

HEE Quality Interventions Review Report



Central and North West London NHS Foundation Trust (Trust-wide)
General Psychiatry
Learner and Educator Review

London – North West London
Date of Review/Intervention: 5 May 2022
Date of Final Report: 21 June 2022

Review Overview

Background to the review

This review was proposed following a series of reviews, the most recent being a Learner Review that took place on 10 June 2021. Previous HEE interventions include an educator review of Core and Higher Psychiatry. Following the review, the Trust were required to gather and monitor feedback from the doctors in postgraduate training (DPTs) around their perception of training, including quantifiable feedback demonstrating the sustainability of the changes made to address the General Medical Council (GMC) condition. The purpose of the review in June 2021 was to review progress made and to corroborate findings from the previous visit with DPT feedback. A GMC representative was invited to attend this review as Enhanced Monitoring was in place for General and Core Psychiatry at Hillingdon Hospital, Park Royal Centre for Mental Health, St Charles Hospital and the Gordon Hospital.

Subject of the review:

General Psychiatry

Who we met with

19 Clinical and Educational Supervisors

24 doctors in postgraduate training (DPTs) working in the department from the following programmes: General Practice Speciality Training, Foundation Programme, Core Psychiatry Training, General Psychiatry Specialty Higher Training.

Director of Medical Education

Deputy Director of Medical Education

Head of Medical Education

Freedom to Speak Up Guardian

Guardian of Safe Working Hours

Local Tutor for South Kensington and Chelsea

Local Tutor for Harrow

Local Tutor for Hillingdon

Divisional Medical Director for the Jameson Division

Clinical Director for Kensington and Chelsea

Clinical Director for Harrow

Clinical Director for Brent Borough

Clinical Director for Borough of Westminster

Trust Lead for the Improvement Academy

Chief Executive Officer

Chief Medical Officer

Divisional Medical Director

Chief Operating Officer

Medical Education and Quality Improvement Fellow

Evidence utilised

Breakdown of the clinical and educational supervisors

HEE Quality Interventions Review Report

Breakdown of learners in the department

Brent Mental Health Service Academic Programme February 2022-July 2022

Harrow Mental Health Service Academic Programme February 2022-July 2022

St Charles Hospital Integrated Academic Programme February 2022-July 2022

Minutes for Junior/Senior Meeting- Park Royal Centre for Mental Health 5 January 2022

Minutes for Junior/Senior Meeting- Northwick Park Mental Health Centre 12 January 2022

Minutes for Junior/Senior Meeting- Hillingdon 12 January 2022

Minutes for Junior/Senior Meeting- St Charles Hospital 5 January 2022

Minutes for Junior/Senior Meeting- South Kensington and Chelsea Mental Health Centre 5 January 2022

Medical Education Action Plan March 2022

Middle/end of post trainee satisfaction survey January 2022

Postgraduate Medical Education (PGME) Group Meeting Minutes 21 January 2022

Guardian of Safe Working Hours Quarterly Report August 2021- October 2021

The review panel also considered information from the GMC National Training Survey 2019 and 2021 and Health Education England's (HEE) National Education and Training Survey (NETS) 2019 to 2021.

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 (London)
Specialty Expert	Dr Vivienne Curtis, Head of the London Specialty School of Psychiatry, Health Education England (London) Dr Anthea Parry, Director Northwest London Foundation School, Health Education England (London)
GMC Representatives	Lucy Llewellyn, Education QA Programme Manager, General Medical Council Kimberley Archer, Education Quality Analyst, General Medical Council
Lay Representative	Sarah-Jane Pluckrose, Lay Representative, Health Education England
HEE Quality Representatives	Paul Smollen, Deputy Head, Quality, Patient Safety & Commissioning Health Education England, London Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London) John Marshall, Deputy Quality, Patient Safety and Commissioning Manager, Health Education England (London)

HEE Quality Interventions Review Report

Supporting roles	Kiera Cannon, Quality, Patient Safety and Commissioning Officer, Health Education England (London)
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Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was appreciative for the extensive pre-review evidence and preparation that the Trust had done prior to the review. The review panel was pleased to hear positive feedback from the doctors in postgraduate training (DPTs) for St Charles Hospital (SCH) and Kensington and Chelsea South Community Mental Health Hub (K&CS). DPTs noted that the training was good quality, and any issues around safety or education were handled well. The DPTs noted some issues around rotas at the Northwick Park Mental Health Unit (NWP) but informed the review panel that the team had been responsive, and the issues had been resolved.

The review panel was very concerned about the number of reported incidents and assaults that had occurred and that the majority of DPTs reported they felt unsafe at work at the Park Royal Centre for Mental Health (PR) site. DPTs felt the risk to their own physical safety and to that of other staff and patients was worse at the PR site compared to other sites in the Trust. DPTs also felt that learning from incidents at the PR site was not disseminated and translated into effective improvements for staff safety. The review panel acknowledged that there was evidence that DPTs were encouraged to ensure they reviewed patients with an appropriately trained member of staff. However, it was noted that this did not seem to have helped relieve all of the safety issues. Whilst DPTs reported systemic issues and issues with patient care at the PR site it was specifically noted that the supervisors at the PR site were excellent and offered good support and training to the DPTs.

The review panel noted that there had been a lot of work around the physical healthcare of patients but noted a significant issue around medical clearance of patients prior to being transferred to the PR site. The DPTs expressed serious concerns about the management of the physical health of patients that were referred to the PR site. In particular, it was reported that there was an ongoing issue with patients being transferred to the site without the appropriate medical clearance.

The review panel noted that there was a perceived lack of support from the management structure at the PR site when raising concerns and there appeared to be a longstanding disconnect in the supervisors' and management team's understanding of the DPTs' concerns. The review panel felt there was a lack of appreciation that DPTs felt anxious and unsafe and how the issues affected the training experience. The review panel was concerned that DPTs based at PR site felt the response to raising concerns was not always appropriate and could be dismissive or unhelpful. The review panel was also concerned that there did not appear to be satisfactory progress on resolving ongoing issues at the PR site and despite the best efforts of the education team it did not translate into a good DPT experience.

It was acknowledged that the Trust was aware of these issues and was taking steps to make changes, however it was felt that more work was needed to resolve these issues promptly. The Trust representatives acknowledged that there was still a lot of work to do and changes to be implement but noted that significant progress had been made to ensure DPTs were accompanied when seeing patients.

The review panel felt that there were considerable improvements needed to ensure a suitable learning environment at the PR site. Two Immediate Mandatory Requirements (IMRs) were issued as a result of the concerns. Given the nature and severity of the concerns the review panel requested an urgent follow-up review to review progress against the IMRs and assess whether there has been significant improvement to the DPT safety. The review panel informed

the Trust that should this evidence fail to demonstrate that the safety of the DPTs had significantly improved, Health Education England (HEE) would consider removal of DPTs from the PR site.

This report 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 September 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

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
PSY1.5b	<p>The review panel was concerned that the management structure at the Park Royal Centre for Mental Health (PR) did not appear to be working effectively. Doctors in postgraduate training (DPTs) and supervisors both reported significant issues with the Central Flow Hub and bed management, for example lack of sufficient patient information and medical clearance and lack of communication with the medical staff prior to patients being transferred to the ward.</p> <p>It was noted that these issues had been raised several times by supervisors and DPTs, but no effective changes had been made.</p>	<p>The Trust should conduct a review of the Central Flow Hub processes and provide evidence of the work being done to improve bed management and patient flow.</p> <p>Please also provide evidence that communication between the Central Flow Hub, Bed managers, DPTs and consultants has improved and how it is being addressed.</p> <p>Please also provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
PSY1.6b	<p>The review panel noted that there were not sufficient structures or processes in place for handovers, safety huddles</p>	<p>All relevant safety information should be shared with doctors in postgraduate training (DPTs). The Trust should ensure there</p>

HEE Quality Interventions Review Report

	<p>and risk assessments at the Park Royal Centre for Mental Health (PR) site.</p>	<p>are formalised and robust systems in place for handover, safety huddles and risk assessments at the PR site. Please provide evidence that these systems have been implemented.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
PSY1.7	<p>Some doctors in postgraduate training (DPTs) reported that they often felt uncomfortable raising concerns about the Park Royal Centre for Mental Health (PR) site as they feared they would be viewed in a negative light and that there could be adverse effects on their career.</p> <p>The DPTs noted that whilst they were aware of the different systems available to raise concerns at the PR site, they reported that they had lost faith in the systems due to the poor response from management to concerns raised and the lack of action following a concern or incident.</p> <p>The review panel was concerned that DPTs based at PR felt the response to raising concerns was not always appropriate and could be dismissive or unhelpful. Some DPTs reported that they felt some of the responses to concerns had attempted to normalise their experiences. DPTs also reported that they felt somewhat restricted in their</p>	<p>Improvements should be made to empower DPTs to feel more comfortable with raising concerns at the PR site. Please provide evidence that this has improved.</p> <p>The Trust must ensure that education issues at the PR site are discussed at a senior level and that the department receives adequate support from the senior management team to implement changes. The Trust should ensure that issues are resolved in a timely manner and are sustainable. Please provide evidence that education issues are being discussed at Trust Board or senior divisional management meetings.</p> <p>The review panel also advises that DPTs and supervisors are involved in the progression of concerns raised.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, other junior/senior meeting minutes or other evidence.</p>

HEE Quality Interventions Review Report

	ability to raise concerns. It was noted that the DPT voice felt suppressed and that concerns were not being heard.	Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.
PSY3.5	Doctors in postgraduate training (DPTs) informed the review panel that there had been occasions at the Park Royal Centre for Mental Health (PR) site where the DPTs and nursing team had not been able to contact the on-call consultant when required. It was noted that the DPTs had raised this concern but there had not been any resolution.	<p>The Trust must conduct an urgent review of the supervision arrangements at the PR site for DPTs in and out of hours and ensure that DPTs always have access to appropriate levels of clinical supervision. Please provide evidence that this has been completed.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
PSY1.5a	The doctors in postgraduate training (DPTs) expressed serious concerns about the management of the physical health of patients that were referred to the Park Royal Centre for Mental Health site. In particular, it was reported that there was an ongoing issue with patients being transferred to the site without the appropriate medical clearance.	<p>DPTs do not have the appropriate skills and experience to manage medically unstable patients. All patient admissions must have the appropriate medical clearance in place prior to being admitted to the site. Please provide Health Education England (HEE) with evidence of how this has been implemented and how it will be monitored ongoing.</p> <p>This evidence is due by 20 May 2022</p>
PSY1.6a	The review panel was very concerned that the majority of doctors in postgraduate training (DPTs) reported they felt unsafe at work and felt the risk to their own physical safety and to that of other staff and patients was	The Trust is required to produce and implement a plan to mitigate the issues at the Park Royal Centre for Mental Health site around risk assessments and staff safety, with particular reference to the DPTs. The

HEE Quality Interventions Review Report

	worse at the Park Royal Centre for Mental Health (PR) site compared to other sites in the Trust. DPTs also felt that learning from incidents was not disseminated and translated into effective improvements for staff safety at the PR site.	Trust should include the DPTs in this work. Should this evidence fail to demonstrate that the safety of the DPTs has significantly improved, Health Education England (HEE) will consider removal of DPTs from the Park Royal Centre for Mental Health site. This evidence is due by 20 May 2022
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
PSY1.5a	<p>A Medical Clearance Protocol has been produced by the Trust's Physical Health Lead in conjunction with our doctors in postgraduate training (DPTs). This has been provided to all DPTs and the Central Bed Management Team for consistency of approach across all CNWL sites.</p> <p>Consistency with this protocol is being monitored through an audit of all admissions to the Park Royal Mental Health Centre. Findings of this audit are presented to the weekly Safety Forum. The audit for 9 May 2022 to the 15 May 2022 showed that all 14 admissions were within expected practice, with one issue regarding recording of clearance in the appropriate place by the DPT.</p>	<p>Thank you for submitting these responses. It is clear that a large amount of work has gone into improving the situation around physical safety of learners and the pathways for safe management of physical health of mental health patients. HEE will assess the impact of this work on the experience of the learners at our review on 16 June 2022.</p>
PSY1.6a	<p>Twice daily Safety Handovers have now been implemented for the Park Royal Mental Health Centre (PRMHC) where any safety concerns from the previous shift are reviewed and safety planning for next shift can be undertaken. These are led by the Unit Coordinator/Bed Manager and always have the on-call DPTs in attendance. The Service Director is monitoring compliance with this</p>	<p>Thank you for submitting these responses. It is clear that a large amount of work has gone into improving the situation around physical safety of learners and the pathways for safe management of physical health of mental health patients. HEE will assess the impact of this work on the experience of the learners at our review on 16 June 2022.</p>

	<p>on a daily basis. We will be trialling the use of a structured handover sheet from 20 May 2022. These sheets will be brought to the weekly Safety Forum for review along with a summary report of any DATIX incidents logged and feedback regarding subsequent actions and learning.</p> <p>There is now a new Service Director for Brent and a new Acute Services Manager for PRMHC. Along with the Clinical Director, they have attended all the meetings arranged with DPTs to hear their concerns and carry out actions.</p> <p>The Divisional Medical Director is directly overseeing progress against issues raised by DPTs at the weekly Safety Forum.</p>	
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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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
N/A		

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)
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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>The learning environment is one in which education and training is valued and championed.</p> <p>Trust representatives reported that they had received good feedback from supervisors and doctors in postgraduate training (DPTs). It was noted by Trust representatives that DPTs had reported they had received very good training in their end of post survey.</p> <p>Some DPTs reported that they would recommend their community posts to colleagues, but the majority of DPTs advised the review panel that they would not recommend their acute posts. Some DPTs informed the review panel that the Caspian Ward at Park Royal Centre for Mental Health (PR) had been excellent and had a very good consultant lead, therefore they would recommend a post in this ward to colleagues. DPTs also reported that their experience at Kensington and Chelsea South Community Mental Health Hub (K&CS) had been very positive, and they had no concerns.</p> <p>Some General Practice (GP) DPTs reported that their experience had been good, and they had learned a lot during their posts. It was also noted that the supervisors had been very supportive.</p> <p>Some DPTs reported they did not apply for higher training posts at the Trust due to the issues at PR. It was also noted that some DPTs had been advised by other DPTs to avoid selecting PR posts or posts which involved on-calls at PR. DPTs advised the review panel that they had found post allocation more stressful as they were worried they would be placed at the PR site.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The DPTs advised the review panel that they had experienced issues with management of physical healthcare of psychiatry patients at other Trusts and noted they believed there might be a widespread issue with lack of training in this area as part of psychiatry specialty training. However, the DPTs expressed serious concerns about the management of the physical health of</p>	

<p>patients across this Trust and noted that the issues were particularly significant at the PR site. In particular, it was reported that there was an ongoing issue with patients being transferred to the site without the appropriate medical clearance. The review panel was informed that this would sometimes result in patients having to be transferred back to the Emergency Medicine (EM) department at other hospitals as they had medical issues which could not be treated at the PR site. DPT advised that they felt anxious when admitting patients as they did not have the medical support to deal with any issues that might arise if patients were unwell. The DPTs informed the review panel that the nursing team were not adequately trained to deal with the physical health needs of the patients. It was noted that DPTs conducted any clinical observations or blood tests as the nurses were not trained to do this, DPTs confirmed that they were chaperoned whilst doing this work. DPTs advised that they felt patients were at risk with regards to their physical health and DPTs felt unable to mitigate this risk at the PR site.</p>	<p>Yes, please see PSY1.5a</p>
<p>The DPTs reported that at the St Charles Hospital (SCH) site there was good practice for medical clearance and, whilst it was not without fault, there were good systems in place for raising concerns and resolving issues. DPTs clarified that issues around medical clearance were taken very seriously at SCH and reported that this was not the case at the PR site.</p>	
<p>The review panel was informed that there had been ongoing problems with patients being transferred to the PR site without a discussion with the medical staff. It was also noted that there had been multiple instances where key clinical information had been missing from the handover of patients when being transferred to the site. DPTs informed the review panel that they were sometimes asked to screen the medical clearance to determine if patients were medically safe to be admitted. DPT noted that there were often things missing from the medical clearance, which they questioned and requested additional information or tests, however the DPTs noted that the patients were often admitted regardless of the missing information. DPTs informed the review panel that it was often difficult to access test results for patients, such as scans or blood test results. The DPTs informed the review panel that communication was poor, in particular between the DPTs and various managers including the CFH managers, HBPOs (136 Suite) managers, Bed Managers and Acute Service Managers. The DPTs reported that there had been incidents where the DPTs felt the decisions made by the Bed Managers had been dangerous, it was noted that the DPTs had to contact the consultants to resolve the issues.</p>	<p>Yes, please see PSY1.5b</p>

	<p>It was also reported by DPTs that due to bed shortages patients had been moved to beds or wards which had previously been closed. The supervisors confirmed that the Central Flow Hub (CFH) sometimes requested for beds which had been closed previously to be opened again. It was noted that the supervisors had tried to make it clear that it was not appropriate to continuously re-open beds which had been closed. DPTs informed the review panel that they had been asked by the CFH on numerous occasions, to medically clear patients who were not being referred to the PR site.</p> <p>The supervisors advised the review panel that they recognised the issues the DPTs had reported about lack of appropriate medical clearance for some patients who were transferred to the PR site and acknowledged that this needed to be improved. Supervisors informed the review panel that the site had become quite isolated, with no local EM department and confirmed that patients were frequently transferred to the PR site without having sufficient medical intervention prior to being referred. The supervisors reported that they had been asked to do things when on-call to clear beds which they felt was not appropriate or in the best interest of the patient. The review panel was informed that the supervisors felt the management priority was bed management and patient flow and felt there was often a significant pressure to inappropriately discharge patients. The review panel was advised by the supervisors that they were concerned that consultants did not have enough influence over bed management. The supervisors reported that they had raised issues about the CFH, particularly issues with medical clearance but noted that they did not feel they were able to do anything to resolve the issues at a local level or via the Postgraduate Medical Education Team (PGME). The supervisors reported that when raising concerns or issues with the CFH the response from the CFH had been unhelpful and no progress had been made to identify the cause of issues and implement solutions.</p> <p>DPTs informed the review panel that they felt the EM staff at other hospitals did not fully appreciate the limited resources for physical healthcare at the mental health unit and that the PR site was not able to deliver medical care onsite. Some DPTs reported that they had had disagreements with EM consultants about referrals when the DPTs refused to accept referrals but noted that the consultants had sent the patients to the site even though they had not accepted the referrals. The DPTs advised the review panel that they felt their input towards medical issues was not as valued as they were psychiatry DPTs.</p>	<p>Yes, please see PSY1.5b</p>
<p>1.6</p>	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p>	

<p>The review panel was very concerned that the majority of DPTs reported they felt unsafe at work and felt the risk to their own physical safety and to that of other staff and patients was worse at the PR site compared to other sites in the Trust. DPTs that worked in community posts reported that when doing on-calls at the PR site they did not always feel safe and whilst it was noted that all units had some issues, DPTs had more concerns about the PR site than other sites in the Trust. Some DPTs stated that whilst the DPTs felt safe on Pine Ward at PR, it did not necessarily mean the ward was safe for other staff and patients. The DPTs advised that they were always supervised and escorted by nurses, however it was noted this was not the case for patients and other staff. The review panel was informed by the supervisors that the patient population was slightly different at the PR site and that the patients were usually very unwell as their condition had deteriorated due to a prolonged waiting time with the significant bed shortages. The supervisors noted that the DPT perception of safety might be worsened as the patients' conditions were quite serious.</p> <p>The review panel was informed by DPTs that SCH had been good for safety. DPTs reported that the team at SCH were particularly stringent about the use of personal safety alarms, and it was noted that the nursing team checked the alarms regularly. DPTs commended the consultant leadership at SCH and reported that safety issues were often prevented from occurring.</p> <p>The foundation DPTs reported that there had not been any safety concerns in the community liaison posts. It was noted that the patients were less high risk and that they were supervised by the consultant most of the time, and always had access to the nursing team. It was reported by DPTs working in community posts that they had been supplied with a personal safety alarm at the start of their posts and had not experienced any safety issues. DPTs in community posts confirmed that if they had any concerns about safety, they felt able to raise these concerns and were aware of how to access support.</p>	<p>Yes, please see PSY1.6a</p>
<p>The Trust representatives advised the review panel that across the Trust there had been approximately 15 safety incidents involving DPTs in 2021 and 11 in 2022, so far. It was reported that the severity of the incidents varied, with some incidents involving items being thrown at DPTs and missing them or DPTs being slapped or pushed by patients. It was noted that some incidents had occurred when DPTs had been supporting other staff during an aggressive incident with a patient. The Trust representatives advised that there did not appear to be a clear pattern of incidents at a particular site, although it was noted that most incidents had occurred in a ward environment. The Trust representatives also reported that there did not appear to be a pattern of incidents affecting a specific group of DPTs and noted</p>	<p>Yes, please see PSY1.6a</p>

<p>that incidents had involved a variety of different training levels. Some Trust representatives commented that there was no clear theme underpinning the incidents and noted the unpredictable nature of patients may have been a factor.</p> <p>The Trust representatives reported that they had been monitoring DPT safety issues and confirmed that DPT safety was a standing item on the agenda for the Junior and Senior (JS) meetings. The Trust representatives informed the review panel that DPTs were routinely asked for feedback about operational safety issues, and it was noted that a number of issues had been identified and resolved as a result, for example issues with personal safety alarms and policies. It was reported by supervisors that all DPTs had been provided a personal safety alarm following this being raised by the DPTs. The Trust representatives reported that they had not received any feedback from DPTs which indicated the DPTs had any immediate concerns about their safety.</p> <p>The Trust representatives advised the review panel that they had reviewed data from similar Trusts and reported that the number of incidents involving safety at this Trust was not an outlier when compared with other Trusts. The Trust representatives acknowledged that this did not negate the issue and it was noted the Trust was working to reduce the number of incidents. The review panel was informed by the Trust representatives that due to the nature and frequency of recent incidents the Trust had investigated these incidents closely and determined that all processes and policies had been followed. The Trust representatives noted that they were attempting to learn as much as possible from each incident and noted that they felt they were doing as much as possible to reduce the risks of incidents in the future.</p> <p>The DPTs informed the review panel that the PR site continued to have significant safety issues for staff and patients. The DPTs noted there had been numerous incidents which had compromised staff and patient safety and noted that there were frequent instances of violence. Some DPTs reported that there had been incidents that they had been left to deal with alone and felt other staff had been dismissive of their concerns which made the DPTs feel afraid and helpless. DPTs informed the review panel that there had been instances where patients have been transferred without being screened by a doctor and where relevant safety information and handover has not been made available, therefore DPTs and other staff have been unable to risk assess and implement preventative measures. It was also reported that sometimes DPTs had not made aware of the severity of the risk for some patients and noted that they felt some patients who had been admitted to the open ward had not been safe to be in that environment. The DPTs advised the review panel that they felt these incidents and issues could have</p>	<p>Yes, please see PSY1.6a</p>
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<p>been avoided with better communication which would have allowed risk assessments to be carried out and approaches to be changed. The DPTs confirmed that they did not regularly receive safety handovers on acute wards. It was noted that the non-acute wards had been better at this.</p> <p>The Trust representatives informed the review panel that the safety issues were managed by the operational managers. It was noted there were safety huddles at some of the sites, but the Trust representatives were not certain if this was the case at all of the sites. It was confirmed that there was a safety huddle at the PR site which was led by the service manager. It was noted that this was not happening regularly but that the huddles were initiated following incidents to ensure there was a debrief and that all staff needs were met. It was noted that the senior nursing team attended the safety huddles but the DPTs were usually only involved in these huddles following an incident. The supervisors noted that risk review process varied between different wards. The Trust representatives advised the review panel that there was a handover meeting at the beginning of every out of hours shift at the PR site. It was noted that the DPTs attended this meeting along with the bed manager and site manager. It was noted that any safety concerns were handed over at this meeting. The supervisors acknowledged that DPTs were not always able to attend the handovers or reviews and therefore DPTs were not always aware of any changes in patients' condition. The supervisors also reported that some wards at the PR site had a large number of agency staff which contributed to the lack of continuity.</p> <p>Trust representatives confirmed that the SCH site held daily safety huddles which were led by the matrons with the service managers and ward managers attending. It was reported that if there were more serious issues there was more of a Multidisciplinary Team (MDT) approach and DPTs would be informed of the issues during this meeting. It was reported that the Hillingdon Hospital (HH) site also held safety huddles which were facilitated by the matrons, and it was confirmed that the DPTs were invited but did not usually attend. The review panel was informed by the Trust representatives that there was a daily whiteboard meeting every morning at the HH site which the DPTs attended. It was also confirmed that there was a daily MDT handover out of hours at the HH site.</p> <p>The DPTs informed the review panel that they did not feel the design for the wards at the PR site was safe and noted there were multiple blind corners. The supervisors commented that the PR site was an older building, and that the department was doing as much as they could with the facilities they had. It was noted that the supervisors hoped the rest of the wards would be</p>	<p>Yes, please see PSY1.6b</p> <p>Yes, please see PSY1.6b</p>
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	<p>updated and made safe following the refurbishment of the Health Based Place of Safety (HBPoS).</p> <p>The Trust representatives discussed the process for supporting DPTs who had been involved in incidents. It was reported that the PGME was made aware of any incidents involving DPTs and the PGME then ensured that the DPT was debriefed, appropriate support had been put into place and that the DPT had been signposted to additional resources as necessary.</p> <p>The Freedom to Speak Up (FTSU) Guardian informed the review panel that DPTs and other staff had contacted them to raise concerns however it was noted that these concerns did not relate to staff safety. The FTSU Guardian confirmed that interpersonal relationships, clinical decision making, and the rota were the main themes in concerns that had been raised. However, the DPTs reported that they had mentioned the safety concerns among others when raising issues to the FTSU Guardian.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>Some DPTs reported that they often felt uncomfortable raising concerns about the PR site as they feared they would be viewed in a negative light and that there could be adverse effects on their career. DPTs also reported that they felt somewhat restricted in their ability to raise concerns at the PR site. It was noted that DPTs felt suppressed and that concerns were not being heard. The DPTs noted that whilst they were aware of the different systems available to raise concerns at the PR site, they reported that they had lost faith in the systems due to the poor response from management to concerns raised and the lack of action following a concern or incident. The DPTs advised the review panel that they felt they did not have a meaningful impact when raising concerns at the PR site.</p> <p>The supervisors informed the review panel that they were surprised to hear that DPTs did not feel able to raise concerns freely. The supervisors reported that they believed the DPTs had been free to raise concerns and noted that the DPTs had been doing this frequently, particularly in the JS meetings.</p> <p>The review panel was informed by the DPTs that they had approached the FTSU Guardian and Guardian of Safe Working Hours to raise concerns about various issues but noted that there had been a long process of communication back and forth and it had taken a long time to implement any changes.</p>	Yes, please see PSY1.7
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in</p>	

	<p>improving evidence-led practice activities and research and innovation.</p> <p>The supervisors advised that there were a number of Quality Improvement Projects (QIP) ongoing and that each ward at the PR site was supporting at least one QIP. It was noted that the DPTs had been actively encouraged to participate in these projects.</p> <p>DPTs informed the review panel that sometimes when raising concerns to the management team it was suggested that the DPTs could do some quality improvement work to resolve the issues. However, DPTs informed the review panel that they did not feel this was the appropriate approach as they felt the issues were urgent managerial issues rather than a DPT quality improvement opportunity.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The DPTs commented that the nursing team at the PR site worked very hard but were struggling. The DPTs noted that they had concerns about the welfare of the nursing staff at the PR site. It was reported that DPTs had witnessed some of the nursing team crying when DPTs were due to rotate out of the site, DPTs noted that this was because the DPTs were leaving but the nurses had to stay at the site.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>The review panel was informed by the DPTs that the Clinical Directors (CDs) at Northwick Park Mental Health Unit (NWP) and SCH were very receptive and responsive to DPTs raising concerns.</p> <p>DPTs informed the review panel that management response to raising concerns was a significant issue and noted that they had experienced hostile and defensive responses to concerns they had raised or incidents they had reported. It was noted that this was the case even when the DPTs had the support of the consultants. Some DPTs reported that they felt some of the responses to concerns had attempted to normalise their experiences. The DPTs reported that they had not been satisfied with the response from the Trust when raising concerns. DPTs</p>	

	<p>informed the review panel that there had been instances where they had reported safety incidents via Datix and the response from management to these reports had been dismissive. DPTs advised the review panel that sometimes the responses had been positive, and they felt they had been taken seriously, however the DPTs noted that following this no action was taken or feedback provided to the DPTs. DPTs noted that this had happened frequently and noted that when there was encouragement from the Trust to report issues it was often followed by lack of action and progress. DPTs also felt that learning from incidents was not disseminated and translated into effective improvements for staff safety at the PR site. The supervisors also confirmed that this was sometimes the case and acknowledged that a number of the issues had been repetitive. The supervisors also noted that learning was also not shared effectively and carried forward to the new cohorts of DPTs who rotated into the department. The DPTs also commented that they felt the Trust often did not respond to the fundamental issue that was being raised.</p> <p>DPTs informed the review panel that they had raised concerns about personal safety alarms at PR, however it was noted that the response to this was not positive. DPTs reported that they had been questioned as to why they had not asked for the alarms previously. The DPTs reported that they felt the Trust had been very defensive when DPTs had raised these concerns.</p>	Yes, please see PSY1.7
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>The review panel noted that DPT attendance at the JS meetings was low. The Trust representatives confirmed that the JS meetings were protected time and DPTs should be attending but they were not clear why DPT attendance was low. The Trust representatives advised the review panel that it was well understood that DPTs might not wish to raise concerns at the JS meetings and therefore the DPTs were encouraged to speak with their representatives ahead of the meetings. Some Trust representatives suggested that DPTs may not attend the meetings as there was often an increase in communication between DPTs and the representatives via their WhatsApp group prior to the JS meetings and therefore DPTs might have felt that they did not need to attend the meeting. The Trust representatives also reported that DPTs had a variety of options for raising concerns and noted that issues had been raised outside of the JS meetings which were being resolved. The Trust representatives informed the review panel that there was a lot of work done with the DPT representatives to ensure that all DPT</p>	

views were represented. The supervisors reported that there had been some difficulty in getting actions signed off in a timely manner and actions remained on the action log for a long time, it was noted that these actions had involved negotiation with teams outside of the department which had caused some delay. Some DPTs commented that they felt the issues raised at the SCH JS meetings were taken seriously. The supervisors informed the review panel that many issues which had been raised in the JS meetings had been improved, such as better access to equipment to support physical health.

The review panel was also informed that the PGME had developed a DPT representative development programme to help representatives conduct their role. It was reported that feedback on the programme from representatives had been positive.

The DPTs informed the review panel that the Medical Education and Quality Improvement Fellow (MEF) had conducted a review of the issues at the PR site. It was noted that the MEF had met with the DPTs to gather feedback and that a report had been produced. DPTs discussed some of the feedback which had been provided in this meeting and it was noted that the DPTs unanimously reported that the main improvement which would make the training experience better would be not working at the PR site. The DPTs reported that they were not aware of any action or improvement made following this feedback session and report. The supervisors informed the review panel that the DPT engagement in this work had decreased from the previous year when the project was started. The supervisors advised that DPT awards and a newsletter to improve overall quality of training had been implemented as a result of this work in 2021.

DPTs reported that their experience at NWP had generally been good. It was noted that there had been some issues with the new rota system, but DPTs informed the review panel that the team had been open about this and the issues had been resolved. DPTs commented that all issues that had been raised had been resolved. The DPTs discussed an issue which had been resolved but DPTs noted it had taken a lot of persistence from them to achieve this. DPTs informed the review panel that the issue was around the process for covering the bleep if someone did not arrive to take over once a DPTs' shift was over. It was noted that consultants had informed the DPTs that they would have to stay and cover the bleep in this situation, even if they had just finished a night shift. DPTs informed the review panel that they felt that the consultants believed this was standard practice and felt the DPTs had to work very hard to encourage change.

HEE Quality Interventions Review Report

	Some DPTs advised the review panel that they felt the issues at PR were being disproportionately raised by DPTs rather than consultants. DPTs reported that they had not witnessed the consultants raising concerns and DPTs noted that this had contributed to DPTs feeling they had an excessive level of responsibility for issues.	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The Trust representatives acknowledged that there had been an issue with DPT morale and facilities at the PR site. However, it was noted that a new area had been built and that there were new common areas available. Trust representatives informed the review panel that they believed all facility related issues had been resolved and confirmed that there had not been any concerns raised at the JS meetings regarding facilities.</p> <p>The DPTs reported that the staff at PR were burnt out. The supervisors also reported that the consultant body were struggling and felt that the DPTs might have picked up on this.</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>DPTs informed the review panel that there had been occasions at the PR site where the DPTs and nursing team had not been able to contact the on-call consultant when required. It was noted that the DPTs had raised this concern but there had not been any resolution.</p> <p>Some DPTs reported that their experience with the consultants had been very positive. The majority of DPTs reported that the consultants had been generally supportive, and they felt comfortable to raise concerns with them, however some DPTs noted that nothing had happened when they had raised concerns to the consultants. Some DPTs reported that the consultants working on Pine Ward had been protective of the DPTs and as such their experience on Pine Ward had been positive, and they had learnt a lot there.</p> <p>The Trust representatives informed the review panel that DPTs were frequently reminded about ensuring they were accompanied by an appropriate member of staff when seeing patients. The Trust representatives confirmed that they had not received any</p>	Yes, please see PSY3.5

HEE Quality Interventions Review Report

	<p>direct feedback in JS meetings suggesting that DPTs were unaccompanied when seeing patients, however it was noted that incidents of this happening had been reported in the January 2022 survey feedback. The Trust representatives confirmed that none of the recent incidents were due to DPTs being unaccompanied.</p> <p>The Trust representatives reported they had been monitoring locum use and informed the review panel that there were six locum consultants out of 80 posts. It was reported that the PGME was aware of these posts and had arranged appropriate supervision cover in those areas from substantive consultants. The Trust representatives reported that these six posts were being recruited to but acknowledged that recruitment had been difficult. However, the Trust representatives reported that the Trust was in the process of finalising job descriptions for recruitment of more substantive consultants. Trust representatives reported that they hoped these supervisors would be in place for the rotation in August. The Trust representatives advised the review panel that the locum consultants working with DPTs were all educationally appraised so that they had the necessary skills to deliver education to the DPTs.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust representatives informed the review panel that the foundation DPTs had received a specific induction which had been tailored to their role.</p>	
3.11	<p>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</p> <p>The specialty higher DPTs were commended by their peers for providing good support to the less experienced DPTs.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
	Domain not discussed at this review	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	

	<p>DPTs reported that their experience in liaison psychiatry posts had been good. Some DPTs noted that it was sometimes difficult to transition from a medical post to a psychiatry post.</p> <p>The Trust representatives acknowledged that foundation DPTs had different learning objectives and needs compared with other DPTs. The Trust representatives also informed the review panel that supervisors were also aware that many foundation DPTs may not be interested in a career in psychiatry and acknowledged that as such their educational objectives needed to be more general in order for their experience to be relevant to their future specialities. The Trust representatives also commented that they recognised it was important for foundation DPTs to be well integrated and immersed in the team in order to maximise their training experience. It was noted that the foundation DPTs received one to one supervision regularly and were considered a valuable part of the team. The Trust representatives clarified that foundation DPTs in liaison posts had links to the acute service and were encouraged to integrate with their peers. It was noted that DPTs in liaison posts were also encouraged to attend teaching in the acute service.</p> <p>Trust representatives also informed the review panel that training experiences had been adapted to meet the needs of the foundation DPTs and that Trust had been responsive to DPT feedback. The review panel was informed that the foundation post at the HH site had been changed from a community-based post to an inpatient post based on feedback from foundation DPTs which indicated that the DPTs had felt isolated in the community. It was noted that the feedback regarding this change had been positive, and DPTs felt more part of the team.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>It was reported by Trust representatives that the academic programmes were well attended. However, the review panel heard that some DPTs did not know that they could submit exception reports for missed educational opportunities.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at this review	

Report Approval

Quality Review Report completed by	
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Date signed	15 June 2022

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Name	Dr Gary Wares
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Final Report submitted to organisation	21 June 2022
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