NHS
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Pan-London Quality and Regulation Unit

The Tavistock and Portman NHS Foundation Trust Trust Wide Review

Quality Visit Report

22 September 2015

Final Version

THE NHS CONSTITUTION
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Visit Details	
LEP	The Tavistock and Portman NHS Foundation Trust
Date of visit	22 September 2015
Background to visit	This visit was organised as the Trust had not been visited since 27 April 2012. Two mandatory actions were generated at the 2012 visit, for the clinical incident reporting process and administrative support for trainees. The Trust was engaged with the post visit process and all actions were successfully closed in a timely manner. The GMC National Training Survey 2015, did not highlight any serious concerns with the training or educational experience of trainees. Pink outliers were generated in child and adolescent psychiatry for workload and clinical supervision.
Visit summary and outcomes	The visit team met with six trainee representatives and eight trainers across the Trust, in core psychiatry, child and adolescent psychiatry, medical psychotherapy and forensic psychotherapy. The visit team met with the director of medical education (DME) and medical education manager. The team was invited to tour the library facilities. Finally the visit team met with the senior management team including medical director, chief executive, deputy chief executive and finance director, nurse director and director of medical education. The visit team provided feedback to the chief executive, medical director and DME. The DME provided a presentation on the achievements and challenges envisioned by the Trust. The visit team were informed that the organisation was a small specialised mental health Trust. The Trust had trainees in child and adolescent mental health services (CAMHS), medical psychotherapy and forensic psychotherapy, and the core psychiatry trainees had a six month placement in the Trust. There was no general adult or old age psychiatry training within the Trust. The visit team were pleased to hear that all of the trainees would recommend the post to their colleagues. The trainees reported that they were encouraged to report clinical incidents, the learning and feedback from incidents was excellent. The relationships within the Trust appeared to be good. The consultants and director of medical education (DME) had developed positive working relationships and communication channels. The DME had clearly utilised the small size of the Trust to ensure she met with all trainees informally. There was a high commitment to training within the Trust and at the time of the visit the faculty was fully compliant with the professional development framework training which was commended by the visit team. There was no up to date educational strategy which included postgraduate medical education. This should be developed in line with the new standards, Promoting Excellence produced by the GMC. The formal document should be presented to the Trust board. The Trust must ensure that a sufficient number of medical psychotherapy consultants are maintained in order to guarantee that the curriculum can be delivered. The Trust should review the activity for trainees out of hours, specifically the bed management for child and adolescent psychiatry Tier 4 Admissions. It is recommended that the Trust explore whether this role can be allocated to a bed manager as the time necessary to find a bed is not an appropriate use of training time.

Visit team			
Lead Visitor	Professor Michael Maier, Head of the London Specialty School of Psychiatry	**Trust Liaison Dean**	Dr Andrew Deaner, Trust Liaison Dean for Health Education North Central and East London
Lead Provider Representative	Helen Jameson. UCLP Director of Corporate Programmes and Chief Financial Officer, UCL Partners	**External Clinician**	Dr John Lowe, Consultant Psychiatrist Central and North West London NHS Foundation Trust

LETB Representative	Dave Rayner, Commissioning Manager for Health Education North Central and East London	**Trainee Representative**	Dr Jennifer Brook, Trainee Representative
Lay Member	Lesley Cave, Lay Representative	**Scribe**	Michelle Turner, Quality and Visits Officer
Observer	Victoria Farrimond, Quality and Visits Officer		

Findings				
GMC Domain	**Ref**	**Findings**	**Action and Evidence Required. Full details on Action Plan**	**RAG rating of action**
1	1.1	**Handover** The trainees stated that there was a robust process for handover. By the nature of the job and working across different sites, the handover was relatively informal, the trainees discussed patients and workload via the telephone but there were also written records on an 'audit sheet' in excel.		
1	1.2	**Patient Safety and Management** The trainees reported that they did not have access to the individual on call sites' electronic patient record system. The trainees and mental health teams generally used written notes, so this was not viewed as a big problem. At the Royal Free London NHS Foundation Trust, the patient notes had only recently been migrated to an electronic system, the paediatric nursing staff had full access to the notes, and the trainees were able to ask the nurses for specific details and print-outs of notes. The trainees reported that there was limited space to make private calls regarding patients, in the emergency department of Royal Free Hospital. If a trainee had to discuss a patient over the telephone they were able to use the receptionist area, unfortunately the nurses' station was open and could easily be overheard which was inappropriate for sensitive conversations.	The Trust should review the system for recording clinical encounters to ensure good patient care at the Royal Free Hospital site. The Trust is required to review the facilities to ensure patient confidentiality at that site.	**Amber** Mandatory Requirement
2	2.1	**GMC National Training Survey** The visit team heard that the Trust requested further information from the GMC, as medical psychotherapy generated grey results in the GMC National Training Survey (GMC NTS**)**, when there were four trainees in post. Unfortunately two of the four trainees had already completed training in psychiatry specialties, and were now dual accrediting in medical psychotherapy but were not on the GMC list for current trainees, which resulted in them not being invited to complete the survey. The visit team heard that the trainees in question were invited to meet the DME and discuss their training as they had missed the opportunity to give feedback via the GMC NTS.		

		The DME stated that the pink outliers in the 2015 survey were not easily identifiable. Trainees had been asked to provide clarity and it was felt the workload concerns were linked to the on call workload for bed management in CAMHS.		
2	2.2	**Local Faculty Groups** The trainees were unaware of the Trust having regular local faculty groups (LFGs), but noted that there were various meetings of a similar format in the Trust which trainees were invited to. The trainees had all been invited to a trainee - trainer meeting in November 2015. The trainees indicated that attending formal meetings was beneficial and a good use of their time.	There should be formal local faculty groups in every Trust, which have trainee attendance and minutes recorded. Please provide the minutes of the meetings.	**Amber** Mandatory Requirement
2	2.3	**Clinical Incident Reporting** The trainees stated that they were encouraged to report clinical incidents. Of the trainees that had reported an incident they confirmed that they felt supported and had received timely feedback which was appreciated. The trainees stated that there were monthly management meetings, in which clinical incidents were discussed, ensuring that no confidential details were disclosed. There was trust-wide learning from all incidents. The DME confirmed that most incidents were generally minimal incidents and patient complaints, but there were robust structures in place to manage these when they occurred. The education team ensured that trainees were comfortable to report incidents and that the trainers provided feedback in a timely manner. The DME confirmed that as the associate medical director and the lead for patient safety and clinical risk, all reported incidents were filtered through to the DME. It should be clear if trainees were involved in an incident. It was a standing item on the agenda of the education board and with the LETB sending out guidance it was again identified as a priority. The postgraduate medical education team stated that all clinical complaints were also reviewed under the same process and they made a point to look at potential links. The DME stated that the Trust had a clear whistleblowing policy and they were looking to appoint a 'freedom to speak up guardian' within the Trust encourage open discussions regarding concerns. The trainers commented that the Trust had robust procedures in place, and there was learning from incidents. The senior management team indicated that the Trust was proud of the systems in place, and felt that the feedback to trainees and staff was excellent.		

5	5.1	**Curriculum** The core psychiatry trainees indicated that they were effectively supernumerary. They had opportunities to complete assessments, psychiatry reviews and short and long cases. The trainees had been in post for seven weeks at the time of the visit, and commented that August had been particularly quiet and there had been limited patient contact. The trainees commented that they had ample opportunities to develop their professional skills. They had access to management courses, research and audit projects, therapy courses etc. The trainees confirmed that they received funding towards psychodynamic therapy training. The trainees stated that in general they had not experienced difficulties with the completion of work place based assessments. The DME stated that undergraduate training was being reviewed, with an increase in the involvement of higher psychiatry trainees in the training of the undergraduates. The Trust was working with University College London, the local medical school to run Balint groups for medical students. The DME reported that simulation teaching was a challenge within the Trust, there was a lack of resources. However, they had been working with the lead provider, UCLPartners to work with the other five mental health trusts in North Central and East London to establish a joint simulation programme. The DME stated that they were aware that trainees wanted more opportunities to be involved in management roles, for example, attending board meetings, chairing committees. The DME stated that the Trust was embracing multidisciplinary learning, and they were in a good position to do so, they were a centre of excellence in mental health and were pioneers of clinical supervision. The trainees had many opportunities to teach and be supervised by other disciplines, such as psychology, nursing, social work, child psychotherapy, systemic therapy and forensic mental health practitioners. The DME reported that over the last two years the Trust had instituted dual accreditation in medical psychotherapy and general adult psychiatry. The Trust had encouraged rotation placements in neighbouring Trusts: Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust. They were taking into account the trainee views and experiences to improve the integration of training with the lead provider. The senior management team were aware of difficulties being faced in forensic psychotherapy. There was an on-going vacancy in the specialty. The visit team recommended discussions to take place with the lead provider regarding the post formation and a meeting with interested parties has been organised for October 2015.	The Trust to review arrangements for induction of trainees in August to ensure that systems are adequately staffed in order to ensure the delivery of the programme	**Amber** Mandatory Requirement

5	5.2	**Medical Psychotherapy** The trainers indicated that they felt forced to justify the importance of medical psychotherapy; in times of austerity it had felt the specialty was constantly under scrutiny. Particularly the shift towards community and primary care meant that there was potentially a struggle to maintain a sufficient presence of medical psychotherapy within the Trust. The trainers were concerned that the senior management team did not have a commitment to maintaining consultant numbers within the specialty; they had been informed there was likely to be a cut in the consultant numbers which would significantly impact on the ability to deliver training for the higher specialty trainees. The trainers reported that a consultant in medical psychotherapy had resigned from the Trust, and the post was filled by a fixed term appointment of a locum child psychiatrist. The trainers were concerned that senior management were not focussed on maintaining medical psychotherapy capacity in the Trust. The senior management team stated that there were concerns with maintaining the capacity of training, they were aware of the risk to delivering the curriculum for medical psychotherapy if there was a loss of consultants. They commented that they valued the role of the educator and trainer.	The Trust needs to review their capacity for delivering medical psychotherapy training as required by the 2010 GMC approved curriculum.	**Amber** Mandatory Requirement
5	5.3	**Primary Care and Community Placements** The trainers confirmed that the Trust had undertaken a lot of work with primary care services. They had offered consultations individually with patients or in conjunction with the GP. The trainers commented that trainees had appeared to appreciate working with the primary care teams. The senior management team reported that they were keen to continue developments into primary care settings and community work. The work undertaken with general practice had been a welcome development, and the GP surgeries appeared to value the presence of psychiatric staff. The medical director stated that it was a wonderful means of providing good holistic care. The Trust had worked alongside the foundation school to pilot foundation year two training posts. The Trust felt that this had worked well, and were keen to support foundation doctors in the primary care setting for the future.	The Trust is recommended to review opportunities for novel training posts/placements in primary care, including medical psychotherapy. The Trust is recommended to work with the North Central Thames Foundation School to extend the pilot as an established programme.	**Green** Recommendation **Green** Recommendation
6	6.1	**Induction** The trainees stated that the induction to both the Trust and individual departments was well organised. The postgraduate department had produced a handbook which the trainees found useful. The visit team heard that one of the core psychiatry trainees that started in August 2015, had experienced a delay of two weeks before receiving their password and electronic log in, they had	The Trust needs to ensure a robust process exists that provides timely access to the electronic patient record system to trainees.	**Amber** Mandatory Requirement

		also not received the handbook provided to all trainees. The trainee had reported this to the information technology department, but there was no reason given as to why the delays had occurred, it had been suggested that this was due to an administrative error, that the team manager was unaware of the trainee starting in post. The DME and MEM indicated that the delay in IT access for trainees was possibly due to a change in the electronic patient record (EPR) system from 'RiO' to 'CareNotes'. The medical education team commented that August was always a quiet time within the Trust. They had limited involvement with the core psychiatry trainees, and depending on the pro-activeness of the trainee, they had often not met with them. The medical education manager stated that the department often felt invisible within the Trust, due to their small size. A newsletter was being produced twice a year, and the development of the handbook has increased awareness of postgraduate medical education.		
6	6.2	**Teaching** The trainees explained the structure of teaching in the Trust. There was dedicated weekly academic teaching which was linked to the curriculum and external speakers were invited to present. There was dedicated CAMHS and psychotherapy teaching. There were bi-monthly case discussion groups, in which consultants bring cases to discuss, similar to a Grand Round. The core psychiatry trainees confirmed that they were invited to attend all teaching. The slides and teaching documents from teaching sessions were available for trainees to access on the website 'Dropbox'. The DME reported that there was regular and formal teaching within the Trust. The visit team heard that trainees in medical psychotherapy received the M1 course. Some concern was raised that some components of the M1 course may not be available free of cost to trainees.		
6	6.3	**Study Leave** The trainees confirmed that they had been able to access the study leave budget. The DME confirmed that in addition to the full study leave budget being made available to trainees, higher trainees were given a separate subsidy of £240 for their personal therapy sessions.		
6	6.4	**Out of Hours** The core psychiatry trainees were not included on the on call rota, and therefore did not receive banding. The CAMHS trainees confirmed that they were a part of the on call rota for the Trust, which covered the paediatric wards and emergency departments at Whittington Hospital NHS Trust,	The Trust should review the activity for trainees out of hours, specifically the bed management for child and adolescent psychiatry. There is no bed manager allocated for Tier 4 beds and this role falls to the trainee. This needs to be reviewed and rectified as the time	**Amber** Mandatory Requirement

		Royal Free London NHS Foundation Trust and University College London Hospitals NHS Foundation Trust. The trainees were aware and mindful of the good access to clinical supervision out of hours. Historically the shift was the full weekend, but this was split between two trainees each with a 24 hour shift. The trainees reported that they used either public transport or their own transport to travel to sites out of hours. The trainees reported that driving to different sites on a Saturday was time consuming to find car park availability. Generally the hospitals and sites had good transport connections. The trainees indicated that there was a lack of clarity with regards to the process for claiming back expenses when having missed the last train or bus at weekends, which resulted in travel by taxi. The trainees reported that they were happy with the on call experience, the quality of training and clinical supervision was good. However, the task of finding beds for children and young adults was often time consuming. There was no bed manager dedicated for the CAMHS in the Trust or at each site for tier four beds. This was the responsibility of the trainee on call. There were often many organisations to telephone to find out if there was a bed available. The trainees were aware of this being a national problem. The trainees stated that the implementation of a single NHS England referral form had greatly helped the admission process, but it was still time consuming. The trainees stated that there had been occasions when patients were waiting in the emergency department for long periods of time due to the difficulties in finding CAMHS beds. This was much dependent on the type of bed required. If a psychiatry intensive care unit (PICU) was required it would take much longer. The visit team heard that if the trainee was unable to find a bed before their shift finished, they would hand this over to their colleagues. The trainees commented that it was especially difficult at the weekends. It was not just the lack of beds; there were some inpatient units that were not willing to admit patients over the weekend. It was not ideal but CAMHS patients would stay over the weekend in the side units of the emergency department in these circumstances, although this was rare. When trainees had experienced difficulties, they had escalated through to the correct channels, and the consultant on call would take over in finding a bed. The DME reported that the CAMHS trainees had raised concerns with the time they spent on call finding beds, there was no bed managers for CAMHS at the Trust or for the region. The on call team had taken on this responsibility, as the workload was not sufficient to have a dedicated person in post. The senior management team commented that they understood the disruptive nature and time burdens the finding of beds placed on the trainees on call, however, in recognising the national concerns, the Trust did not have a solution to address the concerns.	necessary to find a bed is not the best use of training time. The Trust should review refunding of costs trainees incur during on call.	**Green** Recommendation

6	6.5	**Educational Supervision** The trainees reported that they had been assigned an educational supervisor on starting in the Trust. They had met regularly, completed the required paperwork and discussed the curriculum requirements. The DME reported that all consultants were trained for the clinical supervision role. The Trust received funding from Health Education North Central and East London to establish multidisciplinary learning events for supervisors, this had been facilitated by an external organisation, and the feedback was positive. The DME reported that all trainers were appraised on a three yearly basis for their educational roles. The Trust had 100% compliance to the Professional Development Framework. The educational appraisal was linked to the annual appraisal. The educational supervisors confirmed that they had all had an educational appraisal with the DME. They were satisfied with the educational appraisal. The DME stated that following the previous visit, the Trust implemented a trainee in difficulty register. They felt experienced in managing and supporting a trainee in difficulty. The visit team heard that there was no specific confidential meeting with the trainers to discuss trainees in difficulty. The DME recognised that this would be beneficial to the faculty, and possibly could be added to the end of the medical educational board meetings.	The Trust should consider discussion of the trainee in difficulty register regularly in closed meetings.	**Amber** Mandatory Requirement
7	7.1	**Educational Governance** The visit team heard that the DME reported directly to the medical director and the medical director reported to the Board. The medical director attended three medical education board meetings per year. There was a good working relationship between the DME and medical director. The DME stated that the medical education board met four times per year; there were trainee representatives in CAMHS, psychotherapy and forensic psychotherapy. The DME indicated that there was no educational strategy aligning service changes to postgraduate medical education. The chief executive commented that there had been a drive to increase the profile of medicine within the Trust. The senior management team suggested that they would look into the attendance of the DME at the board meetings for an annual update.	It is recommended that the Trust writes an Educational/training strategy for postgraduate medical education and presents this to the board, and distribute widely to middle management.	**Green** Recommendation
7	7.2	**Management of Education and Training** The DME reported that postgraduate medical education was a small discipline within the Trust. There was sometimes a misunderstanding of the role of trainers by the service managers who were not doctors. There had often been confusion regarding funding and allocation of budget. The		

		DME confirmed that there was definite support provided by the finance director and senior management but it was not so apparent by middle management. The DME stated that the Trust strived to foster a supportive structure, and the DME aimed to know all trainees individually. It was suggested that the Trust may find the communication channels easier due to the small size.		
8	8.1	**Educational Resources** The trainees confirmed that the library on site at Tavistock Centre was a valuable resource. It was open until 8pm, and they reported that the library manager was helpful and accessible. There was good access to electronic publications, and trainees were able to access the documents on their own personal electronic devices. The trainee confirmed that the Trust did not use Athens (the online portal for academic publications) commonly used by other Trusts. It instead used software called 'Shibboleth'. Library staff confirmed that all appropriate e-resources could be accessed through Shibboleth and that therefore Athens access was unnecessary. There were mixed comments from the trainees, with regards to direct access from Shibboleth to the British National Formulary (BNF) pharmaceutical reference book. The trainees stated that in order to access the BNF they had to use GMC log ins via the internet browser, which was more time consuming; direct access from Shibboleth would be beneficial. The trainees stated that there was limited space and computer access in The Tavistock Centre, staff were generally required to hot desk, availability of computers was much better at The Portman Clinic. The DME and MEM reported that they had previously had a dedicated office, but office space had been reassigned two years ago, and subsequently there was no dedicated postgraduate education office. The previous office had a dedicated hot desk computer for trainees, which had Dragon software installed for trainees to complete their dictation work. This was no longer available. The DME and MEM commented that the loss of office space was a problem as it was now difficult to hold private and confidential meetings with trainees. The visit team heard that there was a general lack of space within the Trust, and the relocation of office areas was a priority, with medical education being a small discipline of the Trust the space was not a priority. The MEM confirmed that the trainees had a common room which had computers available for private working. The medical education team and educational supervisors confirmed that the library was a valuable resource and one which should be maintained in the Trust.	The Trust needs to review office space for the postgraduate team to enable confidential meetings to take place and for trainees in difficulty to be seen.	**Amber** Mandatory Requirement

		The educational supervisors stated that it was a shame that there was no dedicated area or office for postgraduate medical education.		
Good Practice			**Contact**	**Brief for Sharing**	**Date**
N/A					
Other Actions (including actions to be taken by Health Education North Central and East London)					
Requirement				**Responsibility**	
Visit report to be forwarded to the North Central Foundation School Director and Manager, for clarity on the foundation posts.				Quality and Visits Officer	
Signed					
By the Lead Visitor on behalf of the Visiting Team:	Professor Michael Maier				
Date:	19 October 2015				