

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - Follow Up Questions

Question 1: What other options have you considered as alternatives to consolidating at Chertsey? What consideration has been given to utilising the former PICU unit at Epsom, and what are the benefits and disadvantages in this respect?

We have thought carefully about a number of options before proposing to consolidate our services onto our Chertsey site. This included considering the advantages and disadvantages of the following different options:

- Relocating Blake ward (Chertsey) into Fenby ward (Epsom) to consolidate onto 2 sites (Guildford and Epsom). This had the benefit of better geographical location across sites. However this would not meet the needs of people as we would reduce by 8 beds and this would mean some people would inevitably receive inpatient services away from Surrey.
- Moving Delius ward into Fenby – this would negate the need to use the shared space in the Langley Wing to access the servery (with some minor environmental work). However the servery on Fenby has proved to be unpopular, we would reduce bed numbers by 2 beds, and the therapy area would not be well located. In addition, we would achieve none of the benefits that consolidation would offer.
- We looked at immediate environmental improvements to improve the environment at Epsom and to see if we could stop use of the space we share with Epsom General Hospital. We also scoped longer-term works to refurbish the wards but this would have entailed significant capital investment (approximately £5m) and would not improve the outside space or offer the quality benefits of consolidation to ACU.

Having considered each of these options we believed a consolidation to ACU (Chertsey) was the best approach.

Question2: What efforts are being made to bolster security arrangements at the ACU, and how has the Trust reviewed other instances of people going missing to learn from these events?

We are always continually evaluating and mitigating the risks of people attempting to leave our units on all our sites. These are recorded as missing persons (i.e. MISPER) rates. The MISPER rates per bed at the ACU are lower than we have experienced at our Epsom facility.

Security arrangement at the ACU include a well-established airlock which controls access and exit to and from the unit and the wards; we have also installed anti-climb covers to drainpipes and improved the height and strength of the garden boundary fences.

Across all of our wards our clinical staff review individuals on, at least, a daily basis and evaluate their individual risk; people are identified as red, amber or green to help determine their likelihood of seeking to leave without leave.

We have regular meetings with Surrey Police looking at how many people have been recorded as missing persons and will use these meetings to review any themes arising from our MISPER events, we also incorporate any learning from incidents/Serious Incidents into our practice to reduce the likelihood of this recurring.

Question 3: What feedback have you received from those who use the services, their families and staff regarding the proposed changes?

What additional support is being offered to people who use the services and their families during the transition?

We appreciate that travel and accessibility is one of the biggest concerns that people have raised in their feedback to us about the proposed changes. We know that for many people the move to Chertsey will involve additional travel time and that public transport will be complicated.

We have therefore thought carefully about how we can work to help minimise the impact of this on people who use our services, their families and staff. We have developed a travel plan to help people with their travel. This has been developed using their feedback to us and also our experience of supporting people during other service moves and temporary relocations.

The plan includes:-

Assessment and preparation for admission

As part of the Home Treatment Team assessment and preparation for admission, family carers and the person being admitted will routinely be asked whether they have any problems with travel to and from the ward to their home. This will help us to ensure that home leave can be facilitated and relatives are able to visit and provide support during the admission. We will also talk to people about the Healthcare Travel Costs Scheme where appropriate.

Supporting Home Leave from Hospital

Local leave from the hospital to the shops etc is an important part of a person's recovery. This will be decided by the multidisciplinary team.

Where home leave is planned the Care Coordinator, in discussion with the multi-disciplinary team, will be available to support the person receiving treatment, whose responsibility it is to organise and access this leave, and agree an individual travel plan. This may mean using public transport, the support of family and friends or a taxi organised by the ward.

Home leave may need to be accompanied by our staff and in these instances the Trust will make the arrangements to facilitate this.

Supporting Visits from Family Carers

Family Carers are encouraged to visit and maintain links with their family member whilst they are in hospital. This applies to every ward, and we know that for some people we need to take into account travel difficulties even when they are in a local ward (i.e. people from Spelthorne visiting Chertsey). However, we do acknowledge that for most people who visited Epsom there will be additional travel time and possibly extra difficulties when visiting their family members in Chertsey. The support we will offer as this will vary depending on people's individual circumstances.

The ward will contact relatives by letter within 72hrs of the admission to provide them with details of the Responsible Consultant, dates for reviews and the ward visiting times. Family carers will be encouraged in the letter to contact the ward directly if they foresee any difficulties in visiting their family member on the ward. At this point we will be able to discuss how best to support the carer to

come and visit their relative.

Family Carers often undertake visits to the hospital using their own means of transport however the Care Co-coordinator and ward, in discussion with the family, will be available to support hospital visits where this is felt appropriate. We can also consider using Carers Breaks/Carers Assessments and Self-Directed Support packages for carers where this is a particular issue.

We will also support the use of Facetime/Skype/Video calling as all wards will now have Wi-Fi guest access for people to use their own Smartphones. We know that not everyone has this facility but some people may find it helpful to keep in contact with their friends and relatives. We will also invest in tablets to be used on the wards to enable Skype/Video calling.

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