# FoCUS

## North West Surrey Area Group Meeting
**Monday 9th April 2018**
**Chertsey Halls, Chertsey**

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### Minutes of the Meeting

**Attendees:** Tracey Hayes, Elaine Braithwaite (FoCUS Governor & FoCUS Rep), Glynis Nay, Colin Jones, Margaret Phillips

Sarah Wickens (People's Experience Project Coordinator, SABP), Lucy Finney (LF Solutions, minute taking), Jane Ahmed (FoCUS Involvement Facilitator).

**Apologies:**
Apologies were received from David Keen, Gina Keen, Sam Sooi, Patty Lopez (SABP), Kathryn Nisbett, Hank Sohota, Rosemary Moore, Larisa Orlova, Julie Gladwin and Sylvia Jones.

### 1. Welcome, introductions, ground rules

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

### 2. Minutes of previous meeting and matters arising (March 2018)

Accuracy

Ask Tham for the name of the new Hub in Chertsey.

Page 3 – It was suggested that the Intensive support team for older adults to come to a future FoCUS meeting.

Correction to Glynis's surname – Nay.

Actions from March Meeting

1 Following on from the question asked in Action 5 of the January minutes regarding Albert Ward FoCUS would like to ask the Trust

when the decision was made to close Albert Ward and was this communicated and to whom?
**The decision was made in 2015 in response to commissioner support to develop an Intensive Support Team which represented better use of limited resources and provides greater support to many more individuals living with Dementia than the 16 that were originally based on Albert Ward.**

2 FoCUS Members highlighted that Woking is the only Safe Haven that has reduced hours at the weekend, opening from 3pm – 8pm and that people in crisis tend to need help in the evenings. Can the Trust tell FoCUS why they open at these times that are different to other Safe Havens? **The NW CCG made the decision to change the opening times at weekends and bank holidays to 3-8pm. This is different from the other Safe Havens.**
The group felt this response from the Trust did not answer the question raised and it will be referred back for a further response.

3 The NW FoCUS Group would like to ask that training is given to all FoCUS Members not just FoCUS Reps. **The Trust feel this should be discussed at the reps meeting. Training provided by the Trust is to support the Reps in their role in representing their area group and therefore would not be appropriate for all FoCUS members.**

4 FoCUS would like to ask if the number for the Single Point of Access (SPA) will be free-phone? **The phone lines will operate at a local rate as per NHS guidelines.**

5 FoCUS would like to ask why the HTT are unable to visit before 11am in the morning – what about those people who may be at work by 11am and not back until late evening?
***Completed. Response from Rama Shrestha, Home Treatment Team Service Manager.***
***I am sorry to hear about your unpleasant experience. HTT services are being limited by a lack of sufficient staffing levels especially, 8PM to 9.30AM.***

***In response to the query raised by Focus Representatives, I have held a meeting with the HTT staff regarding your concerns. I can reassure you that Home Treatment Teams***

***offers regular appointments throughout the day and night 24/7 hours a day, 7 days a week.***

***The flexibility to do this will however depend on the team's activity levels so there may be occasions for example, when the teams are very busy, they will be required to prioritise workload.***

***I am also happy to meet with you personally to discuss if you have further questions/concerns. Thank you for your constructive feedback.***

## 3. Updated Actions from FoCUS Committee

Unfortunately, the actions have not been updated to date, however will be before the Reps meeting on Monday 16th April 2018.

## 4. Local Issues

Good News/Compliments

Larisa Orlova wished to highlight the following good news:

- Her Care Coordinator Ashleigh Poat is respectful, caring and makes her feel supported and that she is not alone. Ashleigh also ensured that Larisa was well looked after and able to receive support while she was recently on leave.
- Staff at the Occupational Health service in Epsom were also very helpful and were brilliant.
- The two psychologists in the Joseph Palmer Centre (Catherine and Kathryn (Kat)) – it makes such a big difference and relief to feel understood and supported.
- Tham Dewa for help and support - he dealt with Larisa's case in no time.
- Amazing care received from Linda and Sorelle (MH nurses), Dr Emilly Howard and Janie Hunt after Larisa became poorly attending the Recovery College at Mole Valley CMHRS. Linda and Sorelle gave up their break and stayed with Larisa the whole time. She cannot express enough her gratitude and how touched she felt by their care.
- Elizabeth Knight, Senior Occupational Therapist (ASC) was there for Larisa and when she was not able to liaise with anybody due to her

anxiety; Elizabeth helped, and she contacted the Council, CAB and charities about her health.

- Sarah Wickens helped Larisa recently when the taxi collecting her from a FoCUS meeting was very late. Sarah waited with Larisa, kept her calm and then kindly offered her a lift home. Larisa said that Sarah saved her from a major panic attack that day.
- Lastly Larisa would like to express her gratitude to the Trust itself particularly for transport to the Care Award Ceremony, she was sent a taxi without question. The more she gets to know the professionals from the Trust the more she feels amazed by their kindness and professionalism. Larisa felt so privileged, blessed, happy and proud to have the chance to present at the CA ceremony and to meet all hardworking people form the Trust.

Issues, Comments and Suggestions

It is understood that the Acute Care Forum is looking for another carer rep and the support team will contact Maggie Gairdner about this. Elaine Braithwaite volunteered for the role and her details will be passed to the Trust.

The group continued discussions from the March meeting about why a family member or carer could not ask the person using services to sign a consent form to share information from their care record with a family member or carer who is making a complaint about the care of the person. The group wanted to know why this was changed by the Trust?

Tracey Pettit explained that people's information on their care record is confidential and belongs to them and that the Trust has a legal duty to obtain consent to share information in a complaint response. The current process for obtaining consent has been in place during her time in the team (nearly 7 years). If someone makes a complaint about someone else's care and treatment, the Complaints and PALS team would ask the complainant if they can approach the person using the service to obtain consent using our standard form (they also have a right to confidentiality in making a complaint). If this is agreed, we would ask the Manager of the service to do this and witness their signature. If the person using services does not have capacity, the team ask a professional involved in that person's care if they believe it is in their best interests to share the care record information in the response. If capacity is lost temporarily the Trust will wait until it is regained, but this will not stop an investigation taking place. It is important to note that an investigation will continue whilst the Trust obtain consent.

Tracey explained that if the person making the complaint asks the person using services for their consent or is asked to witness the signature, the person may feel under pressure to provide this. Elaine felt that staff asking for consent or being a witness could also be seen as coercive.

An example was given by Tracey about how this process works and acknowledged that the Trust is flexible about obtaining consent.

Tracey explained that she is aware that acute Trusts usually send a consent form in the post to the person using the service. There are cases where it is not possible to obtain consent through the team and other arrangements will be made to obtain this, but this is generally the process they follow.

The Trust welcomes complaints and Tracey explained that they will usually complete an investigation, and if consent is not received, can still feedback as to whether the complaint was upheld and any learning.

Tracey felt that FoCUS was probably not the right forum to discuss further and suggested talking to Elaine outside of the meeting.

It was suggested that FoCUS will ask the Trust to promote to carers that they are able to complain about someone else's care and that this also be included on the electronic board in CMHRS's. Elaine will also take this to the Carers Action Group.

The discussion moved on to complaint investigations and some FoCUS Members felt that staff involved don't tell the truth during investigations, and they close ranks when investigated; often people feel it can be a pointless exercise as their complaint is not upheld. Tracey and Sarah Wickens were dismayed at hearing this and hoped that this would not be the case and commented that staff have a professional responsibility to ensure that records made of a person's care are true and correct. Tracey also explained that if she is not happy about the outcome of a complaint investigation, she will ask investigators to investigate further until they get to the root cause of the problem.

If the complainant is not happy with the outcome of an investigation or would like to raise further issues or clarify a written response they can request a meeting with the Complaints and PALS team and investigators involved. Elaine asked about a paper trail for such meetings and Tracey advised that the Trust can take a note of meetings or record them, and a disk is usually sent to the complainant with a recording. This can also be sent to the ombudsman. The recording of meetings is subject to all present being

happy to be recorded so this cannot be guaranteed for every meeting, however they have never had a situation whereby someone said they don't want to be recorded. Understandably they can't meet with every complainant as they do not have the capacity, and the investigators also have an operational role to do. However, the Trust's investigators are happy to meet with people and some contact complainants before investigating to clarify the issues raised.

Elaine explained that she had asked for a recording in the past and it was refused.

FoCUS felt that it is important that the public know they can have minutes or recordings made of meetings.

Tracey also said that the Complaints and PALS team have, on occasions, been to see people about a concern and they have then advised that the concern should be investigated through the complaints process.

Elaine commented that the standard of Mental Health Trusts generally isn't that high, and Tracey commented that Jonathan Warren aspires to be able to compare SABP to the best Trusts in the country. During the time Tracey has been working in the team they have made a number of improvements to the process, including reducing timescales for response, and the Trust is more open and transparent on the outcome and learning from complaints, ensuring that these now feature in public Board reports. The Complaints and PALS team prides itself on its work in building relationships with people using their services and staff working for the Trust which makes for better care for people. Tracey always welcomes suggestions for improvements.

FoCUS Members were asked earlier in the year items they would suggest be packed for a hospital admission and following this the Trust has asked what FoCUS would like to with the information. The group suggested including it in the following areas:

- Reception areas – on the electronic boards
  During her recent visits to the local CMHRS's Sarah Wickens, and those helping her, found that the electronic boards move too quickly and one recommendation from the visits will be around slowing this down to allow time to read them.

FoCUS would also like to ask the Trust why people who use services and carers cannot be involved in Serious Incident Investigation panels as previously used to happen?

## 5. Mental Capacity, Hannah Bloy Senior AMHP in Specialist Services

Hannah attended the meeting to talk about Mental Capacity, the Mental Health Act, Advanced Statements and Decisions and Deprivation of Liberty Safeguards (DoLS).

Hannah explained the following:

**Mental Capacity Act:** The ability to make a particular decision or take a particular action for yourself at the time the decision or action needs to be taken, these can be more routine decisions about daily activities or more serious and significant decisions such as moving home, consent to treatment or refusing medical treatment. Mental Capacity is always decision specific and time specific.

The underlying principles are always to presume people have capacity unless there is a reason to assume they don't i.e. they may be intoxicated in which case they can wait until the person has capacity or if they have a learning disability take the time and effort to communicate in appropriate way for them. Decisions made are always the least restrictive and, in the person's, best interest.

There is a two-stage test to assess capacity: the definition is an impairment or disturbance of mind or brain which can be temporary or permanent.

Functional test: The basic test for capacity looks to see if the person can understand and retain information long enough to make a decision, and whether they can they weigh that information as part of making a decision or communicating the decision.

The Act relates to people aged over 16 but there is a Children's Act that covers under 16s.

**Deprivation of Liberty Safeguards (DoLS):** Only applies to those aged 18 and over. Surrey created DoLS after an incident in the mid 90's. When this first came in to effect there was an argument around what would 'normally' be expected for people with certain conditions, however there is new case law that says if it's a 'normal' deprivation for anyone it's a deprivation for everyone. DoLS is for people in care homes, supported living or in hospitals and is around care and support - does the person lack capacity to consent to be in that place; are they under supervision and control and has the state been involved? Hannah would not expect to see many in working age adults, but they are starting to see increases around learning disability as

there is the added requirements of 'irresponsible or aggressive' so more may be seen in the Learning Disability Service. The Best Interest Assessor will record the length of the DoLS.

Tracey Hayes asked whether someone can appeal a DoLS decision and Hannah confirmed there is a way; the person can't be taken of the DoLS but can ask for a review – however under DoLS a person cannot appeal to an independent panel to review it as you can under the Mental Health Act.

Community Treatment Orders (CTO) were discussed and the group learnt that the Approved Mental Health Professional (AMHP) will do their assessment and have to agree with the doctor's recommendation as to the conditions the person will be subject to. It's a bit like a Section 3 but in a community setting. A CTO must be done before the person is discharged from a Section 3.

Tracey asked about the threshold of a CTO and Hannah explained that they would look at risks, treatment, medication and whether the person is likely to stop any of these and whether they understand the need for treatment – if they are not at risk and understand the need for treatment there is no need for a CTO, however if someone is a risk to themselves or others or they have history of stopping medication and the AMHP feels the need to have the power of recall then they will look at a CTO.

CTO's last for 6 months in the community and if renewed another 6 months, thereafter yearly.

**Advance Statements and Advanced Decisions:** An Advanced Decision is when a person is capacitated saying what treatment they want or don't; this usually covers physical conditions and can be overruled by the Mental Health Act under Section 3, whilst taking the person's decision into account. The exception is if a person gives a validated Advanced Decision for refusing Electroconvulsive Therapy this must be respected and can only be overruled for urgent, necessary treatment. Advanced Decisions should be part of the CPA process.

An Advanced Statement is when a person who is capacitated making their intentions and decisions heard for when they are ill such as who they would like involved in their care etc.

Tracey Hayes felt that everyone should have an Advanced Statement and/or Decisions and they are an important part of a person's plan.

Elaine Braithwaite spoke about Advanced Decisions and Statements and how they should be an alert on SystmOne.

**Mental Health Act:** They have two sets of professionals involved, Approved Mental Health Professionals (AMHPs) and doctors and the role is to coordinate the process and arrange the assessment. Doctors will make a recommendation and the AMHP will make an application based on this or not, looking at risk to that person and risk to other people.

The principles of the Mental Health Act are that decisions must be taken with a view to minimising the undesirable effects of mental disorder, be the least restrictive, respectful, participation, effectiveness, efficiency and equity.

Section 2 – assessment in the interest of their own health or safety or protection of others; this lasts up to 28 days.

Section 3 – is more specifically about treatment and can last up to 6 months.

The nearest relative has certain rights and for both Sections they can request that the person is discharged if they believe that person should no longer be in hospital. AMHP has duties to contact nearest relative.

Under Section 2 the staff only inform the relative, however under Section 3 they have to specifically consult and the relative can object to the application being made. Tracey asked what happens if a person has no 'nearest relative' and Hannah said that the local authority should then appoint this. Hannah explained that there is a list in order and priority of how nearest relative is determined and they must be a blood relative. A nearest relative can delegate their responsibility to someone else.

Section 136 – is the section of a person in a public place and in immediate need for care and control and this lasts up to 24 hours. The individual is taken to place of safety, assessed by an AMPH and a doctor and arrangements made for their care.

Section 135 – is to assess someone in the community who may be refusing access to their home. If the risks were such the person needed to be seen, they would get a warrant from the magistrate's court. The person is then taken away and assessed; there are occassions when the person can be assessed at home.

Principles – minimising undesirable effects of mental disorder. Respect, Participation, effects of efficiency and equitable.

If a legal framework is needed the following would apply:

- if needing an admission to hospital and lack capacity but compliant – can use Mental Capacity Act or DoLS and it would be down to the AMPH and doctors to decide the most appropriate route.
- If the person is objecting they cannot use DoLS and have to use the Mental Capacity Act.
- If a person has capacity and is agreeable there can be an informal agreement.
- If a person has capacity and is refusing, then the Mental Capacity Act is used.

The group thanked Hannah for her time.

## 6. Questions to PALS, Tracey Pettit

Tracey has recently finished a report that shows that PALS and Complaints have logged 581 compliments this year, an increase from 463 the previous year (however, this is not all the compliments as there are many they don't see).

In the last year they investigated 89 complaints using 'root cause analysis' versus 85 the year before. There has also been an increase in the number of PALS concerns that they've looked into which is everything they have not treated as a complaint. PALS concerns have risen from 357 to 397 this year. Part of this increase may be accounted for by additional staff (Carol Gibson, Guy Whalley and Zeenat Mosaheb).

When asked whether there are any reports available to see these changes, Tracey explained that the Quarterly report she produces for the Executive Board provides examples of learning from complaints, she also has to give a summary of every complaint and the outcome. The People's Experience Report includes examples and the Annual Report also gives examples.

Tracey prepares reports with the public in mind and all complaints used are featured anonymously. Tracey helped a complainant create a video about the complaints process which was used at the first suicide prevention conference and had an amazing impact on clinicians present and was powerful watching.

Sarah Wickens advised that she has just accepted a job as a Family Liaison Lead for the Trust and will be the bridge between families bereaved by suicide, the Trust and other services. She will be the point of contact

helping to explain the investigation and support the family as much as possible.

FoCUS members thought that this would be a very important role. This is a missing bridge that has been identified by the Trust.

There has been a change of provider for the NHS complaints advocacy which is now being provided by Healthwatch Surrey in partnership with SILC (Surrey Independent Living Council).

The Trust have reduced the timeframe for responding to complaints to 25 working days from 49 days previously.

## 7. CMHRS Update

Unfortunately, there was no CMHRS Manager present to update.

**8. Date of next meeting:** Monday 11th June, 1pm – 3pm at the Hythe Centre in Staines.

## Issues to go to next FoCUS Committee meeting, 8th May 2018

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| 1 | The NW FoCUS group had a long discussion regarding processes when a carer may have a complaint about the care of a loved one or person they care for. It transpires that it does not appear to be widely known that carers themselves are able to make a complaint about the care their loved on receives. Please can the Trust explain to FoCUS how carers are informed that they are able to do this if it is not widely advertised? If carers are not routinely informed, please can the Trust let FoCUS know how they will do this. Suggestions from FoCUS include displaying this on the electronic boards in CMHRS's and forwarding to the CAG for discussion. |
| 2 | Please can the Trust inform FoCUS why people who use services or carers be involved in Serious incident investigation panels as previously used to happen? |
| 3 | FoCUS recently asked the Trust for the following question to be answered and the reply is in bold below. However, FoCUS do not feel this addresses the question asked, it only confirms the opening times and that they are different to other safe havens – not explaining why. To re-iterate please can the Trust explain why the CCG/SABP have changed the opening hours of the Woking safe haven as crises tend to take place later in the evening and why opening hours are not the same as other safe havens? |

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| | Original questions: 'FoCUS Members highlighted that Woking is the only Safe Haven that has reduced hours at the weekend, opening from 3pm – 8pm and that people in crisis tend to need help in the evenings. Can the Trust tell FoCUS why they open at these times that are different to other Safe Havens? **The NW CCG made the decision to change the opening times at weekends and bank holidays to 3-8pm. This is different from the other Safe Havens.'** |
| 4 | The NW group were disappointed that there was no CMHRS Managers or representatives at the April meeting and would like to know why the Trust are struggling to get CMHRS Managers to attend. *(NB: following the April meeting Tham Dewa did contact the FoCUS Involvement Facilitator to apologise for not attending explaining that their team meeting took place that day and that Duncan Slowman was on leave).* |

## Actions

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| 1 | Ask Tham for the name of the new Hub in Chertsey. **Completed. A new name for the Hub has not been agreed yet, however when this happens Duncan Slowman will let FoCUS know.** | Tham Dewa |
| 2 | Page 3 – It was suggested that the Intensive support team for older adults to come to a future FoCUS meeting. **Completed and noted for a future meeting.** | Support Team 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
Tel: 01483 456558 Text: 077809 33053
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For Meeting support please contact LF Solutions:
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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 |