Health Education England

West London NHS Trust

Psychiatry

Risk-based review (education leads conversation)

Quality Review report

8 November 2018

Final

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Quality Review details

Training programme	Psychiatry
Background to review	The risk-based review (education leads conversation) was initially planned as an on-site visit to assess whether it was appropriate to advise that the Trust be taken out of General Medical Council (GMC) enhanced monitoring. The GMC National Training Survey results for 2018 demonstrated considerable improvement and this was corroborated by other sources of trainee feedback. Following discussions between Health Education England (HEE) and the GMC it was agreed that the enhanced monitoring process should end in September 2018. HEE changed the review type from an on-site visit to an education leads conversation to discuss the improvements made by the Trust and offer support to sustain them.
HEE quality review team	Bill Travers, Deputy Head of the London Specialty School of Psychiatry Health Education England Orla Lacey, Deputy Postgraduate Dean, North West London Health Education England Louise Brooker, Learning Environment Quality Coordinator Health Education England (London and Kent, Surrey and Sussex) Tolu Oni, Learning Environment Quality Co-ordinator, Health Education England (London and Kent, Surrey and Sussex)
Trust attendees	The review team met with the following Trust representatives: • Director of Medical Education • Medical Education Manager • Core Training Programme Director • Psychotherapy Training Programme Director • Guardian of Safe Working Hours • Less Than Full-time Working Champion • Clinical Director for Urgent Care Services • Psychiatry Training Scheme Manager.

Conversation details

	Summary of discussions	Action to be taken? Y/N
1	**Introduction** The Director of Medical Education (DME) outlined the improvement work in progress within the department. This included work around the governance structure, integrating physical healthcare services with mental health services, trainee rota design and on-call shift arrangements. The Trust had undergone a Care Quality Commission (CQC) inspection in 2016 and	

	was given an overall rating of 'requires improvement'. The CQC conducted follow-up inspections of specific service areas during 2017 and 2018. Following the re-inspection of the high secure hospitals in February 2018, the rating for this service was upgraded to 'good'.	
2	**Challenges identified from trainee feedback** The General Medical Council National Training Survey (GMC NTS) results indicated that the forensic psychiatry units did not provide a supportive environment for trainees. The postgraduate medical education (PGME) team had discussed this with the trainees and trainers. The PGME team found that the main issues in the forensic psychiatry services were a lack supportive engagement between senior and junior medical staff; insufficient multi-professional presence in the teams and the need for clarity on the processes for raising concerns. In response, the PGME team had produced a poster outlining how to raise and escalate various types of concerns and contact different members of the team. A dedicated email address had been set up for trainees to contact the DME. The DME had also met with the forensic Medical Advisory Committee to discuss the issues and requested that forensic consultant trainers attend the monthly junior/senior meetings for the St Bernard's site to strengthen engagement. Following the last Health Education England (HEE) review in 2017, the induction for foundation and general practice (GP) trainees had been updated to include individualised training on use of safety devices. The placement allocation process for core trainees had also been raised as an issue at the previous review. The Training Programme Director (TPD) for core training advised that the Trust had surveyed the trainees about ways to improve this process. The Trust had started to include the core trainee representative in the allocation meetings and the TPD reported that trainee feedback on this issue had improved.	
3	**Rotas and staffing** The DME advised that the Trust had successfully recruited to the vacant consultant posts at the Lakeside site, where there had previously been concerns around supervision and trainer capacity. The review team heard that this had improved trainees' rotas and workloads on day shifts as well as increasing the levels of supervision and number of training posts that were now available. The Trust planned to redesign the trainee rota for the Lakeside site, which had more rota gaps and generated more exception reports than the other Trust sites. The Guardian of Safe Working Hours (GoSWH) reported that exception reports typically related to trainees not getting sufficient rest hours, for example not having zero days scheduled after on-call shifts. The rota policy was due to be updated with a mandate that rotas include zero hours following an on-call, but the review team heard that staff had already begun to implement this change. The DME was working with trainees to improve the on-call rota at Lakeside by testing different rota designs and assessing the potential impact on training and service provision. The DME reported that rota gaps were becoming less frequent and that the Trust had a well-functioning bank cover arrangement in place. The review team heard that the Trust had begun using a smartphone application for trainees to access rotas and book additional shifts through the staff bank. The software sent alerts to trainees when	Yes, please see Psy3.1

	there were vacant shifts and prevented trainees from booking too many shifts per week. The DME reported that from August to October 2018 the number of vacant shifts had reduced from 60 to 36 per month. The Trust had identified inconsistencies in trainees' participation in the on-call rota. The review team heard that some trainees had established informal arrangements with their supervisors to opt out of the on-call rota. The Trust had reviewed these cases to ensure that requests for such arrangements were formalised and submitted to the clinical leads for consideration and that the clinical directors (CDs) and DME were included in the approval process. The PGME team discussed plans to improve the facilities for trainees on-call across the Trust sites. This was in response to trainee feedback stating that trainees were over-tired after on-call shifts at sites which lacked designated rooms to rest in. A new on-call room at the Lakeside site was due to be complete by the end of 2018 and similar work was underway at the Hammersmith and Fulham site. The review team heard that the number of less than full-time trainees had decreased, particularly at higher training grades. The champion for less than full-time working advised that there were higher numbers of trainees in community services working part-time or in slot shares. The Trust was reviewing the policies around less than full-time working.	
4	**Programme management and regional training** The Trust had started to review the training programmes for core and higher psychiatry training and psychotherapy training in preparation for the amalgamation of these training programmes across north west London, including the recruitment of new TPDs. The DME reported that recruitment to two psychiatry TPD posts by HEE was underway. Programme management was highlighted as a key concern for the Trust. The review team was informed that the Trust was working with Central and North West London NHS Trust (CNWL) to ensure adequate programme management support and consider how to divide this function between the two Trusts. The core psychiatry TPD role was acknowledged to be particularly challenging and the workload for this role was being reviewed. At the time of the review, the Trust had a full-time senior manager and a part-time administrator to cover the programme support function for the Charing Cross core and higher psychiatry training schemes. The Trust held responsibility for regional training for higher trainees in psychotherapy, child and adolescent psychiatry, old age psychiatry and general adult psychiatry. HEE had provided venues for recent training days and the Trust requested that this arrangement be allowed to continue, as this encouraged greater attendance at the pan-London sessions. The TPDs described the programme as innovative and comprehensive, as it included sessions on professional skills, quality improvement, communication, how to run a meeting, interview practice and research, as well as clinical skills. It was reported that the programme had received good feedback from trainees, particularly at higher training grades. The Deputy Postgraduate Dean (DPGD) advised that HEE was subject to financial restrictions but that the training benefitted psychiatry and psychotherapy trainees across London. The TPD for psychotherapy reported that psychotherapy training at the Trust involved	Yes, please see Other Actions Yes, please see Other Actions

	dual training, with trainees spending three years working in psychotherapy and two years in general adult psychiatry. It was felt that this gave the trainees better breadth of knowledge and skills. However, once these trainees became consultants, they tended to take general adult psychiatry posts rather than psychotherapy posts and the TPD was unsure of the reasons for this. The CD reported that psychiatric consultants who had undergone psychotherapy training were able to add an extra element to patient care and encourage good inter-team working. The review lead also noted that there were few psychotherapy posts available at consultant level.	
5	**Supervision and faculty development** The review team heard that the PGME team had created a new faculty development programme in response to concerns around supervision. This was particularly targeted at the forensic psychiatry units. The programme included eight modules, which covered both clinical and educational supervision and counted towards supervisors' continuing professional development portfolios. The DME advised that there had been a positive response to the programme. Since the previous HEE quality review, the Trust had worked to make junior-senior meetings more regular and to ensure that these were held at all sites. The DME reported that these were working well but work was ongoing to improve consultant engagement with these meetings at the St Bernard's site. The DME reported that there was a plan to review all postgraduate tutor roles within the Trust. The review team noted that the Trust had not applied for HEE funding to support the faculty development project and the DME agreed that the Trust usually did not bid for HEE funding. The DME advised that the PGME team was working to change this. The Trust was working to improve processes for trainees returning to practice and those returning from extended periods of leave. This included embedded arrangements to enable supernumerary working, shadowing consultants, increased levels of supervision and phased return periods. The PGME team was considering applying for funds to support this work. Handover was identified as an issue at both the Lakeside and Hammersmith and Fulham sites, particularly at night when handover could be fragmented. It was reported that a quality improvement project was in progress at the Hammersmith and Fulham site which included a review of handover processes. However, the review team heard that trainee feedback indicated good access to supervision during on-call shifts at Hammersmith and Fulham. At Lakeside there was a plan to introduce a conference-call style handover at night, where the multidisciplinary team, including the on-call trainee, on-call consultant, senior nurse, care coordinator and psychiatric liaison, would take handover together (either attending the on-call room or dialling into a conference line). It was hoped that this would enable better supervision and multidisciplinary team working.	Yes, please see Psy5.1
6	**Integrated services** It was noted that the Trust had recently undergone a rebranding exercise and was now known as West London NHS Trust (WLT). The CD explained that this was linked to changes in the services provided by the Trust and the taking on of new business in community health services with a greater emphasis on community physical healthcare. Trainees had been involved in developing the physical healthcare policy which had	

	been launched during 2018. As part of the policy, the Trust had commenced a rolling training programme for medical and nursing staff around physical healthcare provision. The DME advised that there were ongoing projects around multidisciplinary training and integrating mental health and GP services. The DPGD asked about the impact of the new policy and projects, as well as the physical health nurse consultant post created following the CQC inspection in 2016. The CD advised that this work had initially focused on inpatients and was now being expanded to the outpatient services, including an outpatient clinic for patients who did not engage with GP services and increased provision of preventative care. It was reported that the number of consultant-led inpatient medical sessions had been increased from five to 40 per week, which had improved patient care and provided more learning opportunities for trainees. There were plans to implement a system to centrally monitor National Early Warning Score (NEWS) through handheld devices which would automatically prompt action in case of a high score. The review team heard that the Trust had incorporated trainee feedback in this area and that it was encouraging for trainees to see their suggestions result in positive changes. There was ongoing work between the Trust, police and social services to improve and centralise the section 136 service. It was noted that some areas had higher rates of section 136 use than others and this affected capacity and workloads for the Trust sites in those areas, for example the Lakeside site in Hounslow. The review team heard that the Trust planned to pilot a police liaison role in Hounslow from January 2019, aimed at reducing the use of section 136. The review team heard that some areas had variable social services provision, particularly relating to approved mental health professional availability for section 136 assessments at night. It was hoped that the specialist liaison roles would help to mitigate the impact of this. The CD advised that there was an ongoing project to assess how best to meet the needs of patients in the community with complex needs, particularly high frequency service users. There were also plans to introduce a perinatal liaison service at the Lakeside site from August 2019 and the Trust was in the process of developing a Trust-funded core trainee (CT) post with this innovative service. It was anticipated that this would improve CT numbers at the Trust, as well as on-call rota coverage.	

Next steps

Conclusion
The review team thanked the Trust for the time and work given to the quality review. It was noted that in the past year the GMC NTS results had improved significantly and that the Trust was no longer under GMC enhanced monitoring. HEE commended the Trust for these achievements and for the commitment shown to improving the quality of training. The Trust was encouraged to seek support from HEE in order to maintain these improvements.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
Psy3.1	HEE will continue to monitor the plans to improve the trainees' rota design and work schedules.	The Trust should update HEE as this work progresses and provide copies of the final rota design and work schedule plans. Please provide an initial update by 20 December.	R1.12

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
Psy5.1	The Trust is advised to work with HEE to identify available funding for quality improvement projects.	The Trust should contact HEE regarding funding for current and planned projects, such as the faculty development programme.	R1.22

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
HEE can offer support to WLT and CNWL in reviewing the programme management arrangements.	HEE
HEE will review the arrangements for provision of a regional training venue and determine whether these can continue.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Bill Travers
Date:	4 December 2018

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.