

West London Mental Health NHS Trust Multi-professional Review (on-site visit)



Quality Review report

Date: 20 October 2016

Version (if required): Final Report

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Quality Review details

Background to review	The Trust was reviewed as part of the new multi-professional review process. The quality review team was keen to assess the impact of the newly appointed nurse consultant in physical healthcare. Furthermore, the Trust had historically been the lowest reporter of clinical incidents so the quality review team was keen to explore incident reporting with the learners, as well the Trust's induction processes.
Training programme / learner group reviewed	The quality review team met with learners, supervisors and education facilitators from mental health nursing and occupational therapy.
Number of learners and educators from each training programme	<p>The quality review team met with:</p> <ul style="list-style-type: none"> • Two learners in mental health nursing, • Two learners in occupational therapy. <p>The quality review team also met with:</p> <ul style="list-style-type: none"> • Two mental health nursing mentors, • Four nursing education facilitators, • Six occupational therapy supervisors.
Review summary and outcomes	<p>The quality review team thanked the Trust for accommodating the multi-professional review (on-site visit). However, it was noted that the learner attendance at the mental health nursing session was very low, in comparison with the number of learners on placement at the Trust, with only two learners interviewed by the quality review team.</p> <p>During the course of the review, the quality review team identified areas that were working well with mental health nursing education at the Trust, including the following:</p> <ul style="list-style-type: none"> • Learners reported a good education and training experience with varied learning opportunities. • Personal alarms were always available in clinical areas. • There were well defined systems and processes in place for the education and training of nurses and committed staff. • Learners had the opportunity to reflect upon their learning within a variety of fora, including reflective study sessions. <p>Additionally, the quality review team identified areas that were working well with the occupational therapy education and training at the Trust, as below:</p> <ul style="list-style-type: none"> • The quality review team met enthusiastic learners and enthusiastic supervisors. Supervisors valued what learners brought to the organisation. • The learners in occupational therapy that the quality review team met felt able to raise concerns. • There was a model in place for pre-placement visits (although not all learners undertook these). <p>The quality review team met nine people involved in nurse education and training (including the Director of Nursing) and noted that this was not a representative sample. However from the attendees interviewed, the quality review team did not identify any serious concerns.</p> <p>The quality review team highlighted a number of areas for improvement with the mental health nursing education, which are outlined below:</p> <ul style="list-style-type: none"> • Learners raised concerns around personal safety when not in clinical areas but still on hospital grounds, for example when on lunch breaks. • Regarding the local induction, it was felt that the 'lock and key' induction

	<p>was very comprehensive but that more information of what to expect in specific clinical areas would have been appreciated.</p> <ul style="list-style-type: none"> • It was felt that learning structures were largely uni-professional and that some work could be done around breaking down barriers within professions. • The quality review team was told that in student discussion groups there was a feeling that while staff teams were supportive, department dynamics were such in some instances that learners sometimes felt inhibited about querying processes, because of concerns about the implications. <p>Regarding the occupational therapy education, the quality review team had a significant concern about the lack of personal safety training received by the occupational therapy learners prior to commencing placement. The Trust was required to provide assurance in relation to the roles and responsibilities of the education and placement providers regarding personal safety training. In addition, the quality review team identified the following areas for improvement with the occupational therapy education and training:</p> <ul style="list-style-type: none"> • The liaison with universities was not as structured as with the nursing programme. • As with nursing, it was felt that work could take place in relation to uni-professional vs. multiprofessional opportunities. • The occupational therapy supervisors reported that incident reporting had improved but that further improvements were required.
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Quality Review Team			
HEE Review Lead	Kathryn Jones, Dean of Healthcare Education, Health Education England North West London	Lay Member	Caroline Turnbull, Lay Representative
Trust Liaison Dean/County Dean	Emma Balfe, Registered Mental Health Nurse, Joint Head of Integrated Education (Jameson Division)	Scribe	Kate Neilson, Learning Environment Quality Coordinator

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
N1.1	<p>Patient safety</p> <p>The learners in occupational therapy advised the quality review team that they were aware of the Trust's whistleblowing policy and that if they had any patient safety concerns, they would ask their educator for advice in the first instance.</p>	
N1.2	<p>Serious incidents and professional duty of candour</p> <p>Some of the learners in mental health nursing reported that they had reported incidents via the online system, IR1. The system included prompts e.g. for safeguarding or if the police should be involved. These learners noted that feedback from incident reporting was discussed during the multi-disciplinary team meetings but that there was no individual feedback or debriefing. The nursing education facilitators advised the quality review team that all IR1 submissions were sent to the relevant clinical area to follow up with the student involved. Moreover, there was a 'learning lessons' conference for staff and learners in order to cascade learning from clinical incidents in a multi-professional setting.</p> <p>The quality review team heard from the learners in occupational therapy that they had not reported many serious incidents. Of those who had, they noted that although they had filled out an IR1 form they had not received feedback at the time of the review. It was noted by these learners that the feedback might have been sent to the educator and not yet been filtered down to the learner.</p>	Yes. See Ref N1.2 below.
N1.3	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The quality review team heard from the learners in mental health nursing that there was little training within the placement specifically around physical healthcare needs. This learning was carried out 'on the job' through observation of qualified nurses rather than practical experience for learners. It was noted by these learners that there was a community physical health check clinic at one of the placement sites every Thursday at 9am-12pm and that learners did get the opportunity there to record patients' vital signs, blood sugar and electrocardiograms (ECG). However some of the learners reported that within some clinical areas, there was little understanding of how physical health affected mental health e.g. the differences in normal and diabetic BM-test ranges did not appear to be fully understood by all staff.</p> <p>The learners in mental health nursing advised the quality review team that they did receive some training around physical healthcare (e.g. clinical observations) whilst at university. Furthermore, they had recently attended a presentation by a doctor on physical healthcare needs and the relationship between mental and physical health.</p> <p>The learners in occupational therapy advised the quality review team that they would ask for support if they felt they had to do something above their skill set and that support was always available.</p>	Yes. See Ref N1.3 below.
N1.4	<p>Rotas</p> <p>The learners in mental health nursing advised the quality review team that the shifts they worked were either 7am-3pm, 1.30-9.30pm or 8pm-7.30am. It was noted by some of these learners that when working the late shift, they sometimes felt unsafe when walking to and from their cars, which were not parked on hospital grounds due to the car parking charges. The nursing education facilitators clarified that learners were entitled to free car parking on the hospital grounds for the period of their placement.</p>	Yes. See Ref N1.4 below.

	<p>However, as learners were not aware of this arrangement, communication from the Trust was not clear around this.</p> <p>The quality review team heard from the learners in mental health nursing that they were given a site alarm for use within clinical areas on the first day of their placement. However they believed these alarms did not work outside of the hospital building. As a result, there was a lack of safety considerations for learners when outside of the building during break times or when walking to and from their shifts. The education facilitators advised the quality review team that security guards patrolled the area during shift handover times to ensure all staff, including learner, safety.</p> <p>The learners in occupational therapy worked either 8am-4pm or 9am-5pm. These learners wore personal alarms during their shifts only, which they picked up from the occupational therapy office. It was noted that this office was accessed via the male ward, so learners had to check that there were no volatile patients in the communal areas before entering to pick up their alarms.</p>	
<p>N1.5</p>	<p>Induction</p> <p>The learners in mental health nursing received a five day Trust induction which included fire training, social media, governance issues etc. and was mapped across the mandatory training carried out at the universities.</p> <p>The quality review team heard from the learners in mental health nursing that regarding the local induction, it was felt that the 'lock and key' element, that they had recently received, was very comprehensive but that more information around what to expect in specific clinical areas (e.g. the forensic ward) would have been appreciated. These learners reported that they received information about the emergency equipment, fire exits, polices (e.g. infection control) and a discussion of learning outcomes within the first day of their placement.</p> <p>The learners in occupational therapy advised the quality review team that they received a departmental induction which included a tour of the building and a discussion of their learning objectives. It was noted by these learners that some local issues could have been explained better, including the alarms on the wards and in rooms. Prior to commencing the placement, learners were encouraged to contact their educator in order to arrange an informal visit to discuss expectations of the placement. As this was initiated by the learner, it did not happen in all cases. It was reported by these learners that their educators briefed them regarding the volatile patients, who they did not work with directly but that they may have had contact with when on the ward.</p> <p>The learners in occupational therapy noted that it would have been beneficial to have received training on professional boundaries, as in some instances it was their first mental health placement. Furthermore, these learners reported that at the start of their placement they would have appreciated advice on how to deal with patients who may have become aggressive during consultations. Although the patients these learners worked with did not have a history of violence or aggression, they noted that it would have still been helpful to have had training on de-escalation techniques in order to build their confidence, especially as they came into contact with more volatile patients whilst in the communal areas on the wards. These learners advised that they carried an alarm when on the ward and that nursing staff were trained in dealing with violent patients and were very responsive, when needed.</p> <p>The supervisors in occupational therapy advised the quality review team that learners did not receive Breakaway training before commencing their placement. The Trust had thought that the universities provided this training but they did not. Breakaway training was provided by the Trust but as staff members were prioritised, learners were not always able to attend.</p>	<p>Yes. See Ref N1.5a below.</p> <p>Yes. See Ref N1.5b below.</p>
<p>N1.6</p>	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The learners in occupational therapy informed the quality review team that they observed the registered occupational therapists undertaking considerable work on care coordination and felt that this took time away from their occupational therapy work. These learners noted that it would have been beneficial to have had a written strategy to ensure that sufficient time was protected exclusively for occupational therapy work.</p>	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

N2.1 **Impact of service design on learners**

The learners in mental health nursing reported a positive experience within their placement at the Trust and that the team welcomed and orientated them well. These learners advised that the placement offered good learning opportunities and they gave examples of clinical skills, such as administering depot injections for medications and being involved in patient handovers. It was noted that the mentors were very good. However, the quality review team heard from the learners in mental health nursing that whilst the Band 5 nurses and healthcare assistants were involved in their education and training, this was not the case for the more senior nurses (e.g. Band 6 nurses).

N2.2 **Appropriate system for raising concerns about education and training within the organisation**

The learners in mental health nursing reported that they had the opportunity to meet with the director of nursing on a regular basis and that there was a good support network at the Trust. These learners noted that there were clear lines in place for escalating issues and that there were various avenues for doing so, including their university, the practice facilitator and ward manager.

The quality review team heard from the learners in mental health nursing that a regular reflective learning session had been set up where they could discuss concerns around their training. There was also an education group on a Friday for an hour where learners from across all universities could raise issues within a confidential space. These learners reported that there were two education facilitators who they could raise concerns with, if necessary. It was noted by these learners that whilst the Trust was encouraging of learners raising concerns and escalating issues, there was a feeling department dynamics were such in some instances that learners sometimes felt inhibited about querying processes, because of concerns about the implications.

The quality review team heard from the learners in occupational therapy that there was a reflective practice meeting once a week that was run by a psychologist. It was noted that this was an opportunity for these learners to discuss any concerns and receive feedback within a multi-disciplinary team environment.

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

N3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The quality review team heard from both the mental health nursing and occupational therapy learners that they felt well supported by mentors, supervisors and educators and that they had received a positive learning experience within their placements.</p>	
<h4>4. Supporting and empowering educators</h4>		
<p>HEE Quality Standards</p> <p>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</p> <p>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</p>		
N4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The nursing mentors advised the quality review team that the Trust was committed to education and training and that there were training opportunities for nurses at all bands.</p> <p>Regarding physical healthcare training, the nursing mentors stated that at the time of the review, 80-90% of nursing staff had received this and that health care assistants had started to be trained. It was noted that there was a space within the nursing induction for physical healthcare training. Nursing staff were also given training in the National Early Warning Score (NEWS), Situation, Background, Assessment and Recommendation (SBAR), pressure ulcers and diabetes on a rolling programme. Furthermore, incident reporting training was attended by staff and learners.</p> <p>The quality review team heard from one of the nursing education facilitators that training in dual diagnosis (i.e. patients with a mental health illness and substance misuse issues) was not mandatory. Dual diagnosis training was advertised on the Trust's intranet (open exchange) but it was suggested that it should be more visible in order to encourage uptake. It was noted by this nursing education facilitator that the Trust's new governance structure may enact changes in this area.</p> <p>The educational supervisors in occupational therapy advised the quality review team that they attended a training day and completed a module, as well as a two day educator day to understand the BSc and MSc programmes. Universities also offered debriefings to the occupational therapy educators, but it was noted that these could be cancelled due to a lack of uptake. There was a link tutor from each university to act as a link between the Trust and university. It was reported by the educational supervisors that there had been a student coordinator within local services and that at the time of the review the Trust was developing a student coordinator role specifically for forensics.</p>	
<h4>5. Developing and implementing curricula and assessments</h4>		
<p>HEE Quality Standards</p> <p>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p>5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.</p> <p>5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.</p> <p>5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape</p>		

curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

N5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>Regarding key competencies, the learners in mental health nursing reported that they had 30 to be signed off in the first year and 56 in the second year of their training. These learners noted that whilst they had to be proactive in ensuring that these objectives were signed off, there appeared to be some variability in the requirements of different mentors who signed them off. This meant that some learners had to provide more evidence than others, depending on who signed off their objectives.</p>	
N5.2	<p>Opportunities for interprofessional multidisciplinary working</p> <p>The quality review team heard that regarding both mental health nursing and occupational therapy, learning structures were largely uni-professional and that some work could be done around breaking down barriers within professions.</p>	Yes. See Ref N5.2 below.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	HEE Req. No.
	N/A		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	HEE Req. No.
N1.2	The Trust is required to review and strengthen the serious incident process. The Trust to ensure that all learners who are involved in submitting IR1 reports receive feedback, including details of how the issue has been dealt with.	The Trust to provide summary of feedback to learners versus a log of IR1 forms submitted by learners in mental health nursing and occupational therapy.	
N1.3	The Trust is required to identify the physical healthcare education and training needs of learners in mental health nursing and occupational therapy over and above that delivered via their University and ensure that they receive this either before (via induction) or within their placements.	<p>The Trust to undertake an audit of the learners in mental health nursing and occupational therapy in order to ascertain their education and training needs regarding physical healthcare. The Trust to submit a plan of action, which details how it intends to address these education and training needs.</p> <p>The Trust to submit confirmation of the updated induction programme if required,</p>	

		as well as the induction material.	
N1.4	<p>The Trust is required to ensure all learners are aware of the mechanisms in place to assure staff and learner safety in non-clinical areas.</p> <p>This includes confirming the arrangements for free car parking facilities on hospital grounds, with the learners in mental health nursing and occupational therapy.</p>	<p>The Trust to confirm the arrangements with learners regarding ensuring safety in non-clinical areas (e.g. a policy or formal agreement) and submit evidence that this has been circulated to trainees. This should include the arrangements in place around patrolling of security guards between shift times.</p> <p>The Trust to submit copies of the communications sent to the learners in mental health nursing and occupational therapy regarding how they can obtain free car parking on hospital grounds.</p>	
N1.5a	<p>The Trust is required to ensure that learners in mental health nursing receive a local specialty induction (e.g. forensics) in addition to the 'lock and key' induction at the beginning of their placement.</p>	<p>The Trust to submit confirmation of induction arrangements as well as induction material.</p>	
N1.5b	<p>The Trust is required to ensure that learners in occupational therapy receive training in professional boundaries, de-escalation techniques and Breakaway training when commencing placements at the Trust.</p>	<p>The Trust to confirm plans to ensure that learners in occupational therapy receive training in professional boundaries, de-escalation techniques and Breakaway training when commencing placement at the Trust.</p>	

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	HEE Req. No.
N5.2	<p>The Trust is required to ensure that learners in mental health nursing and occupational therapy receive opportunities to learn in a multi-professional setting. Such opportunities will include attendance at reflective practice meetings, meetings about receiving feedback as well as learning from serious incidents.</p>	<p>The Trust to submit a plan of action in order to ensure that learners in mental health nursing and occupational therapy receive opportunities to learn in a multi-professional setting.</p> <p>This may include submitting timetables indicating when multi-professional meetings (reflective practice, receiving feedback and learning from serious incidents) or events take place as well as evidence that these have been circulated to learners.</p>	

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Kathryn Jones, Dean of Healthcare Education

Date: