FoCUS Committee November 2018
Issues & Responses

East & Mid

1. **Emergency Psychiatric Medication: FoCUS members learnt that individuals are unable to get a prescription for psychiatric medication from their GP unless it is on record, however out of hours GP's do not have access to a person's health record unless the person is attending A&E. There seems to be a gap in the provision of emergency psychiatric medication without the individual having to visit A&E.**

   Do community mental health services have a meeting with a person's GP to plan discharge, medication etc. and if so is there are process in place for this?
   As and when people using our service are seen by our Consultant Psychiatrist, a letter is generated after each appointment detailing the care plan and this includes medication. As we plan a discharge for a person using our service, a Discharge CPA meeting is arranged. GPs are invited to this however seldom attend due to other work pressures. The CMHRS will then on discharge write a discharge letter to the GP and this will include information about an individual's medication. We also have a consultation process where GPs can contact a Consultant Psychiatrist in our CMHRS teams for advice and support about someone's care and medicines management. The uptake of this is growing.

   A copy of this letter is then uploaded on to SystmOne and is available to any member of staff who has access to the system.

   If an Out of Hour GP had a query regarding medication for a person using our service, they can still contact Crisis Line/SPA, who have access to SystmOne and make their enquiry. In the absence of any information depending on the individual circumstances, an Out of Hours GP can prescribe in an crisis/emergency situation and then request that the individual is reviewed by their GP at the earliest time possible following the prescribing of the emergency medication.

   Shahieda Sujee/Tham Dewa – Community Services Managers

2. **Concerns regarding the ACU (Abraham Cowley Unit):**

E&M FoCUS Members raised a number of concerns about the ACU noted as follows:

- **Nurses having to come from the wards to pick up patients and visitors from the airlock in the ACU remains a concern for E&M members who feel**

this takes away from nursing time on the wards. It was suggested that security is needed to carry out this role in the interim.

- **Anderson ward needs something on the stairs i.e. fitted carpet as Members felt that if someone falls down the stairs there will be dire consequences.**
- **There is a fire extinguisher situated opposite Blake ward, next to the lift which can be easily accessed (and next to it is a window) this is dangerous and FoCUS would like to ask the Trust to have this moved or secured safely.**
- **Anderson and Blake wards have a hot tap that is accessible to all and people are burning themselves on this.**
- **There needs to be secure bins in the ward as some patients eat out of communal bins and may get food poisoning.**

Thank you for taking time to raise your concerns.
We are currently looking at the operation around the airlock to get the balance right between security and people's experience including the impact any plans have on the time spent by our teams on our wards.

We try to ensure that our staff greet visitors where possible from the airlock to give support to people who may not be familiar with ACU and to reduce the risks that we currently have regarding people leaving through the airlock. There is a bigger piece of work that we are currently looking at in relation to the airlock and security and we would be keen to feedback on progress that we make.

We try to keep the stair areas clean and may find this difficult if a carpet was used. I will discuss this with our property team to see if there are any possible solutions. However, we have a lift on the first floor just outside of Anderson ward and would suggest that this may be preferable to use if patients feel unsteady on the stairs or have an identified risk of falls.

I will discuss the fire extinguisher with estates and see if it can be boxed in.
I understand that the hot taps are used to make drinks on the wards and that the water needs to be a certain temperature I will check with maintenance to see if it the temperature is at the correct level. Please be assured that we support anyone with management of risk in this regard.

I will discuss the bins with the ward managers and estates and see if we can consider other options.

Claire Clifford – Matron at ACU

3. Prevention of Future Death (PFD) Notices: E&M FoCUS Members are concerned that SABP have had more PFD notices than any other Trust in the South East and felt this needs highlighting to the Trust again to ensure work is taking place.

Prevention of future death reports (PFD) are written by Coroners where something revealed in an investigation gives rise to a concern that if no action is taken then there is a risk of further deaths occurring in the future. Such reports have become more commonplace since the Coroners and Justice Act 2009 came into force in 2013 which replaced the old Rule 43 concerning PFD reports with Regulation 28 of the Coroners Investigations (Regulations) 2013. The most significant change was the emphasis, as under Regulation 28 a positive obligation was placed on Coroners to write such reports where such issues are identified. PFD reports are often viewed as a punishment upon the recipient, but it is in fact a public safeguard designed to bring to the attention of the recipient a concern which should be looked into and action taken. For example a vehicle fault identified at Inquest may result in a PFD being sent to the manufacturer and also the department of Transport. The latter is unlikely to have been directly involved in the Inquest but should properly be made aware of the concern identified and are in a position to take action. Sometimes Coroners will issue a PFD in circumstances where it is considered that raising the profile of the issue identified will assist the recipient in effecting a change, such as bolstering a case for commissioning, therefore using it as a tool for positive change. Once an organisation receives a PFD they have a period of 56 days to provide a response. Any PFD issued will be copied to anybody identified as Interested Persons in the Inquest and also to the Chief Coroner. The PFD and any responses may be published in full or in part on the Chief Coroner's website, but this should not be considered an exhaustive list.

In the period January 2017 to date Surrey and Borders Partnership NHS Foundation Trust has received 4 PFD reports. Following receipt of such a report the Trust creates an action plan to effect any changes required so that a robust response can be provided. Learning from PFDs is disseminated to the relevant Teams and to the Divisions via their monthly Quality Action Groups.

Matt Mansbridge – Legal Services

North West

Items from NW have been included on the FoCUS Committee Agenda.

South West

4. **Referral times: SW FoCUS Members would like to ask who devises the target for referral from the GP to the CMHRS, is this monitored and by who? Please can you confirm the current referral time is 28 days and update FoCUS as to how well the Trust are performing against this target as FoCUS has heard of a number of experiences that far exceed this timescale?**

   Will the introduction of the SPA (Single Point of Access) have any effect on referral times?

   Our waiting times target is set by our Commissioners and monitored through our monthly quality meetings with the CCG's. Our current median (01/09/2017 – 31/08/2018) waiting times for our CMHRS's are:

Team	***Wait times***
CMHRS Elmbridge	*24*
CMHRS Epsom	*27*
CMHRS Guildford	*32*
CMHRS Mole Valley	*28*
CMHRS NEH	*27*
CMHRS Reigate	*25*
CMHRS Runnymede	*21*
CMHRS Spelthorne	*33*
CMHRS Surrey Heath	*20*
CMHRS Tandridge	*27*
CMHRS Waverley	*30*
CMHRS Woking	*26*

   SPA – we can discuss the impact of the SPA in the update from Georgina at the Committee when she presents an update.

West

5. **Requesting a change: FoCUS members would like to ask the Trust how someone receiving therapy is able to request to change the person treating them due to the relationship breakdown and whether this is monitored/audited to check for any patterns developing?**

The person who wants to change their therapist can discuss this directly with the therapist. When they find this difficult they can write to the service manager or the therapist's professional lead. The manager/professional lead will then discuss the reasons for wanting to make the change with the person and with the therapist. A good therapeutic relationship is important for the outcome of the treatment and therefore all such requests will be carefully considered. If the identified difficulties

are not due to the treatment options and the person requesting the change and his/her therapist cannot resolve the relationship issues, a new therapist can be offered to the person. This may sometimes require some waiting time.
If a number of requests to change a therapist are made in relation to one therapist, this is addressed through the supervision and, if necessary, through a development plan.

Metka Shaw-Taylor – Director of Therapies