

# PCDU Involvement Group

## 3 Sept 2019

### Involvement Centre, DMH

#### Attendance

Lyndsy Jones – Involvement staff  
Natalie – Involvement volunteer  
Craig Nelson – Clinical Lead for PCDU  
Jessica Green – Team Lead for PCDU  
Rachel Redford – Project Lead for PCDU  
Julie Aicha – Involvement & Equality & Diversity Lead for MHSOP  
Karen – involvement volunteer  
Liz – Involvement volunteer  
Shakeera – Involvement volunteer  
Amanda – Involvement volunteer  
Jonathan Wright – Involvement staff  
Glenis – Involvement volunteer  
Ann – Involvement volunteer  
Meirion – Involvement volunteer

**Apologies:** Audrey, Jackie, Micheala, Gordon, Sue C, Adan, Ruth Gadd

## Welcome

We introduced ourselves, and started to clarify what each member of staffs role was in order for us to understand what they were doing in relation to the PCDU.

We also expanded the opening conversation to talk about what a PCDU actually was. Craig Nelson had pulled together a document that we referred to and was available to take away from the meeting, and is here:



Info about the PCDU  
1.docx

Other questions that were asked:

#### **Where is it?**

It's at the old Woodlands building at Highbury site

#### **How many staff will there be?**

3 staff on shift at all times

#### **What about homeless people?**

The PCDU is for everybody but we will need to think in more detail for those that are homeless if we are discharging

#### **What about older people?**

All environmental legislation has been followed during the refit of the building

We also spent some time clarifying the roles that staff at the meeting had :

**Craig Nelson** – the clinical direction of the unit, how the team will do things

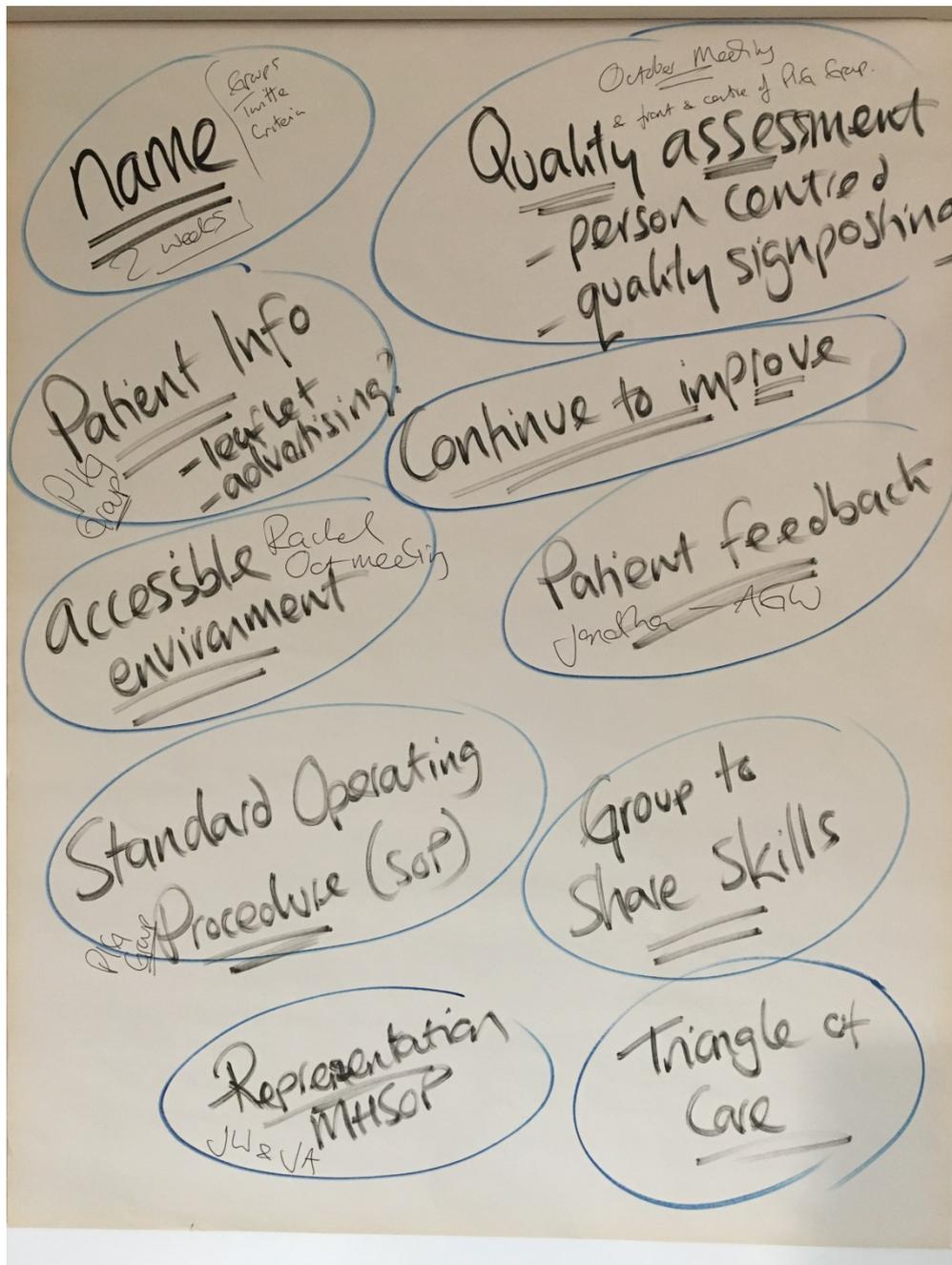
**Rachel Redford** – organising the building itself and getting all the equipment in

**Jessica Green** – the team leader (mental health nurse) who will lead the team when the PCDU opens.

**Julie Aicha** – is the involvement lead for MSHOP services and is keen to include people who use older people's services in this group

## What do we hope to get from this meeting?

The group's conversation turned to what we would like to get out of the meeting. This is partly so that we can all clearly articulate what we want, but it is also useful for group's to hear when there is agreement and disagreement of aims, as well as being a good way of getting all the ideas down and planning!



## **What do we do next?**

### **Name of unit**

This needs doing quickly (two weeks). An approach to this was agreed. We defined some of the values or feelings that we think the unit should embody. This has been captured in a separate doc and sent out. This is being used as a guide for people to suggest names. All names are being collated and then judged against the values we produced on **Wed 18 Sept**

### **Patient information**

A welcome leaflet will need to be written, the group also needs to consider how we raise awareness of the PCDU for service users and carers. The Patient Information Group (PIG Group) which meets each week at the Involvement Centre is going to take this work forward. The first piece of work they will be looking at is a welcome leaflet working with Jessica Green

### **Standard Operating Procedure (SOP)**

This is a large document that outlines what and how the PCDU will do it's care. The PIG Group is currently looking at this in order to shape the wording, with a focus on patient centred/Recovery focussed language

### **Accessibility of environment**

We agreed to look at the floor plans and a day in the life of the unit at the next PCDU Involvement Group on Tuesday 1<sup>st</sup> October, Rachel Redford will be bringing details along on the day

### **Representation in this group from people that use MHSOP services**

This needs to continue throughout the meetings, if we are unable to find some lived experience representatives we may consider going out to groups and speaking with them about certain plans. Jonathan Wright & Julie Aicha to look into

### **Quality Assessment**

The assessment needs to be person centred and with excellent signposting. It should also include working with carers (Triangle of Care – TOC to be incorporated) This will form the second part of our agenda for the next PCDU Involvement Meeting on Tues 1 Oct – Craig Nelson/Jessica Green to begin the conversation

### **Patient Feedback**

A mechanism needs to be set up in order for service users and carers to give feedback about the service they are receiving. At a minimum SUCE (Service User Carer Experience) forms need to be ready. Amy Gaskin-Williams (Involvement Team) is currently running a Patient Experience review looking at various ways of gathering feedback; we should also link in with Amy as the unit continues to run.

### **Continue to improve**

As a group we were interested in continuing to improve and learn, so it was suggested the group would continue after the PCDU is open in order to help steer and support improvements

### **Group to share skills**

This was about all of having a contribution to make. If people feel like they are not able to contribute please speak to Jonathan Wright or Lyndsy Jones. We will try as much as possible for the whole group to own the agenda, but if this isn't working for people please let us know.

### **Triangle of care**

Incorporated in the Quality Assessment item

**ACTION FOR ALL: PLEASE SPREAD THE WORD ABOUT THE NAME OF THE UNIT AND ASK FOR SUGGESTIONS!!!**

**Next meeting:  
Tuesday 1 Oct 1pm – 3pm  
Involvement Centre**