



FoCUS

South West Surrey Area Group Meeting Wednesday 2nd January 2019 1pm – 3pm

Godalming Baptist Church, Queen Street, Godalming, GU7 1BA

Minutes of the Meeting

Attendees: Rosemary Moore (SW FoCUS Rep), Tony Hall, TMG, Alex Lepkowski, Claud Norris, David Muir

Anne Cornell (Interim CMHTOP Manager), Georgina Foulds (Associate Director for Crisis Care, SABP), Donna Davies (Advocate), Natasha Cumberland (Waverley CMHRS Manager), Caroline Hampshire (Welcome Project), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: Simon Telling, Person A, Person B, Paul Earl, Linda Galligan

1. Welcome, introductions and ground rules

Jane Ahmed welcomed members and reminded the group about the ground rules.

2. Minutes of previous meeting (December 2018)

Accuracy

The minutes were agreed as an accurate record.

Actions from December 2018:

Not all actions from December have been responded to and the support team are working with the Trust to address this.

1	When visiting Victoria ward an inpatient asked the FoCUS
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	<p>Involvement Facilitator whether it would be possible to have a broadsheet newspaper on the ward instead of two tabloids; they had been told it was not possible due to cost. Can FoCUS the Trust ask whether it is possible for the ward to have a broadsheet newspaper delivered?</p> <p>Ongoing – awaiting response.</p> <p>Rosemary Moore felt there is no reason why people can't have the newspaper they want.</p> <p>Tony Hall asked for it to be minuted that he will feedback to Healthwatch.</p>
2	<p>Jane Ahmed has received an email from a FoCUS member about the delivery of poor information for carers and outlined the example given. The person made a number of suggestions that will be forwarded to the Trust. They would also like to thank the Trust for their efforts. It was suggested that the points raised were forwarded to Ann Stevenson for comment.</p> <p>Ongoing: The comments have been passed to Ann Stevenson for comment.</p>
3	<p>Support team to find out information previously given to FoCUS about complaints. The queries relating to this action have been addressed separately and further details are noted later in these minutes.</p> <p>Tony Hall advised that the process for making complaints to the Health Service Ombudsman is now in easy read and is available for FoCUS Members.</p> <p>It was agreed that FoCUS would ask if the People's Experience Report includes a breakdown of the different informal complaint areas so they are able to see where issues are arising?</p> <p>Rosemary Moore queried who decides that the complaint has been satisfactorily resolved – there needs to be an acknowledgement from the person making the complaint that the Trust has responded to the persons satisfaction and it should be highlighted if not.</p>

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| 4 | <p>The SW Group would like to hear more about the Substance Misuse services at a local area meeting and suggested that Catalyst could do a joint presentation with them.</p> <p>Completed. Unfortunately, the Substance Misuse team are very small and do not have the resource to send a staff member to each area meeting as they need to focus their capacity on seeing people, attending essential meetings and child protection conferences.</p> |
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Matters arising

Rosemary Moore was pleased Janice Clark attended the last SW FoCUS meeting highlighting that Farnham residents would now be treated at the Aldershot CMHRS.

Rosemary Moore suggested FoCUS invite the Trust's Bed Manager to come to local area meetings to confirm that it is not the healthcare professionals that decide where a person is placed. Rosemary commented that the CQC are concerned if a person is an in-patient longer than 50 days. Georgina explained that it is not about discharge in 50 days it is making sure people are reviewed intensely; it would be concerning if the Trust had a large amount of people staying for long periods and therefore those over 50 days get more intensive reviews etc. Many cases are very complex and people can be poorly and it is about making sure they get the treatment they need.

Georgina Foulds was able to inform the group of the normal protocol around bed management which is if there are available beds the person would go to their local ward. However, if there are significant pressures the Bed Manager steps in to ensure there are beds for people and this may mean that some people have to go to other wards. Rosemary confirmed that it would not be the doctor who would decide where they go and Georgina explained that the referral will be made and Mel Tomlinson, the Bed Manager, who will allocate a bed. Georgina advised that it is good practice for the Bed Manager to oversee this and have a point of contact to know where beds are available and when they can be accessed. There are daily conversations with the Home Treatment Team, CMHRS's and the Bed Manager which are overseen by Mel Tomlinson and Lloyd Bisnouth. TMG commented that the issue is that there are not enough beds and this is a national issue which is growing.

Tony Hall asked how bed statistics are measured and how information is fed back. TMG suggested a Freedom of Information request. Georgina

advised that there is lots of data on bed usage and it is one of the Trust's significant pressures which they are constantly monitoring; the data is scrutinised and it is something as a Trust they are fully aware of. There has been constant pressure for the last 6-9 months which is more than it ever has been.

Georgina highlighted that whilst the person may be called a 'Bed Manager', Mel is a Nurse Consultant and Bed Managers are usually highly specialised clinical staff.

3. Local Issues from FoCUS members

Good news and Compliments

TMG thanked Lucy and Jane of the support team for their work at the local area meetings. TMG has not been able to attend meetings for some time and the thorough minutes have been great at keeping her updated.

One FoCUS member did a coping skills course through the Recovery College at Godalming CMHRS and it was very good and well worth doing.

Tony Hall spoke about the Mencap 'Treat Me Well' project and wanted to make members aware of this.

Local Issues

FoCUS recently learnt that the carers pack is currently being updated and TMG asked if there is any guidance attached about how staff give out these packs as different levels of staff will be responsible for this?

With regard to the topic addressed recently regarding accessing medication out of hours, TMG advised that the inpatients pharmacy never seem to have certain medicines in stock. When the hospitals stock their pharmacy do they stock all medications that are being prescribed? This particularly applies to a drug used to counteract the side effects of Risperidone. Georgina Foulds explained that she has developed a protocol for the Home Treatment Team (HTT) to access certain types of medication out of hours.

Rosemary Moore advised that the CQC are currently visiting SABP including Farnham Road Hospital however felt that they do not have the opportunity of hearing from people on the ground and they should be sitting in on a FoCUS Committee meeting or local area meetings. The

support team explained that they will be aware of FoCUS and given contact details of the support team should they wish to attend meetings. Rosemary will contact the CQC about this.

Rosemary also commented that when the Trust is aware a CQC visit is taking place they do not advertise this on the ward to allow people to find them and speak to them. Georgina explained that they had inspections just before Christmas and in each service area they went to they asked to have conversations with those using the service; as part of their inspection regime they want to talk to people who use services and carers.

Jane Ahmed has been contacted by a FoCUS member who wants to know more about the following:

Expert by experience: The CQC pay just above £10 per hour (with a guaranteed 10 hour work) for their 'experts by experience' which includes pre-reading materials, planning questions, forming opinions and reporting back. Would the Trust be looking at matching the going rate to draw on experience for participation?

Rosemary Moore asked about payment for those on certain groups and committees run by the Trust and it was agreed to ask:

- for clarification around who is paid and who is not?
- If people are paid are they considered to be volunteers?
- If people are paid are they given contracts?
- How much do the Trust pay to draw on experience for participation?

David Muir felt it was not always clear what is expected of a volunteer.

Coghlan Lodges: there are a number of issues that have been raised and due, in part to some of the personal experiences it was suggested that this be forwarded to Georgina Foulds so she can work through the issues with the person individually.

PALS: There were a number of questions that were asked and Dorothy Cridland the Complaints and PALS Manager was asked for a response prior to today's meeting:

- What percentage of formal complaints are responded to currently in under 25 days?

Response: *We are currently not managing to respond to cases in under 25 days, for which I am very sorry and concerned about.*

However, to put this in context, in our last quarter, we dealt with a 40% increase in PALS queries i.e. complaints which didn't go through the

complaints process. These cases are also effectively complaints and are dealt with quicker, however, because they are locally resolved, they are not reflected in the statistics as that only counts complaints which went through the formal process. I should also explain that the complaints which went through the complaints process were generally quite complex and multi-stranded and sometimes with further issues being added at later stages all contributed to the time taken to respond. Nevertheless, I recognise that we are not doing so well in this area and we are actively addressing this by ensuring that we are adopting new ways of working and tweaking our processes to help speed our response times.

- Of those that don't get resolved in 25 days how many are resolved in say 50 days and what is the oldest outstanding complaint the Trust is currently dealing with? At what point will the Trust decide a complaint has gone on so long that a meaningful investigation into the complaint can no longer take place?

Response: *29% of complaints were completed between 26 and 49 days. The oldest complaint is dated May 2018. To my knowledge, we endeavour to investigate all complaints and have not curtailed any investigation on the basis that it has gone on for too long.*

- If a person calls PALS and tell them they don't like hospital food and they open up a datex incident form and write that the person using services doesn't like the food on offer, ward manager to contact caterers to discuss and then they close the datex report marking it resolved is that logged as a resolved complaint even if the person complaining never gets a call back or told that is what's happening or the ward manager does not action this and so nothing actually changes is that successfully resolved?

Response: *This query is quite specific which I cannot comment on without consideration of all the relevant information. Suffice to say that if we receive a concern which is dealt with as a PALS query, we liaise with the relevant service/team to address locally. We record this on datix, our case management system, and will only note that it has been resolved and closed once we receive confirmation from the service about the action they have taken.*

- How many of the messages left on the PALS answerphone are answered within 24 hours and who can a person using service or carer complain to about poor service from PALS?

Panels: How many different panels exist within in the Trust and why are there so many? How many people using services are informed they will be discussed at a panel and fed back to afterwards to tell them what the outcome or new plans are? What role do they play within the Trust when they come up with action points and plans to help or manage people using service or find out how the Trust can do better but questions or action points remain unanswered?

Social Media: FoCUS would like to ask about the CEO's use of social media, particularly Twitter, and whether this is the most productive use of their time. Are 'tweets' written by the CEO or drafted by the Communications department?

4. Single Point of Access (SPA), Georgina Foulds

Georgina explained that the Trust was given additional funding to improve access to Mental Health services and have been looking at developing the Single Point of Access (SPA) over the last 2-3 years which has come about on the back of the Crisis Concordat recommendation that people have timely responses to care and treatment when needed. The Commissioners supported a Single Point of Access for crisis care.

The Trust carried out some field tests and in doing so was clear that it didn't feel right to have a SPA for crisis care and not have the same for routine calls and contacts. Therefore when the phased roll-out is complete the Trust will be implementing the SPA for both crisis and routine referrals.

The SPA will be reached using one number and will be manned by call handlers and practitioners all day every day, incorporating the current Crisis Line offering advice and support. From April 2019 all referrals the CMHRS currently receive will go to the SPA, be triaged, and the SPA will then book appointments with the CMHRS which is a significant change in working.

Urgent and emergency response is important and if a decision is made by the practitioner that a person needs to be seen and assessed they will ask the Rapid Response service to see the person.

As this is a significant change in working practice the Trust have purposely decided to do a phased roll out over a 6 month period to understand the transition of change for each CMHRS as, whilst the model is the same, they operate slightly differently. From the beginning of

October this phased approach has been implemented starting in the East of Surrey.

The Trust have held a huge recruitment campaign and now have 30 staff including call handlers, various grades of practitioners and are about to recruit some medical staff. Georgina reported that they are very pleased with the new call handlers, who are refreshing, keen to learn and motivated. They are very much on track with the roll out and as the team builds up they can take on further work.

The call handling team are based at Gatton Place in Redhill and Georgina explained that they have now integrated the Crisis Line number to be part of the service and therefore the Crisis Line is now operational 24/7. They had no idea how it would be used but there is a lot of calls coming in during the day without any advertising, meaning people have been calling the Crisis Line when it is not usually operational.

The biggest challenge has been the re-routing of referrals and starting to take referrals from each CMHRS. Phase 1 was completed just before Christmas starting with teams in the East who are getting used to the internal changes. There is also a readiness transformation program for each CMHRS.

Phase 2 is about to start in the NW and Phase 3 will be rolled out in the SW which has been left until last to ensure learning as there was no field test in the area.

A large piece of work has been around ensuring that SystemOne (the electronic patient record system) would fit for purpose and have undertaken a huge piece of work to build a new 'unit' in SystemOne just for the SPA which will track people all the way through their journey. If the CMHRS is needed they will generate an appointment letter but after listening to experiences they have cut back on the amount of paperwork sent based on what people want and they will now receive one letter with details of their appointment, safe haven information and a leaflet on new patient assessment. All CMHRS's have redesigned their assessment clinics and friends and family are welcome to join the person; appointments are now 1.5 hours and they also make sure there is medical availability during these assessments should there be an issue.

Georgina is very pleased with how things are going, particularly as she was concerned about the integration of the Crisis Line but they have received positive feedback about the new team and they undertake

training every 4 weeks. They are also working closely with the CMHRS to pick up on any difficulties that arise and if there are problems they will resolve them.

They are now reaching out to the Police, Ambulance and the 111 service so when the SPA is formally launched in April the pathways and how they support people are clear.

Between Christmas Eve and New Year's Day they took 450 calls with their aim for calls to be picked up within 40 seconds; in October this was 48 seconds and now they are down to 35 seconds on average. The average length of a call has not changed and is about 9 minutes which is longer than the Crisis Line and the abandon rate has dropped from 28% down to 18% but they need to look at this further.

The team have taken about 340 referrals from the four East CMHRS's and they are starting to hear stories about those who call in the day and the help given to them to liaise with their Care Coordinator. Georgina would also like to hear about any difficulties experienced and asked members to let the Trust know, in a constructive way, to help the new team respond and listen. They want staff to listen and treat people with respect.

The roll-out can be paused at any time if they discover any risks but currently they are on track to be completed by April. The recruitment of Practitioners has been the most difficult as the Rapid Response function should be a service sitting alongside the Home Treatment Team (HTT) all day every day but in order to do this they have to recruit to the HTT establishment to ensure it is safe. At present the Trust have held back from moving the function of Rapid Response from the CMHRS to HTT and therefore the CMHRS provide Rapid Response during the day and HTT do this at night. As the SPA are doing well with triaging the number of people requiring Rapid Response has reduced and the call handlers respond straight away.

David Muir asked about Farnham as they are under Waverly but in the CCG area for Farnham and NE Hants. Jane Ahmed explained that any new referrals for Farnham will go to Aldershot CMHRS as per information circulated previously.

TMG asked about carers and carer training and the accessing of Advanced Statements and responding to carers individually. Georgina advised that they have a Carers Rep who is part of the group and heavily involved. They have also had to review all of the training, which included

carers, and they will have training every 4th week. Carers training is part of these 4 weekly training sessions and they want carers to come and speak and be part of the carers training day. In terms of Crisis and Contingency and Advance Statements when call handlers search for the person they have to search for the Crisis and Contingency plan and there is a section to be asked about the carers; it was noted that carers also call in.

Advanced statements need to be done properly and FoCUS would like to ask the Trust if they have learnt from other Trusts about how to do Advanced Statements well?

Rosemary Moore highlighted the difficulty spoken about recruiting Practitioners who are crucial and Georgina explained that the recruitment of the Practitioners for the triaging has gone well with experienced staff on board, however the challenge is recruitment to the Rapid Response in the community.

5. Questions to PALS

Unfortunately PALS were unable to attend the meeting due to staffing levels.

6. Older People's Interview Panels, Anne Cornell

Anne is from Guildford and Waverley Older People's Service and is the Interim Sector Manager for the next year.

Anne explained that they hoped to have more involvement on their Recruitment Panels which they would find valuable. If anyone would like to offer time to be involved in these Panels please let Anne (Anne.Cornell@sabp.nhs.uk 01483 443655 Guildford / 01483 528116) or the support team know.

7. CMHRS Update, Natasha Cumberland

Natasha introduced herself to the Group and is working at Berkley House managing the CMHRs team. As Natasha is relatively new in post she will give a fuller update when she attends the next FoCUS meeting in March.

TMG asked about the safe haven leaflets for young people aged between 18-24 and suggested the Trust distribute leaflets to Surrey University – there is nowhere appropriate for those aged between 18-24 to go.

8. Date of next meeting

Date of Next Meeting: Wednesday 6th March 2019, 1pm – 3pm at Guildford Baptist Church, Millmead, Guildford.

Issues to go to next FoCUS Committee meeting on 12th February 2019.

1	FoCUS are aware that the carers pack is currently being updated and would like to know if there is any guidance attached around how staff give out these packs, particularly as different levels of staff will be responsible for this?
2	Following on from a Topic addressed recently at FoCUS regarding accessing medication out of hours, FoCUS have become aware that the inpatients pharmacy never seem to have certain medicines in stock. When the hospitals stock their pharmacy do they stock all medications that are being prescribed? This particularly applies to one drug used to counteract the side effects of Risperidone.
3	FoCUS suggest that when the Trust is aware a CQC visit is taking place they advertise this on the ward notice board to allow people using services or carers to find the inspectors and speak to them if they wish.
4	<p>Expert by experience: The CQC pay just above £10 per hour (with a guaranteed 10 hour work) for their ‘experts by experience’ which includes pre-reading materials, planning questions, forming opinions and reporting back. Would the Trust be looking at matching the going rate to draw on experience for participation?</p> <p>FoCUS discussed payment for those on certain groups and committees run by the Trust and would like to ask:</p> <ul style="list-style-type: none"> ○ For clarification around who is paid and who is not? ○ If people are paid are they considered to be volunteers? ○ If people are paid are they given contracts? ○ How much do the Trust pay to draw on experience for participation?

Actions

1	It was agreed that FoCUS would ask if the People’s Experience Report includes a breakdown of the different informal complaint areas so they are able to see where issues are arising?	Jo Lynch
2	FoCUS queried who decides whether a complaint has been satisfactorily resolved – there needs to be an	Dotty Cridland

	acknowledgement from the person making the complaint that the Trust has responded to the persons satisfaction and it should be highlighted if not.	
3	How many of the messages left on the PALS answerphone are answered within 24 hours and who can a person using service or carer complain to about poor service from PALS?	Dotty Cridland
4	Advanced statements need to be done properly and FoCUS would like to ask the Trust if they have learnt from other Trusts about how to do Advanced Statements well?	Jo Lynch
5	TMG asked about the safe haven leaflets for young people aged between 18-24 and suggested the Trust distribute leaflets to Surrey University – there is nowhere appropriate for those aged between 18-24 to go.	Jo Lynch Georgina Foulds
6	There are a number of issues that have been raised about Coghlan Lodges and due, in part to some of the personal experiences noted, it was suggested that this be forwarded to Georgina Foulds so she can work through the issues with the person individually when permission is received from them that this can be forwarded.	Georgina Foulds
7	How many different panels exist within in the Trust and why are there so many? How many people using services are informed they will be discussed at a panel and fed back to afterwards to tell them what the outcome or new plans are? What role do they play within the Trust when they come up with action points and plans to help or manage people using service or find out how the Trust can do better but questions or action points remain unanswered?	Jo Lynch
8	FoCUS would like to ask about the CEO's use of social media, particularly Twitter, and whether this is the most productive use of their time. Are 'tweets' written by the CEO or drafted by the Communications department?	Jo Lynch

Contact details for your Support Team

For Member support please contact:
 Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People
 Tel: 01483 456558 Text: 077809 33053
 Email: carol.pearson@surreycoalition.org.uk
 Email: jane.ahmed@surreycoalition.org.uk

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www.surreycoalition.org.uk

For Meeting support please contact LF Solutions
Lucy Finney / Office Tel / Text: 07727 273242
Email: lucy@lf-solutions.co.uk / office@lf-solutions.co.uk

Glossary of Abbreviations:

AMP	Approved Medical Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Planning & Assessment
CPA	Carers Practice Advisor
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PETS	Patient Experience Trackers
PICU	Psychiatric Intensive Care Unit
PPG's	Patient Participation Group
PRG	Patient Reference Group
PVR	Public Value Review
QUIPP	Quality, Innovation, Productivity, Prevention
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self Directed Support
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving