

HEE Quality Interventions Review Report



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

**London – North West London
Date of Review/Intervention: Thursday 17 November 2022
Date of Final Report: 10 January 2023**

Review Overview

Background to the review

This follow-up review was proposed following an urgent Learner Review and Senior Leader Engagement Visit which took place on 16 June 2022. This was part of a series of reviews which HEE conducted of the psychiatry training at CNWL. The review panel was satisfied that there was evidence of improvement and confirmed the Doctors in Postgraduate Training (DPTs) could remain in post at the Park Royal Centre for Mental Health (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. As a result of these concerns an Immediate Mandatory Requirement (IMR) was issued.

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.

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

Six Doctors in Postgraduate Training (DPTs) from the following programmes: General Practice Speciality Training, Foundation Programme, Core Psychiatry Training, General Psychiatry Specialty Higher Training.

Five Clinical and Educational Supervisors

Director of Medical Education

Deputy Director of Medical Education

Head of Medical Education

Guardian of Safe Working Hours

Divisional Medical Director

Clinical Director – Brent

Local Tutor – Brent

Chief Executive Officer

Chief Medical Officer

Chief Operating Officer

Chief Nurse

Evidence utilised

Brent Safety Meeting Minutes- October 2022

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Academic Programme Attendee List- August 2022- October 2022

Rota information

End of Placement Survey Results- July 2022

Brent Incident Log- October 2022

Breakdown of Supervisors and Doctors in Postgraduate Training (DPTs)- August 2022

Brent Response Plan- October 2022

Summary of Exception Reports- August 2022-October 2022

Junior-Senior Meeting Minutes- September 2022

Minutes of the Post Graduate Medical Education (PGME) Group Meeting- July 2022

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 Luca Polledri, Deputy Head of the London Specialty School of Psychiatry, Health Education England (London)
General Medical Council Representative	William Henderson, Education Quality Assurance Programme Manager, General Medical Council
Lay Representative	Kate Brian, Health Education England (London)
HEE Quality Representative(s)	Paul Smollen, Deputy Head, Quality, Patient Safety & Commissioning, Health Education England (London) Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London)
Supporting roles	Louise Lawson, Quality, Patient Safety & Commissioning Officer, Health Education England (London)

Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was appreciative of the extensive review evidence and preparation that the Trust had done prior to the review. The review panel was pleased to note that overall, there had been a great improvement in the learning environment and the majority of Doctors in Postgraduate Training (DPTs) reported that they would recommend their post to colleagues.

The review panel was pleased that DPTs reported significant improvements in the physical safety of staff and patients. The DPTs also advised that incidents were responded to promptly and learning was disseminated across the department. The review panel was also pleased that feedback from DPTs indicated that they felt comfortable raising concerns and that the Trust was responsive and acted to improve the issues they had raised.

The review panel also noted that the efforts of the Trust to upskill the nursing staff to support the physical healthcare needs of patients appeared to have been successful, with DPTs reporting that the nurses were able to manage the physical healthcare of patients and noted improvement in this area.

The review panel noted that whilst clinical supervision was reported as good most of the time, it was noted that the consultant cross cover was not robust enough and DPTs advised the review panel that they had found it challenging as only emergency cover was provided and there was a reluctance to input into decision making. It was acknowledged by Trust representatives that they were aware of this issue and work had started to develop a formal agreement of the responsibilities of cross cover arrangements.

Issues with access to psychotherapy opportunities and response to personal safety alarms were also cited however, the review panel was pleased that the Trust was aware of all the issues raised in the review and was taking steps to make further improvements. The Trust representatives advised that they planned to implement a system to monitor response times and conduct random testing to make improvements where the responses had not been adequate. The Trust representatives acknowledged that there was still a lot of work to do but noted that significant progress had been made.

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 March 2023.

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
F-PSY1.6a, GP-PSY1.6a, CPT1.6a and GPSY1.6a	<p>Doctors in Postgraduate Training (DPTs) also described entering the Park Royal Centre for Mental Health (PR) site as intimidating as there was often a significant number of people in the entrance and it was not always clear who these people were. DPTs informed the review panel that there had been situations where patients or former patients had approached the DPTs in this area which they had found challenging.</p> <p>The DPTs commented that they felt the reception team should be screening visitors to the site more carefully and ensure only the appropriate people were permitted entry to the building.</p>	<p>The Trust should ensure that DPTs feel safe when entering and moving around the site. The Trust should review the protocol for allowing access to the site and ensure measures are taken to improve staff safety.</p> <p>Please provide evidence that the Trust has reviewed this issue and has implemented changes for improvement.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
F-PSY1.6b, GP-PSY1.6b, CPT1.6b and GPSY1.6b	<p>The Doctors in Postgraduate Training (DPTs) reported that they felt the response to personal safety alarms was not as prompt as it needed to be. It was advised that the reaction from the response team had sometimes been quite slow out of hours. DPTs advised that sometimes it was a logistical issue preventing a swift response as the response team covered multiple buildings.</p> <p>The review panel was also informed that DPTs had witnessed instances where someone turned off the alarm on the panel before checking if anyone had responded.</p>	<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 provide evidence that the Trust is monitoring this issue and making improvements where the responses fall short of what is expected.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p>

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	<p>The Trust representatives advised that they planned to implement a system to monitor response times and conduct random testing to make improvements where the responses had not been adequate.</p>	<p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>F-PSY2.1, GP-PSY2.1, CPT2.1 and GPSY2.1</p>	<p>The review panel advised that issues should be raised with the Deputy Director of Medical Education (DME) due to the potentially conflicting roles held by the DME and that the different education lead roles needed to be clearly defined. The Trust representatives reported that the Deputy DME had attended all of the Junior Senior (JS) meetings.</p> <p>The supervisors informed the review panel that whilst the DME was also a Training Programme Director (TPD) and a clinical supervisor at the Park Royal Centre for Mental Health (PR) site it was advised that the Trust had ensured the roles did not clash. The supervisors reported that they had rearranged the responsibilities with other TPDs to ensure there was no conflict of interest.</p> <p>It was also noted that Doctor in Postgraduate Training (DPT) feedback had been sought on this issue and confirmed no concerns had been raised.</p>	<p>Education lead roles and responsibilities should be clearly defined, and no individual should hold more than one role for a DPT.</p> <p>Please provide HEE with the written arrangement for how the different roles are defined and information on how the Trust ensures education lead roles for education are not conflicting.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>FPSY3.5, GP-PSY3.5, CPT3.5 and GPSY3.5</p>	<p>Doctors in Postgraduate Training (DPTs) reported that there had been significant issues with consultant cross cover when consultants were on planned or unplanned leave DPTs reported that this was particularly challenging for the more niche specialties and</p>	<p>The Trust must ensure that learners have access to appropriate levels of clinical supervision and learning opportunities, including when consultants cover colleagues' work.</p>

	<p>DPTs felt that the covering consultants often lacked confidence in decision making. The review panel was informed by the DPTs that covering consultants offered nominal cover only and DPTs felt that only emergent cover would be provided, and other decisions had to wait until the consultant had returned. DPTs believed that the delay in decision making hindered patient's progress.</p> <p>The DPTs also informed the review panel that sometimes there had been issues with getting assessments signed off if the consultant was not there and with limited cross cover arrangements in place.</p> <p>It was acknowledged by Trust representatives that they were aware of this issue and work had started to develop a formal agreement of the responsibilities of cross cover arrangements. The review panel was informed that the supervisors hoped to have the draft agreement ready by the end of the year.</p>	<p>Please provide evidence of the work being done to improve this issue and evidence of sustainable improvement.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CPT5.1 and GPSY5.1	<p>DPTs advised that completing psychotherapy requirements was challenging. DPTs reported that they felt it had taken too long to be allocated patients for 'long case' psychotherapy and a supervision group for this, which caused delays to training.</p> <p>The DPTs informed the review panel that they had not felt supported by the Trust to organise the cases and DPTs advised they had to organise it themselves which had taken a long time.</p>	<p>The Trust must support DPTs to complete all mandatory requirements of their curriculum.</p> <p>Please provide evidence that all DPTs are able to access psychotherapy opportunities earlier in their posts.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p>

	<p>DPTs commented that they would have appreciated help from the Trust to meet these requirements especially as it was a mandatory requirement of their training.</p> <p>The supervisors reported that the Trust had recruited a psychotherapy consultant and confirmed that they were due to start soon which would help with the psychotherapy requirements for DPTs.</p>	<p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>F-PSY5.6, GP-PSY5.6, CPT5.6 and GPSY5.6</p>	<p>Doctors in Postgraduate Training (DPTs) reported that the one-in-nine rota had been challenging and DPTs had not been able to access all of the necessary learning opportunities as a result of this. It was noted by DPTs that the rota issues had also made it more challenging to complete Workplace Based Assessments (WPBAs) as it limited the time available to do them.</p> <p>The Trust representatives advised that they were aware of this issue and had started work to ensure the rota enabled DPTs to attend the relevant learning opportunities. Trust representatives clarified that the rota had reduced to a one in nine rota following removal of the foundation DPT from the on-call rota. Trust representatives informed the review panel that they hoped this would be resolved by February 2023 and they would return to a one in ten rota.</p>	<p>The Trust must ensure that the rotas and workload enable learners to attend teaching and education opportunities needed to meet curriculum requirements.</p> <p>Please provide evidence of the work being done to improve this issue and evidence of sustainable improvement.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, Junior Senior (JS) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

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

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

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)
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 majority of Doctors in Postgraduate Training (DPTs) reported that they would recommend their post to colleagues. DPTs praised the consultant supervisor on Caspian ward and noted they would recommend Caspian ward in particular as a result. DPTs informed the review panel that they had found the Park Royal Centre for Mental Health (PR) site a good place for psychiatry training as there was a good diversity of patients and access to sub-specialities.</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 review panel was pleased that all DPTs reported they had not witnessed or experienced any bullying and undermining behaviour.</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>Trust representatives discussed the progress with the improvements to the medical optimisation process to ensure patients were medically cleared prior to transfer to the PR site. It was reported that the process had improved the pathway for patients being referred to the site and advised that most weeks there were no patients who had been transferred out of the process. The DPTs confirmed that there had been improvements with the medical optimisation process and noted that when there were instances where patients had not arrived with the appropriate clearance, they had raised this in the safety forums and further improvements had been made. The review panel acknowledged that whilst the medical optimisation process was a continual work in progress and that some of the responsibility of this fell outside of the Trust, it was reported by DPTs that there had been improvement in ensuring medical clearance was sufficiently in place prior to transfer to the site. The Trust representatives reported that they were trying to explore a systemic response to the issues as part of the Integrated Care System (ICS) as it was noted they were limited as a mental</p>	

healthcare provider to significantly affect the systemic issues. It was reported that the Trust was working with acute partners and was leading a working group to address the issue collaboratively. Trust representatives informed the review panel that frequently the Emergency Medicine Departments (EDs) had transferred patients to the PR site when they felt they were medically clear without permission from the PR site. The DPTs also advised that where patients had not been sufficiently medically cleared prior to transport it was usually due to how the patient was handled in the EDs. It was noted that it was sometimes difficult for the appropriate information to be transferred between Trusts. DPTs informed the review panel that sometimes discharge panels were not available or had been scanned very poorly so were not legible.

The review panel was pleased that feedback from DPTs indicated that the efforts of the Trust to upskill the nursing staff to support the physical healthcare needs of patients had been successful. DPTs advised that the nurses were able to manage the physical healthcare of patients and noted improvement in this area. Trust representatives informed the review panel that the Trust had developed a comprehensive programme for upskilling nursing staff for physical health management. The review panel was informed that nursing staff across the Trust were required to attend the physical health programme and noted that compliance was being monitored. It was advised that the Trust had also reviewed the National Early Warning Scores (NEWS) process and had informed the nursing staff about how to use this process to monitor and raise concerns about the physical health of their patients. The review panel was also informed that there was a borough-wide focus on this, and the borough director had started a leadership programme for band six nurses to improve systemic thinking and improve leadership for ward operations. Trust representatives advised the review panel that physical safety was a standing agenda item for the Junior Senior (JS) meetings and confirmed that concerns raised were limited to practical issues such as lack of accessibility to equipment and supplies. The DPTs confirmed that the clinical rooms were not very well equipped. It was advised that this issue was being dealt with and the Trust representatives were liaising with matrons and ward managers to ensure the wards were fully stocked.

When asked whether they would be happy for their friends and family to be treated at the PR site some DPTs advised that they would be happy depending on the ward, the type of patients on the ward and time of day. The DPTs commented that the majority of the staff were fantastic. Some DPTs advised that the Caspian

	<p>ward at PR was well staffed, and that it felt safe and would be happy for friends and family to be treated there. DPTs also commented that Pine and Pond ward were more settled whereas Shore ward was described as noisy, with patients often wandering the corridors in a way that was insecure and therefore they would not feel as comfortable with friends and family being treated on Shore ward. Some DPTs informed the review panel that there was an element of disjointed working across the site and therefore they would feel more reluctant for friends and family to be treated there. It was noted that sometimes there was a lack of ownership of complex patients and in challenging situations which they felt was a risk to patient safety.</p>	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>The Trust representatives discussed the PR site estate issues and advised that there had been discussions with the estates team about changes to the layout of Pine ward. Trust representatives advised that some of the configurations that the DPTs suggested would have led to other safety issues and therefore they had not been able to make all of the changes DPTs suggested. However, the Trust representatives noted that they had explored all of the various options the DPTs suggested. The Trust representatives reported that there had been work done to improve the safety of staff moving around the site and confirmed that staff were escorted when entering or leaving the ward and when moving around the site.</p> <p>DPTs advised that there had been improvements to staff safety and DPTs commended the nursing staff on Pine Ward for the support offered. The DPTs reported that they felt relatively safe on the ward, it was noted there had been a few occasions where patients had tried to throw things but the DPTs advised that the staff had handled the situations well. The review panel was informed by DPTs that Pine Ward could be challenging in terms of safety due to the type of patients on the ward. Some DPTs advised that sometimes patients were in the corridor when walking onto a ward on-call and therefore they were not able to get to the nurses station to speak with the nurses about the safety risks prior to encountering patients. It was noted that some DPTs found this intimidating. DPTs also described entering the PR site as intimidating as there was often a significant number of people in the entrance and it was not always clear who these people were. DPTs informed the review panel that there had been situations where patients or former patients had approached the DPTs in this area which they had found challenging. The DPTs commented that they felt the reception team should be screening visitors to the site more carefully and ensure only the appropriate people were permitted entry to the building.</p>	<p>Yes, please see F-PSY1.6a, GP-PSY1.6a,</p>

	<p>The DPTs reported that they felt the response to personal safety alarms was not as prompt as it needed to be. It was advised that the reaction from the response team had sometimes been slow out of hours. The DPTs informed the review panel that the Trust had been running drill to improve responsiveness of the team. DPTs advised that sometimes it was a logistical issue preventing a swift response as the response team covered multiple buildings. The review panel was also informed that DPTs had witnessed instances where someone turned off the alarm on the panel before checking if anyone had responded. The supervisors reported that responses to safety alarms were discussed at the safety forums and that they asked DPTs for feedback on this regularly. The supervisors acknowledged that DPTs had raised this issue before. However, it was noted that on these occasions the Closed-circuit Television (CCTV) footage had been reviewed and the response times were deemed sufficient. The Trust representatives advised that they planned to implement a system to monitor response times and conduct random testing to make improvements where the responses had not been adequate. Supervisors commented that high levels of bank staff may have contributed to some of the slower responses as the staff may have been unfamiliar with the site. The review panel enquired whether the bank staff received an induction at the start of their shift and the supervisors confirmed that they did do an induction and alarm responses was part of that. Supervisors also noted that there was only one response team and therefore if multiple alarms were sounded it had taken longer to coordinate the resources to attend. The supervisors also advised the review panel that less experienced DPTs were often more hesitant with sounding the alarms which resulted in less time available to respond. It was acknowledged that the supervisors needed to ensure the DPTs were fully confident with sounding the alarms at the appropriate time.</p> <p>Trust representatives confirmed that all staff on the wards were aware that DPTs must be chaperoned when seeing patients and noted that the DPTs felt able to request this of the staff. The Trust representatives also informed the review panel that DPTs were informed that they must have an escort when assessing patients via the induction, the DPT handbook and that it was a standing item on the agenda of the JS meetings. However, the Trust representatives felt that DPTs needed reminding frequently otherwise there was a risk they might not follow this policy. Trust representatives confirmed that there had been instances where the DPTs had not complied, and it was advised that the Trust was monitoring compliance via the DPT representatives who had been collating data on where the policy had not been followed. The Trust representatives felt that the approach to informing DPTs was comprehensive but noted that DPTs might decide to see</p>	<p>CPT1.6a, GPSY1.6a</p> <p>Yes, please see F-PSY1.6b, GP-PSY1.6b, CPT1.6b, GPSY1.6b</p>
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	<p>patients alone if they felt safe to do so. It was advised that Trust representatives believed that some DPTs might view the chaperone as a measure to review their work rather than a safety measure and this might deter them from doing it. The Trust representatives reported that work might need to be done to change this perspective.</p> <p>The majority of DPTs advised that they were aware they were always supposed to have a chaperone when reviewing patients, however some acknowledged that they were not aware this was always mandatory and thought it only applied to on-calls. Some DPTs advised the review panel that they felt it was not practical to be chaperoned for all patients, particularly when reviewing multiple in succession. Some DPTs reported that in this situation they used their clinical judgement to assess whether they believed it was necessary to have a chaperone. The DPTs informed the review panel that they were able to easily access chaperones for reviewing patients when needed.</p> <p>Supervisors commented that it was sometimes challenging to ensure DPTs understood that the safety meetings were mandatory.</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>DPTs advised that they felt comfortable and encouraged to raise concerns and reported that the Trust was responsive and acted to improve the issues they had raised. However, some DPTs advised that whilst they felt the Trust were receptive to concerns and did make efforts to make improvements, they felt that the improvements were not implemented quickly enough for some concerns and incidents. The review panel was informed by DPTs that they sometimes felt that something serious had to happen before swift action was taken.</p> <p>The supervisors informed the review panel that DPTs had many different methods of raising concerns and it was advised that this information was included in the induction. The supervisors mentioned the following methods for raising concerns: via the DPT representatives, Local Tutor, educational or clinical supervisors; directly with the Director of Medical Education (DME) and the JS meetings.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
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<p>2.1</p>	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>The review panel advised that issues should be raised with the Deputy DME due to the conflicting roles held by the DME and that the different education lead roles needed to be clearly defined. The Trust representatives reported that the Deputy DME had attended all of the JS meetings. The supervisors informed the review panel that whilst the DME was also a Training Programme Director (TPD) and a clinical supervisor at the PR site it was advised that the Trust had ensured the roles did not clash. The supervisors reported that they had rearranged the responsibilities with other TPDs to ensure there was no conflict of interest. The support of the other TPDs was commended. It was also noted that DPT feedback had been sought on this issue and confirmed no concerns had been raised.</p>	<p>Yes, please see F-PSY2.1, GP-PSY2.1, CPT2.1 and GPSY2.1</p>
<p>2.6</p>	<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 enquired about how successful the Trust had been with embedding improvements following the quality reviews in May and June 2022. The Trust representatives discussed their progress and advised that whilst it was not perfect, they were working hard to make and maintain improvements. The Trust representatives advised that they had continued with the measures put in place following the last review, including safety huddles, improving the quality of the evening handover and regular audits of physical health care of the patients being transferred into the site. The review panel was also advised by the Trust representatives that they had set up extra learning events following incidents to ensure any lessons learned were disseminated widely. The Trust acknowledged that the journey to improvement had not been without issues but advised that this had been expected. It was noted that there had been challenges with improving the handover process and ensuring that the new cohort of DPTs were informed of the process. Trust representatives reported that DPT feedback indicated that the safety huddles were working well and that they felt included in them.</p> <p>The Trust representatives reported that audits had indicated that there had been improvements and there had been positive feedback from DPTs. Trust representatives reported that DPTs advised they felt the Trust was responsive and things were being</p>	

	<p>actioned when they raised concerns. The Trust representatives believed that the DPTs felt supported by the leadership team, and they felt they were being listened to. Trust representatives informed the review panel that they had observed an improvement in DPT engagement as a result.</p> <p>The review panel was informed by trust representatives that they ensured the DPTs were aware that they could raise concerns via different avenues if they did not want to speak up in the public forums available.</p> <p>The Guardian of Safe Working Hours (GOSWH) advised that there had not been a significant number of exception reports. It was noted that there was occasional reporting which they believed was in line with the usual unpredictability of clinical work. The GOSWH confirmed there was no pattern to the exception reports to indicate any issues. The review panel asked the Trust representatives whether the DPTs knew how to exception report and the GOSWH confirmed that the DPTs did know how to exception report and believed they felt comfortable to do so. The GOSWH reported that the DPT representatives often contacted them with questions and advised that they had noted appropriate and timely responses to the exception reports submitted.</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>DPTs reported that the weekly supervision meetings with supervisors were useful, educational and informative. DPTs also advised that these sessions were a good opportunity to raise concerns. DPTs also advised they had not had issues with contacting their supervisors. DPTs confirmed that on the whole they felt appropriately supervised and some noted that when the regular consultant was there the supervision was very good.</p> <p>However, DPTs reported that there had been significant issues with consultant cross cover when consultants were on planned or unplanned leave DPTs reported that this was particularly challenging for the more niche specialties and DPTs felt that the covering consultants often lacked confidence in decision making. The review panel was informed by the DPTs that covering consultants offered nominal cover only and DPTs felt that only emergency cover would be provided, and other decisions had to wait until the consultant had returned. It was noted that this included decisions on discharging patients and The Mental Health</p>	<p>Yes, please see F-PSY3.5, GP-PSY3.5,</p>

	<p>Act Section 17 leave requests. DPTs believed that the delay in decision making hindered patient's progress. The supervisors advised that they were more cautious of making decisions when cross covering work as there was a high pressure for beds and therefore the weight of the decision was higher. The consultants noted that for some decisions careful risk assessments needed to be done and this added to the workload, especially as they were not familiar with the patients. The supervisors acknowledged how this could be confusing and challenging for DPTs.</p> <p>The supervisors acknowledged that the cover responsibilities were not always clear. It was also noted by supervisors that the wards had become a lot busier recently which had made it more challenging to cross cover and therefore they were only able to offer emergency support. The review panel was informed that supervisors felt when consultants were on leave the whole system slowed down as other consultants did not have the capacity and flexibility to cover as they had done previously. The review panel asked whether a thorough handover from consultants before they go on leave would help this issue, DPTs advised that the consultants did give a handover for planned leave, but this was not possible for unplanned leave. It was also noted that it was not always helpful to have a fixed plan as mental health patients can be variable, and circumstances changed quickly. DPTs reported that they had sometimes experienced pressure from the management team to follow specific plans left by consultants but DPTs felt it was not practical given the change in circumstance and therefore required decision making support from the covering consultant. It was acknowledged by Trust representatives that they were aware of this issue and work had started to develop a formal agreement of the responsibilities of cross cover arrangements. The supervisors informed the review panel that all sites in the Trust were looking to standardise the responsibilities of a covering consultant so that everyone was aware of the expectation. It was reported by the supervisors that they had been working for several months on a draft. The review panel was informed that the supervisors hoped to have the draft agreement ready by the end of the year.</p> <p>The Trust representatives and DPTs confirmed that no foundation doctors were on the on-call rota and reported that they had received advice about long term plans for the foundation posts. It was noted that the Trust were looking to develop a foundation post alongside other training posts so the DPTs are supported and can learn from the other DPTs.</p> <p>The DPTs on the on-call rota reported that support out of hours had been available at all times and they were able to escalate to the specialty higher DPT or consultant if needed. Some DPTs reported that they had felt very supported on their wards and noted that senior support from DPTs or the consultants was</p>	<p>CPT3.5 and GPSY3.5</p>
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	<p>available. Some DPTs commented that this post had been the most supported post they had experienced.</p> <p>The Trust representatives advised that the Trust had secured an agreement with Northwick Park Hospital (NWP) for a liaison consultant to run an out of hours supervision group, supported by specialty higher DPTs. It was confirmed that this had not started yet but was due to soon.</p>	
3.6	<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 supervisors reported that they had asked DPTs to inform the Local Tutor if their educational supervisor was on unplanned leave and it was clarified that if the educational supervisor was off for more than one-week formal cover was arranged. The supervisors advised that they ensured colleagues supported their DPTs when they were on leave however sighted issues with cover arrangements if the covering supervisor was then on leave themselves given the limited number of clinical supervisors.</p>	
3.7	<p>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.</p> <p>Most DPTs reported that generally they had been able to do Workplace Based Assessments (WPBAs) easily. However, the DPTs informed the review panel that sometimes there had been issues with getting assessments signed off if the consultant was not there and with limited cross cover arrangements in place. It was also noted that some consultants were more proactive with assessments and the DPT experience varied between consultant and post. DPTs reported that booking Electro-Convulsive Therapy (ECT) opportunities had been an easy process and they were able to book slots via email.</p>	<p>Yes, please see F-PSY3.5, GP-PSY3.5, CPT3.5 and GPSY3.5</p>
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>All DPTs reported that their induction had been adequate and advised there were no concerns.</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	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>DPTs advised that completing psychotherapy requirements was challenging. DPTs reported that they felt it had taken too long to be allocated patients for 'long case' psychotherapy and a supervision group for this, which caused delays to training. The DPTs informed the review panel that they had not felt supported by the Trust to organise the cases and DPTs advised they had to organise it themselves which had taken a long time. DPTs commented that they would have appreciated help from the Trust to meet these requirements, especially as it was a mandatory requirement of their training. The supervisors reported that the Trust had recruited a psychotherapy consultant and confirmed that they were due to start soon which would help with the psychotherapy requirements for DPTs.</p>	Yes, CPT5.1 and G-PSY5.1
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>All DPTs reported that they were able to access study leave as required. It was noted that the ward work could be challenging and overwhelming at times but noted that the support from senior doctors and the nursing team had helped make the workload more manageable. Some DPTs also advised the review panel that they felt there was plenty of opportunities to develop skills to deal with difficult situations in a controlled setting.</p> <p>DPTs reported that the one-in-nine rota had been challenging and DPTs had not been able to access all of the necessary learning opportunities as a result of this. The supervisors confirmed that this had been an issue and that educational opportunities had been missed. The review panel was informed by the supervisors that this issue was on the agenda for the JS meetings. It was noted by DPTs that the rota issues had also made it more challenging to complete WPBAs as it limited the time available to do them. The Trust representatives advised that they were aware of this issue and had started work to ensure the rota enabled DPTs to attend the relevant learning opportunities. Trust representatives clarified that the rota had reduced to a one in nine rota following removal of the foundation DPT from the on-call rota. Trust representatives informed the review panel that they hoped this would be resolved by February 2023 and they would return to a one in ten rota.</p>	Yes, please see GP-PSY5.6, CPT5.6 and GPSY5.6

HEE Quality Interventions Review Report

	<p>The DPTs reported that there was protected teaching time on Wednesdays. The supervisors confirmed that this teaching was face to face and mostly bleep-free. Some DPTs informed the review panel that they had missed this teaching for clinical duties and were sometimes the most senior doctor on the ward so were not able to leave to attend. DPTs advised that the on-call during the day was not as busy as at night and DPTs were usually able to attend protected Wednesday teaching. The supervisors confirmed that they regularly encouraged DPTs to report when they could not attend teaching and advised that no concerns had been reported. The review panel was also informed by the supervisors that teaching attendance was monitored and they had not noticed any issues with attendance at teaching.</p>	
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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	
Name	Dr Bhanu Williams
Role	Deputy Postgraduate Dean for North West London
Signature	Bhanu Williams
Date signed	9 December 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	Gary Wares
Date signed	10 January 2023

Final Report submitted to organisation	10 January 2023
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