

# **The Glade (PCDU) Involvement Group**

## **Tuesday 4<sup>th</sup> February 2020**

### **Involvement Centre, DMH**

#### **Attendance**

Gordon – volunteer  
Jonathan – Involvement staff  
Alison - Volunteer  
Craig – Clinical Lead, PCDU  
Amanda – volunteer  
Karen – volunteer  
Meirion – volunteer  
Richard – Volunteer  
Rebecca – volunteer  
Ann – Volunteer

**Apologies:** Lyndsy, Glenis, Adan, Rachel Redford, Hannah, Jess, Julie A,

## **Welcome**

Introductions, short description of the work this group has done, and the PIG Group, as well as explanation of PCDU function.

#### **Opening Date**

This is still March. (N.B. since this meeting the opening date has now been put back)

Update: the group has been invited to an opening event on 27 March. The group has been emailed the invitation. (N.B. again this event was cancelled)

#### **Standard Operating Procedure (SOP)**

Craig informed the group that document has been ratified. However, the wording that the PIG Group was working on has not been sent to him. It is possible, as it is a working document for then PCDU to start with what it has and amend whilst the service is open.

#### **Welcome Leaflet**

Della Money, Speech and Language Specialist is checking this document for accessibility.

#### **Meeting Agenda**

The above items were outstanding business from previous meetings. The agenda for this meeting had not been set and so was open. The group pulled together a list of topics they would like to cover:

- The aims of The Glade
- Staffing levels
- An oversight group
- Communications on the new Crisis Pathway

#### **The Aims of The Glade & an oversight group**

The Glade no longer carries the burden of preventing out of area beds, as AMH have reached a point where they are no longer using out of area beds, the exception being for women's PICU beds (PICU: Psychiatric Intensive Care Unit).

The topic of aims came about as if we are clear what the aims of the service is, it is easier to identify whether it is succeeding or failing in meeting those aims.

- As a group we are interested in monitoring the performance of the unit and so considered that these may be the aims to measure it against:  
Still a role to play in reducing inpatient stays
- To reduce waiting times at the Emergency Department (so who is sent from ED, or diverted away from ED in order to attend The Glade?)
- What are the links The Glade will have to other services in the Trust and outside of the Trust, what are the pathways?
- Patient experience and feedback of The Glade
- Review Equality & Diversity of client group in relation to the population The Glade will serve
- Number of return visits
- People leaving with a plan, and feeling like their leaving with a plan
- Environmental audits

The above list was what we considered the group should look at moving forward. The group up to this point and been a function in helping to set up The Glade, when the service is up and running the group agreed that it would move to more of an oversight type group, that asked for assurance around this areas.

It was also suggested that the group expand its remit so that it didn't simply cover The Glade, but all the services along the Crisis Pathway; the Crisis Teams, The Glade, Emergency Department and Mental Health Sanctuaries. In line with this the group agreed to change its name something along the lines of the Involvement Acute Care Pathways Group.

**ACTION:** although not discussed fully at this meeting, it would be useful if some staff (Craig Nelson/Jonathan Wright) could look at AMH governance/management structures and see how this group can feed directly into AMH plans and assurance.

### **Staffing levels**

There was short conversation and some concern about staffing levels and how opening a new service might mean that staff leave from other areas, so perhaps leaving wards short staffed.

Recruitment of staff across the Trust is a real issue and AMH have recently started a recruitment drive, but it is still a problem. Recruitment, retention and sickness are key issues and perhaps something the Involvement Acute Care Pathway Group could add to their agenda if it was useful?

After the discussion it was agreed that it is a problem and concern but that as a group we are currently unable to do anything about this issue. It is being looked at elsewhere in the Trust.

### **Communication**

The changes that have taken place across Crisis services have not been very well communicated to service users and carers. Increase in staff in Crisis Teams in the City, the problem of out of area beds being addressed and The Glade opening are significant changes in the service offer that people have experienced over the past few years.

It would be good to communicate these changes whilst acknowledging the issues that people have had with Crisis services. A 'You said, We did' type approach might be useful.

The tone of the communication needs to be carefully thought through, if it just has the message that things are great, people who have had negative experience will simply switch off.

It would perhaps be useful to use service user networks, and community groups to communicate the changes rather than it coming centrally from the Trust.

**ACTION:** it was agreed that at the next meeting the group would attempt to pull together some text/communication so that we can start to think about the message carefully. We must also be mindful.

**Next meeting:  
Tuesday 31<sup>st</sup> March CANCELLED  
Involvement Centre**

**Next meeting planned 5 May, but subject to change**