

# Central and North West London NHS Foundation Trust

## Psychiatry



## Quality Review report

20 November 2019

Final report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Training programme</b>	Psychiatry
<b>Background to review</b>	This review was planned as part of ongoing work between the Trust and Health Education England (HEE) following concerns raised by trainees at a focus group in November 2018. The Trust had responded to the initial issues raised but there was further quality improvement work in progress around trainee supervision in psychotherapy, acute psychiatric inpatient services, workforce and multidisciplinary team working, and safety of staff and trainees.
<b>HEE quality review team</b>	<p>Vivienne Curtis Head of School of Psychiatry Health Education England, London</p> <p>Samara Morgan Principal Education QA Programme Manager (London) General Medical Council</p> <p>Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England, London</p> <p>Emily Patterson Learning Environment Quality Coordinator Health Education England, London</p> <p>Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London</p>
<b>Trust attendees</b>	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> <li>• Chief Executive Officer</li> <li>• Chief Medical Officer</li> <li>• Head of Safety</li> <li>• Director of Medical Education</li> <li>• Head of Medical Education.</li> </ul>

### Conversation details

	<b>Summary of discussions</b>	<b>Action to be taken? Y/N</b>
Psy1	<p><b>Recruitment and workforce</b></p> <p>There had been some staffing changes among the Trust management and directors in recent months. The new Director of Medical Education (DME) had come into post in November 2019 and a new Director of Nursing (DoN) had been appointed. A Director</p>	

	<p>of Finance had been appointed and was due to start in early 2020. Recruitment was underway for a Director of Human Resources. The Chief Executive Officer (CEO) advised that all posts had attracted strong candidates and that the Trust had provided stability for staff and trainees through the period of change. The DME and DoN had both been internal appointments which the CEO felt had helped to ensure a smooth transition between post holders. The review team heard that the new DME had conducted site visits to meet with trainees and was attending junior-senior meetings to better understand how trainees worked with their supervisors.</p> <p>The review team acknowledged the difficulty in recruiting mental health nurses and other specialist staff in light of national shortages and the impact of removing bursaries for nursing students. The CEO agreed that this was a challenge but explained that the Trust did not plan to alter its staff to patient ratios and that bank and agency staff were employed to fill rota gaps where needed. One division of the Trust was working with the Capital Nurse programme to assist with recruiting nurses.</p> <p>The Medical Director (MD) noted that there were no medical consultant vacancies in adult psychiatry, so it was difficult to tell whether higher trainees completing their training would apply for these, but that there had been a good response from higher trainees to a recent advert for Child and Adolescent Mental Health Services consultant posts. The CEO felt that the Trust staffing plans were sustainable and that this would help to engender confidence among the trainees. The Trust representatives were aware that it would take time to change trainees' perceptions and reassure them enough to want to take up consultant posts there once their training was complete. The Trust had conducted an analysis of the General Medical Council National Training Survey (GMC NTS) results and focus groups with trainees. The analysis had identified support for trainees as a key concern at the Park Royal Centre for Mental Health.</p> <p>The Trust aimed to increase the non-medical workforce, including advanced clinical practitioners and non-medical prescribers. The review team heard that the Trust had advanced clinical practitioners in the prison service teams and planned to introduce them into more community roles in order to help expand the range of mental and physical health treatments which could be delivered in patients' homes. The MD advised that the Trust was considering introducing more advanced clinical practitioner posts in busy inpatient areas, similar to those which had already been implemented at St Charles' Hospital.</p>	Please see actions Psy1a and Psy1b
Psy2	<p><b>Park Royal Centre for Mental Health</b></p> <p>At the time of the review, the Section 136 suite at the Park Royal Centre for Mental Health had been reopened following updates to signage and clarification of staff exit routes. The review lead enquired about the facilities available on-site for the trainees and was informed that there was a dedicated on-call room, a rest room for all team members and separate office space. The Trust representatives reported that there was good educational leadership in place at the site and that the trainee focus groups conducted as part of ongoing Trust-wide quality improvement work had not highlighted any issues of particular concern at the site. The DME noted that the consultants at the site had meetings with the trainees to discuss all clinical incidents and the lessons learned from these.</p>	
Psy3	<p><b>The Gordon Hospital</b></p>	

	<p>The CEO advised that the nursing leadership training programmes were being streamlined and unified as there had previously been different training on offer across the Trust. The leadership training delivered to band six nurses at The Gordon Hospital had received good feedback and the new DoN was considering how this programme could be expanded to include other staff groups. A new unit manager and two new matrons had been appointed and there was a new service director for the borough who was based at the site. The Trust representatives felt that this would help to embed an improved leadership culture. The CEO reported that the leadership team was spending more time engaging with front line staff at the site and that there was a greater emphasis on multidisciplinary team working, including a requirement for trainees to attend daily safety huddles, team meetings and management meetings. The DME advised that this had helped to improve escalation pathways when trainees encountered issues, as well as providing additional feedback mechanisms. The Trust planned to meet and seek feedback from trainees at the site in early 2020 to assess the impact of these changes.</p>	
Psy4	<p><b>Psychotherapy</b></p> <p>The DME reported that all Trust sites now had psychotherapy supervision in place for trainees. Not all supervisors were psychiatric consultant psychotherapists but the DME advised that all trainees were receiving appropriate supervision, had access to Balint groups and were able to complete their assessments on time.</p>	
Psy5	<p><b>Medical Education Quality Improvement fellow</b></p> <p>The DME had redrafted the job description for the medical education quality improvement fellow post to be funded by HEE and the new draft was to be discussed with the Trust Quality Improvement team in the week following the review. It was anticipated that recruitment would open shortly following this meeting. The DME noted that it was important to emphasise that the post was focused on medical education, although the post was open to non-medical clinicians.</p>	Yes, please see action Psy5
Psy6	<p><b>Physical search policy</b></p> <p>The MD reported that the updated physical search policy had been rolled out across the Trust and that staff had been trained to implement it. The Trust had agreed with the Care Quality Commission (CQC) that a blanket search policy was not appropriate but that staff should conduct searches in specific circumstances, for example when a patient was first admitted. The review team heard that staff had been unclear about their rights to search patients who had not been sectioned under the Mental Health Act but that these queries had been addressed through training.</p> <p>As part of a larger piece of work being undertaken by Trusts in the Cavendish Square Group, the Trust was utilising metal detector wands as a security measure when conducting searches. The CEO advised that other Trusts were using alternative methods such as body-worn cameras or tools to monitor patients' vital signs from outside the room. The DoNs across the group planned to analyse safety data and determine which methods were most effective. The work also included a redrafting of the environmental safety checklist for clinical areas based on best practice.</p> <p>The closure of some side rooms on inpatient wards had created private spaces where searches could be conducted. The MD reported that all staff had access to the metal</p>	

	detector wands and that the policy around searches was clear, so much of the work had focused on communicating the policy to staff and empowering them to follow it.	
Psy7	<p><b>Staff and trainee safety</b></p> <p>There was a discussion around incident reporting, including the frequency and severity of violent acts affecting staff and trainees. The review team heard that there had been no reduction in serious incident reports following the increase in safety measures but that one of the Trust Board priorities was to reduce the number and level of violent incidents. The MD explained that this was an aspect of the current quality improvement work and that six wards were piloting violence reduction measures. This work was expected to deliver a 30% reduction in the number of incidents resulting in harm to staff and trainees. The review lead noted that the definition of harm was changing across mental health services to include the psychological impact of violence or feeling unsafe.</p> <p>The MD advised that the trainee who had been involved in a violent incident earlier in 2019 had returned to the Trust and moved into older adult services, with support from their educational supervisor.</p> <p>The CQC had reinspected adult acute services at the Trust and had improved the rating from Requires Improvement to Good.</p>	

### Next steps

#### Conclusion

The review team thanked the Trust for accommodating the review and acknowledged the commitment shown to improving the quality of the training and work environments. It was agreed that HEE would conduct a follow up focus group in the spring of 2020 to assess the impact of the various changes on the trainees.

## Good Practice and Requirements

#### Good Practice

The nursing leadership training at The Gordon Hospital had been well-received and the Trust was working to make this available to staff at different levels and at other sites.

The Trust actively sought staff and trainee feedback and was working to address the concerns raised.

The Trust had addressed the gaps in consultant staffing in psychotherapy to ensure appropriate trainee supervision.

#### Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
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	None		
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### Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
Psy1a	The Trust should share the results of the GMC NTS results analysis for the Park Royal Centre for Mental Health and focus group findings with the review team.	Please provide a copy of the survey results.	R1.5
Psy5	The Trust should share the revised job description for the Medical Education Quality Improvement Fellow post with the review team.	Please submit a copy of the job description.	R1.22

### Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
Psy1b	The Trust is advised to engage with the recruitment event being run by the School of Psychiatry in February 2020.	R1.7

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

Requirement	Responsibility
HEE to send information regarding the NETS survey to the DME.	Deputy Quality, Patient Safety and Commissioning Manager
HEE to provide information about the Workforce Transformation team's activities around advanced clinical practitioners in mental health and community services.	Deputy Head of Quality, Patient Safety and Commissioning

### Signed

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

Date:

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process.