# Take Decisions Together

## Reporters

Louise Bannister at Cygnet on 4 December 2014.

## What do you do*?

Current residents are full voting members of most of the meetings where non-confidential decisions about our local service are taken. This includes staff appointment panels, the clinical governance meeting, the head of departments meeting and task and finish groups.

## What is excellent about it?

Our goal is that as far as possible, all local meetings which make decisions that affect the running of the service should be attended by a service user representative.

Service users are regarded as full members of the meetings, and often invited to give their view before staff. For example, in the clinical governance group, the first agenda item at each meeting is feedback, ideally by the service user, drawn from the service user first impressions audit, along with their recommendations for improvement and other requests.

Attendance rotates so that all service users have an opportunity to participate in turn if they wish to volunteer. Service users can contribute agenda items, by both suggesting topics and, where they wish to, introducing the discussion.

These meetings have been running for several years now, so staff expect service users to be present, and the structure of the meeting is designed to accommodate their presence, using more creative and participative approaches. Some parts of each meeting contain confidential aspects, such as untoward incident reporting, so these are discussed in the closed part of the meeting, which service users do not attend.

## Even better next time?

We are discussing how to open additional meetings to service users, including the security meeting and the infection control meeting. We do not currently copy the

minutes of meetings to the service user who attends, so we need to split the meeting in two and share the minutes of the 'open' meeting with service users, while keeping the minutes of the 'closed' meeting confidential.

We have developed a culture in which shared decision-making is the norm, but a service which had a different culture may need some training or team development support to assist them in making the transition from a staff-run to a coproduced approach.

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[*] *NDTi was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.*

*The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:*

- *A series of seminars for key staff and people using services to promote a more personalised and inclusive approach*
- *A shared sense of what excellent services look like, captured in an Excellence Framework document.*
- *Learning exchange visits between members which lead to individual action plans for each service*
- *Excellence stories that capture and share ideas for service improvement.*

*These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.*