

Gloucestershire Partnership NHS Foundation Trust

**Practice Standards Committee
Minutes of the meeting held on Wednesday 27th June 2007**

Present

Frank Powell	Non-Executive Director (Chair)
Linda Folley	Service Director, WAA and Substance Misuse
Hazel Watson	Director of Nursing, Social Care and Therapies
Dr Paul Winterbottom	Medical Director

In attendance

Angela Burton	Trust Advisor for Art Therapy
Bronwen Carless	Trust Advisor for Speech & Language Therapy
Jon Cash	Head of Psychology
Steve Dawson	Social Care Lead
Trish Larrett	Trust Advisor for Occupational Therapy
Andrew Leitch	Project Accountant
Carrie Marrow	Trust Advisor for Physiotherapy
Saskia Slottje	Senior Information Analyst
Vikki Tweddle	Deputy Director of Nursing
Sheila Molesworth	PA to the Medical Director
Dr Steve Arnott	Associate Medical Director for Medical Education
Tim Coupland	Development Manager, Recovering & Care Co-ordination
Jane Melton	Consultant Occupational Therapist

1. Apologies

Gordon Benson, Jennifer Berry, Ian Gregory, Ryan Lewis, Ted Quinn

2. Minutes

2.1 The minutes of the last meeting held on 23rd May 2007 were accepted as a correct record.

3. Matters arising and action points

3.1 *Terminology used in Clinical Manager*

The revised glossary of terminology used in Clinical Manager was approved.

3.2 *Patient and Public Involvement Forum*

3.2.1 Frank Powell had discussed PPI representation at PSC meetings with Ros Taylor and sent her copies of recent minutes and papers to read. Ros had found the papers interesting but felt that only a few were of direct interest to the PPI Forum.

3.2.2 It had been agreed that the PPI forum will not be represented on the PSC on a regular basis but be invited to send a representative on an ad hoc basis when items of interest were on the agenda. Copies of the agendas and minutes will be sent to Ros as well as further papers on request.

3.2.3 The Carewatch Report which Ros Taylor has seen will be presented to the PSC at the July meeting. Ros or representative will be invited for that item.

3.2 *Action Points*

3.1 The action points were reviewed and updated.

4. Occupational Therapy Care Pathway WAA

- 4.1 Jane Melton presented the Occupational Therapy Care Pathway (Working Age Adults) to the committee for approval.
- 4.2 This pathway is the culmination of work undertaken over a long period of time. Jonathan Hill had worked with Occupational Therapists to define a pathway for WAA to explain what can be expected from the Occupational Therapy service (OT). It has been presented to various groups including the Acute Care Forum.
- 4.3 Vikki Tweddle questioned how the training was to be funded as the Extra Contractual Activity funding is no longer available. Jane confirmed that the interventions listed are relatively cheap and designed in such a way that practitioners should be able to teach themselves. Also, practitioners value and learn well from meeting together and the OT service is fortunate to have good connections with academic colleagues.

Jane further explained that whilst the tools for other care groups would be different the standards should be the same and this pathway has been designed to accommodate the other care groups with additions for specific areas.

It was suggested that the flowchart contain some indication of timescales; how rapidly patients are seen and when the reports would be produced. Standards relating to timescales should be set on a percentage basis to allow for occasions when there are complicating factors. This would enable audit to be undertaken to establish if standards are met and such information could be used to assist with planning services and resource implications.

Bronwen Carless raised a question relating to assessment of communication and interaction skills. She would not want to see this as a detailed assessment of communication. Jane will amend.

Jane informed the committee that work is underway to design and build screens to follow the pathway and enable ease of clinical audit. Jane also wished to acknowledge the work Jonathan Hill had undertaken.

- 4.4 ***Action: Amended OT Care Pathway to be presented to the Practice Standards Committee. Jane Melton***

5. Delegated Roles Procedural Guidance

- 5.1 Tim Coupland was present to update the committee on progress relating to the development of "Delegated Roles" procedures for Band 3 mental health workers and seek ratification of the procedures for implementation in July 2007.
- 5.2 The delegated roles procedure has been developed following the decision by the Executive Team that Band 3 staff would not care co-ordinate. The procedure details a more generic role for Band 3 linked to an appropriate training model and supervision/support. The initial feedback from recovery teams has been very positive and following an introductory period an audit will be undertaken. A staged training model including a training element for Band 2 and 3 staff has been agreed by the Workforce Committee.

A question was raised concerning the distinction between inpatient care and prison support. It is not appropriate for Band 3 staff to work in prison as these are usually complex cases with a number of risk issues. Tim will clarify this in Appendix 1 to ensure the distinction.

It is planned to implement this procedure in the Gloucester and Forest of Dean recovery teams with audit and evaluation in 7/8 months time. Concern was raised at this period of time and that other teams would begin to adopt the procedure. Following discussion it was agreed to reconsider timescales and this would be discussed at the July meeting of WAA Board. It is essential to ensure that training and support are provided to teams as the procedure is rolled out.

Tim confirmed that the delegation of roles and this procedure have been matched to the existing Band 3 job descriptions.

- 5.3 The Committee approved the procedure and the implementation subject to the possible changes to the timescales.

6. Count me in Census

- 6.1 Saskia Slottje explained that the local results of the 2007 ethnic census had been presented to the Diversity Steering Group which had requested that the Practice Standards Committee consider the results to assess what further work is required.

- 6.2 The national census had initially looked at ethnicity but the scope has been widened to include disability and sexual orientation. Nationally it was found that although the majority of the inpatient population are of white origin, the percentage of non-white people detained under the Mental Health Act is proportionally very high. The census takes a snapshot of one day in the year and within Gloucestershire the numbers are very small but nevertheless the same trend is evident.

- 6.3 There was considerable discussion during which the following points were made:

- Linda Folley had discussed these results with Alan Metherall, Matron Manager. The numbers are small and the patients involved well known to the service and it had been questioned if all the patients involved were from Gloucestershire or if out of county patients had been included.
- Carrie suggested that enquiries regarding other research projects in this subject could be made through the regional hub.
- Saskia confirmed that the national survey included learning disability patients but it was only mental health results presented here.
- David Pugh has undertaken research of Section 136 which may provide some information regarding this.
- The white population is more likely to engage with health services earlier in an illness than those from black and ethnic minorities and therefore black and ethnic patients are likely to be really unwell at first contact.
- The existing process already provides some assurance with patients admitted under the Mental Health Act being assessed by three members of staff and medically scrutinised.
- Linda is increasingly worried about the white non-British population, e.g. 10,000 Polish community, and their engagement with health services.

- 6.4 Further work is required on this topic and actions were agreed.

- 6.5 **Action: Ask the Clinical Audit Department to undertake an audit of practice – Gordon Benson.**

- 6.6 **Action: Obtain information from David Pugh's Section 136 research and community caseloads - Saskia Slottje and Miriam Morgan.**

6.7 **Action: Add Count me in Census to Research topics – Carrie Marrow.**

6.8 **Action: Hazel Watson to liaise with her contact at NHS South West.**

7. Clinical Audit Committee Update

7.1 Unfortunately Gordon Benson was not present to present his paper on the challenges faced by the Clinical Audit Committee over the last year, the disbanding of the Clinical Audit Committee and the proposal as to how clinical audit activity can be monitored via the Practice Standards Committee.

7.2 Jane Melton, previously chair of the clinical audit committee, reflected that it had been quite a challenge to get the balance right in the clinical audit work programme. There are national pressures, e.g. NICE as well as recognising the importance of clinical audit generated by staff.

Concern was expressed that too much detail would come to the Practice Standards Committee if the committee were to be directly responsible and it was suggested that a Clinical Audit Reference Group be formed comprising the Assistant Director of Governance, Clinical Audit Manager, NSF/NICE Manager. This would be in line with discussions between Hazel and Paul concerning an increase in capacity around management of clinical governance.

It was also suggested that the Clinical Risk Management Committee be given some more objectives to link into clinical audit.

7.3 The committee agreed to the disbanding of the Clinical Audit Committee and establishment of a Clinical Audit Reference Group which will report to the Practice Standards Committee.

7.4 **Action: Hazel Watson and Paul Winterbottom will present a specific paper to the Trust Board regarding the management of clinical governance.**

8. Clinical Risk Framework and Action Plan

8.1 Vikki Tweddle presented an outline action plan on clinical risk issues which would support the Risk Management Strategy of the Trust.

8.2 The over arching risk framework details some responsibilities relating to committees. Gordon and Vikki had pulled together the themes of work into one draft clinical risk action plan. Vikki emphasised this is not a static document and will require refining and updating at regular intervals; it also relates to the discussions between Hazel and Paul around management of clinical governance.

8.3 It was agreed this is a good starting point and an update will be brought to the committee at the December meeting.

8.4 **Action: Agenda Clinical Risk Framework and Action Plan for December's meeting.**

9. Policies and Procedures

9.1 ***Do not attempt resuscitation policy***

9.1.1 This policy had been updated in line with the county wide policy to reflect the Mental Capacity Act.

9.1.2 Some amendments were suggested which Vikki will take back to the County Wide Resuscitation Committee.

- 9.1.3 Concern was expressed regarding consistency of application of the DNR policy across the health community particularly relating to patients who lack capacity, e.g. patients with learning disabilities, when they are admitted to the acute hospital. This issue will be raised by Hazel Watson at the county wide Directors of Nursing meeting.
- 9.1.4 The amended policy will be brought back to this committee.
- 9.1.5 **Action: Vikki Twedde to amend policy, consult with the county wide Resuscitation Committee and bring policy back to Practice Standards Committee.**
- 9.1.6 **Action: Hazel Watson to discuss application of DNR policy when patients lack capacity, e.g. patients with learning disabilities, with Directors of Nursing.**
- 9.2 **Non-compliance with treatment regimes**
The revised policy was approved.
- 9.3 **Nursing policies and procedures signposting sheet**
The revised policy was approved.

10. Sub-committee minutes

- 10.1 The sub-committee minutes were noted.

11. Medical Education

- 11.1 Steve Arnott, the Assistant Medical Director of Medical Education, was present to outline the key points of his role and objectives and challenges. These include:
- The Postgraduate Medical Education and Training Board (PMETB) is a new government body which has taken over the training of doctors although registration remains with the General Medical Council.
 - The Royal College of Psychiatrists acts as consultant and examiner and the PMETB consult on the training of psychiatrists.
 - The Trust is accountable to the PMETB through the Deanery.
 - The Dean of the Gloucestershire Academy is Peter Fletcher. The Trust's Academy lead is Dr Matthew Warden supported by two Academy Tutors.
 - Training in GPNHSFT has always been of a high standard with good feedback from trainees.
 - A Medical Education Administrator has recently been appointed and a Postgraduate Medical Education centre is to be established at Collingwood House.
 - Steve is responsible for developing mental health training for Year 2 and Dr Karen Williams for Year 1.
 - Dr Kelwyn Williams is the Clinical Tutor and Dr Ed Robson the College Tutor.
 - One challenge was to redesign the core rotation of junior doctors' posts and this has been approved by the Deanery.
 - It is hoped that the new on-call system for junior doctors with more junior doctors covering inpatients and more senior doctors covering community will improve the hospital at night service.
 - The SIFT fund (Service Increment for Teaching) stands at £125,000. This is provided by the University of Bristol through the Academy and is for the training of medical students.

It was questioned if the SIFT money is still for medical staff only but could be available for other professions. Steve was not aware of any plans to extend the use of this fund at present but noted that the Trust is increasingly accountable for how it is spent. Vikki noted that there is a national review of medical and professional education still underway.

- Proper induction for junior doctors to be held on their first day of work in the Trust has been developed.
- The Medical Training Application Service (MTAS) has been extremely difficult and time consuming using approximately 60 days of consultant staff time and 30 days of Steve's time. Further interviews will be held in July when it is hoped all posts will be filled. The new core rotation will not be compromised and on-call cover will be maintained for the inpatient units but there may be some issues for the community rota. The junior doctors take up their new appointments on 1st August 2007.

- 11.2 It was noted that in Gloucestershire it was decided to develop a clinical academy as opposed to a medical academy but this has not yet progressed. The management responsibility rests with the Gloucestershire Hospitals NHS Foundation Trust.

Paul acknowledged the work Steve had achieved in the last 18 months when every cornerstone of medical education and practice has been fundamentally altered.

- 11.3 It was agreed that an annual report on Medical Education will be presented to the committee but any problems could be brought to the committee's attention as required.

12. Date of next meeting

10.00a.m. Wednesday 25th July 2007, Samuel Hitch Suite, Wotton Lawn

These minutes may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

**GLOUCESTERSHIRE PARTNERSHIP NHS FOUNDATION TRUST
PRACTICE STANDARDS COMMITTEE**

Action Points – Updated 27th June 2007

Date of Meeting	Item ref	Action	Lead	Status
20th December 2006	4.4	Vikki Tweddle and Tim Coupland to check all initial assessment documentation used within the Trust, with particular reference to child protection requirements and specialist services.	Vikki Tweddle Tim Coupland	Tim Coupland is following up this issue in relation to PCAT but it is not yet resolved.
	5.6	Undertake an audit of standardised assessment tools to identify those used in the Trust, the patient groups targeted and the professional groups using them.	Gordon Benson	No progress.
31st January 2007	13.1.1	Hazel Watson and Paul Winterbottom to discuss leads for NICE topics.	Hazel Watson Paul Winterbottom	Delayed until NICE Manager appointed – interviews 27th June 2007.
30th April 2007	4.6	Hazel Watson and Paul Winterbottom to discuss Gloucestershire Medicines Management Committee with Executive colleagues of the Hospitals Trust and as part of the contract review.	Hazel Watson Paul Winterbottom	Meeting planned for June cancelled. Further meeting being arranged.
	5.5	Hazel Watson to convene a meeting to discuss the recording of allergy and non-allergy status of patients.	Hazel Watson	Jonathan Hill to include allergy question in care pathways. This will enable audit to identify any problems.
	11.4	Jon Cash to present a paper concerning the use of complementary therapies in the Trust to the Committee at the June meeting.	Jon Cash	Jon had raised issue of indemnity with Sandra Betney – awaiting response.

23rd May 2007	5.5	Colin to revise Direction of Choice policy as agreed, meet with Jonathan Hill to devise a flow chart and submit both to the Practice Standards Committee.	Colin Baker	Colin meeting with Vikki Tweddle and Steve Dawson are to meet Colin Baker to discuss this complex issue. The revised policy will be considered by the Practice Policy Group in the first instance.
	5.6	Care Groups to report back to this committee with implementation plans for the Direction of Choice policy.	Linda Folley Ted Quinn	
27th June 2007	4.4	Amended OT Care Pathway to be presented to the Practice Standards Committee.	Jane Melton	
	6.5	Count me in Census - Ask the Clinical Audit Department to undertake an audit of practice.	Gordon Benson	
	6.6	Count me in Census – Obtain information from David Pugh's Section 136 research and community caseloads.	Saskia Slottje Miriam Morgan	
	6.7	Count me in Census - Add to Research topics.	Carrie Marrow	
	6.8	Count me in Census - Hazel Watson to liaise with her contact at NHS South West.	Hazel Watson	
	7.4	Hazel Watson and Paul Winterbottom will present a specific paper to the Trust Board regarding the management of clinical governance.	Hazel Watson Paul Winterbottom	
	8.4	Agenda Clinical Risk Framework and Action Plan for December's meeting.	Gordon Benson Sheila Molesworth	
	9.1.5	Vikki Tweddle to amend DNR policy, consult with the county wide Resuscitation Committee and bring policy back to Practice Standards Committee.	Vikki Tweddle	

	9.1.6	Hazel Watson to discuss application of DNR policy when patients lack capacity, e.g. patients with learning disabilities, with Directors of Nursing.	Hazel Watson	
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