

# West London Mental Health NHS Trust

Psychiatry

Risk-based Review (on-site visit)



## Quality Review report

10 November 2017

Final Report

## Quality Review details

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<p><b>Background to review</b></p>	<p>The on-site visit was proposed in response to ongoing concerns at West London Mental Health NHS Trust (WLMHT) and the poor results received in the 2017 General Medical Council National Training (GMC NTS) Survey.</p> <p>By programme group, outliers were received in the following areas:</p> <ul style="list-style-type: none"> <li>• Core psychiatry training (Trust-wide) - 6 reds, 2 pinks</li> <li>• Child and adolescent psychiatry (Trust-wide) - 5 reds, 4 pinks</li> <li>• General psychiatry (Trust-wide) – 3 reds, 4 pinks</li> <li>• Forensic psychiatry (Broadmoor Hospital) – 4 reds, 3 pinks</li> </ul> <p>By post specialty, outliers were received in the following areas:</p> <ul style="list-style-type: none"> <li>• Medical psychotherapy (Trust-wide) - 6 reds, 2 pinks</li> <li>• General psychiatry (Claybrook Centre) – 5 reds, 1 pink</li> <li>• Child and adolescent psychiatry (Windmill Lodge) - 3 reds, 3 pinks</li> <li>• Forensic psychiatry (Medway Lodge) – 3 reds, 3 pinks</li> </ul> <p>Subsequently, these results had returned the following triple + reds, by post specialty:</p> <ul style="list-style-type: none"> <li>• Forensic psychiatry (Medway Lodge) – workload</li> <li>• General psychiatry (Hammersmith &amp; Fulham Mental Health Unit) – workload</li> <li>• General psychiatry (Hammersmith &amp; Fulham Mental Health Unit) – supportive environment</li> </ul> <p>In addition, the following comments were received:</p> <ul style="list-style-type: none"> <li>• Three patient safety comments relating to CAMHS patients not meeting the threshold for admission, breakdown in communication and clinical supervision. The comments were made by foundation and core trainees at Hammersmith and Fulham.</li> <li>• One bullying and undermining comment relating to undermining and the discussion of non-relevant information in front of other members of staff whilst in post. This comment related to a core trainee in general psychiatry at Hammersmith and Fulham Mental Health Unit.</li> </ul> <p>Therefore, Health Education England felt it was necessary to undertake an on-site visit, in order to meet with the trainees and departmental leads and create a bespoke action plan for the Trust to undertake, that would address the issues highlighted in the GMC NTS.</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>Foundation, General Practice Vocational Training Scheme (GP VTS), Core and Higher Psychiatry trainees.</p>
<p><b>Number of learners and educators from each training programme</b></p>	<p>The quality review team met with the following groups of trainees in parallel sessions:</p> <ul style="list-style-type: none"> <li>• 34 Core and Higher Psychiatry trainees</li> <li>• Foundation trainees included 2 x F1, 2 x F2, 2 x GPVTS (ST1)</li> <li>• A teleconference session with Broadmoor Hospital site included a higher psychiatry trainee, core psychiatry trainees at CT 2 and 3 level, and a locum trainee.</li> </ul> <p>The quality review team also met with the Chief Executive, Medical Director, Director of Workforce, Director of Nursing, Clinical Directors, Directors of Medical Education, Guardian of Safe Working Hours, Physical Health Nurse Consultant, Local Security Management Specialist, Hospital at Night Author, Training Scheme’s Manager, Medical Education Manager, College Tutors, Clinical Supervisors and Educational Supervisors</p>
<p><b>Review summary and outcomes</b></p>	<p>The quality review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process. The quality review team acknowledged the efforts made by the Trust in ensuring the review was well attended. Three parallel meetings with the trainees from the different sites of WLMHT were conducted. These included face to face meetings with core and higher psychiatry</p>

trainees in one room, and foundation and GP VTS trainees in another. Trainees from Broadmoor Hospital site joined via a teleconferencing session.

The quality review team was informed and acknowledged a number of areas that were working well with regard to postgraduate medical education and training including:

- The significant amount of work the Trust had invested on improving physical healthcare. The quality review team heard of examples of how this had positively impacted the trainees' learning experience.
- Significant improvements in previous issues around personal safety. Majority of the trainees now had allocated personal alarms.
- Significant improvement in relation to the Trust's engagement with the trainees. The team learnt that the trainees had been involved in service transformation such as Trust policies review and improvement, and had been working with the medical leads to ensure gaps in the rota had been covered.

However, some areas for improvement within psychiatry Trust-wide were also highlighted:

- The quality review team was informed of concerns in regard to trainee safety at night and out-of-hours. Although most of the trainees reported that they had been provided with personal alarms, two of the trainees reported that they had not been allocated a personal alarm. Furthermore, it was reported that although security had been moved in-house (St. Bernard's site), the quality review team heard that some security staff were not familiar with the site and so did not know where to go when trainees called for them.
- The quality review team acknowledged that while accommodation for on-call was being improved by the Trust, trainees reported that this was still variable and that some accommodation was not fit for purpose.
- The quality review team heard that junior-senior meetings had been implemented, but these had not been consistent across the different training sites.
- The quality review team noted that although trainees had been engaged in various systems improvement, the Trust still needed to ensure that information had been cascaded and disseminated appropriately.
- Trainees expressed concerns about the quality of taught courses and in particular provision of training for CASC.

### Quality Review Team

<b>HEE Review Lead</b>	Dr Vivienne Curtis, Head of the London School of Psychiatry	<b>External Clinician</b>	Dr Bill Travers, Deputy Head of the London School of Psychiatry
<b>Deputy Postgraduate Dean</b>	Dr Orla Lacey, Deputy Postgraduate Dean, Health Education England North West London	<b>GMC Representative</b>	Jane MacPherson, Education Quality Assurance Programme Manager
<b>GP Representative</b>	Dr Ramesh Bhatt, Associate Director of Postgraduate General Practice, Health Education North West London	<b>Foundation Representative</b>	Dr Alex Bailey, Consultant Old Age Psychiatry, North West Thames Foundation School Psychiatry, Training Programme Director
<b>Trainee Representative</b>	Dr Maryam Abubakar, Foundation Year Two (FY2) in	<b>Lay Representative</b>	Jane Gregory

	Psychiatry		
<b>Scribe</b>	Adora Depasupil, Learning Environment Quality Coordinator, Health Education England London and the South East	<b>Scribe</b>	Jannatul Shahena, Quality Support Officer, Quality and Regulation Team (London and the South East)

### Educational overview and progress since last visit – summary of Trust presentation

The Trust reported that there had been a significant improvement in the engagement of higher trainees across different levels of service transformation Trust-wide. The Trust explained that trainees had been engaged and contributed to various service improvement projects. The Trust reported that higher psychiatry trainees had volunteered to ensure actions had been implemented with workforce planning, including on-call rota arrangements, and improving the use of bank/agency staff. The Trust also described input from core and higher psychiatry trainee doctors with the hospital at night working group. The physical health nurse consultant had led on improving safety, especially with reviewing the physical health care policy with input from the trainees. The Trust was happy to report that over the last year, 75% of the substantive consultants recruited were prior trainees from West London Mental Health NHS Trust scheme.

It was reported that the postgraduate department was well supported by the Trust with active engagement of the medical director and chief executive. Regular meetings between the medical director, chief executive and all of the trainees enabled them to hear and respond to any issues. The Trust reported that induction had also been improved and now had a significant on-line component which was well received. The quality review team heard that the medical education manager had been proactively visiting all sites to coordinate the trainee activities and environment. The Trust reported that the recent recruitment of 14 new substantive consultant posts will further support the delivery of training.

The Trust reported that the visit in the previous year raised concerns regarding medical leadership and training issues, particularly at the Hammersmith and Fulham site. The quality review team was informed that the WLMHT had invested time and effort to address these issues and recognised that the trainees themselves and key local staff had contributed to these efforts.

In regard to security management, the Trust reported that personal safety at work had been included as part of induction. It was also reported that security staff were now based in-house across the St Bernard's site, such that doctors can be escorted across that site when working at night. The Trust reported that they had installed a new safety alarm system this year with the capacity to expand further. It was reported that safety protocols had been put in place enabling identification of personal alarms, explanations of how staff can acquire them, and how to sign alarms in and out. The Trust were concerned, however, that some individuals had been allocated devices which they were not able to use effectively. It was reported that support had been put in place for these individuals. The Trust further explained that they had uploaded YouTube videos for further guidance.

In regard to safety issues identified at Broadmoor Hospital site, the Trust reported that management of risk and safety had been included in the induction and that trainees had been escorted when seeing patients on the wards. It was further reported that in addition to the installed CCTVs, that nursing staff had been provided with body-worn cameras which recorded interactions, and the Trust hoped to extend the use of body-worn cameras in the future. The quality review team also heard that CCTV footage had been used during multi-professional debrief sessions so that staff could learn from incidents that took place.

The Trust stated that human resources coordinators had been proactive and sent weekly reports about on-call rota gaps, including any step-downs, to assist with the workforce planning. The Trust also acknowledged the staff engagement in Broadmoor Hospital and described it as exceptional. The Trust reported on some of the key developments that the trainees had been involved in, including to ensure that appropriate staff bank members had been recruited, and development of new policies on stepping-down and hospital at night.

The Trust also reported on the improvement of the physical health care policy. The Trust reported that the policy aimed at upskilling the nursing staff (in the inpatient wards across the sites, but also started training the community nurses in a similar way) so that they were able to do tasks that had been previously given to the junior doctors. The quality review team heard that the senior physical health nurse had engaged with consultants, nurses and trainees in the development of new physical health policies and then followed up with local implementation in the clinical areas. Some initial physical health policies on diabetes, chronic obstructive pulmonary disease and deep vein thrombosis had been written.

It was reported that the escalation of clinical concerns policy still varied between sites, with differing levels of nursing implementation and support at present. However, the Trust reported that approximately 500 nurses were already trained in the Situation, Background, Assessment, Recommendation (SBAR) communication tool, so that clinical information was more effectively and efficiently communicated to the trainee doctors. Similarly, the Trust reported that new trainee doctors had been provided with SBAR training, and focused training around principles of rational prescribing when dealing with diabetic patients.

As well as the work on the physical health policies, the Trust reported that they had increased consultant sessions, increased middle grade input, implemented daily multi-disciplinary ward rounds, and built a culture of ownership of patient care.

The Trust highlighted that work had been done to produce curriculum mapped work schedules. The quality review team heard that while the system of Training Reference Groups developed by the Trust had continued to involve trainees in the review of posts to align within service changes, the Trust also highlighted work done to review individual posts on a need by need basis. The Trust described how academic programmes had been re-developed and also gave examples of recent events including a QI Conference and joint Grand round with Ealing Hospital. As part of the Lead Provider transition, the Trust also funded the continuing role of Professional Skills Director in support of regional training.

The Trust reported that while some posts focused on forensic psychiatry, post allocation provided a balance between curriculum requirements and trainee preference. The Trust concluded that the working environment at the Trust offered with a broad range of services (including crisis assessment, liaison, child and adolescent mental health services, and adult services) which offered a good variety of learning opportunities.

The Trust reported that the focus for the next few years was to continue with consultant and trainee engagement; improve the trainee experience and wellbeing, including less than full time training for doctors; increase training opportunities; champion the physical healthcare needs of the patients; promote mental health as a career for recruitment; and improve the overall quality of the learning environment.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

Ref	Findings	Action required? Requirement Reference Number
P1	<b>Patient Safety</b>  There were no patient safety concerns reported from any of the training programmes.	



P2	<p><b>Serious incidents and professional duty of candour</b></p> <p>There were no serious incidents reported at the time of the quality review.</p>	
P3	<p><b>Appropriate level of clinical supervision</b></p> <p><u>Foundation and GP VTS trainees:</u> It was reported that the workload had been generally manageable. Furthermore, the trainees reported that the educational and clinical supervision had been generally very good. The quality review team also heard that the training provided against service provision was good.</p> <p>One of the foundation year two trainees believed that due to the good balance of training and educational supervision on the job, the trainee now considered becoming a psychiatrist although it was not a specialty the trainee had previously considered.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>On an overall basis, the trainees at Broadmoor Hospital felt very well supported within their roles. The trainees described regular weekly supervision meetings where training issues could easily be raised.</p> <p>The trainees were very complimentary of the support of the psychiatric consultant body at Broadmoor Hospital for their training needs, and felt a sense of connection with their educational supervisors. It was reported that the consultants were easily accessible and approachable. As a result, trainees did not feel out of their depth as clinical advice could readily be sought. In addition, the trainees felt they can always have more informal chat with their consultant.</p> <p>The quality review team heard that the locum trainees at Broadmoor Hospital received a good mix of clinical experience and supervision and felt well supported within their job roles.</p>	
P4	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The Trust reported that GP trainees were no longer asked to routinely interpret electrocardiograms (ECGs). The Trust now had a link with a cardiology department, who would review and report on these ECGs. It was reported that at Broadmoor site, a general practitioner and registered nurses attend two days a week to provide physical health support. The Trust also reported that a diabetic nurse specialist visited fortnightly, and an endocrinologist visited to provide specialist opinions.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u> The higher psychiatry trainees reported that the “lessons learned” exercises were very useful. At core trainee level, they reported this was particularly useful as they learned about medication errors as well as possible preventative measures. The core trainees also reported that these sessions were particularly useful in helping them recognise the acutely unwell patient.</p> <p>The quality review team heard that trainees found the forensic meetings very useful towards their training.</p> <p>The quality review team heard that junior doctor meetings were held once a month at Broadmoor Hospital, at which the medical director also attended. The trainees spoke highly of the medical director and informed the review team that he held an open clinic for the trainees on his monthly visit to the hospital, where they could discuss any training issues. The trainees found the medical director very approachable and supportive.</p>	
P5	<p><b>Rotas</b></p> <p>The Trust acknowledged that there had been on-going issues with the rota gaps, but it was reported that the higher psychiatry trainees and medical staffing had been working</p>	

	<p>together to develop strategies to manage this. The Trust explained that the current rota gaps were due to unfilled core psychiatry posts across London. The Trust stated that rota gaps included long-term sickness, maternity leave, vacant posts, and some of the core trainees not yet completing their core competencies. As a result of this and as a last resort, higher psychiatry trainees had been asked to step down. This had occurred for less than 10% of the gaps. To further limit the impact of gaps on the higher trainees, human resources (HR) department had been booking locum cover via staff bank and agency prospectively, and a recruitment drive was underway. HR had been sending weekly reports to each department which had assisted in identifying pressure areas. Core psychiatry trainees at the Trust had organised psychiatry career events to attract more doctors into the specialty.</p> <p>The core and higher psychiatry trainees that met with the quality review team confirmed that they had met with the HR department, guardian of safe working hours, and medical director to address the issues surrounding the rota gaps. The core and higher trainees also reported that they had been given the opportunity to raise any issues or concerns. Some of the trainees confirmed that they had been involved directly with the various working groups within the Trust, looking into rota issues, service reconfiguration and physical health policies. Furthermore, the core and higher psychiatry trainees reported that the Trust had developed the senior nursing staff roles to provide additional support at night. However, the quality review team heard that the senior staff nurse during the night shift had many responsibilities, and in their absence work would default to the doctors. The core and higher psychiatry trainees also commented that they had been aware that the Trust had also been reviewing new policies on Section 136 suites and seclusions. No new systems had been set in place yet at the time of the visit.</p> <p>The Trust explained that locum cover was not always easy to obtain. For anticipated rota gaps, the HR department would start looking for locum cover approximately two weeks in advance. The core and higher psychiatry trainees commented that they had been appreciative of the Trust's efforts to resolve the issues surrounding rota gaps as well as maintaining safety and appropriate rest periods. For instance, it was reported that when a higher psychiatry trainee had been asked to step down to cover the core trainee rota at night, the Trust arranged for the higher trainee not to work the earlier day shift. However, the trainees reported that these rota gaps continue to have an impact on their training.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>Regarding the out of hours cover, the trainees reported that the consultants covered holiday weekends without any middle grade tier cover. The core trainee rota had three shifts; the 9:00 to 17:00 day shift; the 9.00-22.00 long day shift; and the overnight shift.</p> <p>The trainees informed the quality review team that around 40 long term seclusion reviews were conducted on a weekend shift. It was reported that the core psychiatry trainees conducted these with the support of a higher psychiatry trainee. The quality review team heard that they did not feel under pressure when reviewing these patients but the patients were geographically spread some distance apart across the whole hospital.</p>	Yes, please see P5 below
P6	<p><b>Induction</b></p> <p>The quality review team heard that the induction programme had been conducted at the Trust every six months, and had been adjusted as a response to the feedback from the trainees. A significant part of the induction was now on-line and developed in conjunction with the trainees. This allowed the trainees to complete their induction outside of the workplace shortening the face-to-face sessions and had been well received.</p> <p><u>Foundation and GP VTS trainees:</u></p> <p>The foundation (FY) doctors reported that their induction lasted two weeks and was a mixture of both online and face-to-face information. They felt that the face-to-face aspects of the induction were more beneficial and specifically geared towards FY</p>	Yes, please see P6 below

	<p>trainees. Two foundation year two/GP VTS trainees reported their safety devices were not tested and they were not sure how they worked.</p> <p>It was reported by GP VTS that induction could be further improved by covering in more detail areas such as 'how to' for new people coming in to psychiatry, including the S136 and seclusion reviews for on-call. Overall, the trainees reported that the induction was thorough and far more informative than what they had received in other organisations.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>The trainees at Broadmoor Hospital informed the quality review team that they received a good induction. They also gained the appropriate access requirements and keys to the relevant parts of the hospital.</p>	
P7	<p><b>Handover</b></p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>The core psychiatry trainees at Broadmoor Hospital reported that there was not a robust handover system in place, as it was too non-specific, variable and was either a face-to-face or a phone call. As a result, it was sometimes difficult to identify urgent patients and could be improved and add to patient safety.</p>	
P8	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The core and higher psychiatry trainees reported that on occasions they had been involved in any critical incidences at Lakeside, a consultant had come in and provided immediate multi-professional debriefing on the ward which aided their learning and understanding. If one of the trainees had not been available for the debrief the consultant met with them at another time and therefore the trainee felt supported. Similarly, at the Hammersmith and Fulham site, the core and higher psychiatry trainees reported that after any critical incidents with the patients, the team had met together and a de-brief had been provided. Furthermore, the core and higher psychiatry trainees reported that they had been encouraged to seek feedback in relation to any incidents by the Trust if they had not yet received any.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>The quality review team heard that that the higher psychiatry trainees had the opportunity to discuss weekly cases with their educational supervisors both on a formal and informal basis, which offered a good exposure and learning from clinical experiences.</p> <p><u>Foundation and GP VTS trainees:</u></p> <p>Foundation/GP VTS trainees expressed that they felt they had been expected to manage the physical health care needs of the patients. GP VTS trainees noted improved recording of physical health data but felt the nursing staff were either unclear regarding action required from data recording or, in one case, were slow to respond and inform the doctors (blood glucose levels).</p>	Yes, please see P8 below
P9	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p>The quality review team was informed by the core and higher psychiatry trainees that they had been able to have face-to-face discussions with a consultant during on-calls which they found had worked well.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u></p> <p>Although there were certain personalities within the psychiatric consultant body that trainees found difficult to build relationships with, trainees reported that the consultant</p>	



	<p>body as a whole was very supportive. However, it was reported that trainees did not have much access to any private rest or study spaces. They also suggested that they could benefit from a café located outside the hospital to allow them some time away from their working environment. The trainees suggested a team away day would be beneficial to talk about issues that may arise within the teaching and learning environment and that this could be a good opportunity to work on building supportive relationships and engaging with service reconfiguration.</p>	
<p><b>2. Educational governance and leadership</b></p>		
<p><b>HEE Quality Standards</b></p> <p><b>2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.</b></p> <p><b>2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.</b></p> <p><b>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</b></p> <p><b>2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.</b></p> <p><b>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</b></p>		
<p>P10</p>	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>All of the core and higher psychiatry trainees reported that they felt engaged with the changes in educational process in the Trust, and they confirmed that they had been able to attend junior-senior meetings on the sites where they were happening. The quality review team was informed that this had been a significant improvement through the years and the trainees indeed felt the positive impact of the changes made by the Trust within the last few months prior to the visit. The core and higher psychiatry trainees also mentioned that the guardian of safe working hours had also been coming along to the meetings and the trainees acknowledged this also as a significant improvement.</p> <p>The core and higher psychiatry trainees further reported that the Trust had been transparent with regard to policy improvements, and that they had received e-mails asking for trainee volunteers to be part of any service improvement plans.</p> <p>The core and higher psychiatry trainees reported that monthly junior-senior meetings regularly took place at Hammersmith and Fulham site where staff, including operational managers had been able to raise issues and discuss projects. The quality review team was informed that these meetings produced outcomes and actions. On the other hand, the core and higher psychiatry trainees reported that although there had been no junior-senior meetings put in place at the other sites, they were aware of the plans to implement these meetings, and the trainees felt engagement had improved.</p> <p><u>Broadmoor Hospital trainees via teleconference:</u> The quality review team heard that all junior doctors were encouraged to attend the Medical Academic Committee (MAC) meetings and the Medical Education Committee (MEC) meetings and trainees reported that they were kept well informed and did not feel excluded in any decision making processes.</p>	<p>Yes, please see P10 below</p>
<p>P11</p>	<p><b>Impact of service design on learners</b></p> <p>In regard to Section 136 suites management, the core and higher psychiatry trainees reported that there had been no communication provided to all staff at the Lakeside in regard to the recent national changes in legal requirements. The quality review team heard that there was not a consistent approach to managing Section 136 patients</p>	

	<p>across the different sites.</p> <p>The quality review team acknowledged that the Trust had carried out significant amount of work with training in regard to physical health care of the patients and the physical healthcare training for the psychiatric nursing staff. The Trust reported that the new physical health escalation system had been made simple, numerical and user-friendly which had enabled the nursing staff to handle some of the areas and communicate more effectively to the doctors. It was also reported that a trained senior staff nurse had been available regularly during weekend shifts. In particular, at the Broadmoor site, the Trust reported that dedicated Band 7 nursing staff had been made available on-site 24/7. The Trust explained that their systems had improved significantly but recognised that not all of the nursing staff had been trained on physical health care for out-of-hours shifts. The nurse consultant for physical health was in the process of developing, publishing and implementing the new physical health care policies. Some of the higher psychiatry trainees were involved with this process.</p> <p>The quality review team were informed that the inpatient pathways had been streamlined, creating a noticeable reduction in both inpatient numbers and length of stay. The Trust explained that using a multi-disciplinary team approach for daily meetings enabled better clarity, which facilitated joint thinking between the teams and staff members and assisted patient prioritisation. This had improved the trainees' workload and improved educational opportunities.</p> <p><u>Foundation and GP VTS trainees:</u> It was reported that one of the consultant supervisors had moved from a male inpatient ward to a community post. As a result, the F1s claimed that they were left to do assessments alone. The issue was raised with the foundation year training programme director who was writing to the consultant urgently to guarantee this did not happen again.</p>	
P12	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p><u>Broadmoor Hospital trainees via teleconference:</u> The trainees reported that they were aware of the reporting systems in place and reported that they receive feedback concerns raised.</p> <p>Regarding Datix reporting, it was reported that the Trust had an online reporting system for incident reporting, which was counter signed by the ward manager and trainees were able to track the progress via an individual ticket number. The quality review team heard that trainees raised these reports in the multidisciplinary team (MDT) ward rounds and were able to gain feedback from these reports. They were subsequently able to see what recommendations had been made.</p> <p>The trainees reported that that they felt very isolated from their colleagues based at the other sites due to the locations and distances between the hospital sites. It was very difficult to meet their educational supervisors or training programme directors (TPDs) on a frequent basis. However, trainees did report there were some benefits of working in Broadmoor Hospital, as it was a very quiet place to train and work in, which had allowed them to have adequate exposure to the clinical components of their training. Trainees suggested a video link to meet their educational supervisor would be useful to avoid missing out on learning opportunities.</p> <p><u>Foundation and GP VTS trainees:</u> Some of the FYs felt that issues raised concerning safety on the inpatient units were not addressed. This was not the case for liaison posts at West Middlesex, but the workload was very high and they had to stay in late most times.</p>	
P13	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p>	

	<p>The quality review team was informed that the recording of patient observations and the use of National Early Warning Score (NEWS) scoring had improved significantly. However, the Trust recognised that Child and Adolescent Mental Health Services (CAMHS) seemed to require further improvement as there had been no system in place yet to record patient observations, and they were unable to access information from the general practitioners easily. In terms of nursing staff capacity and capability on the wards, the trainees reported that there had been a systemic problem where nurses had limited physical health training, such as doing electrocardiograms (ECG), taking bloods, and withdrawal scoring. One of the higher psychiatry trainees reported that they had recently admitted a patient during on-call with alcohol and drug addiction issues, but there were no clinical guidelines available and the nursing staff had not been able to offer advice. The trainee did their own research to manage the admission and suggested this would be an excellent clinical policy for the Trust to work on next with the physical health nurse consultant.</p> <p>The Trust was happy to report that at the time of the visit, the nurse consultant had delivered training to 85% of the nursing staff to use the Situation, Background, Assessment, Recommendation (SBAR) communication tool.</p> <p>The quality review team recognised that there had been significant positive work conducted by Hammersmith and Fulham site, but similar initiatives had not been fully implemented at the other sites. The trainees reported that at St. Bernard's site it was often difficult to locate an ECG machine. On one occasion a trainee had spent over 30 minutes looking for a wheelchair to help transfer a patient.</p> <p>The core and higher psychiatry trainees commented that they could see the improvement with the physical health capabilities of nursing staff at the Hammersmith and Fulham site, but they were uncertain about the physical health training at the other sites.</p>	<p>Yes, please see P13a below</p> <p>Yes, please see P13b below</p>
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### 3. Supporting and empowering learners

#### HEE Quality Standards

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

P14	<p><b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b></p> <p>The educational leads reported that the issues in relation to out-of-hours accommodation at Hammersmith and Fulham site had been addressed and that the accommodation was now up to standard. The core and higher psychiatry trainees confirmed that a pull-out bed was available out-of-hours at the Hammersmith and Fulham site, but with no clean sheet provision. At the Ealing site, the trainees reported that there was a separate room with a reclining chair, but it was not clean, the room was cold and there had been some issues at night when male and female trainees needed out-of-hours accommodation at the same time.</p> <p>The core and higher trainees also reported that St. Bernard's site was very poorly lit, and one of the access doors did not lock. Some of the trainees were concerned that strangers and/or patients could enter the building until 23:00. There was one reported incident of finding a stranger in the doctors' accommodation overnight.</p> <p>The quality review team heard that not all the trainees were aware that the security support had recently been taken in-house on the St. Bernard's site and were not aware it was available. The trainees who tried to use the new service reported that the security personnel were not fully orientated to the site and so did not know where to find them.</p> <p>It was noted that the Trust had encouraged the trainees to approach their senior</p>	<p>Yes, please see P14a below</p>
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	<p>supervisors to raise any concerns in addition to the junior-senior meetings.</p> <p>The quality review team also heard that the Trust had been supporting and supervising trainees who had been on long-term sickness in anticipation of their return to work.</p> <p><u>Foundation and GP VTS trainees:</u> The GP VTS reported that they did not have to work extra-long hours and had the benefit of community placements, outpatient clinics and weekly supervision. Additionally, it was reported that home treatment team's (HTT) workload was manageable. The quality review team also heard that there were no concerns raised about the safety of on-call. The HTTs did not have any lone working devices.</p> <p>On the other hand, concerns were raised by inpatient FYs around personal safety on the wards. Two quite serious incidents were reported within quick succession. The trainees disclosed that incident reports were filed, but no feedback was given. One trainee revealed that they did not receive a panic alarm until after the event. The training programme director (TPD) also disclosed that they were not made aware of these incidents. They reported many examples of a breakdown in communication and safety. Some examples included:</p> <ul style="list-style-type: none"> <li>• Sharp objects being found on wards</li> <li>• Lack of feedback from incident reporting.</li> <li>• Trainees being left alone with little supervision</li> <li>• No routine testing.</li> </ul> <p>The trainees gave a good list of suggestions in which the issues mentioned above could be addressed:</p> <ul style="list-style-type: none"> <li>• Better mix of experience</li> <li>• Less long working hours</li> <li>• More support by nursing staff in terms of physical health</li> </ul>	Yes, please see P14b below
P15	<p><b>Academic opportunities</b></p> <p><u>Foundation and GP VTS trainees:</u></p> <p>It was reported that the Imperial mandatory teaching clashed with local academic programme so many foundation year trainees had been unable to attend psychiatry academic teaching. It was also reported that the job allocated to the trainees at Lakeside had been heavily focused on service provision, with less time dedicated supporting educational and training activities.</p>	
P16	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The Trust reported that they had been able to provide feedback in relation to local issues in a more responsive way with new clinical leads. The feedback from the trainees had generally been positive in regard to an improved working environment and academic programme, including grand rounds.</p> <p>The Trust reported that educational leads met with the trainees at the academic programme, and during induction every six months. The Trust reported that they had ensured that the trainee representatives had been able to attend the tutor meetings to address specific issues. It was reported that higher psychiatry trainees had been leading on specific quality projects that the Trust felt had had a positive influence.</p>	

#### 4. Supporting and empowering educators

##### HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

P17	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>It was reported that the Trust wanted to put focus on how to manage trainees' expectations, and had aimed to develop support for educational supervisors within the organisation. The quality review team heard that the educational supervisor forum was well supported by the Trust. In addition, the higher psychiatry trainees could attend and develop the supervisor skills training in preparation for their consultant roles.</p> <p>The Trust reported that they had been able to attract local trainees to the Trust as consultants, including 14 appointments into substantive consultant posts in the last two years. The Trust provides mentorship support and training for these appointments.</p> <p>The educational leads reported that they felt that they had been trained well for their role, and that they felt acknowledged and supported by the Trust for the work that they had dedicated to medical education.</p>	
P18	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The consultants at Hammersmith and Fulham reported that they were well supported and had more time to reflect on case discussions. One of the supervisors reported that they had experienced managing two trainees in difficulty, and the support provided from educational lead and training programme director had been excellent. Furthermore, it was reported that the human resources department had been helpful in relation to managing long-term sickness issue with a trainee, which had enabled the supervisors to provide good educational support.</p>	

## 5. Developing and implementing curricula and assessments

### HEE Quality Standards

**5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.**

**5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.**

**5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.**

**5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.**

P19	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>The core and higher psychiatry trainees reported that their post choices and access to available posts in the general programmes did not always match. The quality review team heard that two of the sites had trainees from different schemes, so there was no flexibility around post allocation. The trainees felt that that training opportunities had been lost as a result. One of the higher psychiatry trainees reported that this made them feel that they had no choice in their specialty training programme.</p> <p>The quality review team found that majority of the core and higher psychiatry trainees would recommend posts to other trainees, however four of them stated that they would not recommend their current post.</p> <p>All of the core and higher psychiatry trainees reported that exit surveys had been carried out, but they had mixed responses about any changes as a result.</p> <p>The trainees reported mixed feedback regarding the CASC (clinical exam of Member of the Royal College of Psychiatrists) training from the Trust. Some of them reported that they did not find the CASC course particularly helpful. There seemed to be a lack of</p>	Yes, please see P19 below
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	<p>consistency in CASC provision with the suggestion that it was dependent on the trainees to arrange the course. The quality review team heard from one of the psychiatry trainees that the Trust did not provide a very good mock CASC exam. Overall the trainees felt that the overall preparation for exam had been disappointing.</p> <p>The quality review team heard that the regional training for core psychiatry had been split between Paper A and Paper B, which the trainees reported had been focussed on their level of training rather than broader curriculum. Trainees reported low pass rates for Paper A.</p> <p>The educational leads reported that when some of the jobs did not meet the career aspirations or curricular needs of individual trainees, they had asked their colleagues to provide exposure or experience where necessary. For instance, the quality review team heard that the Trust had arranged for two foundation year trainees to have a 'taster week' experience in a local obstetrics and gynaecology department after the trainees had identified this as their interest.</p> <p>One of the educational leads shared their experience at Hammersmith and Fulham site, that GP VTS trainees had raised concerns promptly in regard to their curriculum requirements and assessments and understood the need for their training experience to reflect this.</p> <p>In forensic services, the quality review team heard that consultants worked together to ensure that trainees received a broad experience from forensic psychiatry. It was reported that trainees had been provided with a variety of opportunities including visiting prisons, attending courts, exposure to women's, men's and adolescent's, community work, as well as the inpatient work.</p>	
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## 6. Developing a sustainable workforce

### HEE Quality Standards

**6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.**

**6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.**

**6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.**

**6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.**

**6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**

P20	<p><b>Appropriate recruitment processes</b></p> <p>The core and higher trainees expressed their concerns in relation to shortages of general practice support at one of the inpatient sites, where one of the GPs had retired. They were not aware of any plans by the Trust to replace this vacant post, and the trainees believed that this would have a detrimental impact on the workload and learning environment.</p> <p>The Trust reported that issues with rota gaps had been persistent but they had been proactive in their attempt to resolve this. For instance, the quality review team heard that the Trust had increased the frequency of on-call which they hoped would result in less gaps. The Trust also reported that they had proposed recruiting a floating locum through staff bank to provide additional support. The Trust reported that rota gaps had impacted the higher psychiatry trainees more, and reassured the quality review team that they were trying to find a solution. At the Broadmoor site, the Trust reported that it was more difficult to use locum staff due to the legal security clearance requirements. The Trust reported that they had planned to recruit either a floating trust post or use long term agency cover for gaps.</p> <p>The Trust further explained that they had looked at providing research and</p>	
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	development opportunities to attract and recruit to the floating Trust posts.	
P21	<b>Learner retention</b>  The Trust reported that the 14 newly appointed substantive consultants at West London Mental Health NHS Trust were previously higher psychiatry trainees at the Trust.	

### Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A	N/A	N/A	N/A

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P5, P13a and P13b	We require that the Trust continues developing its physical health capabilities and policies.	We would like evidence of the on-going training programme in physical health. We would also support the on-going engagement of trainees in the physical health policies. Of note, one of the trainees suggested a clinical policy around withdrawal would be useful.	1.12
P6	The Trust to demonstrate use of the device at trainee induction.	We require the Trust to provide evidence that this is included in the trainee induction programme.	1.13
P8	To complete the learning cycle with nursing staff regarding interpreting some basic physical health observations e.g. abnormal versus normal readings like blood glucose, blood pressure, TPR etc.	We require that the Trust provides evidence of delivering training to the nursing staff.	1.7
P10 and P14b	We require that the Trust continues to engage with trainees with evidence of regular junior-senior meetings across all the sites, and that information is cascaded and disseminated appropriately.	We require the Trust to provide evidence of the ongoing participation of trainees in quality improvement and service reconfiguration projects.	2.7
P14a	We require that the Trust reviews the site-specific security issues raised during the visit.	We require the Trust to provide us a report that these issues have been satisfactorily dealt with.	3.2
P19	We require that the Trust demonstrates some flexibility to support trainee choices.	We require that the Trust reviews its system and processes for post allocation.	3.7

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req.
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			<b>No.</b>
N/A	N/A	N/A	N/A

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

<b>Requirement</b>	<b>Responsibility</b>
We would recommend that the Trust keep us updated with the hospital at night working group and its outcomes. We would be interested in exploring this model with consideration of showcasing it to other organisations.	the Trust

**Signed**

<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Vivienne Curtis
<b>Date:</b>	22 December 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.