

Pan-London Quality and Regulation Unit

Oxleas NHS Foundation Trust

Trust-Wide Review

Quality Visit Report
Date of visit: 23 June 2015

Final

TRUST-WIDE REVIEW REPORT

Visit Details	
LEP	Oxleas NHS Foundation Trust
Date of visit	23 June 2015
Background to visit	The last visit to Oxleas NHS Foundation Trust was the Trust-wide review conducted in October 2012. This visit was organised as part of the three year rolling programme of visits.
Visit summary and outcomes	<p>The visit team met with Director of Medical Education (DME) and the postgraduate medical team, before meeting with core and higher trainee representatives from all sites and specialties. The visit team then met with the clinical and educational supervisors. Finally the visit team met with the senior corporate management, which included a presentation from the DME before feeding back to the senior management and board representatives. The visit team met with five trainee representatives from across the Trust. There were both core and higher trainees present. In addition to these meetings trainee representatives visited the Bracton Centre, Oxleas House and the Woodlands Unit to speak to trainees on site, before feeding back to the visit team later in the day.</p> <p>During the visit the visit team were pleased to note the following examples of good practice:</p> <ul style="list-style-type: none"> • Teaching was very well thought of by the trainees who provided uniformly positive feedback. • The quality and commitment of the faculty at large was impressive and the Trust continues to engage well with training and education • Quality improvement project on serious untoward incidents (SUIs) was very good - there was a need to develop a policy on the back of this. • Integration with South London and the Maudsley NHS Foundation Trust increased the training opportunities for the trainees and supervisors alike. It was positive to hear that the faculty felt that this was an equal partnership. <p>There were some areas for improvement that were identified at the visit which are detailed below:</p> <ul style="list-style-type: none"> • We would like the Trust to create an educational and training strategy to be presented to, and accepted by the board. • There needs to be a strong DME and postgraduate team involvement in service redesign, and it is necessary to look at the alignment of this with training opportunities. • DME should be invited to the board to present at regular intervals to allow them to recognise the quality of the postgraduate team, this could happen annually. • There is a need to look at the behaviours and relationships with emergency department staff, the referral process may need to be reviewed. <p>The visit team were pleased to note that all trainees present said that they would recommend their post to a friend and that they would be happy to have a family member treated at the hospital.</p>

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Lead Visitor	Dr Michael Maier, -Head of the London Specialty School of Psychiatry	Trust Liaison Dean	Dr Helen Massil, Trust Liaison Dean for Health Education South London
Lead Provider	Dr Steve Church, Lead Provider Representative	External Clinician	Dr Alastair Forrest, -Head of Kent, Sussex and Surrey School of Psychiatry
Commissioning Team Representative	Ms Tara Gray, Health Education South London Primary Care Education Manager	Trainee Representative with visit team	Dr Sofia Zarate Escudero
Lay Member	Mrs Lesley Cave, -Lay Representative	Visit Officer	Mr Rishi Athwal, Quality and Visits Officer

Findings

GMC Domain	Ref		Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	P1.1	<p>Serious Incidents (SI) reporting</p> <p>Trainee representatives reported to the visit team that they use the Datix system for reporting incidents. They said that there was information provided about the system within the Trust induction. Trainees seemed unsure when asked if they knew who the patient safety lead was, but all felt that it would be easy to find out if required.</p> <p>Two of the trainees present stated that they had reported incidents. They said that they would often ask the nurses or their supervisors for advice first as they had more experience of reporting. These trainees stated that they had not yet received any feedback about the incidents that they reported.</p> <p>Trainee representatives said that there had been no trainees that had informed them of any reporting issues. The trainee representatives said that they were not aware of any learning from SUIs.</p> <p>Clinical and educational supervisors said that trainees have had a workshop on reporting incidents. They said that they had tried to make this a positive experience. The visit team was informed that they wanted to ensure that the trainees had</p>		

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		<p>appropriate support in place when they report or are involved in an incident.</p> <p>The visit team heard that there was an on-going quality improvement project regarding clinical incidents. There had been a survey of trainees that had been involved in incidents which asked about the number of incidents in which they had been involved and the quality of support they received during the process. There was a plan to look at how the incident reporting process could be made more robust as a result of the project.</p> <p>The senior management team reported that they felt they could start to embed the learning from previous incidents as a way of improving feedback and learning. They said that they had already started to get people involved in incidents to tell the story of the incident to teams that may also be affected by it.</p> <p>The management team informed the visit team that they had a patient safety group that was very good at looking at the more serious incidents rated level four or five. The visit team heard that they had started to look at themes from the less serious incidents rated one to three. They said a newsletter had been produced which was sent regularly and detailed major incidents and the actions had been taken as a result.</p>	<p>Please provide details of the results of the quality improvement project and how this can be used to improve the incident reporting process and ensure quality feedback is provided to trainees.</p>	<p>Amber Mandatory Requirement</p>
1	P1.2	<p>Handover</p> <p>The trainee representatives from the Bromley and Bexley Mental Health Services Teams told the visit team that there was no formalised handover in place. Trainees at the Bexley site said that there was face to face handover, but said that nothing was recorded.</p> <p>Trainees at the Woodlands Unit said that the night to day handover had not been formalised. They felt that a group handover may be a good idea, and said that trainees are currently completing a quality improvement project regarding it. Trainees at Oxleas House also said that they had no night to day formal handover. The management team informed the visit team the quality improvement project regarding handover was started by trainees, but had not been not completed.</p>	<p>Formalise the night to day handover process across sites in the Trust.</p>	<p>Amber Mandatory Requirement</p>
1	P1.3	<p>Induction</p> <p>Trainees reported to the visit team that there were no issues with either their Trust or their local inductions. However they told the visit team that there were general communication problems when they first started stating that they were not provided with relevant information. Trainees said that this was also an issue for trainees that started</p>		

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		<p>before and after them and seemed to continue year after year.</p> <p>Trainees at the Bracton Centre said that the induction they received was appropriate. However they said that it took them a month to be able to get access to blood results and were having to borrow access codes from other trainees. At the Woodlands Unit trainees said that the induction was good and it included breakaway and safeguarding issues.</p>	<p>Ensure that trainees receive timely access to the relevant codes to access blood results when they join the Trust.</p>	<p>Amber Mandatory Requirement</p>
5	P5.1	<p>Future of education</p> <p>The visit team heard from the trainees that they had not been formally asked to contribute to discussions regarding the mental health service redesign. One trainee representative said that they were aware that it was happening but did not know if they were able to contribute and were unaware of the consultation process. The postgraduate team reported that they had also not been involved in this process.</p> <p>The visit team heard from the senior management team that there was currently no formal education strategy in place that had been accepted by the board. It was felt by the visit team that it would be beneficial for the Trust to produce such a document and have it presented at board level.</p> <p>The visit team heard from the DME that she had not been invited to present any of the challenges or achievements of the postgraduate medical team at the board. It was felt that the DME should be able to present to the board at regular intervals in order for this to happen.</p>	<p>There needs to be appropriate and timely DME and postgraduate team involvement in the service redesign, and it is necessary to look at the alignment of this with training opportunities.</p> <p>We would like the Trust to create an educational and training strategy to be presented and accepted by the board.</p> <p>DME to be invited to the board to present at regular intervals to allow them to recognise the role of the trust in training and the quality of the postgraduate team, this could happen annually.</p>	<p>Amber Mandatory Requirement</p> <p>Amber Mandatory Requirement</p> <p>Amber Mandatory Requirement</p>
5	P5.2	<p>Trainee Representatives</p> <p>The visit team was informed by the trainee representatives that they were elected by their peers in each respective area. They said that they were invited to the medical education board meetings but said that due to the fact that this clashed with their Wednesday teaching, they rarely attended. They told the visit team that if they were alerted to concerns that affected the wider Trust, rather than their own site, they would meet together to discuss it. In addition to the elected trainee representatives there was also a trainee committee and a junior doctor committee that trainees could contribute to.</p> <p>The postgraduate team stated that the dates of the quarterly Medical Education Board were in fact varied to accommodate attendance by trainee representatives. For example in 2015 the dates were: Monday 23 March 2015, Monday 8 June 2015,</p>	<p>Please provide the minutes and attendance of the medical education board. The Trust should continue to hold meetings in a manner that allows trainees to attend and not miss educational opportunities.</p>	<p>Amber Mandatory Requirement</p>

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		<p>Monday 14 September and Wednesday 16 December 2015.</p> <p>Trainees at the Bracton Centre informed the visit team that they had two trainee representatives and their own trainee forum.</p>		
6	P6.1	<p>Rotas</p> <p>The visit team heard from the trainee representatives that there were concerns with the rotas at the Bromley and Greenwich sites. They said that the core trainees work a weekend on call and then work the following Monday. They said that a diary card exercise had just been completed which deemed the rota to be compliant with European Working Time Directive (EWTD). Trainees said that the core rotas were specific to each site, but said that they did not have a role in organising them.</p> <p>The postgraduate team stated that the core trainee night time on call rota is done on a 3:4 split. They said that trainees either work Monday to Thursday with Fridays off or Friday to Sunday with Mondays off.</p> <p>The visit team heard from the core trainees that they felt well supported on call, they said they had access to the higher trainee by telephone. They said they would go through the higher trainee to contact the consultant. It was reported that the on call experience was generally good.</p> <p>The visit team heard that the higher trainees would cover all three boroughs when on call. They said that it used to be discretionary that they would have the next day off after being on call, and they would often have clinics booked that they would have to attend. They said the Trust had now resolved this and ensured that trainees have the next day blocked out.</p> <p>All trainees reported to the visit team that there was support to get workplace based assessments (WPBAs) completed out of hours.</p>	<p>Review whether it is appropriate for trainees to be on call for a weekend and working the following Monday. Please provide the data of the diary card that showed the rota to be EWTD compliant. Please also provide the on call rota for the Bromley and Greenwich sites for the month of May 2015 and also for the month of August 2015.</p>	<p>Amber Mandatory Requirement</p>
6	P6.2	<p>Emergency Department</p> <p>Trainees at Queen Elizabeth Hospital said that they could see the electronic mental health patient records in the emergency department; however trainees at Princess Royal University Hospital said they had no access to these. They said that they would have to update the mental health notes at a later date from paper notes that they made. Also if they needed to access the mental health notes, they would have to leave the</p>	<p>Ensure that mental health records are available to trainees in the emergency department across all sites. Please report when the computer at King's College Hospital NHS Foundation Trust</p>	<p>Amber Mandatory Requirement</p>

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		<p>department to access them.</p> <p>The postgraduate team clarified that trainees do have access to electronic mental health patient records. However they stated there was currently a fault with the computer that trainees use which has been reported to King's College Hospital NHS Foundation Trust. As such alternative access was being provided via Green Parks House while the repair was being awaited.</p> <p>Trainees said that two emergency departments were covered by them, at Queen Elizabeth Hospital and the Princess Royal University Hospital. They reported that they would sometimes experience resistance when trying to refer patients to these emergency departments. One trainee detailed an occasion where an attempt to refer a patient was met with a mocking tone. Trainees reported that any issues were escalated to the liaison consultant.</p> <p>The visit team was told by the clinical and educational supervisors that concerns raised by trainees regarding emergency department referrals were escalated, but there was not a formal approach to deal with these. Educational and clinical supervisors said that there may be a need for trainees that were going on call to have some feedback, and they have considered implementing this during Wednesday teaching time.</p>	<p>has been repaired.</p> <p>Agreement was reached during the visit for high level discussion to be had to improve relationships between mental health and physical health staff at the emergency departments.</p>	<p>Amber Mandatory Requirement</p>
6	P6.3	<p>Clinical and educational supervision</p> <p>The visit team heard from the trainees that there were no concerns regarding clinical supervision, with most reporting that the supervision was good. Trainees told the visit team that the frequency of meeting with their educational supervisors were variable depending on the consultant, but all said that they had been able to achieve their minimum three meetings a year.</p> <p>Educational supervisors told the visit team that they all felt they had completed an objective setting meeting with the trainees at the start of the year. They said that the trainees were generally quite good at taking the lead and setting their own goals, and they said that they would encourage them to do this. The educational supervisors said that they always asked the trainees if they were getting their clinical supervision, and said that they have occasionally intervened on their behalf when they have said they were not getting this.</p> <p>Educational and clinical supervisors told the visit team that they had a quarterly Medical Education Board (MEB) meeting. They said at the end of this meeting they had 45</p>		

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		<p>minutes at which point they would discuss all the trainees in difficulty (TiDs). They said that the educational and clinical supervisors would be in close liaison regarding the progress of these trainees. The educational supervisors said that they would email the clinical supervisors for an update on a TiDs progress before they met with them.</p> <p>Educational and clinical supervisors told the visit team that they previously had concerns regarding their job plans and not having any educational programmed activities (PAs) in them. However they said that this had now been resolved and all educational supervisors had 1 PA which they were happy with.</p> <p>The postgraduate staff told the visiting team that they worked in an open plan office with no room allocated for confidential or private conversations/meetings/work. They said that this made it difficult if they needed to have a conversation with a TiD.</p>	<p>The Trust should review the possibility of providing one dedicated office for confidential working such as dealing with Trainees in Difficulty. Please provide update to the Head of School.</p>	<p>Green Recommendation</p>
6	P6.4	<p>Study Leave</p> <p>Higher trainees told the visit team that they had one day a week as a specialty interest day, they said that all trainees were able to attend this. With regard to study days, there were no concerns raised by the trainees; they stated that the Trust paid upfront for approved courses.</p> <p>The visit team heard from the trainees that they felt there was an inconsistency within the area covered by the Lead Provider with regards to payment of exam costs. They said that at South London and the Maudsley NHS Foundation Trust (SLaM), if a trainee failed an exam, the Trust would pay for them to take an external course. They said that this was not the case at Oxleas NHS Foundation Trust, where the trainee had to cover the cost, and was there is a surplus at the end of the year, the Trust paid the trainee for the costs.</p> <p>One trainee on Maryon Ward reported that it was difficult to get annual leave due to the ward being so busy. The trainee said that they had been asked to take single days rather than a block.</p>	<p>Review with SLaM whether it is possible to have consistent practice across the LP for funding courses for examination preparation.</p>	<p>Green Recommendation</p>
6	P6.5	<p>Psychotherapy</p> <p>Trainees said that finding enough patients for their short cases was difficult, but said that the support received was good.</p> <p>The clinical and educational supervisors told the visit team that psychotherapy was</p>	<p>The Trust to provide information on how they will deliver in the long term the psychotherapy component of the educational/training contract</p>	<p>Amber Mandatory Requirement</p>

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		<p>coordinated collaboratively with SLaM. They said that this worked very well and that they felt equal partners with SLaM. The psychotherapy lead, who was currently in place as a locum, stated that she had developed close links with local psychotherapy services in order to place trainees in need of a long or a short case. She said that it was usually possible to place them within the borough in which they were working. The psychotherapy lead said that she did not provide the supervision herself for these cases, but allocated the trainees to supervisors that she had met with and had received the appropriate training. The trainees provided feedback about their supervisors so that the Trust had a method of monitoring the quality.</p> <p>The psychotherapy lead said that there was an upcoming meeting with the Trust to discuss her role, which was currently limited due to being a locum. She hoped to be able to provide supervision for trainees herself in the future.</p>	using the locum consultant currently in post.	
6	P6.6	<p>Teaching</p> <p>Trainees told the visit team that they have child and adolescent mental health services (CAMHS) teaching once a month. They said the morning would include management topics, and the afternoon would have more clinical themes. Trainees said that they had higher and core trainees present at academic meetings, and said they were happy with the way these ran. Although this was a positive report the trust clarified that this report from the trainees was inaccurate, stating that they hold a local teaching programme once a month as part of the MRCPsych course, delivered locally and that there is no specific CAMHS teaching.</p> <p>Trainees at the Bracton Centre said that the teaching was very good and very well organised. Trainees reported being given the opportunity to be involved in management projects. Trainees at the Woodlands Unit were complimentary about the teaching they received. They said that they had local teaching once a month which was of a high standard, enjoyable, and included management issues. They said that they had scenarios with actors coming in. Trainees at Oxleas House reported that they all had an afternoon off for academic teaching, which they felt was of a good quality.</p>		
6	P6.7	<p>Safety</p> <p>Trainees at the Oxleas House site stated that they had to travel between the unit and the emergency department. They said that it sometimes felt unsafe to walk between them at night despite the fact that it was well lit. Some trainees carried alarms with them, but others were unaware that these were available. Trainees said that they were</p>	Review the safety measures in place for trainees on the walk from Oxleas House and the emergency department.	Amber Mandatory Requirement

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		unaware of any chaperone service available to them.		
6	P6.8	<p>Bed management</p> <p>Educational and clinical supervisors reported to the visit team that there were no inpatient beds for children, but that they have an allocated bed in the Woodlands Unit. They said that if a child was admitted to the emergency department and needed a bed the bed co-ordinator would locate one for them, and this would not be left to the trainee. The clinical and educational supervisors said that they sometimes received feedback from the trainees that they felt like they were in the firing line when the bed co-ordinator could not find a bed quick enough.</p>	The Trust to ensure that the role of the bed co-ordinator is made clear to both the co-ordinator and the trainees. Trainees should not be required to find beds for admissions.	Amber Mandatory Requirement
8	P8.1	<p>136 Suites</p> <p>The visit team was told by the trainees that there were two 136 suites within the Trust. One was located in Oxleas House and the other was at Greenpark House in Bromley. One trainee reported that the suite at Greenpark House did not feel particularly safe, stating that there was a recent incident where the patient was in the corridor rather than in the room.</p>	Review the 136 suites within the Trust to ensure that are safe and comply with the Royal College of Psychiatrists standards.	Amber Mandatory Requirement
8	P8.2	<p>Library Services</p> <p>The visit team heard from the head of library services that the Trust online library was available 24/7 on any computer within or outside the Trust. It was reported that the physical library was available Monday to Friday from 8am until 4pm. The head of library services confirmed that all trainees are provided with NHS Athens accounts.</p> <p>The visit team heard that there was a section on the Trust intranet that provided details on all the National Institute for Health and Care Excellence (NICE) standards and guidelines. Trainees working in each area could click on their relevant section which would give them an overview of relevant guidelines. They could then click to read it in more detail if needed.</p>		
Good Practice			Contact	Brief for Sharing
				Date

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Other Actions (including actions to be taken by Health Education South London)							
Requirement					Responsibility		
Information and reports provided to the team prior to the visit							
DME Annual Report	No	Regulator Reports/Data	Yes	LFG Reports	No	MEM minutes	Yes
GMC Survey - trainees	Yes	GMC Survey - trainers	No	Previous visit reports & action plans	Yes		
Signed							
By the Lead Visitor on behalf of the Visiting Team:		Dr Michael Maier					
Date:		11/09/2015					