

HEE Quality Interventions Review Report



**East London NHS Foundation Trust (Mile End Hospital and the
John Howard Centre)
Core Psychiatry Training
Learner Review**

**London – North East London
Date of Review: 05 May 2022
Date of Final Report: 01 June 2022**

Review Overview

Background to the review

A review of the trainee experience in the core psychiatry training programme at the Medium Secure Unit (John Howard Centre) and Mile End Hospital was requested following poor results in the 2021 General Medical Council National Training Survey results.

Subject of the review: Core Psychiatry Training

Who we met with

Nine core psychiatry training trainees

Evidence utilised

Local Faculty Group minutes
Most recent Medical Education Committee minutes
Details of the number of exception reports
Rotas including fill rate
Learner feedback
Evidence of teaching sessions and attendance lists
Evidence of organisation-wide and departmental induction feedback

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
Lay Representative	Sarah-Jane Pluckrose
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 (London)

Executive Summary

The review team heard from trainees at Mile End Hospital (MEH) that they found their placements to be good learning experiences, felt well supported and had protected teaching time. The trainees at MEH said that on call shifts could be challenging as trainees were required to cover the mental health wards at MEH and the emergency department at Royal London Hospital (RLH). The trainees at MEH said that sometimes the psychiatric liaison nurses at RLH could be undermining.

The trainees at the John Howard Centre (JHC) told the review team they felt well supported by the multi-disciplinary team (MDT) and felt able to approach consultants for advice. However, the trainees said they would like it if they could work more closely with higher trainees and consultants to allow for more learning opportunities. The trainees at the JHC who did split working at Newham Hospital (NH) told the review team that they found taking leave challenging as they had to coordinate with multiple rotas and people. The trainees said the induction to NH was virtual and an in-person induction would have been more helpful. The trainees also told the review team that they were encouraged to take public transport between the JHC and NH which took up to an hour and a half and impacted on their work.

The trainees at both sites told the review team they thought trainees would benefit from ongoing training in treating physical health needs. The trainees said that they thought it would be a good idea for the wider MDT to receive this training too.

Review Findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
P1.5	The review team heard that trainees working at the John Howard Centre were sometimes unsure who to raise concerns to.	Ensure that there is a clear process for trainees to raise concerns on a day-to-day basis, which is communicated to trainees at induction. Provide evidence of the process, and feedback from trainees that this is no longer an issue. Please provide by 01 September 2022.
P2.8b	The review team heard that trainees working at the John Howard Centre and Newham Hospital found it challenging to take annual leave as they had to coordinate across multiple rotas and with multiple people.	Provide evidence that a review of the coordination of rotas between the two sites and the way in which trainees are able to access annual leave has been undertaken, and improvements made where possible. Please provide by 01 September 2022.

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P2.8c	The review team heard that trainees working at the John Howard Centre and Newham Hospital found it challenging to take annual leave as they had to coordinate across multiple rotas and with multiple people.	Provide trainee feedback demonstrating that the process for taking annual leave has been improved. Please provide by 01 September 2022.
P3.5a	The trainees at both sites told the review team that although simulation training on physical health needs was provided, they still felt anxious about providing the level of physical healthcare the Trust expected of them. The trainees said they thought ongoing training in physical health should be provided to trainees and the multi-disciplinary team (MDT).	Provide evidence that an ongoing training programme for treating physical health needs has been set up for trainees and the MDT. Please provide by 01 September 2022.
P3.5b	The trainees at both sites told the review team that although simulation training on physical health needs was provided, they still felt anxious at times about providing the level of physical health care the Trust expected of them. The trainees said they thought ongoing training in physical health should be provided to be trainees and the multi-disciplinary team (MDT).	Provide trainee feedback that they feel comfortable caring for physical health needs which arise on both sites and are receiving regular training on this. Please provide by 01 September 2022.
P3.9	The trainees based at the John Howard Centre who also worked at Newham Hospital told the review team their induction to Newham Hospital had been virtual. The trainees said this meant they did not know their way around the hospital when they arrived for their first shift there.	Provide evidence and trainee feedback that the induction to Newham Hospital has been improved so that trainees feel confident finding their way around when they arrive for their first shift. This could be achieved through a face-to-face induction or by providing a video walk through. Please provide by 01 September 2022.
P5.1a	The trainees at the John Howard Centre told the review team that Balint groups were not always running due to a lack of facilitators.	The Trust should review the provision of Balint groups for core psychiatry trainees at the John Howard Centre to ensure that they happen regularly. Please provide evidence and trainee feedback that the groups are running regularly. Please provide by 01 September 2022.
P5.1b	The trainees at the John Howard Centre told the review team that	The Trust should provide a confidential space for

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	psychotherapy supervision took place on site in a shared space which they said could be uncomfortable.	psychotherapy supervision to ensure that trainees feel safe to participate. Please provide evidence and trainee feedback that this is being provided. Please provide by 01 September 2022.
P5.6	The trainees at the John Howard Centre told the review team that they were expected to be on site and covering their phones and email during local teaching for the Member of the Royal College of Psychiatrists (MRCPsych) course.	Please provide evidence that a process has been put in place to allow the majority of trainees to attend teaching bleep free, such as a rota of trainees covering the ward. Please provide by 01 September 2022.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
	N/A	

Recommendations

Reference Number	Recommendation
P2.8a	The review team recommends that the Trust review the support given to trainees to move between the John Howard Centre and Newham Hospital when on call, to ensure that their time is used efficiently, and travel between sites does not adversely affect their wellbeing.
P3.5c	The review team recommends that the Trust review the work schedules of core and higher trainees, to maximise the opportunities for core trainees to work alongside their more experienced colleagues. This would also enhance the supervisory experience of higher 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>The learning environment is one in which education and training is valued and championed.</p> <p>The review team heard that at Mile End Hospital (MEH), there was a male psychiatric intensive care unit (PICU), a female PICU, two male inpatient wards, two female inpatient wards and an older adult's ward. The trainees at MEH told the review team that their learning experience had generally been positive and when compared to other placements, this one had been better in most areas. The trainees at MEH said the atmosphere was supportive and there were good relationships between trainees, consultants and the multi-disciplinary team (MDT). The trainees at MEH told the review team that there was an emphasis on learning, teaching was protected, and meetings between trainees and consultants were prioritised.</p> <p>The trainees at the John Howard Centre (JHC) told the review team that it was located close to Homerton University Hospital and had more than ten wards. The trainees at the JHC told the review team that the learning experiences available at the JHC were quite unusual and therefore there was a lot to learn. The trainees at the JHC said that they would recommend their placements in terms of learning opportunities, but would hesitate recommending it based on practical reasons (such as having to move between sites and difficulties taking annual leave).</p>	
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>Not discussed at the review.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The majority of the trainees at both MEH and the JHC told the review team that they had not experienced or witnessed any bullying or undermining behaviours and found consultants, higher trainees and the wider MDT to be very supportive and approachable. However, some of the trainees said they had witnessed or experienced some bullying or undermining behaviours. The trainees highlighted to the review team that when on call at RLH, some of the psychiatric liaison nurses could behave in an undermining manner and were rude to trainees.</p>	

1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>Not discussed at the review.</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 trainees at both MEH and the JHC told the review team that handovers were generally good and done on Microsoft Teams to allow everyone to access them.</p> <p>The trainees at MEH told the review team they would feel comfortable raising patient safety concerns with their clinical supervisors (CSs). The trainees at MEH told the review team that when there was long-term sick leave in the team, the remaining team members were overstretched. The trainees said this meant that they could not always do all they wanted for patients in terms of physical health.</p> <p>The trainees at the JHC told the review team that they felt supported by the MDT and would be able to raise concerns to a consultant but said that sometimes, they could feel unsure about who to raise concerns to. The trainees explained that this was because consultants cross-covered each other often. The trainees at the JHC also said that whether or not a higher trainee worked on their ward made a difference in whether they felt more or less able to raise any concerns.</p>	P1.5
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>The trainees at the JHC told the review team that the MDT was great and they felt very safe working in the JHC because of them.</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>The MEH trainees told the review team that the meetings between trainees and consultants were helpful and allowed time for trainees to discuss any issues among themselves before the consultants joined the meeting. The trainees at MEH told the review team that they felt that although there was a culture of listening to trainee concerns, these concerns were not always acted on. The trainees at MEH gave an example of when locum staffing had not been provided to cover long term sickness absences, despite trainees raising this.</p>	

1.8	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p> <p>Not discussed at the review.</p>	
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>Not discussed at the review.</p>	
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The trainees at the JHC told the review team that the MDT was helpful, they felt able to raise any concerns with them, and trainees learnt from them.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <p>Not discussed at the review.</p>	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination.</p> <p>Not discussed at the review.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	
2.7	<p>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.</p> <p>Not discussed at the review.</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>The trainees at the JHC told the review team that the biggest challenge they faced was related to the split working arrangement between the JHC and Newham Hospital (NH). The trainees informed the review team that this did not apply to all trainees at the JHC. The trainees at the JHC said that there was no taxi allowance for trainees moving between the two sites and trainees were strongly encouraged to use public transport which could take up to an hour and a half (as opposed to a 15-minute taxi ride). The trainees working cross-site said that they felt they had to rush their jobs because of the transport issues and did not think it was a good use of time. The trainees said that the rota system for the cross-site working was complicated and this made taking annual leave challenging. The trainees explained that to take leave, they had to coordinate across the JHC rota, NH rota and with the higher trainees and consultants.</p>	<p>P2.8a</p> <p>P2.8b</p> <p>P2.8c</p>
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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>Not discussed at the review.</p>	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>Not discussed at the review.</p>	
3.3	<p>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</p> <p>Not discussed at the review.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>Not discussed at the review.</p>	

<p>3.5</p>	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The trainees at MEH told the review team that while their overall experience in their placements had been positive, one aspect they did find difficult at times was an on call shift. The trainees at MEH explained that during an on call shift, they covered both the mental health wards at MEH and the emergency department (ED) at Royal London Hospital (RLH). The trainees at MEH said that while there were times when this was fine, there were also times when they felt very stretched, particularly if they were at RLH and there was an emergency at MEH. The review team heard that trainees at MEH were given a taxi allowance when on call to go between the two sites. The trainees at MEH told the review team that while the higher trainees they worked with were generally supportive, they also covered multiple sites on call and so were not always available.</p> <p>The trainees at MEH told the review team they had generally not been in situations where they felt they were required to work beyond their competencies, as they knew they could call a higher trainee for assistance. However, the trainees at both MEH and JHC did flag to the review team that they thought the Trust's expectations of trainees in terms of managing the physical health of patients was very high. The trainees explained that the thought of dealing with a medical emergency when on call did cause them some anxiety. The trainees told the review team that simulation training on treating physical health needs was provided but this could also be a stressful experience as the expectations in the training were quite high. The trainees said they would appreciate further (and ongoing) training. The trainees added that they thought it would be useful if the wider MDT received this training too, so that trainees would have assistance when dealing with physical health needs on call.</p> <p>The trainees at the JHC told the review team that not every ward had a higher trainee assigned to it and for those which did, the higher trainee spent a lot of time away from the ward. The trainees said that at times, they felt quite alone on the ward. The trainees at the JHC said they would like to have more frequent interactions with higher trainees or consultants outside of supervision sessions so that they could learn from them.</p>	<p>P3.5a P3.5b</p> <p>P3.5c</p>
<p>3.6</p>	<p>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.</p> <p>The trainees at MEH told the review team that they received good supervision sessions from both their educational supervisors</p>	

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	(ESs) and CSs. The trainees at the JHC told the review team that their supervision was useful and happened regularly.	
3.7	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. Not discussed at the review.	
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams. Not discussed at the review.	
3.9	Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment. The trainees at the JHC told the review team that the induction to NH had been virtual and this meant when they arrived to do a shift there, they did not feel fully prepared as they did not know their way around.	P3.9
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users. Not discussed at the review.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate. Not discussed at the review.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing. Not discussed at the review.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles. Not discussed at the review.	

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4.3	<p>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).</p> <p>Not discussed at the review.</p>	
4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>Not discussed at the review.</p>	
4.5	<p>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.</p> <p>Not discussed at the review.</p>	
4.6	<p>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</p> <p>Not discussed at the review.</p>	
4.7	<p>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.</p> <p>Not discussed at the review.</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>The trainees at the JHC told the review team that Balint groups were not always running because of lack of facilitators. The trainees at the JHC also said that psychotherapy supervision took place on site in a shared space which could be uncomfortable.</p>	<p>P5.1a P5.1b</p>

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5.2	<p>Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.</p> <p>Not discussed at the review.</p>	
5.3	<p>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.</p> <p>Not discussed at the review.</p>	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p>	
5.5	<p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The trainees at the JHC told the review team that while workload was generally fine, they were expected to be on site and covering their phones and emails during teaching for the Member of the Royal College of Psychiatrists (MRCPsych) course and other local teaching. The trainees at the JHC said that in other jobs they had worked in, while in teaching, their phones would be covered by another doctor.</p>	P5.6

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>Not discussed at the review.</p>	

6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>Not discussed at the review.</p>	
6.3	<p>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 patients and service.</p> <p>Not discussed at the review.</p>	
6.4	<p>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.</p> <p>Not discussed at the review.</p>	

Report Approval

Quality Review Report completed by	
Name	Chloe Snowdon
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Louise Schofield
Role	Deputy Postgraduate Dean
Signature	Louise Schofield
Date signed	30 May 2022

HEE Authorised Signatory	
Name	Gary Wares
Role	Postgraduate Dean
Signature	Gary Wares
Date signed	30 May 2022

Final Report submitted to organisation	01 June 2022
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