

# GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

## CLINICAL GOVERNANCE COMMITTEE

Minutes of the meeting held on Wednesday 2nd November 2005

### Present

Frank Powell (Chair)	Non-Executive Director
Jon Cash	Associate Director, AHPs
Debbie Capon	Specialist Services Manager (for Linda Folley)
David Coombs	Director of Nursing/Deputy Chief Executive
Tommy Flanigan	Care Group Manager, Substance Misuse
Kay Harrison	Director of Human Resources
Melanie Harrison	Clinical Governance Lead, CAMHS
Kathy Holland	Carer Participation Worker
Ryan Lewis	Information Manager
Robert Maxwell	Chair of the Trust
David McGrath	Director of Social Care
Ted Quinn	Care Group Manager, Learning Disabilities
Dr Paul Winterbottom	Medical Director

### In attendance

Sue Coombs	Lead Nurse, Older Peoples Mental Health Services
Nicola Hovey	Clinical Audit Manager
Carrie Marrow	Chair, Research Governance Committee
Sheila Molesworth	PA to the Medical Director
Vikki Tweddle	Deputy Director of Nursing
Birgit Whitman	Research and Development Manager

### 1. Apologies

Lizzie Abderrahim, Gordon Benson, Sandra Betney, Mike Evans, Ian Gregory, Jeff James

### 2. Essence of Care

Vikki Tweddle and Sue Coombs presented an update to the committee on Essence of Care and the progress of implementation across the Trust, including some examples of areas of good practice. Essence of Care had enabled staff to refocus on essentials and produced positive outcomes with closer team working; seeing real practical changes is really motivating. It has also addressed a lot of issues from the Healthcare Commission Clinical Governance Review and provides a good framework for auditing.

At present Essence of Care has been implemented in inpatient settings but will be rolled out to community teams. In response to a question Vikki confirmed that no work has yet been done to work with non-NHS partner organisations to integrate Essence of Care across the whole community setting. David Coombs suggested that there are key challenges in applying all standards across all areas in the Trust but with inpatients moving out in the community this will gradually spread Essence of Care out to partner organisations. Sue Coombs confirmed that information and experience is shared across care groups.

Birgit suggested that there should be a mechanism for feeding back to the Research Group as the work might produce some interesting research topics. Vikki confirmed that Nicola Hovey, Clinical Audit Manager is involved.

The group are beginning to build a library of practice improvement having recently implemented a form for the recording of this.

Frank thanked Vikki and Sue for attending.

### **3. Minutes**

The minutes of the meeting held on 27th July 2005 were approved.

### **4. Matters arising**

#### **4.1 *Internal Review Policy***

There has been a delay in receiving comments from the CNST assessor but Sheila Molesworth to check the progress of the three policies with Gordon Benson.

**Action: Sheila Molesworth/Gordon Benson**

#### **4.2 *Evidence Based Practice***

Jon Cash reported that the Evidence Based Practice group had met a few months ago to discuss the CHAI recommendations of integrating best practice into the business of the Trust. There is the feeling that the group, in its present form, may have served its usefulness and he asked for suggestions.

There are wider discussions in progress on the Trust's structures to produce a more functional and integrated model which would encompass the functions of the evidence based practice group, research and clinical audit.

The Committee acknowledged the very valuable and important work the EBP group had achieved.

#### **4.3 *Prescribing Errors***

David Coombs had discussed this issue with Dr Peter Shaw who was clear that prescribing errors should be reported through the IR1 system. There have been some manpower problems within pharmacy and there are still some questions of the difference between giving advice and highlighting a prescribing error.

#### **4.4 *Retention of Health Records***

Sheila Molesworth to check with Philip Southam as to the progress with this issue.

**Action: Sheila Molesworth/Philip Southam**

#### **4.5 *User and carers attendance at meetings***

Kathy Holland reported that Susan O'Connell is to write a short protocol on the recording of user and carer names in minutes etc. This guidance will be brought to the next Clinical Governance Committee meeting and go to the Chairs of the relevant committees.

#### **4.6 *Named Nurse for Child Protection***

David Coombs reported that an acting Named Nurse for Child Protection is in post and a permanent appointment will be made when the Agenda for Change banding is known and the post can be advertised.

### **5. Research Governance**

Carrie Marrow explained that following the Healthcare Commission Clinical Governance review, the Research Governance Committee have focussed on producing a draft strategy. There was also a brief summary of research activity in the Trust at the end of the paper. One local study had been abandoned due to a multi-centre study on the same subject. One of the multi-centre researchers is to restart their study now teams are up and running. A commercial trial was abandoned due to agreements not being in place quickly enough. The Trust does not have any staff taking the research diploma this year.

Birgit Whitman reported on an exciting year and presented the draft strategy to the committee. The Trust is part of the Gloucestershire R&D Consortium which is well supported by the Gloucestershire Hospitals Trust and Dr Sally Pearson. Now that the research governance system is working, there is more time to concentrate on strategic issues. A Research Assistant, Genevieve Riley is now in post and managed by Gordon Benson. She is there to help but care is taken to identify and prioritise projects to ensure she is not overloaded with work. Results of research are fed back to the Research Consortium as funding for Genevieve's post has to be applied for annually. The R&D Support Unit is there to provide assistance to staff, and advice and training is free.

There is a strong emphasis of service user research incorporated into the strategy; there are a couple of projects which are service user led but more are required. Genevieve manages a database of service users who want to be involved in research.

Birgit explained that Trust involvement in commercial trials is low but there is potential for some real income/profit from these. There has been some work between the accountants in GHFT and GPT on how the budgets and money could be managed. A profit of approximately 28% could be made and made available to the research community. Involvement in commercial trials is also a good training ground for staff.

She felt that research projects should be put on the web and publicised throughout the Trust, perhaps in Partnership Matters.

In response to a question Birgit confirmed that Intellectual Property Rights of a commercial trial belong to the company but if a collaborative agreement is in place then IP is not assigned away from the Trust. The Trust is signed up to the Innovations HUB and they will assess and advise on IP.

It was suggested and agreed that reference should be made in the Strategy to GPT core business and development, the Research Assistant and a separate section relating to service users and carers.

Kathy Holland reported that a paper on the involvement of service users and carers in research is going to the Board. It was suggested that parallel research projects could be run thereby having two different views of the same issues. This would shift the emphasis from involvement to users/carers leading research. This issue to be included in the revised governance structure. There are outstanding issues around payment, training and support and also the implementation of outcomes from research. The Research Governance Committee is looking at supporting researchers through the final process of embedding learning into the work of the Trust.

Responding to a question, Carrie confirmed there is an information pack and flowchart to guide staff through the process of applying for ethical approval. From September 2005 service evaluation projects no longer require ethics approval but the RDSU still advises staff to submit a protocol to the Chair of the Ethics Committee who then confirms by letter that approval is not required. This is helpful when submitting the project for publication.

David asked Carrie to ensure the Research Ethics Committee understands the Trust has a direct relationship with carers as well as with users.

The draft strategy, with amendments and linked to the report on service user and carer involvement, to go to the Trust Board in December.

Frank thanked both Carrie and Birgit for attending the meeting and expressed thanks to Carrie for her continued Chairmanship of the Research Governance Committee.

## **6. Clinical Audit Committee**

Nicola Hovey presented the annual update from the Clinical Audit Committee. The Clinical Audit Department continues as before with 2.5 WTE audit officers linked to care groups.

She highlighted the changes made following the Healthcare Commission Clinical Governance Review; clinical audit now features in the induction programme for new staff and a central database has been developed to record all clinical audit activity within the Trust. Audit activity is increasing each year and information is disseminated across the care groups. The Department continues to work with staff to ensure that the audit cycle is completed. There has been a slight change to the audit programme now that service evaluation audits do not require ethical approval.

The integrating of the audit programme into the business plan to meet the broader needs of the Trust is starting to develop. This has been helped with the audit of NICE guidelines. The importance of initiating audits from top down as well as maintaining staff led local audits was noted.

Ted Quinn noted that clinical audit funding is limited and asked if the PCTs have any money available to audit NICE guidelines. This funding has traditionally been used for therapeutic intervention rather than monitoring purposes.

Frank thanked Nicola for attending.

## **7. Care Group Updates**

### **7.1 Older People Services**

Bob Feirn reported that the theme groups within Older People Services are also struggling with issues and how to apply clinical governance and get the connectivity correct. He also highlighted:

- Sickness and absence rates continue to fall despite the countywide review having a detrimental effect on morale.
- The care group have run some successful in-house training delivered by Bevan Brittan, the Trust's solicitors.
- Two liaison nurses are employed within the Gloucestershire Acute Hospitals, mostly in a training capacity and their work is beginning to gain national recognition.
- Recruitment is still difficult especially for some key posts.
- The care group is still trying very hard to involve users and carers at clinical board meetings etc and continue to work with Kathy Holland on this issue.
- The Board will receive a seminar from the Project Lead as preparation for receiving the final consultation document for Older People Services in December.

### **7.2 Learning Disabilities**

Ted Quinn tabled a corrected report on integrated care pathways which continues to progress well. He highlighted the following issues:

- Revised clinical governance arrangements are in place and working well.
- Essence of care is working far better.
- Vacancy rates continue to be an issue especially with qualified nurses,
- A new Consultant Psychiatrist commenced work on 1st October 2005.
- Advertising of AHP vacancies is restricted as part of the financial recovery plan.
- Sickness and absence rates are improving and there has been a reduction in the use of agency and back staff.
- Residential Care - of the 5 providers invited to tender, two have been shortlisted and

a decision will be made on 23rd November 2005. TUPE notices are being prepared for the staff (approximately 300).

- There have been difficulties in engaging a CAMHS Consultant to work in the Multi-disciplinary Specialist Clinic for Children and Adolescents but joint working with CAMHS continues.
- Delivery of statutory and mandatory training remains an issue.
- The Trust leads for Physiotherapy and Occupational Therapy are to be congratulated having had a paper accepted for the World Congress for Neuro-rehabilitation 2006 in Hong Kong.
- Westridge has now been open for 3 years and the average length of stay has been reduced to 3 months despite one or two lengthy delays.

There was further discussion on the problems associated with the delivery of statutory and mandatory training and the Trust is at risk of non-compliance with Standards for Better Health and CNST. A meeting has already been held to discuss the problems, two of which are the ability to release staff and a high cancellation rate with some courses running at 40% capacity. Training resource is clearly not sufficient to meet the need.

Until recently the data relating to statutory and mandatory training has not been available and therefore compliance was not known, this will now be reviewed quarterly Sue Heafield and Kay Harrison have initiated work on how to deliver training more efficiently. A report will be prepared and taken to the Executive Committee.

It was noted that staffing establishments will need review to cover the increases in holiday entitlement associated with Agenda for Change, sickness and absence and the ability to release staff for statutory and mandatory training. This issue will be referred to the Risk Management Committee.

Seclusion - Frank asked Ted if the average length of an incident could be included in the next update as this would be a useful indicator.

**Action: Ted Quinn**

### 7.3 **Substance Misuse**

Tommy Flanigan presented the update for Substance Misuse highlighting the following:

- There are delays on developments by the Shared Care Monitoring Group.
- The care group have been successful in recruiting staff from outside of the Trust.
- As part of the Effectiveness Strategy the views of carers will become more prominent.
- There was a complaint received concerning Gloucestershire Drug Advisory Service. Some GDAS staff previously recruited as advocates are now required to provide treatment and this is proving difficult - the care group are working with them to help with this.
- Two deaths have been reported of people known to the service but out of treatment at the time. The Drug Related Deaths Group within the Drug and Alcohol Action Team (DAAT) will review these deaths.
- An audit on the analysis of drug clients in treatment for more than one year has produced some excellent results which will be of national interest. Tommy was asked to bring the report to this committee when published.
- Identified good practice includes the development of supplementary nurse prescribing.

**Action: Tommy Flanigan**

### 7.4 **CAMHS**

Melanie Harrison explained she had just returned from maternity leave and apologised

for the report which contained a few errors. However, she highlighted the following issues:

- There will be a review of Essence of Care at the next Clinical Advisory Board in November.
- The Inpatient Care Group having been looking at best practice in other areas such as Crisis and intervention teams.
- Vacancy rates are incorrect - all posts are frozen due to cash crisis.
- The care group held a user and carer forum in September when six users attended - this is a good step forward in engaging users and carers in the work of CAMHS.
- Mel has taken on the role of training co-ordinator and is working with Sue Heafield on the issues.

## 7.5 **WAA**

Debbie Capon presented the WAA update:

- The leads for clinical governance are looking how to strategically develop clinical governance in the care group and how better to co-ordinate research and audit.
- The pilot at Charlton Lane Centre of Occupational Therapy provision at weekends and evenings has finished. There was good feedback from users and staff. Jane Melton and colleagues are looking how to deliver this without an increase in costs. Montpellier Unit is now rostering staff for evenings and weekends.
- A pilot is underway on Kingsholm Ward to integrate NVQ delivery between nursing and OT.
- User and carers continue to be routinely involved across the care group.
- A new International Journal of Psychiatric Intensive Care has been published and Roland Dix is the Editor in Chief. This is a very impressive publication and the care group are looking at how to support and help promote the journal.

## 8. **Any other business**

### 8.1 ***Implementation of NICE guidelines***

The monitoring of NICE guidelines was raised and it was suggested that progress could be included in the care group updates. Any resource implications will need consideration from a Trust wide perspective. The Audit Programme includes a separate section for NICE guidelines audits. The lead for each guideline and progress to date to be reported to the next meeting in February.

**Action: Gordon Benson**

### 8.2 ***Future meetings***

The date of the next meeting has been arranged for February but other future dates have not yet been arranged due to the review of structures which is in progress.

### 8.3 ***Advice for Users Out of Hours***

Robert Maxwell asked what is being done in terms of user access to advice out of hours. David Coombs confirmed that this will be on the agenda for the November Board meeting.

## 9. **Date of next meeting**

9.30 – 12.noon Wednesday 1st February 2006 in the Samuel Hitch Suite, Wotton Lawn