

Action Plan for Health Education working across the South West

Requirements

Report Ref	Due Date	Description	Action taken by HEE SW or LEPs	Further action planned by HEE SW/LEPs	Timeline for action (month/year)	HEE SW contact
HEESW1	June17	HEE SW must continue to monitor and work with LEPs to address the impact of service pressures, staffing levels and recruitment and retention on the delivery of education and training.	These issues are routinely monitored through multiple sources of intelligence including the GMC Survey results and School, Quality Panel reviews. Workload issues are recorded on the Quality Register and the GMC database and raised at annual Senior Leader Visits to each LEP. Where appropriate Level 2 and 3 Urgent Concerns Review visits will be arranged.	If concerns are raised through these processes HEE SW will conduct an Urgent Concern Review with the LEP. This would review the situation in detail and the LEPs are encouraged to develop action plans for improvement. Subsequently this will be monitored through the Quality Register and Interventions outlined in the HEE Quality Framework.	Ongoing October 2017	Andy Gadsby/Jane Bunce

Report Ref	Due Date	Description	Action taken by HEE SW or LEPs	Further action planned by HEE SW/LEPs	Timeline for action (month/year)	HEE SW contact
HEESW2	June17	HEE SW should work with LEPs and medical schools to maintain oversight and management of educational capacity in LEPs across the region.	These issues are routinely monitored through the a range of Quality data sources including the GMC survey results and School Quality Panel reviews and recorded on the Quality Register throughout the year. Capacity issues will be raised annually at the Senior Leader Visit to LEPs and at relevant quality meetings.	If concerns are raised through these processes HEE SW will conduct an Urgent Concern Review with the LEP. This would review the situation and develop an action plan for improvement. Subsequently this would be monitored through the Quality Register.	Ongoing October 2017	Andy Gadsby/Jane Bunce
HEESW3	June17	HEE SW must work with the LEPs to manage any adverse educational impact that non-training grades may have on doctors in training posts. In places where non-training grade junior doctors are supervising doctors in training	These issues are routinely monitored through the a range of Quality data sources including the GMC survey results and School Quality Panel reviews and recorded on the Quality Register throughout the year. Capacity issues will be raised annually at the Senior Leader Visit to LEPs and at relevant quality meetings.	If concerns are raised through these processes HEE SW will conduct an Urgent Concern Review with the LEP. This would review the situation and develop an action plan for improvement. Subsequently this would be monitored through the Quality Register.	Ongoing October 2017	Andy Gadsby/Jane Bunce

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		in approved posts, they should be suitably trained for the role and the quality of training and clinical supervision they are providing should be monitored.				
HEESW4	June17	HEE SW must improve the integration of their quality processes across specialty schools, between LEPs and HEE SW and between HEE SW and medical schools using the same environment.	<p>There is an ongoing piece of work to integrate the Quality functions and processes for the multi-professional environment. This work has started with the recruitment of the Practice Placement Quality Lead across the South West. This will be further consolidated through the full implementation of the HEE National Quality Framework.</p> <p>HEE will meet regularly with the Medical Schools who place medical</p>	<p>Full implementation of the Quality Framework from April 2017.</p> <p>Where appropriate Quality reviews and visits to LEPs will involve reviews of multi-professional learners, including undergraduates and postgraduate doctors in training of all speciality and grade.</p>	April 2017	Andy Gadsby/Jane Bun

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			<p>students at the LEPs.</p> <p>Data on the Quality of placements will be shared with Undergraduate Educators.</p> <p>Data on the Quality of placements for all doctors in training will be shared between relevant LEPs and Schools.</p>			
HEESW5	June17	HEE SW must work with LEPs to ensure that local education governance is improved so that educational responsibilities are adequately understood and represented at board level in all LEPs across the region.	Educational Governance is a standing agenda item on our annual Senior Leader Visits. These require an executive member of the LEP with responsibility for medical education to be present. Enquires are made about the educational governance arrangements of the LEP.	If as a consequence of these discussions we have concerns that the GMC requirement isn't robustly being met HEE SW will ask for minutes of the board meeting pertinent to medical education. If the LEP doesn't have educational governance in place we will discuss with the GMC about the need for enhanced monitoring.	Ongoing	Andy Gadsby/Jane Bunce

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HEESW6	June17	HEE SW must ensure all LEPs in the region are aware of, and up to date with implementation and compliance of GMC recognition of trainers guidance.	We have submitted to the GMC a list of all trainers whom have met the accreditation standard of the South West to be a recognised trainer. This list is updated as new trainers achieve recognition and as existing trainers complete CPD to maintain accreditation. This list is circulated to the LEPs on a regular basis with a requirement on the LEP to only allocate an accredited trainer to a trainee. Regular audits of this process take place. Trainer accreditation is a standard agenda item on our annual Senior Leaders Visit. The data from the trainer database is presented to the executive members at that meeting and more regularly to the DMEs	If a trainee is allocated to a non-recognised trainer we will mandate the LEP to allocate a trainer from the accredited list.	Ongoing	Andy Gadsby/Jane Bunce

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HEESW7	June17	HEE SW must ensure that curricular delivery in CMT and higher medical specialties is adequate and doctors in training are achieving their curricular requirements.	<p>We will monitor this through ARCP outcomes. For the CMT programme we will require each college tutor to provide evidence for attendance at out-patients and protected teaching sessions for each of their CMT trainees.</p> <p>In the higher medical specialties we will require the ARCP to report specifically on the ability of the trainees to access the specialty specific procedures the curriculum requires.</p>	If the access to clinics and/or protected teaching is insufficient we will ask the LEP for an action plan to correct this and monitor the situation through our current quality processes. If a specific LEP is struggling to provide these opportunities we will ask the LEP to provide an action plan to address this and monitor it through our current quality processes.	Ongoing	Andy Gadsby/Jane Bunce
HEESW8	June17	HEE SW must ensure the delivery of training in GIM meets the curricular requirements and is structured and consistent across the region.	The TPD has reviewed the GIM curriculum and allocated specific aspects to different providers to ensure coverage is obtained over a 3 year cycle. This has been discussed at the GIM STC	We will monitor the delivery of these sessions by auditing the planned educational sessions and the attendance of trainees at these events	Ongoing	Andy Gadsby/Jane Bunce

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Gloucester Hospitals NHS Foundation Trust 1	June17	The Trust must not allow foundation doctors to take consent for procedures that are not appropriate for their level of competence.	GHNFT have identified two areas of concern: consent for endoscopy for inpatients and consent for radiological procedures. From this time F1 doctors will not be allowed to take consent. During the F1 year, as part of their foundation course, they will receive training on the process of consent and the benefits and risks of endoscopic procedures and simple radiological procedures.	This will be monitored through the Quality Register and feedback from Foundation trainees via the Foundation School.	June 2017	Andy Gadsby
Gloucester Hospitals NHS Foundation Trust 2	June17	The current system of handover between the emergency department and the rest of the hospital poses a clear risk to patient safety. The Trust must ensure a robust handover system between	A project team, led by the Associate Medical Director and including Acute Medical consultants, ED consultants, medical SPRs and Chief registrars, have been working to improve the handover with clear rules about contacting the medical SPR on transfer	This has been further discussed at the recent Senior Leader Visit with the Trust and it will be monitored through the Quality Register to assess progress.	June 2017	Andy Gadsby

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		<p>the emergency departments and the medicine departments in both hospitals to avoid any impact on patient care.</p>	<p>of patients. There is now a formal handover between the ED consultant and the medical SPR before the ED becomes a minor injuries unit in the evening at Cheltenham General Hospital. This is an ongoing project with medical SPRs being asked to complete questionnaires to identify what has improved and what remains to be done at intervals during the process. We recognise that the intensity of work in the ED department contributes to the problem. Two new consultants have been appointed to ED. We have organised a meeting between the site managers, who work to achieve the 4 hour targets and the medical SPRs so the safety problems can be shared</p>			

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			with them.			
Gloucester Hospitals NHS Foundation Trust 3	June17	The Trust must ensure that workload does not affect the time for educational activities and supervision of doctors in training.	<p>The Trust has appointed six "F3" doctors, an increased number of medical education fellows, two chief registrars and physician associates to support the medical division, whilst continuing to advertise for, and appoint "F3" doctors when there are suitable applicants.</p> <p>In 2017, the Trust will train physician associates trainees based in the University of the West of England in addition to the physician associate trainees from Worcester University whom we train at present; it is intended to increase the number of physician associates employed by the Trust. A</p>	This has been further discussed at the recent Senior Leader Visit with the Trust and it will be monitored through the Quality Register to assess progress.	June 2017	Andy Gadsby

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			workforce transformation group is exploring supporting doctors by seeking to extend the roles of other professionals including nurses, pharmacists and clinical scientists.			
University Hospitals Bristol NHS Foundation Trust 1	June17	The Trust must make sure that all doctors in core medical training have the opportunity to attend teaching sessions and clinics, so they can meet the curriculum outcomes.	The Trust medical specialty tutor is monitoring teaching attendance and clinics to ensure that all CMT doctors have fair access to educational opportunities and can meet curriculum outcomes.	This has been further discussed at the recent Senior Leader Visit with the Trust. The Quality panel for CMT will be conducted and include specific trainee feedback on this issue. The ongoing issues will be monitored through the Quality Register to assess progress.	June 2017	Andy Gadsby
Royal Cornwall Hospitals NHS Trust 1	June17	The Trust must ensure that its rotas are designed to allow doctors in training to meet the requirements of their curriculum and training		Trust to support HRD to design to allow trainees to meet requirements of their training. As part of the new JD contract	August 2017	Jane Bunce

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		programme, including protected time for learning.				
Royal Cornwall Hospitals NHS Trust 2	June17	The Trust must review its educational governance systems and processes to ensure improvements to education and training are embedded and sustained.		<p>Consider new PGME educational governance policy. Possible creation of Specialty Training Leads. Twice yearly reports to specialty from PGME, receiving feedback in return. Accept reports at Education Board, where STL are invited.</p> <p>Oversight to be provided by the People and Organisational Development Committee on behalf of the Trust Board.</p>	Dec 2016	Jane Bunce
Royal Cornwall Hospitals NHS Trust 3	June17	The Trust must clearly demonstrate accountability for educational governance at board level, to		Six monthly assurance reports to be received by the Board, following oversight by the People and Organisational Development Committee.	March 2017	Jane Bunce

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		ensure that issues pertaining to education and training are appropriately represented, as this impacts on patient safety and delivery of care.		DME attended first Trust Board Meeting in September 2016 and will continue regular reporting.		
Royal Cornwall Hospitals NHS Trust 4	June17	The Trust must ensure that there is appropriate balance between providing service and accessing educational and training opportunities for doctors in training. This should allow for release for mandatory training sessions and outpatient clinics as required in the curriculum.		<p>DME to work with College Tutor to ensure clinic attendance.</p> <p>Ensure all specialties are aware that trainees need to be released for teaching. Clinical Fellow posts to assist from Aug 16. Letter sent to Specialities in September 2016. In December 2016 the impact of study leave release and clinic attendance will be re-audited.</p> <p>This may need a more operational response as well in terms of assurance about how this will be</p>	December 2016	Jane Bunce

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				enacted given ongoing service pressures and need to maintain patient safety. Probably also needs reflecting as a further impact on the patient flow risk register entry. The BAF to be updated. (TL)		
Royal Devon and Exeter NHS Foundation Trust 1	June17	The Trust must make sure its educational governance systems and processes to control the quality of medical education and training are clearly understood by both educators and learners.	A series of updates for educators has commenced which includes a description of the sources of feedback we receive on the quality of training (e.g. Quality Panels / GMC NTS), how the Medical Education team respond to areas of concern, how the information is fed back to educators and trainees, and how the cycle is reviewed annually through the Contract meeting with the Chief Exec / Medical Director.			Jane Bunce

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Royal Devon and Exeter NHS Foundation Trust 2	June17	The Trust must make sure there is appropriate balance between providing service and accessing educational and training opportunities for doctors in core medical training – they must be released for mandatory training sessions and outpatient clinics to ensure they meet their curriculum.	This has been raised by the Head of School for Medicine with all medical consultants who are involved in CMT training as a matter of priority. Trainees are encouraged to identify sessions when they would be able to attend clinics and preferably organise this within their clinical firm to ensure equity. There has been improvement noted but this will be monitored throughout the year.	Ongoing monitoring and review via ARCP process.	Review July 2017	Jane Bunce
Plymouth Hospitals NHS Foundation Trust 1	June17	The Trust must ensure that its rotas are designed to allow doctors in training to meet the requirements of their curriculum and training programme.	The Trust has procured an e-rostering system for junior medical staff which should improve rota management.	The exception reporting element of the new junior doctors' contract will enable real-time monitoring of failure to meet training requirements and therefore hopefully make it possible to be more immediately responsive to problems.	Ongoing 2016/17	Jane Bunce

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Plymouth Hospitals NHS Foundation Trust 2	June17	The Trust must review handover procedures between departments to ensure all handovers take place effectively and consistently to avoid any risk to patient care.	The handover protocol for medical patients has been redesigned with a new 'RAG' flowchart and handover form.	New protocol being rolled out. To be raised as necessary at Senior Leader Visits with the Trust and it will be monitored through the Quality Register to assess progress.	Nov/Dec 2016	Jane Bunce
Plymouth Hospitals NHS Foundation Trust 3	June17	The Trust must make sure its educational governance systems and processes to control the quality of medical education and training are clearly understood by both educators and learners and must also demonstrate Board level oversight.	Director of Medical Education now reporting regularly to Human Resources and Organisational Development Committee.	Outcomes of GMC survey, Quality Panels etc. to be fed back to trainees as well as trainers. Director of Medical Education now reporting regularly to Human Resources and Organisational Development Committee.	Ongoing	Jane Bunce

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Plymouth Hospitals NHS Foundation Trust 4	June17	The Trust must clearly demonstrate accountability for educational governance at board level and that educational and clinical governance are integrated effectively.	Director of Medical Education now reporting regularly to Human Resources and Organisational Development Committee.	Improved communication between Medical Education Committee and other Trust committees. Director of Medical Education now reporting regularly to Human Resources and Organisational Development Committee.	Ongoing	Jane Bunce
Plymouth Hospitals NHS Foundation Trust 5	June17	The Trust must ensure there is appropriate balance between providing service and accessing educational and training opportunities for doctors in training. This should allow for release for mandatory training sessions and outpatient clinics as required in the	Director of Medical Education to report regularly to Trust Board.	If concerns are raised through these processes HEE SW will conduct an Urgent Concern Review with the LEP. This would review the situation in detail and the LEPs are encouraged to develop action plans for improvement. Subsequently this will be monitored through the Quality Register and Interventions outlined in the HEE Quality Framework.	Ongoing	Jane Bunce

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		curriculum.		Director of Medical Education to report regularly to Trust Board.		

Recommendations

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HEESW1	Decmeber17	HEE SW should provide feedback to and appraisal of the lay representative group. We also encourage HEE SW to consider	Appraisal for lay reps will occur across HEE SW. Recruitment to lay reps will occur across HEE SW. Severn: HEE has an action plan in place. Heads of School will provide feedback and appraisal for Lay	Action plan to be monitored on a quarterly basis	December 17	Chris Vandeleur/Jane Bunce

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		refreshing their lay representative group.	<p>Representatives. HEE is actively considering options to recruit new entrants to the lay representative pool.</p> <p>Peninsula: We will develop an appraisal process for our lay representatives that is proportionate to their time commitment and provides feedback specific to their role.</p> <p>We will recruit new representatives to the role to ensure continued experience as current members choose to stand down. We will aim to maintain experience in the cohort to provide the expertise necessary for their public representation.</p>			
HEESW2	December17	HEE SW should continue to investigate the difference	There has been an RCP external assessment of ARCP GIM outcomes in Severn area	We will continue to evaluate and provide feedback to trainers regarding the supervisor report provided for the GIM	August 2017	Jane Bunce/Andy

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		in ARCP outcomes between Severn and Peninsula.		component of the trainees training. This will be monitored through the ARCP process. An external review is planned for a sample of the ARCP outcomes given in GIM		Gadsby
University Hospitals Bristol NHS Foundation Trust 1	December17	The Trust should ensure that they monitor and manage any adverse impact that non-training grades and other healthcare professionals may have on the education of doctors in training and medical students.	This will be a standard item on the Trust agenda at the Junior Doctors and Dentists Committee meeting. The committee representatives will feedback if other healthcare professionals and Trust grade doctors have a negative impact on the training opportunities of doctors in training and undergraduate medical students.	This will be further discussed at the recent Senior Leader Visit with the Trust and it will be monitored through the Quality Register to assess progress.	June 2017	Andy Gadsby
Royal Cornwall Hospitals	December17	The Trust should ensure that learners and		Promotion of the raising concerns policy will be addressed via an article in the PGME newsletter	February 2016	

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NHS Trust 1		educators are aware of Trust policies for raising concerns and are appropriately trained on using the Trust's reporting systems.		<p>which will supply a link to the raising concerns policy. This will continue to be included in teaching where appropriate.</p> <p>The DME will work with the Speciality Training Leads to raise awareness within clinical areas.</p>		Jane Bunce
Royal Cornwall Hospitals NHS Trust 2	December17	The Trust should consider whether it needs a specific register to recognise and record educational risks.		<p>DME - Risk register to be created at PGME level, to feed into corporate risk register, this is to be shared with MD at regular meetings.</p> <p>Risk Register to be monitored at PGME Senior Team Meeting.</p> <p>PGEM to write PGME internal risk procedure. Procedure to be agreed by MD.</p>	December 2016	Jane Bunce

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				Risks above agreed tolerance levels will also be scrutinised by relevant Trust Committees.		
Royal Cornwall Hospitals NHS Trust 3	December17	The Trust should be more proactive in collecting data to inform changes to education and training.		Data is currently collected in various forum meetings, it is important that this is recorded and feedback appropriately to both trainees and trainers. A formal process for recording of verbal and email data needs to be considered, showing a feedback loop to stakeholders. This should then be incorporated with external reporting mechanisms.	December 2016	Jane Bunce
Royal Devon and Exeter NHS Foundation Trust 1	December17	The Trust should continue to develop its programme of simulation-based learning by enhancing the support structures for	Despite some challenges in establishing consistent faculty, this process is building and allowing joint simulation training sessions for F1, F2 and CMT trainees across medical specialties.	Review at end of academic year (July 2017) via ARCP process and informal feedback	July 2017	Jane Bunce

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		delivery.				
Royal Devon and Exeter NHS Foundation Trust 2	December17	The Trust should assure itself that learners are aware of its system for dealing with concerns about education and training.	This recommendation has already been put in place. Information has been included in all induction packs since August 2016 to cover:	This will be monitored on an ongoing basis by HEE SW	In place	Jane Bunce
Torbay and South Devon NHS Foundation Trust 1	December17	The Trust should improve the feedback loop for concerns raised by formal processes.	New system of incident reporting in place since Nov 2016, which will be adapted over the next year. Medical education manager is representing the education department on the development team. Medical education team will now be able to interrogate the reporting system to look for trainee linked incidents and better police the feedback	Trust requires review over the next year, as new process for medical education team. Has been included in the business plan for 2016/17 To be raised as necessary at Senior Leader Visits with the Trust and it will be monitored through the Quality Register to assess progress.	Nov 2017	Jane Bunce

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			loop			
Torbay and South Devon NHS Foundation Trust 2	December17	The impact of increasing service demands and workload on the currently effective learning culture should be actively monitored.	We are aware of this and actively monitoring it via the usual feedback systems of GMC survey and quality panels, but also via our medical education trainee reps at the monthly postgrad education team meetings and quarterly junior doctor forums. We are using the new contract exception reports as an additional, real-time method of noting hot spots. As workload has gone up, we have appointed additional Trust doctors and are training Physician Associates in order to have additional competent clinicians with whom to share out the work and reduce overall intensity. However,	Catch up with guardian, medical HR and medical education team after 6 months of new contract for F1s to review workload and any impact on learning opportunities. Trust is aware of this and actively monitoring it via the usual feedback systems of GMC survey and quality panels, but also via medical education trainee reps at the monthly postgrad education team meetings and quarterly junior doctor forums. Trust is using the new contract exception reports as an additional, real-time method of noting hot spots. As workload has gone up, have appointed additional Trust doctors and are training Physician	June 2017	Jane Bunce

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			limited workforce remains a registered risk within our Trust.	Associates in order to have additional competent clinicians with whom to share out the work and reduce overall intensity. However, limited workforce remains a registered risk within our Trust.		
Torbay and South Devon NHS Foundation Trust 3	December17	The advanced notification of rotas is variable across specialties, and the Trust should improve the timeliness of sharing rotas with trainees.	Medical education, medical HR and directorate rota leads have reviewed all trainee rotas from April to August 2016, using the new contract changes as a trigger. This has ensured advance notification of rotas for all trainees, with a minimum of 6 weeks' notice.	No further action planned as significant action undertaken already. Will review feedback in next year's GMC survey and in quality panel feedback. To be raised as necessary at Senior Leader Visits with the Trust and it will be monitored through the Quality Register to assess progress.	June 2017	Jane Bunce
Torbay and South Devon NHS Foundation Trust 4	December17	Educators at the Trust should improve the consistency of feedback to learners on portfolio work	Some areas of good practice identified in Trust, where directorate (medical directorate), meets regularly to discuss trainee performance document this and allow supervisors	Trust to continue to use the education faculty group to share this practice and to encourage supervision and training to be a standing item on directorate agendas. To review feedback from	Sept 2017	Jane Bunce

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		and ward based assessments to facilitate their learning and development.	to give feedback to the trainees. This has been shared across the Trust, with the radiology and surgical directorate already instituting this feedback system.	autumn quality panels to identify any areas where more close direction is required.		
Plymouth Hospitals NHS Foundation Trust 1	December17	The Trust should ensure that workload does not adversely affect the time available for educational activities and supervision of doctors in training.	There are times when, due to extreme operational pressures, the clinical workload of supervisors may impact on the time available for teaching/training.	The Trust continues to try to recruit to unfilled consultant posts. To be raised as necessary at Senior Leader Visits with the Trust and it will be monitored through the Quality Register to assess progress.	On-going 2016/17	Jane Bunce
Plymouth Hospitals NHS Foundation Trust 2	December17	The Trust should review its induction procedures and practices to ensure consistency of experience	Generic Trust Induction sessions take place on alternate Mondays. In 2016 we are providing Trust Induction on the first Wednesday of any month when new trainees are starting in the Trust.	Share good practice between departments in relation to local induction.	On-going 2016/17	Jane Bunce

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		across departments.				
Plymouth Hospitals NHS Foundation Trust 3	December17	The Trust should ensure that they monitor and manage any adverse impact that non-training grades and other healthcare professionals, such as physician associates, may have on the education of doctors in training and medical students.	It is hoped that the overall impact of Physicians' Associates will be positive in that their prime function is to take on some of the tasks of the trainees to allow the trainees to work under less operational pressure and therefore have more time for training.	This will be very specialty specific and therefore best monitored through the Quality Panel framework. In addition to the above, to be raised as necessary at Senior Leader Visits with the Trust and it will be monitored through the Quality Register to assess progress.	On-going 2016/17	Jane Bunce
Plymouth Hospitals NHS Foundation	December17	The Trust should work to ensure that doctors in	The Trust has procured an e-rostering system for junior medical staff which should improve rota	The Guardian of Safe Working Hours will report on the timeliness of trainees receiving their		

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Trust 4		training receive their rotas in a more timely fashion.	management and allow rotas to be written further in advance.	rotas. To be raised as necessary at Senior Leader Visits with the Trust.	On-going 2016/17	Jane Bunce