

Expert Report

Harnessing insights and feedback
to drive improvements in our services

Quarter 3 (2013 - 14)
February 2014

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Executive Summary

Welcome to the latest Expert Report for October, November and December 2013. I have introduced a new section this quarter to share with you our innovations work. Whilst this does not yet offer experience reporting, it tells the story of our ambition to reach even more people in many different ways to improve access to services and ease communication and the sharing information with people who use services, families and carers. The number of people we have been in contact with has continued to grow, this quarter to almost 18,600, this is up by 6% from the same time in 2011/12. We have seen a 6% increase in complaints in this quarter, inline perhaps with the increased numbers of people we are seeing. During this year we have upheld 25% of the complaints made and 17% were partially upheld. Overall our complaints and PALS activity is less than previous years created mostly by reduced PALS activity. We are looking to increase capacity by engaging and training PALS volunteers to try and address this fall in activity and increase contact and access for people who have concerns they want to raise.

Our “Your Views Matter” programme is really increasing the level of feedback we are now receiving from people who use services. Receiving this in ‘real time’ means we can also increase our ability to respond and improve our services and peoples experience more rapidly. From the results we can see there is much more to do, particularly in care planning and peoples involvement in these. This time we see 41% of people using in-patient services and 61% of people using community services felt some involved in their care plan and 52% of people using community services had a copy of their plan. What is positive is that 96% of people surveyed felt treated with dignity and respect by our community staff members; this was 93% for people using our in-patient services.

It is positive to report that our RESPECT programme, tackling discrimination in the workplace has led to an increase in the reporting by staff of this experience by 478%. Whilst we recognise we started from a very low reporting rate, this is an indication that our programme “don’t support it [discrimination] report it” is having an impact. We are supporting all staff when they report this experience.

Finally, our services have been well visited. Since April we have had 24 CQC inspections and 2 themed reviews and we have conducted in this last quarter 15 Board Walk-A-Rounds and Periodic Service Reviews in 17 services. The improvement themes coming from these visits are environment, care planning and staffing including accelerating progress in mandatory and statutory training. We continue to work hard to address these, with the determination that all people who use services, families, carers and staff are delighted with their experience of Surrey and Borders Partnership NHS Foundation Trust.



Jo Young, Director of Quality (Nurse Director)

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Direct feedback from people and communities

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Objective observations from our internal assessments

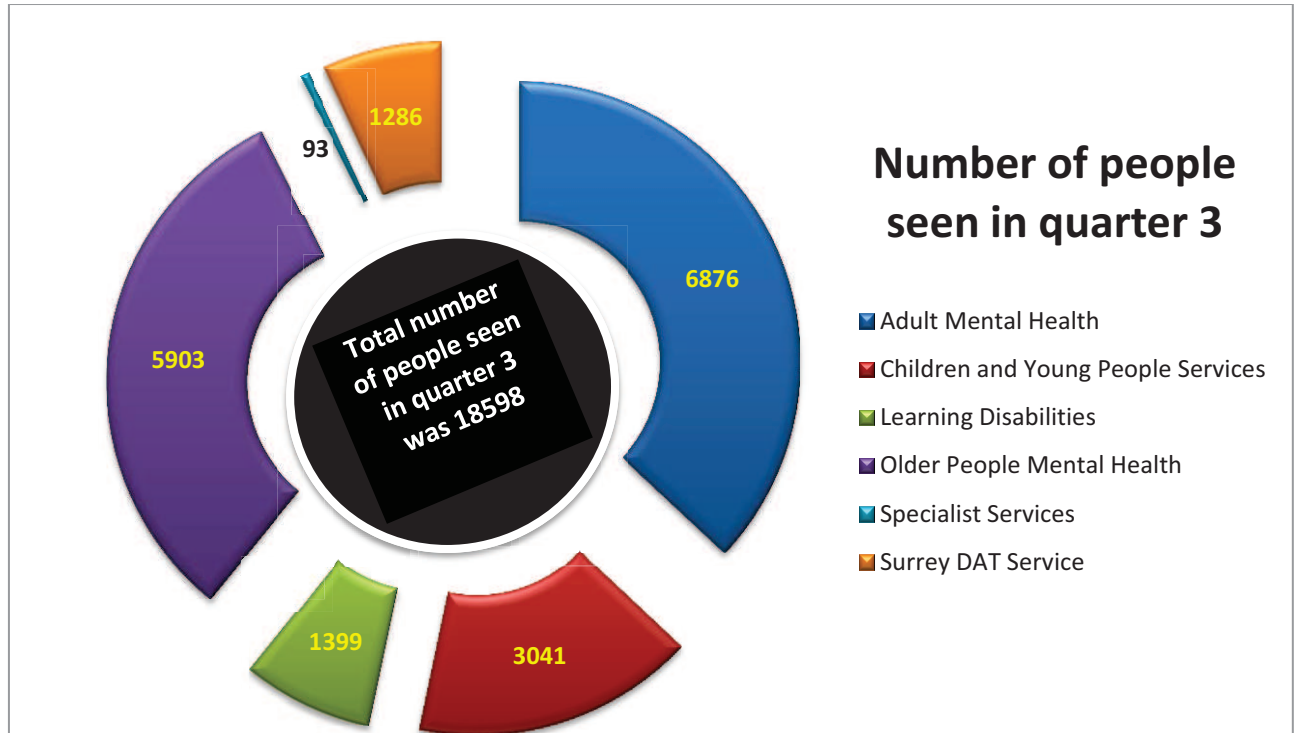
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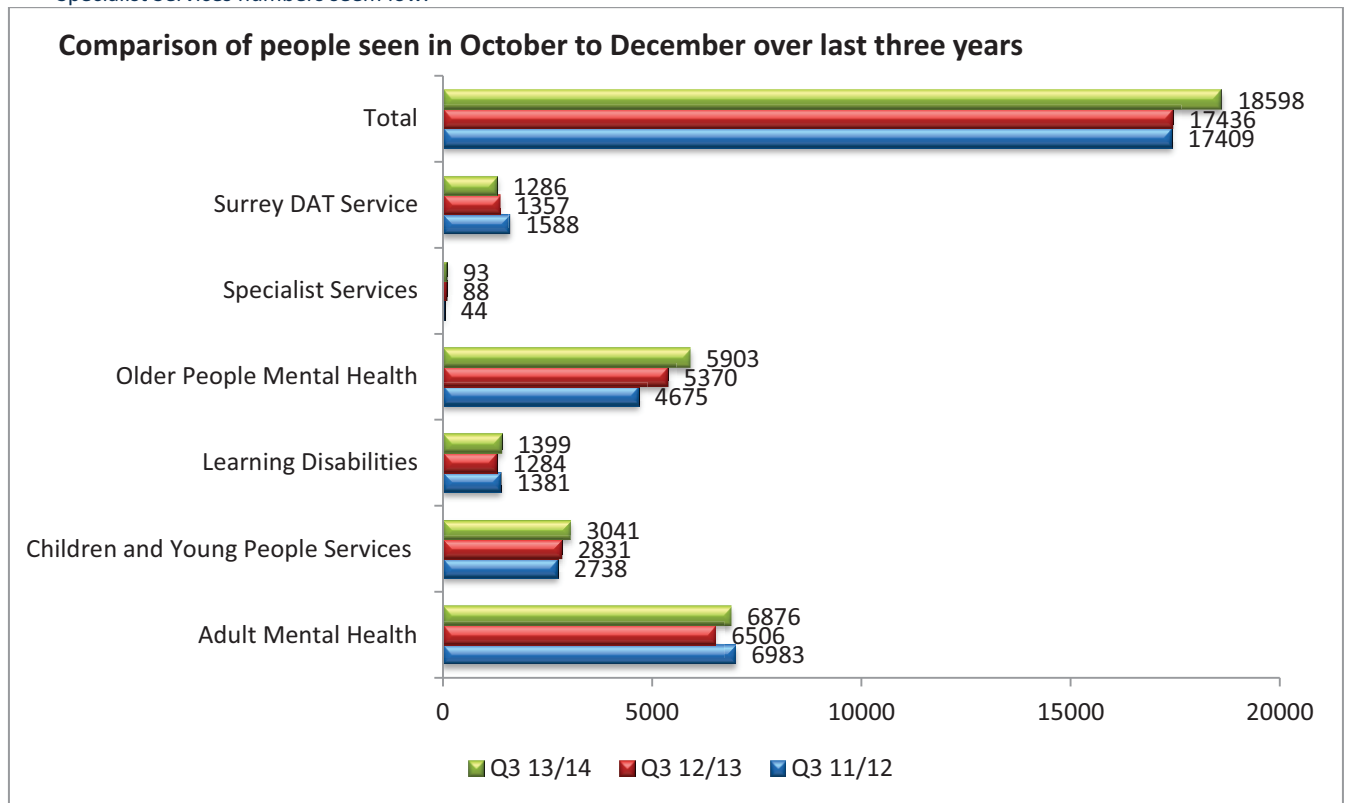
People who use our services

Health and Social Care Service



Note:

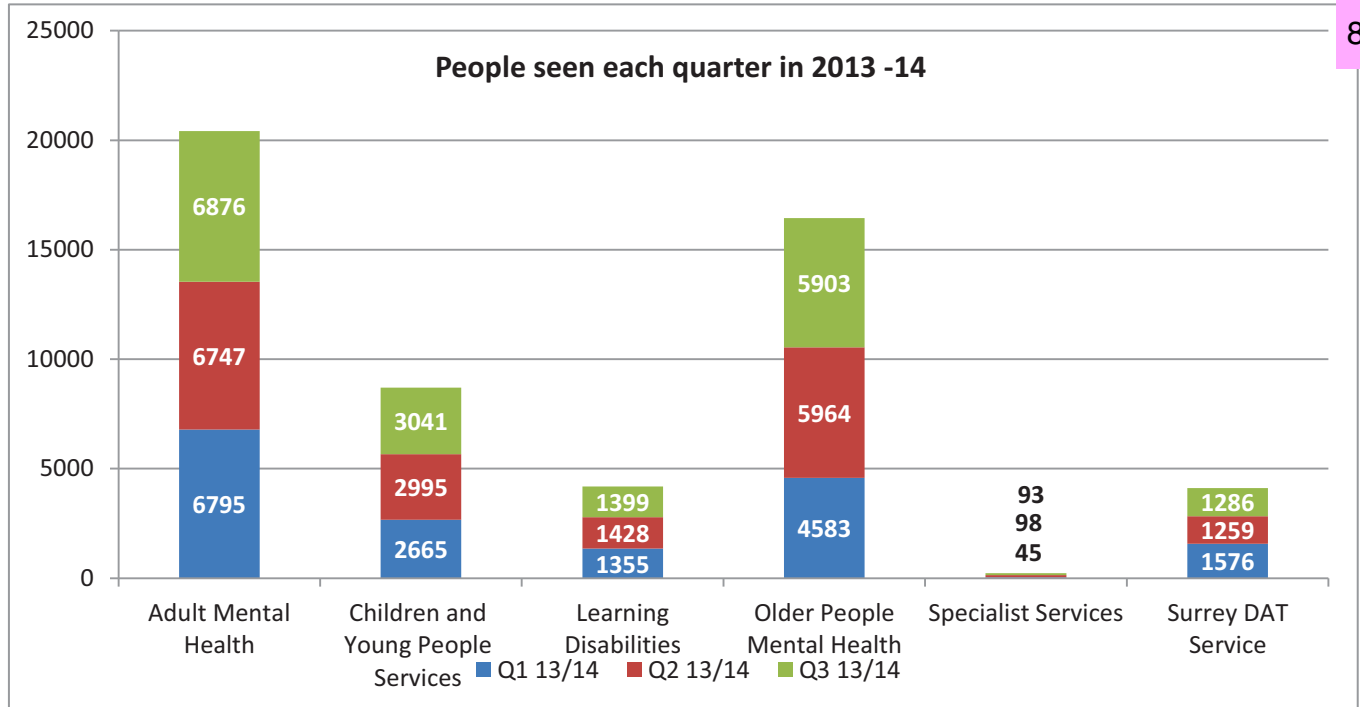
- The Chart does not include people using our supported living services or residential care services for people with learning disabilities (estimated as 100 people).
- People being seen by more than one service profile will be associated with the last seen service. This is the reason why Specialist Services numbers seem low.



People who use our service continued....

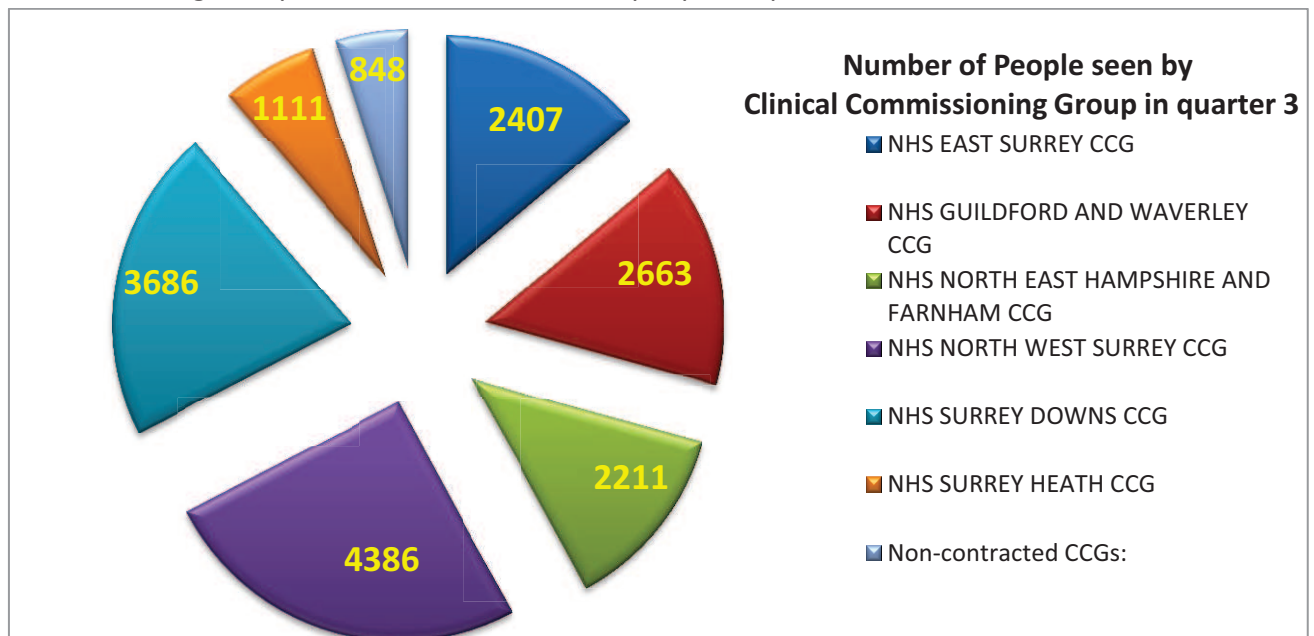
The quarter on quarter comparison shows a fall in the numbers of people seen by the Drug Alcohol Service and small increases in the numbers of people using our Older Peoples’ Mental Health Service and Children and Young Peoples’ Services. Year to date we can see below that most services saw more people in quarter three than quarter one.

Our services provided expert support and treatment to 18,598 people in October,



8

November and December utilising the resources of over 1800 health staff and over 200 social work / care staff (assigned from Surrey County Council and Hampshire County Council) to provide services to over 30,857 different people so far this year. We serve six Clinical Commissioning Groups and have served 16,464 people in quarter 3 as shown below:



People (Patient) Advice and Liaison Services (PALS)

Complaints and Compliments

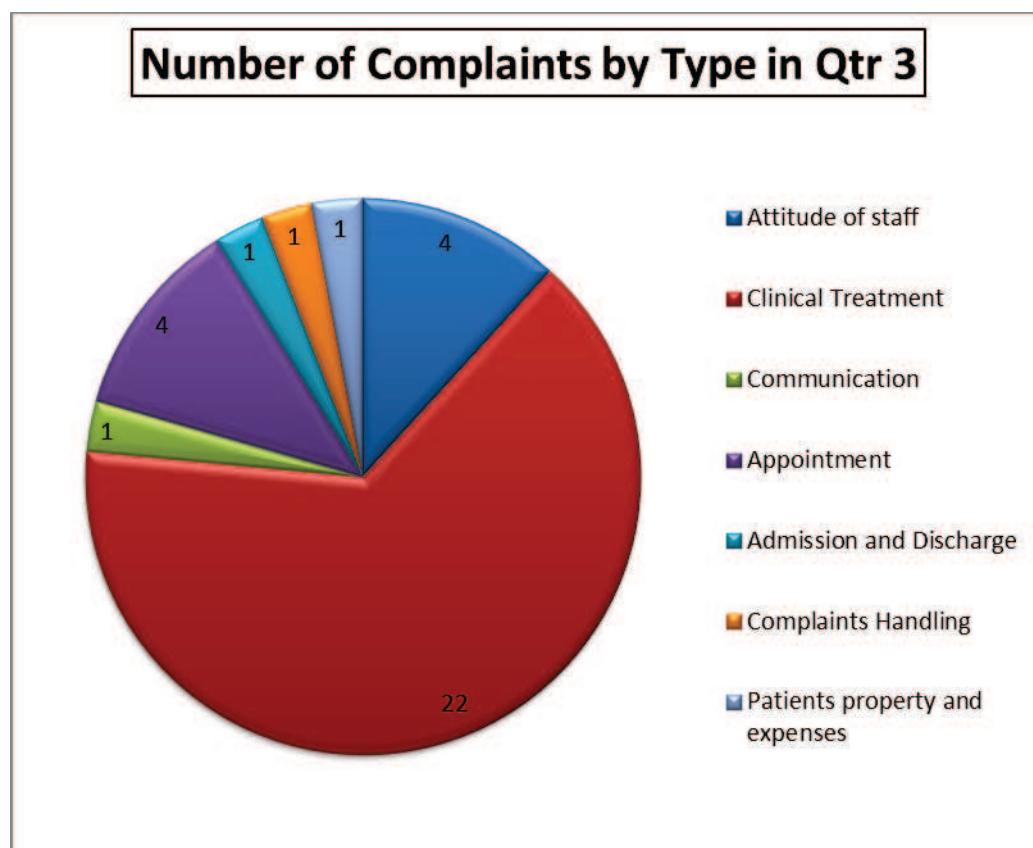
The team attended the following surgeries in this last quarter:

- Weekly and fortnightly visits to the following units: Wingfield Ward, Fenby Ward, Delius Ward, Elgar Ward and to the Abraham Cowley Unit to meet with people who use our services. To ensure the team gets to meet as many individuals as possible, the visits are scheduled to coincide with the community meetings held on each unit
- Meetings with individuals who use our services at different sites across the Trust to resolve concerns
- FoCUS meetings

The complaints and PALS Team has also recruited volunteers to help with providing PALS Service on the inpatient units. The volunteers are currently going through training and induction and in due course they will be able to attend the inpatient units on the days that the team is not able to, thus increasing the opportunities for individuals to provide feedback regarding the level of service they are receiving.

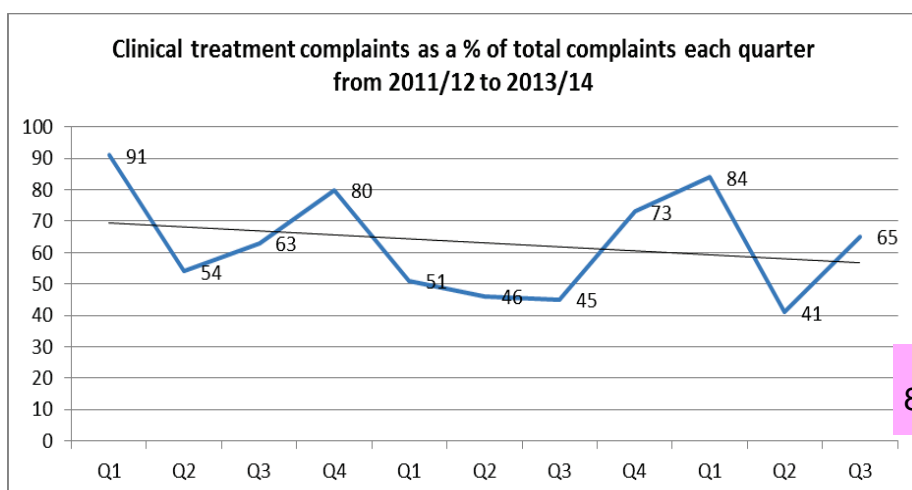
Complaints received in October, November and December 2013

During the quarter, 34 complaints were received and investigated under the Trust's NHS Complaints' procedure. This was a 6 per cent increase from the previous quarter when 32 complaints were received.



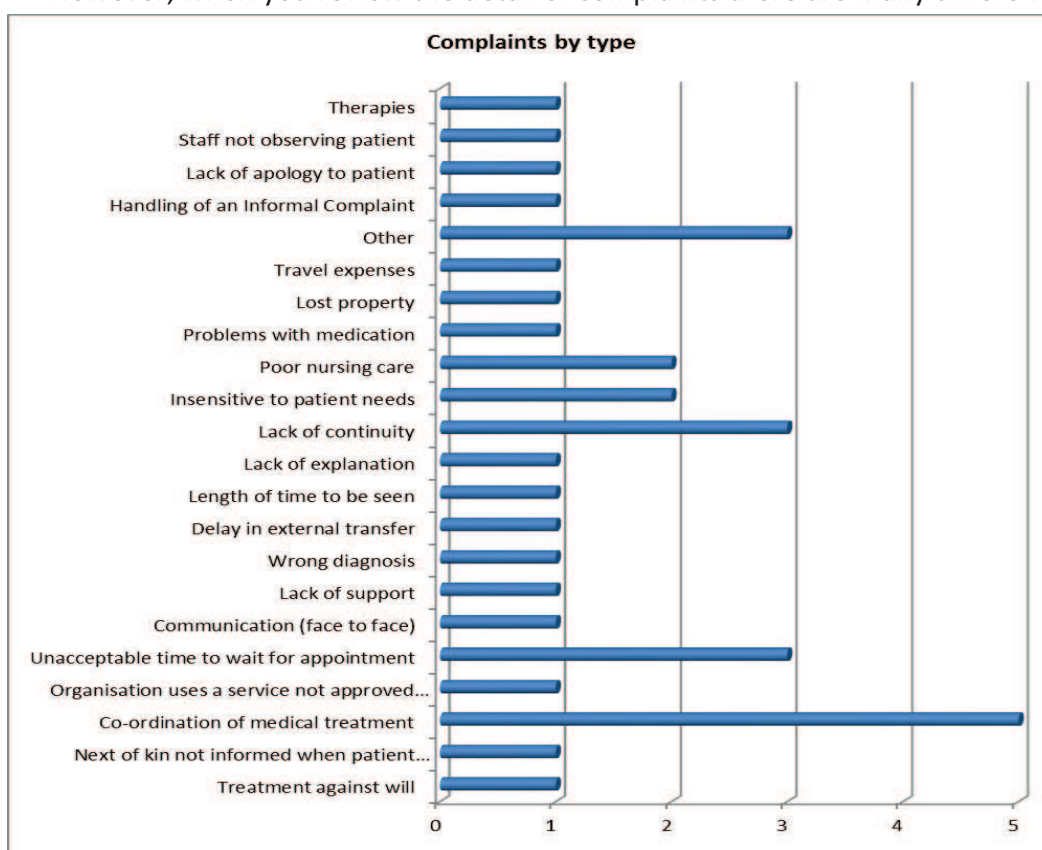
Complaints by type

Of all the complaints we receive clinical treatment is the primary reason raised by complainants. Over the three years, from 2011/12 to 2013/14, there is a slow declining trend but there have been peaks in quarter 1 and 3 of this year. Clinical Treatment accounted for 45% of the complaints received



during the third quarter in 2012/13 compared to 65% in the same quarter of 2013/14.

However, when you review the detail of complaints there are many different perspectives of



concern with co-ordination of medical treatment, unacceptable waits and lack of continuity being the most reported. Not all of these complaints however will be upheld.

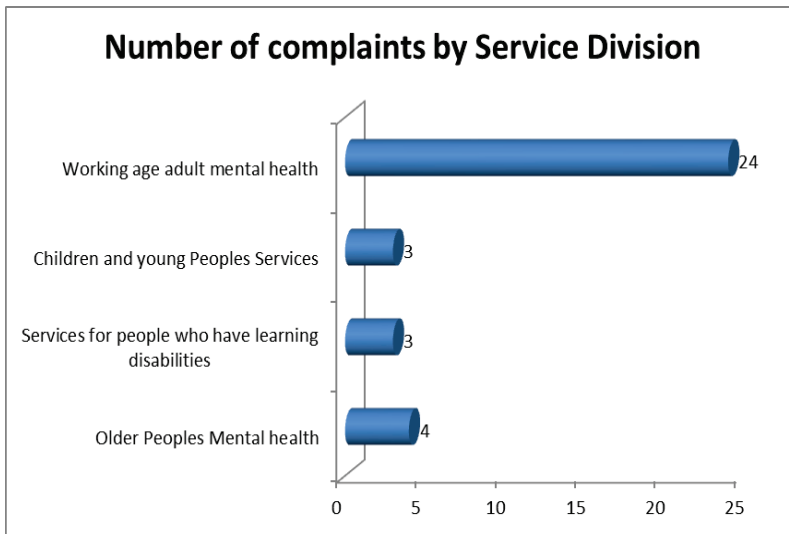
Upheld Complaints:

| | |
|--|-----|
| Complaints Received: Apr '13 - Dec '13 | 104 |
| Closed | 75 |
| Under investigation | 29 |
| | |

| | | |
|------------------|----|-----|
| Upheld | 19 | 25% |
| Partially Upheld | 13 | 17% |
| Not Upheld | 41 | 55% |
| Withdrawn | 2 | 3% |

75 complaints closed of which 25% were upheld and 17% partially upheld.

Complaints by Divisions

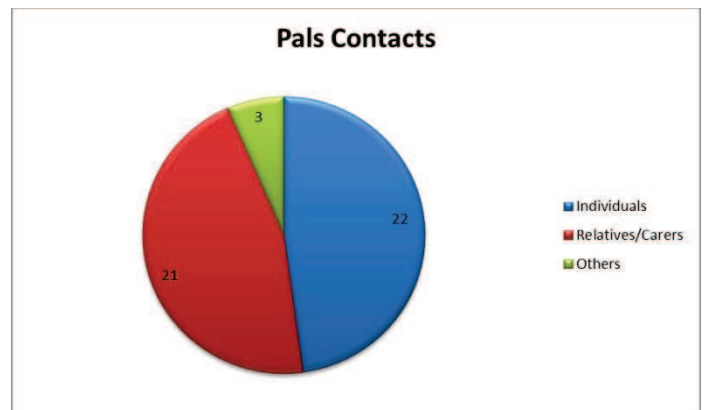


The bar chart shows the number of complaints by service type. Working age adult mental health services received 70.6% of all complaints. This Division does however also see the most people who use our services. A break-down of the type of care and clinical treatment complaints received this quarter can be seen below:

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PALS Activity

PALS had 46 contacts this quarter. 22 were made by individuals who were using our services, 21 were made by relatives and carers and 3 were from an organisation and individuals.



Compliments by service

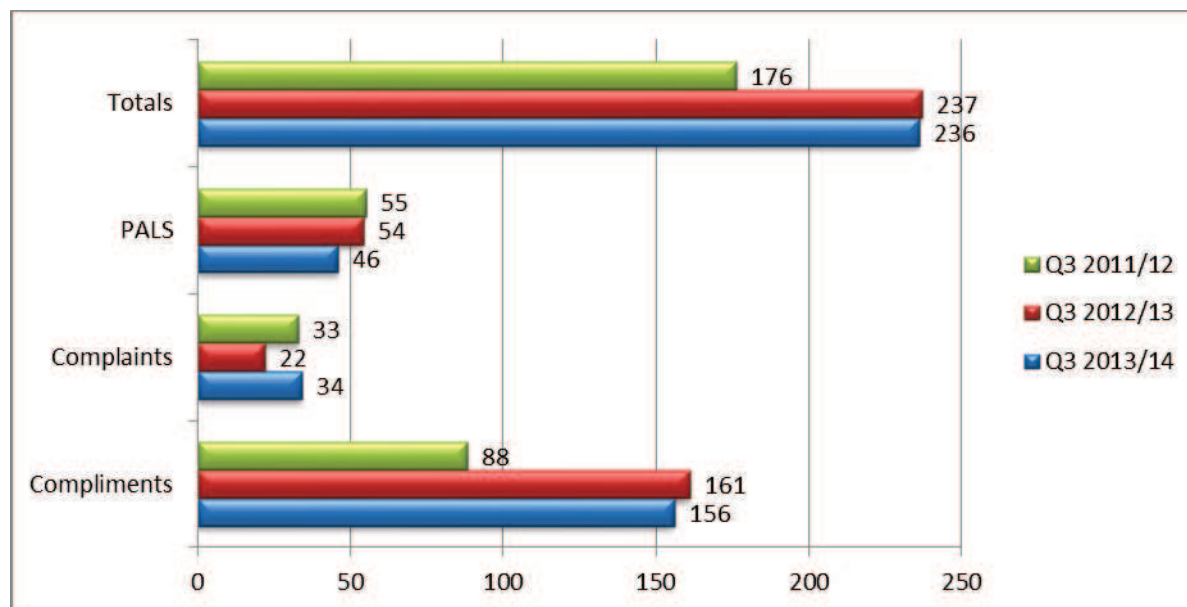


We encourage teams to let us know if they receive compliments so we can share positive feedback. Fiona, our Chief Executive and other senior staff are notified of some of these so staff teams can be recognised for their positive care, treatment and

support. Whilst working age adult services receive the most complaints they also receive the most compliments.

Overall activity by the Complaints and PALS Team compared to same period in the last two years

There was an increase in activity created during quarters three of both 2012/13 and 2013/14 compared to the same quarter in 2011/12; this was due in part to an increase in the number of compliments recorded in both years.



Learning and changes as a result of complaints received and PALS involvement

Complaint investigations have identified learning in relation to processes within both inpatient and community services; recommendations made to improve services by investigators have been incorporated into local services. Examples include:

- Ward Manager to carry out a monthly record keeping audit to ensure that all individuals receive a Care Plan within 72 hours of admission.
- Service to implement a system for actively monitoring the waiting list and contacting individuals to keep them informed of where they are on the list.
- Further governance introduced into the pathway used for involving relatives during the closure of services, this will now include a requirement for each milestone in the process to be scrutinised and signed off by the Director of Services for People with Learning Disabilities.
- Review of communication between our clinicians and parents/carers of individuals who use our services, where another agency is leading on the provision of individual's care.
- Review of alarm system for one of our inpatient units to ensure that this covers all areas of the inpatient units.

“Your Views Matter”

People Experience Trackers

Quarter 3 (Oct to Dec 2013) “Your Views Matter” is our real time People Experience Trackers – and they are a way for us to gain important feedback from people who use our services and their carers about their experience of our services. Our Team/Ward Managers have access to the feedback for their service so they can act upon it accordingly to ensure any improvements can be made quickly.



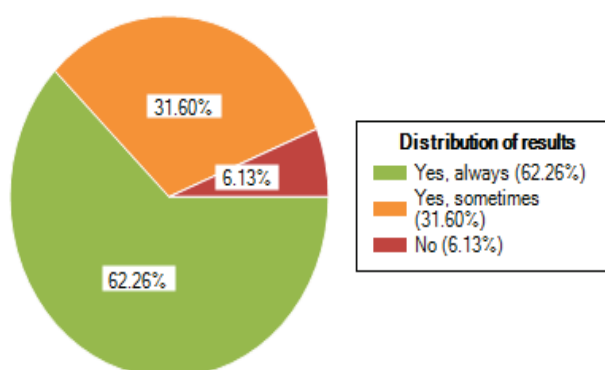
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Feedback from our In-patient services

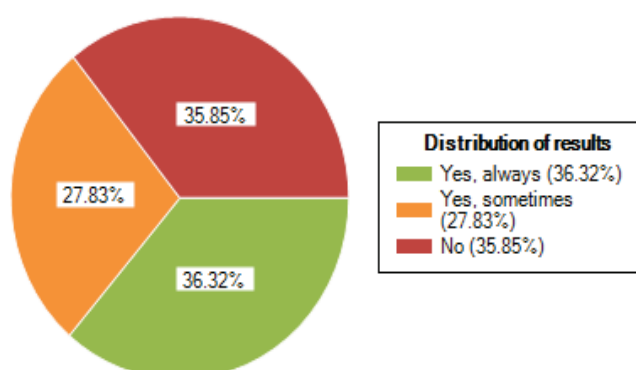
| Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013 | Number of questionnaires submitted between 01/10/2013 and 31/12/2013 |
|---|--|
| 67.57% | 212 |

Inpatient Question Analysis Results

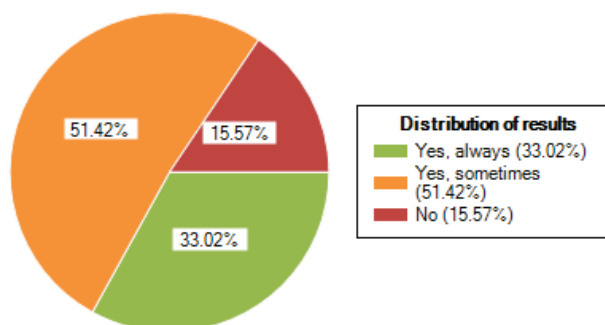
2. Did the staff speak to you with respect and dignity? (Overall score: 78.07%)



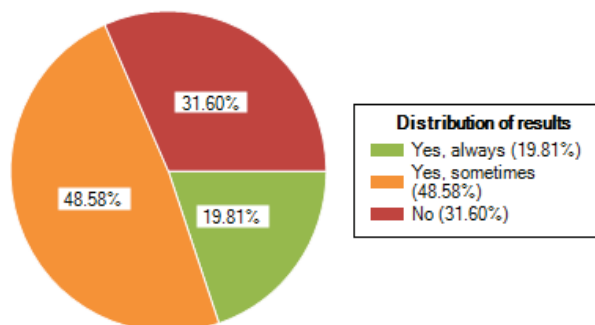
3. Did a member of the nursing team spend dedicated time with you each day? (Overall score: 50.24%)



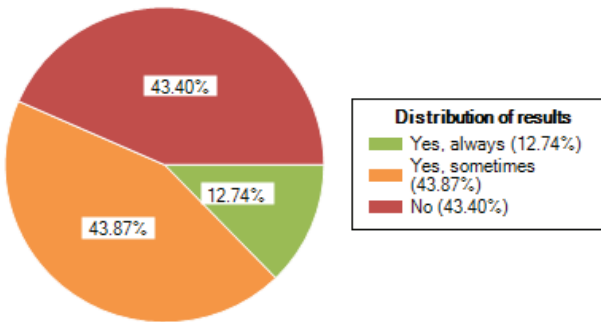
6. During the daytime - are there sufficient activities to take part in? (Overall score: 58.73%)



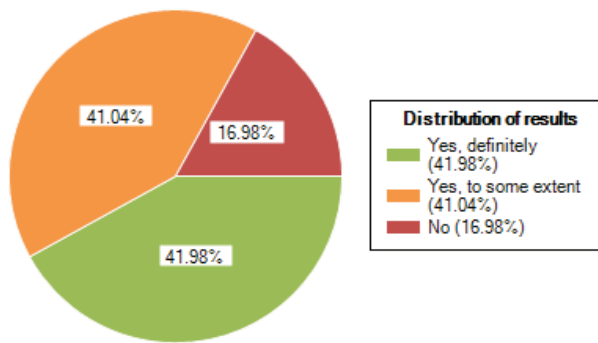
7. During the evening - are there sufficient activities to take part in? (Overall score: 44.10%)



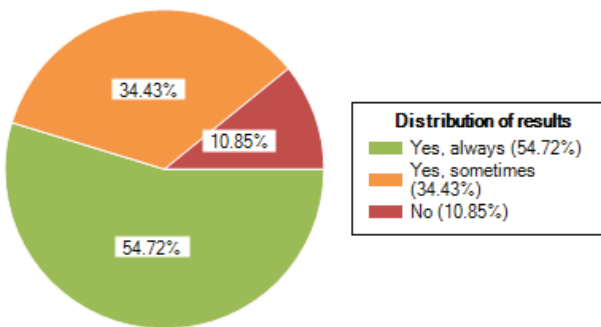
8. At weekends - are there sufficient activities to take part in? (Overall score: 34.67%)



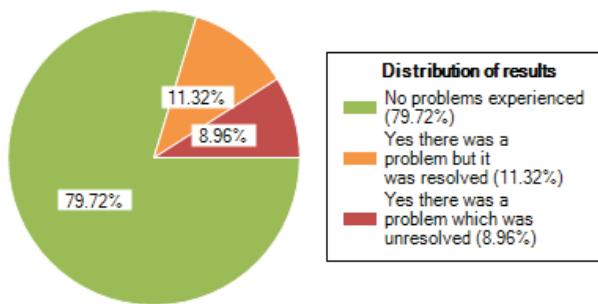
10. Did you feel involved as much as you would like to be, in decisions about your care and treatment? (Overall score: 62.50%)



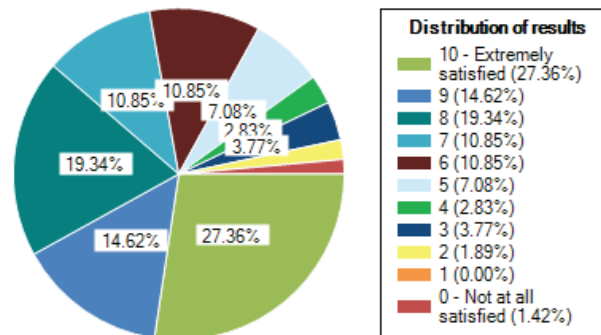
11. Did you feel safe during your stay on the ward? (Overall score: 71.93%)



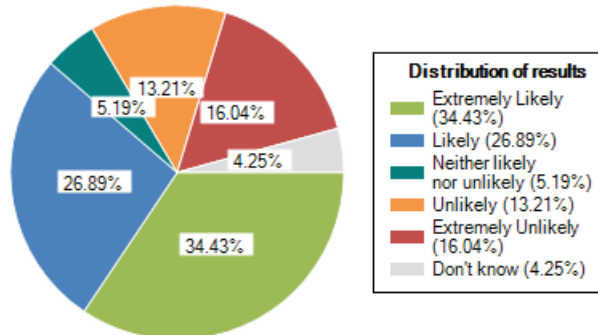
12. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 85.38%)



13. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied) How would you rate your experience of the service overall? (Overall score: 76.27%)



14. Based on your experience - how likely are you to recommend our ward/unit to your friends and family if they needed similar care or treatment? (Overall score: 63.18%)



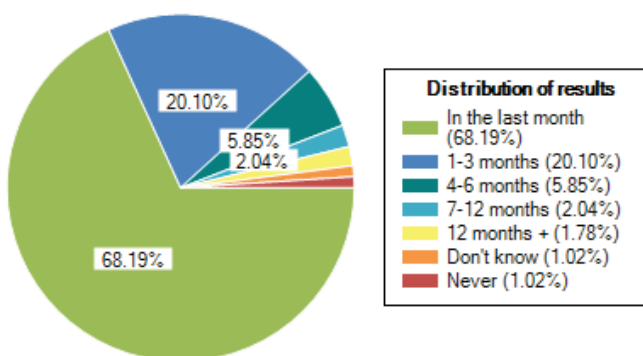
Your Views Matter – our feedback from our community services

| Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013 | Number of questionnaires submitted between 01/10/2013 and 31/12/2013 |
|---|--|
| 81.39% | 393 |

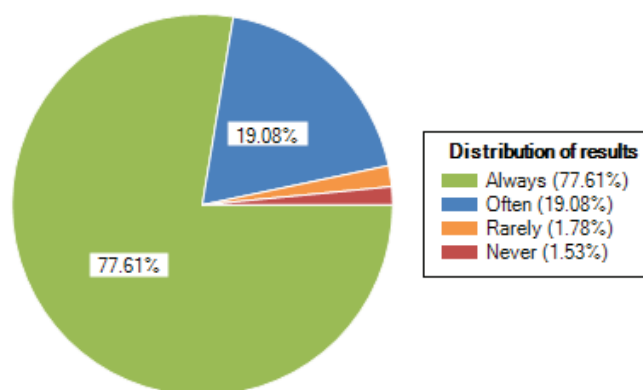
Community Question Analysis Results

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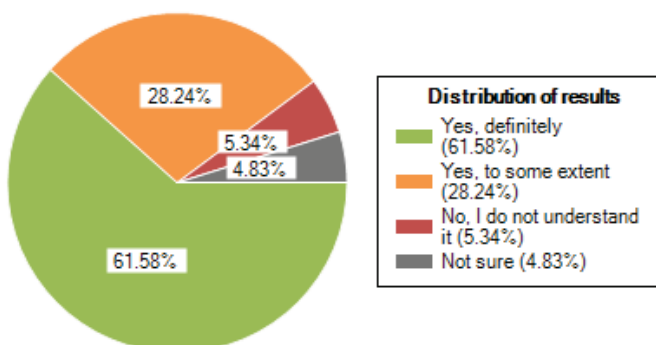
2. When was the last time you saw someone from our services? (Non Scoring)



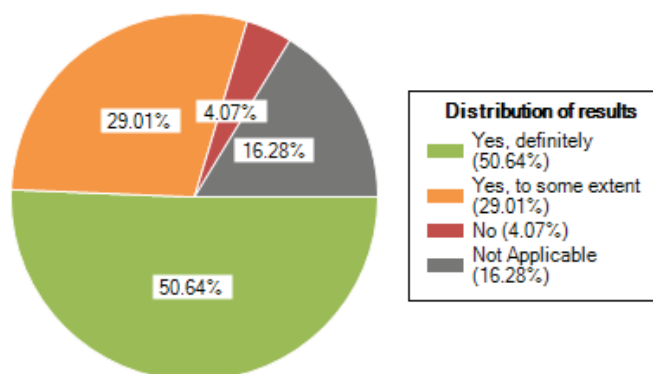
3. Do you feel you were treated with dignity and respect? (Overall score: 90.79%)



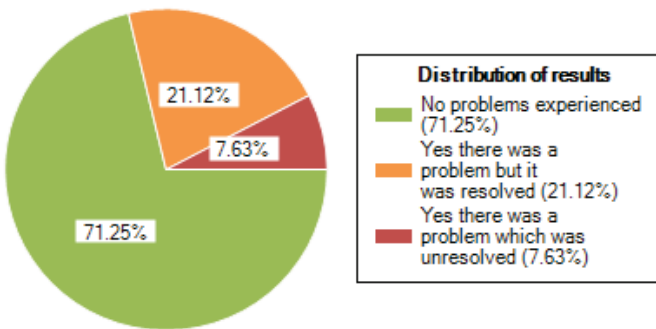
4. Do you think your views were taken into account when deciding what was in your care plan? (Overall score: 79.55%)



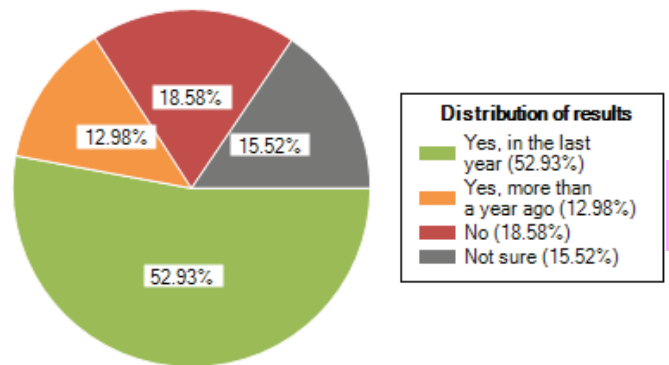
5. Do you think your views were taken into account in deciding which medication to take? (Overall score: 77.81%)



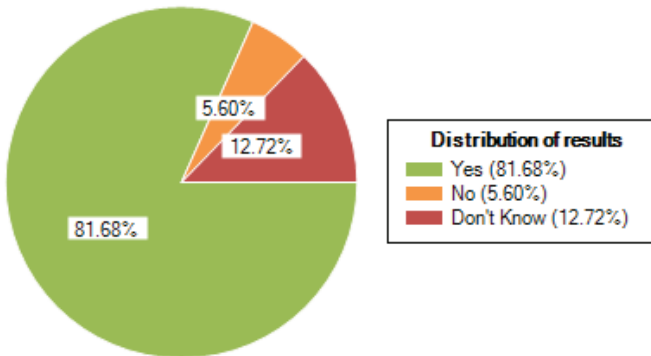
9. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 81.81%)



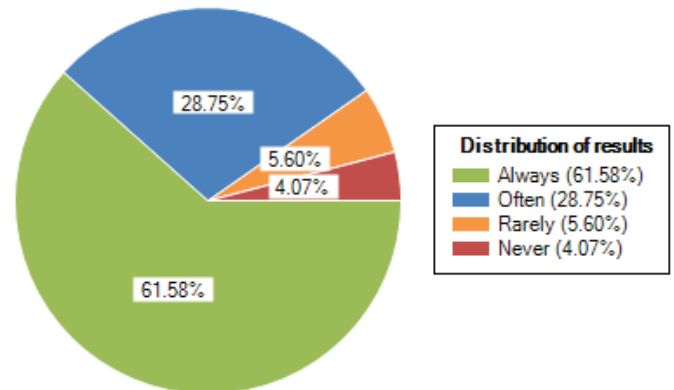
6. Were you given (or offered) a copy of your care plan? (Overall score: 70.33%)



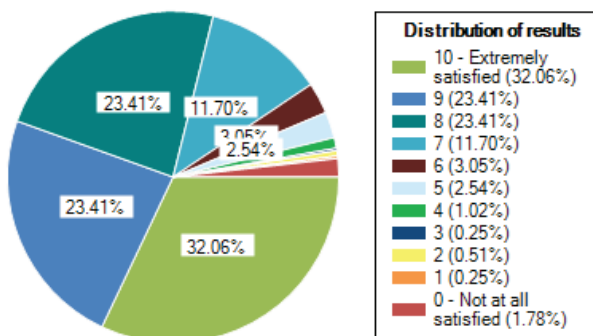
7. Can you contact your Care Co-ordinator (or lead professional) if you have a problem? (Overall score: 84.48%)



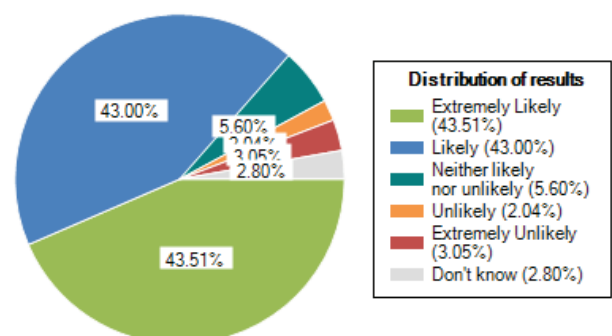
8. How well does your Care Co-ordinator (or lead professional) organise the care and services you need? (Overall score: 82.40%)



10. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied) How would you rate your experience of the service overall? (Overall score: 83.77%)



11. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (Overall score: 81.35%)



You can tell us your views by logging onto:
<http://www.sabp.nhs.uk/yourviewsmatter>

Community Engagement Programme

Sharing expertise, experience and knowledge

This programme of community events seeks to connect with local communities, share information and promote services. The programme hopes to attract and recruit new members to our organisation and offers current members of the Trust an opportunity to connect with the services and with Governors. Details of future events can be found on our website: www.sabp.nhs.uk/involvement

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| | | |
|----------|--|---|
| DECEMBER | FoCUS Area Group Meetings x 4 | Trust Membership Event: Singing for Fun! Leatherhead 26 attendees |
| | Dementia Coffee Morning Tandridge Information and signposting on local services 43 attendees | NE Hants CCG Adult Mental Health Wellbeing & Exchange Café Dorking Display stand and participation in discussions 120 attendees (approx.) |
| NOVEMBER | Surrey Coalition AGM Leatherhead Display stand and participation in discussions | Membership Event Health and Wellbeing Guildford 19 attendees |
| | Cognitive Behaviour Therapy Workshop for staff 80 attendees (approx.) | Surrey Dementia Conference Dorking Display stand and clinical participation in discussions |
| OCTOBER | Carers' Action Group Focus on Triangle of Care, review Terms of Reference to extend membership of group wider than adult mental health | |
| | Membership Event for Young People Woking 15 attendees | Guildford University Freshers' Fair 166 new members recruited |
| | Epsom Mental Health Week Involvement throughout week and event at Mid Surrey Assessment & Treatment Unit | Merstham Mental Health Week Display stand |
| | Surrey County Council Whole System Showcase Display stand highlighting partnership working 150 attendees | Hampshire Happiness and Wellbeing Event Farnborough 40 attendees approx. |



Carers

Listening to families and carers

Members of the Carers' Action Group include Carers, Director of Working Age Mental Health Services, representatives from the Community Recovery Team Managers, Inpatient Services, Older Age Adult Services, Child and Adolescent Mental Health Services, Learning Disability Services, Rethink, Surrey County Council and Action for Carers' Surrey. Current work around the carers' agenda includes:

Your Views Matter

- In September 2013 we launched our web based Real Time Experience feedback system called Your Views Matter including a specific carers' survey. This is available to complete via our public website or via one of the tablets in community and inpatient teams. As at 20 January 22 surveys had been completed indicating there is much work to do to improve the experience of carers

Staff Training

- A short training video is being produced for staff to highlight the issues around carers and confidentiality. This is being led by Dr. Glenn Cornish with input from carers
- We are purchasing an e-learning tool developed by Rethink to encourage staff to consider carers as a more integral part of their practice

Communications

- A Carers' Communications Group has been established with Carers' Support Workers, carers' and the communications department to develop information sources for carers. The first pieces of work are to produce a simple leaflet introducing the local support workers and detailing what support is available to carers and updating the information for carers on the public website

Triangle of Care

- Elements of the Triangle of Care requirements have been added to the Periodic Service Review Tool to improve engagement with carers across all services. This includes looking at whether carers are offered copies of care plans, provided details around medication, and are offered support and general information when an individual wishes no disclosure of their confidential information

Carers Action Group Action Plan

- The 6 elements of the Triangle of Care have been integrated into the work plan, measurable targets will set against each action at the February meeting
- Initial piece of work is focusing on identifying carers on RiO



Carer Liaison Workers

- Carer Liaison Workers are now in place with an extended remit to cover all mental health services. The role is about coaching and extending the knowledge base of operational staff in community and inpatient teams so that more members of staff are able to carry out assessments and provide information to carers

FoCUS

Our Forum of Carers and people who Use our Services

The FoCUS Committee held their quarterly meetings on 6th August and 5th November 2013, discussing the following agenda items and issues raised by locality groups.

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Items discussed at the 6th August and 5th November 2013 meetings

Crisis Service update

Transition between Services, Commissioners service specification

Section 117 aftercare

Risk assessment and community support after patient discharge

CMHRS and care programme approach operational policies

Equitability of voluntary care sector support and assistance at discharge

FoCUS restructure and impact on service involvement

Volunteering policy consultation

Time to Change Surrey

Issues raised by local groups

Continuity of relocating services

Equitability of access to CMHRS services

IAPT service monitoring capturing impact and outcomes

Travel Expenses Policy

Crisis Care and Police Involvement

The responses to these issues are reflected in the notes and reports from the meeting, these are found on the Trust website at:

<http://www.sabp.nhs.uk/involvement/focus>



Staff Networks

Valuing people and celebrating difference

Lesbian, Gay, Bisexual and Transgender Network

The LGBT network has continued to meet throughout 2013 and the Christmas social was well attended. We are currently planning our network re-launch in June 2014 to welcome everyone who wants to champion LGBT equality to join us.



We have continued to deliver LGBT training throughout the Trust and CYPS is currently carrying out an audit to identify the number of LGBT service users currently on caseloads. This will help us to address any gap in service delivery for LGBT young people.

The Black and Minority Ethnic (BME) Community Network

In contrast to growing numbers of interested members across the Trust both clinical and non-clinical attendance to activities and responses to consultations did not offer us that significant cause to be excited. We are however, acutely aware that non response is not a sign of apathy in entirety but rather the direction of travel in the Trust currently; staff are very busy!

Our engagement with the Trust especially senior leads continues to grow in significant proportion to our influence on Trust policies and processes and initiatives. There are several ongoing areas of partnership work with potentially positive outcomes. We continue to engage actively with our external partners and affiliated body the National BME Network as well as the SABP LGBT and Spirituality Networks.

We recorded no cases of grievances or complaints during that quarter, thankfully although there were a couple of requests for psychological support and practical advice.

The year ended appreciably well with a good attendance at our annual Christmas party attended by at least one corporate director.

Our staff members Disability Network and our Spirituality Network continue to meet also



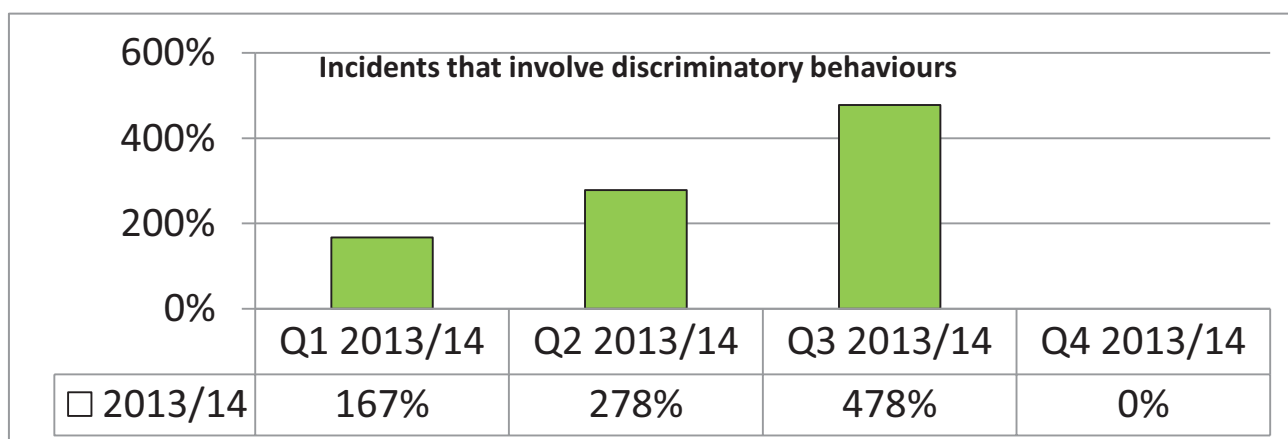
Our Equality Objectives 2012 - 2016

Because people are important to us

We are now in the second year of the implementation of our Equality Objectives. Overall these are:-

- To improve the access to services for people with protected characteristics for all our services where they are currently under-represented; reducing their health inequality
- Staff report that they are free from discrimination and abuse in the workplace
- To improve the representation of people with protected characteristics in senior leadership roles across the Trust (proportionate when compared with overall workforce profile)
- The Trust has strong partnerships with groups representing people with protected characteristics at a local and national level

Our **Respect Programme** continues to be piloted – aimed at improving the support provided to staff who experience discriminatory abuse at work and we are seeing an increase in the reporting of incidents (which is what we anticipated) as more staff feel confident to report incidents of discriminatory abuse – which enable us to respond more effectively.



Our teams are continuing to work at improving the recording of key diversity information about the protected characteristics of the people who use our services. We haven't yet made the improvements we are aiming to achieve, and therefore this will continue to be an area for targeted improvement.

Each Service Division has developed a plan to improve the access to services for people with protected characteristics who are under-represented – and to undertake a pilot project to test how successful these approaches are at improving access and representation – details are outlined below:-

Equality Objectives continued.....

| Division & Outcome Desired | Progress |
|--|---|
| <p>Children & Young People</p> <p>To improve the cultural competence of 3C's staff helping them in their formulations and how they role model this to the rest of the looked after system, thereby supporting access and understanding to this group.</p> | <p>A review of progress at Q3 has shown that there is a full set of diversity data in the main – reflecting the increase attention and skill in this area.</p> <p>Additional training is now to be delivered in Q4.</p> |
| <p>Services for Working Age Adults with Mental Health Needs and Services for People with Learning Disabilities</p> <p>To improve access to IAPT services for people with learning disabilities.</p> | <p>There has been work underway to research and learn from others areas to develop a reasonably adjusted model:</p> <ul style="list-style-type: none"> • Joint first assessment – to determine need • Extra sessions – how much extra time will be needed? • Change in outcome measures – need simplified versions especially if doing each session • Easy Read material • Clarity re specification from Commissioners • Will need an IAPT LD flagging system |
| <p>Services for Older Adults with Mental Health Needs</p> <p>To improve access to support for carers of people with dementia.</p> | <p>Three groups have been piloted so far across the North West, Mid and South West Surrey sectors of the directorate. A fourth group is planned to run in the east of the early in 2014.</p> |

CQC National Community Survey 2013

National evaluation and benchmarked results



The Care Quality Commission's National Community Mental Health Survey 2014 is soon due to be launched. The CQC have proposed the following changes to the way the survey is undertaken which it is hoped will lead to improved data. These changes are still subject to ethical and information governance approval but they plan to:-

- 1) **Change of sample months:** The sample for the 2014 survey will be drawn from people using services who were seen between 1st September 2013 and 30th November 2013. The inclusion/exclusion criteria otherwise remain the same. This will shorten the gap between people using the service and completing the survey.

- 2) **Mental Health Care Cluster:** Information on people using services in the sample will also include their care cluster.
- 3) **Changes to the questionnaire:** There are expected to be other changes to the questionnaire for 2014. As a result of this, our results will not be comparable with our results for 2013 or earlier years. These updates follow extensive consultation work with people using services, service providers, regulators, policy makers, academics and other stakeholders to ensure that the survey reflects current policy, best practice and patterns of service use.

Care Quality Commission Compliance Reviews

Testing our performance against national outcomes

From October to December 2013 we received a number of inspections to our services for people with learning disabilities (see table below). We are waiting for two draft reports to be finalised from these inspections and where appropriate we have also had responses back from our accuracy responses for the previous inspections.

The table below outlines the compliance actions for each of the final reports received for the compliance inspections from October to December 2013. All the reports reflected positively on the care provided by the staff and there were many positive comments from carers and people using the services. However, indicated in the table below we have received 8 compliance actions with minor impact, but there were no compliance actions rated as having a moderate or major impact. The previous year's reports were less critical with only one compliance action for seven inspections. This very much reflects the CQC's new approach to inspections, which is taking a more robust approach to determining the impact of the findings.

See below a summary of the current status of compliance with CQC outcomes for each of our locations inspected.

Inspection Compliance Summary:

| Registered Location | Dates of most recent inspection | Status of Report | Involvement & Information Outcomes 1-3 | Personalised care, treatment & support Outcomes 4-6 | Safeguarding & Safety Outcomes 7-11 | Suitability of staffing Outcomes 12-14 | Quality & Management Outcomes 15-21 |
|-------------------------|---------------------------------|------------------|--|---|---|--|--------------------------------------|
| Ashmount | 14/10/2013 | Final Report | Compliance Action Consent | Compliant | Compliance Actions Safety & suitability of Premises | Not assessed | Compliant |
| Derby House | 17/10/2013 | Final Report | Compliance Action Consent | Compliance Action Care & Welfare | Compliant | Compliant | Not assessed |
| Ethel Bailey & Oakglade | 13/11/2013 | Final Report | Compliant | Compliant | Compliance Actions Safety & suitability of Premises | Not assessed | Compliant |
| Fairmead | 05/11/2013 | Final Report | Compliant | Compliant | Compliant | Compliant | Compliant |
| Loddon Alliance | 27/11/2013 | Draft Report | Compliant | Compliant | Not assessed - previously compliant | Compliance Action Requirements relating to workers | Compliance Action Monitoring quality |
| St Ebbas | 12/12/2013 | Draft Report | Not assessed | Compliant | Compliance Actions Safety & suitability of Premises | Compliant | Compliant |

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| | |
|--|--------------------|
| | Compliant |
| | Improvement Action |
| | Minor Impact |
| | Moderate Impact |
| | Major Impact |

Action plans have been submitted for those services where improvements have been identified as being required.

Care Quality Commission Compliance Reviews continued.....

During July to September we also had a number of inspections to our mental health services. There were improvements required for each of these locations. Since receiving the final reports from these inspections we have instigated action plans to ensure the necessary improvements are made and sustained. Summarised below is the status of progress with these plans (with the details taken from our internal Action Plan Tracker Tool).

The table below provides an overview of the status of progress by our Working Age Adult and Older Peoples' Mental Health Inpatient Services towards completion of the action plans submitted to the CQC in October in response to their earlier inspection visits to our services.

| RAG Status | Milestone and Workstream RAG | Totals | % |
|----------------------|--|------------|-------------|
| Purple | New action | 0 | 0% |
| Light Grey | Not yet started - Not due yet | 2 | 1% |
| Green | In progress - On time | 23 | 15% |
| Amber | In progress - Risk to not completing on time | 16 | 11% |
| Red | In progress - Overdue | 20 | 13% |
| Black | Not started - Overdue | 0 | 0% |
| Blue | Action Completed | 89 | 59% |
| Grey | Action Aborted | 0 | 0% |
| Total Actions | | 150 | 100% |

A programme of quality checking this progress is underway – to provide assurance and support teams where progress has been delayed or taken longer than anticipated. This is being further supported by the Board Walk-A-Round programme also reviewing progress against action plans

Care Quality Commission Mental Health Act Reviews

Protecting people's rights

Review of the use of Seclusion & Restraint

The CQC Mental Health Act Commissioners undertook a review of the use of seclusion at the Ridgewood Centre and at St Peter's. Due to the fact that seclusion was not utilised the review focused on restraint instead. They reported that restraint was used infrequently – but when used, in some instances improvements were needed in recording all the details following an incident.

Bramdean, Staines

The CQC Mental Health Act Commissioner's report was very positive reflecting the good work being undertaken by the team. The report noted some improvements were required in staff confidence in using RIO and peoples' rights being available in accessible formats. Both of these issues have now been addressed.

Care Quality Commission Mental Health Act Reviews continued....

Monitoring of the Assessment & Admission of People under the Mental Health Act

An inspection reviewing the assessment and application for detention and admission under the Mental Health Act on the 4 & 5th December 2013 was completed. The review included not only our own services, but also meeting with the County Council Staff, the Police, Ambulance Service, People Using Services, Carers and Advocacy Services. They also visited services at the Abraham Cowley Unit, Farnham Road Hospital, Mid Surrey and Assessment Treatment Services and the Ridgewood Centre.

“the AMHP service was responsive and worked well”

8

“the police were lovely”

Positive feedback included the Approved Mental Health Practitioner (AMHP) records being of a high standard; the Police reported positive joint working with our Trust; people using services spoken with were generally positive about their admission to hospital and subsequent care; people using services told the CQC that the dedicated AMHP service was responsive and worked well; another person using services said the police were lovely and that ward staff were welcoming and friendly.

“ward staff welcoming and friendly”

Areas highlighted as needing to be addressed included; the need to better promote the role of the Independent Mental Health Advocacy (IMHA) Service; to address the difficulties the AMHPs have in finding Child and Adolescent Consultants Psychiatrists to assist with Mental Health Act Assessments for Children and Young People; difficulties promptly identifying section 12 Approved Doctors to complete Mental Health Act Assessments; routinely giving information about rights on admission to hospital or when people are detained under section 136; concerns regarding the section 136 facilities on Blake Ward and for partner agencies to ensure there is clarity about the responsibility for conveying people from a place of safety to a hospital inpatient bed.

We will continue to work with all our stakeholders to further improve peoples' experiences when receiving care under the Mental Health Act.



Social Care Outcomes

Promoting independence and personalisation

Surrey Approved Mental Health Professional (AMHP) Service

Safeguarding Vulnerable people

The approved mental health professional (AMHP) service is a statutory service commissioned by Surrey County Council. The staff operating the service work from two front line teams in East and West of the County and are backed up by AMHPs in Community Mental Health Teams and Specialist Services. There are currently 53 FTE AMHPs across the county.

AMHPs have to be trained, approved and authorised by the local authority for whom they will act under the terms of the Mental Health Act 1983 (revised 2007). Surrey has tended to support up to 6 trainees per year for 6 months in order for them to be able to take up their approved and authorised roles.

In general AMHPs carry out assessments under the Mental Health Act and give advice on statutory duties such as Mental Health Review Tribunals, individual rights and responsibilities, to both people who are assessed under the MHA and their nearest relative and they support teams to carry out their functions. AMHPs are supported by Senior AMHPs and Assistant Senior managers. The number of Senior AMHPs has increased as part of the Mental Health Consultation from 5 to 10, county wide.

During the last year the AMHP service has recorded the following statistics:

EAST AMHP SERVICE

| Month (Year) | Number of Referrals | Leading to Number of assessments | Leading to Number of people subject to the MHA including CTO |
|--------------|---------------------|----------------------------------|--|
| April (2013) | 58 | 54 | 38 |
| May | 50 | 46 | 32 |
| June | 45 | 43 | 27 |
| July | 68 | 63 | 33 |
| August | 50 | 47 | 29 |
| September | 54 | 50 | 35 |
| October | 65 | 58 | 39 |
| November | 45 | 39 | 25 |
| December | 40 | 36 | 19 |
| | 475/100% | 436/92% | 277/58% |

WEST AMHP SERVICE

| Month (Year) | Number of Referrals | Leading to Number of assessments | Leading to Number of people subject to the MHA including CTO |
|--------------|---------------------|----------------------------------|--|
| April (2013) | 62 | 60 | 37 |
| May | 52 | 52 | 35 |
| June | 56 | 56 | 31 |
| July | 58 | 55 | 31 |
| August | 45 | 43 | 23 |
| September | 48 | 46 | 21 |
| October | 83 | 72 | 34 |
| November | 45 | 43 | 25 |
| December | 49 | 46 | 27 |
| | 498/100% | 473/95% | 264/53% |

| | | | |
|---------------------|-----------------|----------------|----------------|
| County Total | 973/100% | 909/93% | 541/56% |
|---------------------|-----------------|----------------|----------------|

A large number (93%) of all referrals result in assessment being carried out by the AMHP service of which 56% of the people are kept safe through detention. Others may agree to come into hospital for treatment informally and some will not need to access mental health services.

Enabling Independence Service**Promoting recovery**

The Enabling Independence Services (EIS) is a county wide service with two hubs, Sandstone Lodge, Farnham Road Hospital, Guildford and Brickfield Centre, Epsom. Referrals are received from 11 Community Mental Health Recovery Services, Assertive Outreach Teams, Early Intervention in Psychosis Services, Home Treatment Teams and Eating Disorder Services. We have the equivalent of 28 Support Workers and 2 Support Brokers.

Reasons for Referral

1. Getting out/ accessing a range of community resources.
2. Finance/debts/benefits/claims and appeals.
3. Independent living skills, including self-care and household care
4. Housing issues/tenancy sustainment.

NB: In ascending order. The majority of people are referred for five or more reasons.

Self-Directed Support /Support Broker Referrals

| October 2013 – December 2013 | EIS West | EIS Mid/East | Combined |
|------------------------------|----------|--------------|----------|
| | 13 | 4 | 17 |

Enabling Independence Service workers routinely assist people and Care Co-ordinators to help complete Supported Self -Assessments (SSAs) when required.

Referrals, Caseloads and Closures

| Qtr 3 2013 Referrals | EIS West | EIS Mid/East | Combined |
|----------------------|-----------|--------------|------------|
| October | 38 | 37 | 75 |
| November | 33 | 33 | 66 |
| December | 10 | 21 | 31 |
| Total | 81 | 91 | 172 |

| Current number of people we are working with | EIS West | EIS Mid/East | Combined |
|--|----------|--------------|----------|
| | 320 | 247 | 567 |

| Qtr 3 2013 people who completed and left the programme | EIS West | EIS Mid/East | Combined |
|--|----------|--------------|----------|
| | 68 | 100 | 168 |

Outcomes in Quarter 3:

- 105 people achieved all or some of their goals
- 57 people did not engage or were signposted to other agencies



Enabling Independence Group Activities:

EIS West Average Weekly Attendance: 33

Surrey Football League; Adult Education Cafes Supported Work Experience; AOT & EIIP Social & Sports Community Activities

EIS Mid/East Average Weekly Attendance: 79



Surrey Football League; Adult Education Cafes Supported Work Experience; AOT & EIIP Social & Sports Community Activities

NB: Brickfield Centre Drop-In Groups are now peer support or facilitated by external Community Connections providers.

Implementing the Mental Health Act

Keeping people safe

The accumulative numbers of people assessed and detained under the Mental Health Act can be seen in the table below:

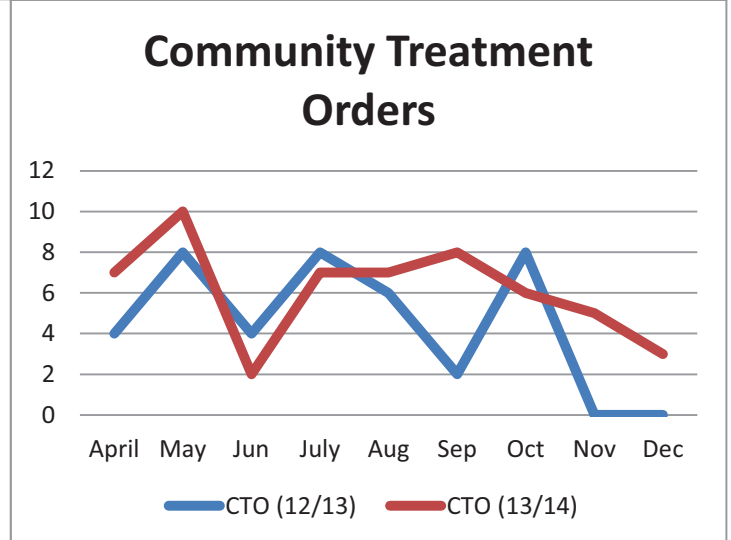
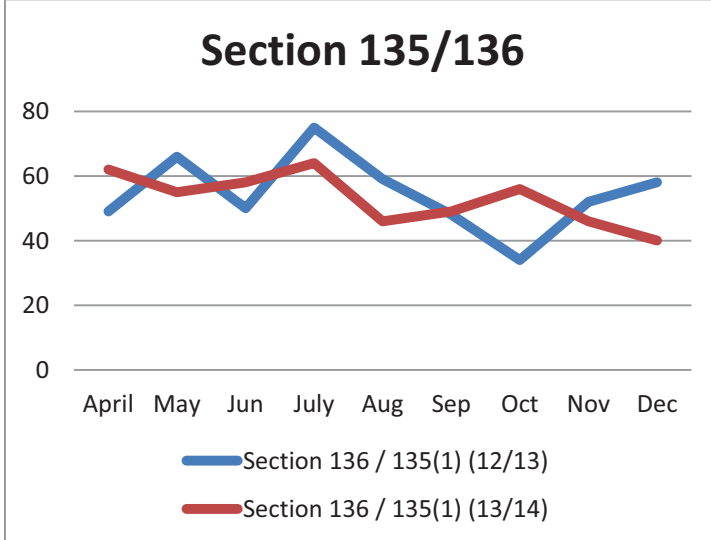
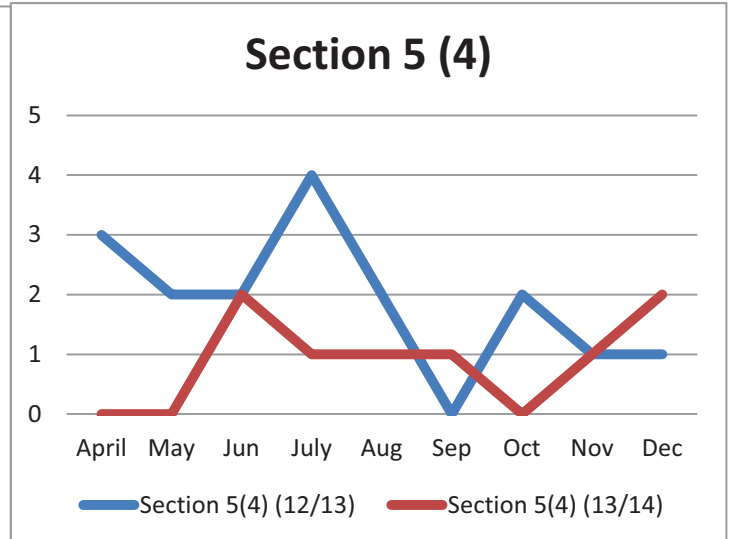
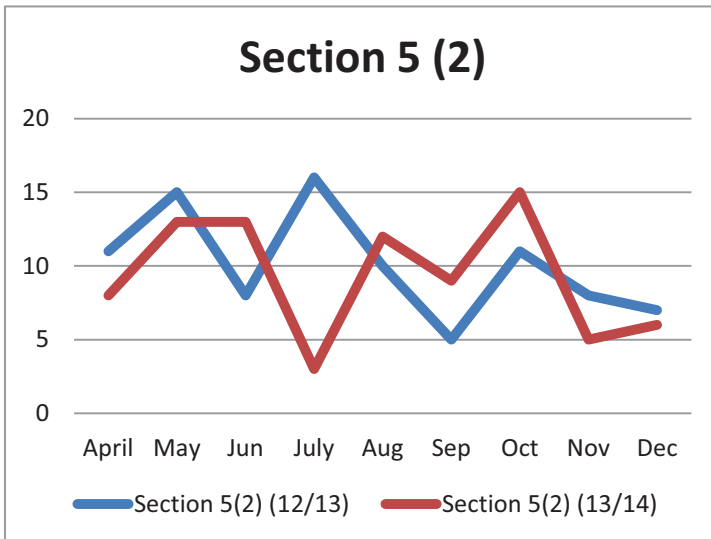
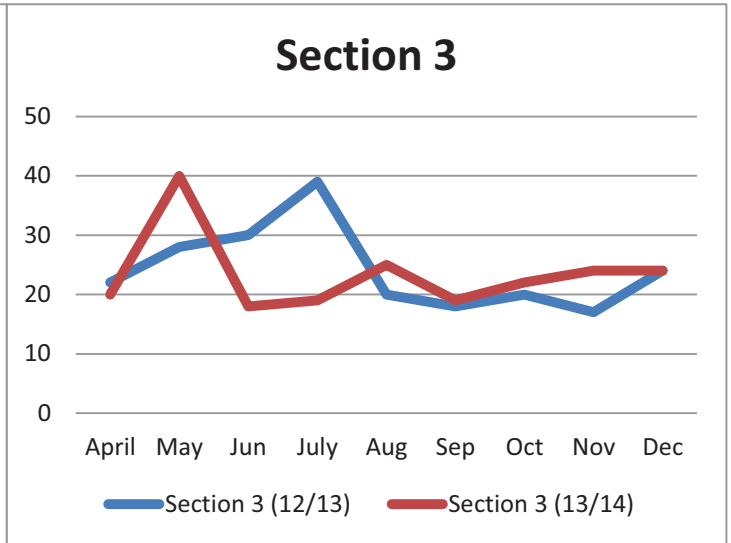
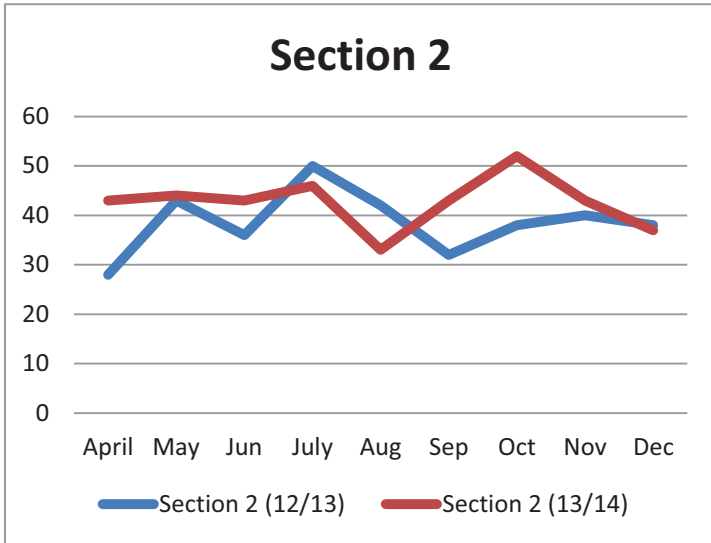
| Year | S2 | | S3 | | S5(2) | | S5(4) | | S136 / 135(1) | | CTO | |
|---------------|------------|------------|------------|------------|-----------|-----------|-----------|----------|---------------|------------|-----------|-----------|
| | 12/13 | 13/14 | 12/13 | 13/14 | 12/13 | 13/14 | 12/13 | 13/14 | 12/13 | 13/14 | 12/13 | 13/14 |
| April | 28 | 43 | 22 | 20 | 11 | 8 | 3 | - | 49 | 62 | 4 | 7 |
| May | 43 | 44 | 28 | 40 | 15 | 13 | 2 | - | 66 | 55 | 8 | 10 |
| Jun | 36 | 43 | 30 | 18 | 8 | 13 | 2 | 2 | 50 | 58 | 4 | 2 |
| July | 50 | 46 | 39 | 19 | 16 | 3 | 4 | 1 | 75 | 64 | 8 | 7 |
| Aug | 42 | 33 | 20 | 25 | 10 | 12 | 2 | 1 | 59 | 46 | 6 | 7 |
| Sep | 32 | 43 | 18 | 19 | 5 | 9 | - | 1 | 48 | 49 | 2 | 8 |
| Oct | 38 | 52 | 20 | 22 | 11 | 15 | 2 | - | 34 | 56 | 8 | 6 |
| Nov | 40 | 43 | 17 | 24 | 8 | 5 | 1 | 1 | 52 | 46 | - | 5 |
| Dec | 38 | 37 | 24 | 24 | 7 | 6 | 1 | 2 | 58 | 40 | - | 3 |
| Totals | 347 | 384 | 218 | 211 | 91 | 84 | 17 | 8 | 491 | 476 | 40 | 55 |

At this period in the year we still see slightly more people being detained for assessment (S2) and slightly fewer detained for treatment in hospital (S3) compared to this time last year. We are seeing marginally fewer numbers of people being taken to our places of safety (S135/S136), and apart from October, this downward trend is continuing from last year. Supporting people in the community through community treatment orders (CTO) has increased compared with the same period last year, although these are small numbers.

These patterns can be seen in the graphs over the page:

Implementing the Mental Health Act continued.....

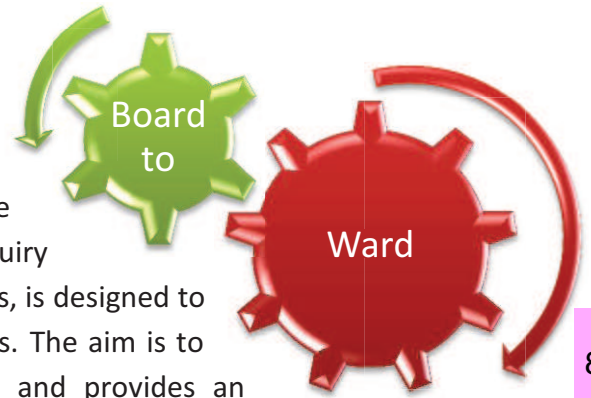
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Board Walk-A-Rounds

Staying in touch with staff and services

The Walk-A-Rounds are undertaken in pairs by one Director of the Board and a Non-Executive Director. The Walk-A-Round programme utilises an Appreciative Inquiry approach, which by using unconditional positive questions, is designed to provide a guide rather than a prescribed set of questions. The aim is to identify and work with people’s strengths and assets and provides an opportunity to understand the quality of the service provided and promote and build the reputation of our organisation.



After each visit a report, which includes recommended actions, is sent to the Quality and Service Improvement Department and then to the Director, Senior Manager and the respective service.

- Eating Disorder Service –Lougha House
- Home Treatment Team Mid Surrey
- Community Mental Health Recovery Service Epsom
- Crisis House
- Community Mental Health Recovery Service Waverley
- Community Mental Health Team (OP) Waverley
- Community Mental Health Team (OP) East
- Personal Care and Support Service (Ellen Terry)
- Child and Adolescence Mental Health Services Redhill and Reigate
- Childrens Primary Mental Health Team Redhill and Reigate
- Child and Adolescence Mental Health Services Oxted
- Childrens' Learning Disabilities Services (SWS)
- Beeches Redhill

From 1st October 2013 up until the 31st of December 2013, 13 services were visited by members of our Trust Board. The list of places visited can be seen to the left.

The services visited included four Children and Young People’s Service visits, two Working Age Adults’ Community Services and one inpatient service; two Older Peoples’ Community Services and one day service for People who have Learning Disabilities.

Board Walk-A-Round continued...

The following is based on nine reports that have been received to date for this period. The feedback from Walk-A-Rounds in the last quarter was generally very positive, although some local areas were identified for improvement.

Positive Feedback for all services

- In all services the Board members received a friendly and / or professional welcome from all staff.
- In the majority of services there were aspects of the environment that contributed to an initial good impression. These related to the environment being clean and light or bright.
- All services, apart from one were able to recommend their service to family and friends.
- In all services the overall impression reflected the commitment of staff to provide a high quality service.
- The quality of the teams was noted including being cohesive, dedicated and having high aspirations.

All services were able to identify something that was working well:-

In one service the supportive approach of the team manager and confidence in the team and ability to work flexibly was noted. Similarly in another service a good helpful team, working well together with a flexible supportive approach was highlighted.

In one service a strong cohesive team contributed to be a good multidisciplinary ethos, team members were proud of relationships they have built in the local area. Similarly in another service they were proud of how they were working across care pathways and how they supported each other. They had also established a joint paediatric clinic.

In one service excellent good administrative processes with 100% compliance with data requirements was noted.

On one occasion Board members met three people who were using the service who reported that they were able to choose from a range of activities and were always the focus of what was happening.

Areas identified for further development

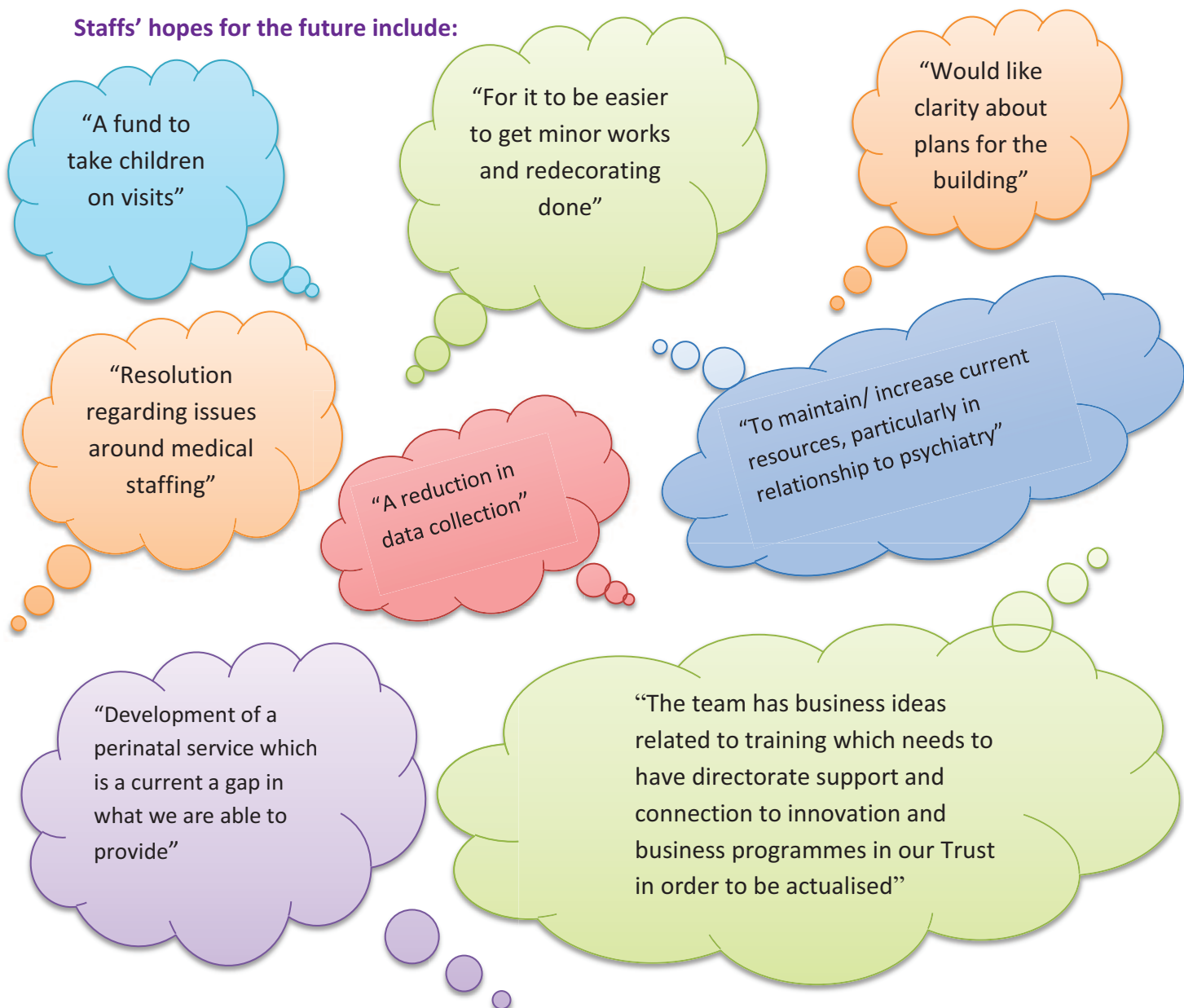
- In four services issues around the environment contributed negatively to the initial impression of the service. The issues related to inadequate signage, unwelcoming reception area and office space being cluttered with tired furniture.
- In one service there is an issue of sound proofing for a therapy room and the cold temperature of the clinical rooms.
- In two services issues regarding inadequate parking were noted.

Board Walk-A-round continued...

- There are issues in some services regarding the collecting and logging of protected characteristics. These included:
 - Team members finding it difficult to discuss these issues with people who use services
 - Lack of time and general difficulties with IT
 - The requirement to duplicate records

The above developmental areas have been fed back to the service manager to address the issues.

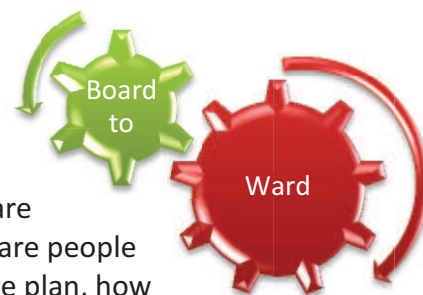
Staffs' hopes for the future include:



Walk-A- Round developments

Following learning from the CQC inspections, the Board Walk-A-Round tool will now include questions on:-

- What works well to involve people and their families in their care plans - how are teams involving people, when do they do this, are people given copies of their care plan, how do they know it is their care plan, how do teams record this, do they get people to sign their care plans?



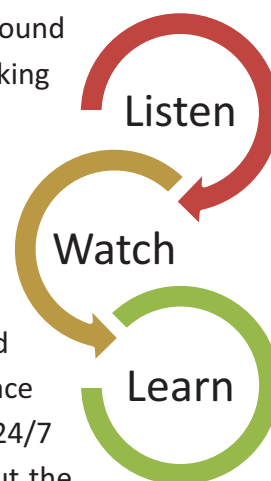
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In addition, Governors are now also being involved in the walk-a-round programme and will join the Executive and Non-Executive Directors undertaking these visits.

Executive Board – Walk-A-Rounds

Extending the contact with staff and services

To complement the existing Board Walk Around Programme a formalised programme of early morning, evening, and weekend visits has been put in place and is conducted by senior staff members across the organisation to our 24/7 services. As part of this scheduled programme of visits carried out throughout the year there have been two out of hours visits by Executive Board members supported by senior managers, during October to December:



Working Age Adults Inpatient Services: Ridgewood Centre - Wingfield Ward

Older Peoples Mental Health Services: Woking Community Hospital - Willow Ward

Outcomes from these visits included:-

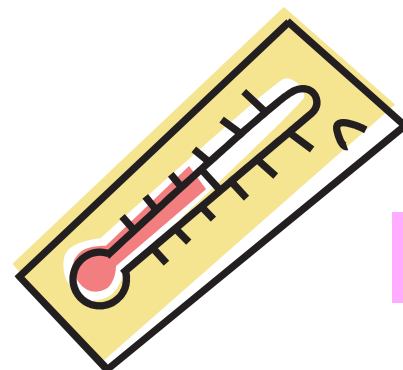
- Welcoming staff
- Open and honest communication
- Recognition of good team working across the different professions – team cohesion
- Staff were able to talk enthusiastically and with pride about the care they were able to provide
- Some environmental issues were identified at Willow Ward – so while bedrooms were well equipped some corridors and bathrooms were small making the use of specialist equipment more difficult
- The environments were found to be clean with no offensive odours
- Staff felt that they would recommend family and friends to these services, believing that individualised care was provided.

Future plans: The programme for the 2014 Walk-A-Round will involve Executive Board members revisiting services, and also including visits to our 24/7 services for people with learning disabilities.

Safety Thermometer

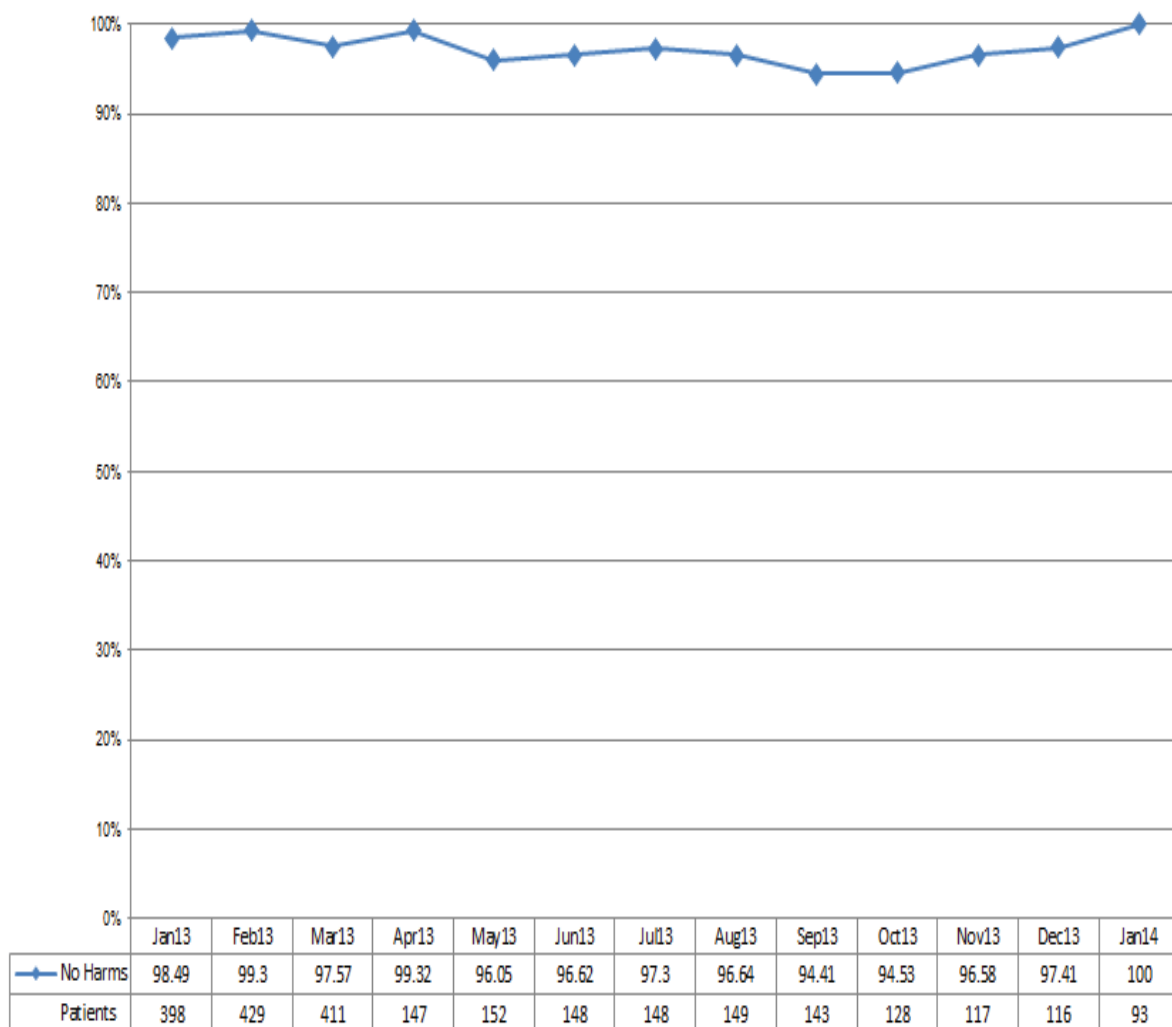
Measuring harm free care

The collection of data from the Safety Thermometer continues with all inpatient services for Older Adult Mental Health Services and Inpatient Services for People with Learning Disabilities submitting data on a specific survey day each month.



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The graph below shows our current performance for “Harm Free” care (based on reviewing harms as a result of falls, UTI’s, VTE’s and pressure ulcers). The percentage rate for harms has remained fairly constant over the year at a high level of harm free care.





Periodic Service Reviews (PSR)

Detailed peer inspection of services

The PSR has been reviewed again this year, with a reduction in the number of outcomes (while still incorporating all the CQC Essential Standards) but also includes the addition of a small number of important new outcomes:-

- Ensuring there is a falls' risk assessment and associated care plan related to any identified risks – where applicable
- Ensuring all our premises operate an effective visitor recording system (linked to learning from enquiries following Savile)
- An increased focus on the quality of documentation / evidence (not just checking it is present)
- More weighting has been applied to outcomes relating to the suitability of staffing and maintaining safe staffing levels
- Increased reference to Carers as part of the “Triangle of Care”

Each service is still expected to score 85% or more overall and score 85% or more against each of the sub-sections of the PSR there and demonstrate at least some evidence of compliance against our mandatory outcomes, including diversity data, health and safety and workplace risk assessment, maintaining same sex accommodation and mandatory and statutory training.

A SUMMARY OF THE OUTCOMES - CLUSTERS 4

The PSR's have now been completed for most of the services in Cluster 1-4 of the programme and in this quarter Cluster 4 which includes services based in Runnymede, Elmbridge, Spelthorne and Woking, reported back to the Service Improvement Programme meeting.

17 services have been reviewed in Cluster 4 and the details are included below.

PSR Results – Cluster 4 - Runnymede, Elmbridge, Spelthorne & Woking

| Service Name | Overall Score | Did all sub-sections of the PSR score 85% or above | V&V Score | CQC Score |
|--|---------------|--|-----------|-----------|
| Surrey Heath CMHT OP | 100.0% | Yes | 100.0% | 100.0% |
| Bramdean | 99.9% | Yes | 99.8% | 100.0% |
| Kingscroft | 99.6% | Yes | 99.3% | 100.0% |
| Transitions & NW Psychotherapy | 99.6% | Yes | 100.0% | 99.3% |
| Geesemere | 99.0% | Yes | 98.9% | 99.0% |
| Elmbridge CMHRS | 98.9% | Yes | 98.8% | 99.0% |
| Windmill Community Drug and Alcohol Team | 98.4% | Yes | 97.2% | 99.7% |
| Runnymede CMHRS | 98.4% | Yes | 97.3% | 99.5% |
| Spenser Ward | 97.6% | Yes | 96.6% | 98.6% |
| Spelthorne OPCMHT | 97.4% | Yes | 96.1% | 98.7% |
| Community Forensic Service | 96.7% | Yes | 93.9% | 99.4% |
| Home Treatment Team - North West | 94.3% | No | 91.5% | 97.2% |
| Windmill House | 92.8% | Yes | 91.5% | 94.0% |
| Woking CMHRS | 92.6% | No | 88.7% | 96.4% |
| Spelthorne CMHRS | 92.4% | No | 87.7% | 97.1% |
| Clare Ward | 89.9% | No | 87.2% | 92.6% |
| Blake Ward | 87.5% | No | 80.5% | 94.4% |
| | 96.2% | 12 | 94.4% | 97.9% |

Mandatory Outcomes for Cluster 4

| Service Name | Diversity Data | MSSA | H&S Risk | Training |
|--|----------------|------|----------|----------|
| Blake Ward | - | 2 | 0 | 0 |
| Bramdean | 2 | 2 | 2 | 2 |
| Clare ward | 2 | 2 | 2 | 0 |
| Community Forensic Service | 2 | - | 1 | 1 |
| Elmbridge CMHRS | 2 | - | 2 | 1 |
| Geesemere | 2 | - | 2 | 2 |
| Home Treatment Team - North West | 2 | - | 2 | 1 |
| Kingscroft | 2 | - | 2 | 1 |
| Runnymede CMHRS | 2 | - | 2 | 0 |
| Spelthorne CMHRS | 1 | - | 0 | 1 |
| Spelthorne OPCMHT | 1 | - | 1 | 1 |
| Spenser Ward | 1 | 2 | 2 | 1 |
| Surrey Heath CMHT OP | 2 | - | 2 | 2 |
| Transitions & NW Psychotherapy | 2 | - | 2 | 2 |
| Windmill Community Drug and Alcohol Team | 2 | - | 1 | 1 |
| Windmill House | 2 | 2 | 0 | 2 |
| Woking CMHRS | 1 | - | 1 | 0 |
| Averages | 12 | 5 | 10 | 5 |
| | 4 | 0 | 4 | 8 |
| | 0 | 0 | 3 | 4 |

Periodic Service Review continued.....

Of the services reviewed in Cluster 4, all of the services achieved the standard of 85% or more overall but 5 services have not yet achieved 85% over all of the subsections of the PSR – action plans are in place and being implemented.

An immediate action notice was issued to ensure there was an accurate picture of the Health and Safety Training on a ward together with ensuring the necessary environmental risk assessments were in place to be able to demonstrate how the risks in the service are currently managed.

SUMMARY:

- Overall a good level of compliance across services
- All the services in Cluster 4 have achieved 85% overall in the PSR
- 1 Immediate Action Notice was issued to a service in Cluster 4 – to ensure that health and safety training was recorded and risk assessments were needed for the environment

CHALLENGES & ACTIONS

Teams continue to be challenged by the Mandatory Outcomes introduced last year – as a result of a number of different issues in demonstrating compliance with the outcomes – however, in this cluster there was an overall improvement against these outcomes compared with earlier clusters of services.

Innovation

Creating new ways to reach people

E-Health

Harnessing the Power of Digital for Better Health and Wellbeing



Our society and its use of technology are rapidly changing. Technology plays an increasing role in our everyday lives, with phenomenal growth levels in acceptability and usage – for example, the use of mobile phones by adults has gone from less than 50% of the population to over 90% in less than a decade. However, there are challenges to embedding such technological advancements within our health and care environments and realising their benefits.

We have therefore embarked on a journey to systematically identify and overcome these challenges in order to maximise the short term and long terms benefits of harnessing the power of digital technologies for better health and wellbeing. We have launched the E-Health Group which involves multi-professionals from across the organisation.

E-Health refers to health services and information delivered or enhanced through the internet and related technologies.

In a broader sense, E-Health is about more than technical development but also a state-of-mind, a way of thinking, an attitude and a commitment for networked, collaborative and global thinking to improve health care locally, regionally and worldwide using information and communication technologies.

Examples of E-Health

E-Health encompasses a range of services or systems including:

- ▶ Electronic Patient Records (EPR): enabling the communication of data between different healthcare professionals (GPs, specialists etc.);
- ▶ ePrescribing: access to prescribing options, printing prescriptions and sometimes electronic transmission of prescriptions from doctors to pharmacists;
- ▶ Telehealth: physical and psychological treatments at a distance, including tele-monitoring and telecare for improved wellbeing and functioning;
- ▶ Consumer health informatics: use of electronic resources on clinical topics by healthy individuals or patients e.g. the use of websites such as NHS Choices;
- ▶ Virtual healthcare teams: consisting of healthcare professionals who collaborate and share information on patients through digital equipment for transmural care;
- ▶ mHealth: mobile health is the use of mobile devices in collecting aggregate and patient level health data, providing healthcare information to practitioners, researchers and people who use services with real-time symptom monitoring and direct provision of care;
- ▶ Grids: clinical research using powerful computing and data management capabilities to handle large amounts of heterogeneous data (Big Data).

Functions of the E-Health Group

The E-Health Group will:

- ▶ Identify clinical problems and unmet needs
- ▶ Identify or develop a (technological) solution
- ▶ Support innovative pilots and projects
- ▶ Evaluate clinical and cost effectiveness
- ▶ Adopt and disseminate the innovation



Source: NHS England Technology Strategy

E-Health Pilots and Projects

We currently have several projects underway including:

| Clinical Problem/Unmet Need | Proposed Solution | Progress |
|-----------------------------|---|---|
| Depression | Sleep Monitoring App Telehealth Virtual Therapy | App Prototype Implementation Plan Implementation Plan |
| Autism | Functional Analysis App | App Prototype |
| Learning Disabilities | Health Passport People & Places | App Prototype Evaluation |
| Psychosis | My Journey App | Minimal Viable Product |
| Falls | Tunstall | Exploration |

Please feel free to contact one of the people listed below to find out more about the E-Health Group and related activities.

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