

HEE Quality Interventions Review Report

North Central London Child and Adolescent Mental Health Services Learner Review



Quality, Reviews and Intelligence Team, HEE London

08 April 2021

28 May 2021

Review Overview

<p>Background to the review:</p>	<p>A number of significant concerns were raised by trainees across the North Central London CAMHS rotation, centred around patient safety, supervision and the suitability of some posts.</p> <p>Beacon Centre (urgent concern review - August 2020) Significant concerns were raised by trainees at the Beacon Centre. Subsequently, the trainees were redeployed within the Trust or were rotated into their next placement, and an urgent concern review was conducted in August 2020.</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>Royal Free concerns Concerns raised by trainees within the CAMHS placement in the Royal Free, including:</p> <ul style="list-style-type: none"> • Supervision • Incidents of bullying and undermining <p>Considering the concerns raised within the CAMHS rotation throughout the past year and the lack of survey data available (GMC NTS) due to the number of trainees within individual sites, the Deputy Postgraduate Dean (NCL) and the Head of School for Psychiatry decided to conduct a programme review.</p>
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Child and Adolescent Mental Health Services (CAMHS)</p>
<p>Who we met with:</p>	<p>The review team met with trainees in CAMHS placements within North Central London, and a trainee from the North West London (NWL) scheme:</p> <ul style="list-style-type: none"> - 13 core trainees - 14 higher trainees <p>The trainees were from the following Trusts:</p> <ul style="list-style-type: none"> - Barnet, Enfield and Haringey Mental Health NHS Trust - East London NHS Foundation Trust - Great Ormond Street Hospital for Children NHS Foundation Trust - Royal Free London NHS Foundation Trust - The Tavistock and Portman NHS Foundation Trust - University College London Hospitals NHS Foundation Trust - Whittington Health NHS Trust

Evidence utilised:

Evidence utilised for this review:

Barnet, Enfield and Haringey Mental Health NHS Trust:

- Barnet Site Tutor Update
- BEH CAMHS Survey Feb 21
- ENFIELD-Minutes from CD & trainee Q&A- 120221
- ENFIELD-Minutes from CD & trainee Q&A-LIG 150121
- ENFIELD-minutes of LIG meeting March 2020
- Guardian annual report march 2021
- LIG meeting 26 Jan 2021 Haringey
- LIG Meeting Minutes 19th August 2020 Haringey
- Minutes-15th May 2020 Medical Education Committee
- Minutes-17th Sept 2020 Medical Education Committee
- NCL STC Meeting 21.10.20 online via MT
- North London Central Core Psychiatry STC Minutes 4th Dec 2020

East London NHS Foundation Trust:

- Coborn Centre Medical Team Meeting
- PGMEC Minutes March 2021
- Quarter 2 2020 2021 Report on Safe Working Hours
- Quarter 3 2020 2021 Report of Safe Working (Doctors in Training) Guardian Report

Great Ormond Street Hospital for Children NHS Foundation Trust:

- (MEC Meeting Minutes) PGME Operational Group Meeting 12th March 2021
- CAMHS TCM-LFG minutes 20.01.2021
- CAMHS TCM-LFG minutes 20.10.2020
- GOSH and RLH CAMHS Prospectus 20 Feb 2021
- GoSW Trust Board Report Q3 2020 FINAL

The Tavistock and Portman NHS Foundation Trust:

- LFG Minutes - 11 January 2021
- MEB minutes 10.12.20 JY edit

University College London Hospitals NHS Foundation Trust:

- GoSWH report 17.03.2021
- GoSWH report 18.11.2020
- SH MEC Minutes - 10 December 2020 Final

Whittington Health NHS Trust:

- Minutes PGMEB ~ 21.09.20
- NCL STC Meeting Minutes 21.10.20
- NLC Core Psychiatry STC Minutes 04.12.20

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean (North Central London)
HEE Head of Specialty School of Psychiatry	Dr Vivienne Curtis Head of School for Psychiatry (London)
External Specialty Expert	Dr Lucy Allsopp Training Programme Director, Child and Adolescent Psychiatry (HEKSS)
Lay Representative	Saira Tamboo Lay Representative
Trainee Representative	Dr Naomi Riddell CAMHS Trainee Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Tarek Hussain Quality, Patient Safety and Commissioning Officer
HEE Representative (observing)	Louise Schofield Deputy Postgraduate Dean (North East London)
HEE Representative (observing)	Rebecca Bennett Learning Environment Quality Coordinator

Executive summary

The review team met virtually with core and higher trainees in Child and Adolescent Mental Health Services (CAMHS) placements across North Central London. The review team found a marked difference between core and higher speciality trainees in willingness to express their views about the rotation. Despite reassurance that all comments were anonymous higher trainees were very reluctant to express either positive or negative views on CAMHS placements, possibly as a consequence of the perception of experiences being highly personal and so attributable.

The review team heard that for both core and higher trainees, the CAMHS placements provided good clinical experience and workload was at the right level. It was also encouraging to hear that trainees would recommend their placement to colleagues as a place to train and would recommend this to family friends as a place to be treated.

However, the review team identified the following areas of concern:

- Majority of trainees across the programme reported concerns with induction. There was no formal site induction for core trainees and higher trainees either did not have a formal site induction or their induction did not prepare them for their placement.
- There were instances for core trainees where trust and site inductions were held at the same time, leaving trainees unsure which to attend.
- Some higher trainees had a lack of access to patient records when on-call out of hours.
- There was a lack of autonomy for senior trainees when in placement at Simmon's House.
- Higher trainees were not familiar with the CAMHS curriculum and there was a lack of curriculum mapping in the initial educational planning meeting.
- Higher trainees did not work with other CAMHS trainees which contributed to a sense of isolation.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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 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
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	N/A

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
Please note that the Mandatory Requirements detailed below will be attributed to all Trusts involved in this review.		
CMS1.4	Higher trainees reported that the placement in Simmon's House was notably more hierarchical than their community placements, which inhibited their autonomy and decision-making skills.	The Trust is required to develop an environment in which trainees can function at an appropriate level. This includes the final years of the programme in preparation for consultant jobs, for example at Simmon's House. Please submit that this is no longer a concern for trainees by the next QMP cycle.
CMS2.1	The review team heard that higher trainees did not always have access to patient records when on-call.	The Trust is required to ensure that trainees have access to patient records, both in and out of hours. Please submit evidence that this is no longer a concern for trainees by 28 June 2021.
CMS2.2	The review team felt that trainees would benefit from the inclusion of Training Programme Directors (TPDs) in the Local Faculty Group (LFG) meetings.	The Trust is required to improve engagement between TPDs and LFGs by inviting the CAMHS TPD to LFG Meetings. Please submit evidence in support of this action by the next QMP cycle.
CMS3.4	The review team heard that induction for core and higher trainees was inadequate, and left trainees unprepared for their CAMHS placements.	The Trust is required to review induction processes for CAMHS trainees, to ensure that trainees are prepared for work in and out of hours. Please submit evidence that induction is no longer a concern by 28 June 2021.
CMS6.1	Core trainees reported concerns around Human Resource (HR) processes, including Disclosure and Barring Services (DBS) checks and salary provisions.	The Trust is required to review HR processes for trainees joining the Trust, including DBS checks and salary provisions. Please submit evidence that this is no longer a concern for trainees by the next QMP cycle.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
2.2	The CAMHS Specialty Training Committee (STC) required to provide clarity of educational networks, particularly with reference to relationships between TPDs, DMEs and Trust-based Educational Supervisors.
5.1	The CAMHS STC is required to improve structural issues within rotations, i.e. trainee reports of isolation, lack of curriculum mapping, transparency around available posts, allocation processes and equity of learning opportunities including psychotherapy courses. The STC is also required to ensure that there is a robust CAMHS trainee network, whereby trainees are confident to feedback and escalate concerns within Health Education England and Trust structures.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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)
Core and Higher trainees in Child and Adolescent Mental Health Service placements	Trainees reported that they would recommend their placement to colleagues for training, and to friends and family for treatment.	6.1

HEE Quality Standards and Domains for Quality Reviews

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>When asked about exposure to violence at their placements, higher trainees reported that this was not a concern to them. However, the review team heard that some trainees had experienced aggression from patients and that there had been some traumatic incidents regarding young people in difficulty. Higher trainees reported that they had support from the wider team and security in these situations.</p> <p>The review team heard that patients were split between Royal Free London NHS Foundation Trust, Barnet Enfield and Haringey Mental Health NHS Trust and Tavistock and Portman NHS Foundation Trust, and it was reported that there were pockets of patients that did not fall under the crisis adolescent team. Some core trainees reported that they had to follow up with these patients to ensure they were not being missed and felt that this took up a lot of their time.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Core trainees in Child and Adolescent Psychiatry Mental Health Service (CAMHS) placements reported clinical supervisors (CS) and educational supervisors (ES) were approachable, supportive and that they received good levels of clinical supervision. Core trainees reported that they had weekly meetings with their CS.</p> <p>The review team heard that the CAMHS placement within Simmon's House served core trainees well, however it did not meet the needs of the higher trainees. The review team heard that the placement in Simmon's House was hierarchical and heavily consultant led. Higher trainees reported that in comparison to their earlier community placements, Simmon's House promoted less autonomy as most of their inpatients required sign-off by the consultant. It was felt that this placement lacked opportunities to develop the senior trainee's decision-making skills as clinicians.</p>	Yes, please see CMS1.4

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>Impact of service design on users</p> <p>Higher trainees reported that there was a lack of balance between service provision and their other commitments. Trainees reported that they felt stretched and under pressure, particularly when on-call during the night, whereby a single trainee covered A&E admissions, inpatient unit and CAMHS. The review team heard that trainees struggled to cover all the cases as they could not be in two places at the same time. It was also reported that higher trainees had a lack of access to patient records when on-call, and this was felt to be unsafe. This included previous treatment plans and test results for the patients.</p> <p>Core trainees reported that while they had a positive experience in their CAMHS placement, they did not have access to a permanent computer or Office space for a couple of months. Core trainees reported they rotated to different computers or used their personal laptop to complete their administrative work.</p>	Yes, please see CMS 2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>Both core and higher trainees reported that they would be able to raise any concerns about education and training to either their CS, ES or the training programme director (TPD).</p> <p>Following the learner review with the trainees, the review team felt that there was a lack of engagement between the TPDs and the Local Faculty Group (LFG).</p>	Yes, please see CMS 2.2

Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.3	<p>Access to study leave</p> <p>The review team heard that a small number of higher trainees reported difficulty accessing study days. Trainees reported that they had no issues with receiving enough cases or clinical experience, however taking time out for research was reportedly met with resistance from the department. It was also reported by the small number of higher trainees that they were not given any time to plan their research project.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>Higher trainees reported that their site induction was variable dependent upon where they were working. The majority of trainees reported that either they had no formal induction, or that the induction they had did not equip them for their CAMHS placement.</p> <p>Similarly, some core trainees in CAMHS placements reported that they did not have a formal site induction, and that there were instances where Human Resources (HR) did not know who some trainees were on their first day in placement.</p> <p>Core trainees reported that there were instances of multiple Trust inductions taking place at the same time which led to trainees being inadequately equipped for some of their placements. Some trainees reported that they had to choose which induction to attend with minimal information, and with the introduction of virtual inductions some trainees reported attending more than one induction at the same time. The review team also heard that some core trainees were told not to attend the site induction for their placement, and to instead attend the induction for the Trust they were employed by. Some trainees reported that they required the placement induction to prepare them for being on-call at the site and had to persistently insist with the placement Trust that they needed an appropriate induction.</p>	Yes, please see CMS3.4

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 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
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>Higher trainees reported that the education planning meeting at the beginning of their placements did not fully equip them with all of the required knowledge of the curriculum. Trainees reportedly felt unsure of the curriculum requirements and felt that they would have benefited from structured planning meetings with their ES to understand the different aspects of the curriculum and how these competencies were met. Higher trainees reported that they received support and guidance from their colleagues when it came to the curriculum and felt that this understanding was something that came to fruition further in their placements rather than in the initial education planning session.</p> <p>Some trainees reported an instance whereby they had difficulty attending a mandatory course due to the pandemic, and that they may struggle to meet that requirement in time for their CCT.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>Both higher and core trainees reported that their CAMHS placements provided good clinical experience, and that their workload was at the right level.</p> <p>The review team heard that most of the higher trainees were the only trainee at their site. In addition, meetings and weekly teaching had been moved to a virtual platform due to the pandemic. It was felt to be of concern that many of the trainees worked alone and that this contributed to a sense of isolation for the higher trainees in CAMHS placements. It appeared that there was a lack of cohesion amongst the trainees which contributed to the sense of isolation, due to the lack of opportunities for trainees to meet as a group and have informal conversations. The review team felt that this was a consequence of the fragmented training programme, and that trainees would benefit from a sense of belonging to their programme by promoting interaction with other trainees within CAMHS placements.</p> <p>Core trainees reported that there was some confusion around who they were employed by and where they had their placements. Core trainees reported that they were unable to go to Academic teaching as they were left off the mailing lists by administrative staff. It was reported that some core trainees went seven months without any academic teaching for their programme, and some received links to teaching sessions occasionally. The review team also heard that core trainees were not allocated slots to present cases as is required by the curriculum, and reported feeling that they did not get priority when it came to the Academic programme. Instead, it was felt that they</p>	

	received 'leftovers' from trainees who were employed by the Trusts and were slotted in if it became available.	
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Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>Both core and higher trainees reported that they would recommend their CAMHS placement to colleagues and friends as a place to train. They also reported that they would be happy for family to be treated at their site.</p> <p>Some higher trainees reported that Psychotherapy courses were a unique aspect of the CAMHS programme at Tavistock and Portman NHS Foundation Trust, and this was a reason that trainees would recommend their placement. However, it was raised that the course was also offered in Trusts elsewhere.</p> <p>Core trainees reported concerns with HR around the submission of their Disclosure and Barring Service (DBS) forms, being reimbursed for study leave and not being paid on time for their placements. It was reported that some trainees struggled to claim back money for their study leave and had to contact Health Education England (HEE) to receive their reimbursement. It was also reported by core trainees that as all trainee placement rotations had been paused for one month (April 2021 start date, instead of March 2021), trainees were under the impression that HR would handle all the paperwork as this was relevant to all trainees. When this was queried with HR, it was reported that they had no communication about the rotation pause and so the trainees themselves were required to complete an extension form and communication management and payroll. It was later reported that this was communicated to the HR department.</p>	Yes, please see CMS6.1

Report sign off

Quaity Review Report completed by <i>(name(s) / role(s)):</i>	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Elizabeth Carty Deputy Postgraduate Dean (North Central London)
Date signed:	24/05/2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean (North London)
Date signed:	27/05/2021

Date final report submitted to organisation:	28/05/2021
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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 development 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups