

# HEE Quality Interventions Review Report

## Central and North West London NHS Foundation Trust

### Psychiatry Educator Review



## Review Overview

<p><b>Background to the Review:</b></p>	<p>This review was planned as part of the ongoing work between the Trust and Health Education England (HEE) following concerns raised by trainees at a Learner Review in November 2018. The General Medical Council (GMC) had placed psychiatry training at the Park Royal Centre for Mental Health and the Gordon Hospital under enhanced monitoring. Following the Learner Review a number of Senior Leader Engagement Visits have taken place. The Trust had responded to the initial issues raised but there was further quality improvement work in progress.</p> <p>The most recent quality review was a Learner Review that took place in March 2020. An exceptional Immediate Mandatory Requirement (IMR) was issued at the review to ensure trainee safety. Following the review, the Emerging Concerns Protocol was implemented, and a Regulatory Review Panel took place on 20 March 2020. The GMC further placed St Charles Hospital and the Hillingdon Hospital under enhanced monitoring and set a condition in line with the IMR.</p> <p>HEE planned this quality visit to review progress made, and to discuss current challenges faced by the Trust.</p>
<p><b>Training Programme/Learner Groups Reviewed:</b></p>	<p>Psychiatry</p>
<p><b>Who we met with:</b></p>	<p>Chief Medical Director Chief Nurse Director of Medical Education Deputy Director of Medical Education Head of Medical Education Quality Improvement Clinical Fellow Trainee Representative</p>
<p><b>Evidence utilised:</b></p>	<p>Trust Briefing Report – November 2020</p>

## Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
Specialty Expert	Dr Vivienne Curtis Head of School of Psychiatry Health Education England (London)
GMC Representative	Samara Morgan Principle Education QA Programme Manager (London) General Medical Council
HEE Quality Representative	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London)
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)

## Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas of good practice, including:

- The review team felt that there had been a tangible shift in culture, with the involvement of trainees in feedback and quality improvement projects.
- The work undertaken to support blood test requests and access to results.
- The support provided during the COVID-19 pandemic, including the development of the wellbeing package and the lines of communication from senior colleagues.
- Improvements made to the provision of and upskilling of staff in the delivery of physical health care.

The review team also noted the following areas requiring improvement:

- The Trust to continue to monitor and gather feedback around the trainees' perception of training, including quantifiable feedback demonstrating the sustainability of the changes made to address the GMC condition.

A follow-up Risk-based Review (Learner Review) is to be organised for June 2021 to discuss progress made.

## 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&amp;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><b>Serious incidents and professional duty of candour</b></p> <p>The review team enquired about the progress the Trust had made against the GMC condition which stipulated that no doctor in training was to review an acute inpatient without an appropriately qualified member of staff accompanying them. Trust representatives advised that this issue had been actioned quickly and communicated to staff. It was reported that there had been one incident of this occurring since the condition was set. Trust representatives advised that the incident had been reported straight away to the Director of Medical Education (DME) and that HEE had been informed. The DME had spoken to the trainee's supervisor and the service leads.</p>	Yes, please see action P1.1
1.3	<p><b>Quality Improvement</b></p> <p>Trust representatives advised that a quality improvement programme had been developed to look at training experience within the Trust. To support the implementation and running of the programme a Quality Improvement Medical Education Fellow had been appointed. It was advised that the programme addressed seven themes. The themes had been identified through the mapping of the findings from an independent quality improvement report and the Trust's Health Education England (HEE) quality action plan.</p> <p>Trust representatives discussed the importance of involving trainees throughout the quality improvement process. It was advised that once identified the seven themes were discussed with trainees. Trainees were asked to rate how satisfied they were with the representation of the themes, and their priorities for change. From the quantifiable satisfaction ratings, it was reported that the themes of morale and safety had been prioritised. Trust</p>	

	<p>representatives advised that through quality improvement methodology, trainees had been involved in the development of actions to address the concerns.</p> <p>Trust representatives reported that both local and central actions had been developed. Examples of local projects included looking at out of hours support and learning opportunities, physical health care management, and morale in teams. Central projects included creating a trainee recognition programme, looking at development opportunities outside of the exam curriculum, and a smoother induction process.</p> <p>The Trust's involvement in the Cavendish Square Group was discussed. It was reported that CNWL was one of the four Trusts in the group to pilot the Assertive Community Treatment (ACT) model for acute care wards. It was discussed how the rollout of the ACT model had involved the whole multidisciplinary team. Trust representatives further advised how all services had been working towards or had implemented Trauma-Informed Care.</p> <p>Trust representatives discussed work undertaken to improve and manage safety within the Trust. CNWL had conducted a piece of work in collaboration with service users who had lived experience of receiving or perpetrating violence, to support process change. In addition, a review of the use of technology to support the management of violence and aggression was underway, and Oxehealth had been implemented in the Trust's older adult wards.</p> <p>A new safety strategy had been created at executive level. A recent online safety forum had taken place the previous week, which had been attended by 450 members of staff, with 170 posters submitted. Trust representatives advised that they felt trainees' perception of safety within the Trust had improved.</p> <p>Trust representatives reflected that previously the quality improvement initiatives had been mainly nurse led, with limited input from doctors in training. It was advised that doctors and trainees had since been encouraged to take part in the initiatives, with trainees now feeding into work around restrictive interventions and seclusion reviews.</p>	
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## Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p><b>Impact of service design on users</b></p> <p>Trust representatives advised how the Gordon Hospital had been closed due to the building infrastructure limiting the ability to provide safe care during the COVID-19 pandemic. It was advised that the future of the Gordon Hospital was under consultation, however, infrastructure concerns were reported to have been previously raised by the CQC and service users.</p> <p>The review team discussed how the management of physical healthcare had been a concern raised at previous reviews. Trust representatives discussed how there had been two main challenges, the upskilling of staff and the recording and sharing of patient record data. It was advised that the COVID-19 response had supported the upskilling of staff, with physical healthcare teams supporting and teaching staff on the wards.</p> <p>Trust representatives advised that work had been undertaken to review the recording and sharing of patients' physical health data. It was discussed that the recording of data for community patients was the biggest challenge, with the aim to record live data. Trust representatives reported that CNWL used the electronic patient record system SystemOne, which was used by a large number of General Practices (GP). It was advised that although SystemOne assisted with the sharing of information more work was required for a successful GP interface.</p> <p>The review team heard that work had been undertaken to support the management of blood tests. It was advised that the Trust were in the final stages of a pilot for a new electronic request and recording system, it hoped that in December 2020 the system would be in place for the inpatient wards. It was anticipated that the system would be rolled out to community services in early 2021. Trust representatives advised that the second phase of the project was to set up an online system to request blood results across North West London.</p> <p>Trust representatives advised that work had been undertaken to review the workforce skill mix. It was discussed that Advanced Clinical Practitioner (ACP) and Physician Associate roles were being considered.</p>	
2.2	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>Trust representatives discussed how the introduction of the Quality Improvement Medical Education Fellow had facilitated open discussions with trainees and was felt to have improved accessibility in providing feedback.</p>	

	Monthly drop-in sessions took place, and an open-door policy was in place outside out of these sessions.	
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Domain 3 – Supporting and empowering learners		
<p><b>3.1.</b> 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><b>3.2.</b> 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><b>3.3.</b> Learners feel they are valued members of the healthcare team within which they are placed.</p> <p><b>3.4.</b> Learners receive an appropriate and timely induction into the learning environment.</p> <p><b>3.5.</b> 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
<b>3.1</b>	<p><b>Access to resources to support learners' health and wellbeing and to educational and pastoral support</b></p> <p>Trust representatives discussed that a lack of rest facilities at the Park Royal Hospital had previously been a concern. It was advised that works had been completed and an on-call bedroom and doctors mess had been built. It was reported that the doctors mess had recently been closed for repairs, however, was due to be fixed shortly. Trust representatives advised that concerns around rest facilities were no longer being reported by trainees. The review team heard that concerns about the hospital's local surrounding environment had been escalated by the Trust to the highest level.</p> <p>Trust representatives discussed the support in place to help staff through the COVID-19 response. It was advised that a wellbeing programme had been developed and that there was a senior safety team. Throughout the first wave weekly webinars had been held. Trust representatives reported that they felt people knew who to contact if they felt unsafe or had any questions and hoped that staff had felt well informed throughout. It was acknowledged that staff from all disciplines were feeling tired.</p>	



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
	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
	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
6.1	<p><b>Retention and attrition of learners</b></p> <p>The review team and Trust representatives acknowledged that low trainee morale had previously been a concern. Trust representatives reported how there had been a measurable divide between education and services delivery with trainees feeling they had not been listened to. It was advised that changes to the Senior – Junior meetings had occurred to strengthen communication. Senior – Junior meetings were reported to be better attended and documented; it was discussed how concerns raised at the meetings were quickly addressed.</p> <p>Trust representatives advised that core trainees had reported wanting to apply for higher training. Trainee morale was felt to be improved, although it was recognised that this was difficult to quantify.</p>	

## **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)
No Immediate Mandatory Requirements were identified during the review.		

### 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
P1.1	The review team enquired about the progress the Trust had made against the GMC condition which stipulated that no doctor in training was to review an acute inpatient without an appropriately qualified member of staff accompanying them. Trust representatives advised that this issue had been actioned quickly and communicated to staff and services. It was reported that there had been one incident of this occurring since the condition was set. Trust representatives advised that the incident had been reported straight away to the Director of Medical Education (DME) and that HEE had been altered. The DME had spoken to the trainee's supervisor and the service in which it had occurred.	Please continue to monitor and gather feedback around the trainees' perception of training. The Trust to provide quantifiable feedback demonstrating the sustainability of the changes made to address the GMC condition. Please can the Trust submit the trainee feedback for the March 2021 HEE Action Plan update.

### 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
No recommendations were identified during the review.	

## 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)
Medical Education Department, doctors in training	The implementation of a quality improvement programme to review the Trusts' training environment. The involvement of trainees throughout the process was commended.	1.3

## Report sign off

<b>Outcome report completed by (name):</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Review Lead signature:</b>	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
<b>Date signed:</b>	04 December 2020

<b>HEE authorised signature:</b>	Dr Gary Wares Postgraduate Dean Health Education England (London)
<b>Date signed:</b>	09 February 2021

<b>Date final report submitted to organisation:</b>	09 February 2021
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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