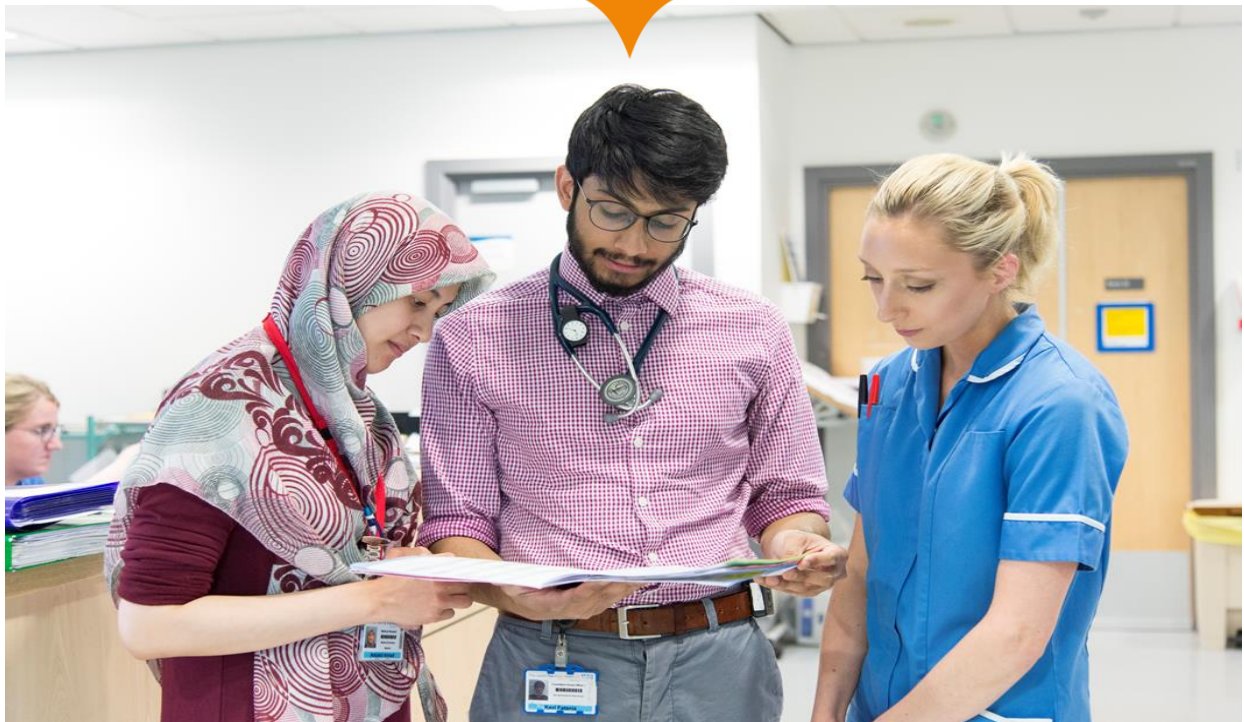


# HEE Quality Interventions Review Report

**Central and North West London NHS Foundation  
Trust  
Core and Higher Psychiatry  
Learner Review**



# Health Education England - London

**Review Date 10 June 2021**

**Final Report 26 July 2021**

## Review Overview

<b>Background to the review:</b>	<p>This review was a follow up review following a series of visits, the most recent being an Educator Review that took place on 19 November 2020. Following the November review, the Trust were required 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. The purpose of the visit was to review progress made and to corroborate findings from the previous visit with trainee feedback.</p>
<b>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</b>	<p>Core, General and Older Adult Psychiatry Trainees</p>
<b>Who we met with:</b>	<p>Eight Core Training Level One to Three (CT1-3) Psychiatry trainees</p> <p>Five General and Older Adult Speciality Training Level Five to Six (ST5-6) trainees.</p>
<b>Evidence utilised:</b>	<p>Trust Briefing Pack – November 2020 Brent Junior/Senior Meeting Minutes – January 2021 Mid/ End of Post Survey Results – February 2021 South Kensington and Chelsea Junior/Senior Meeting Minutes – February 2021 Tutors Committee Minutes – April 21 Hillingdon Junior/Senior Meeting Minutes – April 2021 Westminster Junior/Senior Meeting Minutes – April 2021 Harrow Junior/Senior Meeting Minutes – May 2021</p>

## Review Panel

Role	Name / Job Title / Role
<b>Quality Review Lead</b>	Dr Bhanu Williams Deputy Postgraduate Dean Health Education England (London)
<b>Specialty Expert</b>	Dr Vivienne Curtis Head of Speciality School of Psychiatry Health Education England (London)
<b>GMC Representative</b>	Kevin Connor Principle Education QA Programme Manager General Medical Council
<b>GMC Representative (Observing)</b>	Lucy Llewellyn Principle Education QA Programme Manager General Medical Council
<b>HEE Quality Representative(s)</b>	John Marshall Deputy Quality, Patient Safety and Commissioning Manager Health Education England (London)
<b>HEE Quality Representative(s)</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Supporting roles</b>	Ummama Sheikh Quality Patient Safety and Commissioning Officer Health Education England (London)

## Executive summary

The current challenges and pressures faced by the Trust were discussed and the review team identified several areas that were working well, including:

- The Trust was reported to have good training potential due to the large number, complexity and range of patients seen.
- The Trusts' emphasis on quality improvement was felt to create good learning opportunities.
- Most trainees felt well supported by their clinical and educational supervisors.
- The Training Programme Directors were reported to be supportive and approachable.

The review team also noted the following areas requiring improvement:

- The review team heard that there had been significant improvement in meeting the General Medical Council Enhanced Monitoring condition. However, there had been recent occasions where a trainee had reviewed an acute inpatient without appropriate support.
- Trainees reported that further work was required to ensure suitable and sustainable high quality physical healthcare within the Trust.
- The Trust is required to ensure that all trainees receive an appropriate induction before starting clinical duties.

## 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
No immediate mandatory requirements were identified at 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
P2.1a	Concerns were raised that many of the nursing staff were not adequately trained to manage physical health conditions and did not understand the appropriate thresholds for medical referrals.	The Trust to review the provision of physical health care in collaboration with trainees to ensure efficient, safe and sustainable care. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.
P2.1b	Trainees reported that there were not clear guidelines in place for the management and follow-up of blood tests. It was discussed how clearer governance was required to ensure a robust system was in place for the booking and follow-up of blood tests.	The Trust to review current processes and governance in place for the management and follow-up of blood tests. The Trust to ensure that a robust system is in place for the booking and follow-up of blood tests. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.
P2.1c	Administrative and operational barriers to the provision of physical healthcare were discussed. Trainees reported difficulty in accessing imaging and reports, the current process was felt to be inefficient and time consuming. It was advised that there was difficulty accessing an electrocardiography machine at St Charles Hospital and trainees advised that the different electronic record systems used could make accessing notes difficult.	The Trust to review administrative and operational barriers to the provision of physical healthcare in collaboration with trainees. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.
P2.1d	The review team heard although there had been good progress against the GMC condition that there had been recent examples of trainees not being accompanied when reviewing an acute inpatient.	The Trust to ensure that no trainees review acute inpatients without being accompanied by a suitably qualified member of staff. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.

P3.4	Higher trainees reported that local inductions were variable depending on the post. Some trainees advised that a local induction had not taken place.	The Trust to ensure that all trainees receive an appropriate induction before starting clinical duties. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.
P4.1	Some trainees advised that they had been placed in a service with no substantive consultant. It was discussed that locum consultants had been hired to fill rota gaps.	The Trust to review and ensure that trainees are not in posts where long term locum consultants are employed as a result of long term substantive consultant gaps. This can be evidenced through minutes from a Local Faculty Group, or similar forum. Please provide an update to this action by the action plan reporting deadline 01 September 2021.

## 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
N/a	

## 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&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
1.2	<p><b>Bullying and undermining</b></p> <p>All trainees advised that they had not experienced bullying or undermining behaviour.</p>	
1.3	<p><b>Quality Improvement</b></p> <p>Trainees discussed how Central North West London NHS Foundation Trust (CNWL) encouraged involvement in quality improvement projects. Trainees reported that the quality improvement clinics and teaching provided good learning opportunities.</p>	
1.4	<p><b>Appropriate levels of Clinical Supervision</b></p> <p>Core trainees reported clinical supervision to be good. Most higher trainees advised that they had access to appropriate levels of clinical supervision. Some trainees discussed current issues with clinical supervision, however, advised that these had been escalated. Both trainee groups reported that historic concerns had been escalated and satisfactorily dealt with.</p>	
1.4	<p><b>Appropriate levels of Educational Supervision</b></p> <p>Most trainees spoke highly of their educational supervisors (ES), with supervisors described as knowledgeable and supportive. Some higher trainees advised that they had limited interaction with their ES.</p>	



## 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>Trainees advised that they rotated through West London NHS Trust and CNWL. It was discussed that both Trusts worked separately and had separate inductions. Trainees reported that there were some shared training opportunities between Trusts. The benefits of having a wide range of placements across both Trusts were discussed.</p> <p>Core and higher trainees spoke about the provision of physical healthcare within the Trust. Concerns were raised that many of the nursing staff were not adequately trained to manage physical health conditions and did not understand the appropriate thresholds for medical referrals. It was advised that further work was required to upskill the nursing staff in monitoring observation levels and the National Early Warning Score (NEWS) process to ensure concerns were identified and escalated appropriately. Some trainees advised that they were aware of a workstream looking to upskill nursing staff and discussed the need for regular physical health teaching to ensure new and student nurses were upskilled.</p> <p>Trainees reported that there were not clear guidelines in place for the management and follow-up of blood tests. It was advised that at times nursing colleagues would request blood tests without the knowledge of the medical trainee, who was then required to follow-up on the results. It was discussed how clearer governance was required to ensure a robust system was in place for the booking and follow-up of blood tests.</p> <p>Further barriers to the provision of physical healthcare were discussed. Trainees reported difficulty in accessing imaging and reports, the current process was felt to be inefficient and time consuming. It was advised that there was difficulty accessing an electrocardiography machine at St Charles Hospital and trainees advised that the different electronic record systems used could make accessing notes difficult.</p> <p>Core trainees reported that following the General Medical Council (GMC) condition placed on the Trust there had been a significant improvement. Core trainees advised that at induction they were told not to see a patient without a nurse present, it was discussed that this had empowered them to wait until a nurse was free before conducting a patient review. All core trainees had not reviewed an acute inpatient without an appropriately qualified member of staff accompanying them.</p> <p>Higher trainees advised that most of the time nursing staff would accompany them to review acute inpatients, however, that there had been recent occasions where this had not happened.</p>	<p>Yes, please see action P2.1a</p> <p>Yes, please see action P2.1b</p> <p>Yes, please see action P2.1c</p> <p>Yes, please see action P2.1d</p>



	<p>It was further discussed that at times nursing colleagues had pushed back about accompanying the trainee on to the ward and had on occasion questioned their clinical judgment. Trainees advised the situation could be uncomfortable and that more work was required to ensure a cohesive working relationship.</p> <p>Core and higher trainees advised that the Trusts' 136 suites were suitable.</p>	
<b>2.2</b>	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>Trainees advised that they knew how to raise concerns, however, that the ability to raise and have concerns followed up on varied by site. Some trainees reported being able to raise concerns openly and gave examples where the management staff had actively involved them in addressing any problems.</p> <p>Trainees reported that the Training Programme Directors (TPDs) had been supportive and approachable.</p>	

<b>Domain 3 – Supporting and empowering learners</b>		
<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>		
<b>HEE Standard</b>	<b>HEE Quality Domain 3 – Supporting and empowering learners</b>	<b>Requirement Reference Number</b>
<b>3.1</b>	<p><b>Learners being asked to work above their level of competence, confidence and experience</b></p> <p>Most higher trainees reported that they were working within their level of competence.</p>	
<b>3.4</b>	<p><b>Induction (organisational and placement)</b></p> <p>Trainees advised that there were separate inductions for their posts at West London NHS Trust and CNWL.</p> <p>Higher trainees reported that local inductions were variable depending on the post. Some trainees advised that a local induction had not taken place.</p>	Yes, please see action P3.4
<b>3.3</b>	<p><b>Access to study leave</b></p> <p>Trainees reported that they were able to take study leave when required. Some higher trainees advised that it would be helpful to have clarification on how many study leave days they were entitled to.</p>	

## Domain 4 – Supporting and empowering educators

- 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.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p><b>Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body</b></p> <p>Some trainees advised that they had been placed in a service with no substantive consultant. It was discussed that locum consultants had been hired to fill rota gaps.</p>	Yes, please see action P4.1

## Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>Core trainees advised that overall they were able to meet academic competencies and that teaching had moved online following COVID-19 social distancing guidelines. Trainees reported some barriers in accessing electroconvulsive therapy training and psychotherapy cases early on in their core training, however, were able to access these training opportunities later on in their core training.</p> <p>Higher trainees discussed that further training in leadership would be beneficial.</p>	
5.1	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>Trainees advised that the training potential within the Trust was good, with a range of training opportunities and exposure to a wide variety of patients. It was discussed that trainees were supported to identify and meet gaps in their academic competencies.</p> <p>Some higher trainees advised that they had been asked to do tasks which they felt could be done by nursing colleagues. It was discussed that this had increased their workload and reduced time for training.</p>	

## 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
	Not discussed at the review.	

## Report sign off

<b>Quality Review Report completed by</b> <i>(name(s) / role(s)):</i>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Review Lead name and signature:</b>	Dr Bhanu Williams Deputy Postgraduate Dean, North London Health Education England (London)
<b>Date signed:</b>	30 June 2021

<b>HEE authorised signature:</b>	Dr Gary Wares Postgraduate Dean, North London Health Education England (London)
<b>Date signed:</b>	26 July 2021

<b>Date final report submitted to organisation:</b>	26 July 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups