

HEE Quality Interventions Review Report



**Central and North West London NHS Foundation Trust (Park
Royal Centre for Mental Health)
General Psychiatry
Learner Review and Senior Leader Engagement Visit**

**London – North West London
Date of Review/Intervention: 16 June 2022
Date of Final Report: 4 August 2022**

Review Overview

Background to the review

This urgent follow-up review was proposed following a Learner and Educator review which took place on 5 May 2022. This was part of a series of reviews which Health Education England (HEE) had conducted of the psychiatry training at Central and North West London NHS Foundation Trust (CNWL). The review panel was particularly concerned about the physical safety of the doctors in postgraduate training (DPTs) and that of other staff and patients. The review panel was also concerned about the management of the physical health of patients that were referred to the Park Royal Centre for Mental Health (PR) site. Two Immediate Mandatory Requirements (IMRs) were issued following the review and the review panel noted that should the evidence provided for the IMRs fail to demonstrate that the safety of the DPTs had significantly improved, Health Education England (HEE) would consider removal of the DPTs from the PR site.

A General Medical Council (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, and St Charles Hospital.

Subject of the review: General Psychiatry

Who we met with

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

Chief Executive Officer

Chief Medical Officer

Divisional Medical Director

Chief Operating Officer

Director of Medical Education

Deputy Director of Medical Education

Head of Medical Education

Guardian of Safe Working Hours

Clinical Director for Brent Borough

Local Tutor for Brent Borough

Freedom to Speak Up Guardian

Evidence utilised

Breakdown of the clinical and educational supervisors

Breakdown of learners in the department

Minutes for Junior/Senior Meeting- Park Royal Centre for Mental Health 6 April 2022

GP and Core learner rota pattern

Summary of Serious Incidents at the Park Royal Centre for Mental- August 2021-May 2022

Summary of Exception Reports at the Park Royal Centre for Mental- January 2022-June 2022

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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)
GMC Representatives	William Henderson, 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)
	Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England (London) (Observing)
Supporting roles	Laura De Maria Quality, Patient Safety and Commissioning Administrator Health Education England (London)

Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was appreciative for the work and preparation that the Trust had done since the last review on 5 May 2022.

Overall doctors in postgraduate training (DPTs) reported that the environment at the Park Royal Centre for Mental Health (PR) site had improved since the last HEE quality review, and they felt listened to when raising concerns. DPTs reported that the twice daily meetings had been helpful, and they had noticed the start of a positive culture change. However, all DPTs reported a lack of confidence that changes would be sustained, particularly once there was less HEE involvement. DPTs advised the review panel that they hoped the improvements would be embedded, however they were concerned that the issues may persist without continued investment in improvement work. Trust representatives confirmed that they intended for the changes to be sustainable and adopted across all sites and advised that the issues were regularly discussed with the senior management team. The Trust representatives acknowledged that a significant amount of learning had taken place and commended the DPTs for their engagement in the process.

Specialty higher and specialty core DPTs advised the review panel that they felt foundation doctors should not be doing on-call work without extensive training as it was noted that the environment was very different to what foundation DPTs would have experienced in their previous posts. The DPTs also reported that when on-call the foundation doctors were the only doctor on-call on the site, DPTs advised they felt this was unsafe and should not be happening. It was acknowledged that out of hours experience was useful to foundation doctors but the environment at the PR site was not suitable for this given the lack of supervision and support for foundation DPTs with minimal experience. As a result of these concerns an Immediate Mandatory Requirement (IMR) was issued.

The review panel was satisfied that there was evidence of improvement and confirmed the DPTs could remain in post at the PR site. However, it was reported that the learning environment on Pond Ward was not adequate, with a lack of supervision and training opportunities, and as such the review panel concluded that no foundation DPTs should be working on this ward.

The review panel confirmed that the issues would remain under close scrutiny to ensure changes were sustainable and a follow-up review was advised in approximately four months time to review 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 September 2022. All requirements and recommendations are specific to the site named as the focus for this review unless specified otherwise.

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
PSY1.1b	The learning environment on Pond Ward was not adequate, with a lack of supervision and training opportunities, and as such the review panel concluded that no foundation doctors in postgraduate training (DPTs) should be working on this ward.	<p>The Trust must ensure that all foundation DPTs have been removed from Pond Ward and placed in posts on other wards. The Trust must also make plans to ensure that future cohorts of foundation DPTs are not placed on Pond Ward.</p> <p>Please provide evidence that this action has been taken.</p> <p>Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.</p>
PSY1.6a	It was reported that there had been an issue with response to personal safety alarms when they had been activated. It was suggested that it was often difficult to decipher between the different alarm sounds on the ward, and this could make it difficult to respond to the alarms promptly.	<p>The Trust should review the effectiveness of the personal safety alarm protocol and ensure that all staff are aware of the process and respond to alarms accordingly.</p> <p>Please also provide feedback from doctors in postgraduate training (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>
PSY2.6	All doctors in postgraduate training (DPTs) reported a lack of confidence that changes would be sustained, particularly once there was less HEE involvement. DPTs advised the review panel that they hoped the improvements would be embedded however they were concerned that the issues may	The Trust should work on further building DPT confidence in the system and strengthening internal processes for raising concerns. The Trust should actively involve DPTs in improvement work and improve methods of providing updates to the DPTs on the progress of improvement work.

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	persist without continued investment in improvement work.	<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>
PSY3.9	Some doctors in postgraduate training (DPTs) reported that they had not received an induction for on-calls which sufficiently prepared them for the work they needed to carry out. It was noted that some DPTs had been signed off for competencies without receiving any training for the competencies which they felt was inappropriate.	<p>Please provide evidence that all DPTs working on the on-call rota receive a thorough induction prior to starting clinical activity. The DPTs should only be signed off for competencies following appropriate training and review by a consultant.</p> <p>The Trust should include input from DPTs in designing the induction and induction materials. Please provide evidence that improvements have been made to the induction for on-call commitments.</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>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
PSY3.5	All doctors in postgraduate training (DPTs) reported that they felt foundation doctors did not have the skills, knowledge and experience to safely manage the out of hours on-call	Foundation doctors should be removed from the out of hours on-call rota at the PR site with immediate effect.

	commitments at the Park Royal Centre for Mental Health (PR) site. It was acknowledged that out of hours experience was useful to foundation doctors but the environment at the PR site was not suitable for this.	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
PSY3.5	The foundation doctor was removed from the on-call rota with immediate effect from Monday 13 June 2022. This is to remain the case for future cohorts.	This action is now closed.

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
PSY1.1a	1.1	The review panel advised that the Trust reviews the current resourcing to explore the possibility of distributing at least two specialty core doctors in postgraduate training (DPT) posts on each ward to enhance the learning experience for all DPTs.
PSY1.6b	1.6	The review panel recommends that the Trust monitors compliance with the chaperone policy through Local Faculty Group meetings (LFGs).

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 panel was pleased to hear that doctors in postgraduate training (DPTs) felt there had been improvements since the Health Education England (HEE) quality review on 5 May 2022. The DPTs noted that morale had improved, and they felt supported.</p> <p>The feedback from DPTs for Pine Ward and Caspian Ward was generally very positive. It was reported that some DPTs on Pine Ward felt well supported, well supervised and felt they were learning. DPTs reported that their experience was vastly improved when there were at least two specialty core DPTs on the ward.</p> <p>It was reported that the learning environment on Pond Ward was not adequate, with a lack of supervision and training opportunities, and as such the review panel concluded that no foundation DPTs should be working on this ward. It was reported that the Trust had been responsive to this and had moved foundation doctors from this ward.</p>	<p>Yes, please see PSY1.1a</p> <p>Yes, please see PSY1.1b</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>Some DPTs reported that there was a new protocol in place for medical clearance which generally had been followed, with some exceptions. DPTs reported that the majority of instances where the protocol had not been followed had been addressed afterwards. However, DPTs reported that there was a bed manager who frequently did not follow the protocol and DPTs found the bed manager made the process more challenging. It was noted that this issue had not been addressed. The DPTs acknowledged that this protocol had been helpful and had been adopted well by the staff. It was also reported that DPTs were able to escalate to specialty higher DPTs or consultants if there were issues with doctors in the Emergency Medicine (EM) Departments.</p>	

1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>All DPTs reported that there had been an improvement in safety since the HEE quality review in May 2022. DPTs reported that generally they felt safer at work. However, the review panel was informed by the DPTs that there had been violent incidents involving staff on Caspian Ward since the HEE quality review in May 2022. DPTs acknowledged that there were still issues with safety and staffing but reported that the senior management were aware of this and were working on making further improvements.</p> <p>The review panel was informed that not all of the DPTs felt that safety had improved significantly. It was reported that there had been an issue with response to personal safety alarms when they had been activated. It was suggested that it was often difficult to decipher between the different alarm sounds on the ward, and this could make it difficult to respond to the alarms promptly.</p> <p>When asked why they felt Pine Ward was safer the DPTs advised that the consultant was very mindful of safety concerns. DPTs also advised that the ward had two specialty core DPTs which made DPT feel safer as there was more staff available for support. DPTs also commented that the response to incidents which had been reported via Datix was positive and there was always a discussion about the issues which had not been the case on other wards. However, DPTs reported that the layout of Pine Ward was not ideal and that the number of beds on all of the wards made the DPTs feel unsafe due to a lack of relational security. DPTs also informed the review panel that patient flow was high. Therefore, staff did not have time to get to know the patients and learn what to be mindful of. Given this the DPTs advised they were apprehensive about the process which was being piloted on Shore Ward to admit patients from the EM department faster. The review panel was informed by the DPTs that the Psychiatric Intensive Care Unit (PICU) had a lower patient throughput, a higher staff to patient ratio and lower staff turnover. It was reported that the consultant and ward staff were very experienced with working together which DPTs reported made them feel safer.</p> <p>DPTs informed the review panel that there had been twice-daily handover meetings at the start and end of the on-call shift with bed managers and site coordinators. It was also reported that this handover meeting could be accessed virtually. The DPTs noted that these handover meetings had been useful to discuss potential safety issues so that the DPTs were adequately prepared. DPTs also informed the review panel that these meetings were particularly helpful for DPTs on-call who were not based at the site as they were able to meet the team. The review</p>	<p>Yes, please PSY1.6a</p>

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	<p>panel heard that the meetings had been helpful in improving the team morale and DPTs felt more confident asking for help as they were more familiar with the team. The DPTs also informed the review panel that safety huddles had been taking place every morning.</p> <p>The DPTs confirmed that they had always been accompanied by a chaperone when seeing patients. DPTs noted that Pine Ward nursing staff were particularly good at accompanying DPTs, it was reported that the staff would often accompany the DPTs along corridors and out of the unit without having to be asked. Some DPTs reported that they refused to see patients or walk along corridors alone. The DPTs reported that generally the nursing staff were good at this, however some DPTs reported that there had been instances where nurses had attempted to encourage the DPTs to see patients alone. The DPTs advised that they believed this could have been due to lack of awareness of the policy and short staffing which had added pressure on the nursing staff.</p>	Yes, please see PSY1.6b
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 DPTs informed the review panel that they felt there was a more positive atmosphere and they felt that their concerns were being heard following the HEE quality review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>Some DPTs reported that the nursing team on Caspian Ward had been especially helpful and supportive when DPTs were conducting their first seclusion reviews.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
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>Whilst DPTs reported that they felt more listened to and that the Trust was more responsive to their concerns it was reported that there had been issues with communication for implementation of a recent pilot project. DPTs informed the review panel that the pilot project was designed to test a new process which involved admitting patients from the EM department to readily available</p>	

	<p>beds, to expedite the process and release EM department beds. DPTs advised that the process was designed for short-stay patients, and it was intended for additional resources for discharge planning to be available. The DPTs reported that the pilot project had been implemented without communication to the DPTs or the nursing staff and that there had not been a policy or Standard Operating Procedure (SOP) in place before the beds were opened. The DPTs informed the review panel that the pilot project had been planned for several months and the DPTs were not made aware at any stage of this process. It was reported that the DPTs had raised concerns about this and as a result the pilot had been paused, with plans to re-start later in the year. The DPTs advised the review panel that they felt the senior management team had acknowledged their concerns and it was noted that the DPTs had been asked for their feedback on the process. The DPTs felt this was a significant improvement from previous experiences of raising concerns. Whilst it was acknowledged that some of the conversations about the pilot project had been challenging, the DPTs also advised that they felt the relationship between DPTs, and senior management had improved following the HEE quality review.</p> <p>The DPTs commented that the Divisional Medical Director (MD) had been particularly helpful, and it was reported that there were weekly meetings with the DPTs, MD, and the Service Manager. Some DPTs also reported that the Clinical Director (CD) had been approachable and there had not been any issues with raising concerns to them.</p> <p>All DPTs reported a lack of confidence that changes would be sustained, particularly once there was less HEE involvement. DPTs advised the review panel that they hoped the improvements would be embedded however they were concerned that the issues may persist without continued investment in improvement work. It was noted that some DPTs had experienced slight improvement towards the end of previous posts but reported that things had reverted later in a new rotation. The review panel reassured the DPTs that HEE planned to continue monitoring the sustainability of the changes and confirmed that the issues would remain under scrutiny until there was confidence that changes had been embedded. The review panel encouraged DPTs to continue to raise issues internally.</p> <p>Trust representatives confirmed that they intended for the changes to be sustainable and adopted across all sites and advised that the issues were regularly discussed with the senior management team. The Trust representatives acknowledged that a significant amount of learning had taken place and commended the DPTs for their engagement in the process.</p>	<p>Yes, please see PSY2.6</p>
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
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>Specialty higher and specialty core DPTs advised the review panel that they felt foundation doctors should not be doing on-call work without extensive training as it was noted that the environment was very different to what foundation DPTs would have experienced in their previous posts, therefore they did not have any experience or prior training to utilise. DPTs informed the review panel that they had encountered a lot of challenging situations when on-call that a foundation DPT, with less experience, could find challenging. The DPTs also reported that when on-call the foundation doctors were the only doctor on-call on site, DPTs advised they felt this was unsafe and should not be happening. Some DPTs reported that they had experienced psychiatry on-calls at a different Trust when they were a foundation DPT and noted it was a useful experience, however it was clarified that the doctors were only responsible for one ward and the environment was more supportive. It was acknowledged that out of hours experience was useful to foundation doctors but the environment at the PR site was not suitable for this given the lack of supervision and support for foundation DPTs with minimal experience.</p> <p>The DPTs reported that the consultants were not on-site at the weekends. The DPTs also advised that the frequency of patient reviews by consultants varied between the different wards. It was noted that on Pine Ward the consultant reviewed the patients everyday via the daily ward round. Whereas DPTs advised that on Pond Ward that patients were often only reviewed by a consultant once a week and sometimes less frequently than this.</p>	Yes, please see PSY3.5
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>Some DPTs reported that they had not received an induction for on-calls which sufficiently prepared them for the work they needed to carry out. It was noted that some DPTs had been signed off for competencies without receiving any training for the competencies which they felt was inappropriate. DPTs also noted that there had not been any training for seclusion reviews. DPTs advised that this issue was being addressed and there was a project ongoing to improve this.</p>	Yes, please see PSY3.9

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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
	Domain not discussed at this review.	

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	
Name	Rebecca Bennett
Role	Learning Environment Quality Coordinator

Review Lead	
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Signature	Bhanu Williams
Date signed	29 July 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean, North London
Signature	Gary Wares
Date signed	3 August 2022

Final Report submitted to organisation	4 August 2022
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