

## Minutes of a Meeting of the AWP Trust-wide Involvement Group

Held on 3 December 2014 at 10.00 a.m. in the Maple Room, Jenner House, Chippenham

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Daniel Thornton – Service User Involvement Worker, Bristol Specialised Service
Trisha Long – Carer Representative	
John Mascall – Service User Representative	Lee Rawlings – Involvement Coordinator, BANES
Sally Luxton – Carer Representative	Luisa Suarez – Involvement Coordinator, Secure Services
Mark Earl – Service User Representative	Teresa Bridges – Involvement Coordinator, Wiltshire
Frank Palma – Service User Representative	Penny Stanbury – Involvement Coordinator, Specialised Services
Anthony Aulcott – Service User Group Chair	Stephen Budd – Involvement Coordinator, North Somerset
Rebecca Aspinall – Involvement Coordinator, South Gloucestershire	
Roger Tippings – Healthwatch Representative	

### Staff In attendance

Julie Benfell – Head of Compliance	Lu Duhig – Lead for Service Improvement, Carers
Jack Bancroft – Foundation Trust Membership Administrator	Hannah Dennis, Deputy Company Secretary

### Members of the Public in attendance in the gallery

Frank Palma (FP) - Public Member

### TIG/14/026 – Trust Update from the Chair

1. The Chair reflected on the Trust's recent inspection by the Care Quality Commission (CQC), led by the Chief Inspector of Hospitals. The report from the inspection is available in the public domain. The review had concluded that Trust staff were 'caring', 'compassionate' and 'gave good care'. Inspectors had awarded several Beacons of Excellence to the Trust, including the prison service and its associated teams.
2. Four warning notices have been issued to the Trust as a result of the inspection, following concerns over its handling of medicine management and ligatures within the inpatient environment. The Chair updated that the Trust had spent several months working in conjunction with the CQC, in order to understand the issues and improve the relevant wards and processes.
3. The Chair and Iain Tulley, the Chief Executive, had met with the Chief Inspector of

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Hospitals, in order to review the Trust's progress and to determine how to lift the warning notices. The warning notices would be lifted subject to a re-inspection of the areas which had been of greatest concern. A re-inspection is likely to occur within the next two months. Further, the Trust would be subject to a full re-inspection within one year.

4. The Chair highlighted the need to lift the warning notices and successfully host a re-inspection. He explained that such steps were necessary in order for the Trust to become a Foundation Trust, and to be included in the merger acquisition.
5. The Trust is commissioned by six Clinical Commissioning Groups (CCGs), the organisations that represented general practitioners in the locality, and two specialist commissioners from the NHS. Every sixth months, the Chair and Iain Tulley meet with the Chair and Chief Executive of each of the organisations, in order to gauge the relative performance of the Trust and to monitor progress. The Chair stated that, in the last month, he and Iain Tulley had met with the Bristol, South Gloucestershire and Bath and North East Somerset CCGs. All three CCGs had been pleased with the progress the Trust is making in the localities.
6. The Chair and Iain Tulley had attended the Foundation Trust Network's annual meeting, during which presentations had been delivered by NHS England and from three political parties.
7. The Chair updated that he had met with Roger Tippings, to discuss the integration of AWP and Healthwatch.
8. The Trust was entering into its annual and five-year planning cycle. A strategy summit had recently been held to determine the Trust's five-year plan and to discuss the finances and services for the next 12 months.
9. Roger Tippings asked the Chair if the Trust were confident that the issues around medicine management and ligatures had been addressed, and which measures had been taken to address the CQC's concerns. The Chair replied that significant work had been undertaken to address the line of sight and staffing issues. He expressed his confidence that the issues had been addressed. The CQC had identified four major issues: wards, ligatures, doors and medicine management. Pharmacy controls and processes had been developed, in response to the CQC's concerns over staff correctly recording, analysing and protecting drugs. Attempts had been made to minimise risks by removing as many ligature points as possible. The Chair highlighted the importance of staff training in respect of ligatures, and said that emphasis had been placed on training in order to ensure that risk management was in place. In response to the CQC's concerns over doors, a significant number of doors had been removed and replaced. The Chair noted that six suicides had occurred in the last five years due to doors. He emphasised that there was a large risk, and that it was necessary to balance the safety and dignity of patients.
10. Lu Duhig reported that she had visited wards to talk with staff, service users and carers about their experiences. Service users had praised staff for their concern over the door issue, and for having been clear in their communication about the problem.

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### TIG/14/027 – Apologies

1. Apologies were received and accepted from Emma Roberts, Ivor Bermingham and Dick Hilling.

### TIG/14/028 – Minutes of Meeting on 23 October 2014

1. Lee Rawlings noted that she had submitted her apologies for the meeting, which had not been recorded.
2. The minutes were **agreed** as an accurate record.

### TIG/14/029 – Updates from Locality Involvement Coordinators

#### *Specialised Services*

1. Penny Stanbury gave an update on Specialised Services. The Recovery Festival had been a success amongst carers, service users and staff. Board members who had attended the event described it as 'very powerful' and 'very dynamic'. The festival had comprised of: service users and carers talking about their recovery journey; a talk delivered by Mark Gilman, from Public Health England; a pantomime organised by service users, and poetry and singing by carers. Third sector organisations had been involved in the event, and a bus had been donated by Bristol Sightseeing Services. The company had driven to remote areas of Bristol to collect service users and carers who were unable to access public transport.
2. Penny Stanbury further updated that links had maintained with prison services. A new prison services agenda had been developed, which called for more service user involvement and more recovery staff. The changes had been rolled out in HMP Bristol and HMP Leyhill, in conjunction with the National Offender Management Service. NOMS supplied specialised accredited level-3 training, and Special Services provided specialised workers, such as psychiatrists.
3. Drugs and Alcohol Services had been rolled out in South Gloucestershire. Commissioners in South Gloucestershire had requested a 'Mind the Gap' service. Prisoners who had been released from prison were at a significantly higher risk of overdose, and were often unsupported. 'Mind the Gap' aimed to provide cohort and peer mentors to meet prisoners upon their release, and to support them by accompanying them to appointments, etc.
4. Following a failed attempt to establish a carer's group for veterans in early 2014, Penny Stanbury had partnered with The British Legion, as well as a carer, to create a new support group for veterans. The group was based in Bristol and had the support of The British Legion.
5. Penny Stanbury updated that the Special Services group had recently won a contract for HMP Eastwood Park to provide a personality disorder ward within the prison.
6. Penny Stanbury had worked with Lee Rawlings and Rebecca Aspinall to train two cohorts of service users and carers to sit on the group's recruitment panels.
7. Penny Stanbury shared recovery books with those present, which had been made by service users and some staff within the group. The books were intended for use by service users on units, at home and in prisons.

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- Penny Stanbury outlined the group's goals for 2015; service user groups would be created in conjunction with the Autism Service and Pathfinders, and another Recovery Festival would be hosted. The group intended to continue to work with service users and carers.

### *Bath and North East Somerset (BANES)*

- Lee Rawlings updated on involvement activity in BANES. She explained that, during induction days, new staff were asked whether or not they had had a service user or carer on their interview panel. Initial responses had been, almost exclusively, that neither service users nor carers had sat on interview panels. Group staff had worked to improve the statistics, and had provided recruitment training. Lee Rawlings estimated that at least 40 staff within BANES and South Gloucestershire were trained to sit on interview panels. Staff from the second induction day had reported four service users and carers having sat on interview panels. The figure had since continued to rise, and recruitment training had been a focus throughout 2014.
- The Family, Friends and Carers Charter had been launched Trust-wide in AWP. The BaNES Carers Support Group put a lot of work into the charter, and their concern now is to ensure that it is implemented and well-advertised.
- The summer festival had taken place at Green Park Station in July 2014, with over 40 stalls, 500 attendees and an hour of radio coverage. Running costs had been met with money received from AWP Charitable Funds. It was hoped to enlarge the festival in 2015, potentially working in conjunction with Bath Fringe Festivals.
- The annual Trust event at the Bath Royal Literary and Scientific Institution had a good turnout. A former service user, who had suffered from psychotic illness and completed a comedy degree after her recovery, had performed a sketch, which had had a positive reception.
- Lee Rawlings stated that a service user had hoped to attend to present on Fresh Art but had been unable due to interview panel commitments. A revolving-door patient for some time, he had commented on the ageing hospital artwork and asked whether it could be improved. This has resulted in a project to have 60 pieces of art by service users, carers and staff being installed at Hillview Lodge.
- A conference on confidentiality was being organised for early 2015, in conjunction with 'Keep Safe, Keep Sane'. Lee Rawlings presented a book of poetry by a service user that had recently been published.
- Roger Tippings detailed that a project coordinator in the BANES area had met with a number of carers of service users in recovery, collecting many valuable contributions about the service. Lee Rawlings noted that certain issues that had arisen were already being reviewed.

### *North Somerset*

- Stephen Budd updated on North Somerset. He outlined that the Long Fox volunteer training and induction programme had been initiated, with four volunteers signed up, including three services users. This would be rolled out to UWE, to attract psychology graduate volunteers. The programme also had two later-life units.

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17. Stephen Budd had met with the South West Veterans to develop an outline for the Brews and Wets group.
  18. The joint voluntary agreement had been signed by Healthwatch in North Somerset, which would result in closer working and shared clients.
  19. North Somerset Recovery College had secured administration support from the Carlton Centre, and a programme of recovery-based courses would start running in the New Year.
  20. Four services users would accompany Stephen Budd to the 16 December open meeting on the Finnish approach to open dialogue. Stephen Budd would ask the Head of Psychology for North Somerset to make a public statement of North Somerset's position on open dialogue in the light of South Gloucestershire's pilot project; he foresaw opposition on the basis of budget, but would continue to challenge this.
  21. Stephen Budd was attending regular estates meetings on the Juniper refurbishment project. It was proposed to spend £800,000 to £1 million to satisfy CQC requirements. A 25ft fence had been installed in the garden, following two suicides involving trees. Stephen Budd had requested at least £10,000 be allocated to internal art and decoration. The Juniper environmental working group and Facebook page would be established in the new year.
  22. Stephen Budd noted that he had not received a clear answer on remuneration for volunteers attending the open dialogue meeting; including travel time and breaks, according to the rulebook, this could generate £160 of involvee costs. He had been informed that North Somerset had no budget for involvee work; he suggested that £10, a cup of tea and a sandwich was reasonable. The Chair assured Stephen Budd that he would receive an answer.
- South Gloucestershire*
23. Rebecca Aspinall updated on South Gloucestershire. When she had joined her post 18 months previously, they had had four involvees who had undergone limited induction; now their 37 involvees had been fully inducted and participated in interview training.
  24. Given the locality's ageing population, work had been done with the later life team to create an advanced care plan document.
  25. Focus had been placed on creating a strong community care forum, which was now merged with the local authority's own. The locality had struggled to increase friends and family numbers, but had now surpassed 15%.
  26. A monthly community coffee and cake morning was held at Wittucks Road for service users. Service users had been engaged through being invited to attend and produce some art; their work had been developed into a calendar. This was a very positive development given recent difficulties.
  27. At the beginning of the year, a short film had been made to present the benefits of involvement to service users.
  28. A 12-week course with an art psychotherapist would shortly commence for service users and carers to create art. Rebecca Aspinall was involved in the open

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dialogue project and increasing joint work with Bristol on peer mentoring projects. An involvee was due to present a bid to *Dragons' Den* for peer mentoring on Oakwood Ward.

### Wiltshire

29. Teresa Bridges updated on Wiltshire. She noted that increasing staff buy-in was a key issue. Service users and carers regularly participated in interview and discussion panels. She stated they had a policy to retain information on unsuccessful candidates who might be suitable for other roles.
30. A garden-cleaning project was ongoing at Beechlydene, which provided a link with Wiltshire Wildlife Trust. It was hoped that peer mentoring would become part of the core role for all involvement coordinators. PLACE inspections were ongoing, involving patients who were still in wards.
31. There were several regular trust-wide and local meetings to be attended. Teresa Bridges maintained good, open dialogue with Healthwatch Wiltshire. Two carers and three service users had attended the annual Trust-wide Research and Development Event. Work was underway on revamping the induction pack at Beechlydene as a pilot, with a view to implementing it Trust-wide.
32. Teresa Bridges noted that she was involved in extensive strategic work, where she provided people with a link to AWP. The Trowbridge Brews and Wets veterans group had been running for a year, with strong take-up.
33. Teresa Bridges represented mental health users on the Chippenham Community Campus board and worked with Trowbridge Council on their mental health and wellbeing draft strategy. A play dealing with mental health issues was in development with Wiltshire Council.
34. A carer had been employed for eight hours a week to support Teresa Bridges in growing carer involvement.
35. A wellbeing festival was proposed for 2016.
36. The Chair thanked all the Involvement Coordinators for their updates.

### TIG/14/30 – Discussion of Trust-wide Plans for Reducing the Risk of Suicide

1. Alan Metherall attended the meeting to present the Trust's plans for reducing the risk of suicide.
2. Given the low figures, it was difficult to perform a statistical analysis at a delivery unit or trust level. Between 2008 and 2012, 23,715 suicides had occurred nationally. The most prevalent method remained hanging. From 2002 to 2012 there had been only a slight reduction both in the overall number and among those in contact with health services. Alan Metherall reported a significant fall in inpatient suicides but a rise amongst patients absent from the ward.
3. On an eight-year average, 46 service users committed suicide annually within the Trust. Doors were a prominent ligature point for hangings. He noted that Trust statistics were in line nationally, but one death was still too many. The National Confidential Inquiry into Suicide and Homicide had identified two areas in which the Trust was one point higher than the national average: patients committing

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suicide having had a history of deliberate self-harm or having had contact with mental health services within a week before death.

4. Turning to inpatient care practice, Alan Metherall stated that there was no research to prove hourly observations at night were effective in preventing harm; however, no one would consider not performing them. There was somewhat more evidence that levels of staffing had an impact on incident rates; familiar, intuitive and inquisitive nursing staff were the biggest preventative factor.
5. Research showing the importance of safe wards was being taken forward, including use of medication and staff training in environmental risk assessments. It was essential that preventative, for instance anti-ligature, measures be risk-based and balanced against potential detriment to service users. This needed to be supported by individualised risk assessments and care plans, and strong engagement with service users.
6. There was a commissioner responsibility to lead on the Crisis Care Concordat in bringing all agencies together to address much earlier the needs of people in crisis. The guidance had been broadened from patients with severe and enduring mental illness to all those in crisis.
7. Alan Metherall highlighted the importance of the consensus statement on sharing information and suicide prevention and emphasised that confidentiality was no justification not to listen to carers.
8. Alan Metherall outlined the range of primary-care-facing services. Colleagues had won an award for the imitative on self-harm registers. A range of interventions, including CBT, was provided by staff across all professions. Domestic staff and student nurses were the most trusted by service users and had valuable insight into their wellbeing; it was vital they had confidence to raise issues with clinical staff.
9. From January 2015, risk training would be split between inpatient and clinical staff, to focus on the most prevalent scenarios for each group.
10. The suicide prevention group had a role in reviewing published evidence, developing a work-plan for taking improvements forward, undertaking audits, sharing learning and clinical oversight of anti-ligature work. The national suicide-prevention toolkit needed to be implemented more consistently.
11. Four door-top alarms were being installed; extensive work was required to embed them into the environment. They would become standard in high-risk services.
12. CQC had judged the Trust's ability to spread good practice and learn from untoward incidents as in need of improvement. Establishing a dedicated patient-safety team, with the skills to undertake root-cause-analysis investigations, would be critical.
13. Resourcing decisions had to be taken as to the balance between primary and secondary care and staffing ratios.
14. The Trust was participating in NHS England's pre-discharge checklist pilot programme. The South West Strategic Clinical Network had set a target of zero suicides by 2018, by reference to a successful pilot in Detroit.

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15. Frank Palmer commented that the Trust's Engagement and Observation Policy did not explain how day-to-day procedures on the ward were undertaken and how NICE guideline 25 was implemented in staff handover. Good work was being undertaken, but they should acknowledge the challenging nature of the 2018 target and define who was expected to achieve what.
16. Frank Palmer highlighted that every ward in Oxford Foundation Trust was seeking AIMS accreditation. Alan Metherall added that Oxford had made significant investment in numbers and high-band skills on the ward; however, similar initiatives in New Zealand had not delivered the results expected. Frank Palmer noted that every Oxford ward also had a modern matron. The Chair observed that Oxford had a lower reference cost than the Trust, so there were lessons to be learned. He referred to zero tolerance as 'the right aspiration'.
17. Mark Earle asked whether Safer Ward work on reducing restraint and isolation could feed into suicide reduction. AM highlighted that the 33 pilot wards had demonstrated a reduction in the number of self-harm incidents and suicide attempts.
18. Daniel Thornton asked whether the increasing disparity between overall suicide rates and those among inpatients suggested it was being pushed out into the community, and how the reduction plans could be coordinated with this. AM responded that anti-ligature work had had a strong correlation with reduction in inpatient deaths. The Crisis Concordat approach, treating prevention at a primary-care level, was the way to address deaths in the community. It was noted that other factors, such as shorter inpatient stays and discharging too early, could have a bearing.
19. John Mascall asked whether hospital visits by church ministers were encouraged. AM replied that they were; the Trust has a number of Chaplains and their support is spiritual, not necessarily faith-based.

### TIG/14/31 – Minutes from Service Users Group

1. Tony Aucott reported that the previous service users group meeting had had a disappointing turnout, due to a clash with another meeting, but there had been a productive question and answer session with Iain Tulley. Julie Musk would attend on 20 January 2015 to provide an update on patient information.
2. The group resolved to **note** the minutes.

### TIG/14/32 – Questions from Members of the Public

1. There were no questions from members of the public.

### TIG/14/33 – Discussion of Issues to be Raised to Board Via Chair

1. Frank Palmer cited concerns from the Bristol community forum regarding the change on payments policy, and suggested the implementation by April 2015 could be flexible. The Chair stated that timeframes to Foundation Trust were not set in stone but they would have a clearer idea by April.
2. Trisha Long emphasised the importance of ensuring actions were followed up on. She expressed concern that she did not receive notification of how her proposals

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had been followed up. The Chair noted that they needed to implement an action log.

3. Rebecca Aspinall stated that involvement coordinators had not been made aware of any changes to payment policy. Lee Rawlings added that she was repeatedly asked why the carers forum were paid and the service users group were not. The Chair responded that a policy had been agreed at a previous meeting and would be circulated. He was happy to revisit the subject.

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