

# East London NHS Foundation Trust Risk-based Review (Education Lead Conversation)

Psychiatry



## Quality Review report

11 October 2017

Final Report

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## Quality Review details

<b>Training programme</b>	Psychiatry
<b>Background to review</b>	<p>Following the previous Education Lead Conversations (ELCs) that have taken place with the Trust, it was felt that a further meeting to discuss the progress made by the Trust and whether the changes made to the on-call rota had been successful was necessary.</p> <p>The ELC was also proposed to discuss the 2017 General Medical Council National Training results, received by the Trust for psychiatry.</p> <p>Within psychiatry, the Trust received a number of red outliers at Trust level within child and adolescent psychiatry (workload), core psychiatry training (induction and educational supervision), general psychiatry (workload and induction), GP programme – psychiatry (clinical supervision out of hours, reporting systems and handover) and psychiatry F2 (curriculum coverage).</p> <p>At site level, the Trust received red outliers in core psychiatry training (Centre for Forensic Mental Health – educational supervision and regional teaching), general psychiatry (City and Hackney Centre for Mental Health – workload), general psychiatry (The Tower Hamlets Centre for Mental Health – educational governance), GP Programme – psychiatry (15 Homerton Row – Handover) and GP Programme – psychiatry (Newham Centre for Mental Health – overall satisfaction, clinical supervision out of hours, teamwork, handover, supportive environment, induction and adequate experience).</p>
<b>HEE quality review team</b>	<p>Dr Sanjiv Ahluwalia, Post Graduate Dean, Health Education England North Central and East London</p> <p>Dr Vivienne Curtis Head of London Specialty School of Psychiatry</p> <p>Ed Praeger Quality Support Officer Health Education England London and the South East</p>
<b>Trust attendees</b>	<p>Caroline McBride, Medical Education Manager</p> <p>Dr Nick Bass, Director of Medical Education</p> <p>Dr Navina Evans, Chief Executive</p>

## Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
1	<p><b>Workload</b></p> <p>The review team was informed that the Trust still felt that there was an uneven distribution of posts within London within psychiatry and felt that this continued to have a large impact on the workload issues highlighted in the General Medical Council National Training Survey (GMC NTS) for 2017, especially within general psychiatry, which saw a red outlier received in relation to workload for the sixth year running.</p> <p>The Review Lead indicated that although child and adolescent psychiatry was showing significant improvement in a number of areas that had previously been highlighted in the 2016 NTS, workload had once again become a concern, which would need to be actively monitored by the Trust.</p> <p>The Review Lead also highlighted a degradation in the scores reviewed for psychiatry of learning disability through the 2017 NTS, indicating that the significant deterioration in indicators, including workload, from green in 2016 to pink in 2017, would also need to be actively monitored by the Trust.</p> <p>The Director of Medical Education (DME) informed the review team that a number of changes had been implemented to tackle the workload issues. These included changes in the rota patterns and a review of banding changes to junior doctors.</p> <p>The DME also informed the review team that although workload was seen by many trainees as an issue, especially within general psychiatry, that a large number of trainees recognised the excellent training opportunities and supervision present at the Trust. The DME highlighted that many of the doctors trained at the Trust did not want to leave, for many of these reasons, and the Trust were concerned that they had become too inward focused, and that they were not recruiting a sufficient number of consultants from outside of the Trust.</p> <p>The Chief Executive (CE) and DME both informed the review team that the Guardian of Safe Working (GoSW) was activity analysing trends from the exception reports regarding workload issues on a quarterly basis, and talking to consultants on an individual basis regarding the workload issues they had encountered. The CE highlighted that the GoSW would report all issues to the Medical Director in a prompt fashion and that all exception reports had subsequently been closed without the need for any follow ups.</p> <p>In relation to the high workload issues seen at the Trust, the Head of School (HoS) informed the Trust that a working group was being put together to look in to the distribution of psychiatry trainees across London, with a review of posts and numbers of trainees allocated to each Trust to be undertaken. The HoS informed the Trust that due to the large and complex undertaking of this task, that any movement on this would not be until the August 2018 rotation.</p>	
2	<p><b>Rota</b></p> <p>The review team was informed by the DME that the Trust had now moved to a partial shift rota pattern. The DME informed the review team that time would be needed to implement this new rota system successfully across all sites, but felt that funding for implementing this would not be a problem in procuring.</p>	

	<p>The review team was informed that the partial rota that was in place was a three in four rota design, which allowed increased rest periods for trainees without undermining the rota design. The DME indicated that feedback from trainees was positive, with increased rest and recovery time being a major factor.</p>	
3	<p><b>Clinical Supervision</b></p> <p>The Chief Medical Officer (CMO) informed the review team that recent feedback from consultants indicated that they were engaged with clinical supervision and actively seeking to take on trainees as their educational supervisors. Consultants had also fed back to the CMO that a clearer understanding of requirements was needed in the job planning process.</p> <p>The CMO also fed back to the review team that the Trust was pursuing building a better rapport between consultants and trainees to build confidence and support within teams.</p> <p>The DME informed the review team that the Trust felt that the job planning process for consultants was robust, and that each of the consultants had had a clear job plan assigned to them.</p>	
4	<p><b>Educational Supervision</b></p> <p>The DME informed the review team that educational supervision was protected time with consultants on site and that every trainee had one hour of face-to-face contact time with their educational supervisors each week. The Review Lead requested that the Trust provide evidence to Health Education England (HEE) that this was taking place.</p>	
5	<p><b>LFG's</b></p> <p>The DME reported to the review team that the Trust held regular quarterly local faculty group (LFG) meetings with trainee representation. The DME reported that the common issue raised by trainees at the LFGs was workload, although morale within the meetings appeared to be high. The next LFG to occur was scheduled for December 2017. The review lead requested that the trust forward minutes of LFGs to the HOS and Deputy Dean as they occurred. It was noted that the trust Chief Executive and DME were agreeable to this.</p>	
6	<p><b>Education Quality</b></p> <p>The medical education manager (MEM) informed the review team that the Trust had representation at the London Sustainable Development Commission (LSDC) and that the Trust was interested in participating in the Training Programme, Management and Development (TPMD) meeting hosted by HEE. The Review Lead informed the Trust that further information regarding Training Programme Director (TPD) learning support would be beneficial from the Trust, and that the Review Lead would be happy to discuss this further.</p> <p>The CE informed the review team that the Trust had a well-developed Nurse Education Programme, which was linked to the City University of London. The CE also highlighted that the Trust had a robust clinical and non-clinical Leadership Programme.</p> <p>The CE also highlighted that the Trust was heavily involved in multi professional Quality Improvement programmes. The CE indicated that although these programmes</p>	

	<p>were informal, there was a large amount of dialog and developing of clinical skills taking place.</p> <p>The HoS informed the Trust that there was funding available for faculty development, with a deadline for applications of 1 December 2017.</p>	
7	<p><b>Study Leave</b></p> <p>The Review Lead informed the Trust that there was a national move to centralise study leave budgets, with courses available through HEE funding. The Review Lead indicated that this would fall within the remit of the HoS, and that a committee was being set up to discuss it, with further details to be released in April 2018. The DME advised that this could potentially make posts less attractive for future trainees, with detrimental effects on trainee travel time to courses and morale. The Review Lead assured the Trust that simulation training would continue.</p>	
8	<p><b>Feedback</b></p> <p>The MEM informed the review team that although feedback was generally good, that general practice (GP) trainees were less engaged in the feedback process. The Review Lead advised the Trust that they would investigate the cause of this and relay any information to the Trust.</p>	

### Next steps

#### Conclusion

It was agreed that the following steps be taken and evidence of satisfactory progress reviewed at a further education lead conversation in February 2018.

- The Trust to provide a summary of the analysis of exception reports trends and actions regarding workload to the Review Lead.
- HEE to provide the Trust with further information, when available, regarding the review of psychiatry trainee distribution at the Trust.
- The Review Lead to investigate with GP School the lack of feedback from General Practice (GP) trainees at the Trust and feedback to the Trust. This is being actioned with Deputy Dean and GP School.
- The Trust to provide HEE with copies of forth coming LFG minutes outlining supervision feedback from trainees.

#### Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Sanjiv Ahluwalia

Date:

10 November 2017

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.

DRAFT