



## FoCUS

### **South West Surrey Area Group Meeting Wednesday 5<sup>th</sup> September 2018 1pm – 3pm**

Guildford Baptist Church, Millmead, Guildford

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#### **Minutes of the Meeting**

**Attendees:** Paul Earl, Linda Gilligan, Ann, David Muir (FoCUS Rep & Trust LD Governor), Claud Norris (FoCUS Rep), Alex Lepkowski, Simon Telling (FoCUS Rep & Trust Governor), Rosemary Moore (FoCUS Rep)

Helen Potter (Electronic Patient Record Solutions Lead, SABP), Pete Williams (CMHRS & EIIP Area Manager), Sue Shaw (Spiritual & Pastoral Care Assistant Volunteer, SABP), Donna Davies (Advocate SDDP), Caroline Hampshire (Welcome Project), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

**Apologies:** Alice Knight, TMG, Paul Alexander (Waverley CMHRS), Simon Tester.

#### **1. Welcome, introductions, ground rules**

Jane Ahmed, the FoCUS Involvement Facilitator, welcomed attendees to the meeting and introductions were made.

Jane Ahmed explained that there has been a request from another FoCUS area to produce the meeting ground rules and agendas in easy read and this is currently being developed by the support team. To make meetings more inclusive other areas are also using additional cards during the meeting such as 'not relevant', 'I do not understand' and 'I agree'.

## 2. Minutes of previous meeting (July 2018)

### Accuracy

The minutes were agreed as an accurate record.

### Actions from July 2018:

1	<p>Jo Lynch agreed to look back to find the date from which there was no longer a statutory time limit for responding to complaints. <b>Completed.</b></p> <p><b>In the 2009 Complaint regulations the Department of Health removed the prescription around the 25 day timescales to be followed in terms of investigating a complaint as they deemed that less prescription allows organisations to assess and deal appropriately with complaints and allows them to meet the needs of the individual cases. In England, there are no time limits set for responding to a complaint but if a response is not provided within six months from the date of the complaint, the body complained about must write to the complainant to explain the delay.</b></p> <p><b>Our current target is 25 working days as we believe that we can meet this in many cases, whilst still holding the person and their family's needs in mind. We will always keep the person updated as to how the investigation is progressing and if we will meet the timescales we have set ourselves.</b></p> <p><b>We report on this monthly through to the Quality, Risk and Safety Committee and then quarterly to our Executive Board.</b></p> <p>Simon Telling and other members of the group felt that six months is too long not to respond and this should be highlighted to the Trust. Rosemary Moore suggested that the Trust should be recording whether the complainant is satisfied with the outcome or not.</p> <p>Ann raised a number of concerns around the timescale to respond to complaints and the fact that the Trust must write at the bottom of their letter that this is their final response to your complaint and need to note about the parliamentary ombudsman.</p>
2	<p>Free 20 minute suicide prevention video to be re-circulated to the Group. <b>Completed. The link to the training is</b></p> <p><a href="https://www.zerosuicidealliance.com/">https://www.zerosuicidealliance.com/</a></p>
3	<p>It was agreed that Jo Lynch would clarify the definition and differences</p>

	of Advanced Statements and Advanced Directives. <b>Completed. Included in the response to Committee questions.</b>
4	<p>Jo Lynch to look at where the Trust are with regard to specialist Autism (AAA) training and will discuss with colleagues. <b>Completed. Last year, all our CMHRS staff were supported with enhancing their knowledge of autism through team training. We are looking into how to take this forward again and to include inpatient teams.</b></p> <p>Pete Williams added that the Trust are arranging training for specific services with regard to Autistic Spectrum and ADHD and they are looking at whether this should be filmed to be part of the training element.</p>
5	Support team to liaise with CT and SABP regarding autism training and local area meetings. <b>Ongoing.</b>
6	<p>Jo Lynch to feed back to Liz Holland the suggestion that suicide prevention training be made available to Community Connection providers. <b>Completed.</b></p> <p>Jane Ahmed attended at Suicide Prevention course run by Surrey County Council last November and noted that there were three people from Catalyst that attended.</p>

### Matters Arising

With regard to the availability of information Rosemary Moore felt there is a lot more that could be made available at Farnham Road Hospital and that FoCUS needs more promotion to explain its role; Rosemary will be pursuing how information is provided. Sue Shaw recently asked why there was no information in the new reception at Farnham Road Hospital and was told that it had been vandalised, therefore the Trust need to look at providing information in a way that is secure.

David Muir and Rosemary felt signage is poor at Farnham Road Hospital and when attending for a Recovery College course there is no information there.

Claud Norris visited Farnham Road Hospital as part of the 15 Steps QI Programme and it was agreed that FoCUS should ask the Trust if the lack of leaflets was included in the visits? If not this can then be addressed.

### 3. Feedback from August FoCUS Committee Meeting

Jane Ahmed fed back from the August FoCUS Committee meeting and highlighted the following:

- One FoCUS Member is involved in a working group looking at the easy read documents provided by the Trust.
- Issues regarding air conditioning at the ACU (Abraham Cowley Unit) in the hot weather were addressed and the Trust updated on measures put in place to combat these.
- FoCUS had previously asked what is available for survivors of abuse and were not happy with the response given as it was particularly slanted towards what is available for children. Justin Wilson agreed that many people with mental health problems have experienced abuse and this service needs to be for adults also and the Trust need to address this. A dedicated member of staff has been developing and rolling out training across the Trust in this area.
- Outcomes from the Involvement Workshop were discussed, and FoCUS heard that the Trust want to move from an 'experience' model to a 'participation' model working with people who use services and carers to achieve this. The overall aim is to increase opportunities for participation by 50% in the next year. A participation team will be formed to see what this will look like and what it will carry out practically; FoCUS will be involved in this work.
- The Trust believe that the Single Point of Access will be the face of SABP and are committed to carer and user involvement which has been at the heart of the project. They are working hard to ensure the interfaces between services are safe. Leaflets for the new service will be co-designed with those using services and carers. Band 3 call handlers will be supported by Band 6 call handlers and a Band 7 clinical lead. A huge training programme is in place including real-life scenarios for call handlers. Helen Potter clarified that the SPA is for new referrals into the service who will be triaged centrally and then referred to the right SABP service. Rosemary highlighted concerns about those who have been discharged and then will need access back into the service via the SPA.
- FoCUS asked about developing a referral system from the SPA to other organisations such as Community Connections and the Trust agreed that this is something they should be doing and will be working with them to develop training.
- FoCUS heard that patient records are kept for 30 years, although they will not go back this far on SystemOne. However, a person can

request a copy of their records via a 'Subject Access Request' process.

- FoCUS Committee heard an update around Care Pathways and a presentation on this has been circulated to FoCUS members. The group discussed the development of 'care clusters' which will try and standardise the offer for people and classify the way people present. Reps did raise issues that in some of the work streams it can be difficult to get back into services once discharged, however FoCUS heard from Maggie Gairdner that they are working with GPs on the development of this model. Rosemary felt that the consultations with people using services and carers has been very haphazard and often the meetings can be confusing. Paul Earl explained that GP referral to point of assessment has been up to 13-14 weeks and that GP referrals cannot be made if the person is suicidal. Pete Williams noted that the demand and the referrals have gone up 40% in the last few years with no extra budget. With the SPA the Trust are currently scoping every CMHRS to ensure they can meet the assessment process within 28 days. Up until now access to services is via the GP but with the SPA this will no longer be necessary and self-referral is possible. A person will be triaged on the day of referral and then further triaged as to whether crisis or routine and this should change the situation.
- The Trust are looking at configurations and the layout at the ACU.
- FoCUS asked about the 15 step QI programme which undertook visits looking at reception areas in the different CMHRS's noting that there may be an opportunity for receptionists to identify people who have called that may be friends or relatives that have not been identified as carers.
- It was felt that the Carers report should be circulated more widely and that the case studies should be made available to the new working age adults Transformation Programme to see where checks and balances are needed, and Maggie Gairdner will take this forward.

#### **4. Local Issues from FoCUS members**

##### Good news and Compliments

After making an enquiry Ann was pleased that she received a call back from Ann Stevenson as she was promised which often does not happen.

## Local Issues

Ann would like to know why SABP have chosen Coughlan lodges to partner with for people in West Surrey/Hampshire as there are a number of outstanding safeguarding issues at Coughlan Lodges that go wider than SABP, why are SABP still using them?

Pete explained that there are three providers of the Crisis Overnight Support Service, one in the SW, one in the East and one in the NW.

Rosemary Moore raised the issue of pastoral and spiritual care within the Trust and Sue Shaw explained that this service is slightly lacking at present and activities like Sunday services have been put on hold due to safeguarding concerns. It was noted that FoCUS will be hearing further from the pastoral and spiritual care team at a future FoCUS meeting.

FoCUS members queried why there is a staff shortage which does not allow people to use pastoral services – people should be able access this. Rosemary felt this was an issue wider than being able to access pastoral services, there is no question the wards are short staffed.

FoCUS Reps wanted to ask members what they knew about how to access advocacy services in their local area and Ann explained her what she knew, noting that it is very difficult to access advocacy. Members in general felt that there was a lack in knowledge around who provides which advocacy service and would like to know more. This will be added to the list of meeting topics.

### **5. Advanced Statements & Decisions, Helen Potter, Electronic Patient Record Solutions Lead**

Helen attended the meeting to speak to FoCUS about how Advanced Statements and Advanced Decisions could be captured on SystemOne and explained that the Policy around this has been revised and approved; it now gives much clearer guidance on what should be included.

At present the process for including an Advanced Statement or Decision is to complete a form, upload it and make reference to it in a person's Care Plan. There is a template that has been designed and, following input from FoCUS, an alert that can be generated on SystemOne. However, this alert is not live yet as it cannot be revoked if a person changes their mind and the alert will remain; therefore the Trust are looking at the best way to alert staff.

In order for this to be embedded in a meaningful way another template on SystmOne would not be helpful and Helen suggested that maybe an alert or pop-up is not the right way to highlight this information as it is not valid until someone lacks capacity.

Ann asked why SABP do Advanced Statements or Decisions particularly if someone is sectioned? If handing the care of an individual to an acute Trust and the person did not have capacity the Advanced Statement should be handed over also, however Ann did not feel this works in practice. Helen agreed that at present the Trust are poor in putting this information on SystmOne in a way that is easily accessible and guides clinicians to look for it; she is trying to look at how to embed this in the clinical pathway so a person is offered assistance to complete it when it is relevant and it is where it needs to be.

Ann believed there should be an interface where people using Trust services can look at relevant information on their medical records and Helen explained that this has been looked and whilst there is a desire for the Trust to achieve this they are not near this at present.

Paul Earl felt that Advanced Statements and Decisions should be in place before a person engages with Trust services i.e. it should be completed with GPs. It was noted that these are not just for those with a mental health issue it should be for anyone that lacks capacity to express their wishes. Helen agreed but wants to ensure that this is embedded properly and working well in the Trust before they approach acute Trusts or commissioners to look at the possibility of a portal for this information to be shared.

David Muir felt that a workshop/forum would be a good way forward but the Trust need to ensure there is easy-read information for those who may find it difficult to follow. David asked whether the Advanced Statement & Decisions Policy is available in easy read and Helen will take this back to Communications.

Rosemary Moore felt that an Advanced Statement should point to the nearest relative.

Helen explained that there are many ways of making the Advanced Statement or Decision visible but the Trust must ensure that it is a conversation that is had at the correct point in a person's pathway i.e. at assessment, at reviews and as an alert next to the Mental Capacity Assessment.

Alex Lepkowski pointed out that people's needs may change and Helen explained that this is why a forum is needed so they are able to hear these views as the Trust won't always think of the different angles – people using services and carers need to tell us what is important so the Trust can build the solutions that work.

Ann felt that making an Advanced Directive should be done when a person is well and asked why SABP don't just signpost to this being available? Helen agreed that it is impossible to create a one size fits all solution about the best time to raise this with a person and therefore it needs to come up at several points in a person's pathway; this may be all the Trust needs to do and then extend the offer of support if someone needs it.

Helen acknowledged that SystmOne has been configured poorly and the Trust are aware of what is wrong and are making headway to correct this. The Trust currently sits in one 'unit' so it cannot be tailored specifically to each service and the Trust are now building a 'unit' for each service so that it can support a clinical model and guide staff through the pathway. They will move from a system that has hindered staff to one that will support staff.

There is a massive drive to move it to a workable Electronic Patient Record system and a pilot will take place with the SPA and Perinatal services the first to have a new 'unit' tailored to them and the CAMHS Eating Disorders Service will be one of the first to move from the single 'unit' to their own 'unit'. The pilot will run for several months and around this time next year they can evaluate whether it has been successful and whether this will then be rolled out across the Trust.

Helen is not aware of one forum in the Trust where people using services and carers have an input into digital solutions and would very much like to hear the views of FoCUS Members should they be interested not only about the Advanced Statement and Decisions but also wider digital issues. Helen will compose an email to inform FoCUS of what she is looking for from volunteers to be part of a working group.

The group thanked Helen for her time.

## **6. Rep Elections**

FoCUS Representative elections are held every 2 years and Jane Ahmed explained that there are 4 Reps for each area with one of these 4 positions held for a carer Representative.

Jane ran through the timeline for the elections and this information will be circulated after the last local area meeting, week commencing the 17<sup>th</sup> September.

Some Members suggested that the elections should be handled by an outside agency and the support team will take this back to the Trust.

It was noted that the Terms of Reference for FoCUS will be reviewed at the October local area meetings.

## **7. CMHRS Update, Pete Williams CMHRS Area Manager**

There has been a number of interim managers covering the Guildford CMHRS over a period of time which has been difficult to manage, however they now have an interim manager, Paul Alexander, in post who is very experienced and will be the sole contact for Guildford going forward. Paul will be full-time and is keen to re-start the meetings with people who use services that Amanda had put in place.

The clinical lead from Guildford has moved on from the CMHRS and they have now appointed a new member of staff starting in two weeks' time. They continue to struggle to recruit staff into Guildford and therefore a rolling advertising campaign continues; the Trust are now looking at developing a large recruitment drive outside Surrey. The Trust are looking at ways of making things work and looking at whether they can they utilise staff from NE Hants as they have a higher staffing ratio.

Jane Jefferies will be leaving Waverley CMHRS and moving to the Perinatal Service. Interviews for Jane's post have taken place and a new manager from East London will be in post at the end of November.

Alex Hutchby, the Clinical lead from Waverley, is moving out of area and her role is currently being advertised.

Paul Earl said that it is good to know, as people using services, that there is work going on to recruit to the lack of staff.

Pete updated Members that he is also moving away from his role as a CMHRS Area Manager as the Trust have found that it does not feel safe having three area managers line managing and having clinical oversight of three teams. Therefore there will now be two areas managed by Shahieda Sujee in the East and Tham Dewa in the West.

## 8. FoCUS Survey

The annual FoCUS survey is now due and the support team would really appreciate Members completing this as soon as possible. Forms can be returned electronically or via free post to Surrey Coalition of Disabled People.

## 9. Date of next meeting

**Date of Next Meeting:** Wednesday 3<sup>rd</sup> October 2018, 1pm – 3pm at the Wilfrid Noyce Centre, Crown Court, High St, Godalming GU7 1DY.

**Issues to go to next FoCUS Committee meeting on 13<sup>th</sup> November 2018**

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## Actions

1	The Trusts response to Action 1 from the July minutes regarding complaints notes that “if a response is not provided within six months from the date of the complaint, the body complained about must write to the complainant to explain the delay”. SW FoCUS members felt that this was too long and would like to highlight this to the Trust – those who have complained should be regularly informed as to the progress of their complaint.	Jo Lynch
2	FoCUS have noted, and are concerned, about the lack of leaflet provision in the old and new reception areas at Farnham Road Hospital. Can the Trust confirm if this was picked up as part of the 15 Steps visits that took place before the summer and if not can this be addressed?	Jo Lynch
3	FoCUS would like to know why SABP have chosen Coughlan Lodges to partner with for people in West Surrey/Hampshire for the Crisis Overnight Support	Jo Lynch

	Service as there are a number of outstanding safeguarding issues at Coughlan Lodges that go wider than SABP, why are SABP still using them?	
4	Helen Potter to find out if the Advanced Statement and Advanced Decisions Policy is available in easy read? Completed. <b>Helen confirmed that the guidance and the form to complete will be made into an easy read version.</b>	Helen Potter
5	Suggest to SABP that Rep Elections are handled by an outside agency. <b>Completed. A response was received from Jo Lynch and circulated to SW FoCUS Members confirming that the Trust are confident the support organisation will carry out the elections within due process and that they do not believe there is a conflict of interest. Surrey Coalition of Disabled People are contracted to carry out the Rep elections on behalf of SABP.</b>	Support Team

### Contact details for your Support Team

<p><u>For Member support please contact:</u>                  Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People                  Tel: 01483 456558 Text: <u>077809 33053</u>                  Email: <a href="mailto:carol.pearson@surreycoalition.org.uk">carol.pearson@surreycoalition.org.uk</a>                  Email: <a href="mailto:jane.ahmed@surreycoalition.org.uk">jane.ahmed@surreycoalition.org.uk</a>                  Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL  <a href="http://www.surreycoalition.org.uk">www.surreycoalition.org.uk</a></p> <p><u>For Meeting support please contact LF Solutions</u>                  Lucy Finney / Office                  Tel / Text: 07727 273242                  Email: <a href="mailto:lucy@lf-solutions.co.uk">lucy@lf-solutions.co.uk</a> / <a href="mailto:office@lf-solutions.co.uk">office@lf-solutions.co.uk</a></p>
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### 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