

South London and Maudsley NHS Foundation Trust (SLaM) Quality Accounts 2015/16 Response from local Healthwatch

This is a joint response to the South London & Maudsley Foundation Trust (SLaM) Quality Accounts 2015/16 from Healthwatch Southwark (HWS), Lambeth (HWL), Croydon (HWC) and Bromley & Lewisham (HWBL) because we share services which operate across these boroughs. We appreciate the opportunity to comment on the quality of the services provided by SLaM across their community and inpatient services.

Overall comments

We were pleased to see that many of the new Quality Priorities dovetail well with key findings of the trust's Care Quality Commission (CQC) inspection, the findings of other audits, quality guidance, and indeed many issues raised with local Healthwatch.

While progress on several of the 2015/16 Priorities has been steady, we notice that some goals need rolling over in order to achieve sufficient quality. We would therefore support more ambitious target-setting for future goals in order to inspire faster improvements.

We like to see more detail about the 'user feedback' which informed some of the goals, and the way it has been used to prioritise them - notably goals 7 to 9 on user experience. For instance, what did 'listening to local Healthwatch' lead to? The priorities 7 to 9 do reflect some feedback heard by local Healthwatch, but there are also other concerns and issues we are aware of (outlined in the final section).

In some places more detail on how goals will be achieved would be reassuring. This could include short summaries of the plans referred to (Safe and Therapeutic Services Strategy; Four Steps to Safety; Trust Acute Transformation Programme - Overspill Reduction Plan; Carers Strategy).

As patient champions, we are glad to hear of the Trust's plans to undertake benchmarking against areas of the patient experience survey, and for each CAG to develop actions against underperforming areas. We are keen to hear about this work as it develops.

Comments on Patient Safety Priorities 2016/17

1. Reducing the use of restrictive interventions, with target of reducing prone restraint.

This goal dovetails well with key CQC findings. We appreciate the Trust taking note of the fact that feelings of safety vary between patients with different protected characteristics and that it will work to address this.

2. Adequate staffing - reduce wards breaching safe standard by 30%.

This goal again dovetails well with CQC findings, and this was an issue local Healthwatch highlighted, prior to the inspection. Patients and visitors feeling frightened on the wards due to the behaviour of other patients and low staff presence, is an issue which has been raised by several people with HWS. HWS had also heard about lack of staff capacity meaning that patients are unable to take advantage of their leave or to exercise, which may damage patient recovery and experience (an issue also raised by HWC).

We are pleased to see that the Trust is committed to ensuring inpatient services have adequate staffing levels, but HWS question whether the target is ambitious enough given that these are minimum standards.

3. Risk assessment and management completion rates.

This goal is in line with CQC findings, and also reflects local audits and the review of suicides. Feedback to HWS has raised risk assessment as a concern, particularly for people discharged into the community or refused admission.

Comments on Clinical Effectiveness Priorities 2016/17

4. Effective physical healthcare assessment and intervention regarding cardio-metabolic risks.

This goal reflects CQC findings and the parity and interactions of mental and physical health. It also reflects findings by HWBL about service user needs. This is an enhanced priority, and therefore we would have liked to see more ambitious targets in this area:

- The baseline of 85.4% for inpatients is given, but in relation to the 2015/16 priority in this area, the Q4 score of 91% for inpatients is used as evidence for the goal having been 'partially' achieved. The new goal should therefore be at least to maintain and exceed this higher figure.
- There is no overall baseline for community patients (for the Care Programme Approach or early intervention services), but in Q4 2015/16, the score for Community Early Intervention in Psychosis patients was 68%. Therefore the goal of 50% feels unambitious.

5. User involvement in care planning; personalised care plans.

This dovetails well with key CQC findings, is a goal informed by service users, and reflects the themes identified in the review of suicides. Use of generic care plans and poor communication with service users about their treatment have been raised as issues with HWS.

Local Healthwatch note their appreciation of the Trust's work to improve patient involvement in their care through MyHealthLocker. We are happy to hear that service users are being consulted in terms of the acceptable use, privacy, and functionality offered by this platform. HWBL seek clarity on how the system allows for greater patient involvement in their care. HWL would like to hear about SLAM's analysis of who is not using the resource and why, and how access to the benefits of MyHealthLocker is being facilitated for those who do not have internet access.

HWS question whether a more demanding goal should be set than simply improving on the current baseline of 89% feeling involved. As we suggested last year, it would also be useful to know not only whether people felt involved in planning their care, but whether their care plans subsequently reflected their wishes and needs.

This priority should complement actions being taken as a result of the local audit on **Addressing Culture in Care Planning**. All of the Healthwatches are pleased to see that recognising culture is now part of care planning, as our research establishes that due to cultural differences some people may experience additional barriers and different outcomes from health care. HWL note that this work is in its early stages, with a focus on raising awareness of good practice among staff. HWBL would like to see the Trust's actions extended into providing training for staff about cultural differences, and providing information on mental health care for patients of different backgrounds. Local Healthwatch look forward to hearing about uptake, implementation and patient feedback on cultural aspects of care planning in next year's report.

6. Developing electronic systems to improve care delivery.

HWS feel the rationale for this goal is less clearly defined than for some of the others.

Comments on Patient Experience Priorities 2016/17

7. Reducing the number of external placements.

HWC have found that moving patients to other hospitals (including outside London) can result in 'unacceptable' problems for them, and for families struggling with the additional bureaucracy and travel times. This issue can impact on patient experience (as defined in the NHS Patient Experience Framework) in terms of timely access to care, involvement of family and friends and emotional support (if people's loved ones are further away). However, at the same time this is a very fundamental, structural issue related to the overall capacity of services, people's ability to access support, and patients' right to be treated in a local service where there is one. Some local Healthwatch therefore question whether the Patient Experience section of the Quality Accounts is an appropriate place for 'inappropriate placements' to be addressed.

We also suggest that data on the shortage of acute beds (and projections for the future) could be included in this report, as the scale of the problem is not clear.

HWS question why the proposed target is only to reduce inappropriate placements for adults and does not include children and young people.

8. Carers to be offered carers' assessment and plan.

We are glad to see another goal based on user feedback, and this also reflects findings of local audits, ongoing work in the Experience CQUIN, and complaints themes. HWC have found that hitherto, some carers have found their needs have often been disregarded. HWS too find that communication with carers is not always sufficient. The audit of suicides found that [poor] communication with patients/carers was a theme.

We think that this goal could be more ambitious and connected to real impact, measuring not only the number of carers with an assessment but their satisfaction with the resulting plan and its usage. Work under this theme could involve further proactive steps designed with carers to ensure their involvement in patients' care, accurate up-to-date information, and information on relevant agencies available. Regarding the backlog in carers assessments, carers should receive an explanation as to why their expectations were not met.

9. Improved environments and food.

The PLACE scores for 2015 were 99.61% for cleanliness and 97.68% for condition, appearance and maintenance. The baseline of 89.95% seems to be *only* for food, not an 'overall' baseline as described.

Bearing this in mind, the PLACE (Patient-led Assessment of the Care Environment) scores on their own increased 9% last year and are above the national average. Many of the CQC findings around the environment, findings of the audit on suicide, and actions listed here, relate to safety (e.g. ligature points) and fitness for purpose (e.g. Places of Safety), rather than patient experience. Thus while HWBL note that patients want to see improvement in the patient environment, HWL and HWS question whether this issue is as important as other areas of patient experience where concerns have been raised (see below).

The CQC found that improvements were needed around meals in some areas, including cultural issues, quality and attractiveness of mealtimes. Again HWBL also found that patients would like to see improvements around food, whereas HWL and HWS question whether this is the most important area of patient experience.

1. Patients feeling safe in hospital (focus is now reducing use of restraint (new priority 1) and improving staffing levels (new priority 2))

Ensuring patients feel safe can be a challenge in the mental health environment, and this has improved by 1%. We feel that this target was not ‘nearly achieved’ as stated on page 26 as the score was 82% when the target was 90%.

As the Trust points out, there are differences in response rate between the CAGs and it would be useful to see a breakdown of results, and details of how the Trust plans to work to improve experiences (and response rates) across the CAGs and boroughs. (This was also commented upon last year).

As noted above, people not feeling safe on the wards is also an issue that has been raised with local Healthwatch. The new priorities 1 and 2 should help to address this and we emphasise the continued importance of the Violence Reduction Strategy in addition to these. We hope that the Trust will continue to aim to meet and exceed last year’s target of 90% of people feeling safe on the wards.

2. Access to help in a crisis (a discontinued goal)

We acknowledge the improvements in this area and consider the opening of the new crisis helpline to be a positive step, including the fact that calls are logged and monitored so that learning can help prevent future crisis for individual patients. Some local Healthwatch have promoted the Crisis Line in their newsletters.

However HWS feel there could still be further improvement from 82% of patients knowing what to do in a crisis. The CQC reported that many outpatients’ care records did not contain clear, detailed crisis plans, and some carers/patients did not know what to do in a crisis out of hours. HWS engagement has also shown that fragmentation of care means some families are confused about who to contact in an emergency.

Furthermore, HWS caution that knowing what to do in a crisis does not correspond to good experiences in a crisis. We continue to receive a lot of negative feedback about the experience of presenting at the Emergency Department for mental health problems.

3. Clinical screening for physical health (a continued goal)

We acknowledge the improvements in this area for inpatients but agree with the continuation of the goal (see above), particularly as scores for patients in the community are low for patients on the Early Intervention in Psychosis pathway and likely to be low for others too.

4. Care planning (a continued goal)

We welcome the fact that more patients now feel involved in their care, but also the further improvement plans in this area (see above).

5. Carers assessments (a continued goal)

We agree with the rolling over of this goal given the limited improvement from 30% to 32% of carers being offered a carers’ assessment (see above). We would have encouraged a higher target than what was set to encourage faster improvements.

6. Environment (a continued goal)

We note the achievement of this goal and the fact that PLACE scores are now high, and above the national average.

7. Risk assessments (a continued goal)

While the level of risk assessments has increased, HWS agree that this still needs to be higher (see above). We support ambitious target-setting in the future to drive faster improvements.

8. Home Treatment Team support (a discontinued goal)

We note that HTT team support has been effective at least in Q4 with only 9% of those supported by the team under the Adult Mental Health model requiring inpatient care. However, we would like to seek clarity regarding in which areas this model has been rolled out and how many patients it covers.

On a related note HWBL is pleased to see a steady improvement on the number of people admitted to acute wards who had been assessed by the Crisis Resolution Home Treatment Teams. However, HWL point out that this figure includes assessments by Psychiatric Liaison Nurses in Emergency Departments, so it is not clear what proportion of the 95.9% figure was achieved through gatekeeping at home, which is what this indicator is meant to measure.

9. Substance misuse (a discontinued goal)

While it is disappointing that the substance misuse goal was not met for last year, we understand that not everything can be carried over and that this is to be CQUIN this year. The continued inclusion of physical health as a goal is positive.

Issues arising from the data provided

We note that there may be an error in the national data given on p24 for the average proportion of incidents recorded as deaths, which is greater than the highest score for a trust given.

There were 31 local Trust-wide clinical audits but only four are described. We would like clarity on why - is this because the others did not raise any concerns?

Based on the data provided, we noted the following issues:

- **Staff attitudes:** HWBL and HWS have heard both positive and negative stories from patients in relation to staff empathy, attitudes and communication at the Trust. The Trust-wide score for Service Users' Experience of Health and Social Care Staff has decreased from 8.1 from last year to 7.6 this year. While the decrease is on par with national results, it still reflects negative experiences and there does not seem to be sufficient analysis as to why SLaM could not sustain its previous achievements, and how it can improve again.
- **Staff welfare:** All of the Healthwatches are concerned, like the Trust, to see the data around staff experiencing physical violence from other staff, abuse from patients, and/or discrimination. We look forward to hearing about progress next year through the plans described, especially as some of these concerns were also apparent last year.
- **Dementia and learning disability training:** Congratulations are due to SLaM for being rated the best hospital trust in the country for dementia care by the Health and Social Care Information Centre (HSCIC), and for outstanding performance by learning disability services. However, we also note that the CQC rated wards for older people as 'requiring improvement', and that ward staff did not all feel confident in supporting people with dementia. This parallels the fact that in some wards staff on non-specialist wards did not feel comfortable supporting those with learning disabilities or autistic spectrum disorder.

- **Serious incidents:** We note that the proportion of incidents resulting in severe harm (0.9%) is higher than the national average (0.4%). We would like to know whether this has been analysed and what the reason is.
- We note that there could be some improvement around **pressure ulcers** but also that this is the subject of a major policy review.

Other areas highlighted through Healthwatch engagement as needing improvement

Equality issues: It is well-known that many of the protected characteristics, from sexuality to learning disability status, impact strongly on people's access to and experience of mental health care. The populations supported by SLaM are ethnically diverse and include refugees. We are pleased to see the inclusion of cultural issues in the focus on care planning, and that the Trust has noted that feelings of safety differ between people with different protected characteristics. However, we would like to see a still stronger focus on equality beyond the separate equalities strategy/objectives. The Trust would be in a stronger position than many to do this given that it is already collecting data in many areas, and we would like this to be built upon.

Patient rights, mental capacity and the Mental Health Act (MHA): HWS has heard of inconsistent practice regarding patients' rights under the MHA, and some patients unhappy about the information given to them while sectioned. Not all patients have been adequately signposted to advocacy services. This is the most significant theme in the CQC report not to be included in these Quality Accounts, with many challenges to the Trust in this area including ensuring all staff are aware of and record each patient's status, uphold the rights of informal patients and give them correct information, and understand the Mental Capacity Act.

Discharge: We note that SLaM is above the national target and national average for 7-day follow-up after discharge. However, a need for better support around discharge to help people recover and maintain wellbeing has been a key theme highlighted to HWS and HWBL. HWS have found that this could involve better involvement of carers, better advance planning with the patient, graduated support, and immediate help from follow-on teams. HWBL would like to see the Trust providing signposting to relevant support at the point of discharge. The follow-up appointment after hospital discharge would present an excellent opportunity to ensure the patient has sufficient information and access to support.

Engagement, therapy and activities in hospital and the community: HWC notes that there is no mention of therapy and activities for patients in the Quality Accounts, referring to the 2014 Mind report 'Somewhere to go, Something to do.' While (as noted above) the goal to improve staffing levels may help with this, there are also issues around staff attitudes and user choice.

Mental (ill) health stigma and awareness: HWBL engagement found a key theme to be stigma, and that many children and young people do not understand issues around mental health. HWBL would like the Trust to become a champion in promoting awareness around issues of mental health and in helping to reduce the stigma.

Waiting times and having to push for support: While we note that SLaM's IAPT referral times and referral times to the early intervention team for psychosis are above target, people have raised issues with HWS around long waiting lists for developmental interventions, and after referral to a CMHT (during which period they cannot go on the IAPT waiting list). The CQC recommended that the Trust monitor services to ensure timely access for children and young people, and noted delays in the South Southwark assessment and liaison team.

Transition to adult services: Healthwatch engagement before the CQC inspection found many families were not happy with the period of transition from children to adult mental health services, due to lack of robust handover. They felt they had lost longstanding relationships, trust and communication channels. This remains an area for improvement.