

West London NHS Trust

**(Hammersmith and Fulham Mental Health Unit
and the Claybrook Centre)**

**Core Psychiatry Training and General
Psychiatry**

**Risk-based Review (education lead
conversation)**



Quality Review report

23 January 2020 Final Report

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healthcare**

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Quality Review details

Training programme	Core Psychiatry Training and General Psychiatry
Background to review	<p>The review was planned following a decline in the 2019 General Medical Council National Training Survey (GMC NTS) results.</p> <p>Core Psychiatry Training at Hammersmith and Fulham Mental Health Unit generated two red outlier results in reporting systems and teamwork.</p> <p>General Psychiatry at the Claybrook Centre generated six red outliers in; workload, teamwork, handover, supportive environment, educational supervision and rota design.</p> <p>Two Patient Safety, Bullying and Undermining comments were generated for General Psychiatry at the two sites.</p>
HEE quality review team	<p>Dr Orla Lacey Deputy Postgraduate Dean Health Education England (London)</p> <p>Dr Vivienne Curtis Head of School of Psychiatry for London and the South East Health Education England (London)</p> <p>Emily Patterson Learning Environment Quality Coordinator Health Education England (London)</p>
Trust attendees	<p>Director of Medical Education Medical Education Manager Training Schemes Manager Guardian of Safe Working Hours Educational Lead (TPD) Interim College Tutor Interim College Tutor Medical Director Senior Trainee Representative</p>

Conversation details

	Summary of discussions	Action to be taken? Y/N
R1.7	<p>Workforce and Recruitment</p> <p>Trust representatives advised that there had been a change in staffing at the Hammersmith and Fulham site. Work had been done to develop the faculty and a local tutor appointment had been made. Two interim tutors were in post to cover for colleagues on maternity leave. In addition, two medical clinical leads had been appointed. The appointment of the clinical leads was felt to be positive for training and clinical governance.</p>	
R1.6	<p>Exception Reporting</p> <p>The Guardian of Safe Working Hours advised that the number of exception reports received had been steady over the last three and a half years. Exception reports were predominantly submitted by higher trainees and were regarding issues during working at night and stepping down to cover rota gaps at more junior levels. It was reported that in the last four months trainees had been required to step down less, however the on-call rota had remained an issue. Trainers were reported to be proactive in responding to exception reports and it was advised that there were not many unclosed reports.</p>	
R1.12	<p>Rota Design</p> <p>It was advised that at the time of the 2019 General Medical Council National Training Survey (GMC NTS) there were a number of gaps in the rota. As a result, trainees had been required to step down to fill the gaps and clinics had had to be cancelled at late notice. The department now had a fully staffed rota at core psychiatry trainee level and higher trainees were no longer required to step down. Concerns were raised as to what the contingency plan would be if there were to be rota gaps again.</p> <p>It was discussed that the on-call rota remained an issue. Resident specialty training on-call rotas had been tested, however had been too disruptive for training, due to trainees having to take the necessary time off after a shift. The review team heard that various workstreams had been implemented as an alternative effort to manage the workload at night. The Trust was looking at the Standard Operating Procedure for the management of Section 136 suites. It was advised that this workstream was to be undertaken in collaboration with Approved Mental Health Professionals (AMHP). The workstream aimed to reduce the burden of work for the trainee, by delegating tasks and not to involve them in the management of patients until necessary.</p>	<p>Yes, please see action R1.12a</p> <p>Yes, please see action R1.12b</p>
R1.7	<p>Workload</p> <p>Trust representatives advised that training had been carried out to upskill the mental health nurses and help reduce the workload of junior trainees. Nurses had been trained to take blood samples and were in the process of having competencies signed</p>	

	<p>off.</p> <p>Trust representatives discussed how they could support the medical workforce with the appointment of Specialty and Associate Specialist (SAS) doctors. It was advised that the Trust wanted to develop a parallel development pathway for SAS doctors.</p>	
R1.14	<p>Handover</p> <p>Trust representatives acknowledged that handover had been a red outlier on the 2019 GMC NTS results. Handover had been discussed at the junior/senior meetings in an effort to improve the process. The review team heard that it had been suggested that Hammersmith and Fulham follow the handover process at the Hounslow site, which was reported to be an example of good practice. It was advised that a conferencing 'spider' phone was required to enable the process.</p> <p>It was discussed that it would be a good training opportunity for trainees to have the opportunity to lead the handover meetings.</p>	<p>Yes, please see action R1.14</p>
R2.7	<p>Supportive Environment</p> <p>The review team heard that the Trust had conducted a critical review of the higher trainee posts at the Hammersmith and Fulham site. A conversation with the higher trainees took place in October 2019 to identify issues and possible solutions. Trust representatives reported that trainees had felt that they were isolated. Possible interventions were discussed with trainees, and the local interim-College tutors had developed a plan for the specialty training Balint groups and space in the academic programme for specialty training topics, including leadership and management skills. The Medical Education Manager (MEM) was praised for their efforts in supporting trainees with this process.</p> <p>The review team heard how changes to junior/senior meetings had made the trainees feel more supported. It was advised that previously a number of items were on a rolling agenda and were not actioned in a timely manner. It was discussed that the MEM would now send out actions following a meeting and that the meeting was solution focused. The meetings had helped to provide support in the transition period between consultants leaving their roles and new consultants coming into post.</p> <p>The review team heard how the department had ensured they welcomed new trainees when they started to help orientate them into post. Trust representatives advised that trainees may have felt this was lacking before.</p> <p>The accommodation at the Hammersmith and Fulham site had been reviewed in collaboration with trainees. It was discussed that a renovation was taking place in a newly acquired room, which would be allocated as the junior doctor on call rest room. The renovation was reported to include a new kitchen, sofa and television with a separate workstation area in a controlled access suite.</p> <p>It was advised that a departmental social had been arranged, following feedback that an informal chance to get to know colleagues would be appreciated.</p>	

R1.8	<p>Clinical Supervision</p> <p>Trust representatives identified concerns that were still in place. The review team heard that there was inconsistency in the level of clinical supervision received by trainees. It was discussed that conversations had occurred with the Director of Medical Education on how the department could best support both trainees and trainers to ensure appropriate supervision was received. It was further advised that an escalation support structure including college tutors and educational leads was required if problems were identified.</p>	Yes, please see action R1.8
R1.5	<p>Patient and Trainee Safety</p> <p>It was advised that issues around patient safety and access to alarms had been raised at junior/senior meeting. Trainees had reported that they were unable to access alarms until they had reached the inside of the ward. The review team heard that this had been dealt with promptly and that all trainees had access to Ascom alarms. It was discussed that trainees were now escorted onto the Psychiatric Intensive Care Unit (PICU) for their safety, where previously they not been. Trainees who worked in the community had access to lone working alarms.</p> <p>The Trust representatives reported that trainees had raised concerns that there may be excessive seclusion use. It was advised that an audit had been established to look into these concerns.</p>	
R1.19	<p>Service Design</p> <p>The review team heard that there were a number of changes taking place at the Hammersmith and Fulham site, in particular with community teams. It was advised that of the existing community services were being developed into a mental health integration network team. Trust representatives discussed how there would be many project opportunities and hoped that higher trainees would be involved in the service transformation. Project topics included physical healthcare and aligning work with General Practices.</p>	
R1.19	<p>Psychotherapy</p> <p>Trust representatives discussed that there had been a consultation around Psychotherapy and that there had been a clear board level commitment to retain the training. It was advised that each site had a psychotherapy lead and that there was a regional programme tutor. It was acknowledged that the department needed to ensure suitable supervision was in place, especially for long cases, as they did not want to undermine training capacity.</p>	Yes, please see action R1.19

Next steps**Conclusion**

The review team thanked the Trust for accommodating the review and acknowledged the commitment shown to improving the quality of the training and work environments. HEE will continue to monitor training in the department through the action plan process and the 2020 GMC NTS results.

Good Practice and Requirements**Good Practice**

The review team commended the Trust's commitment to involve trainees in the improvement of the training and work environment. The junior/senior meetings appeared to provide a good communication stream between trainees and their seniors.

The Trust had worked hard to identify issues and planned interventions to address those identified.

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.
R1.12b	The Trust to continue with the planned interventions for working at night, including the review of the management of the Section 136 suite.	Please provide Health Education England with evidence that these interventions have been actioned.	R1.12
R1.14	The Trust to continue to review and implement an improved handover system.	Please provide Health Education England with evidence that the handover system is in place and that trainees find the new handover effective and beneficial for training.	R1.14
R1.8	The Trust to ensure there is a review of clinical supervision and to implement the necessary changes.	Please provide evidence that all trainees have access to the necessary clinical supervision	R1.8
R1.19	The Trust to continue to develop and monitor Psychotherapy, ensuring that appropriate support is in place.	Please provide evidence that trainees receive appropriate support when conducting psychotherapy.	R1.19

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.
R1.12a	The Trust to review their contingency plan for prospective rota gaps.	Please provide Health Education England with the developed rota gap contingency plan.	R1.12

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

Requirement	Responsibility
None.	

Signed

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

Dr Orla Lacey

Date:

14/10/2020

What happens next?

We will add any requirements or recommendations generated during this review to the Quality Management Portal. These actions will be monitored via our usual action planning process.