healthwatch Richmond upon Thames

Richmond Recovery & Support Team Enter and View Report

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Introduction

Given the continual NHS pledge to move service provision away from inpatient settings and allocate more resources to care in the community, there is a growing need to ensure these services are meeting local residents' needs. From our work with patient groups it is clear that some people still experience difficulties with accessing mental health care or experience a poor quality of care in community mental health services. Our report on the Richmond Recovery & Support Team (RST) is part of our wider programme of work in adult mental health.

Our objective with this report is to provide a snapshot of care from current patients' and carers' perspectives to help inform the trust's priorities and plans for service development.

National context to community mental health services

In the UK, the stigma around mental health is slowly but markedly dissipating, thanks in part to campaigns such as Time to Change. As such, more people than ever before are coming forward for support which has pushed the NHS and government to rethink how mental health care is delivered in order to meet increased demand and improve the quality of community support available, so that it finally achieves equal status to physical health (Five Year Forward View for Mental Health).

While the majority of people with mental health conditions in England will be treated in primary care or by IAPT (improving access to psychological therapies) services, people with more serious or complex mental health needs will be supported by community mental health teams, or as they are now more commonly known, recovery and support teams. According to NHS England in 2015/16, approximately 1.8 million people were seen at least once by community mental health teams, which equates to 3.4% of the adult population. In Richmond, this service is provided through the Richmond Recovery & Support Team (RST) which is run by South West London & St Georges' NHS Trust (SWLStG).

About the Richmond Recovery & Support Team

The Richmond RST currently supports approximately 900 people. Caseloads are split into Richmond and Twickenham teams with allocations based on the patient's GP postcode. When people are referred into the team they will either be placed on a care programme approach (CPA) or non-care programme approach (non-CPA).

People on a CPA generally need more support and will be allocated a care coordinator who is responsible for organising their care, providing regular monitoring through psychosocial interventions and making referrals to other services where necessary. Care coordinators can be from several professional disciplines, including psychiatric nurses, occupational therapists or social workers (social workers are employed by the trust rather than the local authority). CPA patients will also have a responsible clinician who is a consultant psychiatrist and

will support patients through medication reviews and helping people understand their choices around drug regimens.

People with less complex needs are usually put on a non-CPA and will have reviews monthly or once every 3 months with either a consultant psychiatrist or junior doctor. This can then be reduced to every 6 months or yearly depending on the person's progression.

Referrals into the Recovery & Support Team (RST)

People can self-refer through the trust's single point of access team who carry out the initial assessment. The team also accepts referrals from the following services:

- GPs
- Inpatient wards (general and mental health)
- A&E departments
- Liaison psychiatry
- Home Treatment Teams
- Social services

As part of the trust's minimum quality standards, emergency referrals should be responded to within 24 hours. Standard referrals have a target of 28 days.

Progression in the RST

There has been a gradual cultural shift in the mentality of recovery & support teams both locally and nationally to a recovery orientated approach, where the ultimate treatment goal is to help patients reach long term stability so that they can effectively manage their needs in primary care. To that end, discharge is discussed with patients from when they first join the team so that it is part of patients' mind-set during treatment. SWLStG emphasise that discharge is not foisted on patients and the timing should be in full collaboration with patients and their carers. The trust also acknowledged ongoing bottlenecks for discharging people into primary care which they believe highlights a clear need for more mental health professionals to be based within GP practices.

To enable patients to make meaningful gains in their recovery, staff should engage in numerous interventions to form a holistic package of care. These can include:

- Supporting patients in finding the right medication
- Referrals for psychological therapies/psychotherapy with an internal psychologist or counselling local voluntary sector organisations
- Signposting patients for help with finances or employment
- Highlighting relevant courses run by the trust's recovery college
- Helping patients with their physical health needs either through referrals or signposting

The current state of the RST

In the latest Care Quality Commission report for people using community mental health services, the trust was rated first in London and scored an average of 7 out of 10 for overall patient experience. While the trust found the results very encouraging, senior management reiterated that more work needs to be done for continual improvement and to address the gaps in care reported by people using community mental health services. Additionally, staff recruitment and retention is challenging in Richmond, with over 50% of permanent nursing posts currently vacant and being filled by agency nurses.

Method

In Autumn 2018, Healthwatch Richmond met with the team managers for the RST and the community clinical manager to discuss our project objectives and how these could be best achieved. Through this we gained an overview of the service, and the current challenges faced by staff and patients which helped inform our survey design.

To collect patient feedback we conducted one to one interviews in the waiting areas of the Maddison Centre in Teddington and Richmond Royal Hospital at times when the recovery college was running or when patients were attending the outpatient clinic. We also carried out focus group interviews at peer support groups, for people currently in the Richmond RST, run by Richmond Mind and at another local support group, Together As One.

As an alternative means of engagement for current patients and carers we also ran an online survey advertised through our internal mental health bulletin, social media channels and the mailing lists of partners including Richmond Mind and the Richmond Carers Centre.

Limitations

This research project was not designed nor does it claim to provide a representative view of the patients and carers with the Recovery & Support Team. Some of the experiences patients drew on may pertain to a time when they were very unwell and therefore may not be able to recall their experiences entirely accurately. Additionally, some of the patients we interviewed were recovering from a recent relapse, and therefore not all had the motivation or capacity to fully engage with the interview.

Qualitative analysis was solely used in this report which allowed us to identify key themes.

Response to Recommendations

South West London and St George's Mental Health Trust did not meet their statutory duty to respond to recommendations from a Local Healthwatch within 20 working days.

As a result of missing this deadline and the fragmentation with which a response was provided, the publication of this report was substantially delayed and time constraints do not allow us to be assured over whether the actions proposed in the trust's plan will improve patient care for patients.

Timeline

There is a statutory deadline of 20 working days for providers to respond to recommendations from a Healthwatch. At the end of this period providers must respond to set out what they will do to address recommendations or, if they decide not to take any action, to explain why they have chosen not to take this action. This was not met.

- 3rd May 2019. We sent the report to the trust with a deadline for response of 23rd of May.
- 22nd May. We received a request from the trust for an extension of ten days to our initial deadline. We agreed to extend the deadline from 23rd of May to the 3rd of June.
- 3rd of June. No response was received. The deadline for responding was not met.
- 12th of June. Twickenham's RST Manager sent Healthwatch Richmond an informal document that provided some brief responses to the recommendations in the report. We were informed shortly afterwards that this was not the trust's formal response to the report. As a result, the report's finalising was delayed.
- 25th June. The trust provided a formal response giving some factual clarifications on the use of psychologists and psychotherapists in the original report and responding to the recommendations on recruitment and the contact centre.
  We informed the trust that they had not provided a complete response and invited them to submit one before the report was finalised and published. No further response was received prior to the publication of this report.
- 5th July. South West London and St George's Mental Health Trust provided us with an Action Plan responding to the recommendations of our report.
  Our report was being finalised but we endeavoured to reflect the response in the report.

Analysis

The qualitative data analysis was conducted as follows:

- Survey responses and individual interviews with staff, patients and carers were reviewed and answers were categorised into themes
- A descriptive summary of the themes was prepared, including assigning an overall tone to comments (i.e positive, neutral, negative or no data)
- The themes that emerged were grouped according to survey questions and some have been narrowed into sub-themes.

Findings

We collected experiences from 55 people including 39 patients and 16 carers.

After four weeks of interviews, we decided that data saturation, the point at which no new themes or information emerged from further engagement, had been reached. This gives us confidence that, despite the large number of patients from this service, no new knowledge or information to inform this review would have arisen from collecting further experiences.

What do patients and carers think of the care provided?

Overall, 50% of patients and 71% of carers felt that the RST provided a good service. Responsiveness of staff and being involved in choices around medication were significant factors in driving positive patient experiences.

"Staff are nice and kind"

"Very good care. Open and welcoming team"

"All staff have been professional"

However, the remaining 50% of patients were dissatisfied with the care they have received recently. High staff turnover, ongoing difficulties with contacting the team and the attitudes shown by some psychiatrists and nurses were factors that undermined patient experiences. Three patients and one carer felt that the service was overstretched and said more funding was needed for the team to operate effectively and properly oversee the safety of patients. These themes will be further discussed in the sections below.

Interactions with staff

The language used by staff has a significant influence on how patients felt staff treated them. 92% of patients felt staff did use appropriate language when discussing their care or in their approach to mental health. However, there were several instances where this did not happen, which had considerable ramifications

on the patient's mental state. One patient recalled being told that *"your feelings are only the tip of the iceberg with what's going on with you"*. Another patient saw that in a letter to her GP, her psychiatrist had written *"their condition is less to do with their depression and more to do with just the way they are"*. The patient self-harmed after reading this as they felt their depression was being ignored and that their symptoms of low motivation and fatigue would now not be treated. A third patient was told by the duty worker that they should only call the team *"in a real emergency and not waste staff time"* despite them explaining that they were in significant distress.

Some patients spoke about a lack of compassion shown by staff. One patient described her new care coordinator as *"very arrogant"* and said they made minimal eye contact during appointments. Consequently, the patient did not feel they could rely on the RST for emotional support like they used to. Similarly, another patient said their care coordinator did not introduce themselves when they first met and did not engage in conversation despite them making an effort. Notably, the care coordinator was friendlier the next time when a student nurse was observing. For another patient, while they described their care coordinator as *"pleasant"* they did not feel seen as an individual and said their care coordinator was too focused on treating their set of symptoms rather than them as a person. Two carers also reported concerns over a lack of empathy shown by some staff and an overall impression that they did not truly understand how serious living with a mental health condition could be to the patient and their family.

Three other patients spoke of psychiatrists asserting themselves as authority figures who did not acknowledge the opinions or feelings of their patients. For one patient, their psychiatrist insisted on a male student doctor observing their review despite the patient saying that they did not feel comfortable with this due to previous sexual abuse. Another patient said that their psychiatrist had very fixed views on their medication and would not listen to the patient's views or wishes. As a result, the patient did not feel they were *"equal partners"* when managing their health. A third patient described their psychiatrist as being *"distracted"* during consultations and frequently sending follow-up letters to his/her GP that did not match what they had discussed in the appointment.

Feedback from three patients also indicates a potential relationship between staff attitudes and patient compliance. These patients said that now they are compliant with taking their medication, the dignity and respect shown by staff has grown. Prior to this staff were described as *"cold"* and *"disinterested"*. Understandably, these patients felt that their quality of care should not be contingent on their compliance with medication and that they should be respected as individuals regardless.

While this group of negative experiences may be outliers in terms of the overall feedback we received, the issues highlighted with attitudes and the language used by some staff are very concerning. We therefore ask the trust to note and consider these experiences going forward when planning service delivery and implementing staff training.

The trust told us that this issue had been brought back to teams for discussion about the importance of positive and respectful communication. They also said that their work on "Creating our Culture", which launched in May 2019 would help to address these issues. **We ask the trust to provide an update on the improvements made as a result and evidence on how this has led to improved patient experience.**

Continuity of care

Apart from one patient who had just joined the team, all of the other patients we spoke to had been impacted by high turnover in psychiatrists and nurses (54 out of 55 people, between patients and carers). Poor continuity of care was cited as the main driver for dissatisfaction with the service and is the single most important area the trust could address to improve their experience of care.

"I've seen 6 psychiatrists in the last 4 years"

"My care coordinator has recently changed from a permanent nurse to agency staff"

"My care coordinator has changed 3 times in the last 2 months"

"Ever since my psychiatrist retired 2 years ago who I was under for 7 years, I have seen a different one every time"

"I have had 4 different care coordinators in the last 8 months and am waiting for a 5th one to be appointed"

"My care coordinator has changed 5 times since 2013"

Patient care was invariably disrupted whenever a staff change occurred. This led to patients describing their care as patchy and fragmented which was mainly caused by differences in staff quality and having to rebuild their trust with staff:

"The overall support is good but it's really unsettling when staff turnover is high"

"I feel the quality of care is debatable, doesn't help that I have to see different doctors all the time"

"Too many locum psychiatrists and nurses means there is no accountability, no continuity and makes care feel very fragmented"

"Overall experience is poor due to too many mediocre agency workers which enables no consistency of care as I see different staff at every appointment"

"Recent high staff turnover means attention to users has suffered as a result"

"Locum doctors covering makes my treatment feel haphazard"

Lack of continuity created problems for these patients who told us both about the problems and how they negatively impacted on their view of the service and on the effectiveness of their care:

- Having to repeat their history for new staff which for some means having to relive traumatic memories
- Staff who are unfamiliar with the local systems giving incorrect information
- Problems with creating and maintaining rapport and trust between clinicians and patients
- Loss of confidence in the service created by not being told in advance about changes to the staff caring for them; *"people just come and go without notice or explanation"*
- Receiving differing advice and being prescribed different medication depending on the member of staff seeing the patient.

Patients described a variation in the quality of staff caring for them which is related to the high reliance on agency staff:

"I was given conflicting advice from several doctors about how long or often I should take tranquillisers for, which left me feeling confused"

"Seeing different doctors meant my dose or type of antipsychotic was changed all the time despite no change in my symptoms"

"My locum psychiatrist asked me irrelevant questions, including how much coffee I drank. When I questioned the relevance she said caffeine impacts her mental health which made the assessment feel quite subjective"

"Some doctors are notably better than others. I feel my recovery has lapsed as a result"

"Nurses are a mixed bunch, some are friendlier than others"

Since completing the data collection for this report a further 5 people have contacted us to express concerns about changes in the staff caring for them, negatively impacting their continuity of care.

How can recruitment and retention be improved?

Given the importance of this issue to patients we asked the Trust to set out the steps that they are taking, or will take, to resolve this issue and thereby improve consistency of care for patients and carers.

The Trust told us that they recognise the impact of staff changes on all their patients and carers and provided us with information on their current practice and further action to improve recruitment and retention. This includes using a Workforce Matters group led by the Director of Human Resources to provide leadership over recruitment and retention issues. By advertising on a variety of online and face-to-face platforms with positive perspectives on being a Trust employee, new resources are recruited.

Whilst we recognise the longstanding challenge with recruitment and retention of staff and the work that the trust already undertakes in this area, it is clear from our work and from ongoing patient contact with us that this has not yet addressed the problems that patients experience with staffing.

The experiences of 54 out of 55 of the people included in this review, and the people who contacted us independently after the review period, demonstrate that significant numbers of patients experience serious detrimental impacts on their care as a result of staffing changes, often multiple times during their care.

The trust's improvement in this area is dependent on the effectiveness of the Workforce Matters group so we ask **the trust to keep us advised of progress of this group and** of outcomes in relation to recruitment and retention.

Current issues with contacting the team

Most patients (83%) and carers (57%) said that accessing the team had become significantly harder since the trust's telephone system was restructured. Since completing the data collection portion of this report we have received concerns from several patients and carers who have contacted us to report that they continue to struggle with accessing the RST through the contact centre.

Previously, patients could contact reception staff at Richmond Royal Hospital directly who then transferred them to the RST. Now the system involves going through an automated system to reach a central switchboard. Several patients and carers commented that it can take a long time for switchboard staff to answer, sometimes as long as 20 minutes. Patients also said that phones can ring out which means they have to start the process again. This delay can make things especially problematic if patients are attempting contact in times of emergency or trying to arrange appointments:

"Almost impossible to contact the team, it would be easier getting through to the queen"

"When I needed an emergency appointment for a prescription, the telephone system made it so stressful to get through to the team to arrange this"

"Communication is terrible. When you eventually get through the automated system you are left on hold far too long

"About 1 in 3 calls go unanswered. This makes it difficult to plan appointments, especially if I've missed one"

Responses to the quality of service provided by the switchboard staff was mixed. Two patients described staff as *"polite"* and *"accommodating"*. However, two other patients reported receiving incorrect information about staff being leave on or appointment times.

In the event RST staff are not available, patients and carers have to leave a message with the central switchboard as the RST phones do not have voicemail which for three patients presented another barrier to access and made the pathway feel very truncated.

What are SWLStG doing to address the issues with using the Contact Centre?

We asked the trust to explain what they would do in the short term to address the concerns of patients contacting the trust through the contact centre.

We did not receive a satisfactory response within the timescale allowed for responding to this report. So, given the scale and impact of the issue for patients and the ongoing experiences that we were collecting about it we wrote to the trust on June 10th, asking what they will do to improve the system for patients trying to contact the Trust in the short term.

The trust told us that a new system is being installed to improve contacts, which will be launched in August 2019. This will allow the trust to monitor a call's journey and locate where the main issues are in the pathway. It will also introduce voicemail to individual phones so that staff will be notified by email immediately if any messages are left. Customer service training is also being rolled out to improve staff's skills and consequently users' experience.

We ask the trust to provide us with assurance on the roll out of the new system and evidence of improved patient experience resulting from it.

Responsiveness of RST staff

Difficulties with accessing support outside of appointments can also stem from RST staff not responding in a timely way to calls or emails left by patients and carers via the contact centre. Twelve patients and five carers reported that they had to call several times to elicit a response from staff and that messages are rarely responded to on the same day:

"Frustrating that you have to ring call centre and then no one rings or sends you an appointment. This has happened on several occasions to me"

"Often RST do not answer. The contact staff then offer to send an email. These are invariably not responded to"

"There have been numerous occasions where I have needed an appointment sooner due to a decline in my mental health. It can be weeks before my psychiatrist or the nurse on duty will ring me back"

"I struggled to make contact with my CC and phoned several times over month. I later found out that for part of this period her CC was on leave"

Two patients commented that the delays in communication were more prevalent amongst doctors than nurses, which is especially problematic when they have questions around their medication or feel they are relapsing and need an urgent review.

Beyond the inconvenience patients experienced, reaching out for support has a substantial emotional impact on patients and carers:

"Don't ignore phone calls/emails when user has struggled to ring the call centre. It may have taken all their strength to phone then they are ignored. This happened several times to me and has definitely impacted on my mental health in a negative way."

More recently, the RST has introduced a system where staff give out mobile numbers so that patients and carers can contact them directly. There is also a duty worker who can arrange appointments and liaise with the team's psychiatrists that patients and carers can access if they need emergency support.

Two carers who had used the duty worker praised this provision and said an appointment with their psychiatrist was organised more quickly as a result.

However patients do experience challenges with accessing the team, especially when in distress. One patient shared their story with us which suggests the responsibilities of this role may need further clarifying with staff:

"I recently went through the contact centre and got through to the duty worker who then put the phone down because I was distressed. When I went through the contact centre again, the duty worker at RST told me she had done so because I was only allowed to contact her in an emergency. I was suicidal. When I finally got to talk to her appropriately she said she would ring back in 2 minutes. That was 28 hours ago and it is now the weekend"

Communication with GPs

Feedback from five patients suggests that communication between GPs and the RST could be improved. One patient had developed oedema because of the lithium they were currently prescribed. With their GP's support they would like to taper off this but this has been *"unnecessarily problematic"* because of the ongoing difficulties their GP has had in getting through to the RST and therefore an action plan on how to monitor the taper cannot be agreed. Another patient experienced an adverse reaction to a new antipsychotic they were prescribed close to Christmas. They described it as *"shocking and disappointing"* that their GP was not able to make contact at all over the Christmas period. Similarly, another patient had their prescription for a tranquilliser stopped abruptly by the RST without being told in advance, their GP was concerned about this but was unable to get through to the RST over this to agree a gradual reduction.

Two other patients thought their psychiatrists could be more proactive at keeping their GPs up to date with their medication and treatment plans. One patient said

"GPs just don't have the specialist knowledge around the use of tranquillisers that my psychiatrist does. I therefore come unstuck if I go to the GP appointment and my recent care plan isn't shared and my GP can't get hold of them".

Because of the iterative, sometimes informal, and unclear nature of the response from the trust we are unclear on what action, if any, is being taken to improve contact for GPs. **We ask the Trust to clarify what is being done to improve access and communication and whether a hotline for GPs and other healthcare professionals is being set up.**

Information & choices around medication

Overall, it was pleasing to hear that 75% of patients we spoke to felt informed and involved in the decisions made around medication options. Some examples of good practice included doctors explaining how the medications will affect patients physically in a way that is easy to understand and exploring alternative medications if patients are experiencing side effects. Two patients said they are now very knowledgeable around taking antidepressants and antipsychotics and more confident as a result of their doctor's advice. Some carers said that it would be beneficial if doctors emphasised the benefits of medication on wellbeing to encourage people taking medication rather than purely focusing on reducing negative symptoms.

However, not all patients felt that they were involved in decisions about their medications. For example, one patient said they were having severe side effects and staff said they were being *"oversensitive" or* accused them of *"making symptoms up"*. As a result, it took some time before they found the right drug. Feedback from another patient indicated some inflexibility amongst staff towards the patient's wider needs and fitting in their medication. This patient explained that they were due to return to work and coming to hospital for a monthly injection would be very difficult logistically and asked to switch to oral medication. Despite reporting this, their care coordinator has not been responsive to their change in situation and has suggested continuing with the injections. Consequently, they do not feel their concerns are being acknowledged and their rapport with the team has declined.

Additionally, two carers reported that medical support needed to be increased for people who want to reduce their medication and manage their symptoms through alternative means such as psychological therapies. One carer said *"more information needs to be put out there on how to manage tapering for patients and their families"*.

Access to psychological therapies

The trust employs an internal psychologist who offers cognitive behavioural therapy. Some nurses and support workers are also trained in CBT interventions. There was evidence of some inconsistent messaging about the RST's psychological therapies offer. Some patients also complained about long waiting lists and for some patients, losing access to it if sessions were missed.

Most patients who were either currently, or had recently been on the waiting list for psychological therapies reported waits ranging from three months to three years. Longer waits of six months or more were often due to multiple factors. Reasons patients gave for lengthy waits included: inpatient admissions, poor administration or staff leaving their post.

Several patients who had asked to be referred did not know what stage their referrals were at. One patient said that people are currently "being fobbed off by vague assurance of where they are on the waiting list". Some patients who had been with the team for a number of years did not know they could ask for cognitive behavioural therapy.

Patients and carers were in strong agreement that staff needed to be candid about the waiting times for psychological therapies to manage people's expectations better and consider alternative arrangements if they need to.

Two patients who had accessed psychological therapies said that it had stopped when they had missed two appointments with no consideration given to the reasons for these appointments being missed.

When patients did access therapy they were very pleased with the programme content and the teaching from staff. Two patients described it as "really beneficial" and "easy to participate in".

One patient we spoke to said it had helped them avoid a lot of crisis situations and expressed disappointment at having had to wait for two years to access it. One patient who had been told about counselling through Richmond Mind said this pathway worked really well as they had accessed counselling at the Twickenham Wellbeing Centre within a week and avoided a lengthy wait to see the RST psychologist.

Generally, patients placed high value on the trust recognising therapy as an important intervention in managing symptoms and as a route to recovery. In light of the long wait times, continuous high demand and workforce issues, we strongly encourage the trust to be creative in ensuring this patient need is met and utilise assets such as the Twickenham Wellbeing Centre and the Recovery College which can be used as alternative outlets for recovery work rather than solely relying on RST staff.

The Trust noted that:

"A number of psychologists and a psychotherapist work within the RST, as part of the multidisciplinary team. They offer specific psychological assessments such as *Individual and group psychological therapies/psychotherapy, recommended interventions for specific mental health difficulties- including Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, Compassion Focused Therapy, EMDR, Behavioural Therapy and Dialectical Behaviour Therapy. Finally, a Family Team delivers systemically-informed family interventions for clients with a*

diagnosis of Bipolar Disorder and Psychosis and their families. All therapies are informed by NICE Guidelines".

Are care plans kept up to date?

As part of their treatment, patients should receive a plan of the care and support that they can expect with the team. This should be continuously updated by staff to ensure the plan is still relevant and reflective of the patient's current circumstances and mental state. Patients and other professionals involved in their care should also receive copies of care plans in a timely manner.

We found high variability amongst patients for how involved they felt in creating their care plan, how up to date it is kept and whether they receive copies. Seven patients were satisfied with how their care plans were organised overall. One patient praised staff's commitment in keeping their care plan up to date through ongoing collaboration and said it had been a significant contributor to keeping them stable in the long term. Another patient emphasised that despite staff turnover, their care plan is still revised at every appointment to ensure that it is still reflective of their current mental state.

However, five patients did not feel that their care plan was up to date and said that recently they have not been engaged appropriately by staff to ensure it is still accurate and relevant. This was attributed by some to staff turnover. One patient said they had not been consulted on their care plan in the last three months and described it as being *"lost in the mist of time"*. Another patient told us that the care plan sent to their GP sometimes reflects their discussion at a previous appointment and did not reflect more recent developments.

Four patients told us they had neither seen nor were aware of having a care plan despite being on a CPA. It is possible that these patients were not familiar with the actual term 'care plan'; nevertheless, we ask the trust to make particular note of this feedback.

While most patients told us they were sent copies of their care plan, some told us that this can be *"very hit and miss"*. One patient said it can take weeks to a month before they receive a copy and said there could be a better system of getting a report after a session or assessment. Another patient agreed and said this needs to be done in a timely way as *"mental health can change rapidly"*.

Overall, feedback on the planning and delivery of care plans is mixed. We therefore asked the trust to explain what standards, processes and checks are in place across the system and to set out how consistency in this area can be improved for patients. The trust told us that a procedure is in place for care planning.This procedure is audited and the Richmond Governance Meeting will review the findings of the audit of care planning.

Making care holistic

To meet patients' wider needs such as around employment and peer support, Richmond RST benefits from a number of assets available locally through the voluntary sector and also internally through the Recovery College. Signposting patients is one of staff's core responsibilities to ensure they are getting a good care package that is appropriate for their needs.

It was therefore pleasing to hear that most patients had been informed of the courses run by the Recovery College. Two patients who had attended the Recovery College described it as well run and the teaching as helpful.

Signposting by staff in other areas was less consistent;

- 11 patients reported that they had not been offered advice around employment or finances,
- 3 patients said they had not been told about the Wellbeing Centre run by Richmond Mind (this offers peer support and recreational activities to aid in patients' recovery),
- 2 patients waited a long time before they were informed of Richmond Mind and other local peer support groups

Patients thought that the team needed to heighten the focus on signposting to local support groups as the support provided is of high quality. One patient described support as *"invaluable"*, another said peer support groups had *"helped fill the emotional gaps when my care coordinator has not been available"*. One patient also suggested a 'one stop' shop the trust could run periodically for service users to raise awareness of local peer support and how to access advice on financial and legal matters.

We asked the trust to introduce a standard to ensure all patients are advised of alternative access points for therapy locally and within the trust's Recovery College. The trust told us that care planning should include discussions about registering with the Recovery College and that promotion on two community web-pages should improve access for patients. Given the challenges with care planning and that significant numbers of patients were not aware of the Recovery College, further work in this area is necessary to address the problems that patients experience.

Patient discharge

We heard from four patients who had been discharged from the RST within the last six months. These patients did not feel their discharge had been done in consultation with them or for appropriate clinical reasons. Three patients had been discharged after missing appointments either due to being too unwell to attend or to forgetting that they had an appointment. Another patient was also discharged after they decided to delay their therapy until the permanent therapist returned from maternity leave as they did not get on with the locum therapist. Their psychiatrist said they could not stay with the RST unless they were making use of this therapy and was told *"clearly you don't need this level of support"*.

It is not our position to comment on the clinical decisions made around discharging patients. However, we find these patients' interpretations of their discharge, where it was not done collaboratively with them or that it is conditional upon engagement, very concerning. **We therefore urge the trust to prioritise this particular piece of feedback and review accordingly**.

We asked the trust to review the feedback provided by patients on their discharge from the Recovery Support Team. The trust told us that the Governance Meeting would review patient experience of discharge, so that learning can take place.

Recommendations

As a result of the feedback from patients we made the following recommendations to the trust about the actions that they should take to improve care.

1. Review negative feedback on the language and attitudes shown by staff
2. Review administration procedures around new allocations of care coordinators or responsible clinicians to ensure patients are introduced to new staff appropriately
3. Introduce guidelines for agency staff including communication standards and a requirement that patient notes should always be reviewed before appointments
4. Review the information the service has in place to ensure agency staff are familiar with the system the trust uses as well as local voluntary sector organisations to help with signposting patients
5. Reconsider the recruitment strategy for Richmond given the scale of staff turnover and how much it is affecting patients. This could include persisting with the initiative used with the Richmond Early Intervention Service which we were informed was successful in converting some long term agency staff to permanent staff
6. Where possible, expedite the changes being made to the contact centre, again in light of the number of people affected including patients and professionals
7. Improve the communication protocols for RST nurses and doctors to ensure messages left by patients and carers are responded in a timely manner. This could include making it mandatory for all staff to share a phone number that guarantees a quick and direct link for patients and carers
8. Introduce a standard to ensure all patients are advised of alternative access points for therapy locally and within the trust's Recovery College
9. Revise systemic protocols around care plans to improve consistency in this area and mitigate any potential complications which may arise from the use of the agency staff
10. Review the feedback provided by patients on their discharge from the RST and take action to improve.

The trust's response to these recommendations is included in this report.

Conclusion

Overall, it was clear from most patients and carers feedback that the team are working hard to provide a good service. However, their ability to provide high quality care consistently is hampered by high staff turnover. This can then have significant ramifications on people's experiences of care across multiple areas, including choices around medication and patients' relationships with the person responsible for their care. It is vital that the high turnover of staff and recruitment problems are resolved to address the impact that this has on patient care. The effectiveness of the Workforce Matters group is essential to addressing this and its success must be judged by improvements in permanent staff in this team.

Longstanding difficulties with contacting the team also undermined patients' experience and impede their confidence that they could always access support reliably. It is clear the Trust has recognised the scope of the problem and we will follow developments in this area closely.

We identified a desire from most patients to see therapy being utilised fully in their recovery work. Long waits for therapy within the team are prevalent. However, this may suggest the Trust need to look to alternative routes such as introducing group therapy sessions to deliver this sustainably and making use of resources currently available to the team.

The trust's failure to meet their statutory duty to provide a response to our recommendations leaves us without assurance that the concerns that patients raised about the care they will receive will be addressed. We therefore ask the trust to keep us updated on progress on a quarterly basis.

South West London & St Georges Mental Health Trust Outcome Action Plan

No.	Suggested areas to monitor	Current state	Further Action	Completed
1	Review negative feedback on the language and attitudes shown by staff	· Discussion in teams about the importance of positive and respectful communication and improving language used and the awareness of attitudes and behaviour and how these can be perceived. · In May 2019 the Trust launched the "Creating our Culture" series of events, which used the metaphor "in YOUR shoes" and "In OUR shoes" for patients and Staff and Service users.	· Trustwide events to address how we work with people and 'Creating our Culture' events. **Full detail on SWLSTG public Website:** https://www.swlstg.nhs.uk/news-and-events/latest-news/item/creating-our-culture · Complaints discussed in team business meetings and clear actions monitored · Team Managers address issues of communication with staff immediately and also address in supervision and follow up · Locum staff to have clear guidance on standards required during induction	Ongoing in 2019 Ongoing Ongoing Ongoing

2	Review administration procedures around new allocations of care coordinators or responsible clinicians to ensure patients are introduced to new staff appropriately	· Induction standard for all teams for permanent staff and locum staff introduced during induction. · Team managers manage allocations in line with needs of service users	· Adult Community Services reviewing current local induction for all locum staff. · Induction includes customer service; communication and expectations of professionalism •Team Manager to ensure handovers are well managed between care coordinators •Team Manager to ensure locum staff are clear on requirements of introduction to service users · Trust has commenced a programme of work called Bank & Agency: Reduction to reduce the reliance on Agency staff in areas where there is high turnover; so that service users and carers experience a greater consistency of care and communication.	July/ August 2019 Ongoing Ongoing June— December 2019

3	Introduce guidelines for agency staff including communication standards and a requirement that patient notes should always be reviewed before appointments	· The Recovery & Support Team have an induction template for all new joiners of staff. · All staff in the trust must comply with Trust Values · All professional staff have professional regulatory body expectations around documentation and communication. These set out standards for the timeliness, accuracy and language.	· Reviewed and improved Induction Guidelines for induction will include customer service, communication and expectations of professionalism. · Adult Community Services will undertake a major programme of Community Transformation work alongside the South London Partnership A component of this is ensuring work plans are supported with resources and skill mix is reviewed. Clinician capacity will be examined. · Team Managers to support time management with team members to enable better preparation for service user interaction including; Travel time; Preparation and reading of documentation as appropriate; Clinical Face to face time with the patient and their carers; Documentation through [sic]	August 2019 July 2019-2021 Immediate and Ongoing

4	Review the information the service has in place to ensure agency staff are familiar with the system the trust uses as well as local voluntary sector organisations to help with signposting patients	· Local induction. · Recovery Support Teams have been compiling a local voluntary organisations and services folder that is available in the Richmond/Twickenham borough for clients to be signposted too. And have access to Local Authority website etc · Recovery Support Teams have invited local services to present at team business meetings. · Local Interface meetings and multiagency meetings are already in place with statutory partners and third sector partners	· Ensure local induction for all staff includes internal and external resources such as voluntary sector, to enable and enhance recovery for all our users.	August 19

5	Reconsider the recruitment strategy for Richmond given the scale of staff turnover and how much it is affecting patients. This could include persisting with the initiative used with the Richmond Early Intervention Service which we were informed was successful in converting some long term agency staff to permanent staff	· SWLSTG also have attended job fairs in London and elsewhere in the UK to try and attract enthusiastic professionals to come and work with us in areas such as Richmond Community Services for adults. · SWLSTG have a CQC Good status, being a national award winning trust for recruitment of nurses as part of the South London Partnership and coming out as having the most positive service user and carer feedback for Community Adult Services in London and 9th nationally. · Our recruitment and retention strategy includes staff development and training up to and including masters level. · Our SWLSTG offer for new and existing staff includes support with travel (TFL , Railcards, Cycle to Work Scheme) and accommodation. · Locums are encouraged to convert to permanent posts where possible in all teams · Richmond Clinical Manager is currently exploring active recruitment of final placement nurses in the borough to become substantive staff as a newly	· SWLSTG has a trust wide Workforce Matters group led by our Director of Human Resources and attended by our Chief Operating Officer and our Director of Nursing to offer executive leadership and guidance as to how with progress with the on-going challenges of recruitment and retention of staff which is recognised as a global problem. The group is continuously looking to explore creative ways to attract staff to our services.	Ongoing

		qualified nurse, on a preceptorship plan.		

6	Where possible, expedite the changes being made to the contact centre, again in light of the number of people affected including patients and professionals	· The Trust has commenced workshops in looking at the contact centre hub and improving this system.Phase 1 involved the procurement of new technology for the contact centre staff to use.Phase 2 began in June 2019 and will address the issues of culture and practice highlighted in your report: · Embedding of technology and the harvesting of data around calls, call waiting, transfers etc – which will allow us to better understand the flow and response. · The contact centre is currently commissioned to provide a service to 2 out of the 5 Trust boroughs · The inconsistencies in contact details, voicemail and communication from clinical teams – once calls are transferred · The Expectations of "Duty Teams" and clinicians for responding to messages · Contact Centre Staff have also been given customer training to help improve patient and user experience. · Richmond Stakeholders forum was updated on the progress pertaining to the Contact Centre at our meeting at Barnes Hospital on 19/6/19.	In the short term new technology Net Call is being installed going live August 1st 2019. The new system will provide: Full call handling metrics · Position in the queue · Queue jump (call back feature) · Call recording · Live dashboard · IM chat for deaf accessible from the Website	

7	Improve the communication protocols for RST nurses and doctors to ensure messages left by patients and carers are responded in a timely manner. This could include making it mandatory for all staff to share a phone number that guarantees a quick and direct link for patients and carers	· Recovery Support Team staff are expected to appropriately share their work contact details, including their work mobile number (making it clear these are not emergency contact details and are only to be used during office hours). This avoids delays from Contact Centre messages not being seen until later. They can be contacted when on visits away from the office this way by administrators. · Care plans include who to contact and how to contact both during and out of hours in case of crisis. · Administration systems are reviewed by the Business Administration Manager to ensure team systems for messages are being appropriately managed.		Ongoing
8	Introduce a standard to ensure all patients are advised of alternative access points for therapy locally and within the trust's Recovery College	· Care Planning with the person addresses all areas and may include discussion on registration at Recovery College. · Signposting to other organisations to meet needs is also part of care planning, if it is mainstream or if it is a service the trust does not provide. Care Plans are then discussed at a person's CPA Review.	Promotion by Recovery Support Team staff of the following two websites should assist with increasing how informed patients of these matters/services: http://advicerichmond.org.uk/directory https://www.rbmind.org/ (Richmond Borough MIND)	July 2019 Ongoing

9.	Revise systemic protocols around care plans to improve consistency in this area and mitigate any potential complications which may arise from the use of the agency staff	· Care Plan Standard Operating Procedure is in place · Care Plan Audit of quality is on-going, in the form of on a monthly audit reported to service line management. Findings are analysed and discussed at the Community Service Line Quality Governance Group.	· Richmond Governance Meetings are in place (July 19) where findings of the regular audit will be tabled and discussed if shortcomings are found. This meeting will be chaired by the Community Clinical Manager for Richmond Simon Coningsby.	
10.	Review the feedback provided by patients on their discharge from the Recovery Support Team.	· Feedback from patients and their families can be provided via the Feedback Live! Website. https://feedback.swlstg.nhs.uk · Service User and Carer feedback is monitored in Service Line Governance report monthly	· Richmond Community Clinical Manager chairs Governance Meeting. This forum will scrutinise the feedback received from patients and carers so that learning to improve the quality of care delivery can be identified and then applied.	Date