

Minutes of a Meeting of the AWP NHS Trust Trust-Wide Involvement Group

Date:- 23 October 2014

Venue:- Conference Room, Jenner House, Chippenham

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG)- Trust Chair	Tricia Long (TL) - Carer Representative
Tony Aucott (TA) - Service User Representative	Mark Earl (ME) - Service User Representative
Teresa Bridges (TB) - Involvement Coordinator, Wiltshire	John Mascall (JMa) - Healthwatch BANES
Emma Roberts (ER) - Director of Corporate Affairs	John McWilliam (JMc) Service User Representative
Roger Tippings (RT) - Healthwatch BANES and Healthwatch Bristol	Stephen Budd (SB) Involvement Coordinator, North Somerset
	Ivor Bermingham (IB) - Involvement Coordinator, Swindon

Staff In attendance

Jack Bancroft (JB) - Foundation Trust Membership Administrator (minute-taker)	Hannah Dennis (HD) - Corporate Governance and Risk Manager
Wendy Kelvin (WK) - Head of Learning and Development	Lu Duhig (LD) - Carer Engagement Manager
Sally Wood (SW) - Patient Experience Manager	Alexander Lauder-Bliss (ALB) - Governance Support Officer (in-part)

Members of the Public in attendance

Peter Jon-Pierre (PJP) - Service User Member	Frank Palma (FP) - Public Member
Judith Mott (JM) - Public Member	

Members of the Public representing other organisations

Jill Meikle (JM) - Governor, Somerset Partnership NHS Foundation Trust
Virginia Membrey (VM) - Governor, Somerset Partnership NHS Foundation Trust
Annie Adcock (AA) Governor, Somerset Partnership NHS Foundation Trust

TIG/14/014 – Apologies

1. The Chair welcomed all to the meeting of the Trustwide Involvement Group and apologies were received from:
 - Jessica Wright
 - Bev Nottingham
 - Sally Luxton
 - Dick Hilling
 - Penny Stanbury

TIG/14/015 – Minutes of meeting on 12th of August 2014

1. The minutes of the last meeting were received and approved as accurate.

TIG/14/016 – Actions from previous meeting

1. The Committee considered the matters arising and resolved to note progress and removed items completed.

TIG/14/017 – Governor Presentation

1. The group welcomed a presentation from JM, VM, and AA; three Governors from Somerset Partnership NHS Foundation Trust. They detailed their own path to becoming Governors for the Trust and discussed what their role as Governors involved.
2. Questions were received after the presentation. These included the structure of including governor representation from voluntary organisations, the trend of moving away from constituent meetings and the roles of the Chairman and the Members and Governors Manager at Somerset Partnership NHS Foundation Trust.
3. VM commented on how the process of presenting to the group had been a useful experience and had helped her to re-examine her role as a Governor. VM described the statutory duties of the Governor, and outlined her understanding of her personal role.
4. She explained that she attends the nomination and remuneration group, strategy and planning group, patient participation group, monthly board meetings, various community meetings and Governor Team away days to help develop skills and share information with other Governors. She suggested that the challenge of the position is to be constructive but also to hold the board to account and reviewed the structure of the Somerset Partnership NHS Foundation Trust Council of Governors.
5. JM also described the commitments she undertakes in order to represent the views of her constituents; the carers, at the Somerset Partnership. She described how she attended carers' participation groups before FT status was achieved in order to learn from other carers and help to put their view point to the board on matters

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relating to Trust services. She also describes how this helps her to emphasise the importance of carers' health and how carers respite is not always helpful to carers in her constituency. JM stated she sits on various groups to help reflect the views of members including the steering group and triangle of care group and has monthly meetings with the carer development manager and frequent email exchanges with Executives.

6. AA briefly described how her personal experience of mental health led to her working as an Art Therapist and later a Governor at Somerset Partnership. She presented the group with an Octopus model she had developed which represented her understanding of Trust processes after she first became a Governor at the Trust and described her confusion over Trust processes at the beginning of her term.
7. AA described how the induction period, including the induction folder and her one to one meeting with the Trust chair was important for her understanding of the role. She attended sessions with other staff members at the Trust to help gain an understanding of Trust workings, Trust principles and Monitor Guidelines. She also described how attending Governor away day sessions and Trust Board helped her to raise 'burning issues' at the Council of Governor meetings.
8. AA stressed the importance of representing the Trust's constituency. She commented that attending patient participation groups and Clinical Commissioning Group meetings, hospital visits and PLACE inspections can help bring local community association and an understanding of local issues. AA stated the importance of understanding national issues associated with mental health and the wider NHS and how these issues can be used for the benefit of local policy.
9. The Chair thanked the Governors for their presentation and invited questions from the group on issues relating to the presentation or the role of the three Governors attending the meeting.
10. JM, asked how the voluntary organisation Governors and public Governors were decided and elected. VM described the process of different charitable organisations being selected by the Council of Governors on a three year cycle to nominate a governor to represent both their own organisation and the charitable sector at the Council of Governors meetings. VM described how public Governors are elected based on the area locality which they live in. ER also reminded the group of the structure of Avon and Wiltshire Mental Health Partnership NHS Trust's Council of Governors and that it did not include Governors specifically from voluntary organisations rather other partner organisations.
11. FP asked the Governor group about a perceived move away from Constituent meetings. VM stated that she had found that there is an extremely poor turnout for constituency meetings and that those who do attend have their own personal agenda and are not willing to discuss Trustwide issues and trends. VM suggested that Governors attend Time for Change Sofa Tours, Local League of Friends meetings, health forums and quarterly meetings with a compilation of GPs, voluntary organisations, governors and executives because they have proven more successful for gaining the views of a wide number of people and gaining an

understanding of Trustwide issues.

12. FP asked whether, in the experience of the Governors, the Chair of Somerset Partnership had ever confused their role and tried to manage the governors. VM stated this had not happened at her Trust although she had heard accounts of these behaviours at National Events from Governors at different Trusts. She also reminded the group that it is statutory in a Foundation Trust for the Chair of the Trust to lead on both Council of Governor and Board meetings and that this position helps to link the two groups.
13. The Chair, asked what time commitments are associated with the role and what the Governors themselves receive for being Governors at the Trust. JM responded that there was no remuneration for the position and that in her personal experience, it was equivalent to a full time job. Annie Adcock agreed that the position was full time for her but also added that there were several younger Governors in their Council who were unable to commit the same amount of time but whose contribution was still valuable to the trust. The Chair suggested that this reflected his view on the Non-Executive Directors at AWP who are able to give varying amounts of time to the position but who all make a valuable contribution to the Trust.
14. The group resolved to **note** the report.

TIG/14/018 – Role Description for Trust-wide Involvement Group Member

1. The group received the Trust Wide Involvement Group Role Description.
2. TL commented that the job description for members of the group was asking a lot of the group members without any reference to how they would be supported, how their work would be recognised and how they will make a difference to Trust services. The Chair commented that the input from this group would be reported to Board as he will chair both meetings, and also the Council of Governor meetings when Governors are in place. The Chair highlighted that, as with the Governors of the Trust, there is no remuneration other than out of pocket expenses for members of group. ER suggested that a paragraph be included to the description explaining what the Trust will give those who attend the group in return for their participation. -

ER

ACTION

3. FP queried whether there were differences between those in the group who will represent service users, carers, members of the public and staff and whether this should be reflected in the role description. ER recommended that the ‘ways of working’ of each groups would be different. The Chair commented that in other shadow Governor bodies getting members to their constituents has proved very difficult with various models and that using different approaches are often most effective.
4. RT commented that it is important to make the process of the group reporting as simple as possible and that the general public lose interest in a concept if they do not understand the process or it is too detailed.
5. PJP also asked if the actions of the group will be based on FT legislation and the

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Trust constitution. The Chair responded that up until the point where FT status is achieved, the formal powers and duties of the Governors will not apply but that the Trust was trying to mirror that model and a system where Governors are in place. TG continued to say that this transitional phase would help to prepare the Trust and that making the group run effectively and that this would be a long term goal for the Trust.

6. TL asked how many Carer Governors were in the Trust constitution for the Council of Governors. Emma Roberts confirmed that there were two carer governors and that this number was set to reflect membership numbers. JB also added that there was a consultation with members in the previous year where approximately 75% of members had voted that there should be 2 carer representatives on the Council of Governors.
7. IB commented that the missing element of the future Council or Governors is the staff element. ER agreed that the staff element was not present noting that in the interim, the involvement coordinators were identified as filling this role.
8. The Chair suggested that the group will reflect the evolution of the Trust and that setting up effective and meaningful interaction with Trust members would take time.
9. PJP questioned how the service user role is developed at the Trust and what is being done to help service users to gain important skills. TG responded that the Trust helps the development and recovery of service users by, inviting to interview panels and user groups, and with development to peer support workers. He continued to say that encouraging more people with lived experience to become staff members is a board objective. TB added that there were already quite a number of staff with previous lived experience of mental illness and also that one of the service users she supported had just started work at the Trust.
10. The group resolved to bring this item back to the December meeting after further work had been done.

TIG/14/019 – Involvement Strategy

1. The Group received the updated involvement strategy and were invited to comment. Emma Roberts invited comments from each of the group members outside of the meeting to receive further views on the Involvement Strategy. ER
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2. ER reflected on the last meeting where a timeline had been agreed for the development of a new involvement strategy to take the place of the current policy. She continued to say that Rachel Morris, Membership and Governors Manager and Gareth Sharman, Involvement Manager had developed the policy and that they were looking for feedback from the group.
3. FP questioned whether the strategy had been developed from the model on national Service User Involvement work that had been completed on behalf of the Trust. Emma Roberts reported that Rachel and Gareth had been mindful of this work and that it had influenced the strategy which they had produced.

4. The group resolved to **note** the report.

TIG/14/020 – Payments Proposal

1. The group received the new payments proposal and a copy of the analysis performed on the public and patient involvement questionnaire. The payments proposal outlined new regulations for staff, service users and carers to refer to in order to establish appropriate payment and out of pocket expenses for different types of involvement work at the Trust.
2. The Chair commented that in order to be in line with the constitution, to follow the FT model and to achieve consistency it was necessary to make changes to the way involvees are remunerated at the Trust. ER stated that the survey results, of which there were over 100 responses, indicated that clarity surrounding payments was important and that people generally indicated that there was a lot to gain from public and patient involvement above monetary payments.
3. ER explained that the resulting new payments structure would be enforced by April 2015 and that it would be necessary to discuss the effective lay out of the scheme with the Locality Involvement Coordinators. ER suggested that the April date will give those currently participating in AWP involvement the chance to adjust to the new guidelines before they are in place.
4. TA questioned whether this meant that groups that are currently remunerated would stay this way until April. ER confirmed that current practices could stay in place but that it was important to let people know the new system would be enforced in April..
5. PJP questioned whether the new guidelines would be open to renegotiation after a period of time. TG suggested that policies such as this one generally have a defined time and suggested an annual review for the new payments policy.
6. TA asked whether the policy would cover Bristol in the same way as the rest of the Trust given the recent partnership structure and the tendering process that had taken place. TG responded to say that Bristol will be the same and should adhere to the same rules as the rest of the Trust. He added that any area locality could take services to tender and that this did not affect Trust wide policies.
7. IB commented that the new payment format followed that of other Trusts with Foundation Trust status and Trusts such as Great Western Hospitals NHS Foundation Trust are not currently making payments for activities for which AWP do make payment.
8. The Trust-wide Involvement Group **resolved** to **approve** the proposal.

TIG/14/021 – Trust-wide Involvement Group training

1. The group received a presentation on the suggested training programme

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activities for members of the Trustwide Involvement Group.

2. WK explained to the group that work had been done to put together a Training programme for TWIG members which would be similar to that of a Governor training programme. WK suggested that the programme they had developed would help those in the group to have a good understanding of their role and what they are able to achieve in the position.
3. WK stated that the induction to the training programme would be very important. This would involve an introduction to the Trust, Service User presentations, overview of the TWIG and Council of Governors and what is expected of them, and the Trust's acceptable behaviours. This would also include the Governor accountability, an overview and understanding of finances at the Trust, the Mental Health Act, the role of commissioners, and responsibility of the workforce.
4. WK continued to cover some of the training that may be available beyond the standard training that takes place suggesting that this training would focus on specific skills or interests that individual governors have, and may involve a training needs analysis of either the group or individuals. On-going training may be appropriate including Governor to Governor peer review, attending board meetings, and site visits.
5. FP indicated that in his previous position as a Governor, it took almost two years to get a feel for the position and that learning from e-modules was very useful. WK stated she would talk with the group outside the meeting to see which ones they thought were appropriate to include and, if necessary, develop.
6. TG stated that a 'buddying system' where Governors are matched with staff members may also be effective.
7. TB suggested that including the local involvement coordinators in the training would help to give some knowledge of current locality involvement. She added that this would also help to educate Group members about groups available from which they could gain feedback from those using Trust services.
8. The group **resolved** to **note** the report.

TIG/14/022 –TWIG Representative at the Trust Quality & Standards Committee

1. The Group was asked to nominate a volunteer to be the representative at the Trust Quality and Standards Committee which meets every two months. TA was nominated by the Group.
2. TG suggested that this nomination would ensure Trust Wide Involvement Group representation and help to enhance input to the Trust Wide Involvement Group.
3. It was raised whether this nominated position will be up for revision in future meetings. TG confirmed that this will be the case.
4. The group **resolved** to **endorse** the nomination.

TIG/14/023 – Minutes of Groups:

1. Carers Forum
2. Service Users Group
3. Healthwatch

1. The Group the minutes from the Healthwatch, Service User and Carers' Forum groups.
2. Emma Roberts indicated that, the Carers' Forum had proposed a recommendation to the Senior Management Team in relation to time off for carers' champions.
3. The group **resolved to note** the minutes.

TIG/14/024 – Questions from members of the Public in the Gallery (verbal)

1. The Group invited points and questions from members of the public who had attended the meeting.
2. JM suggested that the format of the meeting made it difficult to know when it was appropriate for public members to speak and whether they could become more involved at an earlier stage. Tony Gallagher suggested that at future meetings public members could raise points at earlier in the meeting as and when appropriate.

TIG/14/025 – Issues to raise to the Board via the Chair

1. No Issues were noted.

TIG/14/026 – Any Other Business and Meeting Evaluation

1. FP also raised a position opening on the Research and Development Committee and asked that anyone interested in the position should contact him.
 - Overall, the Group felt that their opinion was heard and the Group was well chaired.