

Trust Wide Involvement Operational Group Meeting Minutes

Monday 4th February 2013
Conference Room Maudsley Hospital

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In Attendance:

Ray Johannsen-Chapman (RJC)	Co-Chair Strategic Patient & Public Involvement Lead
D Rosier (DR)	Co-Chair Service User Consultant
Paul Paterson (PP)	Members' Council Representative
Tom Ingham (LD)	Service User Consultant
Gillian Ashwood (GA)	Recruitment and Selection Training Project Worker
Bridget Jones (BJ)	Service User Consultant – Operational Lead Food Project
Reagan Edminston (RE)	PPI Lead B&D CAG (part-time)
Julie Connolly (JC)	Service User Consultant Croydon
Vanessa Bray (VB)	Vice Co-Chair TWIG Ops & Training Lead
Jim Ellis (JE)	Public Involvement Lead

Apologies

Alice Glover (**AG**) PPI Lead MAP & Psyche Med CAG

<i>Item</i>	<i>Business Item</i>	<i>Action by</i>	<i>Date</i>
1.	Apologies Received as above.		
2.	<i>Matters Arising</i> Minutes of the meeting on were agreed as an accurate record		
3.	<u>Involvement Register Update</u> RJC updated the group on the IR – discussion about the 40% surcharge doubt as to whether this amount is collected. If so, where is it? It appears that it is accounted for from some budgets but not all. The 40% surcharge was originally implemented to cover H/R's cost for Sue Folan IR facilitator. The IR membership started small with the rationale that the increase of numbers would overtime reduce the 40% surcharge. Lack of overall management for the IR may indicate why the surcharge has not been actively integrated into further financial development of the IR. D and RJC hoping to present to the Trust Executive in November to state the case for their support to financially develop the IR	RJC & D	

4.	<p><u>Blog Update</u></p> <p>FaceBook We have 18 regular followers. We follow 24 other FaceBook accounts such as <i>Time to Change, Hear Us, Reachout Challenge, South London and Maudsley NHS and Carers UK.</i></p> <p>BJ has made over 250 posts ranging from news items about research and the treatment and care of people with mental health problems, benefits issues etc. to links to interesting blogs to what's on at the Dragon Café.</p> <p>Twitter @slamtwigops Started on 17th November. We now have 70 followers; we are following 106 Twitter accounts (ranging from mental health nurses to the Royal College of Psychiatrists, to people with mental health problems to news sites). We have tweeted 672 times – our tweets are now getting re-tweeted. BJ re-tweets anything that she thinks might be of interest from other Twitter accounts such as <i>Mental Health Cop</i> and <i>The Mental Elf</i>. BJ also tweets again with the link so that our logo comes up rather than that of <i>The Mental Elf</i>, etc. BJ tweets and posts on FaceBook all the posts on the SLaM TWIG Ops blog, making sure that these all have a link to the blog. BJ also emails DR a list of links of things that she has come across on FaceBook and Twitter and that she has posted or tweeted that she thinks might be of interest for the blog.</p> <p>DR and TI provided an account of the blog charts and traffic – TI further explained changes and updates of the blog and how it works.</p>		
5.	<p><u>Members Council</u></p> <p>PP – provided update about the MC – indicated that he missed some of the MC's business due to other commitments – gave the group an overview of the MC operates and he felt that could or should function within the Trust. PP to provide further MC updates at the next meeting</p>		
6.	<p><u>PSUIG Update</u></p> <p>CdR – Provided an outline of the training provided by PSUIG The training workshop consists of evidenced based best practice examples of service user involvement. PSUIG involved service users in the development of the workshop and in the presentation. The involvement of service users has generated very good feedback and is in keeping with PSUIG's strategic vision. The topics were: What defines our approach to user involvement? Why involve service users? How can involvement benefit service users and overcoming obstacles? The training workshop has been delivered to 7 teams across the Trust and we</p>		

	plan to deliver the workshop in Lewisham. The overall results of the feedback suggest the workshop increased participants' confidence to undertake involvement activities.		
7.	<p><u>PEG (Patient Experience Group) Meeting</u></p> <p>RJC gave an outline of PEG – why and how it started, the areas it generally focuses on, and highlighting the strength of its membership. PEG does not formally report to any body within the Trust – but the Medical Director is the Chair and that determines its power. PEG and both TWIGs need to find a formal route for reporting.</p>		
8.	<p><u>Project updates – Food Project (non-borough)</u></p> <p>Janet Hoskins (Hotel Services – Bethlem, Croydon and Ladywell, Lewisham) has invited BJ to join the Steering Group for Catering Standards. First meeting is on 5th February – unfortunately BJ cannot attend but Janet has said that she will provide an update and include BJ in future meetings – unsure as to how regular these are.</p> <p>Marie Clough and BJ have been asked to attend the next team leaders meeting at Lambeth Hospital on 26th February – food report regarding Lambeth will be on the agenda. MC and BJ are meeting on 20th February to prepare/discuss before it.</p> <p>Food Steering Group meeting is on 4th March</p>		
10	<p><u>Content Analysis</u></p> <p>Update 13 new service users trained, small group of co-facilitators</p>		
11.	<p><u>Information Stalls</u></p> <p>JA explained that she has worked under the supervision of Ros Byfield run a number of stalls in GP practices. The Practices had little information on mental health awareness only information on physical health. We gave out information leaflets about mental health awareness. Very positive feedback from patients and staff – highlighting the need for greater collaboration between SLaM and GPs. Ros Byfield is compiling a report together for Trust Leads on the outcomes.</p>		
12.	<p><u>Links Feedback</u></p> <p>JC feedback about Link Working at the Bethlem site – across Gresham, JC met new temporary ward manager to discuss issues about old leaflet information. JC pointed out that some of the problems to resolving ongoing issues is due to lack of staff consistency – another temporary manager. Leaflets sorted and developing relationship.</p> <p>JC pointed out that she was very much looking forward to the Triage opening for Gresham 1, although was a little disappointed not to see any pictures up. Before the Christmas period, Gresham 1 was extremely busy and it is expected that it will be a lot calmer once the Triage is up and running which is due to open in May.</p>		

	<p>JC pointed out how there has been less anxiety following the clear notification of the smoking times. Patients know exactly when they can go for a cigarette.</p> <p>RE pointed out how Gresham would be going smoke-free after the end of this financial year. It was clear that no one knew about the smoke-free policy, which generated a lengthy heated discussion.</p> <p>RE outlined that this was a directive from the Department of Health not a guideline but a policy that the Trust must implement. PP wanted to know if any consultation had taken place, if the Members Council were informed and TWIG Strategic. He also wanted to know what type of support has been put in place. RE was sure that a round of consultations has been undertaken and electronic cigarettes and patches were being approved.</p> <p>DR suggested that this issue was clearly a case for TWIG Strategic and asked whether it could go onto the TWIG Strategic agenda for feedback at the next TWIG Ops.</p>		
13.	<p><u>Recruitment and Selection</u> Training was reduced – difficult to maintain quality – new Service User pilots because the programme has been slightly tweaked. H/R have shown some concerns – question is how to increase participation?</p>		
14.	<p><u>CQUIN's</u> RJC The Trust has to meet CQUIN targets, one domain is patient experience; SLaM's targets are, nationally the most demanding. There is money attached so we have to hit them. RJC explained the CQUIN demands.</p> <p>RJC to discuss with Paul Calaminus and Julia Gannon what would be the most appropriate way for TWIG Ops to be involved.</p>	RJC	
15	<p><u>PPI Leads Update</u></p> <p>RE – Provided update from the B&D CAG due to her role being P/T her aims include the focus on developing Service User Involvement events and the community meetings in the wards and patient information leaflets. Reworking our patient information leaflets to ensure the language and content is right, the aim of the information group is around language accessibility. The overall objective is to ensure that all teams within the CAG undertake their PEDIC patient experience surveys.</p> <p>NC – developed strategy for involvement within the MHOAD CAG with the aim to embed engagement across the CAG</p> <p>Lewisham memory service set-up Service User Group (inclusive of carers)</p>		

	<p>Undertake work with Hear-Us to establish Links Works in the Older Adults units</p> <p>NC asked whether there was any places available for the recruitment and selection for SUs from MHOAD?</p>		
16.	<p><u>Any other business</u></p> <p>None</p>		
17.	<p><u>Dates of next meeting:</u></p> <p>Monday 8th April 2013</p>		