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Quality and Regulation Team (London and South East)

Camden and Islington NHS Foundation Trust Psychiatry Trust Wide Review

Quality Visit Report

2 February 2016

Final Report

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Visit Details	
Trust	Camden and Islington NHS Foundation Trust
Date of visit	2 February 2016
Background to visit	At the time of the visit, there were 70 trainees in the Trust, in psychiatry there were 12 foundation trainees, nine GP trainees, 29 core trainees, 15 general adult trainees, four old age psychiatry and one higher trainee in psychiatry of learning disabilities. The Trust was last visited for an Annual Quality Visit 20 March 2012. 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 reported red outliers in General Psychiatry in 'clinical supervision out of hours' and 'workload', and two pink outliers in 'educational resources' and 'feedback'. This was the second year running that the Trust had pink outliers in 'feedback'. The Trust generated two green outliers in 'handover' for core psychiatry and general practice psychiatry indicating good practice. Core psychiatry generated the green outlier for four years running. Due to the small number of trainees at each site in the Trust, there were minimal results for the GMC with a site breakdown. The Trust previously generated a triple red for 'local teaching' in Old Age Psychiatry; which appeared to be addressed in the recent results. The Trust did not generate any bullying and undermining concerns in the GMC National Training Survey 2015; however, there was one patient safety comment which related to the bed capacity for psychiatry patients. The Care Quality Commission (CQC) visited the Trust 22 August 2014 and found that the Trust was operating safely but there were areas of improvement to be addressed. This mainly focused on learning from serious untoward incidents, and the sharing of information across wards and teams, quickly and effectively. The Trust was being visited for their CQC Inspection on Monday 22 February 2016. The purpose of the visit to Camden and Islington NHS Foundation Trust on 2 February 2016 was a re-visit due to poor attendance of trainees and educators at the Trust Wide Review that was held in October 2015. This visit focused on the aspects of the Trust wide review that were not covered adequately at the October visit; meeting with core and higher trainees, supervisors, the senior management team and feedback of findings to the Trust.
Visit summary and outcomes	The visit team would like to thank the Trust for accommodating the visit and ensuring good attendance at all the sessions. It was noted that attendance had vastly improved from the October 2015 visit. The visit team met with the senior management team, including the deputy director of nursing, chief executive, medical director, chief operating officer, clinical director, deputy medical director, and director of medical education. The visit team were all in agreement that this was a high performing training Trust with a good reputation. The quality of the training was high and it was noted that all of the trainees questioned stated that they would recommend the training scheme to colleagues. The visit team met two foundation year one doctors (F1), six core trainees year one to three (CT1-3), six general practice year one and two trainees (GPST1-2) and 14 higher specialty trainees (ST4-7) trainees based across sites at the Royal Free Hospital, Whittington Hospital, St Pancras Hospital and the Highgate Mental Health Centre. Trainees were located in various areas including the Islington drug and alcohol service, old age psychiatry, the Crisis Team, community rehab, general adult psychiatry, learning disabilities, female and mixed adult inpatient wards, within acute day services. The visit team also met with 32 trainers across the above specialties. The visit team noted that there were areas for improvement, especially concerning trainee workload which was high. The visit team suggested that a review of daytime and out of hours (on call) working needed to be completed by the Trust. The fourth rota was raised by numerous trainees as an issue and they were concerned that it was being used to fill planned gaps in absence (including maternity leave) and unfilled posts rather than as an ad hoc rota to cover

	short term sickness and unexpected absence. All trainees were on the fourth rota which covered three sites. Trainees expressed frustration that there was not more of an effort by the Trust to source locums to cover these anticipated rota gaps. The visit team required the Trust to review the use of the fourth rota. The absence of administration staff meant that trainees had to complete their own administrative work (including typing, formatting and sending letters), which had impacted on their workload and taken time away from training. Similarly trainees were also required to carry out other duties that were not beneficial to their training including covering reception areas and performing phlebotomy and echocardiograms (ECGs). It was reported that trainees were not receiving regular supervision due to the workload of trainees and trainers, as well as insufficient presence of trainers. The visit team suggested that this needed to be reviewed through job plans and reconfigured posts. Concerns were raised around limited access to IT facilities (computers, care records and emails) especially at the Royal Free and St Pancras Hospitals. Moreover, trainees reported a lack of library facilities (including journal access) at all sites excluding Whittington Hospital. Additionally it was reported that there was insufficient office space for trainees to complete administrative duties. The visit team required the Trust to review this in order to raise morale and ensure an adequate working environment for trainees. GP trainees reported a positive training experience although they had not been assessed using the competency checklist used by the core and foundation trainees. The absence of early assessment of their psychiatric competencies made some trainees feel vulnerable whilst on call. The visit team suggested that the competency checklist should be extended to all trainees.

Visit team			
Lead Visitor	Professor Michael Maier, Head of the London Specialty School of Psychiatry	**Lay Member**	Robert Hawker, Lay Representative
Trust Liaison Dean	Dr Andrew Deaner, Trust Liaison Dean, Health Education England North Central and East London	**Trainee Representative**	Dr Amarinder Toor, Trainee Representative for the visit team
Lead Provider Representative	Dr Jan Falkowski, UCLP TPMC chair, TPD for general adult and old age psychiatry	**Trainee Representative**	Dr Mehtab Rahman, Trainee Representative for St Pancras Hospital
LETB Representative	Alan Haines Delivery Support Administrator (Medical and Dental), Health Education England North Central and East London	**Trainee Representative**	Dr Rajendra Shah, Trainee Representative for Highgate Mental Health Centre
Foundation Representative	Dr Daniel Farrar, North Central Thames Deputy Foundation School Director	**Scribe**	Victoria Farrimond, Learning Environment Quality Coordinator
General Practice Representative	Dr Surendra Deo, Associate Director, Health Education England North Central London	**Scribe**	Kate Neilson, Learning Environment Quality Coordinator

Ref	**Findings**	**Action and Evidence Required.** **Full details on Action Plan**	**Requirements / Recommendations**
GMC Theme 1) Learning environment and culture			

1.1	**Patient safety**		
	The visit team initially met with the foundation, core and general practice (GP) trainees who identified the high workload as the main issue with the training at the Trust. Safety concerns were raised around workload at night in the Emergency Department (ED) at the Royal Free Hospital and the University College London Hospital sites. Although workloads were of a similar nature at three to five referrals a night, it was reported that trainees felt more supported at University College London Hospital due to the presence of at least one and sometimes two liaison nurses. However at the Royal Free Hospital there was no liaison nurse except during the winter months, when funding was provided for this post. This meant that there was no nurse to explain the systems, including the IT systems, to trainees who were covering the fourth rota and may never have worked at the site before.	The Trust is to work to secure one or more psychiatric liaison nurses at the Royal Free Hospital to support the trainees on call.	Mandatory Requirement
	There was similarly no access to care notes or work email at the Royal Free Hospital site, as it was on a different system to that of Camden and Islington NHS Foundation Trust. It was noted that there was information available within the emergency department (ED) for using the computer system but it involved logging in up to four times and using a different keyboard. Additionally there was no access to printers and trainees were required to email documents to themselves in order to print them from a separate printer.	The Trust is to ensure that all trainees can access care notes and printers at the on-call acute Trusts.	Mandatory Requirement
	The trainees who were regularly based at the Royal Free Hospital reported that they were located at the Grove but were advised not to walk over from there at night due to safety concerns. Trainees also advised that there was no rest room or mess for trainees at the Royal Free Hospital site. The visit team heard that at times outside of the winter months, the Royal Free Hospital site felt unsafe due to high patient numbers leading to unmanageable workloads which often resulted in patients self-discharging prior to being seen.		
	It was reported that support from higher trainees was good but core trainees resisted contacting them regarding every question that arose during a shift, as they were aware of their similarly high workload. Core trainees based at University College London Hospital stated that they had good support when covering the ED and they felt that the inequitable distribution of liaison nurses was unfair. Trainees agreed that the presence of a liaison nurse at the Royal Free Hospital site would help improve the situation. It was noted that GP trainees covered the Whittington Hospital site, which had a liaison nurse in situ and that there were no issues raised regarding the site.		
	The visit team heard that concerns were raised around safety on both the acute mixed ward and a male ward at St Pancras Hospital. Core and GP trainees stated that there had been incidents and 'near misses' over the last six months due to some patients posing a risk to staff and other patients. These had been relatively minor in terms of the consequences but it was noted that some trainees had left the mixed ward as a result of these concerns over safety. A core trainee advised that they had raised these issues through the appropriate channels and that the problem arose from insufficient staffing levels as well as a lack of access to psychiatric intensive care unit (PICU) beds at the site. There was only one male PICU ward at Highgate Mental Health Centre and female patients were sent out of the area. Regarding the male ward, concerns around safety	The Trust is to investigate all safety concerns on the wards at St Pancras Hospital, in which trainees work and produce an action plan to respond to these concerns.	Mandatory Requirement

	were also raised due to the fact that there was not enough staff to do one-to-ones and that the ward had become a sub-PICU ward. The higher trainees advised the visit team that instances of 'lost patients' had decreased and that pressure to discharge patients in order to free up beds had stopped. However there had been instances of patients absconding due to lack of beds. All trainees raised the issue of shortage of beds and that core trainees, alongside the bed manager were required to find beds, which was not an appropriate use of their time. The higher trainees reported that the staff shortages had caused avoidable incidents and that despite a recruitment drive there was still a shortage of nursing staff. It was noted that those areas with continuity of nursing staff felt much safer. Furthermore, the Trust had started to use locums to plug staff shortages. The higher trainees informed the visit team that there was ambiguity about how to treat patients with complex issues (e.g. comorbidities) as they did not fit the coding criteria. The Senior Management Team (SMT) confirmed that they had taken steps to address safety concerns including a drive to recruit nursing staff and substantive consultants to wards as well as on-going work around teaching on call scenarios including violence on the ward, as part of the academic programme. Furthermore, improvement plans had been put in place on ward where issues were raised.	The Trust is required to provide evidence that wards are appropriately staffed so that they are safe for patients and staff.	Mandatory Requirement
1.2	**Serious incidents and professional duty of candour** All trainees confirmed that they were aware of how to report serious incidents. However trainees at all levels reported that they did not receive feedback around serious incidents, including learning from these. The Trust informed the visit team that serious incident reporting was covered regularly within the academic programme. Furthermore, serious incidents were discussed at monthly service meetings, quality forums and weekly team meetings which trainees were encouraged to attend. It was stated that safety alerts from serious incidents were disseminated to staff and trainees at the Trust via email. The director of medical education (DME) is on the email circulation list for serious incidents resulting in the postgraduate team being aware of any trainee involvement. The DME stated that it was not always clear whether a trainee was involved unless they were named on the Datix report. The Trust was working on ways to pick up trainee involvement at an earlier stage. The visit team confirmed that the Trust was good at serious incident reporting but recognised that they did not always provide adequate feedback to trainees on the outcome of serious incidents. The visit team recommended that the Trust organised a regular meeting to highlight themes and lessons learned from serious incidents. The postgraduate team commented that they were working on sharing learning from serious incidents and communicating this back to trainees. Currently the clinical governance team send	The Trust is to ensure that learning from serious incidents is disseminated to all trainees and include learning from incidents within the local teaching programme. The Trust must demonstrate that it has a system that picks up the trainees who are involved in serious incidents.	Mandatory Requirement Mandatory Requirement

	out email updates to all staff regarding policies and procedures following some serious incident reports.		
1.3	**Appropriate level of clinical supervision** Trainees at all levels reported having one hour of clinical supervision a week with the exception of two core trainees who had not had it within the last seven days due to their supervisor being on annual leave. However, trainees reported that there was no regular out of hour's supervision as they were often on call by themselves. Furthermore, risk assessments were not always covered in clinical supervision prior to trainees being put on the on call rota. GP trainees advised that risk assessments were covered as part of the psychiatric assessment at induction but did not always help in real life situations. Core trainees advised that they were not required to have their competencies signed off before being put on the on call rota, although they had to complete them within the first month. Foundation trainees noted that they did have key competencies assessed but they were not obligatory. Although the on call rotas included a mixture of core and GP trainees, none of the GP trainees had heard of the competency check list. The visit team advised that GP trainees should have the opportunity to have their core competencies signed off.	The Trust is to ensure that all core trainees, foundation trainees and GP trainees have their core competencies signed off as specified in the London Competency Checklist, before they start on the on call rota.	Mandatory Requirement
1.4	**Responsibilities for patient care appropriate for stage of education and training** The core trainees informed the visit team that a policy had recently been introduced and as a result CT1s were required to discharge some section 136 patients and felt that this responsibility was beyond their current experience. Trainees were advised that they could ask higher trainees for support if they did not feel comfortable discharging patients. However some core trainees reported that although they did not feel confident with discharging patients, they also did not want to contact the higher trainees for this reason as they were aware of the already high workload of higher trainees. The higher trainees advised that this policy was only appropriate for experienced CT1s where there was no history of mental illness in the patient and noted that it was a good training opportunity for core trainees. However as the policy was only recently introduced, the safety and appropriateness of it had not yet been evidenced.	The Trust is to clarify the new policy regarding discharging patients from section 136 suites to all trainees.	Mandatory Requirement
1.5	**Rotas** The core and GP trainees all expressed concern and frustration around the fourth rota system which was used to fill gaps in the other three rotas across all sites. There was frustration that this rota was being used to fill long term, planned, leave such as maternity as well as unfilled posts, rather than short term sickness and absence. The trainees reported that they had to cover night shifts for seven days in a row. The visit team heard that the fourth rota disrupted clinics, as trainees had to cancel those scheduled for the days before and after night shifts. Trainees	The Trust is to provide the visit team with the raw data from the October 2015 diary card monitoring exercise for core and higher trainees and to establish whether all trainees reported the fourth rota as part of the monitoring.	Mandatory Requirement

	reported that the Trust had told them that this issue had been raised at a meeting with the SMT but trainees were unsure if this was the case. The Trust informed trainees that these extra hours were compliant with their banding, although trainees remain sceptical about this. The trainees advised that diary card monitoring had been carried out twice but there was continued confusion about whether the extra fourth rota shifts should be included in the diary carding exercise. The educational supervisors commented that the fourth rota was fully compliant and that this had been checked with the British Medical Association (BMA) and that it complied with the European Working Time Directive (EWTD) and that the banding was correct. The rota involved four or five extra shifts per rotation. The Trust confirmed that use of the fourth rota was not a means of cutting costs but it was better for the Trust to have these gaps filled by staff already familiar with the systems. The visit team heard from the higher trainees that high workload was also the main issue with their training. They stated that a diary card monitoring exercise was completed in October 2015 to address inadequate rest periods following on call shifts. The requirement of eleven hours continuous rest following an on call shift was not being met. Although over 75% of trainees filled in the diary card monitoring, the Trust was slow to take action and feedback was only received on 1 February 2016. The trainees confirmed that they were well listened to and supported by consultant colleagues and that practical changes were implemented immediately. The visit team heard that in some cases higher trainees covered 48 hours of constant work while on call at weekends, which led to concerns surrounding safety. It was noted that from May 2016 onwards, higher trainees would only cover either a Saturday or a Sunday on call but they had not yet received 100% commitment from Human Resources around this.		
1.6	**Induction** Trainees at all levels confirmed that they completed inductions at all sites, which included an IT induction on electronic medical notes access. The visit team heard that most trainees were aware of the whistleblowing policy but some noted that it was not covered within the induction. It was noted by some trainees that they would appreciate more training on the Mental Health Act and seclusion reviews within the induction. The postgraduate team confirmed that serious incidents were covered within trainees' inductions. A member of the clinical governance team holds a session with trainees to talk them through the Datix form and the follow up of serious incidents.		
1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The visit team heard that the foundation trainees in new posts felt valued members of the team by senior colleagues and that they were engaged in useful learning activities which included communication with GPs and attendance at MDTs. They reported that the weekly teaching at St Pancras Hospital was aimed at a higher level and tailored more to core trainees. However, they also attended this training and found it easier to be released to do so than at their previous		

	placement. The foundation, as well as core trainees stated that they were required to carry out duties not beneficial to their training which took time away from medical learning. Such duties included covering reception areas, administrative work and completing phlebotomy and electrocardiograms (ECGs). Regarding the latter, it was felt that phlebotomy and ECG duties were appropriate for trainees to complete occasionally but not on a regular basis.	Trust to review trainees' duties to ensure they are meeting curricular needs.	Mandatory Requirement
GMC Theme 3) Supporting learners			
3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The postgraduate team informed the visit team that the Trust receives library services from Whittington Hospital and University College London Hospitals. The new library near Highgate Mental Health Centre had never had full on-site provision of computer facilities. The library had laptops with internet access but no access to the Trust's hard drive for trainees to access their personal drives. The visit team heard that it would be useful for the Trust to invest in Wi-Fi infrastructure to allow for full Trust access within the library. The postgraduate team commented that all trainees had Athens accounts. The library team meet all trainees at induction and set them up with accounts. The postgraduate team reported that the DME does not have an office at the St Pancras site as it is not their clinical base. Therefore the DME shares office space with the medical education manager (MEM). The visit term was told that the medical education administrator post was dissolved and it would be useful to have part-time help. The higher trainees informed the visit team that they had received a good induction from the Whittington library (only library across all sites) and that resources were better there than at other sites. It was noted that there were some books available for use at the Highgate Mental Health Centre, although this was not a formal library. The visit team heard that there were issues with UCLH trainees not being able to login to the Whittington IT system. At the St Pancras Hospital, there was no education centre or access to journals, limited desktop space and trainees were unable to access emails. As a result, administrative work had to be completed on the ward. The trainees told the visit team that the training programme director (TPD) was aware of these issues. The higher trainees confirmed that they all had an Athens account so were able to access online journals offsite.	The Trust is required to ensure that trainees have adequate access to library resources and appropriate workspace. The Trust needs to ensure that all trainees have appropriate access to library facilities at all sites they work at.	Recommendation Recommendation
3.2	**Academic opportunities** The visit team advised the higher trainees that most specialties had a regional training day each month which was funded by Health Education England and does not come out of the trainees' training budget.	The higher training scheme should ensure that higher trainees have a monthly academic day.	Mandatory Requirement

GMC Theme 4) Supporting educators			
4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard from the trainers that not all their educational activities were specifically mentioned in their job plan but they did not consider this to be a problem as they all had sufficient time with their trainees. The DME confirmed the PAs in staff's job plans as follows: core training programme directors (TPDs) have 1PA, higher trainee TPDs have 0.5PA, core trainee tutors receive 1PA, foundation and higher trainee tutors receive 0.5 PA and the DME receives 2PAs. The postgraduate team reported that core trainers were supervising six trainees as an educational supervisor and that the consultants will report that was impacting on their work as they were working beyond their set hours. The DME commented that they meet with all educational leads to carry out appraisals and the trainers upload evidence into their annual trust appraisal.	The Trust needs to establish during job planning that the educational and training expectations of a consultant are achievable within the job plan.	Recommendation
4.2	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** The DME reported that all the clinical and educational supervisors had completed 100% of their required Faculty Development portfolio. The Trust provided in house training afternoons for supervisors, access to UCL Partners training and e-learning opportunities. The postgraduate team commented that there had been no issues with links between the Trust and foundation trainees' acute Trusts. The Trust had access to a list of contacts for the foundation TPDs. The visit team heard that there were four GP schemes that the Trust was linked with and the Trust was aware of the relevant TPDs. University College London Hospitals GP scheme had extended an invite to the Trust to attend the educational board meetings.		
GMC Theme 5) Developing and implementing curricula and assessments			
5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** GP trainees noted that the teaching was not tailored to their future as a GP but that the Friday teaching sessions were broad and useful and that they all attended these. No problems were reported around signing off portfolios. The visit team heard from the higher trainees that they had recently set up regular meetings for trainees at both the St Pancras Hospital and Highgate Mental Health Centre sites to discuss learning. The trainers commented that there was a strong commitment to training within the Trust and an		

	interest in research. It was noted that there was Wednesday lunchtime teaching with good attendance from consultants. The higher trainees commented that they received a half day teaching once a month and had requested extending this to a full day but were not allowed to be released for this purpose. They had organised a pilot teaching session jointly with East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) and were in the process of booking a room at the Royal College of Psychiatrists. All higher trainees agreed that they would recommend the programme to colleagues but would highlight the workload issues when doing so. Similarly, most confirmed that they would be happy for their families to be treated at the Trust depending on the issue, as some specialties were better than others.	See reference 3.2 above, for action.	
5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The absence of administration staff meant that trainees had to complete their own administrative work (including typing, formatting and sending letters and discharge summaries), which was impacting on their workload and taking time away from their training. Trainees at all levels reported that there were no facilities to dictate letters. GP trainees noted that there was a ward clerk where they were based and that some GP trainees had access to a secretary to type letters. The Trust's Medical Director confirmed that Trust was in the process of moving towards a paperless system, including the introduction of software for dictating letters as well as direct electronic communication with GPs. The Trust reported teething problems with the new electronic system, Docman which had been resolved but acknowledged the need for further training on this system. The Trust confirmed that Wi-Fi was available for staff and trainees and will be implemented for patients by 22 February 2016.	The Trust should survey the trainees as to their access to admin support and access to electronic dictation software.	Recommendation

Good Practice	Contact	Brief for Sharing	Date

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Signed	

By the Lead Visitor on behalf of the Visiting Team:	Professor Michael Maier, Head of the London Specialty School of Psychiatry
Date:	1 March 2016