

HEE Quality Interventions Review Report



West London NHS Trust (Claybrook Centre)
General Psychiatry
Learner and Educator Review

Region: North west London
Date of Review: 27 January 2022
Date of Final Report: 3 March 2022

Review Overview

Background to the review

A risk-based review (Learner and Educator review) was requested following the 2021 General Medical Council (GMC) National Training Survey (NTS) results.

Six red outliers and seven pink outliers were generated for General Psychiatry at West London NHS Trust (Claybrook Centre) (programme group by site). The red outliers were in Overall satisfaction, Reporting systems, Workload, Supportive environment, Induction, and Facilities. The pink outliers were in Clinical supervision, Clinical supervision out of hours, Teamwork, Educational governance, Educational supervision, Feedback and Rota Design.

Previous Health Education England (HEE) interventions include an educator review of Core Psychiatry Training and General Psychiatry at West London NHS Trust (Hammersmith and Fulham Mental Health Unit and the Claybrook Centre) on 23 January 2020 following a decline in the 2019 GMC NTS results.

There was also an educator review of Psychiatry at West London NHS Trust on 8 November 2018 which was initially planned as an onsite visit to assess whether it was appropriate to advise that the Trust be taken out of GMC enhanced monitoring. The GMC NTS results for 2018 demonstrated considerable improvement and this was corroborated by other sources of trainee feedback. Following discussions between HEE and the GMC it was agreed that the enhanced monitoring process should end in September 2018. HEE changed the review type from an on-site visit to an education leads conversation to discuss the improvements made by the Trust and offer support to sustain them.

Subject of the review i.e. programme, specialty, level of training, learner group

General Psychiatry

Who we met with

Director of Medical Education
Medical Education Manager
Guardian of Safe Working Hours
Medical Director
Clinical Director

Training Programme Directors
Clinical and Educational Supervisors

Nine Trainees working in the department from the following programmes: Foundation, Core Psychiatry and General Psychiatry.

Evidence utilised

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The review panel received the following information and documents from the Trust in advance of the review:

Breakdown of Clinical and Educational Supervisors

Breakdown of learner groups in the department

Two reports from the Guardian of Safe Working Hours covering the period between January 2021 and June 2021

Junior and Senior Meeting Minutes for June 2021, November 2021 and September 2021

Medical Advisory Committee minutes for June 2021 to November 2021

Medical Education Committee minutes for June 2021 and September 2021

Rota including the fill rate for core trainees between August 2021 and February 2022

Rota including the fill rate for specialty trainees between August 2021 and July 2022

Teaching programme January 2021-August 2021

The review panel also considered information from the GMC NTS 2019 and 2020 and Health Education England's (HEE) National Education and Training Survey (NETS) 2019 and 2020. This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England
Specialty Expert	Dr Vivienne Curtis, Head of the London Speciality School of Psychiatry, Health Education England
Lay representative	Roz Thornton, Lay Representative, Health Education England
HEE Quality Representative	Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England
Supporting roles	Ummama Sheikh, Quality, Patient Safety and Commissioning Officer, Health Education England
Observing	Kiera Cannon Quality, Patient Safety and Commissioning Officer, Health Education England (Observing for training)

Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was impressed with the changes the Trust had made following the 2021 General Medical Council (GMC) National Training Survey (NTS) results and the review panel was pleased that the trainee feedback was generally very positive. The Trust representatives reported that they believed the 2021 GMC NTS results were due to a combination of a large service transformation within the community team, challenges with trainer capacity due to staffing issues and infrastructure issues with junior doctor accommodation. The Trust representatives advised that a number of improvements had been implemented and the trainees had been involved in this process.

The review panel was concerned that trainees reported issues accessing psychotherapy training and noted that this issue required regular monitoring via the Local Faculty Group and educational supervision. The review panel was also concerned that there had been significant disruption to education caused by the service changes and staffing issues. The review panel advised that education is considered when services are reconfigured, and impact is assessed prior to work starting to prevent a reduction in the quality of education.

The review panel acknowledged that there was evidence of several areas of good practice to note including the inclusion of trainee feedback when addressing issues and implementing changes. The review panel was also pleased to hear that trainees felt well supported in their training. The review panel advised that the Trust engaged in work to cement the positive changes that had been made and ensure that improvements were sustainable.

It was confirmed that the Deputy Postgraduate Dean would contact the Director of Medical Education regularly to monitor progress. This report also includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 June 2022.

Review findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

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 clinical 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 Review Findings section.

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Requirements identified should be succinct and not include the full narrative from the Review Findings.

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
PSY1.6	Trainees reported that there had been issues with the places of safety and that patients could move around more freely into the lobby. It was reported that the issue had been escalated and the Trust representatives confirmed a risk assessment had been done and was going to be shared with trainees for feedback.	<p>Please provide a copy of the updated risk assessment to demonstrate evidence that the environment is safe for trainees.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
PSY5.1	Trainees reported that there had been some difficulty in accessing psychotherapy cases. It was noted that there had been a significant delay in starting long and short cases, which had not been started until late into the post.	<p>Please provide evidence that access to psychotherapy training and cases has been improved, and that access is initiated earlier in the training post.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A	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
PSY2.8	The Trust is recommended to consider the potential impact on education and training of service and staffing changes. This should occur in the initial stages prior to the change to ensure that issues are prevented and impact on training is therefore minimised.

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)
Education Leads and Supervisors	Trainees reported that Balint groups were well established, and that supervisors enabled and encouraged trainees to attend.	5.6
Postgraduate Medical Education Team	The review panel was pleased that the Trust had made improvements following the 2021 General Medical Council (GMC) National Training Survey (NTS) results and that trainees had been involved in the process.	2.8

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review panel was pleased that all trainees reported that they would recommend the training placement to colleagues and that all trainees would be happy for their friends and family to be treated in the department. The majority of trainees reported a good experience in their post and that they had learnt a lot.</p>	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Trainees advised that generally they felt safe at work. However, trainees reported that there had been issues with the places of safety and that patients could move around freely into the lobby. It was noted that trainees found patients calmed down in this environment however trainees reported that there had been instances where patients had leant over them whilst notetaking, which they found particularly uncomfortable. Trainees noted that there had been some changes and felt that the roles felt more defined and established than they had been initially. It was reported that the issue had been escalated and the Trust representatives acknowledged that they were aware of this issue. It was confirmed that a risk assessment had been done and was going to be shared with trainees for feedback. The Trust representatives also reported that trainees might have been uncomfortable when they found patients were outside of their seclusion rooms and acknowledged that more education of what to do in this scenario was needed. The review panel was informed by the Trust representatives that there was a safe space for trainees to do notes in the staff office, which patients did not have access to.</p>	Yes, please see PSY1.6
1.9	<p>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.</p> <p>The Trust representatives reported that the Research and Development (R&D) department had offered more opportunities for trainees to be involved in research and were supporting a number of trainees.</p>	
1.11	<p>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.</p>	

	<p>Some trainees reported that they could not easily access office space, with some trainees reporting that they had to go to different areas to access suitable workspace. Trainees reported that the doctor's office space was also not sufficient to accommodate all the users.</p> <p>The Trust representatives reported that issues with accommodation might have affected the 2021 General Medical Council (GMC) National Training Survey (NTS) results. The representatives confirmed that the Trust believed this was an important issue and that the work to address this was almost complete. It was also noted that a conference room had been secured for educational use which the Trust representatives believed would allow better facilitation of local educational governance.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel was pleased that trainees reported the communication between the nursing and medical teams was good and priorities were well discussed. However, it was noted that this varied between different wards.</p> <p>The review panel heard that sometimes patients' physical health needs were not responded to as quickly as trainees would have preferred, trainees noted it was often dependant on demand. Trainees also reported that nurses called the trainees without triaging first which wasted time as trainees would need to wait for an available chaperone before being able to see the patients. Trainees advised the review panel that they believed the calls could have been better timed to ensure that someone from the nursing team was available to chaperone the trainees.</p> <p>The Trust representatives reported that there was a nursing lead for physical healthcare of patients and that two new roles had been introduced to help with this. It was reported that the Trust had recruited nurses with experience in physical health. The Trust representatives also confirmed that there was still a large focus on physical healthcare across the Trust and that there were good links with local acute services. The review panel was informed that the trainees had been given the opportunity to work with the physical healthcare nursing lead to produce health policies. The Trust representatives informed the review panel that the mental health integrated network teams (MINT) structure offered more opportunities for interprofessional working with General Practice</p>	

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	<p>doctors (GPs), which had further supported physical health monitoring.</p> <p>The Trust representatives also praised the work of their infection control nurse during the coronavirus (COVID-19) pandemic and informed the review panel that the trainees had also been able to work on this too.</p>	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>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.</p> <p>The Trust representatives informed the review panel that there were new Training Programme Directors (TPDs) taking over the role.</p> <p>The Trust representatives reported that the Medical Advisory Committee (MAC) was a productive group which had allowed issues to be addressed quickly and expectations are set. The review panel was informed that the Trust representatives believed this had helped protect trainees against excessive workload demands. It was also noted that there was a good supervisor presence at the Junior and Senior meetings and that supervisors were actively engaged with the academic teaching programme.</p>	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Trainees reported that there had been issues with on-calls and trainees stepping down to cover gaps, it was noted there may have been several exception reports as a result. It was noted they had been encouraged to exception report for these reasons. Trainees informed the review panel that there had been some issues with the structure of the higher trainee rota and ensuring hours were not exceeded. Trainees advised that they had been involved with discussions about this. The Trust representatives reported that there was an issue with the higher trainee rota and workload at night and they were aware of the issues with the on-call. It was reported that there had been issues with the five hours of uninterrupted rest which was required. The Trust representatives reported that the majority of exception reports had been about this issue. Trust representatives reported that trainees had been included in the rota task and finish group which had been established to investigate how the department</p>	

was managing rota design. The Trust representatives informed the review panel that the trainees had been offered the choice to split the weekend shifts, it was noted that the trainees had voted to proceed with this option, whereas previous cohorts of trainees had decided to keep the rota the same.

All trainees reported that the environment was generally supportive however it was noted that the workload was very high which they had found challenging. Some trainees commented that they believed this workload was considerably high for trainees. Trainees reported that whilst the workload was very high, they had learned a lot in their post. The review panel was informed by some trainees that they had noticed an increase in workload, but they were not clear whether this was due to training progression or other issues. Some core trainees commented that prior to the new MINT model the workload had been high for them. Trainees advised that there was not a sufficient number of care coordinators and trainees had to stay late to accommodate the high workload. Several trainees informed the review panel that the MINT caseload was not spread evenly between trainees, with some reporting that they had a disproportionate number of cases in comparison to their colleagues. It was advised that concerns had been raised about this issue.

The Trust representatives informed the review panel that over the last year there had not been any exception reports from core trainees relating to workload, however the Trust representatives acknowledged that the reduction could have been caused by reporting fatigue. The Guardian of Safe Working Hours (GOSWH) reported that they attended induction to educate trainees on exception reporting and had requested a slot at high level meetings to ensure the trainers were also educated on the process. The supervisors also acknowledged the importance of ongoing training to raise awareness of exception reporting and encourage trainees to report when necessary. The supervisors confirmed that there was a good relationship between supervisors and the GOSWH.

The Trust representatives acknowledged that workload was a major issue of concern for the community teams in general. The Trust representatives informed the review panel that they were looking to undertake an audit to understand the impact of this and address the issues, it was noted that trainees would be included in this work. The Trust representatives also reported that they were addressing workload issues by developing new training posts, such as GP training posts. The supervisors advised the review panel that they had been keen to ensure trainee workload was manageable and believed they had sufficient time to supervise the trainees regularly. It was noted

	<p>that this had helped maintain a good understanding of the trainee perspective.</p> <p>The Trust representatives informed the review panel that the clinical leads had been working with trainees to review the training posts and had been working on establishing job planning standards. The review panel noted that the Trust had developed a system for reviewing and managing posts in flux and advised that the Trust continues to utilise the system.</p> <p>Trainees also advised that they believed the coronavirus (COVID-19) pandemic and trainee rota gaps may have also contributed to the 2021 GMC NTS results.</p>	
2.8	<p>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).</p> <p>Trainees informed the review panel that there had recently been a service restructure but reported they had felt supported throughout the transition period. Trainees advised that the transition period had been difficult but noted that the department had been responsive to concerns they had raised throughout the process. The supervisors reported that the service restructure had been a complicated process. It was noted that there had been a significant reduction in the number of consultant sessions and there had been a lack of a clear supervision structure. The supervisors informed the review panel that it had taken several months to develop a clear team structure and to complete consultant job planning. The supervisors informed the review panel that there had been a considerable adjustment period for the consultants which was likely felt by the trainees.</p> <p>The supervisors informed the review panel that the changes to the service felt chaotic and overwhelming. The supervisors reported that the service restructure would have benefited from a reconfiguration group with input from the education teams and trainees to avoid negative impacts on education when changes were taking place.</p> <p>Trainees reported that the MINT structure was different to other units they had worked in. It was reported that previous models had more care coordination staff which trainees noted would have been helpful.</p> <p>The trainees informed the review panel that in addition to multiple changes to pathways there had also been a lot of changes to staff, particularly in the consultant body which could have contributed to the 2021 GMC NTS results. The supervisors</p>	<p>Yes, please see PSY2.8</p>

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	<p>also reported that there had been a high level of staff sickness. Trainees noted that this had improved with the new model and better staffing. The supervisors acknowledged that the department could have done better to engage with trainees whilst these issues were happening. The supervisors reported that work was needed to build more resilience into the system and supervisors needed to be more aware of the wider trainee group in order to cross-cover supervision if necessary.</p> <p>Trainees reported that they had been involved with making improvements and addressing the issues which had arisen as a result of the restructuring. Trainees informed the review panel that their feedback had been sought on issues and that the consultants and medical education team had been receptive and responsive to the feedback. Trainees noted that they felt able and comfortable to make suggestions and raise issues.</p>	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>The supervisors reported that they would have appreciated HEE input into discussions about trainees requiring additional support. The supervisors advised the review panel that in the past the Health Education Team (HET) had been involved in these discussions but noted that this had not happened for a long time. The review panel advised that input for HET and case management would be helpful for those discussions. The review panel also noted that supervisors could refer trainees for additional support without speaking to the HEE team first if necessary. The review panel clarified that HEE aimed to empower trainees to access additional support, such as the Practitioner Health Programme (PHP) and the Professional Support Unit (PSU), as early as possible. The supervisors also reported that they had found the stigma associated with accessing support had made some trainees reluctant to engage with the process.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Trainees reported that they received one hour of supervision per week as per the requirements and confirmed that they were able to contact other members of the team when needed. The supervisors also confirmed that trainees received one hour of supervision per week and additional contact as needed. The supervisors informed the review panel that there were other opportunities for regular contact with trainees, for example</p>	

	<p>through various forums, service meetings and multi-disciplinary team meetings (MDTs).</p> <p>The Trust representatives reported that the handover process was now well established, and supervisors noted that the improved handover had been positively received by the trainees. Trainees reported that there were handovers between on call shifts, at the beginning and end of weekend shifts and a daily evening handover on weekdays. It was noted that these had worked well, and that handover was formalised and well documented. Trainees advised that these handovers were attended by the nurse in charge of the unit, consultants, trainees, liaison nursing representatives and the crisis team. Trainees reported that the handover was accessible via Microsoft Teams (MS Teams), and they had found it helpful to speak with the team, even if it was only virtually. Trainees reported that the handovers for the inpatient wards would sometimes run late due to the demand on the ward. Trainees advised the review panel that the handover used to be variable and informal, it was believed that this could have contributed to the 2021 GMC NTS results.</p> <p>The supervisors informed the review panel that there was also a hospital at night meeting which had helped with supervision and support for trainees. In addition, it was noted that this meeting had helped reduce workload at night.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>It was reported that the foundation induction was thorough and was delivered via a mixture of online learning and online sessions via MS Teams.</p> <p>Some trainees reported that they found the local induction overwhelming as there was a large amount of information provided in online sessions. It was noted that the tour of the unit which occurred after the online sessions was more helpful. Trainees also reported that a handbook was provided via email which included the out of hours expectations. Some trainees reported that their induction to the ward was good, however noted that it could vary between different wards.</p> <p>Trainees informed the review panel that the induction in 2020 was adapted very quickly due to the coronavirus (COVID-19) pandemic and as a result trainees did not feel it adequately prepared them for their posts. Trainees reported that they used this experience to help improve the induction for future trainees.</p> <p>The review panel was also informed that induction was not as accessible for less than full time trainees and that some of these trainees had to attend the induction on their non-working days.</p>	

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HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>The Trust representatives reported that the supervisors were responsive to issues raised by trainees and had sought advice from the TPDs and the Postgraduate Medical Education Team when necessary.</p> <p>The supervisors confirmed that they felt well supported in their roles and that they had been allocated sufficient time in their job plans for their supervision responsibilities.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>Trainees informed the review panel that services included community mental health teams (MINT), home treatment services, crisis teams, an inpatient unit, and psychotherapy and Child and Adolescent Mental Health Services (CAHMs) which were provided at Hammersmith Hospital. Trainees who were not based within the inpatient unit noted that they viewed the inpatient unit as separate but confirmed that they did work closely with the unit.</p> <p>Trainees reported that there had been some difficulty in accessing psychotherapy cases. It was noted that there had been a significant delay in starting long and short cases, which had not been started until late into the post. It was also noted that it was difficult to get cases signed off. It was noted that time was made available for trainees to achieve these competencies however some trainees reported they believed that the difficulty was due to lack of patients and a lack of available supervision. Trainees advised that their supervisors were aware of these issues.</p> <p>The higher trainees discussed access to psychotherapy training and reported that previously the Balint group had not been well established but that this had been resolved. Higher trainees also informed the review panel that exposure to psychotherapy was dependant of the team and that some trainees accessed this experience in other placements. Trainees also noted that there were regular opportunities to access the medical psychotherapist and that reflective practice on the ward had been helpful.</p>	Yes, please see PSY5.1

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5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The trainees informed the review panel that the core trainee Balint group was well established, and the time was very well protected. Trainees advised that they felt the Trust took this very seriously and supervisors always ensured trainees attended.</p>	
HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at review	

Report Approval

Quality Review Report completed by	Rebecca Bennett, Learning Environment Quality Coordinator
Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England
Date signed	28 February 2022
HEE Authorised Signature	Gary Wares, Postgraduate Dean, North London, Health Education England
Date signed	1 March 2022
Final Report submitted to organisation	3 March 2022