NHS

Health Education North Central and East London
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Developing people for health and healthcare

Pan-London Quality and Regulation Unit

North East London NHS Foundation Trust

Quality Visit Report

Date of visit: 17 March 2015

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Health Education
North Central and East London

TRUST-WIDE REVIEW

Visit Details	
LEP	North East London NHS Foundation Trust
Date of visit	17 March 2015
Background to visit	North East London NHS Foundation Trust (NELFT) had its last Trust-wide review in June 2012. All of the actions from that visit had been closed. The Head of the Specialty School of Psychiatry was keen to review the current standard of education and training in the Trust. The Care Quality Commission (CQC) had not yet inspected the Trust as a whole under the new regime of visits and had not published a proposed visit date as yet. The Trust had a successful financial year in 2013/14, generating a surplus in excess of the plan and exceeding its cash target at year end. The Trust reported a surplus of £11.7m, which included the impact of property sales and the revaluation of land and buildings.
Visit summary and outcomes	The visit team and trainee representatives met with a large number of trainees and clinical and educational supervisors throughout the day as well as members of the Trust postgraduate management and executive teams. The visit team was impressed with the Trust's medical education strategy and comprehensive portfolio of services. The visit team found that the Trust had been successful in many areas, particularly in terms of its finances and service reconfiguration, but there appeared to be some loss of focus on how training functioned within the service; furthermore the visit team found that there was a disconnect between the trainees' views about their training experience and those of the consultants body. The visit team felt that the trainees had become somewhat marginalised in their core working, and suggested that there was a need for the Trust to re-engage with them, perhaps by ensuring that they were involved in local faculty groups and that they had a conduit through which to raise any issues. The core and foundation trainees felt that they were often not encouraged to call consultants out of hours or when they did, they were asked why they had not called the higher trainee. In some cases, they were unable to contact the higher trainee. The visit team required the Trust to review the trainees' safety, particularly with regards to the issue of personal alarms, chaperones and appropriate

TRUST-WIDE REVIEW

	lighting in areas where they were expected to move between sites. Patients being assessed under Section 136 of the Mental Health Act (MHA) were routinely seen by the junior trainee on call (core trainee / GP trainee / F2) and an Approved Mental Health Practitioner (AMHP) and higher trainees were not generally involved in these assessments. Junior trainees (core) without section 12 approval signed off on paperwork relating to patients detained under Section 2/3 of the MHA following these assessments. Trainees who were not section 12 approved were being asked and sometimes coerced by the AMHPS into completing MHA assessment paperwork for patients requiring admission under Section 2 of the MHA. Some of them had not even witnessed a MHA assessment before undertaking the process themselves. The trainees were not aware that this was unusual practice or that it was any deviation from good practice. Some of the trainees expressed concern about the quality of patient care, and reported that they were very busy on call, particularly at the Goodmayes Hospital site. Trainees cited examples of insufficient equipment for physical health checks, including a broken electrocardiography (ECG) machine and a lack of trained staff. Two immediate mandatory requirements were issued to the Trust as follows: The visit team was concerned about the management of the inpatient environment relating to physical healthcare on the Goodmayes Hospital site. The visit team required the Trust to conduct an urgent review of the inpatient environment and provide documentation for compliance with training in physical healthcare for non-medical staff. The visit team also required the Trust to conduct an audit of the workload of the on call trainee on the Goodmayes Hospital site and its impact on timely patient assessment. The visit team was also concerned about the use of on call doctors in mental health act assessments. Foundation and GP trainees should not be required to formally engage in Mental Health Act assessments. The visit team required the Trust to demonstrate best practice in the application of the Mental Health Act.

Visit team			
Lead Visitor	*Dr Michael Maier*	**Foundation Representative**	*Professor John Alcolado*
Trust Liaison Dean	*Dr Indranil Chakravorty*	**GP Representative**	*Dr Anwar Khan*

TRUST-WIDE REVIEW

Lay Member	*Caroline Turnbull*	**External Consultant**	*Dr Brian Robinson*
Trainee Rep	*Dr Katerina Miloseska-Reid*	**Lead Provider Representative**	*Dr Ruth Allen*
Trainee Rep	*Dr Aya Haba*		
Visit Officer	*Jane MacPherson*	**Lay Rep Observer**	*Lesley Cave*

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	1.1	**On call** The junior trainees on call at the Goodmayes Hospital site reported that they found the workload unmanageable. They covered 11 wards and a Section 136 suite and they did not feel that they even had time to call the higher trainees or consultants for advice because they were so busy. They reported feeling inundated with concerns from the nursing staff about the physical health of patients whilst on call. It was reported that many nurses were not trained to give physical health checks. Some trainees did not feel particularly confident about the competence of the nurses and suggested that the nurses would benefit from training in emergency care. It was reported that there was a high turnover of nursing agency staff. The clinical and educational supervisors agreed that the lack of suitably-trained nurses was a problem. It was reported that a project was underway to review training needs, and that there was an emphasis on physical healthcare at the Trust.	The visit team was concerned about the management of the inpatient environment relating to physical healthcare on the Goodmayes Hospital site. The visit team requires the Trust to conduct an urgent review of the inpatient environment and provide documentation for compliance with training in physical healthcare for non-medical staff. The visit team also requires the Trust to conduct an audit of the workload of the on call trainee on the Goodmayes Hospital site and its impact on timely patient assessment.	Red Immediate Mandatory Requirement

TRUST-WIDE REVIEW

		The visit team heard that the home treatment team was in effect the bed manager out of hours. The trainees reported that they sometimes found it difficult to deal with the home treatment team. Some trainees commented that they had had arguments with the team regarding which patients to admit. The visit team heard that the junior trainees used the higher trainees as their first point of call if there was a disagreement with the home treatment team, but in general found the relationship with the team to be difficult. The visit team gathered the impression that the trainees felt quite impotent when making decisions about admissions. Others cited similar issues when working in the community. The GP trainees on the core rota stated that they were well supported by the higher trainees and consultants. They commented that at times it was difficult to know which community team to talk to regarding the provision of follow-up care, but that it was not impossible. The trainees reported that at times they received different advice from the higher trainee than from the home treatment teams. Although some clinical and educational supervisors did not recognise the above issues, others commented that there was pressure on all staff to manage within the smaller number of beds available in the hospital. The clinical supervisors felt that the decision regarding who to admit was supposed to be taken jointly by the trainees, the home treatment team and the consultants. Many junior trainees reported that they were not encouraged to call for senior advice whilst on call and stated that the senior doctors did not reach out to them as a matter of routine whilst on call. At times the junior trainees reported that when they called the consultant on call this had been met with annoyance and they were questioned why they had not spoken with the higher trainee on call first. The trainees reported that at times they were unable to make contact with the higher trainees. Some consultants reported that they were rarely called by the trainees at night or at the	The Trust should provide the trainees with clear guidance on the importance of risk-sharing and home treatment. Clear policies and protocols should be in place regarding escalation when on call. The escalation pathway should be discussed during the handover which should be consultant-led. Trainees should be encouraged to involve the consultant on call early in decisions about admission if the admission is resisted by the home treatment team and a clear record made of discussions and consideration of risk and who has made the final decision. A protocol needs to be developed and shared with the trainees at induction encouraging them to contact both higher trainees on call and the consultant if they feel they need support. The visit team recommends that the consultant on call makes contact with the trainee on call during the evening to ensure that they feel well	Amber Mandatory Requirement Amber Mandatory Requirement

		weekend. The executive team stated that there was an expectation that the trainees should contact the consultant when on call and that this was imparted to them during induction. Some consultants however had the impression that they were under-used by the on call trainees. If the three tier rota were working successfully, the junior trainee would call the higher trainee, who would call the consultant, but this did not seem to be happening in practice. The Child and Adolescent Mental Health Services (CAMHS) consultants, however, were called regularly by the trainees. It was reported that when on call at Woodbury Unit (an adult mental health inpatient unit for adults over 65), the trainees had to use a dimly lit public path at the Whipps Cross University Hospital site to move between the Accident and Emergency department and the doctors' office. Trainees reported that they did not feel safe using this path but that the only alternative was to leave hospital grounds and walk around the hospital. Furthermore none of the trainees interviewed throughout the day had a personal alarm, despite requests – this represented a trainee safety issue.	supported out of hours. A focus group needs to take place within 3 months to assess trainee satisfaction and improvement in patient care. Please provide outcome of focus group to the Quality and Regulation unit. Alarms should be provided to all trainees. Ensure that any access areas are sufficiently lit.	Amber Mandatory Requirement
1	1.2	**Patient safety** The visit team was informed that some ECG machines did not work from December 2014 and that one had only finally been fixed the week prior to the visit. From December 2014 to March 2015, trainees had to move a machine backwards and forwards from Whipps Cross University Hospital to other areas. One educational supervisor reported that audits had been conducted regarding ward equipment and stated that he always encouraged trainees to report such issues – noting that perhaps an additional audit was necessary. The visit team also heard that there was a lack of trained staff who could use the ECG machine. Some trainees at the Goodmayes Hospital site reported that due to workload pressures they were only able to find the time to attend ward rounds if they came in at weekends	Conduct a re-audit of equipment on the wards, including ECG machines and provide results to the Pan-London Quality and Regulation Unit.	Amber Mandatory Requirement

		to complete discharge summaries and came in early to do bloods. The visit team was informed that on one occasion when a trainee was off work, ECGs were not completed for one week due to heavy workload. This had led to a patient being tachycardic for two days. The trainees at Goodmayes Hospital reported that there was only one Section 136 assessment room available as the other was undergoing refurbishment which resulted in core trainees feeling pressured into making quick decisions regarding certain patients if another patient requiring urgent assessment under the MHA arrived at the Section 136 suite.. It was reported to the visit team that on occasions patients were transferred to the ward prior to a full assessment being completed which the trainees felt was unsafe and inappropriate. The trainees also highlighted that poor nursing staff numbers on the ward had led to core trainees feeling coerced by nurses into not recommending 1:1 observations for patients who they felt required them. The executive team reported however that many staff on the inpatient wards had received training, including healthcare assistants (HCAs) and band 5 nurses. Furthermore, they reported that each ward had an ECG clinic which was nurse-run. They felt that the only ECGs that the trainees should be doing were outside of clinics in an emergency scenario. The trainees also reported that they had found it difficult to gain access to pathology results. Many trainees reported that there was a delay in obtaining training and permission to use the electronic notes system. The trainees reported that they therefore needed to use someone else's electronic access card to make entries in to the system. This type of activity contravened Information Governance and Clinical Governance regulations. Some trainees at the Goodmayes Hospital site reported that it took two weeks to obtain full access to the electronic patient record system after starting in post. This delay was deemed to be unacceptable.	Conduct a review of workload and to ensure that trainees have time to attend all educational and training opportunities which include ward rounds (where they are timetabled in the job description) and academic meetings. The Trust should audit the Section 136 activity and ensure that a safe provision is made for managing patients waiting for assessment under Section 136 of the Mental Health Act. This should be shared with the Pan-London Quality and Regulation Unit. Ensure that trainees are given timely access to appropriate access cards to prevent potential clinical governance issues and ensure patient safety.	Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement
1	1.3	**Mental Health Act (MHA)** The visit team heard that trainees who were not Section 12 approved were expected to make Mental Health Act recommendations and complete the paperwork. Trainees who	The visit team was also concerned about the use of on call doctors in mental health act assessments. Foundation and GP trainees should not be required to formally engage in the	Red Immediate Mandatory

		were not Section 12 approved (including GP and Foundation trainees) were being routinely asked and sometimes coerced by the AMHPS into completing MHA assessment paperwork for Section 2 assessments. Some of them had not even witnessed a MHA assessment before undertaking the process themselves. The trainees were not aware that this was unusual practice or that it was deviation from good practice. On call arrangements including arrangements for patients requiring seclusion whilst undergoing assessment under Section 136 of the MHA were not clearly explained in the induction. Patients being assessed under Section 136 of the MHA were routinely seen by the junior doctor on call (core trainee / GP trainee / Foundation Year 2 and an AMHP). Higher trainees and consultants were not routinely involved in these assessments. The Chief Executive stated that outside of working hours there was an expectation that a higher trainee would attend to do the first recommendation. During working hours, he stated that it should be the consultant in charge or the suitably trained higher trainee. The visit team heard that there was a protocol regarding this but the trainees seemed unaware of this.	Mental Health Act assessment. The visit team required the Trust to demonstrate best practice in the application of the Mental Health Act. The Trust should provide its Section 136 policy to the Pan-London Quality and Regulation Unit and confirm that this has been distributed to the trainees. The Trust should audit compliance with this policy.	Requirement Amber Mandatory Requirement
1	1.4	**Serious incidents** The visit team heard that if a serious incident report involved a trainee the educational supervisors were now notified straight away. It was reported that a copy of the report was sent to the trainee, to the clinical supervisor and to the educational supervisor. The visit team was told that the Trust was endeavouring to report serious incidents involving trainees to Health Education North Central and East London via the Employers' Portal. Some of the trainees reported that they had used serious incident forms and some had received feedback on the issues raised. The visit team heard however that serious incident reporting was not covered in induction. Some trainees and clinical supervisors agreed that they had not received any instruction on how to complete serious incident forms.	The Trust's serious incident policy needs strengthening. Trainees should be given clear guidance during induction on how to complete serious incident forms. Further development on feedback and learning of serious incidents is necessary. Trainees must receive appropriate feedback when they submit a serious incident form.	Amber Mandatory Requirement

		None of the trainees interviewed at Thorpe Coombe Hospital had completed a serious incident form. The visit team heard that details of any incidents reported appeared on the intranet. It was reported that one of the new consultants would be responsible for serious incident learning.		
6	6.1	**Medical Education Strategy** The Director of Medical Education (DME) reported that in order to prepare for the broadening of foundation schemes and the increase in GP numbers, the number of administrative staff had been increased from two to five and that there had also been an increase of five consultants, each of whom had 1.5 Programmed Activities (PAs) in their job plan for education. The visit team heard that medical education was represented by the Medical Director at board level. It was reported that the DME held a one to one meeting every month with the Medical Director. The visit team heard that due to the long term sickness of the Medical Director, a deputy was currently covering the post. The DME gave a presentation on the medical education strategy, which was based on respect, quality and innovation. With regards to trainee experience, he stated that the Trust placed a huge emphasis on induction, whilst ensuring that all statutory and mandatory training was covered. Also of importance was simulation training for all new psychiatry trainees (to prepare them for out of hours scenarios), e-learning, and shadowing in the first month of a trainee's placement. The DME reported that an external company had monitored the Trust's clinical supervision arrangements and had given them recommendations. Following this monitoring exercise, the Trust had engaged surveys to try and find out how many trainees were receiving good clinical supervision. Where there were failings in this area, this was highlighted to the relevant supervisor.		

		As part of his presentation the DME also provided details on simulation training, on a new medical education app that had been launched and on educational resources available to the trainees, such as the Membership of the Royal College of Psychiatry (MRCPsych) course and the CASC workshops. He reported that there was a continuous process of feedback and improvement, and that the Trust constantly reviewed any issues that were raised by trainees. He highlighted that there was 96% compliance with the Trust annual appraisal process for educational supervisors. In terms of reconfiguring services, the DME insisted that there was a good mechanism in place to ensure that training was taken into consideration, and cited the example of the discussions that took place to agree a process when the foundation programme was expanded.		
6	6.2	**Educational and Clinical Supervision** The visit team heard that the role of clinical supervisor and educational supervisor was now separate. Although some trainees commented that their educational supervisors were good, others reported that they did not find their meetings with their educational supervisor a particularly positive or useful experience. Some GP trainees commented that if they did not have a particularly approachable educational supervisor, they preferred to discuss issues with a more senior trainee. Some trainees reported that they did not receive sufficient clinical supervision. One GP trainee, whose permanent consultant had left, had been supervised by five locum consultants in three months. Some trainees at Thorpe Coombe Hospital received only fortnightly supervision with their consultant rather than weekly – others had only had one supervision session in	Please conduct a focus group to ascertain if improvements have been made in this area.	Amber Mandatory Requirement

		over a month. Some trainees at Goodmayes Hospital reported that there was poor consultant availability and supervision when their consultants had additional managerial responsibilities. Many trainees had not completed a Work-Place Based Assessment (WPBA) within the first month of the post. The clinical and educational supervisors reported that there were many training courses available to them so that they could refresh their educational supervision skills. They commented that there was an expectation that meetings were set up with the trainee within the first month of starting in post. The Trust received a red outlier in the 2014 General Medical Council National Training Survey (GMC NTS) TS for educational supervision in general psychiatry. Similarly the pre-visit questionnaires had raised concerns in this area. The educational supervisors were not able to identify for the visit team why educational supervision had fared badly in the GMC NTS. The Director of Medical Education (DME) reported that the Trust had a number of vacant training posts which it struggled to fill – approximately eight. Since the allocation of trainees was carried out by East London NHS Foundation Trust (ELFT), the Trust felt disadvantaged, particularly as there was no training programme director based on the NELFT site. The DME commented that normally the Trust was allocated higher trainees in their final leg of training. Although ELFT also had approximately eight vacancies, it was felt that this was disproportionate since ELFT had a larger number of trainees overall, whereas NEFLT only had 20 higher trainees in total. For core training, the two training programme directors reportedly met with the	Ensure that trainees are able to complete WPBAs on a regular basis with their supervisors. All clinical supervisors must be substantive from August 2015. Good practice dictates that the allocation of trainees should be proportionate to the size of Trust. Head of the Specialty School of Psychiatry to contact the TPD at ELFT regarding this. The Trust should ensure that the allocation meetings are fully represented by NELFT representatives.	Amber Mandatory Requirement Amber Mandatory Requirement Green Recommendation

		educational supervisors to allocate the training posts, which resulted in a far more equitable system.		
6	6.3	**Simulation training** The visit team was informed that new trainees all had access to simulation training which involved out of hours scenarios. This training reportedly covered several domains of their competence checklist. Pre-examination simulation training was also available for trainees at NELFT and other Trusts. For core training year two and year three trainees, there was a simulation programme in place for clinical challenges in psychiatry. For higher trainees, there was also a simulation programme in place, which dealt with trainees in difficulty, managing conflicts etc.		
6	6.4	**Teaching** The postgraduate management team confirmed that feedback was collected from the course, from the trainees and course organisers. In general feedback was reported to be good. Exam results were also reported to be better than the national average for the last two years. The trainees reported that all their study leave funding was used for the course. Most trainees stated that they were released to attend teaching sessions. The monthly regional teaching at St Bartholomew's hospital was reported to be good. It was reported that consultants did not attend the weekly academic meetings. The GP trainees at the Thorpe Coombe Hospital reported that they had training once	Consider the possibility of releasing study leave funds currently allocated to the MRCPsych course so that trainees can attend and benefit from other courses to complement their training.	Green Recommendation

		per month at Goodmayes Hospital site but this meant missing an hour of the local weekly academic meeting. The higher trainees at the Goodmayes Hospital site reported that although they had good teaching for general adult psychiatry, they had no teaching for old age psychiatry trainees. The core trainees reported that there was no consultant or higher trainee presence at their teaching sessions. The trainees felt that training was geared towards the ELFT trainees as many of the special interest days were on the ELFT site, which meant that they could not attend. Following the outcome of the GMC NTS in 2014, the visit team was told that discussions had taken place with the programme manager to try and make improvements to regional teaching.	There should be consultant attendance at the trainees' teaching sessions so that the trainees are not effectively teaching themselves. The DME should review educational opportunities for the trainees and facilitate attendance at both the ELFT and NELFT sites.	Amber Mandatory Requirement Amber Mandatory Requirement
6	6.5	**Trainees in difficulty** At the previous visit, it was found that there was no formal policy in place regarding trainees in difficulties. The DME reported that since the visit he had been in close contact with HEE regarding trainees in difficulty and that all trainees in difficulty were well documented.		
6	6.6	**Bullying and undermining** The trainees with whom the main visit team met felt that there was a positive culture within the Trust and did not feel that there were any issues in regards to bullying and undermining. They stated that they had good relationships with secretarial and admin staff and with nurses and social workers. With regards to the bullying and undermining comments which were raised in the GMC NTS, the educational supervisors reported that these had been robustly dealt with. At Thorpe Coombe Hospital, one of the trainees interviewed had witnessed other members of staff being undermined by a team manager but had not felt undermined		

TRUST-WIDE REVIEW

		personally.		
6	6.7	**Thorpe Coombe Hospital** All the trainees with whom the trainee representatives met reported that they were happy and that they would recommend their post to friends. The GP trainees commented that they were made to feel welcome in the team. Shadow cover in the first month was appreciated by all the trainees. The objective structured clinical examination (OSCE) at induction was appreciated and praised by all. The weekly lunchtime academic meeting was also highlighted as particularly worthwhile. The trainees complained that they were not briefed about parking arrangements or given advice on how best to avoid a parking fine in their induction. There was no local tour of the Thorpe Coombe Hospital as part of the induction process. The psychiatry trainees reported that they all found it very difficult to gain exposure to a long psychotherapy case (mandatory part of their training). Despite repeated email requests, they had received no response. The visit team was told that one of the trainees had to request an extension to complete his core training because he was so late in starting his long case. Very few trainees were involved in audits or research at this site. There was no local trainee representative at this site.	Ensure that parking arrangements are thoroughly covered during the induction process. Ensure that a local tour of the Thorpe Coombe Hospital is included in the induction process. Ensure that the core psychiatry trainees are able to gain exposure to long psychotherapy cases and that there are no Annual Review of Competence Progression (ARCP) Outcome 3s as a result of non-progression with psychotherapy competences. Ensure that a local trainee rep is identified and invited to the department's local faculty group to raise any training issues. This should be the case for both sites.	Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement

TRUST-WIDE REVIEW

6	6.8	**Goodmayes Hospital** The community-based trainees reported that they were benefiting from good experience and that they had appropriate clinical supervision. There were no concerns about patient safety. The hospital was reportedly very busy with 20 to 25 beds per ward. The GP trainees reported that they did not have exposure to any psychiatry experience on the inpatient ward as they did not attend any ward rounds. The junior trainees reported similar problems. The GP trainees reported that their main responsibilities were discharge summaries, bloods and ECGs. Although this had been raised as an issue, it had not been resolved. The trainees reported that they were given no job descriptions for their posts. The trainees reported that they did not have access to a doctors' mess and therefore were advised to use the electroconvulsive therapy (ECT) suite for rest when working at King George Hospital. Although the trainees appreciated the opportunity to shadow others at the start of their post, some GP trainees reported that they had shadowed another core training year one trainee (CT1) who had just started too. The phlebotomy service was available but very sporadic and the trainees reported that it was hardly sufficient for their needs.	Ensure that all trainees have access to appropriate psychiatry experience and can attend ward rounds during their working hours. All Job Descriptions need to be reviewed to ensure that they provide the necessary curricular experience. Ward round attendance for core psychiatry trainees in ward based posts is an essential element of their training. Ensure that all trainees are given appropriate job descriptions prior to their commencement at the Trust. A review of mess facilities should take place to ensure that it is appropriate for this use. Ensure that the shadowing arrangements are appropriate so that all new trainees are able to shadow a more experienced, senior trainee. Review and strengthen the phlebotomy service.	Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement

TRUST-WIDE REVIEW

8	8.1	**Educational Resources** Some trainees reported that in certain areas, there was insufficient desk / office space, and therefore they had to work on desks in the reception area in front of patients. Examples were heard of trainees having to dictate in communal areas in front of patients or in a large meeting room shared by many. Some trainees did not always have a room to see patients in and did not always have a place to type up notes and access the electronic patient record system. Some trainees reported that there had been issues at Woodbury Unit with secretaries refusing to type letters. Similarly some trainees reported that admin support at Waltham Forest unit had previously been poor. The clinical and educational supervisors agreed that administrative support was variable. The visit team was told that there had been discussions about decommissioning the building housing the educational department for several years. It was reported that there was an intention to replace all the estate with new investment in another site.	Ensure that all trainees have access to sufficient private office space and computers to be able to complete their work. Ensure that there is an adequately equipped treatment room for the trainees to assess patients. Conduct an audit of administrative support for trainees across the Trust.	Amber Mandatory Requirement Amber Mandatory Requirement Amber Mandatory Requirement
8	8.2	**Library Services** Based at Goodmayes Hospital, it was reported that the library had a small collection of books as well as access to other books in libraries across London. The visit team heard that the library provided a lot of online resources and was working on a mobile project which would enable trainees to have access to key handbooks, textbooks and local policies. The library manager reported that all trainees received a 90 minute induction into library services and that this was well attended and well received. One to one help was also reportedly available for trainees.		

TRUST-WIDE REVIEW

		It was reported that all trainees had an Athens log-in and could access online resources either at work, home or on their phones. The visit team heard that the Trust had also invested in the Up-to-date database as well as the post of clinical librarian. It was reported that the clinical librarian whose start date was imminent, would be working with the teams and providing point of need research. The visit team was told that out of hours access to the library was not currently possible since the library was located in a portacabin with no facilities and no security.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**
The visit team was impressed with the Trust's medical education strategy and comprehensive portfolio of services. The visit team was impressed with the Trust's range of simulation training programmes for trainees.			

Other Actions (including actions to be taken by Health Education North Central and East London)	
Requirement	**Responsibility**

Information and reports provided to the team prior to the visit							
DME Annual Report	*no*	Regulator Reports/Data	*yes*	LFG Reports	*no*	MEM minutes	*yes*
GMC Survey - trainees	*yes*	GMC Survey - trainers	*no*	Previous visit reports & action plans	*yes*		

Health Education
North Central and East London

TRUST-WIDE REVIEW

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Michael Maier*
Date:	*25 May 2015*