NHS
Health Education England

Central and North West London NHS Foundation Trust

Psychiatry

Risk-based Review (focus group)

Quality Review report

22 November 2018

Final

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Quality Review details

Background to review	This risk-based review was planned following the release of the General Medical Council National Training Survey (GMC NTS) 2018 results. It was noted that there was an increase in red and pink outlier results since 2017, particularly in core psychiatry and general psychiatry.
Training programme / learner group reviewed	Thirteen core psychiatry trainees and seven higher general adult and old age psychiatry trainees participated in the review.
Quality review summary	Health Education England (HEE) thanked the Trust for the work done to prepare for this review and for ensuring that the trainees were released from their duties to attend. HEE also thanked the trainees for their attendance and participation in the review. The review team identified three areas of serious concern which were escalated to the Trust management team within 24 hours for urgent action. These were: • Patient and staff safety at the Section 136 units at The Gordon Hospital and the Park Royal Centre for Mental Health required urgent review. HEE was aware that the new Section 136 suites at the St Charles Hospital had been completed but only one was operational at the time of the review • The Trust required a robust system for proactively checking personal safety alarms to ensure that they were functional at all times • Trainees at several of the Trust sites did not have access to the necessary IT and investigation result reporting systems. Trainees were obliged to have colleagues log into these systems for them and to use personal devices for writing reports, resulting in delays to clinical decision making and creating significant risk of data protection breaches. Examples were given of log in details being passed down from previous to current trainees to enable access to these systems in an effort to facilitate safe patient care. The trainees reported multiple areas of good practice which are detailed at the end of this report. These included the excellent teaching and support for trainees at The Hillingdon Hospital, the well-run section 136 suite at Northwick Park Hospital, high quality educational supervision and provision for trainees to attend local and regional teaching. Several other areas for improvement were identified: • The trainees did not feel that they were valued by Trust management or some of the other healthcare professionals. The review team heard that greater recognition and appreciation of the work done by the trainees, as well as greater acknowledgement of their training needs would significantly improve morale • Some trainees had infrequent contact with their clinical supervisors which did not allow sufficient time for good supervision, teaching and completion of assessments • There were concerns about the capacity of the medical and nursing teams at the Trust to provide appropriate levels of physical healthcare. These concerns related to skill level, equipment and team capacity • The doctors' office provision was lacking in many localities and when present often lacked sufficient space or equipment and were shared between too many staff

	• Trainees had reported pest infestations in the doctors' rooms at the Park Royal Centre for Mental Health, but these had not been dealt with • Despite the extensive system of educational governance structures at the Trust, trainees felt that feedback was not escalated to senior decision-makers and issues were recorded but not resolved • The core psychiatry trainees (CPTs) advised that they did not intend to apply for specialty training posts at the Trust. None of the higher trainees planned to apply for consultant posts at the Trust when their training was complete.

Quality Review Team			
HEE Review Lead	Vivienne Curtis, Head of the London Specialty School of Psychiatry Health Education England	**Deputy Postgraduate Dean**	Orla Lacey, Deputy Postgraduate Dean, North West London Health Education England
Observer	Aneesah Roast, Darzi Fellow	**Lay Member**	Robert Hawker, Lay Representative
HEE Representative	Louise Brooker, Learning Environment Quality Coordinator Health Education England (London and Kent, Surrey and Sussex)		

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
P1.1	**Patient safety** The review team was informed by all of the trainee groups that the section 136 suites at The Gordon Hospital and the Park Royal Centre for Mental Health were not fit for purpose. The physical environment in these units made it possible for patients to break the fixtures and fittings, including breaking down doors. The trainees reported that patients had used these broken fixtures as weapons to assault other patients, trainees and nursing staff. At The Gordon Hospital the patient area of the section 136 suite was positioned between the staff office and the exit, making staff vulnerable to being trapped in the office by violent patients. The trainees expressed concerns about patient and staff safety, adding that these issues had been raised multiple times through Datix reports, serious incident investigations and feedback from trainee representatives at departmental meetings. It was reported that following a serious incident investigation there had been a mandate that the section 136 suite at The Gordon Hospital should undergo a formal risk assessment, but trainees were unsure whether this had been done. The trainees were aware that a new section 136 suite with three rooms had been built at St Charles Hospital and that one of these rooms was operational. Some trainees suggested that the Trust planned to centralise the section 136 service to the St Charles site and close other section 136 suites, including the suite at The Gordon Hospital. The Trust had increased the overnight on-call trainee presence at the St Charles site to ensure cover for the section 136 suite. The trainees carried personal safety alarms but reported that these sometimes failed. The review team heard that when this occurred the Trust responded quickly and ensured the alarms were replaced or repaired, but there was no system for regularly checking alarm function. Some trainees reported that they had used the alarms, but colleagues had failed to respond or had responded slowly. It was suggested that this was due to understaffing in nursing teams, so that nurses were unable to safely leave their wards. This experience was not consistent across all Trust sites. The trainees who had worked at Northwick Park Hospital advised that the wards and section 136 suite there were sufficiently well-staffed and that colleagues had always been quick to respond to alarms. Trainees who had worked on-call in the South Kensington area reported that they had not been assigned alarms and had been instructed to borrow them from a ward. The review lead noted that there had been issues in the past around provision of physical healthcare at the Trust, particularly the nurses' skill levels around monitoring and responding to clinical signs and symptoms. All trainees reported that this remained an area of concern. The core trainees advised that they were often expected to perform tasks such as phlebotomy and electrocardiogram (ECG) monitoring which the psychiatric nurses were not trained to do. In some cases, trainees found that nurses had not carried out basic vital signs monitoring or could not use standard tools such as the Glasgow coma scale (GCS) or SBAR handover (situation, background, assessment, response). The trainees emphasised that this was not consistent and that some nurses were skilled in physical as well as mental health, but trainees at all levels stated that dedicated physical healthcare provision would improve both trainee experience and patient care. The core trainees noted that the St Charles Hospital had run a pilot scheme where a general practitioner (GP) clinic was held weekly to provide ongoing care for patients with chronic physical conditions. The review team heard that this had improved care and relieved junior trainee workloads, but the scheme had been discontinued. Some other sites had nurse-run clinics or dedicated physical health nurses. The higher trainees reported that lack of appropriate or functioning equipment was also a barrier to physical healthcare provision and that this led to trainees exercising a low threshold for transferring sick patients to the emergency department (ED), as they were unable to adequately assess or care for patients on psychiatry wards. Concerns were raised about the lack of access to information technology (IT) systems at several Trust sites. The trainees reported that they had been allocated a restricted	Yes, please see P1.1a Yes, please see P1.1b Yes, please see P1.1c Yes, please see P1.1d

	level of access to investigation reporting systems so that they could only see results of tests they had ordered, rather than viewing the full result history needed for clinical decision making. The review team heard that trainees asked colleagues to log in to the relevant systems and check results for them, which caused delays. In some cases, trainees logged into the systems using old account details of colleagues who had left the Trust.	Yes, please see P1.1e
P1.2	**Appropriate level of clinical supervision** The core trainees reported that the amount of time spent with clinical supervisors (CSs) in inpatient settings varied widely, with some trainees only seeing their CS during weekly consultant ward rounds. The trainees advised that this did not allow sufficient time for supervision, case discussions and assessments. If the CS was not physically present, trainees were able to contact them by phone or seek support from higher trainees.	
P1.3	**Rotas** The trainees described the rota arrangements to the review team. Trainees were assigned to a 'base' site for each rotation, where they worked during day shifts. Overnight on-call shifts could be based around any of the five main Trust sites which were St Charles and St Mary's Hospitals, The Hillingdon Hospital, the Gordon Hospital and South Kensington, the Park Royal Centre for Mental Health and Northwick Park Hospital. Each of the main sites had a section 136 suite. The core trainees reported that they often did not receive rotas until shortly before a new rotation started, making it difficult to plan around their shifts. Some trainees advised that their rotas had been changed during the rotation and this had been reported via the junior-senior meetings, but they had not been given feedback. The review team was informed that the rota coordinators at The Hillingdon Hospital had been supportive in arranging leave for trainees and assisting them to change shifts prior to their examination dates. However, the trainees reported that they had felt coerced into taking extra shifts at Hillingdon to cover rota gaps, otherwise the shifts would be assigned to them at short notice. The higher trainees had been through some rotations which were of different lengths, so that rotation dates and amount of subspecialty experience varied. The review lead noted that some subspecialties required a year of experience and it was unclear to the trainees how to make up the additional time needed if they wished to pursue these subspecialties.	Yes, please see P1.3
P1.4	**Induction** All trainees had undergone a Trust induction and reported that it was comprehensive. Local inductions were described as being more variable. Some trainees had started in post without being told the arrangements for on-calls or without having seen the local section 136 suite. Others reported that their local inductions had been well-organised and informative.	Yes, please see P1.4
P1.5	**Protected time for learning and organised educational sessions** Trainees at all levels were generally able to attend local and regional teaching, including the Member of the Royal College of Psychiatrists course (MRCPsych). Some of the core trainees reported that in understaffed clinical areas they had needed to chase rota coordinators to ensure study leave was allocated and had found out at short notice whether they would be able to attend training. Trainees who had worked at The Hillingdon Hospital commended the excellent academic programme there, advising that it was well attended by staff at all levels and that the presentations were interesting and prompted useful discussions.	

2. Educational governance and leadership		
HEE Quality Standards **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.** **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.** **2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.** **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.** **2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**		
P2.1	**Effective, transparent and clearly understood educational governance systems and processes** The review team heard that there were clear systems of escalation and various forums for trainees to give feedback, such as trainee meetings and junior-senior meetings. The trainees reported that they felt able to discuss concerns with their supervisors and training programme directors (TPDs). However, trainees did not feel that the Trust responded to their feedback and noted several issues which had been raised repeatedly but had not been addressed, such as concerns about the section 136 suite environment at the Gordon Hospital, lack of appropriate IT access and infestations in the junior doctors' rooms at Ealing Hospital and Park Royal Centre for Mental Health. It was suggested that the Trust systems for decision making were overly complex and bureaucratic, which made it difficult for trainees to know who was responsible for acting on feedback around different issues.	Yes, please see P2.1
P2.2	**Impact of service design on learners** The review lead asked which training rotations were most popular or unpopular among trainees and why this was. The higher trainees reported that roles which combined community and inpatient work could feel chaotic and busy, with little time for training activities or meeting with supervisors. The rotas for some of these roles had been amended so that trainees spent six months in the community team and six months on an inpatient ward instead of dividing their days or weeks between the two settings. Trainees advised that this change made the roles more manageable. The review team heard that liaison roles had historically been popular, but this varied depending on feedback from other trainees about the level of supervision at the base site for each role. The higher trainees reported that liaison roles at St Mary's Hospital and Charing Cross Hospital were sought after as these sites had good reputations for supervision, but the Northwick Park Hospital liaison role was thought to be focused on service provision and to lack training opportunities. Among the community rotations, the trainees expressed a preference for the roles in Westminster as these teams had more stable staffing levels and supervision was good. The review team heard that the community teams in Kensington had more locum staff with variable skills and trainees felt the need to supervise some of them. The trainees reported that these roles also had higher workloads and less consultant supervision. The core trainees felt that community roles were more impacted by shortages of nursing and social care staff. Overall, the trainees agreed that the main features of a good post were:	

	• Good and consistent consultant supervision • Manageable workload • Competent colleagues and good team working. The review team was informed that several of the Trust sites had inadequate office facilities for junior doctors to use. Some offices were shared between teams and lacked sufficient space or computers to complete patient notes and reports. This had led trainees to use computers on other wards or in hospital libraries, or to take reports home to complete on their own computers. At the Park Royal Centre for Mental Health there had been pest infestations affecting the doctors' room. (Similar problems were described at Ealing Hospital but this fell outside the scope of the review, as this site was part of the West London NHS Trust rotation.) The review team was informed that these issues had been escalated but had not been addressed. The trainees reported that some wards at The Gordon Hospital had no separate room to examine patients, so trainees had to conduct examinations in the same room where medications were stored and prepared.	Yes, please see P2.2a Yes, please see P2.2b
P2.3	**Systems and processes to make sure learners have appropriate supervision** All of the trainees reported that they had named educational supervisors (ESs) and had met with them at the start of their rotations. The review team heard that ESs could be based at different Trust sites to the trainees but that local CSs were allocated on each rotation. The higher trainees advised that they had the same ES throughout higher training and that this system worked well. The trainees were aware of who their local TPDs were and described them as supportive.	
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.**		
	N/A	
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.**		
	N/A	
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.**		
P5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** All of the first-year core trainees (CT1s) confirmed that their medical psychotherapy training had commenced and that their psychotherapy placements were being arranged. The CT2 and CT3 trainees reported that they were able to find long therapy cases to work on but that it was harder to get short cases when working in inpatient settings. All trainees were able to participate in Balint groups. The higher trainees expressed some concern about having insufficient time to complete assessments and research projects due to workloads and understaffing in certain areas, for example the Danube ward at St Charles Hospital.	Yes, please see P5.1
P5.2	**Opportunities for interprofessional multidisciplinary working** The trainees described many opportunities for multidisciplinary working but felt that their skills were undervalued by allied health professionals (AHPs) and that this prevented team cohesion. The review team heard that, as psychiatry involved less tangible, visible skills than other professions, there was a lack of understanding of the importance of these skills and their benefit to patient care. The trainees also felt that the Trust valued AHPs more than doctors for financial reasons.	

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.**		
P6.1	**Learner retention** The review team asked the CT2 and CT3 trainees whether they planned to remain at the Trust for higher training. None of these trainees planned to list the Trust as their first choice and the reasons for this varied. Some advised that the Trust could not provide training relating to their particular subspecialty interests. Several core trainees felt that they had been discouraged from staying at the Trust by observing and talking to the higher trainees.	

	The higher trainees were asked whether they planned to apply for consultant roles at the Trust after achieving the certificate of completion of training (CCT). All trainees responded that they did not plan to do this or that they would only consider staying if changes were made. Some trainees raised concerns about the number of consultant psychiatrists who suffered from stress and burnout. All of the trainee groups were asked what could be done to improve the training experience at the Trust and the following themes were noted: • acknowledgement of trainees' skills and achievements from supervisors, managers and colleagues would make them feel more valued • access to the necessary IT access, appropriate physical space and clinical equipment to work effectively and efficiently • recognition of the importance of training and the need to ensure that service provision and workloads did not compromise access to training opportunities • sufficient staffing levels to ensure safe care and manageable workloads • transparency around trainee feedback and accountability for the actions taken following departmental meetings. The core trainees suggested that junior-senior meetings could be chaired by trainees in order to focus the agenda and ensure their concerns were heard • better provision of physical healthcare by nurses or involvement of primary care specialists • improved pastoral support, particularly related to trainees' mental and physical wellbeing.	
P6.2	**Progression of learners** The higher trainees reported that they had received informal support from their CSs to prepare for CCT and that there was a document outlining the CCT requirements. The trainees had not been offered opportunities to act up or shadow consultants to prepare for CCT. The review team heard that the TPDs were supportive in discussing trainees' needs and working to ensure that trainees were allocated to their first and second choice of allocations wherever possible.	

Good Practice and Requirements

Good Practice
The Hillingdon Hospital site was commended for the support given to trainees and in particular the excellent weekly teaching programme.
Trainees advised that they were usually able to attend local and MRCPsych teaching sessions without difficulty.
All trainees had educational supervisors and had met with them at the start of their rotations. Examples of excellent supervisors matching educational needs to service pressures were described.
Trainees working at Northwick Park Hospital reported that they felt well supported when working on the Section 136 suite and that colleagues were quick to respond when personal alarms were activated.

Immediate Mandatory Requirements

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

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
P1.1a	The section 136 suites at The Gordon Hospital and the Park Royal Centre for Mental Health are not fit for purpose. In particular, the suite at The Gordon Hospital is considered to be unsafe and should be closed until appropriate measures are taken to ensure patient and staff safety.	Trainees should not work in these section 136 suites until it has been established that they have been made safe. The Trust is encouraged to accelerate the opening of the new suites at St Charles Hospital.	R1.2
P1.1b	The Trust requires a robust system for proactively checking personal safety alarms to ensure that they are functional at all times.	Please provide details of this system and records showing that alarms are routinely checked each week	R1.2
P1.1c	The Trust should ensure that trainees on-call are allocated personal safety alarms.	Please provide records showing that all trainees have been assigned an alarm, for example a list of all trainee names with a record of their device number.	R1.2
P1.1d	The Trust should establish clear policies around physical healthcare and the responsibilities of different staff groups related to this.	Please provide a copy of this policy and evidence of an ongoing training programme to support staff in meeting the required standard of skills.	R1.7
P1.1e	The Trust should ensure that trainees have access to all IT systems needed for clinical decision making and patient care. This includes systems hosted by other Trusts. No trainee should use another staff member's login details.	Please provide confirmation that all trainees are able to access the systems they require for their posts. This could be in the form of trainee survey data or feedback through the junior-senior meetings or junior doctor forum.	R1.19
P1.3	The Trust is required to give trainees appropriate advance notice of rotas.	Please provide copies of communications with trainees demonstrating that rotas are distributed six weeks prior to the next rotation date.	R3.7
P1.4	The Trust should ensure that local induction arrangements are consistent and include information about team/ward arrangements, on-call working, relevant IT systems and security protocols.	Please provide copies of the local induction programmes for the next rotation date showing that this requirement is met.	R1.13
P2.1	The postgraduate medical education team should escalate trainee feedback around concerns to the relevant colleagues to ensure that issues are addressed (for example IT, human resources, security, Trust Board, as appropriate).	Please provide details of escalation pathways for trainee feedback, including mechanisms for following up the actions required and reporting outcomes back to the trainees. These pathways should also be shared with the trainees.	R1.5
P2.2b	The Trust is required to address the pest infestations in the doctors' room at the Park Royal Centre for Mental Health to ensure that it is fit for use.	Please provide trainee feedback confirming that the infestation has been dealt with. This could be in the form of trainee survey data or feedback through the junior-senior meetings or junior doctor forum.	R1.19

P5.1	Each ES should monitor the progress of their trainees and ensure that they have sufficient time to complete projects required by the curriculum.	Please provide evidence that trainees are completing these projects within an appropriate timeframe.	R5.9

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
P2.2a	The Trust should ensure that there is sufficient space and computer equipment in the doctors' offices for trainees to complete their work.	Collect feedback from the trainees about the needs and provision of offices and computers at each site and use this to develop a business case for funding to improve resources where needed.	R1.19

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
HEE will liaise with the General Medical Council, Care Quality Commission, NHS Improvement and NHS England regarding the safety and information governance concerns identified. HEE will continue to offer support to the Trust to address these concerns.	HEE

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Vivienne Curtis
Date:	2 January 2019

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.