PRESENT:

Raymond Bell  Head of Mental Health, East Glasgow CHCP
Doug Adams   Head of Planning and Performance
Anne-Margaret Black  Head of Mental Health, East Dunbartonshire CHP
Anne Bryce  Planning and Performance Manager
Anne Hawkins (Chair)  Director, MHP
Isla Hyslop  Head of Organisational Development
Trevor Lakey  Health Improvement and Inequalities Manager
Fiona McNeill   Head of Mental Health, Renfrewshire CHP
Frances Paton  Business Intelligence Manager (Partnerships), Information Services
Clive Travers  Head of Mental Health, North Glasgow CHCP
Linda Watt  Medical Director

IN ATTENDANCE:

Deborah Grimshaw  Team Assistant

1. Apologies:

David McCrae, Head of Mental Health, West Glasgow CHCP, Catriona Chambers, Head of HR, Colin McCormack, Head of Mental Health, South East Glasgow CHCP, John Dearden, Acting Head of Administration, MHP.

2. MINUTES

The minutes of the meeting held on 9th September 2008 were approved as a correct record.

3. MATTERS ARISING

SPARRA nomination update not arrived as yet. Clive is to do a presentation Frances to chase up.

Matters Arising – Crisis Services – SPARRA data

Availability of national SPARRA data from ISD to be followed up.

4. ‘Front-End” Performance Report

Report 1 – Mental Health Adult Short Stay/Assessment
Frances Paton presented the report with the following points being noted:

- Transfer between hospitals had been excluded from the report.
- Gaps in the report were visible; this was due to the quality/lack of data available to the point that some areas had to relate to past records in order to produce the report.
- Inverlcyde were excluded from the report as there is currently no Crisis Team in place.
- Unable to report on Outreach as data is not yet available.
- Raymond Bell questioned the number of admissions that are taking place without gaining access thought the Crisis Service.
- Clive spoke about the difficulties and time consumption of data collection and explained the enormity of the task in hand.
- AH expressed concerns regarding the visible rise in re admissions and the need for keeping an eye on this.

AH There is a need to define between the localities and also to have a better understanding of admissions. This can be implemented into the Collaborative Workstreams and reflected within proposed workplans.

Clive Travers spoke about the patient numbers shown in the report and the fact that it appears to be a small number of patients with complex needs that are repeatedly using the service. Short stay patients are not engaging with the service properly therefore which in return results in re admission.

The following requests were made in addition to the information already present:

- LW requested that separate reports be submitted for management purposes in the following disciplines:
  - Adult Acute
  - Older Adults
  - Addictions

AH wanted more information to be made available as to the reasons for patients returning to hospital. Clive Travers suggested that this information may be gathered from Local Bed Management Meetings and fed back to the PAG.

The discussion prompted the following questions:

- Fiona McNeill asked if patient names from the Clyde area are readily available. France Paton confirmed the information is available.
- Raymond Bell questioned the number of secure care discharges and requested that these be confirmed as being correct. He himself will also speak to Martin Montgomery to confirm.
- Fiona McNeill asked if the number of secure care discharges (section 5) excluded Renfrewshire.

Linda Watt spoke about ‘Visioning’ information and explained that Clinical Director’s are requesting information in order to look at date and care programmes.

It was suggested that one of the Clinical Director’s meetings be used as a Development Session to allow the crossover of information with February/March being the tentative dates.
Currently there is no information available from the Inverclyde area. Chase Suzanna McCorry Rice for the information relating to re admissions.

**Performance Reports – Report 1**

**Crisis Referrals** –

Heads of MH to review all admissions to ensure the involvement of crisis teams where appropriate. This work to be co-ordinated by Readmissions Workstream of MH Collaborative.

Report back to January 09 meeting of PAG.

**>4 Hospital Admissions** –

We now have the names behind these figures, for investigation by local Bed Management processes.

Confirm that this is being progressed in Inverclyde, West Glasgow and West Dunbartonshire.

Arrange session with Clinical Directors in March 09 to review and consider the output from Report 1, including case studies.

This session also to include information on Boarders (To involve D Adams, I Hyslop, C Travers, F Paton)

**Low Secure Care Discharges** –

Confirm with Martin Montgomery that there have been zero discharges (as per Report 1).

**Reduction in re-admissions (HEAT Target)** –

To facilitate management action, Section 7 of Report 1 to show adult acute admissions separately.

**Report 2**

Frances Paton presented the report with the following points being noted:

- The Report was tabled by CHPs with a derived match crisis team referral along with post code. This data proved quite challenging as there is a cross over between post codes and areas being treated.
- There is a need for more concise information to be recorded by the Crisis Team on referrals which highlighted the need for Training.
- The PIMs system is also proving very difficult as staff have problems with understanding the system and the quality of data that is input.
- Although the training is quite a long process it was suggested that the PIMs Champion User Groups should be set up again to ensure information is correctly input with the ability to be pulled when necessary.

The following requests were made in addition to the information already present:

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• Doug Adams requested that the report be more defined and updated in time for the next meeting, in order that he call extract data for National purposes.
• LW requested that total admissions for all areas be graphed.

Raymond Bell spoke about the trends in re admission and suggested these be analysed as they seemed to prove interesting.

AH spoke about the effects of direct out of hours referrals being made by GPs and not using the channels of the Crisis Team. Although most referrals by Junior Doctors are made via the Crisis Team there are inevitably going to be cases where this is not possible. It has been noted that these are rare occasions and only used as a last resort.

Doug Adams suggested this be fed back to the Collaborative in order for groups to investigate/report back on.

Clive Travers Expressed concerns regarding admission from other Boards. To date the report only covers Highlands. There was a brief discussion around the subject with the outcome that the matter be taken to the Clinical Director’s meeting.

Action
• All requested information to be provided prior to the next meeting.
• Information to go to Bed management teams to be cleaned up.
• A need to sequence the production of Reports.
• Frances to send reports direct to Doug Adams
• DA and AB to analyse and forward with discussion issues being highlighted.
• Map/schedule to be drawn up.
• Any comments to be reported to FP within ten days.
• DA to take to Partnership committee and CHP Directors.

Linda Watt – with AH in agreement, praised the work carried out by the team and claimed the Report was an excellent piece of information from both a managerial and clinical point of view.

Report 2a – To facilitate management action:
• Merge Glasgow/North Clyde and South Clyde into one report.
• insert a total after the Glasgow CH(C)Ps

b. The production of activity data attributable to CH(C)Ps, has been extremely problematic and challenging. There are significant data quality issues with the data in PIMS.

For the January 09 PAG, a report to be prepared detailing –

• An assessment of the impact that the difficulties in assigning activity and the data quality issues, have had on the validity of the data in Report 2a.
• Recommendations as to what action should be taken to resolve the issues identified.

c. Future Analysis –
It was agreed that Reports 1 and 2 should be validated by the Information Reference Group and then be presented to the Inpatient & Community Bed
Management Group. The Bed Management Group would then be responsible for the identification of any issues arising from the Reports.

In addition, the Reports will be circulated more widely to the Service, and will be analysed for the MHP Committee by way of the “Front-End” Report.

The above reporting routes to be captured in a reporting timetable and reported to the January 09 meeting of PAG.

Report 2b

Frances spoke to the report advising that it had yet to be formerly agreed by Adolescent Psychiatry. CT to check with J Metcalf and Stephen???

The Bed Management report is now automated which will allow for information to be pulled. The data was proving to be quite powerful although there were still a few problems that needed fine tuning.

Performance Reports – Report 2b- CAMHS

a. Report to be circulated to Mark Feinmann, Stephen McLeod and all CH(C)P Directors.

b. Note to be added to state that activity in Report includes Esteem.


Anne Bryce presented the performance spreadsheet and highlighted Psychological Therapies as being one of the highest areas of risk. The data provided by Colin McCormack is not up to date as yet but hopefully after attendance at a meeting planned for w/c 3/11/09 he will be able to feedback back on any outstanding issues.

Responses are 92% complete which shows a big improvement on previous figures.

?????/ see Anne

Development & Performance Plan

a. PAG members considered that the Risk Status of Commitment 11 – CAMHS/Adult Beds should be red. Spreadsheet to be amended.

b. Lead officers for the ICP Heat Target and related Development & Performance items to be clarified.

c. D&P item 1.3 – Medicines Management savings target – monies to be saved to be clarified.

d. D&P Item 18.1 – Governance of purchased services – to be deferred until 2009/10. Spreadsheet to be updated to reflect this.

Anne Bryce commented on the Action Plans both National and Local with the following actions to be taken:
- Completion of staffing template by the end of November 08.
- Outstanding templates to be chased
- Produce and infrastructure paper on the delivering of Benchmarking.
- Clear dates are to be provided for completion of all work

Whilst the importance to deliver on time was raised, members of the group expressed concerns around the size of the job in hand and the timescales provided. The main concern is the need for the work to be carried out by hand due to the information not being available electronically.

Whilst Clive Travers is coordinating the whole project Catriona Chambers has requested information from her staff via empower with John Russell being responsible for the North Clyde area.

Doug Adams is requesting information to be fed back directly to him in order that he can take forward to the National meeting. Clarification and expectations of what can be achieved and difficulties that may arise to be fed back along with any thinking’s the group may have.

The reports have highlighted the issues for all staff to be on SSTS with the help of CHPs advising on the information that can be input.

_Benchmarking Report_

*a. Workforce Information staff to be contacted to ascertain progress made in completing Staffing Template.*

*If Workforce Information are not in a position to complete the Template quickly, and the deadline of 30th November is in jeopardy, Heads of MH to be informed by Friday 31st October that they will need to do this themselves “manually”.*

*b. Any issues/caveats arising re the methodology for completing the staffing template data to be notified to Doug Adams, for him to report back to the MH Benchmarking Implementation Group.*

7. **Workplan Items**

a. **Financial Savings Plan Delivery (D&P 1)**

The Plan is ready to go w/c 03/11/08

AH, FMc and S MRice spoke around the Clyde contingency plans with the following being noted:
- Both Elderly and Continuing Care beds on the Vale site will incur further spend with the option for Adult to stay on site or relocate to Gartnavel.
- Despite which option is taken there will be a need to reshape the nursing workforce
- There has been strong local pressure to keep all services on site.
- Endeavour to stop all ECRs
- Maximise own beds
- Addictions beds – currently funded from ADT Budget
• LD ECR are currently being reviewed on T4 Bed configuration and to be placed in current beds on a transitional move
• Absence management Group is to be set up.
• Clyde LD are currently underspent whilst Glasgow are hugely overspent.

AH met with G Jackson to discuss the need to reduce the number of admission beds which is looking positive at the moment.

b. Integrated Care Pathway (D&P 4)

LW – there is to be a day event to take place with nominees required from all care groups. Blackwood will report back the findings of the event.

c. Clyde Strategy (D&P 8)

Doug Adams gave an update on progress towards the target explaining the need to reduce adult beds, the plans for acute beds and the schedule for capacity options.

d. Suicide Prevention (D&P 14)

Due to timescales, Trevor Lakey gave a brief update on target progression. As we are still waiting for Directors to nominate a lead from Suicide prevention the request is to be resent.

E Target
Currently have 3 days per week admin support

Training Plan
GPs – psychiatrist do not have the correct tools – event coming up.
Training is going well for all other areas including Glasgow City and hopefully will have an up-to-date list of trained personnel by Christmas time.

Suicide is rate is not going down at the moment highlighting the need for us to focus on our involvement.

Choose Life
It has been recognised that there is a need for more funds for Glasgow. Trevor Lakey will update on this once confirmed.

Raymond Bell spoke briefly around suicide and Forensic deaths. The proposal is yet to be seen although Linda Watt did raise concerns regarding the information that was being given.

e. Health Improvement (D&P 15)

To be taken to next meeting.

Health Improvement

As this area was only briefly discussed, this issue to be carried forward to the agenda of the next Meeting in January 09.

Anne Bryce


9. Workplan Review

A.
Anne Bryce presented the workplan schedule with 22 in total. The Group
were happy with the schedule with one exception raised by Lind Watt. Linda expressed concerns with the purchase issue as it doesn’t appear to be heading anywhere. It was decided that this would be taken off the Care Governance Workplan and deferred.

B. Anne Bryce gave an update on the current plan explaining the need for CRAG to be reviewed.

Workplan – 2009/10

*It was agreed that the preparation of the 2009/10 Development & Performance Plan would be the topic of the February 09 development session.*

*In advance of this, a first draft of the Plan would be prepared for the January 09 meeting of the PAG.*