Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 1 of 9

In Attendance:

Ray Johannsen-Chapman (RJC) Co-Chair Strategic Patient & Public Involvement Lead D Rosier (DR) Co-Chair Service User Consultant Liam Ennis (LE) SURE Susan Holton (SH) Service Improvement Manager Anne Kirby (AK) PPI Lead, Psychosis CAG Carman De Rosa (CD) Service User Consultant Vanessa Bray (VB) Vice Co-Chair TWIG Ops and Food lead, Southwark Jane White (JW) Hear Us (Croydon) Food Project Service User Consultant Liz Dalton (LD) Gillian Ashwood (GA) Recruitment and Selection Training Project Worker Stephen Peria (SO) Psychosis SUAG Bridget Jones (BJ) Service User Consultant - Operational Lead Food Project Andrea Woodside (AW) Recruitment & Selection Daniel Bolingbroke (DB) Committee Secretary & Blog Administrator

Apologies:

Alice Glover (AG) MAP/Psychological Medicine/Clinical Neurosciences.

Nick Hervey (NH) Head of Social Care
Kim Clarke (KC) Head of Service Improvement
Sarah Samuel (SS) Lewisham Food Lead

Item	Business Item	Action by	Date
1.	Apologies		
	Received as above.		
2.	Matters Arising Minutes of the meeting on 6 th of February were agreed as an accurate record		
3.	Terms of reference Draft Terms of Reference (ToR) and a Summary Terms of Reference were circulated to the group. The following changes were suggested:		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 2 of 9

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	 To add the word 'commissioners' to the first sentence to reflect their role in funding projects. Change typing error seen in Key Objectives section. To add a glossary of terms to help people with some terms. To change the following sentence: To consult with service users and (take ideas into consideration with them) Under Specific areas of responsibility. Line 42 secretary does not need to be elected. 		
	Actions DB to put previous minutes on blog today following meeting. Group should look at summary within this week - send comments - after a week it will go on blog.		
	JW to pull together a glossary using the Psychological Medicine CAGs glossary as a basis.		
4.	RJC informed the group that Stuart Bell has requested an update on the Involvement Register. A meeting has been organised for the 20 th February to discuss the way forward. RJC will propose at the meeting that responsibility for the IR to be shared with key individuals in the trust not just HR. Funding has been identified until March 2012 to fund additional support for Sue Folan. Going forward, the working party will be looking into funding options. One option will be to explore how the 40% surcharge collected from each CAG could be used. This money is currently being allocated to a general HR budget. Sue Folan has been asked to specify the additional support she requires.		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 3 of 9

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5.	Report from Members Council		
	Paul Patterson was unable to attend the meeting. To feedback at next meeting.		
6.	SLaM TWIG Ops Blog		
	DB provided a Blog Update to the group. Paper copies of the Blog are not distributed due to limited funds, they become out of date and that all services users should have access to the Blog. Care co-ordinators can sign up to the blog to access information for their service users if access is an issue. However, individuals are free to print excerpts from the blog and to distribute them as they feel fit.		
	It was agreed that DB would do a presentation for JW. Funding was agreed by RJC.		
	RJC suggested that the Blog could be used to share interesting articles on service user engagement and involvement. A category called 'Academic Literature' will be added		
	Action:		
	DB to present the Blog at Croydon Hear Us		
	DB to add Academic Literature category to the blog		
7.	Twig Strategic		
	RJC provided an update. Caroline Hough has been elected acting Chair of Twig Strategic following the resignation of Adam Black. Full elections will be held in 6 months time. Meetings will take place on a monthly basis. The next meeting will focus on the PPI Strategy		
8.	PEG (Patient Experience Group) Meeting		
	RJC provided an update on the most recent PEG meeting which at this years National Patient Survey and different ways it could be promoted to increase SLaM's response rate. SLaM's current response rate is 28%. SLaM will perform better in the survey the higher the response rate as the data		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 4 of 9

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	will be more reflective of everyone's experiences not just those with a bad experience. One option would be to approach Hear Us to work together to promote the survey.		
	JA asked for clarification about what PEG is. RJC explained that PEG was set up in response to SLaM performing badly on the National Patient Survey. Its role is to centrally oversee work across the Trust relating to the administration of the survey, analysis of the results and work to improve SLaM's scores.		
9.	Food Project		
	The food project will continue be co-managed by AK and D. BJ will now operationally manage projects. Sarah Samuel to take over Lewisham. All other leads to remain unchanged.		
	Lewisham Update: (BJ)		
	Not ready to review how patients are finding the new regime.		
	Lambeth Update: (BJ)		
	Lambeth not yet started on.		
	Results from the bench marking survey for Lewisham and Croydon to be circulated asap		
	Need to get as many people as possible on the training course.		
	Southwark Update: (BJ)		
	It is ahead of its phases and has bench marked once. One a monthly basis service users are going into ward to meet with managers. T		
	CD volunteered to undertake the training and get involved in Lewisham. Action		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 5 of 9

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	RJC to circulate data analysis asap		
10	Content Analysis		
	D and Liz worked have with 2 members of staff (Sally Bloy & Joe Oliver) to develop content analysis training. Service user Consultants will run focus groups and then provide commissioners analysed data into a report.		
	The First recovery pathway focus group will start in a few weeks time.		
11.	Information Stalls		
	JA explained that she has run a number of stalls in hospitals across the boroughs giving information on support for service users and carers. People seem to open up because service users are approaching them.		
	A guide to joining the involvement register is given to interested people.		
12.	<u>Nightline</u>		
	After previous audit, they are re-looked to see if responses have improved. Early indications are that there have been improvements. Main recommendation are to increase the hours for PALS and to have a service user working alongside PALS officer between 6 and 12pm.		
	Recommendations will be formally made at next months PEG.		
	BJ - Stated that she would like to work with PALS as the service user.		
13.	Focus Group Training		
	VB explained that 11 people are attending the next training session. After they are fully trained they are passed over to D who allocates them to focus groups.		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 6 of 9

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14.	Recruitment and Selection		
	AW explained that they are currently working on a two day programme for recruitment and selection for people who want to be on recruitment and selection panels. Employment Legislation is changing, very complex piece of legislation and it needs to be fully understood. Currently working with HR to agreed how they will feedback any changes to people on interview panels. She will seek feedback about the proposed structure for day one before focusing on developing Day two. Action: ALL to email comments to AW		
15.	CQUINS		
	CQUIN Targets (Commissioning for Quality and Innovation) originated from the work undertaken by Lord Dazi. He identified that patient safety, patient experience were key elements to healthcare and incentive need to be applied to improve performance in those domains. If we do not meet CQUIN targets financial penalties are applied. The Trust has to meet Patient Experience CQUIN targets.		
	These are the toughest in the country.		
	90% of all teams in the trust need to undertake a PEDEC - Patient experience survey each financial year.		
	Need to achieve a 5% improvement in our performance in 5 CQUIN Areas by the end of April.		
16.	Patient Opinion Website The Patient Opinion Website allows patients, carers and their families to post comments (good and bad) about the service they have received. The site is anonymous and SLaM responds to every comment posted - usually this is done by a senior member of staff. NHS Choices also allows people to post comments on their experience of SLaM. Postings from Patient Opinion are also listed on this site.		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 7 of 9

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	Until now SLaM has not publicised the site. Currently there are mostly negative comments on the site and SlaM is keen to promote some positive experiences as well.		
	JW felt that this website is very effective and thinks that the fact that action will be taken should be published better.		
	It was agreed that Patient Opinion should be invited to the next meeting.		
	Action To invite Patient Opinion to a future meeting ALL think of how PO can be promoted		
17.	PPI Leads Update		
	AK provided an update on the care pathway work within Psychosis: - Early Intervention (3 Years) - Promoting Recovery in Focus Groups. - Acute Pathway.		
	Service User Consultants will run focus groups. The advisory group is working well but needs to be a bit more broader. Surveys & Focus Groups to be run.		
18.	Any other business DB - Stated wish to run focus groups for the privacy & dignity project.		
	CD highlighted that staff are required to carry out the same lengthy risk assessment for all patients regardless of their current or previous section status - feels this should be reviewed as a matter of practicality and cost.		
10.	Dates of <i>next</i> meeting: Monday 14 th May – 10.00am -2.00pm Board Room, Maudsley		

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 8 of 9

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Presentations

The Psychology service user involvement group gives a reward to a service each year. This year prize was given to the Beresford project.

Beresford Project (Tim & Jaz presentation summary)

- Based in Woolwich changes in borough, only complex needs clients. Looking after mental health.
- No service user involvement a last few years aim was to change this.
- Decided that clients should be getting welcomed better into the service. Some people have had bad experiences. People also under threat of being barred from services due to their criminal histories and frequent relapses.
- They found that if you telephone people before their first appointment they are more likely to turn up to an appointment.
- They worked with nurses to improve support with houses, forms, benefits and introduced a Resource room.
- Usually not high uptake from Sikh community could be higher uptake soon due to steps to be taken.
- Services improvements result from prolonged attempts and a culture of learning from mistakes.
- Currently 2 peer mentors at the moment
- Peer mentor training twice a year.
- Training is commissioned
- Jazz had the 8 day service users training available to people who wanted to change what they were doing with their lives. It was aimed at getting people into volunteer roles.
- If he wanted to get further training he would like to know what the situation is regarding it.

D - Thanked both for coming

- Great to hear about the project, needs to work out how they can be worked more closely with.

Researchers & Research Project - Empowerment Connected Health Model

Monday 6th February 2011 11AM - 3PM, Meeting Room at Community Links Centre

Page 9 of 9

Working on project to give service users access to their Care plan, service user owned records, increasing transparency.

Some money is being sought to get some computers for some people but 80% of people have computers. They can also buy a refurbished computer for less than £100.

They are piloting at the end of month - no set date as of yet.

Will come to next SLaM TWIG Ops meeting to update.

Anyone interested in getting involved is welcome to email. liamennis@kcl.ac.uk

CD & AW put themselves forward.