

## **2gether NHS FOUNDATION TRUST**

### **Practice Standards Committee Minutes of the meeting held on Wednesday 28th May 2008**

#### **Present**

Frank Powell	Non-Executive Director (Chair)
Rennie Fritchie	Chair of the Trust
Dr Paul Winterbottom	Medical Director

#### **In attendance**

Dr Martin Ansell	Associate Medical Director/Clinical Director, Older People's Services
Gordon Benson	Assistant Director of Clinical Governance
Angela Burton	Trust Advisor for Art Therapy
Jon Cash	Head of Psychology
Steve Dawson	Social Care Lead
Dr Chris Fear	Associate Medical Director/Clinical Director, WAA
Debbie Furniss	Service Director, Learning Disabilities
Mel Harrison	CAMHS
Andrew Leitch	Project Accountant
Jenny Livingston	NICE/NSF Manager
Vikki Twedde	Deputy Director of Nursing
Les Trewin	Service Director, WAA
Sheila Molesworth	PA to the Medical Director/Committee Secretary
Dr Kate Blazey	Specialist Registrar (shadowing Medical Director)
Jonathan Hill	Care Pathway Development Manager/ Acting Lead for CPA
Kathy Holmes	Carer Participation Worker
Jackie Webb	Library Services Manager

#### **Introduction**

Frank Powell welcomed Rennie Fritchie as the new Trust Chair and also the new members to the committee. He explained there had been no operational input following the changes made to the committee membership nearly a year ago. However, he was aware of the time constraints involved and requested feedback from the Service Directors and Clinical Directors if they considered this was a good use of their time.

#### **1. Apologies**

Bronwen Carless, Ian Gregory, Tricia Larrett, Carrie Marrow, David McGrath, Ted Quinn, Saskia Slottje, Simon Thompson, Hazel Watson.

#### **2. Minutes**

The minutes of the meeting held on 26th March 2008 were accepted as a true record.

#### **3. Matters Arising and Action Points**

##### **3.1 3.2.1 Assessment tools used in the Trust**

The scoping work has commenced and it is anticipated a report can be brought to the July meeting.

##### **4.4 Risk Register**

Gordon Benson reported that Alan Bourne-Jones had been appointed as Risk Manager on a 6 month secondment alongside his role as CPA auditor. He will be working on the Risk Register which will be presented to the Governance Committee.

### **5.3.3 National Emergency Telephone Number**

Gordon reported that for a technical reason Cable and Wireless cannot provide the National Emergency Telephone number at Wotton Lawn. Potentially we are the only organisation in the country not to be able to provide this on the one site and are in breach of the National Patient Safety Agency guidance. It was agreed this is an estates matter and therefore will be passed to the Estates Manager for further investigation.

- 3.1.1 **Action: Gordon Benson to discuss problem with provision of the National Emergency Telephone number with Adrian Eggleton, Estates Manager.**

### **3.3.1 Register of Complementary Therapy Practitioners**

Gordon Benson is to discuss this with Emma Smith, Human Resources Department. It is hoped to link this with the reminder function on Electronic Staff Record. Vikki cannot launch the policy until this information is finalised. Gordon will complete this before next week. Remove action.

### **5.13 Suicide audit**

Nicola Hovey had drafted an action plan which had been shared with Hazel Watson and Gordon.

Chris Fear raised concerns regarding the audit and the assumption in the report that anyone who is at risk of suicide is not granted leave. He felt that this audit and action plan should be shared with clinicians first prior to being presented to the Practice Standards Committee. It was agreed the report will be presented to the Working Age Adults Management Board in the first instance.

Paul Winterbottom confirmed the audit was for internal use only; the Trust had to report that it had been undertaken but do not publish the results.

- 3.1.2 **Action: The Suicide Audit Report and Action Plan to be presented to the Working Age Adults Management Board.**

### **3.2 Revised Serious Case Review Flowchart**

The revised flowchart was approved subject to the correction of the Trust name throughout the document.

## **PRACTICE DEVELOPMENT**

### **4. Library Services Strategy 2008-2011**

- 4.1 Jackie Webb was in attendance to present the Library Services Strategy which provides a framework for the development of library services within the Trust over the next three years.
- 4.2 The library service is undergoing an accreditation and assessment procedure by the Strategic Health Authority and the three year strategy requires the approval of the Trust Board. The strategy details how the service aligns with national and regional guidelines and organisational objectives. The Medical Education Board, Practice Development Unit, Training Team and Library Users group have all been consulted. Jackie further explained that this document is a very useful tool for the service and a copy of the work plan is displayed on the office wall to enable staff to monitor progress.

The library provides a service to both Together NHS FT and the Gloucestershire PCT with bases at Wotton Lawn, Collingwood House, Stroud General Hospital and The Dilke Hospital. Most work is on-line and there is a library page on the intranet.

- 4.3 There was considerable discussion as to how the library service could be utilised and expanded to provide information to the public, service users and carers and how technology could be used to provide more information to community bases. It was also suggested that, should the Trust Board be working on a particular subject area, the library service could gather and provide the appropriate literature and information.
- 4.4. It was agreed that the strategy should be amended to include reference to working actively with the Trust Board to align the library services to Trust objectives and business plan and working with Human Resources to develop resources for staff, e.g. appraisals, guide to designing business plans etc.
- 4.5 It was agreed that the strategy will be taken to the Executive Team for discussion in the first instance prior to presentation at Trust Board.
- 4.6 **Action: Jackie Webb to amend the Library Strategy.**
- 4.7 **Action: Paul Winterbottom to take the amended Library Strategy to Executive Team for discussion.**

## **5. Practice Development Unit Business Plan**

- 5.1 Gordon Benson presented this new document which aims to provide an overview of the business objectives for the Practice Development Unit (PDU) for the current financial year.

The plan details how the Unit can support the Strategic Service Units (SSU) in delivering quality care. It is the first time this has been made explicit and brought people together into a support network. It has been considered by the Business Development Committee and is part of the Trust's overarching business plan.

It was noted that although responsibility for CPA and Care Pathways is now held by the Director of Operations this area has been included as it supports the delivery of key legislative requirements.

- 5.2 Gordon confirmed that the unit could be considered as both a resource and a driver. If SSUs have key projects to progress then support can be requested. The Unit also has a role in screening issues external to the Trust. The first draft SSU Business Plans had been scrutinised and themes which were present in each SSU identified.

There was discussion as to how the business plan captures operational engagement. For example, Working Age Adults SSU and NICE do not seem linked. Gordon confirmed that Jenny Livingston has struggled to engage with WAA one of the problems being the size of the SSU. Les Trewin reported that the SSU are working to make WAMB the point of contact for all such information to ensure oversight of issues.

The issue of how best to use the resources available within the Practice Development Unit was discussed. It was felt that communication should improve as the staff are now based within the same building. Gordon considered we are likely to receive an increasing number of audits from outside the organisation, e.g. the recent NIMHE audit of schizophrenia. This had appeared to be an enormous task but the Clinical Audit Department had obtained data from the Information Department, informed the

teams who had completed the returns and then collated the data. Jenny Livingston is also analysing the data locally.

Vikki confirmed there are a number of themes which do not fit into the PDU and which she is discussing with Hazel Watson. For example, the line management of CPA and Care Pathways sits with the Director of Operations but the professional support is encompassed within the PDU.

5.3 The PDU Business Plan was approved.

## **6. Clinical Audit Strategy**

6.1 This strategy provides a framework for the development of clinical audit within the Trust over the next three years and updates the committee on this year's work plan.

6.2 Gordon Benson reported that this is the first presentation of this strategy. The appendices provide information on all known audit work (not specifically clinical audit), the NICE guidance audit work plan and the SSU/Audit Department work plan.

6.3 Reference was made to Trust wide audits and other audit streams such as CPA, Child Protection, health records and how these are connected. Gordon noted that there is a document that describes these and other audits that occur routinely which has been omitted. He will ensure this is added as an Appendix.

6.4 Following discussion it was agreed that this strategy does not need to be presented to the Trust Board for approval as this committee has delegated authority. However, the strategy will be considered by each SSU prior to coming back to this committee for final approval.

6.5 **Action: Gordon Benson to include higher level audit document as an appendix and take the strategy to each SSU Board.**

## **CLINICAL AND PROFESSIONAL STANDARDS**

### **7. Policies and Procedures**

7.1 Vikki Twedde presented the policies and procedures for approval.

#### **7.2 Hostage taking**

7.2.1 There are no major changes to this policy which had been reviewed by Alan Metherall. It has been updated to the new Trust format.

7.2.2 The policy was approved.

#### **7.3 Substance Misuse**

7.3.1 This policy has been updated to the new Trust format and aligned to the newly revised Policy on Ordering, Prescribing and Administration of Medicines (POPAM).

7.3.2 The policy was approved.

#### **7.4 Clinical Risk Assessment**

7.4.1 This policy had undergone a major review which had been led by Tim Coupland. A large number of staff and service users and carers had been involved. The previous policy was modelled on Carson's work but research has moved on and this revised policy reflects National Institute for Mental Health in England (NIMHE) guidance.

- 7.4.2 Vikki reported that this policy will need a carefully managed cascade. The draft policy has formed part of the clinical risk training for the past four months but Vikki is aware that currently there are vacancies in the mental health training team. Tim Coupland has been asked to write a briefing on the changes which will go out in the Trust news and to Service Directors and Clinical Directors.
- 7.4.3 It was agreed that Service Directors should be included in section 3.1 Lead Roles.
- 7.4.4. There was discussion concerning the Multi Agency Risk Management & Assessment Process (MARMAP) who are being overwhelmed with referrals, some of which involve only one agency. A key criteria is that more than one agency should be involved. It was suggested that these cases should be referred back to teams. MARMAP are usually involved when teams feel concerned about wider risk whether this is to self or others.
- 7.4.5 The policy was approved subject to the small amendment detailed in 7.4.3 above.
- 7.5 ***Visiting arrangements***
- 7.5.1 This had been updated to the new format. Separate guidelines concerning children will be presented to a future meeting.
- 7.5.2 It was noted that where people lack capacity there could be an issue of deprivation of liberty. It was agreed to add a reference that staff must be mindful of the Mental Capacity Act.
- 7.5.3 With this small addition the policy was approved.
- 7.6 ***Admission of patients from secure settings***
- 7.6.1 The title of this policy has been changed to be less stigmatising and to reflect the change in wards.
- 7.6.2 Following discussion it was agreed that the policy will be referred to the SSUs for further consultation.
- 7.6.3 The policy was not approved.

## **MENTAL HEALTH ACT**

### **8. Implementation of Mental Health Act 2007**

- 8.1 A recent training day had been attended by a number of Non Executive Directors and half of the Mental Health Act Managers.
- 8.2 Fifty doctors will be attending a training session on 19<sup>th</sup> June 2008.
- 8.3 Steve confirmed that training for Approved Social Workers has been purchased to convert them to Approved Mental Health Professional status. Half have already been trained and the remainder of staff will be trained in August. Money has also been set aside to purchase the new Jones Manuals and other resources.

There will be issues around adapting procedures when the code of practice is published. Steve would like to appoint someone to a temporary post to adapt policies and procedures. At a recent meeting of the County Council and Gloucestershire PCT the main concern raised was of deprivation of liberty issues. A Project Officer has now been appointed to lead on implementation of the Mental Health Act 2007.

- 8.4 Vikki reported that Bronwen Williams has been seconded to undertake training for teams. This should deliver the training to a high percentage of staff. Team members who may be away when training is delivered will be able to access the training alongside other teams. Attendance is being carefully recorded. The Practice Policy Group is scoping the policies which require revision.
- 8.5 Steve noted that on 3rd November 2008 all old forms will have to be destroyed and be replaced by the new stationery. This will be quite a difficult task which could take a whole day.
- 8.6 Kathy confirmed that training will be extended to service users and carers when staff training is completed.

## SERVICE EXPERIENCE

### 9. Service Experience Annual Report 2007-2008

- 9.1 This report, in line with the requirements of the Involvement Approach, provides the committee with information about issues raised by service users, carers and others. The report also provides an overview of Patient and Public (PPI) activities within the Trust during the year 2007/08.
- 9.2 **Appendix A – GUIDE & PALS**
- 9.2.1 Rennie Fritchie expressed concern regarding the outcomes of some of the scenarios where “complaint averted” is recorded. She is undertaking some work regarding complaints and would not want to give the impression that the Trust is keen to avert complaints; rather it is keen to understand the issues raised and improve services.
- 9.2.2 A number of issues of the wording used were raised but Kathy reported that PALS is an independent service which provides an effective support to service users. This report is the mechanism to raise issues with the Trust.
- 9.2.3 Rennie will discuss these matters with Mary Dignan from PALS as they are due to meet in the near future.
- 9.3 **Appendix B – Complaints**
- 9.3.1 It was noted the response rate within prescribed timescales had appeared to drop from 60/70% to 26%. Philip Southam will be requested to provide the reasons for this. He will also be asked for caseload adjusted complaints figures.
- 9.3.2 **Action: Philip Southam to provide reasons for the complaints response rate and caseload adjusted complaints figures.**
- 9.4 **Appendix C – Freedom of Information and Data Protection**
- 9.4.1 This is the annual summary of requests received by the Trust.
- 9.5 **Appendix D – Inpatient Discharge Questionnaire Report**
- 9.5.1 There were only two completed questionnaires in the quarter which is the lowest return recorded.
- 9.5.2 The issue of improving the response rate will be taken to the Acute Care Forum for discussion.
- 9.5.3 **Action: Kathy Holmes to ensure the issue of the response rate for Inpatient Discharge Questionnaires is discussed at the Acute Care Forum.**

9.6 **Appendix E – Abbey Ward Pilot Report**

9.6.1 The Carer Involvement Project was to improve the experience of carers when the person they care for was admitted to Abbey Ward. There was not a good response rate from carers but Kathy reported there was good engagement with staff. The recommendations will be taken to the Acute Care Forum.

9.6.2 **Action: Kathy Holmes to ensure the recommendations of the Abbey Ward Pilot Carer Involvement Project are taken to the Acute Care Forum.**

9.7 **Appendix F – Draft Action Plan**

9.7.1 The draft action plan covers the period January–March 2008 and addresses issues raised in the feedback from PALS, Complaints, Carers and Speakout. The themes were identified and grouped together and the resulting draft actions sent out to SSUs for comments and feedback. This had not always been received.

9.7.2 There was considerable discussion regarding the action plan and how SSUs respond to the issues and actions. It was agreed that another column be added to the plan to record the SSUs response and the plan be cascaded via the Director of Operations. This would enable the SSUs to respond prior to the action plan being finalised and presented to this committee.

9.7.3 **Action: Kathy Holmes to amend the draft Service Experience Action Plan and ensure this is cascaded via the Director of Operations to enable the SSUs to respond.**

**10. Service User Results**

10.1 This paper informs the committee that the Mental Survey Results for 2008 have been sent to the Trust by Quality Health who conducted the survey on our behalf. Work is ongoing regarding an action plan.

**11. Ethnicity of Detained Patients**

11.1 The data concerning the detention of black and ethnic minority patients was reported to the Mental Health Act Managers Committee who requested that Practice Standards consider this information.

11.2 The Committee were concerned with the figures and it was agreed that Vikki would take this to the Diversity Steering Group and the Clinical Audit Department will be asked to undertake an audit. It was suggested that the Diversity Group may wish to liaise with Clinical Audit to agree the data collection.

11.3 It was agreed that more information concerning the data was required and Saskia Slottje will be requested to prepare a briefing.

11.4 An update on progress will be presented at the next meeting.

11.5 **Action: Vikki Tweddle to take this data concerning ethnicity of detained patients to the Diversity Group.**

11.6 **Action: Clinical Audit Department to undertake an audit of detained patients.**

11.7 **Action: Saskia Slottje to provide more information regarding the data on the ethnicity of detained patients.**

## PRACTICE DEVELOPMENT

### 12. New Care Programme Approach

- 12.1 Jonathan Hill was in attendance to update the committee on the new Care Programme Approach (CPA).
- 12.2 The existing policy has been in place since 1990 with a revision in 1999. The new CPA, published in March 2008, will become effective in October 2008 and refocuses CPA on people with complex needs. The new approach reduces documentation and duplication with two levels of care; CPA (broadly in line with the current Enhanced level) and those not on CPA. Those patients not on CPA will not have a care co-ordinator but will receive local care arrangements in line with national standards. The approach primarily covers adults of working age but also applies to other care groups.
- 12.3 The challenge will be to create a review process that is very clear to ensure equity across the county and that the decision is defensible and auditable. Concerns have been expressed that we might end in a two tier service but those not on CPA will have a lead professional.
- 12.4 Jonathan reported there are challenges in terms of timescales and a three phase approach is planned. The Trust needs to be concordant from 1st October 2008, therefore the revised policy and procedures will be presented to this committee on 23rd July 2008. Extensive consultation is planned with workshops to test the revisions.
- 12.5 Kathy confirmed that the new non-CPA guidance appears to recognise the need for carer support and that the carer should still be included in the process.

## TRAINING AND ACCREDITATION

No agenda items this month.

## STRATEGIC SERVICE UNITS

No agenda items this month.

## DOCUMENTS FOR INFORMATION

### 13. NICE/Clinical Guidelines

Jenny Livingston reported that no new guidance had been published.

### 14. Subcommittee minutes

#### 14.1 *Clinical Risk Management Committee*

A breach of confidentiality (patient identifiable information) was noted. This will be reported to the Data Protection Officer and an IR1 form completed.

### 15. Any other business

#### 15.1 *Clinical Governance Template*

Gordon Benson presented the proposed new template for SSU clinical governance reporting to this committee.

- 15.1.1 It was considered that the previous template was too prescriptive and duplicated information received by the committee. This new template reflects the eight key themes of the Trust's business plan.

15.1.2 It was agreed that the Learning Disability SSU will pilot this document for the next committee meeting. The AHP section of the contact list within the template will be expanded to detail each allied health profession.

**16. Date of next meeting**

10.00a.m. Wednesday 25th June 2008, 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.**

**2gether NHS FOUNDATION TRUST  
PRACTICE STANDARDS COMMITTEE**

<b>Date of Meeting</b>	<b>Item ref</b>	<b>Action</b>	<b>Lead</b>	<b>Status</b>
<b>26th September 2007</b>	9.2.3	Hazel Watson agreed to follow up the issue of locking of patients' rooms.	Hazel Watson	Hazel reported that Alan Metherall is leading a piece of work regarding this complex issue. It is hoped a report will be ready in June/July 2008.
<b>30th January 2008</b>	3.3.2	Steve Dawson to report back to PSC regarding accommodation issues in Gloucester.	Steve Dawson	This is linked to other accommodation issues on which Hazel Watson is leading.
	3.3.3	Hazel Watson and Andrew Leitch to discuss training budgets for allied health professionals with Sandra Betney.	Hazel Watson Andrew Leitch	Meeting arranged for 11th June 2008.
<b>26th March 2008</b>	5.7.1	Issue invitation to John Chilton to attend a future meeting to update the committee on Co-morbidity/dual diagnosis.	Hazel Watson	Sheila Molesworth to check this with Hazel Watson.
	5.13	Nicola Hovey was asked to liaise with Gordon Benson to draw up an action plan based around the standards and compare these audit results with the serious untoward incident reviews.	Nicola Hovey Gordon Benson	
	5.14	Hazel Watson to discuss with Gordon Benson the issue of liaising with family and carers and the recording of contacts with regard to the post incident review process.	Hazel Watson Gordon Benson	Outstanding.
<b>28th May 2008</b>	3.1.1	Gordon Benson to discuss problem with provision of the National Emergency Telephone number with Adrian Eggleton, Estates Manager.	Gordon Benson	

	3.1.2	The Suicide Audit Report and Action Plan to be presented to the Working Age Adults Management Board.	Gordon Benson Nicola Hovey	
	4.6	Jackie Webb to amend the Library Strategy.	Jackie Webb	
	4.7	Paul Winterbottom to take the amended Library Strategy to Executive Team for discussion.	Paul Winterbottom	
	6.5	Gordon Benson to include higher level audit document as an appendix and take the strategy to each SSU Board.	Gordon Benson	
	9.3.2	Philip Southam to provide reasons for the complaints response rate and caseload adjusted complaints figures.	Philip Southam	
	9.5.3	Kathy Holmes to ensure the issue of the response rate for Inpatient Discharge Questionnaires is discussed at the Acute Care Forum.	Kathy Holmes	
	9.6.2	Kathy Holmes to ensure the recommendations of the Abbey Ward Pilot Carer Involvement Project are taken to the Acute Care Forum.	Kathy Holmes	
	9.7.3	Kathy Holmes to amend the draft Service Experience Action Plan and ensure this is cascaded via the Director of Operations to enable the SSUs to respond.	Kathy Holmes	
	11.5	Vikki Tweddle to take this data concerning ethnicity of detained patients to the Diversity Group.	Vikki Tweddle	
	11.6	Clinical Audit Department to undertake an audit of detained patients.	Nicola Hovey	

	11.7	Saskia Slottje to provide more information regarding the data on the ethnicity of detained patients.	Saskia Slottje	
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