

FoCUS Committee 12th February 2019

Issues & Responses

Questions to the Trust for a Response

East & Mid

1. Safe Havens

- E&M FoCUS have looked at the Safe Haven data and noted that the blue light referral is very, very low at .00333, and are also aware that at Redhill they have had to turn some people away as they have been intoxicated, however these are not recorded. It is said that things are easier in A&E due to the Safe Havens however this seems to be a mismatch with the very low blue light figures – can this be explained?

***Response:** We accept that the number of people being conveyed by ambulance to the Safe Havens low. As part of the Single Point of Access Service project, we are working with services such as 111, Ambulance and Police to better understand thresholds for referring to alternative services to A & E.*

People regularly self-present at A & E and it is these attendances which are reported to be reduced due to people being supported by the Safe Havens.

- Do the ambulance service and police know not to bring those who may be intoxicated (and are presenting with a mental health concern) to the Safe Havens and what happens to the person if they cannot attend a Safe Haven?

***Response:** Yes the ambulance and police are aware of the Safe Haven's protocol of not providing a service to people who are behaving in an anti-social or threatening manner due to intoxication. Where the person is taken to instead will vary, depending on the person's presenting condition.*

- Can the Safe Havens record those people who turn up but are refused entry and why?

***Response:** If a person currently receiving care from an SABP service is refused entry to the Safe Haven, the reasons for this will be recorded on their records in SystemOne. If someone is not currently receiving an SABP service, staff will make attempts to find out from the person their details and refer to SystemOne if appropriate to do so*

- FoCUS feel that those under secondary mental health care should have the option of attending a Safe Haven written into their Care Plan for when they are in crisis; this should also include transport both to and from the Safe Haven. Can the Trust please comment on the feasibility of this suggestion and whether it is something that could be implemented.

Response: We encourage the option of attending the Safe Haven being written into a person's care-plan and crisis and contingency plan. If transport is felt to be required to enable the person to attend the Safe Haven, this should be considered as part of a social care needs assessment. If the person is eligible, transport both to and from the Safe Haven would be funded via a package of care approved by the Local authority.

- West FoCUS feel there is a need for more satellite Safe Haven services as many are in areas that are a long way for some people to travel (they people walk to safe havens) and would like to ask the Trust if there are planning to approach Commissioners for funding of additional satellite Safe Havens particularly for areas such as Spelthorne, Tandridge, Cranleigh and Fleet?

Response: We support focus's view on the need for more satellite Safe Havens. Georgina Foulds, Associate Director for Crisis Care has confirmed there have been discussions with commissioners about this in the past and will take forward the discussion again with members of the Surrey Crisis Concordat Delivery Group

- FoCUS are aware there was funding available for a Safe Haven in Staines, please can the Trust update FoCUS to the status of this.

Response: As far as we are aware there isn't any current funding available for a Safe Haven in Staines. When the Safe Havens were first introduced in 2015/16, they were initially funded by a Transformation Challenge award which was granted to the Surrey Crisis Concordat Delivery group. It was during initial planning stages that conversations were held about having a Safe Haven in Staines as-well as Woking for the North West Locality. This Award funding was for a time-limited period only and the only current funding available for the Safe Havens is for the existing five Safe Havens that are being provided.

2. FoCUS has recently heard that Elaine Braithwaite (Lead Governor for the Trust) has been suspended after highlighting some errors relating to the Trust's Quality Account. Subsequently Elaine has been banned from attending FoCUS and CAG meetings. FoCUS would like the Trust to explain why Elaine is not able to continue to attend FoCUS and CAG meetings?

Response: *We will not be able to provide a response to this question as we are unable to comment on matters relating to an individual.*

Julie Gaze

North West

3. FoCUS has been approached by the carer of a person on Victoria Ward at Farnham Road Hospital explaining that the person they care for was recently moved, at very short notice, to a ward on at the ACU. The carer was given a number of different reasons for the move including that there is a move to single sex wards.

However, it appears that the person using services and their carer were only given 2 hours' notice of this move which had a great impact on both the carer and on the person using services in terms of their mental health.

FoCUS would like to highlight that this very short notice to be moved to a different ward/location is unacceptable and that an explanation for the move was not communicated clearly to the person using services or their carer. Please can the Trust comment on this and ensure that in future people using services and their carers are not subjected to a very short notice period to move accommodation and that staff take the time to sit with the person using services can carers to explain the reasons for doing so.

Response: *Thank you for highlighting this issue – we want to assure you the explanation behind this suggested move was clinically indicated with regard to safety issues for this individual. Our Divisional Director has had oversight of the individuals concerns. Sometimes, moves need to be proposed to keep people as safe as possible and we always try to engage and involve the right people to do this is a sensitive way – ultimately though, sometimes decisions need to be made to protect and safeguard people.*

Sharon Gregory

4. NW and E&M FoCUS have recently learnt that one of its members, Clifford Wright, who has been a member of the Trusts Quality Assurance Committee for the past 18 months, has received a letter to advise him that his time on the Committee has now come to an end. The letter also advised that the Trust would not be replacing people who use services or carers on the Committee and instead Governors will take this role. FoCUS is very concerned that Governors may not have the opportunity to hear all the concerns that people using services and carers may bring. FoCUS feel it is very important to have people using services and carers on Trust Committees and would like an explanation as to why this decision has been taken and whether the Trust have written to people using services and carers to explain their actions?

Response: *Following our annual review of our governance arrangements we have reviewed the role of our Quality Committee and its Terms of Reference, including its membership. As a result of this review the Committee is changing to become the Quality Assurance Committee and is increasing its meetings from four to six each year. These changes have been discussed and agreed with the Quality Committee at its last two meetings.*

As part of the changes we have agreed that we will increase the number of Governor seats from two seats to three seats. Following listening to the concerns raised by people who use services and carers involved in the discussions the Committee agreed at its last meeting to specify that at least one of these seats will be filled by a Governor with lived experience as a person who uses services and at least one seat as a carer or family member on the Committee. Several of our Governors with lived experience are members of other networks and groups in our communities. This includes FoCUS with a number of our Governors regularly attending FoCUS Area Groups and some currently fulfilling roles as FoCUS Area Representatives too.

This does mean that we will not be seeking other representatives of people who use services and/or carers to take up seats on this Committee as the 18 month terms of office of current representatives have come to an end. We have written directly to those representatives of people who use our services and their carers who have served on the Committee to thank them and advise them of these changes.

The Committee has also agreed that there will be an additional and new standing item added to its agenda to discuss quality issues raised by Governors and we will be holding a development session for all its members to help them fulfil their roles in identifying and discussing quality issues on the Committee confidently.

Julie Gaze

South West

5. 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?

Response: *The packs will be available on line for most of our carers but where appropriate these will be printed for carers. Our Carers Lead has developed guidance for our staff and this will be further discussed at the Carers Action Group.*

Ann Stevenson

6. Following on from a Topic addressed recently at FoCUS regarding accessing medication out of hours, FoCUS have become aware that the in-patient pharmacies never seem to have certain medicines in stock. When stocking their pharmacy do the hospitals stock all medications that are being prescribed? This particularly applies to a drug used to counteract the side effects of Risperidone.

***Response:** It's difficult to answer this without specifically stating which drug was out of stock, and addressing the concern at the time. Nevertheless I'm sorry to hear of this experience of FoCUS members and would be happy to work with them to address their concerns.*

By way of background we keep 2000 lines at the Pharmacy, which include most of the mental health drugs along with commonly prescribed physical health drugs according to the needs of the people we serve. Acute Trusts keep around 6000 lines and have a far more diverse range of clinical needs.

We try to balance the risks of medication going out of date because we hold it and it's not used, verses having all the different types of medication available. To help manage demand we have same day (twice a day) access to Wholesalers who keep a much wider range of medicines and deliver to us twice a day.

Out of hours we try to use patients own medicines on admission. We also have access to an out of hours on call pharmacist who can advise on medication supply. We keep some additional medicines in an emergency meds cupboard situated on both out acute sites. We can also access FP10 prescriptions for accessing out of hours pharmacies or access to an acute Trust on call service. We also would seek to prioritise access to medication which is on the critical meds list, this is a national list of medicines which have been identified as problematic if a dose is delayed or missed.

Simon Whitfield

7. 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.

***Response:** All of the CQC inpatient inspections are unannounced but usually the CQC Inspectors do approach people to get feedback on their views and experience. On each ward, there are CQC contact numbers for anyone to make contact whilst they are using the service.*

Jo Lynch

8. **Expert by experience:** The CQC pay just above £10 per hour (with a guaranteed 10 hours 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?

Response: *As discussed with FoCUS members in the area groups, the participation team will be facilitating people to undertake both voluntary and paid opportunities. Everyone will commence as a volunteer, and then as and when paid opportunities are available, these will be shared and the right person will be matched to the right opportunity. The paid roles will be banded at Bands 2, 3 and 4 based on the requirements of the role and level of involvement and autonomy needed. The pay rate will therefore be determined based on the banding of the role. This means the hourly rate of pay would typically be between £8 and £12 per hour, plus expenses.*

The amount of hours worked would be determined when the person meets with the person who will be supervising them and/or a member of the participation team, when the working agreements are being determined. All work will be on a "bank" basis (as and when needed) with a maximum number of hours and set time period agreed.

FoCUS discussed payment for those on certain groups and committees run by the Trust and would like to ask:

Response:

- **For clarification around who is paid and who is not?** *As above, all people will commence in volunteer roles, and roles that require a higher level of action, autonomy and involvement may become paid roles. Over time, the participation team will be able to create a database of all people volunteering/working and all opportunities.*
- **If people are paid are they considered to be volunteers?** *If someone is receiving payment for the work they do via a participation opportunity in the Trust, they will be doing this through a Trust bank contract. This means that they will effectively be a member of Trust staff during the period over which they are completing this work and will not be a volunteer. They may still choose to do additional hours as a volunteer if they wish. As all people will start out as volunteers, their volunteer agreement will remain in place and they will be able to continue working as a volunteer after their paid involvement finishes if they wish to.*
- **If people are paid are they given contracts?** *Yes. As people who are paid will be employed via a Trust bank system, they will have a Trust bank*

contract. As this is flexible contract, this will be supplemented by a role descriptor (to make it clear exactly what we are asking the person to do) and an agreement of what we are asking of the person and what we will expect from them, and what they should expect from us in return.

- **How much do the Trust pay to draw on experience for participation?** *As per above, this is dependent on what the opportunity involves. Rates will be variable depending on the level and nature of work required. All volunteers and people participating will be able to claim reasonable expenses incurred as part of their work.*

Liz Holland

West

9. The West Group highlighted that 'changing places facilities' (further information http://www.changing-places.org/install_a_toilet/faqs) have started to be decommissioned in acute hospitals meaning therefore that many acute hospitals will not be accessible to those with a disability. FoCUS would like to ask if the Trust have 'changing places facilities' and where they may be in use across the Trust can they assure FoCUS that these will not be decommissioned? If the Trust do not have this facility is it something that would be considered in future to make services fully accessible?
10. FoCUS would like to suggest that the Recovery College develop skills training sessions for carers of those with dementia as it is important to recognise and develop services for older people.

Thank you for your suggestion. I will contact the Recovery College link carer leads. We meet on a regular basis to discuss partnership working, review current courses, and consider suggestions as to how the Recovery College can continue to provide courses to support people in a carer role. I will put FoCUS' suggestion on the next agenda.

Rebecca Isherwood Smith

11. **For Information:** An action from the October West area meeting asked about a person's right to change therapists if they were unhappy. The response received was welcomed, however it came to light that often people using services are not aware they are able to do this if they were not happy with their therapist. FoCUS believe that people using services and carers need to know that this option may be available to them and would like to know how the Trust ensure this is offered? *For discussion at the Committee to work through what would be helpful for people*

12. **For Information:** A FoCUS member has had a poor experience with PALS who, they feel, have been obstructive to complaints that they have tried to make and refused to process. The FoCUS member outlined their experience of wrongful discharge with no Care Plan in place and have since found out that there is an appeals process which they were not informed about. This has continued over a long period of time and has had a detrimental impact on their mental health. FoCUS would like to highlight this to the Trust for learning.