

HEE Quality Interventions Review Report

Barnet, Enfield and Haringey Mental Health NHS Trust Psychiatry Senior Leader Engagement Visit



Review Overview

Background to the Review:	<p>Significant concerns were raised by trainees at the Beacon Centre in Edgware Community Hospital. Subsequently, the trainees were redeployed within the Trust or were rotated into their next placement.</p> <p>The Concerns raised included:</p> <ul style="list-style-type: none"> • Patient safety/safeguarding • Incidents of assault on the ward • Lack of clear communication • Issues with handover • Supervision • Adequate experience. <p>This quality visit was scheduled to provide assurance that there were robust plans in place to address these concerns before trainees can be returned to the clinical environment.</p>
Training Programme/Learner Groups Reviewed:	<p>Child and Adolescent Mental Health Services</p>
Who we met with:	<p>The review team met with the following representatives from the Trust:</p> <ul style="list-style-type: none"> • Director of Medical Education • Medical Director • Clinical Director • Medical Education Manager
Evidence utilised:	<p>The following evidence was utilised for this review:</p> <ul style="list-style-type: none"> - MD letter – actions addressing trainee concerns - Placement meeting with trainee - notes - Trainee Placements email – DME - Barnet LIG January 2020 - Formal response to HEE - Guardian of Safe Working Hours Feedback for HEE - Guardian of safe working hours - Junior Doctors Forum Minutes 2020.04.30 - Junior Doctors Forum Minutes 2020.04.16 - Junior Doctors Forum Minutes 2020.04.23 - Junior Doctors Forum Minutes 2020.06.04 - Junior Doctors Forum Minutes 2020.07.09 - MEC Minutes 2020.01.09 - Haringey LIG Minutes 2020.03.19 - LIG Minutes March 2020 - MEC Minutes 2020.05.15

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean
Specialty Expert	Dr Vivienne Curtis, Head of School of Psychiatry
External Specialty Expert	Dr Myooran Canagaratnam, Training Programme Director
Postgraduate Dean	Dr Gary Wares, Postgraduate Dean
HEE Quality Representative	Nicole Lallaway, Learning Environment Quality Coordinator
Observing	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
	Kenika Osborne, Learning Environment Quality Coordinator

Executive summary

The review team heard reports that clinical supervision was inconsistent. Whilst the Trust felt they had effective processes in place, in this instance these processes did not work, and trainees did not feel comfortable with the reporting mechanisms in place.

The review team agreed that they would not reintroduce trainees into the Beacon Centre until the actions established at the review were fulfilled. Please see Mandatory Requirements section (page 9).

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Serious incidents and professional duty of candour</p> <p>The review team heard that there were concerns raised by trainees around patient safety, incidents of assault on the ward, lack of clear communication and clinical supervision arrangements. The Clinical Director provided Health Education England (HEE) with a written response to these concerns and fed this back verbally at the review. This included a detailed response to the concerns raised, including actions around the high number of self-harm incidents, medication errors, safeguarding concerns, staffing, as well as actions around junior and inexperienced nursing staff and Healthcare Assistants (HCAs) feeling anxious and lacking confidence on the ward.</p>	

1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team raised concerns that were flagged by trainees around consultant supervision, including feeling that supervision was inconsistent during their placement at the Beacon Centre. The review team was also concerned around the educational capacity for Child and Adolescent Mental Health Services (CAMHS) and Core Psychiatry training at the Beacon Centre. The review team asked the Trust to confirm details of consultant supervision in place.</p> <p>It was reported that the Trust had one substantive consultant for this placement, and a second consultant post was currently being recruited for. The review team was concerned that there may not be educational capacity for Core Psychiatry and CAMHS training at the Beacon Centre, particularly whilst the Trust had vacancies at Consultant level. The Trust reported that the Covid-19 pandemic had caused disruption to the frequency with which consultants were available to trainees and recognised that levels of clinical supervision had been inconsistent. The review team emphasised the requirement that a named clinical supervisor should be known to trainees at all times.</p>	Yes, please see P1.4
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Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review lead offered an apology to the Trust for the rapidity of the relocation of trainees and the impact this had on its staffing levels. The review team referred the Trust to the HEE Quality Framework which sets out HEE's quality management processes. The Clinical Director agreed to share the Trust's internal action plan and supporting evidence with HEE</p> <p>There were concerns raised by the Trust and the review team around the communication pathways between HEE and the senior leadership team at the Trust, and vice versa. It was recognised that there needed to be more robust lines of communication at all levels. It was recognised that there needed to be structures in place where the ES and the Training Programme Director could liaise with the Trust more effectively. The review team agreed that the Psychiatry School would ensure all TPDs are made fully aware of the guidance for escalating concerns using the HEE Quality Framework.</p> <p>It was also noted that there were concerns around historic commissioning issues pertaining to trainees at Barnet, Enfield and Haringey Mental Health NHS Trust being employed by The Tavistock and Portman NHS Foundation Trust. These concerns involved the Tavistock and Portman NHS Foundation</p>	

	Trust funding a placement within Barnet, Enfield and Haringey Mental Health NHS Trust, where it would be standard practice for the Trust in which the trainees are placed to fund the placement. The review team agreed to investigate these issues.	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The review team heard that the trainees raised concerns with their Clinical Supervisors (CS), however the trainees did not escalate their concerns within the Trust using the Trust mechanisms. The first time the Trust they had heard of any concerns was once the trainees were moved from their posts.</p> <p>The review team asked what reporting mechanisms were in place for trainees to raise concerns. It was reported that there were many ways to raise concerns within the Trust. This included the junior doctor forum meetings, via the guardian of safe working hours and freedom to speak up guardian, and datix reporting. The Trust felt there were clear lines of communication and that the consultants and the Clinical Director were clearly visible and available to trainees to raise concerns. There were concerns raised around why trainees felt they could not raise these issues with the Trust despite having clear lines of communication, and instead raised concerns about the placement with the TPD. The review team emphasised that HEE needed assurance that trainees felt comfortable to escalate concerns within the organisation.</p> <p>The review team was disappointed to hear that there was an instance of a trainee's induction being scheduled before the start of their rotation. The trainee in question therefore only received a local departmental induction when they started the placement. It was noted that some activity regarding induction was disrupted due to the Covid-19 pandemic. However, despite the impact of Covid-19 it was expected that induction and other support arrangements for trainees be continued. The Trust recognised that this could have been organised better in line with rotation dates to enable all trainees to attend. The review team noted that when trainees rotated around the Trusts, they needed to be explicitly clear on the structure of the Trust, who the key personnel are and who trainees can go to in order to raise concerns or resolve issues. It was also noted that lack of induction may have contributed to trainees not having a clear sense of belonging to the Trust, and not knowing how to relate to the structures in place, particularly coming from a different Trust.</p>	Yes, please see P2.2

Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
	Domain not discussed at the review	

Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	Domain not discussed at the review	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
	Domain not discussed at the review	

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at the review	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	None	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	None	

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
P1.4	The review team found that the clinical supervision for trainees at the Beacon Centre was inconsistent. Concerns were raised that the trust may not have the educational capacity to adequately support trainees at the Beacon Centre.	The Trust is required to define the educational capacity for trainees by submitting a clearly defined timetable around supervision, including establishing requirements for Educational Supervisors and Clinical Supervisors on their job plans. Evidence of how this action will be monitored locally will be required by 01 December 2020.
P2.2	The review team found that on this occasion, the trust was unable to align rotation dates with the trust induction. Consequently, a trainee coming into post for the first time at the trust did not receive an induction that clearly demonstrated the structure of the trust, escalation pathways and ways in which the trainee voice can be heard.	The Trust is required to clearly define educational governance processes for how any trainee (not just CAMHS) rotating from any other Trust have appropriate induction, supervision and clear processes to hear the trainees voice and to allow trainees engage with and feel part of Barnet, Enfield and Haringey Mental Health NHS Trust during their placements. The Trust is also required to clarify how the DME relates to TPDs across the different rotations. Evidence of how this action will be monitored locally will be required by 01 December 2020.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
	None

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	None	

Report sign off

Outcome report completed by (name):	Nicole Lallaway, Learning Environment Quality Coordinator
Review Lead signature:	Elizabeth Carty, Deputy Postgraduate Dean
Date signed:	28 September 2020

HEE authorised signature:	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
Date signed:	28 September 2020

Date final report submitted to organisation:	28 September 2020
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups