

East London NHS Foundation Trust (City and Hackney Centre for Mental Health)

Psychiatry

Risk-based Review (focus group)



Quality Review report

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12 December 2019

Final Report

Quality Review details

Training programme / learner group reviewed	Psychiatry
Number of learners and educators from each training programme	<p>The review team met with</p> <ul style="list-style-type: none"> • Two foundation trainees • Six core psychiatry trainees • Six specialty trainees at grades three to five (ST3 to ST5) • Two General Practice Vocational Training Scheme (GPVTS) trainees
Background to review	This risk-based review was planned in response to concerns about clinical learning environment on the inpatient wards at East London NHS Foundation Trust (City & Hackney Centre for Mental Health).
Supporting evidence provided by the Trust	<p>In advance of the quality review on 12 December 2019, East London NHS Foundation Trust submitted the following evidence to the Health Education England, Quality Reviews and Intelligence team. This evidence was reviewed by the quality review team as part of the pre-review processes.</p> <ul style="list-style-type: none"> • Junior to Senior Minutes (October 2019) • Junior to Senior Minutes (November 2019) • Minutes of Postgraduate Medical Education Committee Action Minutes (June 2019) • Minutes of Postgraduate Medical Education Committee Action Minutes (October 2019) • Serious Incident Notification Reports • Five Year Medical Education Plan (2019-2024) • Accredited Trainer (2019) • Evidence of Rota Design Arrangement • Friends and Family Test Report • Local Faculty Group Minutes • Simulation Sessions • Staff Survey Results • Trend Analysis of Exception Reports
Summary of findings	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 was pleased to note the following areas that were working well:

- The review team was pleased to hear that the trainees were generally well supported by the consultants within the psychiatry department
- The trainees described the department as a good learning and training environment with access to good learning experience
- Trainees acknowledged the favourable working relationship they had with the nursing staff in the psychiatry department.

However, the review team also noted several other areas for improvement:

- The review team noted that not all trainees had access to local teaching and some encountered difficulties meeting all of the requirements of the curriculum
- The trainees described their inpatient ward experiences as being onerous due to the volume of routine tasks such as electrocardiograms and phlebotomy which could have been undertaken by other members of the multidisciplinary team. The review team noted that the junior doctors' roles on the inpatient wards were inconsistent across sites and that this was a more significant issue at the City and Hackney inpatient unit compared to the Tower Hamlets site
- The review team heard of ineffective rota planning processes leading to delays in managing and coordinating rota gaps and leave.
- The review team heard of the effect ongoing vacancies within the psychiatry department. In particular, the lack of a tutor for 12 months was perceived to have had a negative impact on the learning environment.
- Some trainees described lacking clarity on the processes involved with allocation of training posts.

Quality Review Team

HEE Review Lead	Elizabeth Carty Deputy Postgraduate Dean Health Education England (London)	Head of School Representative	Vivienne Curtis Head of School of Psychiatry
Head of School Representative	Bill Travers Deputy Head of School of Psychiatry	Lay Member	Anne Sinclair Lay Representative
HEE Representative	Tolu Oni Learning Environment Quality Coordinator Health Education England (London)	HEE Representative (Observer)	Naila Hassanali Quality and Patient Safety Officer Health Education England (London)

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
P1.1	<p>Patient safety</p> <p>The review team did not hear of any activities within the department that had a direct, adverse effect on patient safety.</p>	
P1.2	<p>Appropriate level of clinical supervision</p> <p>The higher trainees described feeling well supported and supervised by the consultant team and indicated that learning was always encouraged on the wards. In particular, the Brentford and Gardner wards were highlighted as places which offered excellent learning opportunities during ward rounds. The review team heard that there was access to a wide range of curriculum relevant opportunities as well as opportunities to be involved in several multidisciplinary team meetings.</p>	
P1.3	<p>Rotas</p> <p>The review team heard that the current on-call rota was coordinated by a member of the administrative team who trainees felt had a limited understanding around trainee shift patterns and managing rota gaps. Trainees advised that there had been instances where they had been unaware of gaps in rota for several weeks and that this caused particular problems when team members were off sick.</p> <p>The review team heard of a rota design of 1 in 19 and 1 in 22 on-call arrangement for higher and core trainees respectively.</p>	Yes, please see P1.3

	<p>In terms of the escalation arrangement in place during staff absences, the review team heard of an active system to manage planned absences but noted that there was a lack of transparency and timeliness in coordinating cover during unexpected leave or sickness absences. The review team noted that the current on-call arrangement at the City and Hackney site significantly contrasted with other sites across the Trust, and that the other rota coordinators proactively engaged with clinical colleagues to escalate rota gaps in advance of leave and absences occurring.</p> <p>The review team heard that the current teaching rota was managed by a trainee. The trainees indicated that having a trainee arrange the teaching schedule meant that access to teaching was prioritised but described that they found the rota coordinator role time-consuming, particularly when planning study leave arrangements. The trainees felt that the department would benefit from a dedicated rota coordinator post as this would help to provide consistency across rotas and plan around rota gaps.</p>	Yes, please see P1.3
P1.4	<p>Handover</p> <p>When asked about the handover arrangement in place for patients on outlier wards, the trainees highlighted that handover between doctors and the nursing team relied heavily on emails. The trainees advised that this created a potential safety concern, citing several instances where patients had been missed during handover or where trainees had experienced difficulty in locating outlier patients.</p>	Yes, please see P1.4
P1.5	<p>Protected time for learning and organised educational sessions</p> <p>The trainees confirmed to the review team that they were able to attend consultant-led weekly teaching sessions on Tuesdays and Wednesdays but reported that these were not bleep-free.</p> <p>The review team heard that core medical trainees working in the inpatient wards had access to a weekly community-based teaching session. The trainees also reported that community-based services offered a rich spectrum of curriculum relevant training opportunities which included regular patient assessment. However, trainees indicated that access to these opportunities varied depending on which consultant they worked with. A number of trainees also described difficulty in accessing these teaching and training opportunities due to the increased workload on the inpatient wards.</p>	Yes, please see P1.5

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

P2.1	Impact of service design on learners	
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	<p>The review team heard that trainees were encouraged to raise exception reports when they worked outside of their rostered hours. It was understood by the review team that most trainees were aware of who the Guardian of Safe Working Hours (GoSWH) was.</p> <p>The review team was informed by the trainees that the intensity of workload on the inpatient wards corresponded directly to the number of patient admissions or discharges. In terms of admissions, the review team heard that the department received a disproportionately higher case load (usually between 34 and 36 per week) than the bed capacity (17) on the wards and that team often felt pressured to discharge patients to outlier wards. The review team also heard of instances where patients had been moved into bed and breakfast units due to a lack of bed capacity on these outlier wards.</p> <p>In addition, the review team also heard that a significant proportion of these patients required electrocardiographs (ECGs) and blood tests but noted that a lack of inpatient phlebotomy service and other support resulted in trainees undertaking these tasks and other ad-hoc administrative duties. This was understood to have significantly impacted on the quality of training received by the trainees. The foundation trainees described that work undertaken on the wards provided very limited exposure to training opportunities. The review team also heard that the current arrangement scarcely offered any curricular relevant clinical and training experience and described it as suboptimal use of their expertise. The trainees described that the inpatient arrangement on the City and Hackney site contrasted with that of Tower Hamlets which had a full-time phlebotomist covering the wards and where trainees were not responsible for taking ECGs.</p> <p>In terms of discharges, the review team was encouraged to hear that trainees working on-call were actively encouraged to participate in bed management decisions which included seclusion reviews, accident and emergency health assessment and reviews on the Section 136 suite but noted that it created additional workload for trainees.</p> <p>The review team heard that trainees were allocated into new placements on a six-monthly basis and were asked to rank the available placements according to their preferences. However, the trainees reported that the selection procedures lacked transparency, which made it difficult to obtain placements in their preferred areas. In addition, the review team heard of several instances where trainees had been offered placements which were not included on their ranking list and that some had experienced difficulty in arranging swaps for these allocations.</p>	<p>Yes, please see P2.1a</p> <p>Yes, please see P2.1b</p>
P2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard of junior to senior doctor's forum occurring on a monthly basis but noted that these were infrequently attended by junior doctors and lacked representation from the education department. The review team heard that these meetings were usually minuted and that discussion around action plans was encouraged at subsequent forums. It was however noted that trainees did not feel their concerns were adequately addressed at these meetings.</p> <p>The review team heard that the lack of representation from the education department was linked to a long-term vacancy in College Tutor post which was noted to have impacted negatively on trainees learning experience in the department. The trainees however reported that steps were being taken to appoint to this post.</p> <p>When asked about the alternative support mechanisms in place for raising educational concerns the trainees reported that they knew how to contact the Freedom to Speak Up Guardian, the Training Programme Director and the Medical Director.</p>	<p>Yes, please see P2.2a</p> <p>Yes, please see P2.2b</p>

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Access to resources to support learners' health and wellbeing, and to educational and pastoral support

No issues discussed.

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

Access to appropriately funded professional development, training and an appraisal for educators

No issues discussed.

5. Delivering curricula and assessments

HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum

	No issues discussed.	
6. Developing a sustainable workforce		
HEE Quality Standards 6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. 6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities. 6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service. 6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.		
	Appropriate recruitment processes No issues discussed.	

Good Practice and Requirements

Good Practice

1. The review team was pleased to hear that the trainees were generally well supported by the consultants within the psychiatry department
2. The trainees described the department being a good learning and training environment having access to good learning experience.
3. Trainees acknowledged the favourable working relationship they had with the nursing staff in the psychiatry department.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence.	GMC Req. No.
P1.3	The Trust is to ensure that the rota and leave coordination is monitored weekly by a consultant or rota manager. The Trust is also urged to consider whether the rota should be organised in a similar way across all Trust sites.	The Trust to confirm the lead appointed for oversight and monitoring of the rota and leave coordination. The local faculty group (LFG) minutes should include rotas and access to leave as standing items. Please provide an initial update by 01 March 2020.	R1.12
P1.5	The department is to ensure that teaching sessions are arranged at times that most trainees can attend and are should be bleep-free except for emergencies.	The Trust to confirm the schedule and attendance at the weekly training sessions as well as trainee feedback indicating that the sessions are bleep-free. Please provide an initial update by 01 March 2020.	R1.16
P2.1a	The Trust is required to undertake a review of junior doctors' roles and responsibilities within the psychiatry inpatient wards.	The Trust must ensure consistency of roles and responsibilities of junior doctors within the inpatient wards across all sites. Please provide an initial update by 01 March 2020.	R1.9
1.4	The Trust is required to share the new handover policy, to demonstrate the safe and auditable handover of information from admission unit to inpatient psychiatry team. The effectiveness of handovers should be a quality monitoring standing item in the monthly junior to senior forum.	The Trust should submit a copy of the handover policy and minutes of the next two junior to senior meetings. Please provide initial updates by 01 March 2020.	R1.2
P2.1b	The review team heard that a number of trainees lacked clarity on the processes involved with allocation of training placements. The Trust should explain the process for placement allocations in relation to trainee preferences and curricular requirements.	The Trust needs to ensure more clarification between Training Programme Directors and provide rationale behind placement allocation to trainees Please provide initial updates by 01 March 2020.	R5.4
P2.2a	The Trust is required to demonstrate improved trainee attendance at LFG and junior to senior meetings.	Please provide minutes of the next two junior to senior and LFG meetings including attendance lists. Please provide initial updates by end of 01 March 2020	R2.7
P2.2b	The department is required to provide updates on recruitment to the College Tutor role. The department is encouraged to seek assistance from HEE in this matter if needed.	Please provide information about the progress of this recruitment. Please provide initial updates by end of 01 March 2020	N/A

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
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	None		
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Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
	None	

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

Requirement	Responsibility
Not Applicable.	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Elizabeth Carty, Deputy Postgraduate Dean
Date:	04 February 2020

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.