

FoCUS Committee August 2018 Issues & Responses

East & Mid

1. FoCUS Members who recently attended the E&M Mental Health Stakeholders meeting heard from SABP and commissioners that they have secured 9 out of the 13 current beds to remain at Langley Green Hospital after March 2019. It was also understood that the options for a new hospital in the East include land for redevelopment on the East Surrey (SASH) hospital site or redeveloping the Meadows in Epsom.

Members also had site of a document showing the proposed new site development at the Abraham Cowley Unit (ACU).

Can the Trust please update FoCUS regarding the situation at Langley Green Hospital and the proposed new sites for development in the East.

Is there a document that shows the proposed new site development at the ACU that can be circulated?

Please see the briefing in the accompanying papers regarding Langley Green beds. The plan will be shared through the user group on which there are representatives from people who use services and carers. The property team will also issue a newsletter to update people.

2. Some FoCUS Members suggested that volunteering for the Trust is a very complex process and wondered whether there is there a simpler way of doing this – there is quite a bit of travel involved in getting to HQ and a blood test is also required. Are all volunteering roles subject to this detail and does this put people off volunteering? Can the Trust look at this in line with the new work they are doing on participation?

Yes, we will be looking at the pathway for volunteering in the participation work we will be progressing and would like to work alongside you on this.

North West

3. One FoCUS member recently reported 'good news' to the FoCUS Committee about two nurses in Mole Valley, however it seems that this has not been reported back. FoCUS would like to ask the Trust about the process of communicating good news back to staff following the FoCUS Committee.

Thank you for your feedback – the good news is usually fed back to the teams following the Committee. We will make sure that the team

managers and our staff receive this directly going forward so we do not miss anyone.

4. Please can the Trust provide an update as to when the feedback from the QI project around CMHRS Reception areas will be available to FoCUS? FoCUS also feel it is important to continue with the 15 steps so that best practice can be shared and practice that may not be so good can be improved. Things need to be done quickly – reports take too long to be drafted, circulated and acted on.

The Group has met twice, chaired by Evonne Hunt.

Analysis of incidents reported from reception and key factors identified

Moving forward the group identified 3 issues around reception for further investigation

- ***The environment***
- ***How reception area are staffed***
- ***Consistency of processes to welcome visitors and to respond to incidents***

We will keep FoCUS updated on the progress of the project.

Chris Rivers

5. FoCUS members commented that one of the best working parts of the Trust is the Recovery College, however some of the students are having issues accessing courses, either due to physical problems or additional mental health concerns such as social anxiety. Some volunteers often meet students prior to the courses so they don't feel anxious. Can the Trust look at how these courses can be more accessible and perhaps be part of a person's care plan? There are a lot of students that want to attend but cannot.

The courses at the Joseph Palmer Centre are not well attended and need to be promoted more widely.

Thank you for your feedback and it's great to hear how valuable and useful the Recovery College is for people – we have asked the Recovery College to follow up the issue about accessibility. Would the area groups like the Recovery College to attend to discuss further?

South West

No issues raised at present.

West

6. FoCUS has recently asked the Trust to clarify the difference between a complaint and a concern. After the response was received some members still felt that it did not make clear to the person using services or carers whether something would be dealt with as a concern or as a formal complaint. Making a complaint should be empowering for the person and should be part of the whole involvement process – is everything dealt with as a concern initially?

Some members reported there was resistance from the Trust to make a concern into a formal complaint.

When someone contacts the complaints/PALS team, we are led by them as to how they would like the issues resolved. This is different for different people as previously explained. Every person has a conversation with the Complaints team. We have many examples of where we have encouraged someone to consider making a concern raised into a complaint especially where there are complex issues. We have also undertaken investigations into issues when someone has not wanted to raise a complaint due to the nature of the concerns. We do try to resolve concerns as soon as possible but we are not trying to reduce the number of complaint investigations. We want to help the person get their concerns resolved as soon as we are able to.

We do not believe that the culture of the team is providing a barrier to having complaints investigated and we are sorry if that is how it has felt for some people. If there are specific examples of where this has been experienced, then I am very happy to meet to explore this further.

We have a new Complaints and PALS Manager, Dorothy Cridland who has replaced Tracey Pettit. Tracey left to join a London Trust as their complaints manager as a promotion.

FoCUS suggests:

- There should be wider knowledge about making and how to make a formal complaint. ***It would be good to hear your suggestions how we can do this?***
- The Complaints and PALS team ask the person at first contact if they want to raise the issue as a concern or formal complaint – ***this is in place***
- Every concern should be raised as a formal complaint and once the Trust have met with those concerned the status would be agreed if the person complaining is agreeable. – ***As explained above, we agree with the person if they wish for a complaint plan and investigation and proceed accordingly.***

- How does this link with safeguarding and do the Trust bear this in mind when looking at a complaint or concern? – ***if we see any safeguarding concerns, this is investigated in the complaint investigation in collaboration with our safeguarding leads.***
- How do the Trust support people with a learning disability to raise a complaint? – ***we have easy read complaints material available but this is a priority for the team going forward as we get few complaints from people, families and carers who touch our learning disability services so we recognise there is more to do to get this right.***

Jo Lynch

7. The Group discussed Carer Practice Advisors (CPAs) and noted that there are no CPAs in the Hants area of SABP services. Many Mental Health carers are having difficulty with the carers support service the Princess Royal Trust provides in Hants and they have stated that they need specialist carers support and advocacy provided by people skilled and familiar with mental health services, processes and law specific to mental health which is different to generic carers support. In the Surrey area of SABP CPAs are available to help navigate carers through secondary care. This is an equality issue that must be addressed – the Trust should be ensuring carers in Hampshire have access to quality carer support.

Hampshire County Council commission the Carer services in Hampshire and this service is a generic carers service provided by The Princess Trust.

Hampshire County Council are now undertaking a re-procurement exercise for the delivery of generic Carers service and a Dementia Advisory Service – this service will be delivered from 1st April 2018. We will feedback your concern to the Council.

Ann Stevenson

8. There continue to be a number of concerns with discharge from secondary care and many members highlighted inconsistencies in the process with people continuing to be discharged without notice. This is often not done compassionately, and many people have no care plan produced at the time of discharge. FoCUS feels this really needs urgent attention.

FoCUS also heard reports that Dr Shuttleworth (Aldershot Centre for Health) has a discharge process that his team should be following, but they don't - this appears to be a local policy. FoCUS would like to see this NE Hants policy; and asks how the Trust controls local policies to ensure they are in line with the main Trust policies – how are versions and dates controlled to ensure they

are not out of date? There appears to be no central scrutiny, what are the Trust doing to stop this variation?

Members have stated that these discharge issues are often a safeguarding concern!

We are grateful that this has been raised as this feedback has supported the teams to look at the practices with the discharge process. NEH has the same discharge processes as set out in the CPA policy. Since this has been raised the team have looked at discharges and for the majority we are following the policy. However it has come to light that there have been some discharges which have not followed the appropriate process. This has been discussed within the senior team and we have looked at quality improvement to ensure a consistent compassionate process.

In NEH, we are looking at a sample of people who have been discharged and using this to assist new internal processes using an internal discharge check list that will be a tool to assist staff in discharging compassionately and assisting move onto third sector resources as appropriate. We created a tool for assessments which has been successful (praised by the RCPsych) and we use this experience feedback for discharges too going forward. There is no additional protocol and the tool described above is to aid best practice.

Maggie Gairdner

9. Following on from the discharge issues highlighted in Question 8 please can the Trust update FoCUS as to when will the discharge leaflet will be ready for circulation? Could FoCUS also see the feedback from the audit of CMHRS letters that took place last year?

To be updated

10. It has been brought to the attention of FoCUS that the Aldershot Safe Haven is closed for supervision meetings on the first Monday of the month and therefore not open from 6pm as advertised - they open from 7.30pm on these occasions which can be difficult if someone is bordering on/or presenting in crisis. FoCUS would like to ask that
- dates and times of closures for regular supervision be widely communicated, in advance, to avoid distress for those arriving to find it closed.
 - Can the Trust comment whether similar supervision meetings take place at other safe haven's during scheduled opening hours?
 - Can supervision take place outside of regular opening hours?

Dates and times of closures for regular supervision be widely communicated, in advance, to avoid distress for those arriving to find it closed.

Response:

We are really sorry that Aldershot safe haven opens late on the first Monday of the month which may inconvenience people using services. These dates and times have been communicated with people in advance to inform people. However we will ensure this information is widely circulated.

b. Can the Trust comment whether similar supervision meetings take place at other safe havens during scheduled opening hours?

Supervision meetings in Safe Havens are as follows

Aldershot Safe Haven – supervision meeting takes place **6.30pm-7.30pm** on the **first Monday** of each month

Woking Safe Haven supervision meeting takes place on the **third Monday** of each month from **6pm-7pm**

Guildford Safe Haven –supervision meeting takes place on the **second Monday** of each month from **5pm-6pm**

Epsom Safe Haven supervision takes place on the **first Wednesday** of each month between **5pm-6pm**

Redhill Safe Haven supervision takes place on the **second Wednesday** of each month between **5pm-6pm**

Can supervision take place outside of regular opening hours?

Response:

We have been successful in ensuring that supervision takes place outside opening hours in some safe havens to reduce the inconvenience this causes for people using services. In Epsom, Redhill and Guildford Safe Havens we have our supervision before opening times. In order to achieve this in the other safe havens has been challenging and we welcome your feedback on how this may impact on people who use services and families.