

Action Plan for Health Education East of England (HEEoE)

Requirements

Report Ref	Due Date	Description	Action taken by LETB / LEP to date	Further action planned by the LETB / LEP	Timeline for action (month/year)	LETB / LEP lead
HEEoE 1	15/04/2016	<p>HEEoE must work with the LEPs to address the requirements and recommendations set out in the visit reports for the following sites:</p> <ol style="list-style-type: none"> 1. Bedford Hospital NHS Trust 2. Cambridge University Hospitals NHS Foundation Trust 3. East and North Hertfordshire NHS Trust 4. Ipswich Hospital NHS Trust 	<p>The action plan in response to the GMC visit requirements and recommendations has been compiled from the responses provided to HEEoE by the seven local education providers visited by the GMC.</p>	<ol style="list-style-type: none"> 1. HEEoE will incorporate review of the findings of the report into the processes followed under their quality improvement and performance framework. 2. Progress against this action plan will be reviewed at our Directors of Medical Education and Heads of School meetings and at all School board meetings including all actions that are LEP specific and HEEoE-wide. 3. Within HEEoE's own further analyses of the 	<p>Ongoing</p> <p>July 2016</p> <p>August 2016</p>	<p>Deputy Postgraduate Dean - Quality and Senior Quality Improvement Manager</p>

		<p>5. Queen Elizabeth Hospital King's Lynn NHS Trust</p> <p>6. Norfolk and Norwich University Hospital NHS Foundation Trust</p> <p>7. Norfolk and Suffolk NHS Foundation Trust</p>		<p>results of the GMC trainee and trainer 2016, we will identify outcomes which help us to understand factors contributing to the findings of the regional review and thereby seek focussed solutions and this will provide additional leverage to facilitate improvements.</p> <p>4. The Trusts and Postgraduate Schools will be required to provide evidence of progress against the action plans to meet the GMC visit requirements and recommendations in their annual submissions to HEEoE.</p> <p>5. Progress against the action plan will be incorporated into HEEoE's Dean's Report to the GMC 2016 and its successor GMC reporting processes.</p>	<p>September 2016</p> <p>October 2016</p>	
Bedford Hospital NHS Trust 1	15/04/2016	Long term arrangements must be put in place to address rota gaps so as to not affect doctors' learning opportunities and	1. Each department to oversee their own rotas, and ahead of change over dates for doctors in training to anticipate rota gaps, formulate a plan and facilitate adequate staffing.	<p>The Trust will evaluate the effect of the actions that have been put in place to ensure there is evidence of improvement.</p> <p>On-going monitoring to</p>	At 2 months before each rota is due to start	<p>Clinical Tutor</p> <p>Clinical Director</p> <p>Deputy Medical Director</p>

		ability to progress through their training while still maintaining service delivery.	Alignment of service needs and preservation of training needs is paramount. 2. Ensure doctors in training are not asked or required to work outside of their scope of experience.	ensure sustainability.	Ongoing	Medical Staffing Educational Supervisor Clinical Supervisor College Tutor
Bedford Hospital NHS Trust 2	15/04/2016	There must be adequate provision in rotas to allow time in theatre and clinic for foundation doctors and doctors in training in core surgery and attendance at clinics for foundation doctors and doctors in training in core medicine to ensure that they are able to meet the requirements of the curriculum.	1. CT in Medicine to discuss as a rolling agenda item in their faculty meetings and facilitate attendance including liaison with the CS/ES. 2. CT in surgery to discuss as a rolling agenda item in their faculty meetings and facilitate attendance including liaison with the CS/ES. 3. Foundation TPD to liaise with surgical and medical teams to facilitate training 4. Ensure training grade doctors are fully aware of their curriculum and ARCP decision aids on induction		31/3/2016 31/3/2016 31/3/2016 8/2016	College Tutor Medicine College Tutor Surgery Foundation Training Programme Director Clinical Tutors/ Foundation Training Programme Director

Bedford Hospital NHS Trust 3	15/04/2016	Equality and Diversity data must be collected and analysed at recruitment and during training and action taken in response to analysis of this data must be fed back to doctors in training and supervisors.	<ol style="list-style-type: none"> 1. Develop, maintain and analyse data of protected characteristics information submitted to the workforce department. 2. Protected characteristics of the educational leads, ES and CS to be collected and analysed. 3. Collect data re: outcome of educational schemes vs protected characteristics. 4. Arrange training on GMC Equality and diversity policy 2014- 2017 from GMC educational advisor. 5. Feed-back the above to trainees. 		<p>Every 6 months</p> <p>Annually</p> <p>Annually</p> <p>8/2016</p> <p>Every 6 months</p>	<p>Medical Education Manager/Medical Staffing</p> <p>Medical Education Manager /College Tutor/Director Medical Education</p> <p>Medical Education Manager /College Tutor</p> <p>Director Medical Education</p> <p>Medical Education Manager /College Tutor</p>
Bedford Hospital NHS Trust 4	15/04/2016	Doctors in training must to be able to access clinical skills lab to develop and improve their clinical and practical skills. A strategy must be in place for doctors in training to have	<ol style="list-style-type: none"> 1. Business case for education centre development to include upgrading the clinical skills laboratory. 2. To investigate the provision of simulation skill training. 		31/3/2016	Foundation Training Programme Director

		access to clinical skills teaching.				
Bedford Hospital NHS Trust 5	15/04/2016	The out-of-date terminology used to refer to and identify doctors in training must not be used. The expected level of competence of different junior tier grades should also be communicated more clearly to the wider team.	<ol style="list-style-type: none"> 1. All departments to use the correct terms for doctors in training on rotas, minutes of meetings and within meetings. 2. Reiterate to Doctors in training that they must use the correct term for their stage of training when introducing themselves and within all forms of communication. 3. Ensure that non-medical staff in all areas understand the terms used for the stages of Doctors in training. 		Ongoing	College Tutors
Cambridge University Hospitals NHS Foundation Trust 1	15/04/2016	The Trust must ensure that doctors in training are provided with support at all times when in theatre.	Two acute consultant surgeons have been appointed, and it is planned that as of April 2016 there will be a half a day of general surgery operating as an emergency list between the hours of 8 a.m. – 1 p.m. Monday to Friday. This innovation together with the set-up of the new ambulatory surgical pathway should reduce the	The Trust to continue to audit the effect of the measures that have been put in place to ensure sustained improvements.	April 2016	Director of Medical Education

			amount of night time operating that the StRs are being asked to perform but also their more general workload which will hopefully improve education both from a CT but also an ST point of view. This will also improve supervision of the FY1 on the ward by senior trainees.			
Cambridge University Hospitals NHS Foundation Trust 2	15/04/2016	The Trust must ensure the effective implementation of curriculum delivery to include structured outpatient and theatre sessions.	The important issue of attendance at outpatient clinics and theatre sessions has been highlighted and is being addressed with engagement from senior management, educational and clinical supervisors and doctors in training.		Ongoing	Director of Medical Education Deputy Director of Medical Education
Cambridge University Hospitals NHS Foundation Trust 3	15/04/2016	The Trust must introduce a structured, systematic process of collecting data other than student and doctor in training feedback to inform local quality control processes.	The Trust is developing CHEETA - Cambridge Healthcare Education and Training Application. This is a novel, integrated smartphone app and web based application system which delivers education and monitors the quality of professional training and supervision. CHEETA combines a sophisticated tool which collates and distributes educational opportunities; a tool to track the quality of professional training within the clinical environment; a tool to monitor the quality of clinical supervision and the working culture within an organisation; and a reporting		Spring 2016	Director of Medical Education

			<p>system which collects detailed data about training, clinical workload, supervision, and organisational behaviours. The Trust can analyse the data collected freely while the system can produce customised automated alerts in a dashboard format to allow real time monitoring of the quality of training and professional culture. We are currently in the final stages of developing the prototype version and we are aiming to trial the app within the peri-ops directorate within the Spring of 2016.</p>			
<p>Cambridge University Hospitals NHS Foundation Trust 4</p>	<p>15/04/2016</p>	<p>The Trust must clarify the clinical governance of the Intermediate Dependency Area (IDA) to ensure the consistency of care for all patients in this unit.</p>	<p>Following discussion with Dr Basil Matta, the following changes took place on IDA - these changes fit with the organisation's vision and should solve the GMC's concerns: Four beds on IDA have become Rapid Response Team (RRT) beds – these beds are designed for patients who would benefit from a higher level of medical input than is available on the wards or on IDA but do not require admission to ICU/HDU. The RRT beds are geographically contained in one area and operate in a closed system with a 1:2 nursing to patient ratio provided by IDA nurses and with medical care primarily provided</p>		<p>Achieved December 2015</p>	<p>Director of Medical Education</p>

			<p>by the RRT/ICU team. The RRT area is clearly sign-posted and labelled to separate it from the rest of IDA. Patients are only admitted to or discharged from the RRT beds under the direction of a consultant intensivist. Whilst in an RRT bed, patients are primarily under the care of the RRT/ICU medical team who liaise with the parent team as required using the same model that works well on ICU. Other patients on IDA remain under the care of their parent team with clear signs at each bed space documenting the parent team. The RRT reviews any patient on IDA who is requiring nasal high flow or non-invasive ventilatory support or who is requiring vasopressors. The parent team is advised accordingly. In addition, the RRT reviews any patient who is rapidly deteriorating or for whom the parent team requests review. These changes have been in place since December 2015 and no concerns or confusion have been highlighted in that time. RRT Consultants are present in IDA daily and communication with the IDA Shift Charges is good.</p>			
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Cambridge University Hospitals NHS Foundation Trust 5	15/04/2016	The management of rotas and current working practices must be reviewed to ensure compliance with Working Time Regulations. This will also ensure the release of trainees for regional teaching.	<p>All rotas are continually under review under the current arrangements for the New Deal and EWTD. At CUH, rotas are monitored and analysed every four months to ensure compliance with the hours' rules. All rotas are currently compliant with EWTD barring Transplant Surgery which has national derogation from the New Deal due to the unpredictability of the work requirements.</p> <p>In respect of vacancies and rota gaps; these are challenging both in terms of training and service delivery. Every effort is made to fill both short term and long term gaps so that trainees can be released as required.</p> <p>A process is being introduced to ensure the regular monitoring of access to regional teaching.</p>		Ongoing	<p>Director of Medical Education</p> <p>Deputy Director of Medical Education</p>
Cambridge University Hospitals NHS Foundation Trust 6	15/04/2016	The Trust must ensure that all doctors in training receive an appropriate departmental induction every time they start a new post or programme.	A new training system which records local induction compliance rates has been implemented. A Survey Monkey questionnaire is being developed and sent to all trainees to ascertain their experience of local induction. Documentation will be issued to the trainees at Corporate Induction requesting they inform the PGME team when local induction has taken		Ongoing	<p>Director of Medical Education</p> <p>Deputy Director of Medical Education</p>

			place. PGMC will record this information. In addition to this, Clinical Directors are proactively being reminded of the requirement to ensure that effective local induction is planned for and scheduled for all starters.			
Cambridge University Hospitals NHS Foundation Trust 7	15/04/2016	The out-of-date terminology used to refer to and identify doctors in training must not be used. The expected level of competence of different junior tier grades should also be communicated more clearly to the wider team.	<p>Advise the divisions to use the correct terms for doctors in training on rotas, minutes of meetings and within meetings. Reiterate to Doctors in training that they must use the correct term for their stage of training when introducing them and within all forms of communication. Ensure that non-medical staff in all areas understands the terms used for the stages of Doctors in training.</p> <p>The Deputy Director of Postgraduate Medical Education has brought this important issue to the attention of all the Clinical Directors and Divisional Directors within the Trust.</p> <p>A Guide to the approved terminology has been introduced into the corporate induction.</p>		Ongoing	<p>Director of Medical Education</p> <p>Deputy Director of Medical Education</p>

Cambridge University Hospitals NHS Foundation Trust 8	15/04/2016	Improve the collection and use of Equality and Diversity data relating to trainers and doctors in training to enhance the training experience for all at the Trust.	<p>The Trust has been using the NHS Equality Delivery System for the last 3 years to assist with fulfilling the Trust's public sector equality duties for service and employment equality. In March 2015, at the third local EDS community rating event, the Trust was rated green achieving for all 18 EDS outcomes by community representatives.</p> <p>The Trust's first Workforce Race Equality Standard report has been published see www.cuh.org.uk/wres. Our EDS rating report and equality monitoring is published on our trust website. Equality and diversity is embedded in the Trust's behaviour standards and leadership behaviour standard and underpins the Trust priorities of giving person-centred care and harm free care and valuing our staff as partners.</p>	Develop, maintain and analyse data of protected characteristics information submitted to the workforce department. A session on GMC Equality and diversity policy 2014-2017 to be incorporated into the Educational Supervisors courses and meetings.	Ongoing	<p>Director of Medical Education</p> <p>Deputy Director of Medical Education</p>
East & North Hertfordshire NHS Trust 1	15/04/2016	The Trust must develop a vision and strategy for education and training to ensure consistency in their approach.	The Education Department has initiated formulation of a five year strategy for medical education and training in the Trust.	The Trust lead for non-medical education is invited to formulate a five year multidisciplinary educational strategy for the Trust.	October 2016	Director of Medical Education

East & North Hertfordshire NHS Trust 2	15/04/2016	The Trust must make appropriate arrangements to ensure that doctors in training are afforded the opportunities to meet outcomes as required in their respective curricula.	<u>Paediatrics</u> Curriculum based teaching sessions in neonates <ol style="list-style-type: none"> 1. Teaching programme devised for weekly neonatal departmental teaching. 2. Level-1&2 - bleep free monthly neonatal teaching provided. 	Map the curriculum to the teaching that is provided and identify any gaps.	May 2016	College Tutor Paediatrics
East & North Hertfordshire NHS Trust 2	15/04/2016	See above	<u>Paediatrics</u> Lack of management experience Management experience given to trainees like trainee reps, teaching session co-ordinators, audit involvement and clinical risk lead.	Re-structure the management lead roles with involvement of trainees.	May 2016	College Tutor Paediatrics
East & North Hertfordshire NHS Trust 2	15/04/2016	See above	<u>Paediatrics</u> Local teaching programme within department <ol style="list-style-type: none"> 1. Local teaching programme devised for the department and shared with all trainees and educators. 2. Bleep free sessions identified. 3. Trainers delivering the session identified. 4. Teaching formats identified. 	<ol style="list-style-type: none"> 1. Make the teaching programme more robust and provide guidance for this in the handbook provided. 2. For trainees who are unable to attend teaching programmes - to save teaching sessions in a folder in the common drive. 	May 2016	College Tutor Paediatrics

East & North Hertfordshire NHS Trust 2	15/04/2016	See above	<p><u>Obstetrics and Gynaecology</u> Placements and curriculum delivery" (Rota gaps)</p> <p>The department is continually advertising to fill in the gaps at both middle grade and ST1-2.</p>	The department is expecting full complement of trainees from HE EOE from August 2016.	August 2016	College Tutor Obstetrics and Gynaecology
East & North Hertfordshire NHS Trust 2	15/04/2016	See above	<p><u>Obstetrics and Gynaecology</u> Assessment and feedback</p> <p>This issue has been discussed with consultant colleagues in the department.</p>	The issue will be highlighted again during the next consultants meeting and monitored.	June 2016	College Tutor Obstetrics and Gynaecology
East & North Hertfordshire NHS Trust 2	15/04/2016	See above	<p><u>Foundation Training</u> Foundation Training Programme Directors (FTPD) informed of the concerns raised in the GMC report regarding Foundation Training.</p>	FTPDs are monitoring feedback and will facilitate changes required to meet outcomes as required in the respective curricula.	August 2016	Foundation Training Programme Directors
East & North Hertfordshire NHS Trust 3	15/04/2016	The Trust must introduce a structured systematic process of collecting data in addition to than student and trainee feedback to inform their local quality control processes. This will aid them in forming a suitable quality improvement strategy and a	The Trust collects trainee feedback from several sources including Trust Trainee Survey, GMC Survey, Foundation School Survey and where appropriate formal face to face interviews. Data is also collected on quality parameters including ARCP outcomes, Trainee in Difficulty Committee reports, attendance at educational events, trainee involvement in SIs, Trust and Departmental Induction and external assessments of education in the Trust. Most of	The information will be shared more widely with specialities to focus on areas where more emphasis is required. This will help improve educational environment in the Trust.	October 2016	Director of Medical Education

		cohesive overview of medical education at the Trust.	this information is included in the annual QM3 Form.			
East & North Hertfordshire NHS Trust 4	15/04/2016	The Trust must improve the collection and use of Equality and Diversity data relating to trainers and doctors in training to enhance the training experience for all at the Trust.	Equality and Diversity data is being collected for medical educators and trainees. The data will be reviewed to improve educational experience in the Trust.	Key issues relating to Equality and Diversity are being incorporated within the Education Updates for Medical Educators. A Regional approach to use of trainer and trainee Equality and Diversity data will be required by LEPs.	October 2016	Director of Medical Education
Ipswich Hospital NHS Trust 1	15/04/2016	The monitoring of the medical workload overnight must continue and if necessary, actions taken to ensure the safety of patients and doctors in training.	Increased medical manpower has been established during the evening shifts to support this busiest time. Ongoing monitoring through the trainee forum and committee.	Continued monitoring via GMC Survey trainee feedback and internal survey.	April 2016	Director of Medical Education Medical Director
Ipswich Hospital NHS Trust 2	15/04/2016	The distribution of programmed activities (PAs) for education must be further considered at Trust board level to ensure appropriate recognition of trainer equity and support across divisions.	It has been considered at senior management level. A final decision to be agreed with LNC and Consultant body in the next month.	Final agreement for distribution of SPAs to enable process of formal appointment of educational supervisors and named clinical supervisors	July 2016	Director of Medical Education Medical Director

Queen Elizabeth Hospital King's Lynn NHS Foundation Trust 1	15/04/2016	The Trust must continue to tackle silo working amongst health care professionals, to help improve working relations between doctors in training and the nursing team, as well as the wider multidisciplinary team.	<ol style="list-style-type: none"> 1. Our Director of Nursing and senior matrons are holding regular workshops with nurses to improve relationships. 2. These issues have also been discussed at the junior doctor forum with improvements e.g. consistent drug and fluid policies. 3. The acute care handover has introduced close multidisciplinary team working with improved relationships. 	The plans to introduce the hospital at night team will also help to improve relationships between healthcare professionals.	01/09/2016	<p>Medical Director</p> <p>Director of Medical Education</p> <p>Director of Nursing</p>
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust 2	15/04/2016	Doctors in training must have timely access to all relevant IT systems to allow them to carry out tasks in an effective manner	<ol style="list-style-type: none"> 1. There is currently an IT strategy review to ensure that all IT systems are fit for purpose and simple to access/ use. This review includes close working with our Norfolk Provider Partnership. 2. Enabling work continues on rolling out our WiFi programme and this should be completed by the end of July 2016. 3. The induction process for using IT systems has been reviewed and improved with good feedback from trainees. This has ensured ease of access and familiarity with our IT systems for all trainees. 	The pathology results system is due to be upgraded to allow electronic ordering within the next six months.	01/09/2016	Medical Director

Norfolk & Norwich University Hospital NHS Foundation Trust 1	15/04/2016	The Trust must review the management of medicine rotas to ensure that there is appropriate balance between training and service delivery. This should allow for release for clinics, regional teaching, study leave, bleep free training sessions and appropriate planning for rota gaps.	<p>The RCP tutors are aware of the difficulties balancing service and delivery. A new divisional structure has led to the appointment of a Chief of Division for Medicine, who is exploring alternative ways of working for trainees who cover the medical rotas. Since this visit, two new consultant appointments have already been made to the acute medical unit, both of whom also have sessions in other medical specialties (respiratory medicine).</p> <p>The weekly medical grand round is now "bleep free" to encourage attendance.</p> <p>All acute medicine training days are included in the AMU rota to ensure full attendance.</p> <p>The foundation training programme directors and chief of division have reminded all departments of the obligation to relieve foundation doctors of their bleeps for the duration of their teaching. This is now embedded as standard practice.</p>	Further joint posts with respiratory medicine and gastroenterology are also approved with interview panels convened for March and April 2016.	Completed	<p>Royal College of Physicians Tutor</p> <p>Chief of Division</p>
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Norfolk & Norwich University Hospital NHS Foundation Trust 2	15/04/2016	The Trust must monitor the hours of doctors in training in medicine (Foundation, core and specialty) to check compliance.	<p>AMU11 POST Tier 1- FYI and FY2 Monitored 11/1/16-25/1/16</p> <p>The monitoring has been completed in medicine in February 2016. This showed that the junior doctors were not taking their natural breaks and this outcome has been communicated to them. Following the monitoring exercise, the Medical Workforce Manager met with the Clinical Director to investigate changes to working practices in order to ensure that the junior doctors were able to take their natural breaks in the future. These changes to working practices are now in place and working well. Changes to rotas are being considered in light of the forthcoming changes to the junior doctors' contract.</p> <p>AMU StR3+ 3 x posts Monitored 11/1/16-25/1/16 The monitoring exercise was valid and compliant.</p>		Completed	Medical Workforce Manager
Norfolk & Norwich University Hospital NHS Foundation Trust 3	15/04/2016	The Trust must improve the process of coordination and timing of handovers during the day.	<p><u>Medicine</u> The interim consultant lead is being interviewed for a formal substantive post as Chief of Emergency Services in April 2016 to cement the excellent work he has done in improving conditions and quality on the Acute Medical Unit. A new formal medical</p>	Particular attention will be paid to the issue of handover in the forthcoming GMC survey	August 2016	Chief of Service Royal College of Physicians Tutors

			<p>handover has been introduced at 8am with a sign in sheet for all teams. Feedback from the hospital at night team as well as medical teams is that this is working well and complements the long established evening hand over for the medical specialties.</p> <p><u>Paediatrics</u> A new College Tutor has been appointed to paediatrics, who is working to formalise handover process in paediatrics. He will be supported by the new Chief of Service for Women's and Children's services.</p>	<p>The College Tutor will contact trainees to encourage feedback regarding the handover process.</p> <p>Particular attention will be paid to the issue of handover in the forthcoming GMC survey.</p>		College Tutor Paediatrics
Norfolk & Norwich University Hospital NHS Foundation Trust 4	15/04/2016	The timing of induction must be reviewed to ensure that doctors in training are appropriately informed with the necessary information about the Trust and department before they start work. This should include rotas in advance and IT access.	This situation arose due to the paediatric trainees rotating on a different day to other specialties. The DME has raised this issue with the Head of School for paediatrics and is awaiting a response. Until then, plans are in place for trust induction to be rescheduled when necessary to accommodate the paediatric trainees. Completed.		Completed	Director of Medical Education

Norfolk & Norwich University Hospital NHS Foundation Trust 5	15/04/2016	The out-of-date terminology used to refer to and identify doctors in training must not be used. The expected level of competence of different junior tier grades should also be communicated more	The Director of Medical Education has clearly communicated this requirement with all medical staff. The department issuing ID badges will ensure this no longer appears on badges. The medical staffing department will ensure that posts are no longer advertised as "SHO posts".		Completed	Director of Medical Education
Norfolk & Suffolk NHS Foundation Trust 1	15/04/2016	The trust must improve the clinical supervision of, and support given to foundation doctors.	Mentoring programme for Foundation doctors introduced in March 2016 in Norfolk. This is to support FY doctors, give opportunities to report shortfalls, allow us to respond to and monitor shortfalls as they occur.	Extending FY mentoring to Suffolk. Director of Medical Education to review quality of FY clinical supervision.	May-July 2016	Director of Medical Education
Norfolk & Suffolk NHS Foundation Trust 2	15/04/2016	The trust must continue to address the challenges staff shortages place on the delivery of education and training through their Workforce Clinical Strategy Review.	NSFT is aware of areas of shortages. Medical Staffing Manager has been meeting with HR business partners in localities with shortages.	LAS appointments are to be made to support staff shortages.	April 2016	Medical Staffing Manager Medical Director
Norfolk & Suffolk NHS Foundation Trust 3	15/04/2016	The trust must improve the management of medical staffing arrangements.	Medical Staffing was re-established in July 2015 after disestablishment in 2012. The Medical Staffing team attend every trainee induction. Medical staffing has been attending Quarterly meetings with trainee reps in localities, but	Regular meeting to commence from April where the Medical Staffing team meet with all (Trust-wide) trainee reps. Contract issue: We now explain the terms of their	April 2016 Commenced March 2016	Medical Staffing Manager Medical Staffing Manager

			<p>this has been uneven across the Trust.</p>	<p>honorary contract and the reasons behind this at induction. We have an identified FY lead in Norfolk who is undertaking a mentoring programme for Foundation doctors and extending this to Suffolk.</p> <p>Access to study leave has been simplified through an electronic system which speeds up approvals. Training Manager will review the performance of the system.</p>	<p>May 2016</p>	<p>Training Manager</p>
<p>Norfolk & Suffolk NHS Foundation Trust 4</p>	<p>15/04/2016</p>	<p>The trust must improve relationships between medical staff and middle management.</p>	<p>Consultants Leadership Programme commenced in January 2016 with external facilitator and excellent feedback from participants so far. Focus on Emotional Intelligence, Trust Strategic Goals.</p> <p>Joint attendance at monthly Senior Management Engagement Forum by Medical leaders and Managers.</p> <p>Medical staffing meetings in Requirement 4 serve to collect issues and ensure action from locality management.</p>	<p>Leadership and Management Development Programme: 'Putting Leadership First': 'Leading Myself and Leading the Organisation' commences on 20th April.</p> <p>Locality managers attending local medical staff committees which have trainee reps as members</p>	<p>April to July 2016</p> <p>Ongoing</p>	<p>Medical Director</p> <p>NSFT Executive Team</p> <p>Operational Managers</p>

Norfolk & Suffolk NHS Foundation Trust 5	15/04/2016	The induction process must be reviewed to ensure that doctors in training are receiving timely information and support, which is relevant to their programme. This should include a relevant local induction applicable to the level of training.	The induction process has been reviewed on a number of occasions, and the present process was designed and agreed in collaboration with doctors in training.	The new Director of Medical Education was appointed and accepted the post on 4th April. The DME and Training Manager will review the Induction process again and get the balance right between local and Trust-wide Induction sessions. Lorenzo training to be reviewed by DME and training manager.	Commence May 2016, complete July 2016 Commence May 2016, complete July 2016	Director of Medical Education Training Manager
Norfolk & Suffolk NHS Foundation Trust 6	15/04/2016	The trust must improve their concerns and incident reporting systems and in particular the feedback and support given to doctors in training following incident reporting.	Details for contacting Safeguarding, Whistleblowing and incidents given to every new trainee at induction. Supervision is the key process in feeding back learning from incidents.	Support for doctors after verbal or physical assault follows Trust protocol. Exploration of barriers to reporting and providing support in meetings with trainee reps.	May 2016	Medical Director Director of Nursing, Quality and Patient Safety
Norfolk & Suffolk NHS Foundation Trust 7	15/04/2016	The trust must improve the collection and use of equality and diversity data relating to trainers and doctors in training to enhance the training experience for all at the trust.		Medical Director and Head of Equalities meeting in April 2016 to design process of analysing and reporting on Equality and Diversity data.		Medical Director Head of Equalities and Engagement

Norfolk & Suffolk NHS Foundation Trust 8	15/04/2016	The trust must also ensure that all educational and named clinical supervisors have sufficient time for training in their job plans.	New round of Job planning carried out by locality managers and medical lead clinician for each consultant commenced in December 2015. Each job plan review to clarify number of PAs available (0.25 per trainee) and the back-fill to protect that time	On-going.	Complete by May 2016	Medical Director Locality Managers Lead Clinicians
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Recommendations

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
HEEoE 1	15/04/2016	Work with the LEPs and Training Programmes to devise a method to detect when gaps in rotas are critically impinging on patient safety or the quality of training in the LEPs	<ol style="list-style-type: none"> HEEoE is implementing the nationally agreed Code of Conduct with regard to advising trusts and trainees of future placements. This document and its implementation have been fully disseminated to all our networks including trusts, Heads of School and TPDs. HEEoE has put in place an electronic system (Programme Manager) which is completed by an agreed date in line with the Code of Conduct identifying future placements and associated gaps. All trusts have access to this system. The placements are then updated in real time as gaps are filled 	<ol style="list-style-type: none"> HEEoE in conjunction with its Heads of School and TPDs will seek to develop processes using the data contained within Programme Manager to ensure that gaps in rotas do not aggregate in a single specialty or trust. HEEoE will undertake a thorough review of the utilisation of out of programme experience for training and for research or other predictable activities leading to gaps in rotas. 	<p>August 2016</p> <p>September 2016</p>	<p>Deputy Postgraduate Dean - Head of Education and Quality (Secondary and Tertiary Care); Head of Education & Performance supported by Deputy Postgraduate Dean – Quality; Senior Quality Improvement Manager</p>

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			<p>through recruitment.</p> <p>3. Health Education England has mandated HEEoE to 'repatriate' to HEEoE training programmes all training posts which are geographically within the east of England boundaries but which are currently occupied by London trainees. This will ensure that HEEoE has direct management of these posts and thereby responsibility for the consequences of any gaps.</p>	<p>3. HEEoE will work collaboratively with London to deliver in full the mandate with a phased handover of these posts to be completed by August 2018.</p>	<p>August 2018</p>	
HEEoE 2	15/04/2016	Improve the communication of the undergraduate tariff distribution.	Discussions regarding this issue have been taking place with the Cambridge and Norwich Medical Schools through the East of England Medical Education and Quality Liaison Group. At the last meeting of this group on the 17 March 2016, agreement was reached to develop complementary and appropriate documentation in time for the 2017/18 Learning and Development Agreement.	<p>1. The Medical Education and Quality Liaison Group will agree the draft documentation and develop appropriate metrics.</p> <p>2. This will be put out to consultation with the partner LEPs to agree the final draft.</p> <p>3. Once finalised, this will then form part of HEE's LDA with the LEPs and the model will be shared across the Midlands & East geography of HEE.</p>	<p>June 2016</p> <p>October 2016</p> <p>April 2017</p>	<p>Postgraduate Dean; Deputy: Postgraduate Dean - Head of Education and Quality (Secondary and Tertiary Care); Head of Education & Performance Cambridge University Clinical Dean; UEA MB BS Course Director</p>

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HEEoE 3	15/04/2016	Further improve the horizontal lines of communication and joint working within HEEoE local office to support wider developments and the sharing of good practice across the trusts and specialties.	HEEoE has actively engaged in the dissemination of good practice at both an inter-organisational and intra-regional level through its quality management processes, its annual Celebration of Success event and its committee structure for Heads of School, DMEs and Faculty of Educators.	<ol style="list-style-type: none"> 1. HEEoE will undertake a review of the structure and content of our Heads of School and DME fora to ensure that dissemination of good practice remains at the forefront of meetings. 2. HEEoE will establish and publish a register of good practice identified through our QIPF processes and other quality activities, starting with the good practice identified at the GMC Regional Review. 3. HEEoE will review the content and format of its annual Celebration of Success to ensure that it continues to maximise the sharing of good practice across HEEoE. 	<p>July 2016</p> <p>July 2016</p> <p>September 2016</p>	<p>Postgraduate Dean; Programmes Manager to Postgraduate Dean</p> <p>Deputy Postgraduate Dean – Quality; Head of Education & Commissioning; Senior Quality Improvement Manager</p> <p>Senior Management Team</p>

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HEEoE 4	15/04/2016	Improve the transfer of information intra-HEE local offices for doctors in training prior to and between placements, to ensure consistency in regard to its timeliness, quality and usefulness.	<ol style="list-style-type: none"> 1. In order to address concerns about timely transfer of information about trainee placements, HEEoE has put in place an electronic system (Placement Manager) which is completed by TPDs by an agreed date in line with the Code of Conduct identifying future trainee placements and updated real time further to recruitment. 2. To support transfer of information in relation to training needs, HEEoE has a number of processes in place, including the national Foundation TOI process, and TOI process between F1 and F2. The majority of training issues are recorded in the training e-portfolio through supervisor meetings and the ARCP outcome report. While the trainee is responsible for sharing specific learning objectives with their new educational/clinical supervisor, HEEoE have also supported faculty development within Postgraduate Schools to support the ARCP process and develop the skills of 	<p>There is an ongoing process of working with TPDs, school administrators and Trusts to fully embed Placement Manager.</p> <p>There is ongoing faculty development both within the Foundation and Specialty Schools, and also across the region through facilitated workshops and master classes. These aim to develop the skills of educational supervisors in supporting trainees, including those trainees needing additional support. To support consistency within the ARCP process and improve the quality of educational supervisor reports, there is a planned introduction of educational supervisor feedback from the ARCP process. This will support transparent transfer of information in relation to training needs.</p> <p>The PSU continues to facilitate and strengthen communication channels to support fair and transparent transfer of information to</p>	April 2017 and ongoing	Deputy Postgraduate Dean - Head of Education and Quality (Secondary and Tertiary Care)

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			<p>educational supervisors, including early identification of a trainee who may require additional support. There is a defined process for escalation of concerns and transfer of information if a trainee is due to move between Trusts.</p> <p>3. HEEoE have also supported the development of "Faculty Groups" for foundation and specialty training in Trusts, which provide an opportunity for educational supervisors to review the training needs of individual trainees, and may include trainees due to join the Trust.</p> <p>4. Along with senior support as required from HEEoE, the Schools facilitate transfer of information in individual cases where there are specific training needs, with the consent of the trainee.</p> <p>5. Through the revalidation process, the exception and exit reports provide an opportunity to corroborate and collate information gained through Form R</p>	<p>relevant parties.</p> <p>HEEoE would welcome a national approach to a TOI process between foundation and specialty training, as this has been found to be a missed opportunity to enable early support of trainees with additional training needs.</p>		

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			relating to conduct/complaints/SIs.			
Bedford Hospital NHS Trust 1	15/04/2016	The management of the Foundation programme needs strengthening to ensure that it is able to deliver the curriculum.	<ol style="list-style-type: none"> 1. Ensure trainee representation at the FP faculty group meetings 2. FYTPD to input into the specialty education faculty meetings 3. Feedback on FY posts to be collected 4. Quality assurance training facilitation meetings every 6 months to gather information and respond to the trainee voice. 		<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>6 monthly</p>	<p>Foundation Training Programme Director</p> <p>Foundation Training Programme Director</p> <p>Foundation Training Programme Director</p> <p>Foundation Training Programme Director / Director of Medical Education</p>

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/year)	LETB lead
Cambridge University Hospitals NHS Foundation Trust 1	15/04/2016	Further develop the EPIC system in regards to training and usability to ensure that the system is fully embedded into hospital practice and staff are able to access and use the system with increasing competence.	<p>Epic is fully embedded into hospital practice, and staff are able to access and use the system competently.</p> <p>There is an ongoing programme of developing and refining the training for all staff groups to include regular refresher training and e-learning in the setting of the Trust's new learning management system.</p> <p>The Deputy Director of Postgraduate Medical Education has undertaken a detailed questionnaire to assess the implementation and impact of EPIC for doctors in training. Following the introduction of enhanced and refined training, a second detailed questionnaire is due to be undertaken.</p>		Ongoing	
East & North Hertfordshire NHS Trust 1	15/04/2016	The Trust must ensure, using the GMC framework for educators, that there is a consistent and systematic approach to collection and analysis of performance	<p>The Education Department is using the GMC framework for educators. Performance data on educators is collected according to HEEoE recommendations.</p> <p>There is an established process for educational appraisal of medical educators in the Trust.</p>	<p>The performance data will be updated regularly as a rolling programme and the Education Department will monitor and analyse performance of educators.</p> <p>This data will be available to College Tutors and</p>	October 2016	Director of Medical Education

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		data of their educators	All College Tutors and Foundation Programme Directors are appraised annually by the Director of Medical Education using HEEoE recommendations. Educational supervisors are appraised by College Tutors although in larger specialities Tutors can be supported by training programme directors or other senior educationalists.	Educational Supervisors for annual education appraisal.		
Ipswich Hospital NHS Trust 1	15/04/2016	We encourage the Trust to continue to monitor the workload of surgical foundation doctors in training. They should ensure that foundation doctors in training know how to escalate issues, and that their educational needs are not overwhelmed by service requirements.	Ongoing monitoring regarding workload and supervision in surgery. As report states, junior doctors report that this has improved and is currently manageable.	Division of Surgery to review processes of escalation in areas identified such as Urology and to develop clearer escalation routes.	August 2016	Surgical Tutor Clinical Lead Urology Division Clinical Chair

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Ipswich Hospital NHS Trust 2	15/04/2016	The Trust should continue to listen to the voice of those experiencing issues with the Nerve Centre system. We encourage the Trust to continue to develop the system to support patient safety and the educational experience of doctors in training.	The Trust is reviewing feedback from all users of Nerve Centre especially junior doctors. The system is expected to evolve with appropriate adjustments.	To receive regular feedback from Clinical Lead - ongoing	August 2016	Clinical Lead Nerve Centre Nurse Lead
Ipswich Hospital NHS Trust 3	15/04/2016	We encourage the Trust to complete the analysis of service increments for teaching (SIFT) to ensure appropriate and transparent expenditure.	<ol style="list-style-type: none"> 1. Medical Undergraduate Team undertaking strategic review to identify delivery of undergraduate requirements and appropriate time (see 2. Above) 2. The Finance Manager in process of identifying clear streaming of expenditure 	<p>Ongoing</p> <p>Further detail is being developed</p>	<p>September 2016</p> <p>September 2016</p>	<p>Clinical Sub Dean</p> <p>Associate sub deans</p> <p>Finance Manager</p>

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Ipswich Hospital NHS Trust 4	15/04/2016	We encourage the Trust to consider the potential impact of the development of the Physician's Associate Programme on the education of medical students, and ensure that any challenges are mitigated	The Trust is monitoring the potential impact very carefully. Two clinical leads have been appointed to oversee Physician Associate students and ongoing development of the role of the PA in the Trust going forwards.		March 2016	Clinical Leads for PAs
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust 1	15/04/2016	The Trust should continue to develop the medical and non-medical workforce to help address the issue of rota gaps.	<ol style="list-style-type: none"> 1. We are proactively tackling the issue of rota gaps. We are working closely with the Deanery to avoid future gaps and in the interim are looking at MTI and Trust/ specialty doctors to fill vacancies. 2. The critical outreach service is now fully operational which provides much needed support to medical teams in assessing severely unwell patients. 3. We have appointed a senior physician associate (PA) and are looking to appoint a further PA in the near future to help with the trainee workload. Our new physician 		Continuous	<p>Director of Medical Education</p> <p>Clinical Director Medicine</p>

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			associate student programme has begun and we hope that students from the programme will stay with us once qualified.			
Norfolk & Norwich University Hospital NHS Foundation Trust 1	15/04/2016	The Trust should work with the Foundation School and Health Education England to provide more support on careers advice, particularly for foundation year two doctors in training.	The education team were disappointed to hear that some doctors had not received any advice. The F2 careers fair which ran on 15th September 2015 received generally positive feedback, and included speakers from General Practice and Psychiatry. All Educational & Clinical Supervisors cover careers advice as part of the in-house training, and are signposted to careers leads within the LEP.	No further action planned at this stage.		
Norfolk & Norwich University Hospital NHS Foundation Trust 2	15/04/2016	The Trust should ensure that all educational and named clinical supervisors have the equivalent of 0.25 PA per trainee, per week, in their job plans.	The consultant job plan template has specifically included this requirement since April 2015, with a link to HEEoE requirements. The Appraisal process for supervisors also asks supervisors to state the time allocation in their job plan, raising awareness.	The Trust is undertaking a review of consultant job plans, including time for supervisors. Electronic job planning software is being explored.	August 2016	Director of Medical Education

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Norfolk & Suffolk NHS Foundation Trust 1	15/04/2016	The trust should ensure that there are adequate facilities to support learning.	Service managers are aware of areas where rooms/space is lacking. Computers have been added where they were lacking at Hellesdon Hospital.	Shortages of space/rooms require further exploration of options. Estates review in place.	September 2016	Medical Director Directors of Operations (Norfolk and Suffolk)

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LETB lead
HEEoE 1	15/04/2016	The valued and effective PSU is an excellent support mechanism in place for doctors in training. It enables doctors in training to access consistent, expert advice when needed.	<ol style="list-style-type: none"> 1. Presentations and workshops at Faculty development days within Foundation and Specialty Schools, at individual Trusts and through regional educator development events, including master classes for educational supervisors. 2. Development of website resources. 3. Participation in the COPMeD UK Professional Support Group, facilitation at Royal College workshops. 	<ol style="list-style-type: none"> 1. Development of available resources to support trainees, including psychological support after traumatic clinical events and return to practice programmes. 2. Development of workshops to support trainees in resitting postgraduate specialty exams. 3. Embedding career support at all levels and working with partnership medical schools. 	<p>April 2017</p> <p>Aim for first workshop by September 2016</p> <p>Develop strategy by September 2016</p>	Deputy Postgraduate Dean - Head of Education and Quality (Secondary and Tertiary Care)

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				4. Developing sustainable approaches to coaching and mentoring across specialties and foundation.	Develop strategy by June 2016	
HEEoE 2	15/04/2016	The development of the Faculty of Educators provides a high level of support to clinical supervisors.	<ol style="list-style-type: none"> 1. Review of the steering group to enhance membership amongst all professional groups and career stages. 2. The current newsletter and website will be developed. 3. Appointment of a non-medical lead in addition to the current medical lead. 	<ol style="list-style-type: none"> 1. Enhance the materials supporting the educator community with journal digests 2. Support for educational research 3. Expansion of events designed to enhance inter-professional cooperation and understanding 	<ol style="list-style-type: none"> 1. Steering group reviewed by June 2016. 2. Educators' conference in October 2016 3. Activity and development plan to be completed by June 2016. 	Postgraduate GP Dean/Deputy Postgraduate Dean
HEEoE 3	15/04/2016	The cultural competency programme provides well-balanced training to enhance doctors in training and trainers' cultural awareness.	HEE in the East of England is committed to providing cultural competence training to Trainees, Educators and HEE staff and this has been promoted by appointment of a Cultural Competence Fellow. Trusts have a responsibility to provide E&D training for all their trainees at induction and through Faculty development there have been cultural competence sessions for Educators. In addition, the LETB	<ol style="list-style-type: none"> 1. Further training planned through the Faculty of Educators. 2. Through the Heads of School all schools will be requested to complete the "Ensuring fairness in clinical training and assessment" template giving examples of good practice in HEEOE. 	April 2017	Deputy Postgraduate GP Dean

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			<p>has:</p> <ol style="list-style-type: none"> 1. Policies for Equal opportunities, Bullying and Harassment 2. website has pages devoted to cultural competence with on line resources 3. All Educational and Named Clinical Supervisors have received E&D training 4. All assessors in recruitment and at ARCPs have had E&D training 5. Senior Educator faculty have had E&D training in relation to ARCP panels <p>The PSU is compliant with the LETB E&D policy to ensure we are fully compliant with legislation and required GMC standards</p>	<ol style="list-style-type: none"> 3. A training day will be organised for new trainees who are Overseas Medical Graduates and new to NHS practice. This will cover various topics including professionalism, communication skills and team working. 4. In conjunction with the assessment team and Heads of schools there will be analysis of ARCP outcomes with a view to exploring why overseas graduates have higher rates of unsatisfactory progress, and to identify useful interventions <p>In conjunction with the PSU there will be further analysis of trainees in difficulty and the extent to which disabilities and culture affect performance, along with the support they require.</p>		

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Bedford Hospital NHS Trust 1	15/04/2016	The Trust had good systems in place to gather feedback from doctors in training.	<ol style="list-style-type: none"> 1. Ensure that all departments run minuted trainee fora, education faculty meetings with trainee representation, DME trainee fora and Quality assurance trainee facilitation meetings. 2. All college tutors to respond to annual GMC training survey with an action plan. 3. All college tutors to act upon feedback from their ARCP panels re their training programmes. 4. All college tutors to provide appraisal reports for their Educational supervisors 5. Disseminate good practice internally and externally 		Ongoing	Director of Medical Education All College Tutors
Bedford Hospital NHS Trust 2	15/04/2016	The positive culture of learning in the O&G department.	<ol style="list-style-type: none"> 1. To periodically review the trainee feedback within the department to respond and continue to develop the educational processes within the department 2. Disseminate good practice internally and externally 		Ongoing	College Tutor Obstetrics & Gynaecology
Bedford Hospital NHS Trust 3	15/04/2016	Local Faculty Groups allow doctors in training to be involved in discussions with	<ol style="list-style-type: none"> 1. All college tutors to run such sessions within the recognised terms of reference. These must be minuted and the minutes discussed as a regular 		Ongoing	All College Tutors

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		specialty groups and feed into the quality of training.	agenda item at the departmental meetings and feed into the divisional quality board. 2. Disseminate good practice internally and externally.			
Cambridge University Hospitals NHS Foundation Trust 1	15/04/2016	The Trust's commitment to academic training and educational innovation which is exemplified through the Chief Resident Programme.	Across the Trust and within the LETB and CUHP. Following the success of the Chief Residents programme at CUH, the programme has now been expanded to include all acute trusts and general practice with the East of England LETB.	A research project of the Evaluation of the Chief Residents' Leadership and Management Programme in collaboration with the University of Cambridge is being planned.		
Cambridge University Hospitals NHS Foundation Trust 2	15/04/2016	The excellent simulation and cadaveric facilities on offer to doctors in training at Addenbrookes.	Across the Trust and within the LETB, CUHP, nationally and internationally.	The delivery of the East of England funded Surgical Simulation programme.		

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Cambridge University Hospitals NHS Foundation Trust 3	15/04/2016	Consultant 'hot week' which helps doctors in training to spend time on their actual teaching and training rather than their service commitments.	The benefit of this positive innovation has been brought to the attention of medical and surgical teams across the Trust.			
Ipswich Hospital NHS Trust 1	15/04/2016	The innovative use of foundation doctors training in Psychiatry, GP and Pathology to support service delivery and improve their education.	The LETB have been made aware in order to disseminate across other Trusts Feedback to the Foundation team and all Educational Supervisors		March 2016	
Ipswich Hospital NHS Trust 2	15/04/2016	The exceptional teaching and support provided to doctors training in paediatrics.	This has been highlighted to all consultants and specialty leads were invited to share good practice in training at the Educational Supervisors' Faculty meeting.		March 2016	

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Norfolk & Norwich University Hospital NHS Foundation Trust 1	15/04/2016	The supportive Membership of the Royal Colleges of Physicians (MRCP) exam teaching.	Already disseminated within LEP through the Postgraduate Education Committee			
Norfolk & Norwich University Hospital NHS Foundation Trust 2	15/04/2016	The use of a buddying system in the neonatal department between nursing staff and doctors in training is working well and helping to improve interdisciplinary working relationships.	Already disseminated within LEP through the Postgraduate Education Committee			
Norfolk & Suffolk NHS Foundation Trust 1	15/04/2016	We were impressed with the concept of the trust-wide Faculty Educator Development Programme. Although the programme is in its infancy we	Programme is Trust-wide	Continue with programme		Director of Medical Education

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		encourage NSFT to further develop this initiative.				
Norfolk & Suffolk NHS Foundation Trust 2	15/04/2016	The initiative for the improvement of physical health which we can see in core and speciality is working well and we encourage this to be expanded across the trust.	Review of Physical Health Strategy has commenced in February 2016, incorporation of Physical Health into Trust Clinical Strategy in April 2016.	Physical Health strategy review to complete. Incorporate Physical Health strategy into Trust clinical strategy implementation.	July 2016 From September 2016	Medical Director/Chair and Deputy Chair Physical Health Strategy Group