

**FoCUS Committee Meeting**  
**Tuesday 8<sup>th</sup> May 2018**  
**2pm – 4.30pm**  
**Trust Headquarters, Leatherhead.**

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**Minutes of the Meeting**

**Attendees:**

Area Group Representatives:

North West	Tracey Hayes, Rosemary Moore, Elaine Braithwaite, Larisa Orlova
West	Janice Clark, Donna Brown (Co-Chair)
East & Mid	Stephanie S, Helen Smith
South West	David Muir, Claud Norris, Simon Telling Alison Lancaster (Advocate for David Muir)

Surrey and Borders Partnership (SABP):

Jonathan Warren, Acting Chief Executive  
Julie Gaze, Director of Governance and Planning  
Jo Lynch, Associate Director of People's Experience and Head of Nursing  
Justin Wilson, Medical Director  
Gavin Wright, Director of Workforce  
Maggie Gairdner, Director of Adult Mental Health  
Billy Hatifani, Acting Chief Nurse

FoCUS Support Team:

Jane Ahmed, Surrey Coalition of Disabled People  
Lucy Finney, LF Solutions (taking minutes)

**1. Welcome and apologies**

Apologies were received from Fiona Edwards, Lorna Payne and Carol Pearson.

**2. Minutes of the previous Committee meeting – 13<sup>th</sup> February 2018**

The previous minutes were agreed as an accurate record.

## Matters Arising

Page 2, Action 9: Tracey Hayes asked if there was an update on the progress of the Discharge Leaflet and Jo Lynch explained that this is currently with herself and Maggie Gairdner and they are currently completely reviewing this. Jo apologised for the lack of progress from the Trust and stressed that it does not reflect all the work that FoCUS have contributed so far. A final publication date was not able to be given, however Jo will update FoCUS as soon as this has been agreed; the final version released needs to be fully correct before it goes out again and all views are represented.

Janice Clark commented that had been produced with the involvement of FoCUS was in line with Trust Policy and Procedures at the time and noted that this may have changed over time. At this moment people using services and carers don't have the information they need on the current Policy and it would have been good to have what had been produced as an interim solution.

Stephanie S asked when the update on Suicide Prevention that was due to be presented at the February FoCUS Committee can be expected? Jo Lynch will work with the FoCUS Support Team to re-schedule this with FoCUS.

Page 5: Single Point of Access (SPA) – FoCUS Reps asked the Trust to provide FoCUS with an update about when this will be implemented. Maggie Gairdner was pleased to report that the Trust had received confirmation from the CCGs (Clinical Commissioning Groups) of funding as part of their contract this year and have started their recruitment process. They have planned for a 6-month lead-in time meaning the service will go live around October. There is concern around recruitment as they do not know how easy it will be at this stage but have been working closely with HR and Communications to see how they can attract the people they need to ensure the service is safely staffed. If the service cannot be fully staffed from October, the Trust will roll the service out in a phased way area by area. Georgina Foulds leads on this piece of work but will be monitored under the Transformation Board for Adult Services.

Janice Clark raised a query that has been another steering group set up to work on this and those on the original steering group do not seem to be involved; Maggie agreed to take this back to Georgina and apologised if they have not been involved.

Rosemary Moore spoke about the technology around the SPA and the consequences if this failed. Rosemary also has grave concerns around the SPA saying that its success will depend on the information that staff receive.

Donna Brown asked whether, when setting up the SPA, the Trust have ensured that information on SystmOne can be shared with systems in other acute settings or at least flag that there may be relevant information about the person on another system, so they can be contacted? Maggie spoke about communication from GPs, who are the main source of referrals, and that the Trust are working with them to improve this on referral processes i.e. with templates, information provided and how they can make this process easier with quicker transfer of information. A larger piece of work is around how bigger organisations share information and records, the SPA won't solve this, and this is part of conversations the STPs are having and a key part of the STP going forward.

Julie Gaze commented that sharing information is very complicated and protocols are set up around how they do this – the STP may not have a quick fix but are looking at a digital strategy to resolve this. Donna acknowledged this but felt that a 'flag' may be all that is needed to ensure that the provider is aware they need to make further enquiries.

It was highlighted that what is in a person's record is only one part of the decision making process and Billy Hatifani noted that it is important to remember that they are not challenging decisions on information they currently hold. The SPA will enhance what the Trust are already doing.

### **3. Actions from February 2018 FoCUS Committee Meeting**

The Committee received a summary of the actions from the February 2018 FoCUS Committee and noted the completed actions and updates provided. The following comments were made:

- Action 3 – Lorna Payne was due to report back about Safe Haven issues and particularly the suggested updates to the leaflets. FoCUS are happy with the response received but were not given a timeframe for the production of the leaflets; Maggie was unable to provide this but will check and report back. David Muir asked about an easy-read version and Jo Lynch commented that this will be as standard and thanked David for the reminder.
- Action 5 – with regard to the workshop on the way forward for FoCUS there are no suggested timings at present and the Trust are awaiting replies from some external people who have been invited (Neil Churchill). Rosemary felt that members of FoCUS who raise issues should be able to come to the workshop. Jonathan agreed that the FoCUS membership should be invited, however the group should be wider than just FoCUS

and include others such as CAMHS youth reps. Janice Clark recently met a Governor from a Berkshire Trust who is interested in FoCUS as they have no formal Governance around involvement but do have an informal process which may be of interest; Janice agreed to make contact.

- Action 7 – Julie Gaze reported that if someone is visiting any Trust sites they are able to click on the 'Disabled Go' icon and it will give an audited description of the site.
- David Muir would like to be involved in the Board walk around at the ACU and Julie will discuss this with David in the break.

#### **4. FoCUS Report: Advanced Statements & Advanced Decisions**

Jo Lynch explained that unfortunately, Doug Stewart was unable to attend the meeting, however Jo will take any questions away for him regarding having Advanced Statements and Decisions included on SystemOne. The Trust have a working group working on this and would welcome members should they have comments or wish to shape how the Trust approach this. Jo Lynch and Lucy Finney to liaise regarding this.

Simon Telling suggested that the views of the Reps and FoCUS members be taken to this working group meeting for input; Janice Clark suggested any work that takes place or decisions made comes back to FoCUS and this was agreed.

Tracey Hayes wanted to ensure the Trust uses the phrase 'person who uses services' rather than 'service user' as currently used in the document.

Julie Gaze and Billy Hatifani will feedback to Doug that FoCUS have a number of concerns and would welcome an input and to feed into this. It was explained that Doug had not written the Policy on Advanced Statements/Decisions but is tasked with thinking about how they can be recorded on SystemOne. This work is at an early stage and the Policy has been reviewed and rewritten and the Trust are looking at how they can operationalise this and make it into something that staff can relate to and get right. It was recognised that more work needs to be done to ensure practice on the front line and the Policy match.

Donna Brown asked if the Trust are looking at care plans as part of looking at the Advanced Statements/Decisions and that if Advanced Statements/Decisions are being used more routinely then care plans need to be up to date. It was agreed this would be taken to the working group. FoCUS asked if the Trust could provide the difference between a care plan and an Advanced Statement/Decision?

Simon Telling believed that care plans of those at Waverley CMHRS are very out of date plus there is a waiting list of 50 people due to a shortage of Care Coordinators.

Maggie confirmed there are staff shortages, in terms of permanent staff, in Waverley but was not aware that care plans are out of date and will take this away to look at. Reps suggested the Trust ensure all care plans are up to date, not just those at Waverley.

Julie clarified two actions arising from discussions 1) FoCUS are keen to volunteer to help with the Advanced Statement templates 2) issues with care plans. Simon agreed and suggested they should be picked up at the same time.

David Muir commented on out of date information about the police liaison officer on Farnham Road Hospital notice boards; FoCUS asked at the last Committee meeting that the Trust ensure information about local police liaison officers be kept up to date.

The following concerns about Advanced Statements/Decisions will be fed back to Doug.

- Dates – should be updated and included. FoCUS was aware of a situation where an individual was not able to use their care plan / Advanced Statement as they were told it was out of date. Reps felt the point about dates on paperwork such as care plans is very important, particularly when a person has been discharged from services and has no-way of updating the date shown.
- The Epsom team are doing well for completing care plans, however, there are concerns about practical issues for example how a person's bills get paid, post get opened, rent paid, pets looked after - there are many patients in hospital that have these issues, what can SABP do to help, can this be added to Advanced Statements? Maggie suggested this is a discussion that can be had when talking about this more widely. Practical advice currently to people who have bills to pay and pets to feed is about what arrangements need to be made on an individual basis to ensure things at home are dealt with and this will be supported by a combination of ward staff and the care coordinator. Stephanie asked what would happen if a person does not have a care coordinator and agreed to feedback to Maggie further details about this.
- Rosemary asked about patients who are under Section as there are specific guidelines to ensure care plans are carried out, which she felt they are not. There are also particular issues around the Mental Health Act to

be looked into. Jo Lynch is aware that Rosemary has asked some questions of the Mental Health Act (MHA) Team and they are looking at these, however explained it is not the role of the MHA team to oversee the clinical practice in our teams.

- One FoCUS Rep explained that they are currently discharged from services and their care plan has a date of 2015; their plan is logged with their GP, SECAMB, Frimley Park Hospital and is on Symphony. The FoCUS Rep felt that to get on all these systems is over complicated but is a process that should be simple. There is a disparity between mental health services and an acute medical hospital and their systems don't talk.
- Simon asked if Advanced Statements would be issued to acute hospitals – such as those that include 'Do Not Resuscitate'? Billy confirmed that the information is shared on admission and logged on the system, but Billy was not aware of how they share it. It was noted that Doug Stewart is trying to streamline how this will look on the system - it is a statement a person can put forward and it is legally binding.
- Another key issue that has been missed is around who can be involved in the person's care and it is not related to in this draft.

## **6. ACU (Abraham Cowley Unit) Issues, Maggie Gairdner, Director of Adult Mental Health**

Maggie wished to address the concerns FoCUS have around the ACU and suggested the meeting would be an opportunity for FoCUS to ask Maggie questions around these. Maggie is also interested in hearing people's experiences, so they can understand what is happening.

Elaine Braithwaite asked if Maggie has seen some of the reviews online about the ACU and if she had not suggested it would be useful for Maggie to see these.

Tracey Hayes raised concerns about the escorting of visitors to and from the airlock and commented that "it felt like a prison", and made her feel uncomfortable, querying why visitors are treated this way. Maggie explained her understanding is that this is due to a number of issues around the front door to the ACU and at the end of last year there had been a number of AWOLs (absent without leave) and concern raised by the police about the number of people being able to leave the ACU and past incidents have shown us that there is a strong link between AWOL and someone coming to some harm. Introducing this new system was a way of the Trust trying to promote people's safety and being more vigilant of people entering and leaving the ACU. Maggie asked FoCUS to let her know if they felt it was not working.

Billy Hatifani explained that the complexity of the airlock is quite intense and the corridors can be busy; he acknowledged the Trust have not got this right and need to re-think this as there is still a high risk of AWOLS; Tracey commented that people don't want to run away if they are treated with respect, dignity and have regular one to ones - people still complain about their lack of one to one time with their named nurse.

The group discussed people's confidentiality when admitted to an inpatient unit and FoCUS asked if a relative calling to enquire would be told whether their family member or person they care for has been admitted. Jo Lynch explained that the person should be asked if they want the person calling to know, however, Elaine Braithwaite did not agree and said that it is obstructive, as people may be out of the ward in therapy or for another reason. Jo advised that the Trust need to balance the patient's confidentiality and support for friends and family – staff are asked to ask the person and if given consent they are able to share this. Jonathan Warren explained the concerns around this and how important it is for nurses to be confidential. Elaine felt this should be part of the conversation when admitted and Maggie confirmed that it would be. Jo confirmed that this issue has also been discussed at the People's Experience group with the Council of Governors and they will not be progressing a Policy, which had been requested, on this issue as the position is clear. Jane Ahmed suggested this is linked to Advanced Statements/Decisions.

Stephanie added that nurses and care assistants spend a lot of time escorting people to and from the airlock, and felt they need to be on the wards. Stephanie suggested the Trust hire a porter, or equivalent, to do this job and that the configuration of the ACU needs to be changed. Janice Clarke suggested the Trust speak to Stephanie about the ACU and the layout of the wards. When looking at reception in hospitals the Trust will be missing a trick if they don't capture the relative's information.

Larisa Orlova raised the point about some CMHRS's having a buzzer to gain access to reception and Jo Lynch advised that there is a quality improvement process around reception areas and these very issues and it would be good for FoCUS to hear back about this.

Rosemary Moore commented about the distance to the ACU for many relatives and carers and had heard that professionals are able to swap people between hospitals when it was beneficial for families or the person; Justin Wilson explained that wards tend to be very full, but this can occasionally be done in the best interests of the person or the family.

Maggie briefly updated that there is money put aside to fund a working arrangement for the café at the ACU going forward. There is interest from the Governors to form a task and finish group led by Elaine Braithwaite. As an interim solution Stephanie suggested a trolley with supplies should visit each ward.

## **7. Workforce Development, Gavin Wright**

Gavin came along to the meeting to talk about the Surrey and Borders workforce. Gavin acknowledged the specific questions asked by FoCUS and suggested he reply to these directly if there is no time for a response in the meeting.

Please refer to the attached presentation – the highlights being:

- The staff survey had a response rate of 68% which is the highest in the country.
- The most positive areas in the staff survey covered staff motivation, staff confidence in reporting unsafe clinical practice, the percentage of staff experiencing harassment, bullying or abuse in the last 12 months had reduced and the percentage of staff satisfied with opportunities for flexible working patterns – however one of the reasons for staff leaving is around flexible working.
- Areas of challenge include:
  - a drop of 1% to 86% around the number of staff offered appraisals and the Trust will focus on improving this;
  - an increase in the percentage of staff working extra unpaid hours;
  - a reduction in how interested staff thought the Trust were in staff wellbeing – particularly in the children’s services;
  - an increase in staff experiencing discrimination and this year the greatest number of staff feeling this were those with a disability; Julie Gaze is working with the Disability Alliance Network on this.
- The overall staff engagement score is 3.84 (the same as last year) against a national average of 3.79. There is a slight drop in scores from 2016 around the recommendation of the Trust as a place to work and ability to contribute to improvements at work.
- The Trust have stood still in terms of their staff survey results and they have made an action plan from the staff survey which include focussing on four main areas:
  - Valuing staff
  - Health and wellbeing

- Communication
- Fair treatment
- Other plans for 2018/19 include:
  - NHSI retention initiative – specifically looking at nurse and therapies retention. This work has started and the Trust has 90 days to develop an action plan.
  - Management and leadership development – one consistent piece of feedback when staff leave is around negative relationships with their manager and the Trust are investigating courses focussing on people management which is a key part of a manager’s role.
  - Career development and pathways – another reason for people leaving is that they don’t see a career path developing, therefore the Trust must be much more explicit about their offering.
  - Agenda for Change and Pay – there are some proposals to make national changes to ‘Agendas for Change’ which is the pay structure for NHS staff and this is to improve staff motivation and morale. Anyone joining the NHS, if this is agreed, will start at a higher pay band and be quicker to reach the top of their pay scale.

FoCUS asked a number of questions prior to the meeting and Gavin will work with Jo Lynch and Billy Hatifani to provide written responses to these.

Elaine Braithwaite asked if some areas/departments in the Trust responded better than other areas and Gavin agreed to provide the response rate for each area.

Larisa Orlova asked whether Sarah Wickens will continue to work with FoCUS and Jo Lynch explained that Sarah had been with the People’s Experience group in a temporary post and unfortunately there is not a permanent post available for this role. Sarah has now moved to a permanent role within the Trust as a Family Liaison lead in our Clinical Risk and Safety Team, Jo suggested that the session on the 29<sup>th</sup> June can discuss and capture all of these concerns/suggestions.

When asked who will carry on the 15 steps CMHRS project, Jo commented that there is no ongoing plan and all work will be collated and reported back.

Rosemary Moore asked about junior doctors and Justin Wilson commented that the Trust encourage junior doctors to raise issues; there are various processes around this and there is a hierarchy with whom issues can be raised - they often do this and are a useful resource. Rosemary suggested that junior doctors are

often passing through and working practices helps them to provide continuity of service.

The Trust have a 'speak up guardian' at the moment and staff can raise issues, although further work is needed around what the Trust can do about these issues raised.

One key reason staff may work with an agency or bank staff is around flexibility and Gavin is keen to look into options such as term-time only contracts; if the Trust are able to offer better arrangements for permanent staff this may provide better consistency.

## **8. Annual Plan, Julie Gaze**

Please refer to the attached presentation.

Julie attended the meeting to give a high level overview as to what the Trust will be working on in the next 12 months – the following was highlighted:

The Trusts plan is framed around taking forward what is important to those who the Trust work with – early intervention, prevention etc. The Single Point of Access (SPA) is thinking about how they can create a system and response that gets people seen early.

- Changes are happening across the system under the Sustainability and Transformation Partnerships (STPs) and as a Trust they relate into three of these STPs. Two out of the three STPs are at the forefront of making systems take on new responsibilities and able to manage what is going on in their system of care (making it more autonomous). Frimley Integrated Care System are at the forefront of the accountable care systems; Surrey Heartlands Health and Care Partnership are taking a devolution route – Surrey County Council (SCC) and the CCGS are working together to see how they can work health and social care better; East Surrey & Sussex are still an STP but have a locality emphasis around place based planning. There is the potential for the system to do more in coming together and the Trust are trying to champion the voice of mental health in these three STPs.
- Priorities for the STPs include focussing on improving services for people with mental ill-health including: Core 24 Psychiatric liaison services, perinatal mental health ensuring equitable access for all communities.
- The Trust's priorities for 2018/19 include concentrating on the following:
  - Children's and young people's services
  - Working age adults remodelling

- Older people's remodelling
- Drug and Alcohol new model mobilisation
- 24/7 programme and immediate ACU improvements
- Community Hub programme – Runnymede
- Strategic Direction for people with a learning disability
- New models – Tier 4 CAMHS, procurement - work in partnership with Sussex and Kent to commission Tier 4 CAMHS.

Maggie Gairdner commented that the Trust must ensure they use the resource they have in the most effective way i.e. people in crisis are seen in a timely way and people in the community services are in these for the right reason and for the right length of time, if they need support from other services they can be signposted to these for further support and treatment. There must be clear pathways for everyone going through services. Donna Brown felt that the Trust are signposting to organisations that aren't fit for purpose or don't cover a particular geographic area and gave an example of this regarding access to Aldershot safe haven, the Samaritans, crisis line and IAPT. Reps wanted to be sure the Trust are working with partners they refer to, to ensure they are fit for purpose.

Jonathan Warren advised that the Trust are working hard with all partners, however they are not a regulator. There is one pot of money with a current overspend of £3m partly due to providing more services than they are commissioned for. The Trust want to work with FoCUS, people who use services and carers about how to best do this.

Julie Gaze explained that the ambition is to have systems working together so everything is joined up; the person would own their records and be in control of giving access to these.

Julie was happy to answer further questions submitted.

## **8. SABP Responses to Local Issues/Questions**

1. Benefits appointee – Jo Lynch confirmed that there had been some confusion and difference of understanding around this topic and the Trust are working through social care colleagues to support staff on the front line to understand which route should be taken.
2. The response did not address what may be available for adults who may be survivors of abuse and Reps would also like to know if people are asked whether they have a past history of abuse when they first engage with the Trust and suggested people who are already engaged in services be asked

too? Jo Lynch explained there was learning from a sad event about 4 years ago following which the Trust did a large piece of work training staff around asking the right questions and what they should do to manage situations when people are touching Trust services. The work currently takes place in the teams and there is a pathway through the care coordinator. This should be identified as need in the persons care plan and then appropriate support put in place.

5. FoCUS Reps reported that there is not a great deal of feedback from the mental health STP workstreams; Frimley Health have held two mental health workstream meetings, however this has not happened in Surrey Heartlands or Sussex. Jonathan suggested that Helen Rostill can report back about Surrey Heartlands and East Surrey and Sussex is chaired by Sam Allen and Jonathan will feed this back; Jonathan has also written to this STP and will continue to monitor this.
6. Larisa Orlova recently tried contacting PALS, however they did not answer the telephone. Jo Lynch was sorry to hear this and explained that there should, where possible, always be someone responding to the phone. FoCUS suggested including information about how to make a complaint about another person's care on electronic notice boards in community settings.
8. FoCUS have been disappointed with the attendance of CMHRS managers at FoCUS meetings and the Trust reported back that Maggie Gairdner is working on this. There are three senior community managers Tham Dewa, Shahieda Sujee and Pete Williams and Maggie has spoken to them to ensure they prioritise going to these meetings. The support team suggested giving the senior managers or CMHRS managers the contact number for either Lucy Finney or Jane Ahmed so they are able to extend their apologies at short notice if they are unable to attend or find a representative.
13. Janice Clark agreed to draft a response to the consultation on Personal Health Budgets and circulate this to Reps.

## **9. Carers Report (to note)**

Janice Clark briefly highlighted the importance of a carers assessment being undertaken at the same time as the assessment for the person who is using services to ensure a realistic, holistic and whole family approach. Maggie advised that there is lots of work taking place around care planning, system etc. Janice noted the CQC standards around carers and hoped the Trust will ensure staff are trained in the whole family approach. Maggie acknowledged this and commented that the Trust need to learn from the teams that are doing it well and train staff in a clear understandable way.

## 10. Positive Reports from local area groups

These were noted by the Trust.

## 11. News and Feedback from the Trust, Jonathan Warren

Unfortunately, there was not time for the news and feedback item and Jonathan felt that as a group they need to think about how to best use the time together – what is the best way to get people who use services and carers voices into these sessions with real outcomes. This will be discussed further at the Involvement workshop planned for 29<sup>th</sup> June.

## 12. Date of next FoCUS Committee Meeting: 7<sup>th</sup> August 2018 (Reps 12.45pm – 1.45pm, FoCUS Committee 2 - 4.30pm)

### Summary of actions following FoCUS Committee:

No	Action	Responsibility
1	<b>Discharge Leaflet:</b> Currently with Jo Lynch and Maggie Gairdner for review. Jo Lynch to provide FoCUS with a publication date when available.	Jo Lynch
2	<b>SPA:</b> FoCUS raised a query that another steering group has been set up to work on this and those involved in the original steering group do not seem to be involved. Maggie Gairdner to take this back to Georgina Foulds for clarification.	Maggie Gairdner
3	<b>Safe Haven leaflets:</b> FoCUS are happy with the response received but were not given a timeframe for the production of the leaflets. Maggie Gairdner to on the timeline and report back to FoCUS.	Maggie Gairdner
4	<b>Advanced Statements and Decisions included on SystemOne:</b> Jo Lynch and Lucy Finney to liaise regarding FoCUS members involvement in this working group. Those involved from FoCUS to take the concerns raised at Committee to this working group – this includes concerns with care plans highlighted.  Trust to provide information about the difference	Jo Lynch Lucy Finney

	between an Advanced Statement/Decision and a Care Plan.	
5	<b>Care Plans:</b> Maggie Gairdner to investigate FoCUS concerns that care plans are out of date, particularly in Waverley CMHRS.	Maggie Gairdner
6	<b>Out of date literature:</b> there appears to be out of date information at Farnham Road Hospital about the local police liaison officer. The Trust to ensure this is updated and maintained.	Jo Lynch
7	<b>Staffing:</b> The Trust commented that practical issues such as paying bills or feeding a pet of someone who may be an inpatient should be dealt with by the ward staff or Care Coordinator. FoCUS were concerned how this would happen if the person does not have a care coordinator and agreed to feedback further details about this.	Stephanie S Maggie Gairdner
8	<b>Quality Improvement:</b> Share the outcome of the quality improvement process around community reception areas with FoCUS.	Jo Lynch
9	<b>Workforce Development – staff survey:</b> FoCUS asked if some areas/departments in the Trust responded better than other areas to the staff survey and Gavin Wright will provide the response rate for each area.	Gavin Wright
10	<b>CMHRS Manager attendance at area meetings:</b> the support team suggested giving senior managers or CMHRS managers contact details for either Lucy Finney or Jane Ahmed so they are able to extend their apologies at short notice if they are unable to attend or find a representative.	Jo Lynch Maggie Gairdner
11	<b>Complaints information:</b> FoCUS suggested including information about how to make a complaint about another person's care on electronic notice boards in community settings.	Jo Lynch

12	<p><b>Mental health workstreams in STPs:</b> Frimley Health ICS have held two mental health workstream meetings, however this has not happened in Surrey Heartlands or East Surrey and Sussex STPs. The Trust agreed to feed this back.</p>	Jonathan Warren Helen Rostill
13	<p>Janice Clark to draft a response to the Personal Health Budget consultation and circulate to Reps (consultation closes on 8<sup>th</sup> June).</p>	Janice Clark