

Enter and View Report into Psychotherapy Services at Vivienne Cohen House



January 2020

Service	Psychotherapy Department
Service address	Vivienne Cohen House, 2 Crozier Terrace London E9 6AT
Provider name	East London Foundation Trust (ELFT)
Date/Time of visit	19 December 2019 / 13 January 2020
E&V representative/s	Catherine Perez Phillips Kanariya Yuseinova Ismael Rachid A Melissa McIntyre Paula Shaw
Healthwatch staff contact	Kanariya Yuseinova
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About Healthwatch enter and view visits

The Local Government and Public Involvement Act 2007 as amended by the 2012 Act and directed by Local Healthwatch Regulations 013 imposes a duty on health and social care providers (including the independent sector) to allow authorised representatives of Local Healthwatch to enter premises they own or control to observe the services being provided. These are legally binding directions and are often referred to as ‘the right to enter and view’.

Purpose of the visit

The purpose of any Enter and View is to collect feedback of people who use the services, staff who provide the services and other visitors (e.g. carers) where possible.

One in six adults has a common mental disorder such as anxiety and depression¹ Approximately 1 in 4 people in the UK will experience a mental health problem each year.

Mental health services are of increasing concern to the public. In Hackney mental health is a persistent issue, raised with us by the public as a key issue. As a result, Healthwatch Hackney decided that for 2020 one of our Enter and View priorities will be to review mental health services provision in the borough and report on the care quality.

¹ [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#)

We visited the Psychotherapy Department in addition to:

- Get patients feedback on the care and support they receive from Psychotherapy Department
- Talk to staff members about their experience of working at the Psychotherapy Department
- Observe the physical environment of the service
- Compile a report highlighting good practice and recommendations for improvement.

Our decision to visit was influenced by the following factors:

- Routine comments and feedback from service users received by Healthwatch Hackney
- A desire for Healthwatch Hackney to review mental health service provision within the borough

Acknowledgements

Healthwatch Hackney would like to thank Rory Bolton, the manager, and staff for accommodating our visit and the patients who participated in our interviews. We are also grateful to our volunteer authorised representative for conducting the visit.

Important Information for management/provider

- We expect the Psychotherapy Department to provide an 'action plan and response' to issues raised under 'Recommendations'
- We will publish the Psychotherapy Department Action Plan and Response along with our report
- Copies of this report will be circulated to the CQC, ELFT, Healthwatch England and will be made available on the Healthwatch Hackney website.

Disclaimer

- Observations made in this report relate only to the visit carried out at Psychotherapy Department on 19th December and 15th January which lasted for a total of 7 hours and 15 minutes and one patient feedback received via email. This time was divided between the Psychotherapy Department and another service.
- This report is not representative of all patients of Psychotherapy Department on the day of the visit. It only represents the views of the five patients who were interviewed during the visits, one patient's feedback received via email and the members of staff who were able to contribute within the restricted time available
- We notified the service five days prior to the visit
- We did a call out through our website and social media for anyone who wanted to share their views on the Psychotherapy department services.

Recommendations

All recommendations are based on patients' feedback and our observations

We identified the service could better promote the patients' right to complain. Complaints can help a service learn from patients and their carers how a service can be improved

Recommendation 1

Complaint information, including the Hackney Complaint's Charter and poster, should be displayed in all patient waiting areas and reception.

Recommendation 2

The service should ensure the building is fully accessible at all opening times and carry out the following actions:

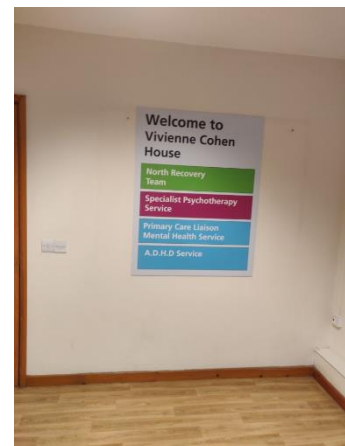
- all doors have automatically opening mechanism and are always opening to their full extent
- the ramp is always kept free of obstacles and any bicycles are parked in the appropriate space
- install rails to the first corridor for continuous support for people with walking stick



The entrance



Cycle parking



We suggest implementing a rail alongside the wall of this corridor

While sitting in the waiting area we identified a serious breach of confidentiality as one of our authorised representatives overheated patient-consultant conversation

Recommendation 3

The service should make sure that the consultation rooms have better sound insulation so confidentiality during consultations is kept.

We identified front desk staff could be more sensitive to patients' conditions as some patients told us they were not happy with the way they were treated when they entered the service.

Recommendation 4

First Aid Mental Health Training for front desk staff.

Patients told us the waiting room environment could be improved and would project a better image to patients of the service.

Recommendation 5

The waiting room should be regularly tidied by cleaning tea and coffee area as well as tidying leaflet stock.



We identified the office could provide patients and other visitors with better information

Recommendation 6

The service should make sure that racks are stocked with up to date information on: Accessible Information Standard, Dementia, Special Educational needs, Carer's support, Mental Health support groups, Healthwatch Hackney, Hackney's Complaint Charter and other relevant information that patients and carers may benefit from

We identified patient anxiety when an alarm rang.

Recommendation 7

The waiting area should provide information regarding fire alarms, panic alarms and rapid response team. Front desk staff should direct new patients to this information when they arrive for their first session.

The Service manager explained there has been a nearly doubling of referrals since 2015

Recommendation 8

Healthwatch to raise concerns at service quality and pressure on staff with CCG mental health commissioners and report back to the service and ELFT management.

Some patients told us they felt they could have been better informed by the service about the type of treatment they were to be given

Recommendation 9

Staff should, in writing, set out to the patient at the first session their treatment including information on therapy sessions, discharge and follow-up. This information should be included in patient notes.

"No follow up was made when the psychotherapist left, months after the sessions started. I was forgotten, and I had to remind them about myself by calling the department" (Patient 5)

Recommendation 10

When the service is told by a staff member they are leaving, or is on long-term sickness, the patient should be advised within 5 working days who their new contact at the service will be. Within 14 working days the patient should have a new permanent staff contact.

Improving the physical environment for patients and visitors

Recommendation 11

Review processes to ensure the physical environment is regularly checked and ensuring amenities, such as the toilets, are fully stocked for the patients' and visitors' needs. In addition, ensure all equipment within the service is in working condition.

The service should provide access to the garden for patients and visitors, whilst being able to keep confidentiality for patients in surrounding consultation room

Improving the working environment for staff to ensure they are better able to support patients

Recommendation 12

Senior management to support the Service Manager to review staff experience and implement measures to ensure staff feel supported and confident in the workplace.

Key information about the provider

- The Psychotherapy Department offers specialist psychotherapy treatments for adults over 18.
- The Psychotherapy Department offers a range of therapies including:
 - Cognitive Behavioural Therapy (CBT)
 - Cognitive Analytic Therapy (CAT)
 - Individual and group psychodynamic psychotherapy (PDP)
 - Interpersonal therapy (IPT)
 - Couple therapy and family therapy
 - Mentalisation-Based Therapy (MBT)

Location and transport

- Psychotherapy department is based at Vivienne Cohen House, 2 Crozier Terrace, Homerton, London E9 6AT
- The services have an entrance via Vivienne Cohen House and is working from Monday to Friday 9am-5pm.
- The main entrance is on a busy road, near numerous bus stops (236, 276, 308, 488, W15) and about a ten-minute walk from Homerton Hospital over ground station. The Vivienne Cohen house can be reached via bus, train, tube or DLR.
- The service is run by East London Foundation Trust (ELFT) ELFT Provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the city of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. You can be referred to the service via a mental health professional.

The conversation with the manager Rory Barton

Referrals

- Patients cannot self-refer. The referral can come from a health or social care professional but not necessarily from a medical professional. It could come from any NHS health professional involved with the service user, as well as from social workers, probation officers, housing officers, and from voluntary sector social care organisations. too
- Approximate percentage of where the referrals come from: *1/3 A third from Adult Improving Access to Psychological Therapies Programme(IAPT), a third from GPs, and a third from other sources such as secondary care psychiatric services, housing, local authority etc. For the 6 months between March and August 2019 32% of referrals came from GP's, 31% came from secondary care mental health services, 29% came from the local IAPT service, and 8% came from other miscellaneous sources.*
- We were told that over the past six months up to December 2019 the Psychotherapy Department received an average of 130 referrals per month. In 2015 the average was approximately 80. They have not had an increase in resource to manage this increase in demand. They explained have done their best to redesign the pathway within the service to try to ensure that people are offered a meaningful treatment as early as possible. As such they've developed a series of 1st stage treatment groups as the 1st intervention that patients are offered.

The service has the capacity to accept 120 referrals a month, however, they have been getting 140 a month and are again developing a waiting list. The manager expressed a view that the increase in demand has coincided with an increase in access targets for the local IAPT service which is going to increase over the coming years with a predicted doubling of the access targets for IAPT services.

Appointments system

In the past the service had found they had a high rate of Did Not Attended's for the first appointment (30%). As a result they trialed a new system whereby when a referral is accepted the person is invited to an information giving session. We were told as of December 2019, the average waiting time from referral to the Information-giving and enrolment session was 41 days. The average waiting time to 1:1 assessment was 116 days or around 18 weeks. The average waiting time from referral to start of the 1st stage treatment groups was 225 days.

18 months ago, the Psychotherapy Department had a problem with hitting the target. The City and Hackney Clinical Commissioning Group gave them non recurrent funding (this is one off funding) to clear the backlog. However, referrals have again increased, and a waiting list is developing again.

Another staff member told us that the service is not meeting one of its Key

Performance Indicators of 11 weeks for the 1st appointment, 18 weeks for the First Assessment, which is currently the highest across boroughs.

Treatment

People are only offered one treatment at a time.

Within the specialist MBT programme, six months before the treatment is planned to end there is a review with the patient to consider if further tailored support is required. Generally, the service seeks to encourage a period of consolidating of the patient's treatment so the patient can assess the impact of the treatment on their life. Patients are offered four banked sessions with their keyworker that they can take as and when they feel they need to; they could book one of these sessions if they required additional treatment. People may be linked into other services upon discharge and/or personal health budgets can be considered together with other recovery-oriented interventions.

The manager said “there has been a lot of service user (? Patients?) involvement in the development of the groups and they have received positive feedback from service users”.

Example include:

- “understanding trauma group” for people with active PTSD. The group teaches grounding techniques to help people manage symptoms.
- Psychotherapy Foundation” group – this explores emotions and how to manage them, attachment relationships, and invites people to explore their interpersonal roles and relationship patterns.

The service manager said 95% of people are happy to go to a group “*when the relevance of these sessions to their circumstances is carefully explained*”. From the feedback they have collected, patients have highlighted that they have liked hearing from others that have similar experiences, and that they have benefitted from learning more about their condition and factors that affect mental wellbeing. When asked about what was least helpful about the group sessions, the two main themes emerging were about people becoming emotionally distressed within the sessions and individuals dominating the sessions. The manager reported that they have modified the delivery of these sessions based on this feedback.

Another staff member told us that Group Therapy runs for seven weeks according to demographic and need. However, staff member said that if there is not enough patients to attend, the patients who would benefit have to wait and it feels like the long waiting lists negatively impact on the patient's personal care. They recommended streamlined services in line with the other boroughs, however felt there is not an adequate system in place to cover during staff holidays to support such a change. Because of this, appointments are placed on hold and patients have to wait longer for appointments.

The manager said that the plan for 2020 is to coproduce with patients the content and delivery of the groups.

Treatment of people with eating disorders

We were told that The Psychotherapy Department is not commissioned to meet the needs of people with eating disorder. The manager explained there is a gap in provision for individuals with more mild or moderate eating disorders. Currently patients are referred to the regional Eating Disorders Unit at St Ann's Hospital in Tottenham, Haringey.

A pilot has been commissioned as part of the NHS England community mental health transformation programme, but the manager said it has very limited resources to cover the boroughs of City & Hackney, Tower Hamlets and Newham. The plan is for the pilot service to take a population health approach aimed at early intervention

Current Service Provision for people with eating disorders

The service for eating disorders in East London is run by Barnet, Enfield & Haringey Mental Health NHS Trust, at a regional Eating Disorders Unit based at St Ann's Hospital in Haringey. They have an inpatient unit and some outpatient provision. In order to access this service, Hackney residents have to be under a secondary care service in ELFT who have to make the referral. The funding for the pilot is very small and is to cover the three East London boroughs not just Hackney. This amounts to 1 day of an 8B Clinical Psychologist Lead and 2 x 1wte Clinical Associate Psychology posts per East London Borough supervised by the 8B. Given the size of the resource, the proposal is to take a population health approach and the remit is for early intervention.

Often the problem for patients in the early stages of developing eating problems is that they currently they do not qualify for specialist input, because they do not meet diagnostic criteria. This can result in a worsening of a person's symptoms before accessing treatment. The working group on the development of the pilot includes the St Ann's Service, as well as The Talk Changes, and IAPT service has been invited to join. With the latter the manager is aware IAPT is proposing to offer a 12-session CBT intervention for mild eating disorders, which will fit in well in terms of the gaps in provision. This will be dependent upon CCG support for the initiative.

The referral criteria for the regional service at St Ann's are for individuals who are aged 18 years and above with a primary diagnosis of an eating disorder such as Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. People need to meet diagnostic criteria for these disorders and as stated referrals have to come from secondary care services locally. Therefore, there has been a gap in provision for people with mild presentations, who do not meet the thresholds that St Ann's has as a regional service. This is why ELFT put in a bid as part of the community mental health transformation project to develop

The Team

The Psychotherapy Department tries not to use agency staff. The service currently has 3 vacancies and will use some agency staff for the period up to the end of the financial year.

Complaints

Complaints – they have a close relationship with the ELFT PALS team. There is an ethos of trying to resolve things locally. The complaints leaflet is given out at the enrollment session.

Feedback

Following feedback, the service now offers free tea and coffee in the waiting area. They recognise that the building is not ideal and hard to find your way around and they plan to improve the seating and signage in the 2020.

Summary of findings/observations

Physical environment/ Cleanliness/hygiene

- The cleanliness of the waiting area and toilets was generally good apart from the tea and coffee station. The tea and coffee station was dirty and there was no milk provided.
- The waiting area was cold, and the lighting was very bright, making the waiting area look more like a hospital. There were few colorful pictures and paintings hanging on wall, which made the area feel less institutional.
- The waiting area had two small waiting spots with six hard armless chairs and a table in each.
- We saw two patient toilets in the waiting area. Only one of them had a unisex label. None of the toilets were Dementia friendly
- There were very limited reading materials in the waiting area
- There was a photocopier in the waiting area, just next to one of the waiting spots. The frequent use of it by the professionals made the area busier and noisier.
- Water machine was available for patients at the waiting area

Access issues (physical or accessible information) Any pictures?

- The main entrance to the building is through a big, heavy door which is hard to open. After pressing the buzzer, the reception staff will unlock the door, but the patient/visitor must open the door themselves. This can be difficult for new patient or visitor, especially if the patient is visually impaired, disabled or has a push chair
- After entering through the main heavy door, the patient will find themselves on a ramp, which leads to another big door. Once in the building, there is a small corridor, which faces another heavy door. On both days of the visit, neither doors were opening fully. The last door to finally access the reception had an "Automatic door" sign, but this was not working. This last door takes the patient to the main reception and the Psychotherapy Department's waiting area.
- There were two bicycles chained to the outside ramp which would cause a big obstacle for somebody in a wheelchair. We were told they belong to staff members

Repeat of first point

- The Trust has a contract with The Language Shop and the admin team will book interpreters where a need is highlighted. For ongoing therapy, they will try to arrange the same interpreter for each session, but this may not always be possible due to availability of the same interpreter.

We noted a janitor walking past the tea and coffee area without taking notice of the unkept area.

Patient centred care/dignity/safety

- The front desk staff took a while to acknowledge a patient upon their arrival, which left patients waiting for a long time
- Reception level was accessible, but the receptionists were behind a big glass. A microphone was available there but was not seen to be used by the receptionists. The receptionists were opening one of the glass wings to communicate with patients
- It is possible to hear the patients' therapy sessions from the waiting room
- Certain patients felt disrespected and upset about the way they were treated by their consultants during therapy sessions. *"I felt extremely attacked and distressed by the end of this session and vulnerable to potentially harming myself" (Patient 5)*
- When the panic alarm went off, there were no instructions to patients or visitors about what to do.
- A defibrillator was available at the waiting area
- First aid kit was visible in the area
- No Fire alarm nor fire extinguisher was visible in the area

Communication with patients/ Information

- Some patients said discharge processes were not explained to them, nor were they aware of what to expect when their last treatment session comes to an end
- Some patients told us that their views are not taken into account by the professionals
- One patient shared concerning feedback on how their complaint was dealt with by the professionals.
- No signage or information was available regarding procedure for panic alarm signal.

During our second visit the panic alarm went off from one of the therapy rooms at the Primary Care Liaison Mental Health Service. The protocol here is that every available staff member within the building becomes part of the rapid response team. Staff appeared to be running in and out of all doors in response to the alarm. But there were no instructions for patients or visitors about what to do and it felt very tense. Fortunately, no patients waiting at that point our staff and volunteers who were present. Two patients from the neighbouring service were leaving the building and said they were told by "a staff" to "leave immediately" as it was a fire alarm. It had in confirmed later that it was a panic alarm as a therapist had to press the alarm as they felt verbally abused by a patient (as a result of stress and his mental health issues) and the therapist felt at risk of physical assault.

- Poorly stocked leaflet racks - No information about How to complain, Dementia, Special Educational Needs, Carer's support or how to get involved with the groups.

- No public facing policies and procedures were available (i.e. how to complain, handling of personal data etc.)
- Patients' leaflets were not seen on either visit days
- Patient and Carer Feedback – the service use the Friends and Family system, but they have not been consistency gathering this data, reviewing it so there was no clear evidence of learning from patient feedback. However, the manager explained feedback and complaints is a standing item on the monthly business meeting agenda.

Patient feedback

Patient 1

The patient has been coming here for the last 18 months and started with attending PTSD group. Now he is on his 16th out of 18 one to one sessions. Since November 2019 he has had a physical issue which had big effect on his day to day life. The patient was concern that since then all the consultations are only around this issue and the effect on his life.

He thinks that 18 sessions are not enough for the challenges he is experiencing and would like to get more but has never had chance to discuss this further with his psychotherapist. He is hoping this will happen at the last two sessions. We couldn't continue the conversation as he was called for an appointment.

Patient 2

While at the Psychotherapy department's waiting area, a patient arrived visibly not well. She stood leaning against the column with crossed arms and her eyes narrowed. In about 5-6 minutes she was taken to a consultation room and left the building in about 25 minutes in the same condition.

We then spoke to the psychologist who dealt with her, he said that the patient was having a breakdown and was 40 minutes late for her appointment. He decided that a shorter therapy session would be more appropriate, as talking longer about the issue at that moment may not work well for the patient.

Patient 3

He found the rooms to be very noisy and pointed out a couple of notices which asked people to be quiet as there was therapy taking place. The patient said there needed to be more signs. He has mentioned this in his session but got no response.

When he used the washroom the soap dispenser was empty, and he feels the place is not looked after very well. Another example was the LED lights used in his treatment did not work. He suggested more resources would be good.

In 2018 he asked for EMDR treatment and was told "we decide" and he had to keep pushing for what he wanted. His first session was a group session which he found to be inappropriate, especially as he was asked how he felt about being "the only man in the group". He is now receiving this treatment, but he felt this could have happened earlier. He felt he was "done unto" and his own research was ignored (he queried the level of clinical experience of the staff). He felt the structure of the service was odd. He was told he would get 1.5 hours of treatment each month but this did not seem to happen. There were delays and when the member of staff he was seeing left, nobody picked up where they left off and he had to persist after this issue. He was worried about other patients who may not be as articulate as him and worried people may slip through the net.

He felt 2 years was a long time to get the treatment he needed, and the

process had not been easy. His mother died 2 years ago which triggered his illness. He felt he had to cope on his own at a difficult time. He was not aware of SUN; He was aware of Crisis help but had not used it.

Patient 4

She had waited 4 years for Psychotherapy and was starting HBT programme in February or March. She finds it hard to get through to staff on the phone.

She said all the staff were nice but that had not helped her long wait. She had got through her crisis on her own and had found private therapy (£600 pcm) which meant taking a job to pay for the therapy. The job was as a live-in carer and was not appropriate as she needed to be on her own. Since she had to give up the job, she lost her place to live and has returned to her parent's home

We discussed the “*poor relation*” of mental health and how there should be some national system to help prioritise who needs treatment. I suggested she explored Healthwatch Hackney and ELFT websites to see if any links could be made. She said she felt better for offloading her problems and had enjoyed our chat.

Patient 5

The patient has been using the service for over a year and a half and was referred here by their GP. The patient was at university the first time they received an appointment was not aware of it until they came back home for break. It took another 6 months to start receiving the services.

The patient had a mentor at the University which helped with her mental health otherwise their mental health would have gotten much worse given the trauma. *“I had individual sessions for 3 months then I was referred to the PTSD group which I found extremely useful. I wouldn't know I have PTSD if I wasn't referred to it. It is good to know that there are other people experiencing similar issues to yours. I trust my psychologist. She makes me feel comfortable and open to talk”.*

The patient's psychologist has signposted them to different and very useful services in Hackney, but the patient is not sure if they have a care plan in place.

“The reception staff and everyone else here is very friendly. I never felt rushed. I find the place safe and clean. May be a bit more pictures here will make it look even nicer”.

Patient 6

The patient has been involved with the department for over 10 years and has been through different assessments, 1:1 sessions and group therapies.

“I can say that they are so disorganised there, no actions are taken if something goes wrong, wrong appointment letters are sent with other people's details, the way

they deal with complaints, and especially with my complaint was not very professional and the waiting times for accessing any session or therapy is just too long”.

It took the patient around two years to get access to the MBT session after they were initially referred.

The patient was seeing a psychotherapist 4 years ago. The main thing they talked about during those sessions was why the patient did not want to attend the SUN group. The therapist described the SUN group to the patient as the following: “It is not run by professionals, there are other people who struggle too” and so on... This description did not sound very attractive to the patient.

However, when the sessions finished the psychotherapist left and the patient got completely forgotten by the service.

“No follow up was made, and I had to remind them about myself by calling the department. What I heard from the other side when I said my name was “Oh, sorry, the therapist left and eh, we forgot about you...” and trust me, this is not the first and only case”.

It took around 6 months to be referred to the MBT group, but first the patient had to attend “introduction sessions” for 10 weeks. The patient said the groups did not have any therapeutic importance. But they think the positive side of it was that you can see other people with similar issues to yours. The patient does not believe group sessions are bad, but everyone at the group has different level of needs. “Some are on heavy medicine, some are working and managing to cope with it, so having people at different stages isn’t very appropriate.”

The patient had to wait about 18 months to access the MBT group on weekly basis and there are also 1:1 session fortnightly which the patient doesn’t understand the point of.

“Once I was in another group which was supposed to go for 12 months. After six months of the therapy group, the psychotherapist left due to poor health and no one else was appointed to continue with the group and the group disintegrated”.

The patient says they are now asking patients to sign a paper to give consent for sessions to be recorded for training purposes.

Six months ago, the patient raised a complaint which they felt was swiped under the carpet.

During one of the patient’s weekly MBT session they were one of the only patients in the room along with a psychiatrist (who was male) who facilitated the group. It then turned out to be a 1:1 meeting rather than a group discussion. In the therapy session the psychiatrist made several comments about his experience with the patient which included him finding the patient to be “verbally attacking” towards him and that because of this “I imagine you are verbally attacking everyone else out there”. After

the patient questioned the psychiatrist's comments, the psychiatrist ended the session by telling the patient "I am only telling you what everyone else is thinking".

"I felt extremely attacked and distressed by the end of this session and vulnerable to potentially harming myself". The patient decided to ask to speak to another member of staff and when they went to the office the first psychiatrist quickly entered and shut the door in the patient's face. The patient was incredibly distressed at this point and their one-to-one therapist walked past and asked how they were. However, their therapist continued walking and then engaged in conversation with Dr Anton with no thought for the patient's welfare. The psychiatrist, then came to the door telling the patient he and someone else would speak to the patient shortly. However, the patient's initial request was to speak to someone else, which they thought was a reasonable and sensible thing to do. The patient knocked on the door again and politely asked if they could speak to someone. The Deputy Service Manager rushed to the door, and quite defensively, and very rudely, told the patient he was unavailable, and that the patient could call him at 2pm. The patient told him they had a meeting and he replied that he was unavailable until the next day.

"His attitude was not one of care or consideration or interest as to why I might be distressed because clearly he had been briefed by the psychiatrist already and they had made their decision that what I had to say was of no interest. I was then invited to a meeting and nothing that I was complaining about was denied. However, nothing has happened after that".

Staff comments

Staff 1

A psychotherapist

The conversation had to be kept short, as another patient was due to be seen.

The staff member said they are very busy, because the staff are not only dealing with patients, but they also must write reports and think about that else can be done for the patient. All this is time consuming.

"We need more professionals so we can concentrate better on patients and their issues. Not having enough staff of course will affect the quality of care".

The staff member likes *the small team they work in and they think the team is doing their best to help people, but they are not enough.*

Staff 2

Staff member explains there is a lack of mental health training for administrative staff and they feel customer service training should be adapted to reflect service users with mental health needs.

The staff member feels unsupported by higher management and does not see a shared vision across the departments.

The staff member said they are not meeting KPI of 11 weeks for the 1st appointment, 18 weeks for the First Assessment which is currently the highest across boroughs.

Group Therapy runs for 7 weeks according to demographic and need, however if there isn't enough service users to attend, the staff members say the service users who would benefit have to wait and the staff member feels that service user's personal care is being affected due to the long waiting lists. They recommended streamlined services in line with the other boroughs but also explained there isn't an adequate system in place for cover during staff holidays. Because of this, appointments are placed on hold and service users have to wait longer for appointments. Formal complaints are directed to PALS and informal complaints are dealt with in house

Summary of service user's demographic/equality information collected

Ethnic category	
White	4
Black or Black British	1
Other	1

Gender	
Male	2
Female	4

Psychotherapy Department comments on recommendations and Action Plan March 2020

Healthwatch Hackney recommendations	Service provider's response	Action to be taken	By when
<p>Recommendation 1 Complaint information, including the Hackney Complaint's Charter and poster, should be displayed in all patient waiting areas and reception.</p>	<p>We do see complaints as a learning opportunity and have a regular learning lessons agenda item in our team business meeting where we reflect on complaints, incidents and service-user feedback and modify our practices accordingly. Indeed, we will be reviewing the Healthwatch Hackney report in our business meeting on 04/03/20.</p> <p>We follow the Trust complaints procedures which operate on the principle of trying to resolve concerns and issues locally in the first instance if possible.</p> <p>At our Enrolment and Information-Giving sessions which all service users are invited to as a first contact when accepted into the service, they are given an information pack with the Trust complaints information leaflet included within it.</p>	<ul style="list-style-type: none"> • Obtain and display complaint's charter from Healthwatch Hackney in both poster and leaflet form within the reception area. • Ensure that the Trust Complaints information leaflet is on display and available within the reception. 	<p>31/03/20</p>

<p>Recommendation 2 The service should ensure the building is fully accessible at all opening times and carry out the following actions:</p> <ul style="list-style-type: none"> • all doors have automatically opening mechanism and are always opening to their full extent • the ramp is always kept free of obstacles and any bicycles are parked in the appropriate space • install rails to the first corridor to provide continuous support for people with walking difficulties 	<p>We acknowledge and recognise that the big heavy iron gate entrance from Homerton High Street is difficult to negotiate, and that the internal door at the first corridor is also unwelcoming and upon leaving the building it is not always apparent to service users that it is the exit. We have gone through a period of keeping open the iron gate during office hours but discontinued this following some security breaches within the building. CCTV and a new internal swipe-card system is currently being installed within the building which will mean that certain areas of the building will only be accessible to authorised people, which will improve security. We have already instigated a Quality Improvement (QI) project led by our Admin Lead to improve the quality of the environment within the building for service users and staff. As part of this project there has been an extensive process of consultation with service users in the form of both questionnaires and a focus group. Actions are already in process relating to many of the Healthwatch Hackney Recommendations.</p>	<ul style="list-style-type: none"> • Metal gate will be held open throughout opening hours (9am-5pm), once CCTV and internal security swipe-card system is fully installed (Currently being fitted) • There is a Capital Bid placed with the Trust Finance Department to improve the entrance to the building and the waiting areas. In this we have requested the wall identified to be knocked down and replaced with automatic glass sliding doors. We also plan to move the reception to the other side of the waiting area so that it is visible and facing visitors as they enter the building. • Staff from all services in the building to be advised not to park bikes on the ramp. • Signage to be put up requesting all bike users not to park bikes on the railings, directing to the designated bike area. • Quote for rail to be obtained and actioned. 	<p>31/03/20</p> <p>30/11/20</p> <p>09/03/20</p> <p>30/04/20</p> <p>31/05/20</p>
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<p>Recommendation 3 The service should make sure that the consultation rooms have better sound insulation so confidentiality during consultations is kept.</p>	<p>We recognise that the privacy of psychotherapeutic work is essential to creating psychological safety. The consulting rooms most affected by their proximity to public areas will be prioritised.</p>	<ul style="list-style-type: none"> • Soundproofing options to be explored with Estates Manager and Borough Director and actioned • Identification of rooms to be prioritized for this 	<p>30/04/20</p> <p>29/02/20</p>
<p>Recommendation 4 First Aid Mental Health Training for front desk staff.</p>	<p>We are aware of some complaints and difficulties with reception staff's manner with receiving service users and have already instigated a programme of mandatory mental health awareness training for admin staff, which was co-produced by service users from the Recovery College. We recognise that there are still some problems with some staff's customer service skills, so we have identified some externally provided customer care training for staff to attend.</p>	<ul style="list-style-type: none"> • Mental health awareness training was mandatorily attended by all CH admin staff in November 2019 • Customer Care training to be attended by all admin staff delivering reception duties • Admin leads to review rotation of staff at reception duties and consider shorter shifts for this demanding work. 	<p>Already delivered</p> <p>31/05/20</p> <p>31/03/20</p>
<p>Recommendation 5 The waiting room should be regularly tidied by cleaning tea and coffee area as well as tidying leaflet racks</p>	<p>The provision of tea and coffee within the waiting area was an initiative that came from service users as part of the QI project mentioned above. We acknowledge that the drinks station can become rapidly untidy and needs some regular oversight.</p>	<ul style="list-style-type: none"> • Rota to be implemented by admin lead for this. 	<p>29/02/20</p>
<p>Recommendation 6 The service should make sure that racks are stocked with up to date information on: Accessible Information</p>	<p>The Admin Lead who is lead for the QI project has ordered some new leaflet holders for the reception area which will be installed after the reception area has been redecorated, which is planned as</p>	<ul style="list-style-type: none"> • Leaflet holders ordered – to be installed after redecoration • Project ongoing to identify essential leaflets and 	<p>31/05/20</p> <p>31/05/20</p>

<p>Standard, Dementia, Special Educational needs, Carer's support, Mental Health support groups, Healthwatch Hackney, Hackney's Complaint Charter and other relevant information that patients and carers may benefit from</p>	<p>part of the project. The Admin Lead has also started a process of identifying the different essential leaflets and useful leaflets to be displayed within the reception and will develop a process by which the racks can be kept stocked.</p>	<p>processes for keeping updated</p>	
<p>Recommendation 7 The waiting area should provide information regarding fire alarms, panic alarms and rapid response team. Front desk staff should direct new patients to this information when they arrive for their first session.</p>	<p>We think that the alarm which sounded that caused anxiety for service users was the staff panic alarm. The building has only recently in the past 18 months been occupied by two new services, the North Hackney Recovery Team and the Primary Care Mental Health Liaison Service. Whilst meetings have been held between operational leads for the three services within the building to consider building-wide protocols re: security etc. there are still some areas that come to light that highlights the need for further co-ordination between services.</p>	<ul style="list-style-type: none"> • Pinpoint rapid panic alarm system for the whole building to be reviewed • Fire response info to be updated including signage • Reception staff to be briefed about responses in the event of any of the alarms going off to include reassurance of service users in the waiting areas. 	<p>31/05/20</p> <p>30/04/20</p> <p>09/03/20</p>
<p>Recommendation 8 Healthwatch to raise concerns at service quality and pressure on staff with CCG mental health commissioners and report back to the service and ELFT</p>	<p>The Psychological Therapies Lead who oversees the Specialist Psychotherapy Service (SPS) and Directorate Management Team are already in discussion with the CCG and the borough Psychological Therapies and Wellbeing Alliance about the increase in</p>	<ul style="list-style-type: none"> • PT Lead and Borough Director/Clinical Director to meet with mental health commissioners regarding the demand on SPS 	<p>30/03/20</p> <p>Ongoing</p>

<p>management.</p>	<p>demand for the service, and across the borough. A meeting with the mental health commissioners is planned to review the whole provision of psychological therapies across secondary care. There are opportunities within the new pilot project for the transformation of community mental health services within the borough to reform how the psychological needs of the population are met, where a population health and community psychology approach is going to be implemented.</p> <p>Moreover, SPS is in the process of setting up a new service user involvement QI Project which involves two main strands: 1. To form a focus group of service users who have accessed SPS to involve them in helping to review how resources are currently deployed according to the demand and consider alternative ways of doing so; 2. To develop a cohort of service users and carers who have accessed SPS for involvement in co-delivery and co-production of interventions, including psycho-education and peer support elements.</p>	<ul style="list-style-type: none"> • Psychological provision to be reviewed as part of the ongoing transformation pilot project for community mental health services. • New QI Project Lead and PT Lead to identify a cohort of service users who have accessed SPS to form the project group. • New QI Project Lead and PT Lead to arrange meeting with Trust People Participation Lead for psychological therapies 	<p>until 2021</p> <p>30/03/20</p> <p>14/03/20</p>
<p>Recommendation 9 Staff should, in writing, set out</p>	<p>Extensive information is given to service users at our Enrolment and Information-</p>	<ul style="list-style-type: none"> • SPS to review the content of the Enrolment sessions and the 	<p>30/04/20</p>

<p>to the patient at the first session their treatment including information on therapy sessions, discharge and follow-up. This information should be included in patient notes.</p>	<p>Giving sessions which all service users are invited to as a first contact when accepted into the service. This includes information about the different types of therapy offered within the service, what the focus will be in sessions, what to expect in terms of the pathway within the service, discharge procedures etc. They are given a pack of written material which summarises this. It is possible that the service user interviewed where this was a problem entered the service before these sessions were routinely implemented.</p>	<p>written content within the information packs given out to ensure that it is up to date with current procedures.</p>	
<p>Recommendation 10 When the service is told by a staff member they are leaving, or is on long-term sickness, the patient should be advised within 5 working days who their new contact at the service will be. Within 14 working days the patient should have a new permanent staff contact.</p>	<p>Usually when staff leave, they work a notice period of 3 months so there is a transition period whereby a new nominated contact can be identified, and a proper handover can be made if a treatment is incomplete.</p> <p>The testimony of the service user who spoke about being forgotten after having completed a treatment says that they have been open to the service for 10 years. This is now very unusual as in order to ensure equity of access to the service with the current demand we are under we are no longer able to offer multiple treatments but will be working towards discharge with a recovery plan</p>		

	<p>after a completed treatment rather than handing on to someone else. We have a policy now that we will not see people who are re-referred back to us within a year of having completed a treatment. Service users on waiting lists for treatments are made aware of the crisis resources available within the borough whilst they are waiting. Due to demand on the resources we have and to ensure it is deployed for the purposes of treatment we only offer interim appointments to service users waiting for treatment if a clinical need is identified either by the team or the clinical supervisor.</p>		
<p>Recommendation 11 Review processes to ensure the physical environment is regularly checked and ensuring amenities, such as the toilets, are fully stocked for the patients' and visitors' needs. In addition, ensure all equipment within the service is in working condition. The service should provide access to the garden for patients and visitors, whilst being able to keep confidentiality for patients in</p>	<p>Access to garden spaces is only available either through offices or consulting rooms. We feel that this will not be possible currently in terms of protecting confidentiality of consulting room spaces and maintaining security within the building. Since the Healthwatch Hackney visit, the bins within the toilets have been replaced with larger capacity pedal style bins which we hope will keep the toilets tidier.</p>	<ul style="list-style-type: none"> • Bins have since been replaced throughout the building with pedal style mechanism and larger capacity to hold waste. • Establish rota for staff to monitor the physical environment of the public areas within the building 	<p>29/02/20</p> <p>30/03/20</p>

surrounding consultation room			
<p>Recommendation 12 Senior management to support the Service Manager to review staff experience and implement measures to ensure staff feel supported and confident in the workplace.</p>	<p>We previously trialed a QI project focusing on staff wellbeing and will revisit this if it is seen to be helpful. There are regular site visits to the team by senior management including the borough director and clinical director, and members of the executive team, which have resulted in recommendations and actions implemented to support staff, such as the building security measures currently being implemented, the purchase of equipment to help with the delivery of psycho-educational sessions. Specialist clinical supervision sessions are externally commissioned to support staff with their work and staff have been supported to access relevant training both financially and with study leave.</p>	<ul style="list-style-type: none"> Continue with regular visits to the service and staff consultation sessions with senior management. 	<p>Ongoing</p>