

Trauma Clinic London Limited

Trauma Clinic London Limited

Inspection report

7 Devonshire Street
London
W1W 5DY
Tel: 020 7323 9890
Website: www.traumaclinic.org.uk

Date of inspection visit: 16 November 2017
Date of publication: 20/03/2018

Overall summary

We carried out an announced comprehensive inspection on Trauma Clinic London Limited on 16 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Trauma Clinic London Limited provides a clinical psychological service for adults who are experiencing emotional or other psychiatric difficulties, usually as a result of serious adversity or traumatic experiences in their life.

The lead clinician is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Thirteen people provided feedback about the service. We received two completed Care Quality Commission comment cards and ten postings on our 'Share your Experience' website which were all very positive about the staff and services at the clinic. We spoke with one patient directly at the inspection who was also very positive about the staff and service.

Summary of findings

Our key findings were:

- The clinic had systems to manage risk and provide safe care and treatment. The decision had been taken not to have emergency equipment and medicines available at the clinic based on risk assessment. However, there was no up to date documented risk assessment of this decision.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, one of the clinical team was trained in first aid but not basic life support as required under national Resuscitation Council (UK) guidance.
- The provider reviewed the effectiveness and appropriateness of the care provided to ensure it was in line with current research and best practice guidance. Quality improvement action was taken as a result of peer review of the lead clinician's clinical practice, and where appropriate, annual patient surveys of the work of both the lead clinician and clinical psychologist.
- Patients were treated with compassion, kindness, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the clinic was not available for people with mobility needs. However, the clinic provided home visits for consultations for patients unable to access the premises or advised prospective patients of alternative service providers.
- Arrangements were in place to support good governance. ;.
- The clinic engaged and involved patients and staff to support high-quality sustainable services.

There were areas where the provider could make improvements and should:

- Review the risk assessment of the decision not to have emergency equipment and medicines available in the clinic and consider formally recording the rationale for this decision and action to mitigate the risks to patient safety.
- Review the basic life support training of the clinical psychologist to ensure the planned annual training is completed.
- Continue to review in liaison with the landlords, the implementation of the action plan from the recently completed health and safety risk assessment in relation to its impact on the clinic area.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The clinic had appropriate systems to keep people safe and safeguarded from abuse.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety.
- The clinic had systems for appropriate and safe handling of medicines.
- There was a system in place for the reporting and investigation of incidents and significant events.

However, we also found areas where improvements should be made relating to the safe provision of care and treatment. The provider should:

- Review the risk assessment of the decision not to have emergency equipment and medicines available in the clinic and consider formally recording the rationale for this decision and action to mitigate the risks to patient safety.
- Review the basic life support training of the clinical psychologist to ensure the planned annual training is completed.
- Continue to review in liaison with the landlords, the implementation of the action plan from the recently completed health and safety risk assessment in relation to its impact on the clinic area.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The clinicians were aware of current evidence based guidance.
- They had the skills, knowledge and experience to carry out their roles.
- All clinicians were subject to annual appraisal.
- The clinic did not undertake formal clinical audits but the lead clinician provided evidence of quality improvement action as a result of the presentation of anonymised case studies of his own work for peer review and, where appropriate, feedback from annual patient surveys of the work of both the lead clinician and clinical psychologist.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The clinicians we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received two completed Care Quality Commission comment cards and ten postings on our 'Share your Experience' website which were all very positive about the staff at the clinic.
- We were told that any treatment was fully explained to the patient prior to therapy commencing and that people then made informed decisions about their care, which was set out in a care plan agreed with them.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

Summary of findings

- Access to the clinic was not available for people with mobility needs. However, the clinic provided home visits for consultations for patients unable to access the premises or advised prospective patients of alternative service providers.
 - The clinicians had access to professional interpreter services for those patients whose first language was not English.
 - There was a complaints procedure in place.
-

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- Arrangements were in place to support good governance.
 - The lead clinician had the capacity and skills to deliver high-quality, sustainable care.
 - The clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - The clinic engaged and involved patients and staff to support high-quality sustainable services.
-

Trauma Clinic London Limited

Detailed findings

Background to this inspection

The provider, Trauma Clinic London Limited, is registered with the CQC as an organisation providing a clinical service for adults who are experiencing emotional or other psychiatric difficulties, usually as a result of serious adversity or traumatic experiences in their life. The service is provided from consulting rooms at 7 Devonshire Street, London, W1W 5DY. The provider is registered to carry on the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

Founding director, Dr Stuart Turner, is an experienced psychiatrist who specialises in trauma and cognitive behaviour therapy (CBT). Two experienced clinical psychologists who both have practising privileges at Trauma Clinic London Limited support him (the granting of **practising privileges** is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services). At the time of the inspection, one of the psychologists had been on long term sick leave and had not been present at the clinic since its current registration with the CQC in July 2016.

Trauma Clinic London Limited provides a range of healthcare services relating to mental health. Conditions treated include but are not restricted to: stress, anxiety, depression and post traumatic stress disorder (PTSD).

Treatments include but not restricted to: CBT, eye movement desensitisation reprocessing (EMDR), Narrative and other psychological treatments, and prescription medication.

Appointments for new patients usually take up to an hour and a half to allow for a detailed assessment. Subsequent consultations are usually either routine psychiatric follow up appointments, typically last 20-25 minutes, or longer psychological therapy sessions, typically lasting an hour. The frequency of these appointments is agreed with each patient depending on their needs and treatment plan.

The inspection on 16 November 2017 was led by a CQC inspector and included a GP specialist advisor.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by CQC.

During our visit we spoke with the lead clinician, Dr Stuart Turner, the clinical psychologist working under practising privileges and a representative of the building's landlords, and reviewed personal care or treatment records of patients and also staff records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Systems were in place to keep people safe. However, we found areas where improvements should be made relating to the safe provision of treatment. The provider should:

- Continue to review in liaison with the landlords, the implementation of the action plan from the recently completed health and safety risk assessment in relation to its impact on the clinic area.

Safety systems and processes

- The clinic had appropriate systems to keep people safe and safeguarded from abuse. Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. There was information available to staff about who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The clinic did not treat children under 18 years of age. However, the safeguarding policy covered circumstances of children who were cared for by/had contact with a patient/client of the clinic who were visiting the clinic or who were felt to be at risk from any adult who was a staff member or volunteer. The policy met the needs of the service provided.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. The two clinicians currently providing services at the clinic had received training on safeguarding children. The lead clinician had received safeguarding training on vulnerable adults. The clinical psychologist had not received such training but had received training in the Mental Capacity Act which covered aspects of safeguarding of vulnerable adults. The lead clinician was trained to child protection or child safeguarding level three but details were not available on the level for the clinical psychologist.
- The clinic did not have a formal written chaperone policy in place. However, patients were advised they could bring somebody with them to the consultation if they wished.
- We observed the premises to be clean and tidy and the clinic was cleaned on a daily basis. The clinic did not carry out any surgical procedures or physical examinations. There was no critical medical equipment that required cleaning/sterilisation and the clinic did not have clinical or hazardous waste. Non-clinical waste was disposed of in accordance with local refuse regulations. The purpose of the infection policy and process in place was therefore to minimise the risk of staff, patients and other visitors to the clinic acquiring a health care associated infection through contact by handshake. The focus of the policy was hand hygiene and skin protection and liquid soap and alcohol gel was available along with hand hygiene posters to facilitate this. Consequently, no regular infection control audits were undertaken to monitor infection given the low risks present. A comprehensive Health and Safety risk assessment arranged by the premises' landlord shortly before our inspection identified the need for a risk assessment of the premises to be completed for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The landlord had arranged for this to be carried out on 11 December 2017.
- All clinicians were registered with the General Medical Council (GMC) or Health Professions Council (HPC), the medical professionals' regulatory bodies, with a licence to practice. The lead clinician provided specialist care and was registered for general adult psychiatry on the UK specialist register to provide this. All the clinicians had professional indemnity insurance that covered the scope of their practice.
- The lead clinician had a current responsible officer. He was following the required appraisal and revalidation processes. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice).
- We reviewed the personnel files of the two clinicians currently providing services at the clinic. Appropriate checks had been undertaken in relation to their employment. For example, proof of identification, qualifications and appropriate checks through the DBS.
- A comprehensive Health and Safety risk assessment arranged by the premises' landlord shortly before our inspection identified the need for an updated electrical wiring check and PAT testing of portable electrical appliances. The landlord was in the process of arranging these for the building, although the clinic arranged its own PAT testing and socket testing for the clinic area and we saw the certificate for the 2017 test.

Are services safe?

- There was limited disabled access to the premises due to steps at the front door. However, the clinic provided home visits for consultations for patients unable to access the premises or advised prospective patients of alternative service providers.

Risks to patients

The clinic did not have emergency equipment or medicines available on the premises to respond to medical emergencies. The clinic had assessed the risk of not having these and, based on the client group and the nature of services offered, had determined that the low level of risk did not warrant this. In the event of an emergency the clinic would call the emergency services and were close to an acute NHS hospital. The risk assessment was not, however, formally documented. The lead clinician had up to date training in basic life support but the clinical psychologist had first aid training only.

The clinic did not have a written business continuity plan in place for major incidents such as power failure or building damage. However, to address this shortfall, after the inspection the provider completed and submitted a written business continuity plan for the clinic.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were risk assessment policies in relation to health and safety at the clinic. The provider completed visual checks on the premises but these were not documented. The maintenance and related health and safety was the responsibility of the landlords of the premises.
- A comprehensive Health and Safety risk assessment had been arranged by the landlords shortly before our inspection. The landlords were in the process of implementing the action plan which included: changing fire alarm testing from monthly to weekly; the completion and recording of regular fire evacuation drills; and the completion of an up to date fire risk assessment which had been booked for January 2018. The lead clinician was liaising with the landlords in following up any issues relating to the clinic area.
- There was evidence of up to date checks of fire extinguishers.

Information to deliver safe care and treatment

The clinicians had the information they needed to deliver safe care and treatment to patients.

Clinical files containing patients' notes were stored securely at the clinic in a locked cupboard

Correspondence was stored on a shared local server. Access was password protected. Whenever any computer that has carried any sensitive material was no longer in use, the hard drive was removed and stored securely and ultimately sent for secure destruction. The clinic's network and broadband were firewall protected and kept up to date with automatic updating and regular security upgrades.

Safe and appropriate use of medicines

The clinic had systems for appropriate and safe handling of medicines.

There was a medicines management policy in place.

- The clinic received and acted on safety alerts, where appropriate, both from MHRA and the Independent Doctors Federation (IDF).
- All prescriptions were issued on a private basis by the lead clinician only. They were saved onto an electronic file, the top copy sent to the pharmacy, a copy placed on the patient's file and a copy kept by the clinic for audit purposes. The clinic recommended that all patients shared their consultation and treatment with their usual GP. However, this was only done with the patient's consent. Consent and non-consent was recorded in the patient's record. Usually, it was more appropriate for the patient's GP to prescribe the medicine. With consent, the lead clinician would share the consultation outcome and make the prescribing request to the GP. Where consent was not given the lead clinician's practice was to write a letter to the patient in a form that they could later show to their GP if they wished.
- The clinic did not hold stocks of any controlled drugs and did not prescribe any controlled drugs.

Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements required.
- The provider liaised with the premises landlords to ensure that, where appropriate, risk assessments were in place in relation to safety issues.

Are services safe?

Reporting, learning and improvement from incidents

The clinic had a good track record on safety.

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. However, there had been no incidents or significant events in the last four years
- The lead clinician demonstrated an understanding of the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a 'Being Open' policy in place which included processes for communicating notifiable safety incidents to external organisations, including the CQC.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The lead clinician was a member of the NICE post traumatic stress disorder (PTSD) guideline development group and remains affiliated to NICE on its expert panel.

- Patients' needs were fully assessed. At the first consultation a detailed assessment was made of the patient's emotional problem and recommended treatments and reasonable alternatives discussed in the formulation with them of a treatment plan. The initial consultation also included a review of their health status and medicines prescribed, before any treatment commenced. Measurements of progress in follow up appointments were targeted to the specific needs of the individual and their treatment plan.
- Patients may be referred via their GP or consultant. Patients may also self-refer if they did not wish to use medical insurance. The clinic aimed to accept only patients appropriate to the service it offered but did not discriminate on any other (non-clinical) grounds. When it was considered that people would be better treated in other services the clinic gave them advice about this or referred them to another service.

Monitoring care and treatment

We saw evidence of the clinicians participating in quality improvement initiatives, peer review and continuous professional development (CPD) events. The clinicians had a network of colleagues they could contact for professional and clinical discussion.

The provider reviewed the effectiveness and appropriateness of the care and treatment provided to ensure it was in line with current guidelines. The lead clinician conducted an annual prescribing review. The clinic did not undertake formal clinical audits but the lead clinician provided evidence of quality improvement action as a result of the presentation of an anonymised case to his Royal College of Psychiatry peer group. He was expected to

present such cases as part of his CPD programme which were included subsequently in his annual appraisal report. The clinical psychologist was subject to independent external supervision. The provider did not formally audit the psychologist's clinical practice but conducted annual patient surveys of their work and, where appropriate, implemented quality improvements identified.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There were two clinical psychologists employed by the clinic on practising privileges who had practised with the lead clinician for many years. At the time of the inspection one of them had been on long term sick leave. The clinic could demonstrate role-specific training and updating for all staff, although some updates would be necessary when the absent clinical psychologist returned to work.

We saw evidence of Continual Professional Development (CPD). All staff were encouraged to develop their skills. For example in the last year, the lead clinician attended an imagery rescripting workshop and the clinical psychologist a workshop on difficult-to-treat depression.

Although patients were seen on a one to one basis, the clinicians worked collaboratively as a team and shared knowledge about treatment approaches as needed. Both psychologists had independent external supervisors and the lead clinician the support of a CPD peer group. All clinicians were subject to annual appraisal and the lead clinician was required to follow a process of appraisal and revalidation to ensure fitness to practice. Registration with the appropriate professional body was checked annually.

Coordinating patient care and information sharing

Patients received coordinated and person-centred care. This included when they were referred to other services. Treatment may involve referrals to an external therapist to treat specific problems. This was usually discussed with the patient at their initial assessment. With patient consent, the clinic prepared information to be shared with their usual GP about the care and treatment they received.

Where there were people who were unsuitable for the service, for example individuals under the age 18, the clinic offered suggestions for other services (including NHS options).

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The clinic aimed to provide patients (and their carers/families as appropriate) with personal care plans. The aim was to support people in understanding the treatment options available so that they could make informed choices about their care. The clinical team drew on the best practice advice from its peer group and specialist groups to provide on-going support and information to patients. The treatment was intended to encourage and support patients to become involved in monitoring and managing their emotional problems.

Consent to care and treatment

The clinic obtained consent to care and treatment in line with legislation and guidance.

Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinic undertook appropriate age and identity checks.

Following a recent GMC circular email, the clinic had introduced a formal consent form for the use of email and text messaging.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- Clinicians we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received two completed Care Quality Commission comment cards and ten postings on our 'Share your Experience' website which were all very positive about the staff at the clinic. We spoke with one patient directly at the inspection who was also very positive about the staff.
- We reviewed patient feedback surveys commissioned by the clinic for appraisal purposes in 2017. Of the 15 patients who responded all were positive about the service provided and the treatment received from the clinicians.

Involvement in decisions about care and treatment

The provider involved patients in decisions about their care and treatment.

- The lead clinician considered that all patients were empowered so that they were partners in care. The clinic encouraged them to be assertive about what they think they need, which was considered essential to good treatment, as well as helping patients to prepare them for eventual discharge. Feedback from patients aligned with these views.
- The clinic helped arrange interpreting services for patients who did not have English as a first language.
- Patients and their carers were assisted in finding further information and access to other services as appropriate.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The consultation rooms were set up to maintain patients' privacy and dignity during therapy sessions.
- The clinic complied with the Data Protection Act and had policies and processes in place to ensure this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The clinic met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- The clinic recognised that there were some problems in accessing the building, with steps to the front door. However, the clinic provided home visits for consultations for patients unable to access the premises or advised prospective patients of alternative service providers.
- The clinicians had access to professional interpreter services for those patients whose first language was not English.
- Information about the clinic, including services offered, was in the clinic's patient information leaflet, on the clinic's website and in the waiting area.

Timely access to the service

Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

- The clinic's telephone number gives automated access to the clinicians' mobile phone number. If patients were unable to contact their therapist in an emergency they were advised to contact their usual GP. Patients were also given contact information of other healthcare professionals if it was deemed appropriate. For example, the clinic could arrange for the patient to see another psychiatrist if the lead clinician is unavailable.
- Home visits were carried out if the patient was unable to access the clinic due to disability.
- Patient feedback we received confirmed they could access appointments when they needed them.

Listening and learning from concerns and complaints

- There was a policy and procedures in place for handling complaints and concerns.
- The lead clinician was the designated responsible person for handling complaints in the clinic. There was information on how to complain in the waiting area, in the patient leaflet but not on the clinic website.
- There had been no formal complaints made in the previous two years.
- The complaints policy and procedures were in line with recognised guidance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

The lead clinician had the capacity and skills to deliver high-quality, sustainable care.

- The lead clinician had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinician was visible and approachable. They worked closely with the clinical team to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The clinical team were aware of and understood the vision, values and

strategy and their role in achieving them.

Culture

The provider encouraged a culture of high-quality sustainable care.

- The clinic comprised a small expert group whose main focus was the needs of patients.
- The lead clinician and clinical team were aware of the need for openness, honesty and transparency with patients about their care and treatment and when responding to incidents and complaints.
- There was regular dialogue between the clinicians when there were opportunities to raise and resolve any concerns.
- The clinical psychologists were subject to annual appraisal. There were ongoing regular discussions with the lead clinician where they could also consider development needs and obtain advice and support at any time.
- The relationship between the lead clinician and the clinical team was positive and longstanding.

Governance arrangements

- Arrangements were in place to support the governance of the service.
- The clinical team were clear of their roles and accountabilities including in respect of safeguarding and meeting the needs of patients.
- There were established policies and procedures in place to ensure safety and to assure the provider that they were operating as intended.
- There was no regular formal meetings structure to discuss, record and follow up clinical governance issues and risk management. These issues were dealt with through regular face to face dialogue and email correspondence and we saw evidence of such correspondence. However, after the inspection the provider reviewed these arrangements and put in place a more formal structure with minuted meetings on a regular monthly basis, with rolling agenda items concerning clinical audit and risk management.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- The provider had arrangements in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, there was no updated documented risk assessment of the decision not to have emergency equipment and medicines available in the clinic and the action taken to mitigate the risks to patient safety. In addition, one of the clinical team was not trained in basic life support as advised under national Resuscitation Council (UK) guidance, although after the inspection the provider told us the member of staff would attend a basic life support course and this training would be reviewed annually.
- The lead clinician managed all patient safety alerts, incidents, and complaints.
- The provider informed us that they continuously reviewed their own clinical practice in line with new guidance and guidelines. There was evidence of quality improvement action arising from regular peer review of the lead clinician's clinical practice. The provider did not complete formal audits of the clinical practice of the clinical psychologist but conducted annual patient surveys of their work and, where appropriate, implemented quality improvements identified.

Appropriate and accurate information

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

The clinic acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The clinic used information technology systems to monitor and improve the quality of care.
- The clinic submitted data or notifications to external organisations as required.
- There were arrangements in place that were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The clinic involved patients, staff and external partners to support high-quality sustainable services.

- Patients and the clinical team were actively encouraged to provide their views and concerns.
- An annual patient survey was undertaken by each clinician. Patients had not identified any changes required through the survey but the provider informed us patient comments were reviewed and appropriate changes would be made where required.
- The clinic also responded to informal feedback, for example in improving the furnishing and air conditioning in the lead clinician's consulting room.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement. The clinicians in the clinic engaged in continuous professional development.
- The clinic made use of internal and external feedback and used this to make improvements.

Treatment was based on data from research, epidemiological studies, and data from other replicated large scale scientific studies. For example, the clinic used therapist directed in-vivo exposure therapy, (a form of Cognitive Behaviour Therapy that is used to reduce the fear associated with apprehensions triggered by a specific thing, place, or situation). The therapy included in some cases taking people on the underground for desensitization and taking people back to the scene of a traumatic event where indicated. The clinical psychologist currently working at the clinic is a published researcher. The lead clinician has been awarded the Sarah Haley prize for clinical excellence and the Wolter de Loos award for his lifetime contribution to psychotraumatology in Europe. He is the only UK person so far to have served as president of the International Society for Traumatic Stress Studies.