



Care Programme Approach Association
Supporting quality care standards and celebrating diversity

CPAA SOUTH EAST AND LONDON REGION

Minutes of the meeting held at CNWL NHS Foundation Trust HQ
Friday 15th May 2009

Present

Sheila Fayers	Sussex Partnership NHS Trust
John Duguid	CNWL NHS Foundation Trust
Rachel Huck	CNWL NHS Foundation Trust (Item 5 only)

Apologies

Catherine Knights	CNWL NHS Foundation Trust
Les Sharpe	Hampshire Partnerships NHS Trust
Jacqueline Richey	East London NHS Foundation Trust
Jackie Stiles	Kent & Medway NHS and Social Care Partnership Trust
Annette Kidd	Sussex Partnership NHS Trust
Mary Macdonald	Kent County Council

1. Minutes of last meeting

Minutes of the meeting held on 30 January had been circulated. Only John had been present.

2. Matters Arising

No matters arising not covered elsewhere on the agenda.

3. Feedback from CPAA Committee & National Meetings

Sheila reported on recent meetings:

Refocusing CPAA Planning Meeting – 2/3/09

An Exceptional Meeting of the CPAA Committee was held on 2 March. Sheila had not been able to attend, but reported issues discussed had included:

Finances: The organisation was less strong financially than in the past and would have to charge more for the Conference. Members were being urged to try to recruit more and to promote the CPA Handbook.

Objectives: Revised statement agreed – focusing on quality of CPA work

Constitution: Work on revised constitution ongoing.

Renaming: Regions were being asked for views on a new name – options were

- no change
- The Care Planning and Assessment Association (incorporating the Care Programme Approach)

- The Care Programme Approach Association (incorporating Care Planning and Assessment)
- Any other suggestions

Website: A proposal for a three-year contract had been submitted. A survey suggested few members accessed the members' only sections. It was agreed to ask for separate quotes for annual maintenance and or a major overhaul.

National Meeting Frequency: Reduced from five to four.

CPAA Committee Meeting – 28/4/09

Website: A new contract had been agreed for the coming year. A website/journal group would be re-established to oversee the projects

Renaming: Agreed consult on '*The Care Programme Approach Association: supporting quality care standards and celebrating diversity*

CCAWI National Training Materials: CCAWI running a training session for CPAA regional reps on 14/7/09.

ISAT: Concerns at limited take up, ambiguous guidance and technical/printing difficulties

National Audit Tool: Discussion between CPAA Chair and Janet Davies, DH. DH now had no plans to develop an audit tool (as had been suggested in the Refocusing guidance). DH suggesting CPAA submit an outline proposal for commission to develop a tool

Quarterly Meeting – 13/5/09

Targets & Outcome Measures in Wales: Presentation

Suicide and Self-Harm Prevention Plan for Wales: Presentation

The Abuse Question: Agreed to clarify training position and advice that question/s can only be asked by staff with specific training.

Matters Arising from National Meetings

Website: John queried access to minutes and website information generally, observing that even logged on as a member there were frequent 'no permission to access' messages. Sheila confirmed that many minutes were only circulated to Committee members and were either not placed on the website or not easily accessible. She suggested this was an area the website/journal group could look at.

CCAWI Training Materials: John expressed concerns that materials seemed to be aimed at newly qualified staff and might be patronising for others, and there was no BME representation among DVD interviewees. Sheila felt references to supervision seemed prescriptive and it might be more constructive to see this in terms of individual need. CCAWI was also suggesting Trusts approach local HE institutions to have training accredited. Initial enquiries suggested this might cost around £200 per staff member, but HE institutions had raised concerns about how quality of training/learning could be monitored/validated. It was unclear what value accreditation would add.

4. CPA Refocusing Implementation

Updates from Members

Sussex Partnership

Sheila reported the new policy was now in place including positive practice examples. Operating procedures were due to be set out in a separate document, although there had been delays finalising the CAMHS protocol. The Trust was describing 'non-CPA' as 'CPA light'. The Trust was replacing 3 separate databases with a Clinical Information System (CIS) it had commissioned. Plans were to continue using existing CPA forms with minor adjustments. The Medical Director was responsible for leading implementation and it was hoped this would improve co-operation from clinicians. There was a standard format for 'CPA Light' letters but medics were ignoring it, leaving administrative staff to cut and paste information from other documents, leading to concerns that administrators were being required to make some clinical decisions.

CNWL

John reported CNWL had combined three previous CPA policies into a single more streamlined policy setting out core principles/procedures and relationships between CPA and other care frameworks. This was to be supplemented by a series of appendices setting out detailed background information and operational guidance for different service groups. The Trust was in the process of transferring to a new clinical records database and the introduction of new CPA forms would have to be integrated with the implementation of the new database, although roll-out dates had not yet been confirmed. Paper consultation on new forms and pilot projects in three teams were proceeding in the meantime. The new forms structure included a 'Draft Care Plan' helping service users and professionals look at all potential needs areas. The aim was for care plans to be automatically assembled from actions identified on the Draft Care Plan.

5. Regional Project – CPA Audit

(Rachel Huck, Clinical Audit Manager CNWL, attended for this item)

Consideration was given to audit arrangements. The CPAA Committee had asked this region to develop proposals. The Department of Health had indicated there were no current plans to develop a national audit tool, and had suggested the CPAA submit a proposal if they wanted the DH to commission one. The CPAA Chair was trying to clarify what format a proposal should be submitted in.

Several local audit tools were circulated:

- CNWL (29 items)
- Lincolnshire Partnership (missing pages – approx 40 items?)
- Oxfordshire & Bucks (56 items)
- Welsh Region – All-Wales Audit Tool (18 items)
- Sussex Partnership NHS Trust (84 items)
- CPAA National Audit Tool

Discussion at the previous meeting was noted, particularly suggestions that:

- increased database reporting and business intelligence facilities might replace some of the audit focus on establishing existence and frequency of assessments/reviews/etc
- several other reporting tools were looking at aspects of CPA performance
- new audit tools should increase the focus on clinical quality, including service user expectations, carer expectations, staff practice performance and the operation of the CPA framework.
- this implies a matrix to match Indicator domains against CPAA tool areas.
- there should be links to recovery indicators such as HoNOS scales
- supplementary questions should explore reasons for exceptions.
- there should be an action plan format/template for lessons identified/timescales for improvement
- there should be core standardised elements to support comparison between organisations, but there should be flexibility for organisations to customise additional elements for local/specific purposes.
- recommended frequency should depend on the sensitivity of the audit tool and the complexity of the audit process, but organisations should aim for at least annual audit (It was recognised many organisations had previously used a 3 year audit cycle)
- It had been suggested service users should be asked for consent to notes being audited, and that audited files/records should be marked

Questions were raised about the last point. It was suggested this would be hard to manage in practice, might raise complex capacity questions, especially for CAMHS/Older Adults/LD services, and might undermine the principle of randomised audit. It was suggested consent to internal information sharing was normally clarified as part of initial assessments.

It was suggested additional principle points should include:

- Aim for simplicity/avoid duplication with other information collection
- Recommend timing to avoid overlap with other surveys, particularly patient surveys

It was suggested specific points for audit should include:

- Care standards - as specified in Refocusing CPA
- CPA/Non CPA service users – and reasons for allocation
- User/carers involvement (need to clarify how to quantify)
- The 10 Essential Shared Capabilities (need to clarify how to quantify/specify)
- 3 Keys to a Shared Approach assessment issues
- Disagreements recorded
- If/frequency abuse question asked
- Carers organisations recognised?
- Other care standards issues identified in ISAT (needs further consideration)

Agreed:

Await DoH clarification on submitting an audit tool proposal

Consider audit arrangements further at the next meeting

of the audit tool eventually agreed and the complexity of the audit process, but that trusts should aim for at least an annual audit.

Action: Further consideration to be given to audit arrangements at the next meeting

6. Future Meeting Dates: Regional and Quarterly Meetings for 2009/10

Regional Meetings 2009

16th September 2009 CNWL HQ, London 11-1

2nd December 2009 CNWL HQ, London 11-1

January 2010 date / venue to be confirmed

Quarterly Meetings 2009/10

23rd September 2009 Sunderland

20th January 2010 West

21st April 2010 Oxford

14th July 2010 Nottingham

6th October 2010 North/South West

Conference 2009

25th November 2009 Coventry

Conference 2010

To be confirmed