertake a Quality and Performance Review Visit to the Trust in November 2014.	Ongoing monitoring	01/08/2015	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Amber**	Foundation School Director, Clinical Tutor DMB/FYFD3;	Yes
KSS0159-01	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust		All acute medical specialties			All		The Quality and Performance Review visit to the Trust in May 2014 identified a number of concerns relating to: 1. Patient Tracking 2. Poor medical staffing levels on the wards leading to inadequate supervision of F1s trainees 3. Educational Supervision training within the Trust, including refresher courses, have not been arranged		Trust Quality and Performance Review	A Trust action plan was received in June 2014. HMoH monitoring against this action plan has identified that the issue regarding educational supervision has been addressed. The concerns relating to patient tracking and medical staffing of wards were addressed within the action plan but work on delivery against the requirements of the report continues.	A Trust Quality Review will be undertaken in December 2014 to HMoH to assess progress of the outstanding issues against the action plan.	N/A	N/A	Ongoing monitoring	03/08/2015	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	**Amber**	PMC(SM)/Head of School of Medicine	N/A
KSS0159-02	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust		Obstetrics and gynaecology			All		A School of Obstetrics and Gynaecology Visit in April 2014 identified the following concerns: 1. Inadequate supervision of trainees in the Emergency Department (surgical and antenatal clinics, including clinics without consultant supervision 2. Inadequate opportunity to undertake workplace based assessments 3. The behaviour of some consultants towards trainees was unacceptable 4. Inadequate induction programme for trainees in the Emergency Department		School of Obstetrics & Gynaecology visit	A Trust action plan was received in July 2014. HMoH was concerned that the action plan did not address the issues identified. A Trust Quality Review was undertaken in December 2014 to HMoH to review progress where this had been achieved and the mechanisms for amendments that were required.	An updated action plan November 2014. Review of GMC NTS survey 2014 and School of Obstetrics and Gynaecology revisit Summer 2015.	N/A	N/A	Ongoing monitoring	03/08/2015	Stage 3b: Progress not yet apparent – there is no change as yet, but there is evidence of monitoring and evaluation of actions	**Amber**	DMB/Head of School of Obstetrics and Gynaecology	N/A
KSS0159-03	Colchester Hospital University NHS Foundation Trust		All			All		The Quality and Performance Review visit to the Trust in January 2014 identified a number of concerns relating to: 1. Quality governance of Foundation and Core trainees in medicine was inadequate 2. Departmental induction was poor for trainees across all specialties and particularly for trainees starting out of phase and for locum doctors 3. Minutes presented to the GMS were inconsistent which resulted in missed opportunities		Trust Quality and Performance Review	A Trust action plan is required in January 2015. In the interim, as part of HMoH's quality management processes, HMoH will continue to monitor progress against a Delivery Progress report which demonstrates that the Trust is addressing the issues raised.	An action plan January 2015. HMoH will monitor progress through its quality management processes. A review will be undertaken following receipt of GMC NTS survey 2015 results.	N/A	N/A	Ongoing monitoring	01/08/2015	Stage 3: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated	**Amber**	PMC(SM)/Head of School	
KSS0159-04	Luton and Dunstable University Hospital NHS Foundation Trust		Acute Medicine, General (Internal) medicine			All		A School of Medicine visit in June 2014 identified significant concerns with the impact of a single training process within the Emergency Medicine Department on the workload, supervision and curriculum delivery for F1, SPR, core and GP trainees. The Trust was asked to provide a detailed action plan to address these concerns. A Trust Quality Review was undertaken in December 2014. The findings from the visit did not alleviate the previous concerns despite Trust perceptions that considerable progress had been made. No evidence could be obtained that the excessive workload falling on medical trainees at all levels had been reduced. Medical trainees continue to report undermining behaviour in the Emergency Medicine Department and the clinical training environment had not improved. However despite these shortcomings there were no significant concerns expressed about patient safety.		School of Medicine visit	An action plan is requested December 2014 and a follow-up visit will be undertaken in Spring 2015 to assess the adequacy of the actions to address these concerns.		N/A	N/A			Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated	**Red**	DMB/Head of School of Medicine/DME	London Shared Services
KSS0159-05	Basildon and Thurrock University Hospitals NHS Foundation Trust		All		All			The Trust had to address considerable areas of concern with regard to its regulators including CQC, Monitor as well as the delivery of the requirements of the GMC's Quality Framework. Given lapsed of these areas the Trust addressed the issues, planning the delivery of education and training on a par with the service delivery requirements of the regulators. This consultation: Initial finding at the QPR visit to the Trust in June 2013 that there were no remaining significant concerns regarding the delivery of education and training for its trainees. This leads in the Trust Acute SMR to receive a report combining no conditions that needed to be addressed.		Trust Quality and Performance Review										
KSS0159-06	UTW-wide		All and GPs			All		HMoH's local statistical analysis of GMC NTS 2012 - 2014 data using locally determined categorisation of the comments and a presentation of results normalising the data against Trust bed numbers has been produced for the second year running. Enhancements have been made to the 2014 Trust and Specialty reports following feedback from Trusts, GMs and Specialty Schools. The reports have again been shared with our networks including Trust Boards. At the request of the GMC, a meeting was held in Feb-March 2014 with GMC representatives in August 2014 to review our methodology and report outcomes with the possibility of adoption at a national level.		Innovation as part of a review of HMoH's methodology for analysis of GMC NTS data and requests from our Trusts for in-depth analyses at a Trust level of the outcomes of the GMC survey.	Dissemination of analyses to HMoH networks and to the GMC.	Sharing at national level of the analytical approach adopted with a view to wider dissemination. Continued presentation in the format adopted and dissemination to the appropriate fora.								
KSS0159-07	HEE-wide (national)		All and GPs			All		HMoH carried out a serious incident Review following major concerns regarding the withdrawal of trainees from the Mandatory Department at Medford Hospital. The learning from this review indicated that the guidelines contained within the Mandatory Department Handbook were not being adhered to and that there was no formal process for the withdrawal of trainees. HMoH has now developed a local exploit policy to follow in such circumstances and this was subsequently adopted for national use by HEE under the title "Removal of trainees from a setting or organisation in relation to serious concerns".		See previous entry (column 1)	This policy has been fully disseminated nationally.	Policy to be reviewed in line with HEE process for the review of such documents.								
KSS0159-08	HMoH UTW-wide		All			All		Following the introduction of Postgraduate Medical tariff, HMoH convened a task and finish group to support UHP Education Centres in clarifying the expectations of HMoH in the delivery of postgraduate medical education and training. This group identified the roles and responsibilities of Education Centres in relation to the delivery of Postgraduate Medical Tariff and have developed a suite of 17 Service delivery Standards relating to each of these roles. These standards seek to set out the aims, expected outcomes and service delivery in relation to each service through a standardised format that will support Education Centres in specifically clarifying within the APPs the expectations of funding through tariff. These standards will be referenced within the SLAs between HMoH and APPs to support and enhance the delivery of postgraduate medical education.		See previous entry (column 1)	These standards have been fully disseminated locally.	Standards to be shared and in line with HEE process for the review of such documents.								
KSS0159-09	HMoH UTW-wide		All and Specialties			All		HMoH have developed a performance support unit (PSU) for medical trainees who require additional support during their training beyond that available in their GP or Specialty School. The PSU seeks to provide a consistent approach in identifying and supporting trainees going slower for reasons, and to train and value expertise in our UHP through the development of case managers. The PSU is an example of highly collaborative work between our internal teams in HMoH including the data, assessment and revalidation teams, and nationally with our educational faculty within Foundation and Specialty schools, and in APCs in community and secondary care, occupational health services and our Trust Human Resources teams. The PSU has developed a robust process for identifying, assessing and supporting trainees who are slow to progress, and has developed a robust process for signposting and flagging those who need to be referred to regulatory and legal bodies. The PSU has developed a fair and transparent approach to concerns, as well as to mitigate risk. Case studies are emerging that can demonstrate the effectiveness of this approach in supporting trainees.		See previous entry (column 1)	Dissemination to all trainees, all local Specialty Postgraduate Schools, training programmes and GPs.	Standard review of operational practices								