

Barnet, Enfield and Haringey Mental Health Trust

General Psychiatry

Risk-based review (On-site visit)



Quality Review report

30 January 2020

Final report

Developing people
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healthcare

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Quality Review details

Training programme / learner group reviewed	General Psychiatry
Number of learners and educators from each training programme	<p>The review team met with seven specialty training year four to six trainees.</p> <p>The review team also met with:</p> <ul style="list-style-type: none"> - Director of Medical Education; - Interim Clinical Director; - Site Tutor, St Ann's Hospital; - Site Tutor, Edgware Hospital; - Site Tutor, Chase Farm Hospital; - Medical Education Manager; - two Co-Training Programme Directors; - Guardian of Safe Working Hours; and - five Clinical/Educational Supervisors <p>The Medical Director and Chief Executive attended the feedback session at the conclusion of the on-site visit.</p>
Background to review	<p>HEE conducted this Trust-wide on-site visit to General Psychiatry at Barnet, Enfield and Haringey Mental Health Trust, with particular focus on St Ann's Hospital, following poor performance in the General Medical Council National Training Survey 2019. The red outliers returned for St Ann's were:</p> <ul style="list-style-type: none"> - Overall satisfaction; - Clinical supervision out of hours; - Workload; - Teamwork; - Handover; - Supportive environment; - Induction; - Curriculum coverage; - Educational governance; - Educational supervision - Local teaching; and - Rota design <p>There were also pink outliers for clinical supervision, feedback, and regional teaching.</p>

Supporting evidence provided by the Trust

Prior to the visit the Trust shared the following documents:

- Survey on Haringey Academic Programme
- Barnet Local Implementation Group (LIG) minutes – Sept 2019 & Jan 2020
- Haringey LIG minutes – Jan 2020
- Enfield LIG Meeting – Jan 2020
- Senior Medical Staff Committee Minutes - Dec 2019
- Current Placement Educational Experience Survey
- General Adult and Old Age Higher Training Education Supervisor minutes – October 2019
- Minutes of Medical Education Committee Meeting, Jul 2019 & Jan 2020

Summary of findings

The review team thanked the Trust for hosting and facilitating the review. The review team was pleased to find that trainees were generally positive about the education and training environment at the Trust. The following areas were highlighted as working particularly well:

- The review team was pleased to hear that trainees felt well supported by the Trust and their educational supervisors to achieve their curriculum requirements and meet their clinical competencies;
- From its conversations with all groups on the day of the review, it was clear to the review team that despite recent changes to the Trust and educational leadership that the educational governance structures in place were robust and that there was a clear objective to link education and training programmes to the Trust's wider organisational development objectives; and
- The review team was pleased to hear that trainees had the opportunity to participate in quality improvement projects.

However, the review team had identified one major concern and some other areas that it would recommend the Trust look to address:

- The review team was concerned to hear of the lack of clarity in the event of a Section 136 patient needing to be held in a secure environment upon the lapsing of the 24-hour limit. Trainees reported feeling anxious around a perceived breach of the law, as well as being tasked with informing vulnerable patients of this breach and the requirement to keep them in a secure environment. It was noted that the on-call consultant was available for advice but that trainees ultimately felt responsible for making potentially difficult clinical decisions.

The review team was pleased to hear that this lack of clarity, as well as the difficult doctor-patient conversation entailed, was recognised by the consultant body to put undue stress on trainees.

The Trust is asked to review its pathway for patients in breach of the 24-hour Section 136 limit and provide a clear policy document setting out the roles, responsibilities and accountabilities of the whole MDT and non-clinical staff;

- The review team was disappointed to hear that trainees felt that there was insufficient physical health provision at the St Ann's site. It was reported that trainees had particular concerns around access to specialist diabetic support and expertise. The review team heard that there was no clear pathway for seeking expert diabetic advice and that there was an informal

reliance on North Middlesex University Hospital or the Whittington Hospital to provide this support;

- The review team was disappointed to hear that trainees often felt under undue pressure from managers to discharge patients inappropriately to free up bed capacity;
- The Trust is recommended to review the integrity of its secure environments in light of alarming trainee feedback concerning the layout of the Dorset Ward at the Chase Farm site in light of a recent assault by a patient on a member of staff; and
- The Trust is required to reaffirm to all trainees as part of its Trust-wide induction that they are entitled to submit exception reports for missed educational opportunities and scheduled teaching.

Quality Review Team

HEE Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central and East London	School of Psychiatry	Dr Bill Travers, Deputy Head of School, London School of Psychiatry
Trainee Rep	Dr Georgia Templeton, East London NHS Foundation Trust	Lay Representative	Robert Hawker, Lay Representative
HEE Representative	John Marshall, Deputy Quality, Patient Safety and Commissioning Team	Observer	Sadhana Patel, Lay Representative (shadowing)
Observer	Nicole Lallaway, Quality, Patient Safety and Commissioning Officer		

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

The Trust presented an update on the steps it had taken to address the concerns raised by Health Education England (HEE) following the 2019 General Medical Council (GMC) National Training Survey (NTS) and how these were being done in conjunction to the Trust's wider organisational development. The review team heard that the Trust launched a consultation on future planning in April 2019 and that there had been a number of changes to the Trust's senior management as well as within the education department.

The review team was pleased to find that the red outliers at Trust level and at site level for St Ann's Hospital had been individually addressed. This included developing pathways for out of hours clinical supervision through the use of teleconferencing and the establishment of a seclusion flow chart, in line with trainees as part of a quality improvement project, and it was also reported that trainees were encouraged to submit a clinical incident reports where they had not been able to contact a consultant directly when needed.

The review team heard that trainees had not raised any concerns via the junior/senior meetings and that it was thought that any negative feedback in the GMC NTS survey would likely have been isolated to a small number of particularly dissatisfied trainees – it was noted that at the time of the survey gaps at consultant level in community posts had a negative impact on trainees in community posts and their ability to attend scheduled teaching. It was also reported that trainees had leadership and management training commissioned annually as part of the curriculum, one protected day per month dedicated to individual areas of interest, and a generous study leave policy that released trainees for course attendance in all but extenuating circumstances due to clinical need.

In terms of educational governance, the review team heard that trainees had a number of forums to raise concerns they had in relation to the education and training environment. As well as the junior/senior meetings, there was the junior doctor forum and local implementation group meeting and, as of February 2020, a trainee representative would be involved in medical education strategy meetings. For educational supervision, the review team heard that the Trust was supporting those with educational supervision duties through clearly defining the role and

expectations of educational supervisors (ES). It was also noted that a number of recent appointees had expressed an interest in becoming an ES and that the Trust factored this into its recruitment to ensure that commitment to delivering education and training was embedded in the wider workforce. The Guardian of Safe Working Hours reported that the number of exception reports submitted was low. This was attributed to a perceived reluctance on the part of trainees to submit reports.

Feedback from current trainees in regard to induction was reported to be good with no concerns raised. However, it was recognised that a lack clearly communicated site-specific handover procedures may have had a negative impact on trainees early on in their posts. To address this, the review team heard that the Trust had discussed handover with trainees to identify specific concerns and it was reported that the Trust had asked site tutors to provide an agreed protocol for each site.

It was felt that negative feedback via the GMC NTS for workload and rota design was symptomatic of the gaps in the consultant rota for community posts at the time of the survey. It was recognised that trainees in community posts had felt under strain during this period and, as reported, it had a negative impact on trainees learning experience. To address this the Trust had reviewed its staffing and the way that trainees at both higher and core level were assigned to posts in community settings. It was also reported that to alleviate pressures on trainees based at the Chase Farm site that a twilight shift had been introduced, primarily to support core trainees. However, it was noted that this impacted upon trainees on-call. The review team heard that there was a three-tiered on-call rota. It was reported that higher trainees were based at Chase Farm but covered the three sites and that the details of the on-call consultant were available online and accessible through the switchboard.

Summing up, the Trust reported that having addressed the recent challenges around staffing, and in light of the changes to the wider Trust management, that the postgraduate medical education offering from the Trust was on a more sustainable footing. However, it was recognised that there was more work to be done, and for higher trainees in particular, it was felt that any disconnect between them and other trainee groups in terms of formal education and the development of a cohesive team would be for higher trainees to attend scheduled local teaching more regularly and to engage more in the educational governance meetings.

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
GPsy 1.1	<p>Patient safety</p> <p>The review team was disappointed to hear that trainees felt that there was insufficient physical health provision at the St Ann's site. It was reported that trainees had particular concerns around access to specialist diabetic support and expertise. The review team heard that there was no clear pathway for seeking expert diabetic advice</p>	

	<p>and that there was an informal reliance on North Middlesex University Hospital or the Whittington Hospital to provide this support.</p> <p>Trainees did however report that there was a designated GP for the forensic and elderly care wards at St Ann's who visited on a weekly basis and that this had a positive impact on the medical management of long-term patients. Where such provision was not in place, the review team heard that trainees felt that junior trainees – foundation and core level – were predominantly responsible for the physical care of patients in the event of an emergency. Trainees reported not being aware of any plans that the Trust had to upskill the multidisciplinary team.</p> <p>The review team was concerned to hear that trainees were anxious for their safety on the Dorset Ward at the Chase Farm site in light of a recent assault by a patient on a member of staff.</p>	<p>Yes, please see GPsy 1.1a</p> <p>Yes, please see GPsy 1.1b</p> <p>Yes, please see GPsy 1.1c</p>
GPsy 1.2	<p>Rotas</p> <p>The review team was pleased to hear that trainees had no concerns about their rota.</p>	
GPsy 1.3	<p>Induction</p> <p>The review team heard that trainees had no concerns with the quality of the induction processes that they received at either Trust or site level, noting that the need to exception report for working beyond their contracted hours was covered as part of the induction. The review team noted that the reluctance to submit exception reports was down to trainees' making a professional choice. However, it was noted that some trainees were not aware that they could submit exception reports for missed educational opportunities.</p>	Yes, please see GPsy 1.3
GPsy 1.4	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>Following the changes to the educational governance leadership at the Trust the review team heard that trainees were now increasingly encouraged to participate in quality improvement projects, as well as having protected time in their job plans to pursue individual areas of clinical interest.</p> <p>Trainees were particularly complimentary about the community liaison posts as these offered a breadth of learning as well as clinical opportunities. In contrast, trainees noted that the source of the negative feedback in the 2019 GMC NTS that triggered this visit would likely to have come from trainees working in community psychiatry posts as these were noted to be the most challenging, particularly due to the gaps in the consultant rota at the time the survey would have been completed (March to May 2019).</p> <p>Trainees noted that on occasion they would be asked to step down to cover core level gaps in the rota rather than the Trust make use of locum doctors to cover these shifts. The review team heard that trainees felt that this undermined their professional confidence.</p> <p>From its discussion with the educational supervisors (ES) and clinical supervisors (CS) the review team heard that the poor performance in the 2019 GMC NTS had come as a surprise. It was noted that the results for other trainee cohorts within the Trust had indicated a more positive educational experience.</p>	

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.

<p>GPsy 2.1</p>	<p>Impact of service design on learners</p> <p>The review team was concerned to hear of the lack of clarity in the event of a Section 136 patient needing to be held in a secure environment upon the lapsing of the 24-hour limit at the Chase Farm site seclusion unit. Trainees reported feeling anxious around a perceived breach of the law, as well as being tasked with informing vulnerable patients of this breach and the requirement to keep them in a secure environment. It was noted that the on-call consultant was available for advice but that trainees ultimately felt responsible for making potentially difficult clinical decisions.</p> <p>The review team heard that this situation arose in isolated incidences and that to address this, trainees had collectively written to the Medical Director to raise their concerns and that assurance had been received that trainees were no longer expected to discuss extensions to seclusion with patients. The review team heard that in all but extreme circumstance that this conversation should be conducted by a consultant.</p> <p>The review team was pleased to hear that this lack of clarity, as well as the difficult doctor-patient conversation this entailed, was recognised by the consultant body to put undue stress on trainees. However, trainees did report that there were rare occurrences when the consultant on-call was uncontactable due to confusion over the rota. It was also reported by trainees that they did report such incidents via the Ulysses clinical reporting system but that the feedback and follow-up from the Trust afterwards was not always of educational value.</p> <p>The need to seclude patients for longer than would otherwise be necessary was felt by trainees to be due to a lack of beds across the Trust and locally, as well as at a national level. Trainees reported that they generally felt a degree of pressure from service managers across the Trust and that the situation was exacerbated by priority given to patients being referred from the Emergency Department to avoid breaching the four-hour wait target.</p>	<p>Yes, please see GPsy 2.1</p>
<p>GPsy 2.2</p>	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard that trainees generally enjoyed the education and training they received, noting that there appeared to be a degree of flexibility to personalise their learning experience following the implementation of a new teaching programme. Trainees did report that they were aware of the junior doctor forum (JDF) as a channel for raising concerns about their training. However, the review team felt that trainees were not engaged in the JDF to the extent required to engage effectively with the consultant body, fellow trainees, and the wider Trust management.</p> <p>The review team also heard that trainees felt the education facilities were not of the best quality to inspire a productive learning environment, particularly at St Ann's, but it was noted that trainees were aware that a new education suite was part of the site redevelopment.</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.

GPsy 3.1	Behaviour that undermines professional confidence, performance or self-esteem The review team was pleased to hear that there were no concerns around bullying and undermining.	
GPsy 3.2	Access to study leave The review team heard of no concerns around access to study leave or being released for the monthly centralised programme training.	

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.

GPsy 4.1	Sufficient time in educators' job plans to meet educational responsibilities The review team was pleased to hear that all those with responsibility for supporting trainees had sufficient time and resource in their job plans. However, it was noted that supporting trainees requiring additional support (TRAS) had been challenging and could have been aided better by improved sharing of information across Trusts within the North Central London training programme. It was felt this would have brought specific trainee issues to the fore and allowed for earlier intervention to support trainees.	
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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.

	N/A	
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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.

GPsy	Learner retention	
6.1	The review team was pleased to hear that trainees unanimously agreed that they would recommend their training posts to their peers.	

Good Practice and Requirements

Good Practice

N/A

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.
	N/A		

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.
GPsy 2.1	The Trust is required to review its pathway for patients in breach of the 24-hour Section 136 limit and provide a clear policy document setting out the roles, responsibilities and accountabilities of the whole multidisciplinary team and non-clinical staff.	Please develop a clear pathway in relation to breaching the 24-hour Section 136 limit and develop a clear standard operating procedure and provide a copy to HEE.	R1.7

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.
GPsy 1.3	The Trust is required to confirm at induction that trainees can submit exception reports for missed education opportunities.	Please provide HEE with a copy of the revised induction handbook that states	R1.12

		trainees are required to submit exception reports for missed education opportunities.	
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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.
GPsy 1.1a	HEE would recommend establishing a formal pathway for specialist diabetic referral between the Trust and its neighbours.	R1.7
GPsy 1.1b	HEE would also recommend that the Trust explore opportunities to develop the multidisciplinary workforce so that there is scope to provide better acute physical care in the event of emergency.	R1.7
GPsy 1.1c	The Trust is recommended to review the integrity of its secure environments in light of alarming trainee feedback concerning the layout of the Dorset Ward at the Chase Farm site in light of a recent assault by a patient on a member of staff.	R1.2

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

Requirement	Responsibility
N/A	

Signed

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

Dr Elizabeth Carty,
Deputy Postgraduate Dean, North Central and East London

Date:

25 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.