

## FoCUS

### **North West Surrey Area Group Meeting Monday 8<sup>th</sup> January 2018 Hythe Centre, Thorpe Road, Staines**

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

**Attendees:** Tracey Hayes (FoCUS Rep), Rosemary Moore (FoCUS Rep), Kathryn Nisbett, Larisa Orlova, Tony Kenny, Elaine Braithwaite (Carers & Families Governor), Tony Hall.

Hayley Jackson (Carer Practice Adviser Runnymede), Tracey Hampstead (Carer Practice Adviser Spelthorne), Nicole Williams (Action for Carers NW Surrey), Julie Cook (Senior Practice Lead, Surrey County Council), Sarah Wickens (People's Experience Project Coordinator, SABP), Tracey Pettit, Complaints and PALS Manager), Zeenat Mosaheb (PALS and Complaints Coordinator), Janet (Social Care Development Coordinator, Surrey County Council), Lucy Finney (LF Solutions, minute taking), Jane Ahmed (FoCUS Involvement Facilitator).

#### **Apologies:**

Apologies were received from David Crane, Gina Crane, Sam Sooi, Hank Sohota, Julie Gladwin, Gill Coombes, Colin Jones, Sylvia Jones, Leanda Hargreaves, Marta Lukaszewicz-Blanda (Care Practice Adviser, Elmbridge), Pattie Lopez (SABP).

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

Jane Ahmed welcomed Members to the meeting and introductions were made.

#### **2. Minutes of previous meeting and matters arising (December 2017)**

##### Accuracy

Rosemary Moore highlighted that under 'Good News' it should be noted that Larisa had not received help from the CMHRS Team in Elmbridge.

Subject to the above changes the minutes were agreed as an accurate record.

*Please note once the minutes are approved they will be published on SABP's website, if you do not wish your name to appear please let LF Solutions know.*

Rosemary Moore asked about the role of the Social Care Development worker which was explained as helping staff to be aware of what services individuals can make use of. Julie Cook noted that the Care Coordinator in the recovery service can use the service any time to look at resources in the locality; they cover all of adult social care.

### Actions from December's Meeting

- 1 FoCUS Members are pleased that the Involvement Facilitator has been visiting inpatient wards and heard that whilst at the ACU (Abraham Cowley Unit) Community meeting patients expressed an interest in having FoCUS meetings at the ACU. Jane Ahmed is following this up with the Trust again.

**Completed. Response: The Trust are happy to discuss this again with Jane and Reps, however the ACU is very hard to get to and parking for people is difficult. The Trust would prefer to continue to use community setting to host FoCUS and further the great work Jane is doing to engage our inpatients in all of our hospitals.**

Jane Ahmed explained that she has been liaising with Pattie Lopez at the Abraham Cowley Unit to attend a meeting for all wards giving a promotional talk to the patients about FoCUS. Whilst some Members were keen to meet at the ACU others recognised parking as an issue as it is difficult to park and expensive.

Rosemary Moore felt that the environment in the old part of Farnham Road Hospital, including the Education Centre, is much better and it is much closer to the town and would be a better option for meetings. It was agreed that the location of FoCUS meetings at Trust inpatient units would be added to the next Reps meeting agenda on 22<sup>nd</sup> January 2018.

- 2 Members raised concern about Victoria Ward at Farnham Road

Hospital, commenting that getting through on the phone is difficult as they don't have a phone that can be taken out of the office if staff are not in the office which can be frustrating for those calling.

**Completed. Jo Lynch will follow this up with Kate Booth, Ward Manager for Victoria Ward.**

- 3 The Support Team explained to Members that FoCUS will be having a talk from the Trust about Mental Capacity at the March meetings and suggested Rosemary submit her questions in advance so they can be answered in full. **Ongoing. Any FoCUS Member who would like to submit a question(s) about mental capacity is welcome to send these to the support team by 19<sup>th</sup> February 2018.**
- 4 Tony would like to ask how people are referred to get advocacy support from The Care Act advocate and the IMCA advocate. **Completed. Please refer to the attached Summary of Advocacy in Surrey.**
- 5 The NW Group discussed the closure of the café and the shop at the ACU and felt strongly that the Trust have a responsibility to provide this service and they should consider employing someone to manage both whilst they look at alternative provision. **Completed. As per the last FoCUS Committee meeting Lorna Payne continues to progress this but the Trust are unfortunately not in a position to be able to employ somebody to undertake this whilst they seek alternative provision.**
- 6 *For information:*  
One FoCUS Member recently visited someone at the Abraham Cowley Unit (ACU) and had to be escorted to and from the Ward which made it feel like a prison and the Member very uncomfortable. It is understood that this is to do with 'absent without leave' issues, however it also takes staff off the ward escorting a visitor back to the airlock.  
**Completed. Response: Thanks for the feedback – the Trust are trying really hard to balance people's experience with their duty of care with regard to people's safety.**

Tracey Hayes felt it had become very regimented at the ACU, with patients lining up to be escorted to the cafeteria. It can make both patients and visitors feel very uncomfortable and is not a good use

of staff time.

- 7 Tony Hall to email the paper regarding coping strategies, mental health, long term illness and stress to the Support Team for circulation. Talk about it in the break.

**Ongoing.**

### **3. Updated November FoCUS Committee Actions**

Jane explained to the new members of FoCUS how the three-monthly cycle of FoCUS meetings works and how these updated FoCUS Committee Actions are reported on.

Jane was pleased to report that NW FoCUS had a new representative, Larisa Orlova who has taken up post today. The Group were pleased and wished Larisa well in her new role.

Action 9: it was noted that the Discharge Leaflet is currently with Georgina Foulds. The Group were disappointed this has taken such a long time.

### **4. Local Issues**

#### Good News/Compliments

Larisa noted that she attended the CMHRS at Mole Valley and noticed that the environment and staff are far friendlier and more welcoming and helpful than at the Elmbridge CMHRS. Sarah Wickens commented that her visits to the CMHRS will hopefully pick up these differences with the help of people who use services and carers.

Elaine Braithwaite said that the differences between CMHRS are vast, some being very short staffed and unhelpful, it is important there are the same standards throughout the Trust. Sarah further explained that during their visits to the CMHRS they will use an adaptation of the 15 Steps Toolkit for community teams.

#### Issues, Comments and Suggestions

Tony Kenny commented on security in various buildings and felt the level of security shows a symbolic divide between patients and the services which is unacceptable. It was noted that these buildings were not SABP and therefore it was recommended Tony take his concerns to the Independent Mental Health Network or the Borough Council directly. Elaine Braithwaite

has visited a Drug and Alcohol service in Brighton where access is open plan and informal, explaining that there is more violence when there are screens and by opening up the environment it is friendlier and less confrontational; however, a number of their staff are trained in conflict resolution and management.

Tony Hall commented that there is disconnect between units and lots of lessons to be learnt.

Kathryn spoke about the quality of the CMHRS's noting that as a carer there are systemic structural issues. Will the visits to the CMHRS look at structural issues that influence the quality of the service such as funding, resourcing and infrastructure that creates the service? Sarah explained that whilst they are hoping to be thorough in their visits it may be difficult to look at these issues within the project. The Trust are aware that some structures are not working well, and that the new QI ethos may present an opportunity to make changes.

Elaine asked what Sarah's visits to the CMHRS hoped to achieve? Sarah explained the purpose of the '15 Steps' and their aim to talk people who are using services and carers about how it feels on arrival, the atmosphere etc. Sarah noted that the actual buildings will make a difference to how people feel when they arrive as some are older and not so aesthetically pleasing.

Tracey Hayes gave an example that Elmbridge CMHRS the door is locked but at the Spelthorne CMHRS the door is not locked and queried why there are differences? Julie Cook agreed that Runnymede and Spelthorne can be accessed without locks and offered to email senior managers to find out why they are not all the same. Tracey Pettit explained that some may need to be locked due to the nature of information and where it is kept etc. hopefully Sarah's visits may help pull this apart and see why there are disparities.

Larisa asked if it is possible for a person to request a lady psychiatrist if they do not want to see a man and it was explained that this can be requested.

FoCUS Members also discussed and requested clearer eligibility criteria for access into the CMHRS as sometimes people may fall between the gaps of adult social care, primary care and secondary services. Staff present felt it would be difficult to list out criteria as an assessment and risk factors would determine this for each person. Julie Cook explained that in regard to secondary care a person can be referred back to primary care for their therapies and it is expected that people will have an adult social care

assessment as part of their initial assessment. If a person has social care needs that outweigh physical needs and don't come into the secondary services, they will be referred to the Adult Social Care team. They also link into organisations like Richmond Fellowship for people who want to get back to work, there are also other therapies to support people to achieve what is in their individual care plan.

Tracey Pettit commented that the CMHRS Operational Policy is a good document to refer to which will address some of the questions regarding eligibility. It was agreed an up to date version would be circulated to FoCUS Members.

Rosemary Moore would like to ask the Trust why Albert Ward is closed and what it is being used for and why are old bits of Farnham Road Hospital closed? Tracey Hayes thought they were used as decamp beds that can be used if there is a problem elsewhere in the Trust. Rosemary would also like to know why there is virtually nothing for people with an organic illness in this area (NW) and how was the decision reached for this. What is the thinking behind closing bits of the old hospital?

When the signage was changed at the roundabout outside the ACU (for the MyTime LD Services), they did not take away the old Geesemere sign which has dropped down and looks sloppy. Please can the Trust ensure this old signage is removed.

## **5. Carer Practice Adviser (CPA) Update, Julie Cook**

Julie attended the meeting to update about the Carer Practice Adviser service.

They do follow the Triangle of Care which has a framework of good and best practice and they follow this carefully and as a Trust have been awarded two stars. There is the opportunity to have three stars although the Trust have to evidence they are supporting carers across all services. A number of Trusts do not have two stars and do not have things in place that SABP do to support carers.

They work as integrated services with Social Care and have Carer Practice Advisers in each team. CPA's support all the staff in the integrated teams and are trying to reach out to other services such as Learning Disability, CAMHS and specialist services who aren't integrated to have training to recognise and signpost carers to locality services or Action for Carers etc. They want to ensure that carers are recognised and identified. CPAs also

train staff to be able to know how to identify and recognise carers ensuring that all carers are offered a Carers Assessment to understand the impact of caring on them.

They have a clear Confidentiality and Common Sense Policy which is being looked at in terms of how it is working and how it can be improved across the Trust.

They are currently updating information available for carers and rather than having a number of different leaflets they are drafting a handbook with lots of information pertinent to mental health carers which can be continually updated. The young carers information has been changed recently and is more engaging and eye catching; the young carers worked with the communications team to say what they liked and disliked.

They are looking at information aimed at those who collect medication on behalf of someone else helping to reduce the impact on young carers of their caring role; young carers don't always understand or recognise they are caring for someone. There can be risks when young carers collect medication and they would be looking at a whole family approach and support for young carers. The group discussed options for having medication delivered so a young person does not have this responsibility.

Carers Prescriptions are available, and staff can make easy referrals to other agencies; the Carer Practice Advisers ensure all staff can fully utilise this.

The Recovery college promotes support to carers wellbeing and the CPA's want to be able to support people to engage with these courses for carers.

The Triangle of Care audits for inpatients have been completed measuring the experiences of carers and how staff are supporting different domains. This will tell the Trust how further they need to support the teams, how staff can support carers, what has changed, what needs to change etc. All this work goes through the Carers Action Group.

Julie Cook spoke about Triangle of Care Audits and Kathryn asked about these, never having heard of them and not being aware of their existence. She asked about where they fit into the wider system and what monitoring process is in place for them. Julie said that she could follow this up with Kathryn after the meeting; however, CPA's will be asked for details of any carers that would like to be involved and Julie was happy to take details of anyone who would wish to be considered in future.

It was noted that any FoCUS Member who is a carer is also eligible to join the Carers Action Group.

Tony Hall expressed an interest in joining the Carers Action Group (CAG) and Julie Cook explained to other Members about the CAG and who is involved. They work on an action plan as well as a young carers action plan.

Rosemary Moore asked about the Carers Survey she had been given from Victoria Ward and was unsure who it was from and where it needed to be returned to as there is no branding or explanation included. Julie explained that this is usually completed with the carer and handed back to staff straight away. FoCUS would like to recommend to the Trust that the paper copy of the Carers Survey needs branding and further information about where it comes from and who it needs to be returned to.

## **6. Questions to PALS on the People's Experience Report**

Tracey Pettit and Zee attended the meeting to take questions on the new People's Experience Report which will now be circulated six monthly. Tracey Hayes queried why this had now moved to six monthly and not quarterly, particularly as questions on Your Views Matter change quarterly. It was agreed that FoCUS would ask the Trust.

Tracey Pettit explained that all the information received via Your Views Matter are featured in this report, however graphs on patient experience may differ with each report. Tracey also acknowledged the small size of the graphs included noting that FoCUS has already raised this as an issue.

On page 4 there is information about the activity of the PALS, Complaints and Compliments team and Tracey talked through these.

Tracey Hayes asked if the contacts had by PALS (269) is a lot or not and Tracey Pettit commented that with the number shown to date figures are likely to increase this year. Kathryn Nisbett clarified that the number of 'contacts' in the Peoples' Experience Report represents the number of contacts with PALS up to and including locally resolved issues.

## **7. CMHRS Update**

Julie Cook reported on behalf of the CMHRS and advised that they have now recruited a team Manager at the Runnymede CMHRS. The manager at

Spelthorne is also leaving and Duncan Sloman is covering both roles at present.

There are three nursing vacancies in Runnymede CMHRS and vacancies at Spelthorne CMHRS.

Runnymede and Chertsey are still on course to move to new offices in the centre of Chertsey at some point this year, although there is no exact date at present.

## 8. Tips on what to pack for a hospital admission

A recent BBC news item suggested some items a person may pack to make their inpatient stay more comfortable. The Trust have suggested that FoCUS Members may like to make their own 'local' list and asked members for their suggestions, which were as follows:

- Take at least as possible as with dormitories things can get broken and stolen.
- Take short lead charger for vaping devices.
- Wireless headphones.
- Take a full list of every medication or a copy of the prescription the person is taking as it may help speed things up when ordering medication.
- A list of contact phone numbers for friends and family.

## 9. Confirm issues for FoCUS Committee

Please refer to the table below for issues to be taken to FoCUS Committee.

**Date of Next Meeting:** Monday 12<sup>th</sup> March 2018, Octagon Room, Christchurch, Woking.

### Issues to go to next FoCUS Committee meeting, February 2018

1	The NW group understand the Trust have started a Complaints Scrutiny panel and have revised the way in which they work with the aim to shorten the investigation timescales and provide a speedier response to families. This is going well in the early stages and the Trust can report back on progress in the New Year. Please can FoCUS an update of the progress in the New Year when available?
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## Actions

1	Add location of FoCUS meetings (inpatient units) to the Reps Agenda on 22 <sup>nd</sup> January. <b>Completed.</b>	Lucy Finney
2	<i>Feedback for information:</i> following on from Action 6 in the December minutes. FoCUS had heard of experiences of it becoming very regimented at the Abraham Cowley Unit (ACU), with patients lining up to be escorted to the cafeteria. It can make both patients and visitors feel very uncomfortable and is not a good use of staff time. <b>Completed. Thanks – we are trying to balance the safety issues alongside people’s experience at the ACU. In the Autumn we had an increase of people leaving the wards and the building which we know from past experiences can lead to serious harm. We are not sure if we have got this balance right and Lorna Payne is working on reviewing the process. It has been agreed that this will be on the next FoCUS Committee Agenda for discussion.</b>	Jo Lynch
3	Julie Cook to contact CMHRS Managers to ask why some CMHRS locations are locked and others are not.	Julie Cook
4	Current CMHRS Operational Policy to be circulated to FoCUS Members. <b>Completed and circulated.</b>	Lucy Finney Jo Lynch
5	FoCUS would like to ask the Trust why Albert Ward is closed and what it is being used for and why are old bits of Farnham Road Hospital closed? <b>Completed. There are discussions underway regarding the second hospital as people are aware. Albert ward was previously used for older adults inpatient services. There are no firm plans at the moment for the use of this space.</b>	Jo Lynch
6	There is virtually nothing for people with an organic illness (dementia) in this area (NW); how was the decision reached for this? <b>Jo Lynch has followed this up with Sharon Gregory who confirms that the specialist inpatient service for people with dementia is based at The Meadows. They have been challenged by the CQC and others about mixing people with dementia and people with a functional illness in the same ward</b>	Jo Lynch

	<p><b>hence the separation. The overall number of beds required for individuals with an organic condition does not support having organic beds in each of the geographical areas across Surrey and would not be a cost-effective option. Also, to do so would require more staff which would be difficult given the overall staffing shortages. The Trust have introduced the Intensive Support Team to work with people and Nursing Homes for Dementia. They could include a presentation/topic at an area group going forward if the Reps would find that helpful.</b></p>	
7	<p>When the signage was changed at the roundabout outside the ACU (for the MyTime LD Services), the old Geesemere sign was not taken away and this has dropped down and looks sloppy. Please can the Trust ensure this old signage is removed?  <b>Ongoing. Jo Lynch has followed this up with Estate colleagues and will report back once complete.</b></p>	Jo Lynch
8	<p>FoCUS was pleased to receive the new People's Experience Report, however queried why this is now only produced six monthly and not quarterly, as questions on Your Views Matter change quarterly?  <b>Completed. Thank you for the feedback we have been working on keeping the questions on Your Views Matter more stable and not changing them so frequently. We do provide a quarterly People's Experience report to the public Trust Board with Your Views Matter high level data which is accessible for all.</b></p>	Jo Lynch

### Contact details for your Support Team

For Member support please contact:

Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People

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**Glossary of Abbreviations:**

AMP	Approved Medical Practitioner
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
STP	Sustainability and Transformation Plans
SHIPP	Surrey High Intensity Partnership Programme
STEPP	Systems Training for Emotional Predictability and Problem Solving