

Pan-London Quality and Regulation Unit

Central North West London NHS Foundation Trust Trust Wide Review

Quality Visit Report
28 September 2015

Final Report

TRUST WIDE REVIEW REPORT

Visit Details	
LEP	Central North West London NHS Foundation Trust
Date of visit	28 September 2015
Background to visit	<p>The visit was organised as Central North West London NHS Foundation Trust (CNWL) had not been visited since 6 March 2012. Following the March 2012 visit, the Trust engaged with the post-visit process and all actions were successfully closed in a timely manner. This visit was requested due to unresolved scheme concerns of inappropriate and excessive service demands as reported by the trainees.</p> <p>Concerns had been raised regarding bed capacity at Central North West London Foundation Trust through the General Medical Council National Training Survey (GMC NTS) in 2015. The GMC NTS 2015 results also showed persistent (also present in 2014 and 2013) red outliers in core psychiatry training for regional teaching and old age psychiatry training gaining nine pink outliers that included those in overall satisfaction, handover, clinical supervision and clinical supervision out of hours.</p> <p>The Trust had undergone reconfigurations and redesign undertaking a large expansion out to Milton Keynes and diversifying from psychiatry to include medical specialities such as geriatric medicine, palliative medicine and genitourinary medicine (GUM). The visit team was interested to assess how the expansion and restructuring had affected the training and education environment but also how training had been prioritised in alignment with service reconfigurations.</p> <p>Under 'Broadening the Foundation Programme' there had been an increase in the number of foundation doctors allocated to psychiatry posts and this coincided with increased general practice (GP) trainees being placed into community and psychiatry posts. The GP school and the North West Thames Foundation School (NWTFS) thought it prudent to assess how these roles had been accommodated and whether the training environment supported training and patient safety.</p>
Visit summary and outcomes	<p>The visit team would like to thank the Trust for accommodating the Trust Wide Review over multiple sites and for the levels of attendance at all sessions.</p> <p>The main visit team was based at the Trust's headquarters and met with foundation year one, year two, core, and higher trainees from geriatrics, GUM, GP, liaison psychiatry, child and adolescent psychiatry, general psychiatry, learning disability psychiatry and old age psychiatry. During the morning sessions, the visit team met with college tutors, educational supervisors, and training programme directors from medical and psychiatry specialties and the Trust's education team. In the afternoon trainee representatives who had visited the following sites joined the visit team: St Charles' Hospital, Park Royal Centre</p>

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	<p>for Mental Health, Northwick Park Hospital, Gordon Hospital, South Kensington and Chelsea Mental Health Centre and Hillingdon Hospital. This was followed by a session where the visit team met the Trust's senior management team.</p> <p>No immediate mandatory requirements were issued but the visit team did have one serious concern, which was fed back to the Trust on the visit day. The visit team acknowledged that the Trust had started to implement a formal urgent care pathway to be introduced in November 2015. The visit team felt that there should be clear and robust guidance for the trainees and other staff regarding the walk in service in the interim period.</p> <p>The visit team found a Trust with trainers who were very committed to ensuring trainees were well supported and able to achieve their educational needs. All the trainees felt they could approach both educational and clinical supervisors without any concerns. The trainees interviewed all stated that they would be happy for friends and family to be a patient at the Trust. GUM trainees were especially happy, recommending all aspects of training.</p> <p>The Trust was in the middle of trust-wide reconfigurations and although it was evident that the senior management and education teams had engaged the trainers and trainees in elements of the redesign, there was a degree of difference in perceptions between the different groups. The visit team was reassured that the implementation of a new management structure would help to resolve the communication difficulties and enhance the culture within the Trust towards open discussion and increased involvement from all parties.</p> <p>Other areas that the visit team found needed improvement included clarity regarding bed management policies especially around child and adolescent mental health services (CAMHS) which needed to be reinforced with both trainees and allied healthcare professionals. There was also a perceived pressure felt by trainees regarding admitting patients resulting from the lack of bed capacity, which called into question their clinical decisions.</p> <p>The Trust had accommodated a rapid expansion in foundation posts from August 2015, the trainees felt well supported and welcomed into their various teams. The visit team heard that both the foundation school and trainees welcomed the cautious roll-out of these programmes, but there was room to expand these groups' responsibilities in line with their educational needs.</p> <p>The visit team heard negative comments about the Member of the Royal College of Psychiatry course (MRCPsych course) and recognised that there had been a recent external review and adjustment of the current programme, which some trainees reported had already resulted in an improvement.</p>
Visit team	
Trust Liaison Dean	<div> <div><i>Dr Orla Lacey</i></div> <div> North West Thames Foundation School Representative </div> <div><i>Dr Anthea Parry</i></div> </div>

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Lead Visitor	<i>Professor Michael Maier</i>	North West Thames Foundation School Representative	<i>Philippa Shallard</i>
School of Medicine Representative	<i>Dr Catherine Bryant</i>	External Clinician	<i>Dr John Moriarty</i>
School of General Practice Representative	<i>Dr Andrew Tate</i>	Lay Member	<i>Kate Rivett</i>
Trainee representative	<i>Dr Robert McCutheon</i>	Trainee representative	<i>Dr Matthew O'Brien</i>
Trainee representative	<i>Dr Rekha De Silva</i>	Trainee representative	<i>Dr Anthony Brown</i>
Trainee representative	<i>Dr Christopher Symeon</i>	Trainee representative	<i>Dr Alessia Spennati</i>
Visit Officer	<i>Lizzie Cannon</i>	Observer	<i>Victoria Farrimond</i>

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	1.1	Patient safety The visit team heard from the Trust's education and senior management teams that there were known issues regarding the walk-in services at the Gordon Hospital site and the St Charles Hospital site. The visit team heard that there were plans to replace the walk-in service at both		

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		<p>sites with an urgent care pathway from November 2015. The senior management team stated that this had been communicated clearly to all staff and that staff had been involved in consultation and reference groups regarding this service.</p> <p>The visit team however found that trainees and trainers were unclear if the walk-in service was still operational. The visit team was concerned that this lack of clarity had the potential to be a safety risk for patients and staff, especially as it was reported that the service took in on average 30 patients per month. The core psychiatry trainees stated that they were concerned for patient safety because the walk-in service had no method of measuring how long patients had been waiting to be seen and there was a lack of rooms and staff in these areas. Higher trainees also corroborated that there was a lack of clarity regarding the patient pathway and protocol for the walk-in service. This was a contrasting view from the Trust's senior management team who felt that the reconfiguration and transition of the walk-in service to an urgent care pathway had been clearly communicated to all.</p> <p>The trainees interviewed stated that they knew how to report serious incidents (SI) as it was covered at induction. They knew how to escalate concerns. However, those who had reported SIs stated that they had received no feedback. Trainees also stated that there was no advice or proactive support for trainees who had been involved with an SI or had to complete police statements.</p> <p>The higher trainees stated that they had no patient safety concerns regarding S136 suites. The only issue being the night-time staffing levels at the Park Royal site, although this was not deemed a patient safety concern. The higher trainees reported that they did have a concern about staff safety when asked to review patients, due to the shortage of staff necessary for S136 assessment in addition to other necessary duties, such as seclusions.</p> <p>All higher trainees stated they would be happy to be treated as a patient at the Trust and all trainees stated that they would be happy for friends and family to be treated at the Trust.</p>	<p>The Trust is required to provide clarity on the protocol covering the walk-in services at St Charles and the Gordon Hospital sites, to all staff until the new urgent care pathway is established.</p> <p>The Trust should review the mechanism for feedback for serious incidents to trainees and how trainees are supported.</p> <p>The Trust should review the night-time staffing levels at the Park Royal site.</p>	<p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p>
1	1.2	Rotas and workload		

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		<p>The core psychiatry trainees at Northwick Park Hospital stated that there were seven trainees allocated to the daytime rota. This comprised three trainees who worked at Northwick Park Hospital and four trainees who worked in the community. The visit team heard that the rotas tried to maintain continuity with the same person attending the on call but this was not always possible. They also stated that for those working in the community attending the on call could be difficult logistically.</p> <p>The visit team heard that the core psychiatry community trainees on call at Northwick Park Hospital had a very good formal written as well as verbal handover.</p> <p>The core psychiatry trainees on other sites such as Park Royal Centre for Mental Health and South Kensington and Chelsea Mental Health Centre all stated that there were gaps in the rota and that this was causing problems. This had been caused by changes at the Trust with teams moving to different sites, along with general vacancies. The core psychiatry trainees felt that the foundation year two trainees were more than capable of taking on the responsibilities of the day rota with appropriate support.</p> <p>The visit team heard that the core psychiatry trainees' workload was increased by having to find beds for CAMHS patients. This could take hours and there was no clear policy as to whose remit this resided. The visit team heard that it was the bed manager's role to find beds, but the visit team found that this needed to be clarified through the Trust, as it was an inappropriate task for trainees.</p> <p>The visit team heard that there were concerns regarding the inaccessibility of the Hillingdon Hospital site for out of hours cover and this was having a detrimental effect on training opportunities. The tutors also stated that because of the inaccessibility of the Hillingdon Hospital site, few people wanted to be posted there and it was causing pressure on the rota, with middle grade trainees sometimes covering higher-grade trainee gaps.</p> <p>The higher psychiatry trainees stated that the general adult and learning disability rotas were combined and that the workload of these rotas varied depending on the sites. They stated that the work intensity at Northwick Park was manageable. However, the workload at Chelsea and</p>	<p>The Trust needs to clarify and reinforce the role of trainees within bed management policies</p> <p>The Trust is to review and redistribute the out of hour's guidance on continuous rest so that it is clear.</p>	<p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p>
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		<p>Westminster was very high, especially overnight. The trainees stated that this was partly because of the number of S136 reviews and because they had to travel to the St Charles site to review patients in the seclusion unit every eight hours.</p> <p>The visit team heard from the higher trainees that they were unhappy with the lack of engagement they had received from the Trust regarding changing the on call rotas from 1 in 11 to a 1 in 10 and that the banding had been reduced to 20 per cent even though their work appeared to have increased. They stated that they had not been diary carded before the change and that the on call standard operating procedure was unclear so higher trainees felt they lacked clarity on when they could take time off and the rest periods they were allowed to take. The senior management team stated that trainees had been diary carded.</p> <p>The visit team acknowledged that resolving banding issues between different sites was not an easy task.</p> <p>Trainees were able to compare their banding with colleagues who worked on the same on call rota at West London Mental Health NHS Trust who provided 50 per cent banding. This and the recent increase in required duties at weekends that the higher trainees were expected to undertake, such as ward rounds, meant that there was dissatisfaction amongst the higher trainees. The visit team was concerned that these conditions would only further perpetuate the difficulties experienced with the existing gaps in the rotas. The visit team heard from some members in the senior management meeting session that they shared the concerns of the ramifications of the existing banding system on recruitment and retention of core and higher trainees. The trainers confirmed that there were recruitment problems with the St Mary's higher scheme because of discrepancies with banding, despite the posts being excellent for education and training.</p>	<p>The Trust is to carry out a diary card exercise to ensure trainees are not in breach of European working time directive (EWTD).</p>	<p>Amber</p> <p>Mandatory Requirement</p>
1	1.3	<p>Clinical supervision</p> <p>The visit team heard that foundation trainees in the community did not always have clinical supervision that was on site but that the off-site clinical supervision was always available and</p>		

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		<p>easy to contact. All foundation trainees felt that they were well supported and supervised.</p> <p>The visit team was concerned to hear that foundation trainees (who were part of the North Central Thames Foundation School) working at St Pancras but based at University College London Hospital (UCLH) did not have a named clinical or educational supervisor on the St Pancras site. The trainees did however state that there was always supportive and approachable supervision by clinical supervisors.</p> <p>A high level of clinical supervision from approachable, supportive, and proactive consultants was concurrent across the Trust and specialties. The trainees also stated that nurses and other health professionals were supportive and welcoming.</p> <p>The majority of trainees received one hour per week of consultant contact time, which they appreciated.</p> <p>GUM trainees were very happy with their inductions and stated that they were observed for two weeks in clinics to ensure the competency of the trainee and then they were given patients of their own, under good and supportive supervision.</p> <p>GP trainees also stated that they had received an enhanced level of supervision during the initial induction period of two weeks, which they felt was a good idea in light of having minimal past psychiatry experience.</p>		
2	2.1	<p>Learner engagement</p> <p>The Trust's education team stated that there was a common model at a local level to allow the trainee voice to be heard via a formal conduit. This was through the local faculty groups (LFG) / junior and senior doctor meetings, a trainee forum and trainee representative on Trust and Lead Provider committees. They also stated that there were trainee representatives on any project developments involving redesigns.</p> <p>The core and higher psychiatry trainees were unaware of the medical education committee but</p>		

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		<p>they stated that the junior and senior doctors meetings were site based and a grand round meeting occurred once every three months with trainee representatives from each site attending. The trainees stated that there was a trainee forum but it was not well attended and trainees in community posts were unaware of the trainee forum. The trainees stated that locally the junior and senior trainees meetings were good but they did not feel engaged with the entire Trust. The perception was that the trainee voice was not being heard by the more senior management.</p> <p>The GP trainees felt that although the training needs of the GP posts were recognised within the Trust, there was no forum or network for GP trainees to connect with one another.</p> <p>GUM trainees were also unsure of the feedback mechanism within the Trust to enable the trainee voice to be heard. The trainees in geriatric medicine reported that although they felt they belonged to the department there was no sense of connection with the rest of the Trust.</p> <p>The visit team heard that the educational supervisors felt that there was very little access to the Trust board after the reconfigurations. There had been some consultations and local fora set up, but they felt that their views were not reaching higher management or having an impact.</p>	<p>The Trust is to ensure all trainees and trainers are involved in all aspects of Trust work through awareness of the meetings, committees, and channels of communications to raise concerns with senior management.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
5	5.1	<p>Training opportunities</p> <p>The visit team heard from the senior management and education teams that they were concerned that because the local authorities were reducing the sexual health budget this would be detrimental to sexual health specialty training. There was the possibility that because the training posts were an operational cost that there would be pressure to reduce the number of posts.</p> <p>The visit team heard from the trainers that there was a local redesign of acute care of the elderly services through University College Hospital London and Health Education North Central London (HE NCL) Local Education Training Board (LETB). The trainers expressed concerns about how this may affect the community training placements within CNWL.</p>		

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		<p>The visit team heard that the Trust was interested in expanding the GP training posts especially within palliative care and would like extra support from the London School of General Practice to gauge the expansion of posts within Health Education North West London (HE NWL).</p> <p>The visit team heard that there was scope to increase training opportunities for medicine and psychiatry trainees by integrating certain areas; however, this had not yet been fully realised. They had begun to ensure cross-specialty exchange and learning with the grand round. Trainees from both psychiatry and medicine streams confirmed that they had attended the grand round and found it to be a useful experience.</p> <p>The Trust's education team, college tutors, training programme directors, and educational supervisors were concerned about how they were adequately going to deliver psychotherapy competencies. This was because there was a lot of redesign within individual boroughs for psychotherapy services with the Trust yet to be informed of the broader implications for psychotherapy training and the higher demand for psychotherapy training. The visit team was pleased that the Trust had taken a proactive approach, by monitoring the psychotherapy training for core trainees. The tutors were concerned that there were an inadequate number of consultants at each site to provide psychotherapy training and they had not been involved with the service redesign.</p> <p><u>Foundation</u></p> <p>Foundation trainees had appreciated the cautious roll-out of posts for the expansion of foundation in psychiatry. However, it was felt that some roles contained too much observation, with few responsibilities, which resulted in limited training opportunities. Other foundation trainees reported that the capacity of the unit of the team had not been adjusted to accommodate a foundation doctor's role. This initially led to some tensions with the existing healthcare staff; however, this was resolved through local discussion. The core trainees corroborated this, stating that the foundation trainees could benefit from doing joint assessments and having increased clinical responsibilities.</p> <p>Foundation trainees stated that they would appreciate exposure to more acute psychiatry with</p>	<p>The Trust is required to demonstrate how they will continue to deliver the psychotherapy curriculum effectively for both core and higher trainees.</p>	<p>Amber</p> <p>Mandatory Requirement</p>
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	<p>foundation year two trainees stating they would be happy to be included on the on call rotas. The foundation year one trainees did state that they would benefit more from the psychiatry posts if they were in the third rotation or second year of the foundation programme.</p> <p>The trainees and trainers appreciated the lead role played by Dr Alex Bailey in developing foundation training at the Trust in his capacity as Foundation Training Programme Director (FTPD) for the North West Thames Foundation School (NWTFS).</p> <p>The NWTFS had funded Dr Bailey as FTPD for all foundation psychiatry trainees across the region for 2015/16. However, this funding was due to cease in August 2016.</p> <p>Core psychiatry</p> <p>The core psychiatry trainees stated that they received good training and educational opportunities with exposure to a wide range of patient cases that let them meet their competencies. They also stated that they had excellent, supportive consultants that were always available to sign off workplace-based assessments (WPBAs).</p> <p>The core psychiatry trainees stated that there was limited opportunity to access training posts on the West London Mental Health side of the scheme and that this limited their training opportunities.</p> <p>Higher psychiatry</p> <p>The higher trainees stated that there were good training opportunities that allowed them to meet the required curriculum competencies. The on call rota facilitated exposure to general adult psychiatry too, which was appreciated by the trainees.</p> <p>The visit team heard that the academic programme within the Trust was very good and covered a wide range of special interests. The consultants were described as enthusiastic and supportive. Higher trainees stated however that they felt there was no active engagement of trainees in academic programme and research, with trainees having to be proactive to become</p>	<p>The Trust along with the NWTFS should discuss the funding of the Psychiatry FTPD role from August 2016 onwards.</p> <p>The Trust should clarify what opportunities exist for trainees on the joint NW London core psychiatry scheme, which operates as the old St Mary's, and the Charing Cross schemes.</p>	<p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p>
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		<p>involved.</p> <p>GUM and geriatric medicine</p> <p>All trainees in GUM and geriatric medicine stated that they received good training opportunities. The higher trainees within geriatric medicine stated that the clinical supervisors had a very proactive approach to training opportunities and teaching, with consultants actively engaging with trainees to help them meet the curriculum competencies.</p> <p>GP</p> <p>The visit team heard that after the initial induction period the trainees received excellent training opportunities. They stated that they were given a caseload, where they could assess patients and then discuss patient cases with the consultant and have their competencies signed off. They also stated that with the Assessment and Brief Treatment ABT team they were able to sit into the referrals meeting once every two weeks, which was excellent, experience, and practice to take back to the general practice setting.</p>		
5	5.2	<p>Teaching</p> <p>The foundation trainees confirmed that there was Trust teaching every week for one to two hours however, this was not always feasible to attend because it was on the St Charles Hospital site and it clashed with the mandatory foundation teaching programme. This was also true for the higher and core trainees who stated that rotas did not always allow trainees to attend local teaching sessions.</p> <p>Other foundation trainees stated that they had not been able to attend because consultants told them that they had clinical commitments. The visit team advised the foundation trainees that this was not the case and that being largely supernumerary they should be able to attend at least 75 per cent of allocated teaching.</p> <p>All the core psychiatry trainees interviewed expressed misgivings regarding the MRCPsych</p>	<p>The Trust should investigate the cancellations of teaching sessions and ensure that access to teaching sessions is facilitated for trainees.</p>	<p>Amber</p> <p>Mandatory Requirement</p>

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		<p>course. They stated that the teaching was often not relevant to the exam and the problem-based learning was ineffective. They wanted to see more didactic teaching and skill-based teaching for the practical examination. Some local trainers shared these misgivings. The Trust's education team stated that they were aware of this and that they had undertaken an external review of the course. The trainees stated that since the review there had been a noticeable improvement in the teaching. They also commented that the course costs take up a large proportion of the trainees' study budget and that rotas meant that sometimes trainees were unable to attend.</p> <p>The GP trainees stated that there was teaching on Wednesday afternoons with the psychiatry trainees at the Park Royal site and on Thursday, there was GP specific teaching at Central Middlesex Hospital.</p> <p>The geriatric and GUM trainees interviewed stated that they were able to attend the local and regional teaching. They stated that the Trust had an encouraging approach to allow trainees to attend different training days.</p> <p>The Trust's college tutors, training programme directors and educational supervisors reported that there had been groups set up to implement inter-professional simulation training but this had been quite difficult to do with the lack of integration within the Trust. However, they stated that they were confident that the new management structure that included a director for education would help solve the issue of integration. They also stated that the addition of grand rounds was helping the cohesion between professions.</p>	<p>The organisers of the MRCPsych course should gain further feedback from the trainees attending, to demonstrate that the new course meets the trainees' requirements.</p>	<p>Green</p> <p>Recommendation</p>
6	6.1	<p>Induction</p> <p>Foundation trainees reported that they all received three and a half days of Trust induction but they felt a lot of the content was only relevant to core trainees and not foundation. The foundation trainees also stated that they would like to have a service induction too. Those foundation trainees who were working across two sites stated that there were some clashes between the sites inductions and that they had had to leave half way through to attend the other. This had resulted in trainees not being provided with logins and having to complete</p>	<p>The Trust is required to review the Trust induction for the foundation trainees.</p>	<p>Amber</p> <p>Mandatory Requirement</p>

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		<p>eLearning modules in their spare time.</p> <p>The visit team heard that not all foundation trainees had been given signed contracts. There were specific issues at Northwick Park Hospital and Imperial College Healthcare NHS Trust.</p> <p>The foundation trainees stated that shadowing the next placement in the respective acute Trust at the end of the psychiatry rotation before entering an acute Trust would be useful, as they would like a more hands-on approach to build confidence of practical skills such as phlebotomy and patient assessments. Others stated that having a week before they started in order to acquire ID badges, logins, and password would also be beneficial. There was some concern that foundation trainees in community posts were becoming de-skilled in medicine.</p> <p>The core and higher psychiatry trainees stated that they had received good inductions but they would appreciate more information and clarity regarding their role while on call. The GP trainees also stated that although they had not started the on call at the time of the visit they would be starting in early October 2015 and they had received very little information or induction regarding the on calls. They stated that they had relied upon the information of other colleagues and trainees who had already started the on calls.</p>	<p>It is recommended that CNWL works with the trainees to resolve any contract issues.</p> <p>See other actions, at end of report.</p> <p>It is recommended that the Trust clarify on call responsibilities as part of the Trust induction and orientation package.</p>	<p>Green</p> <p>Recommendation</p> <p>Green</p> <p>Recommendation</p>
6	6.2	<p>Clinical and educational supervisors</p> <p>The visit team heard that all trainers had their educational roles job planned.</p> <p>The visit team heard that trainers in specialities in medicine received support and training from both University College London Partners (UCLP) and the Trust. The visit team was pleased to hear that those in medicine had maintained good working relationships with UCLP and UCLH to increase training opportunities for trainees in sexual health specialities.</p> <p>The Trust's education team stated that they had worked hard to ensure that all clinical and educational supervisors were fully trained, substantive consultants. The Trust had agreed with the LETB that training posts could be moved to other sites within the Trust where a substantive consultant was not available to provide educational and/or clinical supervision. There remained</p>		

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		one locum consultant who was used to support training and had been fully appraised.		
6	6.3	<p>Bullying and undermining</p> <p>The visit team was concerned to hear from trainees that there was felt to be an undue pressure not to admit patients because of bed capacity issues. Trainees stated that to admit a patient the clinical decisions taken by the trainees were questioned and reviewed, an issue that the senior management team had not fully appreciated.</p> <p>Trainees stated that the Trust was supportive, welcoming and all staff were very approachable. Trainees reported that the Trust had a good environment for training.</p>		
7	7.	<p>Structural change</p> <p>The visit team heard from the Trust's educational team that there had been a lot of restructuring and redesign of services and management to accommodate the expansion of the Trust and the reduction of funding on services in mental health. The education team stated that training opportunities could be enhanced with the redesign but that they were primarily concentrating on mitigating risk and maintaining training.</p> <p>The Trust's college tutors, training programme directors and educational supervisors stated that although there seemed to be many conduits for feedback the trainers' perception was that they were not heard by the Trust's senior management team. In particular, the trainers for CAMHS reported that there were major concerns regarding the movement of higher trainees to cover service commitments. The trainers felt the proposed reallocations did not fully meet the educational needs of the trainees. The trainers had voiced the concerns over these priorities.</p> <p>The visit team heard that the alignment of service and education strategy was an on-going progress but the trainers stated that they felt this would be a difficult undertaking because the tariff was not transparent. The trainees stated that because of this they could not demonstrate the value of trainees within the tariff and work streams, which made it difficult to align training</p>	<p>The visit team would recommend the senior management team look for feedback from the trainers within the Trust following the implementation of the proposed new governance structure around education.</p>	<p>Green</p> <p>Recommendation</p>

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		needs with service requirements.		
8	8.1	<p>Resources and facilities</p> <p>The visit team heard that the Trust ensured that all trainees had an Athens login account for educational resources and journals online. The visit team was also pleased to hear that the library services ran many initiatives to support trainees with publishing, research and continuing professional development. The visit team was also informed that after feedback regarding poor educational resources they had developed library hubs at many sites which the trainees confirmed they found very useful.</p> <p>The core psychiatry trainees at the Northwick Park Hospital site stated that there were no facilities for doctors on call and limited information technology (IT) resources.</p> <p>The visit team heard from the foundation supervisors that although they had been prepared for the influx of foundation trainees, the estates and facilities of certain sites had not made adequate provision to accommodate extra trainees. The trainees interviewed corroborated this view with reports of stretched IT and rest room facilities in the majority of sites.</p> <p>Trainees reported that there was a lack of administration support for doctors within the Trust and that this was affecting their training opportunities and increasing their workload.</p> <p>Many trainees commented on the change in laboratory services. Results had been previously accessed via the hospital computer systems but this had changed to a fax-based system, which the trainees felt was a backwards step. The trainees felt that this was not a patient safety issue but added to the workload.</p> <p>Trainees at Gordon Hospital stated that there were no food facilities, including no vending machines. This was not appreciated especially when some trainees felt too vulnerable to leave the hospital to buy food late at night.</p>	<p>The Trust should review the available IT and on call facilities at all sites.</p> <p>The Trust should review the level of administration support available to trainees.</p> <p>The Trust should ensure that timely access to pathology results is maintained and commensurate with current technology.</p> <p>The visit team recommends that the Trust review the availability of food at the different sites.</p>	<p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p> <p>Amber</p> <p>Mandatory Requirement</p> <p>Green</p> <p>Recommendation</p>

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Other Actions (including actions to be taken by the Local Education Training Board)							
Requirement				Responsibility			
The North West Thames Foundation School (NWTFS) should feedback to HE NWL regarding the new foundation posts.				NWTFS			
The NWTFS should work with the acute trusts and CNWL to arrange appropriate shadowing, and induction for these trainees prior to the December changeover along with clinical skills training for F1s. The Trust Liaison Dean would like CNWL to support this endeavour on patient safety grounds.				NWTFS			
Information and reports provided to the team prior to the visit							
DME Annual Report	yes	Regulator Reports/Data	yes	LFG Reports	yes	MEM minutes	yes
GMC Survey - trainees	yes	GMC Survey - trainers	no	Previous visit reports & action plans	yes		
Signed							
By the Lead Visitor on behalf of the Visiting Team:		Dr Orla Lacey					
Date:		28 October 2015					