

# HEE Quality Interventions Review Report



**East London NHS Foundation Trust (Coborn Unit)**  
**Child and adolescent psychiatry**  
**Learner and educator review**

**London – North East London**  
**Date of Review: 20 January 2022**  
**Date of Final Report: 08 March 2022**

## Review Overview

### Background to the review

The General Medical Council National Training Survey results for 2021 indicated a deterioration in the learner experience at the Coburn Unit. The learner and educator review was proposed to understand the reasons for this in more detail and to provide recommendations and support for improvement.

**Subject of the review i.e. programme, specialty, level of training, learner group:** child and adolescent psychiatry

### Who we met with

Medical Education Manager  
Medical Director (London MH)  
Clinical Director  
Deputy Clinical Director  
Medical Director for Research, Innovation & Medical Education  
Guardian of Safe Working Hours  
Chief Medical Officer  
Training Programme Director - Core Psychiatry Trainees  
Associate Director for Medical Education  
Current trainees and trainees recently on placement at the Coborn Unit of grades FY2, core and higher (nine in total)  
Clinical and educational supervisors at the Coborn Unit

### Evidence utilised

Local Faculty Group minutes  
Summary of relevant Datix reports relating to Coborn Unit (including Serious Incidents and Never Events)  
Most recent Medical Education Council minutes  
Guardian of Safe Working Hours Board report  
Rota including fill rate  
Breakdown of learner groups within the department  
Breakdown of educational and clinical supervisors within the department  
Medical Education quality review of the Coborn unit on 25 January 2021

## Review Panel

Role	Name, Job Title
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Vivienne Curtis Head of the London Specialty School of Psychiatry
Specialty Expert	Nick Rollitt Foundation School Deputy Director (North Central and East London)
External Specialty Expert	Shereen Haffejee Consultant Child and Adolescent Psychiatrist
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London)  Sebastian Bowen Quality, Patient Safety and Commissioning Officer Health Education England (North East London)
Supporting roles	Jane Gregory Lay Representative  Helen Honey Learner Representative

## Executive Summary

The review team thanked the Trust for facilitating the review and ensuring good attendance at all sessions. The review team noted that throughout the review, there appeared to be a level of disparity between what was reported by the supervisors and trainees at the Coborn Unit and this was highlighted to the Trust. Health Education England (HEE) received additional written comments from trainees outside of the review and where possible, these have been included in the report.

The review team met with trainees who were currently working at the Coborn Unit and trainees who had recently finished placements at the Unit and were pleased to hear that the trainee experience appeared to be improving. The review team heard about a broad range of learning opportunities available to trainees working at the Coborn Unit and the trainees reported that they found the regional simulation training useful. The trainees at the Unit also reported to the review team that they were released for teaching without any issues.

The review team issued a number of actions based on what was heard at the review. The review team require the Trust to ensure that learning opportunities are well promoted among trainees, supervision sessions are regularly provided, and exception reporting encouraged. The review team asked the Trust to review the number of administrative duties trainees were required to carry out and to ensure these duties are appropriately divided among the multi-disciplinary team. The review team also asked the Trust to review the way that male doctors were assigned clinical duties and to review the support provided to trainees when they had encountered a difficult or upsetting patient interaction including witnessing or experiencing an assault.

## Review findings

### Requirements

#### Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
CAP1.1a	The review team heard that there were a great number of training and learning opportunities available for trainees at the Coborn Unit. However, the trainees told the review team that they mostly provided service provision.	Provide evidence that the training opportunities available to trainees at the Coborn Unit are documented (including how to access them) in induction paperwork and are spoken about regularly during meetings between trainees and consultants. To be provided by 01 June 2022.
CAP1.1b	The review team heard that there were a great number of training and learning opportunities available for	Provide evidence that the supervisors at the Coborn Unit are monitoring access to the learning opportunities available and actively

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	trainees at the Coborn Unit. However, the trainees told the review team that they mostly provided service provision.	helping trainees to attend them regularly. To be provided by 01 June 2022.
CAP1.3a	The review team heard that trainees were not encouraged to exception report if they worked over their hours and the trainees found the consultants patronising at times when discussing the need to exception report.	Coborn Unit to work with the Guardian of Safe Working Hours to ensure that trainees know how to exception report and are encouraged to do so. Please provide trainee feedback to demonstrate this. To be provided by 01 June 2022.
CAP1.3b	The trainees told the review team that male trainees were not supposed to physically assess female patients, and this meant that male trainees did not receive the same learning opportunities as female colleagues. Additionally, the review team heard that this increased the workload of female trainees.	Provide evidence of a review of the policy of male doctors not examining female patients and consider options (such as chaperones) that will enable there to be equity of workload and training opportunities. To be provided by 01 June 2022.
CAP1.7	The review team heard that the Coborn Unit did not have local faculty group meetings and used the weekly medical meetings to discuss issues instead. The trainees told the review team these meetings were used for practical items only.	Evidence that the Coborn Unit has set up local faculty group meetings for trainees and supervisors to discuss training issues and trainee experience specific to the Unit. These meetings should have a clear educational focus and not cover management concerns or issues. Minutes should be taken and actions followed up meeting to meeting. To be provided by 01 June 2022.
CAP3.1a	Trainees reported to the review team mixed experiences in terms of the support they had received following challenging patient encounters including witnessing or experiencing assaults. Some trainees reported that they felt their feelings about the situation had been minimised by consultants or that support had not be readily available.	Provide evidence of a review of the process used to support staff following a patient assault and provide evidence of an audit to demonstrate that this process is being adhered to. To be provided by 01 June 2022.
CAP3.1b	Trainees reported to the review team mixed experiences in terms of the support they had received following challenging	Provide evidence by way of trainee feedback that a high-quality reflective space is provided regularly for all trainees to discuss

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	patient encounters including witnessing or experiencing assaults. Some trainees reported that they felt their feelings about the situation had been minimised by consultants or that support had not be readily available.	challenging issues on the ward in a supportive environment. To be provided by 01 June 2022.
CAP3.5	Supervisors reported to the review team that clinical supervision was readily available to trainees but trainees reported that there were times when supervision sessions came second to consultant workload.	Provide trainee feedback demonstrating that high quality supervision sessions are occurring as frequently as they should be and (wherever possible) are going ahead at the scheduled time. To be provided by 01 June 2022.
CAP3.9a	The review team heard from trainees who had recently rotated out of the Coborn Unit that their induction had been poor and had not prepared them to work in the Unit.	Provide evidence that the local induction to the Unit has been reviewed with trainee input and a new induction programme produced taking this feedback into account. To be provided by 01 June 2022.
CAP3.9b	The review team heard from trainees who had recently rotated out of the Coborn Unit that their induction had been poor and had not prepared them to work in the Unit.	Provide trainee feedback from incoming trainees that their induction was adequate and provided them with the knowledge they needed to work on the Unit. To be provided by 01 June 2022.
CAP5.1a	Trainees reported an extremely high administrative workload and gave examples where they were required to carry out secretarial duties such as typing while a consultant dictated to them.	Conduct a review of how and who administrative and secretarial duties are assigned to among the multi-disciplinary team. Provide trainee feedback that administrative workload is appropriate and manageable alongside their training and education. To be provided by 01 June 2022.
CAP5.1b	Some of the foundation trainees reported to the review team that they thought the Coborn Unit was too specialised a placement for foundation trainees and made suggestions for how the placement could be improved including adding some community experience.	Conduct a curriculum mapping exercise to demonstrate the foundation training competencies are achievable in this placement and provide evidence that the FY2s are able to achieve them by the end of their placement. To be provided by 01 June 2022.

## Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	None	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
	N/A	

## 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.

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
CAP1.6	The review team recommends the Trust reviews how it responds to concerns raised by all staff members regarding safety and abuse, and how staff members receive feedback on the outcome of such reports.
CAP5.1c	The review team recommends that the Unit carries out work to review and (where appropriate) revise the job descriptions of all trainee posts in line with the new Royal College of Psychiatrists curriculum, and to establish template personal development plans to meet these requirements (which can then be adapted for individual trainees).

## 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
	N/A	



## HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p><b>The learning environment is one in which education and training is valued and championed.</b></p> <p>The Trust representatives provided a short presentation to the Health Education England (HEE) review panel. The Trust representatives told the review team that the Coborn Unit had three grades of trainees (foundation year two (FY2), core and higher) and that the trainees came from a range of training schemes across North Central and East London. The review team heard that the 34-bed Coborn Unit provided three child and adolescent services: a day unit, an acute ward, and a psychiatry intensive care unit. The Trust representatives explained that this provided a lot of learning opportunities for trainees and meant trainees worked with many multi-disciplinary team (MDT) members day to day.</p> <p>The Trust representatives told the review team that they were pleased with the training opportunities available to trainees at the Coborn Unit which included a weekly hour-long academic teaching programme covering a range of topics, positive behaviour support training (lasting three days), family therapy experience and opportunities to undertake short case psychological interventions under supervision.</p> <p>The Trust representatives informed the review team that the Coborn Unit provided a lot of experience of the most challenging child and adolescent psychiatry cases for trainees, and this meant expectations had to be set early on in placements. The Trust representatives explained that as such a clear hierarchy was required in the Unit, and this could be a bit of a culture shock for trainees who were not used to working in such a hierarchical setting.</p> <p>The supervisors explained to the review team that the hierarchy in place at the Coborn Unit was necessary as the Unit provided very specialist care and a heavy senior presence was required to ensure accountability.</p> <p>The trainees told the review team that they thought the Coborn Unit had the strictest hierarchy of any placement they had been in (across all medical specialities). The trainees confirmed that there was no hierarchy among trainees who worked well together but said they thought there was a large gap between the trainees and the consultant team. The trainees told the review team that the hierarchy meant that even when they were extremely busy, if a consultant asked them to take notes or type up a letter as they</p>	CAP1.1a CAP1.1b



	<p>dictated, they had to stop what they were doing immediately.</p> <p>The review team heard from the Trust representatives that the complexity of the cases could make it feel like the workload was very high. The Trust representatives explained that patient flow in the Unit was fast and this meant that there was a lot of paperwork required.</p> <p>The trainees explained to the review team that due to workload, the FY2 and core trainees were not able to spend much time receiving teaching from higher trainees which they would have valued greatly.</p> <p>Some of the trainees told the review team that their placements at the Coborn Unit had given them a comprehensive view of child and adolescent psychiatry and had been a good experience. Some of the trainees told the review team that they felt they had not become better clinicians from their placements at the Coborn Unit. The trainees told the review team that they felt the Coborn Unit was a less valuable child and adolescent mental health services (CAMHS) learning experience for FY2 trainees than other CAMHS placements. The review team heard that this was because the FY2 trainees spent most of their time at the Coborn Unit doing physical health tasks or writing reports. The trainees said that the time the FY2 trainees did spend with the consultants was largely to write up notes, rather than to receive teaching.</p> <p>The supervisors told the review team it was a joy to have trainees at the Coborn Unit and they made it their job to ensure trainees had access to a lot of on-the-job teaching, encouraged trainees to do activities such as baking and sports with patients, and provided many learning opportunities including helping trainees to present posters at conferences. The supervisors said that they tried to tailor learning opportunities for trainees to competencies and training needs. The supervisors said that they were proud of the culture at the Coborn Unit and they were pleased that the experiences some trainees had had at the Unit had been part of the reason those trainees had decided to choose child and adolescent psychiatry as their specialty.</p> <p>The supervisors informed the review team that the Coborn Unit also had a lot of students attending the Unit and they were asked by colleagues to share learning from the Unit.</p>	
1.2	<p><b>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</b></p> <p>Some of the trainees told the review team they felt supported by the consultants at the Coborn Unit. Some of the trainees who were no longer working at the Coborn Unit told the review team that they did not find the consultants very approachable and at</p>	

	<p>times, felt the consultants were patronising or critical of trainees for the issues they raised. The review team heard of instances when trainees had felt like they needed support from consultants and instead had felt blamed for the situations which had occurred. Some of the trainees the review team spoke to said they felt undermined by the consultants at the Unit. The trainees currently on placement at the Unit said they thought consultants were more approachable than in the past but also reported examples of when they had felt patronised or when issues they had raised with the consultants had not been resolved.</p>	
1.3	<p><b>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</b></p> <p>The trainees told the review team there had been times where they had had to stay late due to workload but that the junior doctors worked well together and tried to share out workload.</p> <p>The trainees told the review team that they felt the consultants at the Coborn Unit sometimes provided advice which seemed supportive at the time but on reflection, was not. For example, the trainees said that in discussions around exception reporting, they had been told not to exception report and to do the work the next day in order to leave on time. The trainees said that they felt uncomfortable leaving tasks to be done the next day and found the way the consultants spoke during these conversations could be undermining.</p> <p>The trainees informed the review team that there was a rule at the Coborn Unit that generally male trainees did not see female patients. The trainees said this meant male trainees had to pick up more paperwork, missed out on clinical experience and also created a higher patient workload for female trainees. The trainees said that for male trainees, the placement at the Unit did not really contribute to their training because of these rules. The trainees told the review team that if male trainees had a chaperone, they did not understand why they couldn't see patients. The current trainees at the Coborn Unit highlighted to the review team that an all-female team of trainees as there was currently, was much better as it allowed equal distribution of work and allowed for trainees who needed to take study leave, to more easily do so.</p> <p>The supervisors told the review team that as many of the patients had previously experienced trauma, to make patients feel comfortable, they were asked how they wanted to be supported as part of their care plan. The supervisors said that this meant there were times that male trainees or female trainees were asked not to see patients and that the Unit was lucky to have a diverse trainee team to accommodate this.</p>	<p>CAP1.3a</p> <p>CAP1.3b</p>

	<p>The trainees told the review team that there had been times in the recent past when trainee numbers had been low and this had created a backlog of paperwork which incoming trainees had had to pick up, taking them away from learning opportunities.</p> <p>The trainees told the review team that on occasion, they were told to write in patients notes that a consultant-led mental state examination had taken place when trainees felt that this had not happened. The trainees also said that they were sometimes told to add a consultant review code to patient notes when the consultant had not seen in person or only briefly seen the patient. The trainees highlighted that this made them feel uncomfortable and out of their depth.</p>	
1.4	<p><b>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</b></p> <p>The trainees told the review team that consultants were very busy and this didn't leave much time for teaching and feedback. The trainees said that there was little teaching on ward rounds and during patient assessments.</p>	
1.5	<p><b>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</b></p> <p>The trainees told the review team that the consultants were often unavailable to discuss medical decisions due to high workloads and, on occasion, had asked trainees to make physical health decisions even when the trainees had sought advice on these from them.</p>	
1.6	<p><b>The environment is one that ensures the safety of all staff, including learners on placement.</b></p> <p>The review team enquired about the safety of trainees on the Coborn Unit and heard from the Trust representatives that to ensure trainee safety, there was a culture of hierarchy on the Unit. The Trust representatives said that trainee safety was of the utmost importance and explained that all trainee-patient contact was under close supervision by either a consultant or a senior member of the nursing team. The review team heard that there had been trainee feedback that consultants were sometimes too present but that this was to ensure trainee and patient safety.</p> <p>The trainees told the review team that when they saw patients, they were expected to have a nurse with them and did not generally have problems in arranging this. The review team heard of more than one instance where trainees had been assaulted by</p>	

	<p>patients. Some of the trainees who were no longer working at the Coborn Unit reported that they had not felt safe while working at the Unit as it was understaffed, and the nursing staff were frequently assaulted by patients. The trainees highlighted that they were often asked to review cases where nursing staff had been assaulted. The trainees said that they thought staff safety had been more of a risk in the past than it was currently. The trainees reported that assaults were a particular risk at night when there was a higher proportion of bank staff. The trainees told the review team that the nursing staff were at higher risk of being assaulted than trainees were. The trainees said many of the nurses experienced racial abuse from patients. The trainees said that they had raised this racial abuse but nothing had changed and said they felt the nursing staff needed more support. The trainees explained that many members of the nursing staff had left.</p> <p>The trainees who were currently working at the Coborn Unit highlighted to the review team that they had fewer patients with lower risk levels and better staffing than there had in the past and that this had created a more positive trainees experience in recent months.</p>	CAP1.6
1.7	<p><b>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</b></p> <p>The supervisors confirmed that the Coborn Unit did not have local faculty group (LFG) meetings and the supervisors said they felt the weekly medical meetings provided this space for trainees and consultants to discuss issues. The supervisors highlighted that they did attend the Trust-wide foundation LFG meetings which took place at another site.</p> <p>The trainees told the review team that the weekly medical team meetings were not very productive and were used largely to discuss practical items such as schedules and IT issues. The trainees said that once a month, the meetings were supposed be an hour long (instead of half an hour) to allow a discussion of a case but that this did not happen every month.</p>	CAP1.7
1.8	<p><b>The environment is sensitive to both the diversity of learners and the population the organisation serves.</b></p> <p>Not discussed at the review.</p>	
1.9	<p><b>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</b></p>	

	<p>The Trust representatives informed the review team that there were multiple opportunities for trainees to be involved in quality improvement (QI) projects at the Coborn Unit, including a current project focused on staff wellbeing. The review team were told that the QI project on staff wellbeing had been started partly because of the 2021 General Medical Council (GMC) National Training Survey (NTS) results which had deteriorated from 2019 results. The review team heard that the impact of Covid-19 had also been an instigator in the project and the Unit had run focus groups on these impacts.</p> <p>The review team heard that Trust-wide short courses on QI were also available to trainees. The Trust representatives also told the review team that the Coborn Unit ran lessons learnt meetings for all staff which allowed time to share good practice and to have reflective sessions.</p>	
1.10	<p><b>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</b></p> <p>Not discussed at the review.</p>	
1.11	<p><b>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</b></p> <p>Not discussed at the review.</p>	
1.12	<p><b>The learning environment promotes multi-professional learning opportunities.</b></p> <p>The review team heard that the turnover in the MDT was quite high and this meant recruitment was an ongoing process. The Trust representatives said that this did not impact on the trainees.</p>	
1.13	<p><b>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</b></p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
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2.1	<p><b>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</b></p> <p>The supervisors told the review team that the Coborn Unit did not have an educational lead and instead, the consultants shared all of the educational responsibilities. The supervisors confirmed that two of the three consultants were educational supervisors (ESs).</p> <p>The supervisors explained to the review team that they had good working relationships with the training programme directors (TPDs) for the training programmes which fed trainees into the Coborn Unit although they found it challenging having to speak with all of them. The supervisors said they tended to speak to the TPDs when there was an issue and perhaps should engage with them more proactively.</p>	
2.2	<p><b>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</b></p> <p>Not discussed at the review.</p>	
2.3	<p><b>The governance arrangements promote fairness in education and training and challenge discrimination</b></p> <p>Not discussed at the review.</p>	
2.4	<p><b>Education and training issues are fed into, considered and represented at the most senior level of decision making.</b></p> <p>The Trust representatives explained that since the GMC NTS 2021 results were released, the Trust had been working to understand the reasons behind the results. The review team heard that the postgraduate medical education team (PGME) had held a meeting with the trainees at the Coborn Unit to learn about their experiences.</p> <p>The review team heard that the Coborn Unit had a trainee representative who fed trainee feedback into meetings.</p>	
2.5	<p><b>The provider can demonstrate how educational resources (including financial) are allocated and used.</b></p> <p>Not discussed at the review.</p>	
2.6	<p><b>Educational governance arrangements enable organisational self-assessment of performance against the</b></p>	

	<p><b>quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</b></p> <p>Not discussed at the review.</p>	
2.7	<p><b>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</b></p> <p>Not discussed at the review.</p>	
2.8	<p><b>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</b></p> <p>The review team heard that the Coborn Unit had a four day a week agreement with a local phlebotomy service in place which meant trainees had to take bloods less often than in the past. The trainees said that they thought the use of the local phlebotomy service had made a positive difference to their workload.</p> <p>The trainees told the review team that due to Covid-19, the Coborn Unit had sent as many patients home as possible over Christmas and New Year 2021-2022 and this had created a large amount of paperwork for the trainees.</p> <p>The supervisors told the review team that work and patients were allocated out among higher trainees but core trainees were more closely supervised. The trainees told the review team that there had been a system where patients were allocated to higher trainees in the past but due to short staffing, study leave and male trainees not being able to see patients, this had not been the case more recently.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p><b>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</b></p> <p>The Trust representatives informed the review team that the QI project looking at staff wellbeing was looking at the pastoral support available for all staff in the Unit to assess if the provision was sufficient. The Trust representatives said that the Unit had</p>	



	<p>input from psychologists in staff-wide meetings and in debrief sessions.</p> <p>The trainees reported to the review team that they had had mixed experiences in terms of the support they had received following emotionally challenging experiences with patients including witnessing or experiencing assaults. Some of the trainees said they had received good support from the PGME team and psychologists when this was needed, while others reported feeling that the consultants had minimised the situations and trainees' feelings relating to these situations. Some of the trainees highlighted that after such incidences, they had been unable to find a consultant to provide support or had been told by the consultant that they did not have time to provide support.</p> <p>The supervisors said that there had been a time when a trainee had a difficult experience with a consultant and that trainee had raised this with the PGME team. The supervisors said it was good that the trainee felt comfortable to do this.</p>	<p>CAP3.1a CAP3.1b</p>
3.2	<p><b>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</b></p> <p>The trainees told the review team that the rule at the Coborn Unit that generally male trainees did not see female patients meant that male trainees did not have access to the same learning opportunities as female trainees.</p>	
3.3	<p><b>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</b></p> <p>Not discussed at the review.</p>	
3.4	<p><b>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</b></p> <p>The Trust representatives told the review team that it was important that the Unit had good communication with the TPDs across the different training schemes feeding into the Coborn Unit to ensure that trainees requiring additional support were identified in induction, especially as the Unit could be quite a difficult placement for some people.</p> <p>The supervisors told the review team that the PGME team were very responsive when a trainee in difficulty working was working at the Unit.</p>	
3.5	<p><b>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and</b></p>	

	<p><b>according to their scope of practice.</b></p> <p>The review team heard that there were three whole time equivalent clinical supervisors at the Coborn Unit who provided supervision for all of the trainees. The Trust representatives informed the review team that clinical supervision was readily available on site. The Trust representatives said that medical team meetings had a weekly theme and allowed time for trainees and consultants to meet to discuss the general issues trainees were having.</p> <p>The supervisors said they provided on the floor supervision and trainees were not left alone due to the nature of the service.</p> <p>The review team heard from the supervisors that when trainees started at the Coborn Unit, the clinical supervisors (CSs) met with the trainees to understand their training background and learning requirements and this enabled them to tailor learning experiences for each trainee. The review team asked how Covid-19 had impacted ability to supervise trainees and provide training. The Trust representatives said that Covid-19 had impacted the Unit in terms of staff sickness and redeployments, as well as an increased acuity and complexity to the cases they had seen. The Trust representatives said that they did not think Covid-19 had impacted on supervision or trainees being able to gain their competencies. The Trust representatives explained that some supervision had been done virtually but supervision had been prioritised and feedback from trainees on the levels of supervision had been good. The Trust representatives told the review team that trainees had been quite happy to work in the Unit during Covid-19 as it had provided face to face learning opportunities where some other psychiatry placements had moved to working from home.</p> <p>The trainees informed the review team that it was sometimes difficult to contact consultants. The trainees told the review team that there were many patients with complex needs at the Coborn Unit but not much supervision was provided around looking after these patients. The trainees who were no longer working at the Coborn Unit reported that supervision sessions were often moved or cancelled in order to accommodate other meetings however, the trainees currently on placements at the Unit said they felt supervision had improved recently and was more regularly provided.</p>	CAP3.5
3.6	<p><b>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</b></p> <p>Not discussed at the review.</p>	

3.7	<p><b>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</b></p> <p>Not discussed at the review.</p>	
3.8	<p><b>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</b></p> <p>Not discussed at the review.</p>	
3.9	<p><b>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</b></p> <p>The Trust representatives informed the review team that the Coborn Unit ran a five-day induction programme which was specific to the Unit and discussed the Unit's structure, how it was run and the disciplines used there. The review team heard that the induction pack had been recently updated and an induction checklist created. The Trust representatives informed the review team that the trainees had a welcome meeting as a group when they started at the Unit and then the CS ran through the roles and responsibilities and processes with each trainee one to one (and this information was also included in the induction pack). The Trust representatives said that during induction, it was highlighted that the Unit was a unique training opportunity. The review team heard that as part of the induction, trainees met with key people in the MDT. The Trust representatives said the process of improving the induction process was continuing but recent inductions had received good trainee feedback. The Trust representatives highlighted that inductions had to run many times throughout the year due to different rotation lengths and added that the consultants at the Unit were involved in the core trainee induction at other sites as well.</p> <p>The trainees who had recently rotated out of the Coborn Unit told the review team that their induction had been poor and had involved sitting in the same room for a day with little to do. The trainees said that for those trainees who had not worked in CAMHS before, the lack of induction meant they were unsure what to do when they started the job. The review team heard that trainees who had recently rotated out of the Coborn Unit did not feel that physical and mental assessments or safety information were adequately explained.</p>	<p>CAP3.9a CAP3.9b</p>
3.10	<p><b>Learners understand their role and the context of their placement in relation to care pathways, journeys and</b></p>	

	<p><b>expected outcomes of patients and service users.</b></p> <p>Not discussed at the review.</p>	
3.11	<p><b>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</b></p> <p>The Trust representatives explained to the review team that specialty training level six (ST6) trainees were given different opportunities to other trainees and were encouraged to take on more managerial and leadership tasks. For example, the Trust representatives said that ST6 trainees were given the opportunity to chair ward rounds, present evidence at tribunals and provide teaching. The Trust representatives said that ST6 trainees were given acting up opportunities.</p> <p>The foundation and core trainees said that the higher trainees they worked with at the Coborn Unit were very approachable and worked with the more junior trainees to ensure that all tasks were done, including taking on clerking and other basic tasks themselves.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p><b>Supervisors can easily access resources to support their physical and mental health and wellbeing.</b></p> <p>Not discussed at the review.</p>	
4.2	<p><b>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</b></p> <p>The supervisors told the review team they had enough time to supervise trainees when the trainees were on track with their training. The supervisors said that when the Unit had more than one trainee in difficulty, this required a significant investment of supervisor time and they found this difficult at times. The supervisors said that if they were aware of trainees in difficulty before they started, they spent a lot of time preparing for the trainees to start and had conversations with the trainees ahead of their start date. The supervisors explained that when trainees in difficulty started at the Unit, the supervisors spent time creating learning plans with them. The supervisors explained that they were aware that the Unit could be quite a difficult experience for some trainees and they had learnt recently that they needed to think further about how they support these trainees. The supervisors also said that they were aware that when there were</p>	

	trainees who required extra support, this impacted the experience of other trainees.	
4.3	<p><b>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</b></p> <p>Not discussed at the review.</p>	
4.4	<p><b>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</b></p> <p>Not discussed at the review.</p>	
4.5	<p><b>Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.</b></p> <p>Not discussed at the review.</p>	
4.6	<p><b>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</b></p> <p>Not discussed at the review.</p>	
4.7	<p><b>Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.</b></p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p><b>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</b></p> <p>The Trust representatives informed the review team that historically the Coborn Unit had not had junior non-training posts although this had changed recently and the doctors in these posts were treated in the same way as trainees, with equal access to the academic programmes and supervision.</p>	

	<p>The trainees confirmed that they thought for female trainees the placement at the Coborn Unit had increased their clinical competencies, although this had taken longer than at other placements.</p> <p>All of the trainees the review team met with highlighted that they were required to do a large amount of paperwork including documenting interactions they had not been present for in patient notes and typing as consultants recited to them. The review team heard that short staffing had meant trainees had to miss out on learning opportunities in order to get the paperwork (such as discharge summaries and progress reports) done. The trainees told the review team that due to short staffing at times, one trainee was expected to cover all three wards for tasks such as electrocardiograms (ECGs), taking bloods and restraint reviews and this high workload meant they did not gain good psychiatry training during their placements. The trainees reported that they understood they were at the Unit to provide service provision but that sometimes it felt like that came before their training.</p> <p>Some of FY2 trainees told the review team that they had had opportunities to see patients, conduct assessments and receive feedback from the higher trainees which had been useful. Other FY2 trainees said their learning opportunities had been fewer than this. Some of the trainees felt the Coborn Unit was too specialised a placement for FY2 trainees and said that trainees in other psychiatry placements seemed to have more well-rounded experiences. The trainees also said they thought the placement at the Coborn Unit should include some community CAMHS experience for FY2 trainees in future in order for them to see a range of CAMHS presentations. The trainees told the review team that they thought that FY2 trainees should have had opportunities to shadow assessments and other teaching opportunities scheduled into their rotas to ensure they gained these learning experiences.</p> <p>The trainees said that the regional simulation training sessions were very useful.</p>	<p>CAP5.1a</p> <p>CAP5.1b CAP5.1c</p>
5.2	<p><b>Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.</b></p> <p>Not discussed at the review.</p>	
5.3	<p><b>Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.</b></p>	

	Not discussed at the review.	
5.4	<b>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</b>  Not discussed at the review.	
5.5	<b>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</b>  Not discussed at the review.	
5.6	<b>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</b>  The Trust representatives informed the review team that all trainees had the teaching appropriate to their grade scheduled into their rotas, including self-development time for foundation trainees.	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<b>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</b>  The trainees told the review team that the Coborn Unit had a reputation among trainees that trainees were largely left to do tasks alone, felt out of their depth, had very heavy administrative workloads and had to work over their hours. The trainees said that in some respects, the placement had been better than they expected.  Some of the trainees said that their FY2 experience at the Coborn Unit had put them off working in CAMHS.	
6.2	<b>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</b>  Not discussed at the review.	
6.3	<b>The provider 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</b>	



	<p><b>patients and service.</b></p> <p>Not discussed at the review.</p>	
6.4	<p><b>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</b></p> <p>Not discussed at the review.</p>	

## Report Approval

<b>Quality Review Report completed by</b>	Chloe Snowdon Learning Environment Quality Coordinator
<b>Review Lead</b>	Louise Schofield Deputy Postgraduate Dean
<b>Date signed</b>	07 March 2022
<b>HEE Authorised Signature</b>	Gary Wares Postgraduate Dean
<b>Date signed</b>	07 March 2022
<b>Final Report submitted to organisation</b>	08 March 2022