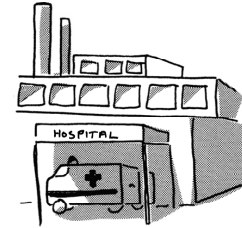


# A2A

## National Access to Acute Network

[www.A2ANetwork.co.uk](http://www.A2ANetwork.co.uk)



**Frenchay Hospital  
Bristol  
16<sup>th</sup> June 2010**

### Minutes

#### Present

Rick Robson  
Carol Forbes  
Beverley Farrar  
Tracy Bartholomew  
Emily Greentree  
Margaret Graham  
Jayne Davies  
Liz Jennings  
Anna Hanafin-Smith  
Jo Shackell  
Vale Cope  
Jo Findlay  
Lesley Russ  
Stephanie Ross

Mary Codling  
Mark Bradley  
Ashley Murphy  
Emma McMullan  
Carrie Warren  
Kate Bamforth  
Marianne Duffy  
Barbara Lewis  
Sam Lovage  
Dorothy Kupara  
Zoe Mclean  
Sam Pearce  
Jackie Rausi  
Laura Burdon

Kate McDermott  
Paulette Blackwood  
Sarah Pope  
Daryl Chapman

#### Apologies

Sarah Lalljee  
S Read  
Liam Kavanagh  
Jeanette Devine  
Jane Knowles

J Ryder  
Bernadette Oakes  
Gail Pritchard  
Allyson Kent  
Michelle Churchard  
Roz Erskine-Gray

Anne Bowdler  
Katie Hopgood  
Catherine Mead  
Karen Breese  
Rachel0462  
Peter Croghan

#### **1. Introductions, welcome & quick updates.**

Rick Robson

- Brief introductions were made and people from far and wide were welcomed to the meeting.
- Due to Rick's retirement Allyson Kent (A2A Regional Lead - Humberside) has agreed to take over as Chair of the group. Please continue to show your support as you have done in the past.
- You have all been instrumental in changing practice significantly in your local area and sharing good practice with your colleagues. Congratulations.

## **2. The Bristol Picture 2010 – 2011. NHS Bristol Agreed CQUIN target .**

Bristol University Hospitals - Jane Merrimead, Kate McDermott

- Jane & Kate talked through their presentation see attached - Appendix 1 – on the local CQINN that has been agreed.
- Lesley added some additional information – see Appendix 1a.

## **3. Update on the Frenchay and Southmead Hospital LD service.**

Emily Greentree & Jackie Rausi

- Emily & Jackie described their role working at Frenchay and Southmead Hospitals and the Action Plan that they have developed using the CQC targets. – see attached Appendix 2

## **4. Confidential Inquiry into Premature Deaths in People with Learning Disabilities.**

(Norah Fry at Bristol University, commissioned by the Department of Health).

**Lesley Russ**

- Lesley outlined the 3 year project which has just commenced in Avon & Gloucestershire in June 2010. – see Appendix 3

## **5. Mortality Reviews carried out at Exeter Hospital.**

Liz Jennings

- Liz took us through the Mortality Review Process which had been instigated at her hospital. – see attached Appendix 4

## **6. Any Other Business:**

### **▪ Leeds Animation Workshop**

- A number of people at the meeting had been sent draft copies of the script as part of the consultation process for the Hospital DVD.
- These scripts will be sent out separately – please send your comments back as soon as possible because the consultation will end very shortly.

### **▪ NNLDN Conference – 19th & 20th July 2010 (York).**

- Thank you to those members who answered the “Call for Abstracts”.
- Congratulations to those who were selected and asked to present at York both as a concurrent and also as a poster.
- The poster award is currently sponsored by Future Homes and is a subscription for 12 months to the Tizzard Review.

### **▪ Carers**

- Please send through any examples of Carers Policies that you may have so that these can be added on the appropriate resources page within the Website.

▪ **KSF**

- If you have any examples of KSF Job Descriptions please send through to Teresa
- Band 6 and Band 7 KSF – see Appendix 6.

▪ **Suggestions for the Network in the future**

- Map of A2A Members
- More sharing of resources
- More communication of good practice
- Peer Review information to be shared (South West)
- Confidential Inquiry info to be shared by people in the Network
- Regional Group with 2 representatives to come to National Meetings
- Connect “Networks” Regionally
- Each Regional Group has a Local Chair
- Review the name of the “Network”
- Consider how to influence local politicians
- Let SHA’s know “WE” exist
- How to link into the DH
- Terms of Reference need to be reviewed.

▪ **Date/region of future meetings**

15.09.10 – West Midland Region - tba

15.12.10 – Yorkshire & Humberside Region – Sheffield, South Yorks. Rose Bolland

▪ **A2A Website** – [www.A2ANetwork.co.uk](http://www.A2ANetwork.co.uk)

- Update

▪ **A2A – Questions:**

**From:** Morton Nance Sandra

**Subject:** Patients

Can anyone help?

I have a question for the members of the A2A group and would be very grateful for any response.

My question is....”How is a Patient’s nutritional status recorded on a pre and post op Ward”?  
Normal practice in my area is that the Health professional (Named Nurse) would write on a white board any special instructions (ie: NBM; Clear fluids; Free fluids; normal diet etc)  
The white board is above the Patient bed.  
This would be changed accordingly.

Is this the same Practice everywhere?

It would really help if I knew what was occurring elsewhere.

This would help me in an area of reflective practice following a critical incident

*Kind Regards*

*Sandie*



Sandra Morton-Nance - Hospital Liaison Nurse Specialist – LD



Broomfield Hospital, 2nd Floor Galbraith House, Chelmsford, Essex, CM1 7ET

## **Replies Received**

**1.**

**From:** Evans Sally

**Sent:** 22 April 2010 13:31

**Subject:** RE: A2A : Can anyone help? - "How is a Patient's nutritional status recorded on a pre and post op Ward"

Hi,

The same happens at the George Eliot Hospital NHS Trust, with instructions such as NBM put on the white board behind the person's bed. There are additional forms usually completed by the SLT's to indicate if thickened fluids, altered texture diet etc are required. This also helps the ward hostesses when assisting patients to complete their menu selection.

Hope this helps,

Kind regards,

Sally

Sally Evans

Acute Liaison Nurse for Learning Disabilities

George Eliot Hospital

Nuneaton

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**2.**

**From:** Rubio-Mayer Daniella

**Sent:** 22 April 2010 12:26

**Subject:**

Hi Sandra,

I have seen the white board here at QMC and at City hospital with it written on about a patient's nutritional status. However for pre op there is a set of notes that contain many forms these include: "essential care record" this highlights a section on eating and drinking, such as "Nil by mouth" and more on the persons support required to eat and drink. "Admission and pre-operative/procedure care plan" this also includes things such as Last food date last drink date.

This is all I know with regards to how it works here, hope this helps if you want any further info you can always call one of us here.

Daniella Rubio-mayer

Acute Learning Disability Liaison Nurse

QMC and City Hospital

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**3.**

**From:** Howieson, Jean

**Sent:** 22 April 2010 11:03

**Subject:** Nutritional Screening Tool

Hi,

Might be of use

The Malnutrition Universal Screening Tool (M.U.S.T.) has been used with the Learning disability service in Lanarkshire for years. The acute services have adopted the MUST tool in recent years. If you speak to some dieticians they will be able to give you a copy. I don't have anything electronic.

Jean Howieson

Acute Liaison Nurse Practitioner

Adult Learning Disability Service

Kirklands Hospital

Bothwell G71 8BB

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**4.**

**From:** Amanda Mckie

**Sent:** 22 April 2010 09:54

**Subject:** RE: A2A : Can anyone help? - "How is a Patient's nutritional status recorded on a pre and post op Ward"

Hello Sandra

In our trust they use the MUST(Malnutrition Universal Screening tool)(P.s this was a requirement of all trusts within our SHA) to record all patients nutritional status on arrival and then weekly. They then refer to the dieticians service if it is required.

We are then in the process of rolling out productive ward, so we have patient status at a glance boards on the wards where it is stated whether they are nil by mouth, diabetic etc.

If they are seen by SALT or dietician and a plan is produced it is wrote on to a orange laminated sheet and put above the patients bed.

Hope that helps.

*Amanda McKie*

Matron Complex Needs Care Coordinator  
Calderdale and Huddersfield NHS Foundation Trust  
Huddersfield Royal Infirmary  
HD3 3EA

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**5.**

**From:** Jennings Liz (Royal Devon and Exeter Foundation Trust)

**Sent:** 22 April 2010 10:37

**Subject:** nutritional status

Hi Sandra we have just introduced a flagging system for the medical notes and bedside drip pole which does include assistance with eating and drinking & Nil by mouth signage. Relevant signs can be attached to bed drip pole as you can see in the picture and wherever the patient/bed goes the signage also goes, this doesn't include all the nutritional status you mentioned but if your hospital was interested I believe these signs can be purchased from the RD&E

Hope this helps

Regards Liz

*Liz Jennings*

Liaison nurse for Adults with a Learning Disability  
RD&E Wonford Hospital Exeter  
EX25DW



**6.**

**From:** Harper Lynette

**Sent:** 22 April 2010 14:04

**Subject:** nutrition

Hi

At Stafford Hospital they write specific diet instructions on the white board above patients bed. They also have a specific A4 sign to say see patients folder for dieticians reports, food / fluid balance charts etc. which is stuck to the persons table to encourage staff to be aware that additional information about the persons needs is available.

Thanks Lynette

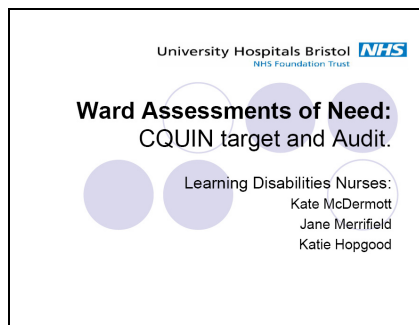
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Originator: Teresa Wylie  
Telephone – 01743 261181  
E-mail: [teresa.wylie@sssft.nhs.uk](mailto:teresa.wylie@sssft.nhs.uk)

## **APPENDIX 1** *(see separate attachment)*

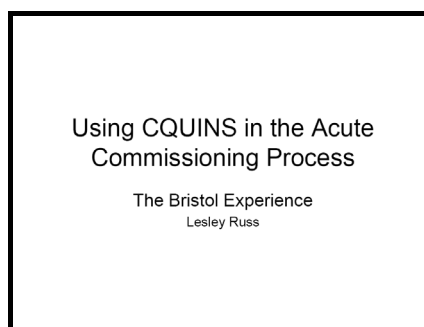
### **“The Bristol Picture 2010 – 2011. NHS Bristol Agreed CQUIN target”**

Bristol University Hospitals - Jane Merrifield, Kate McDermott & Katie Hopwood



## **APPENDIX 1a** *(see separate attachment)*

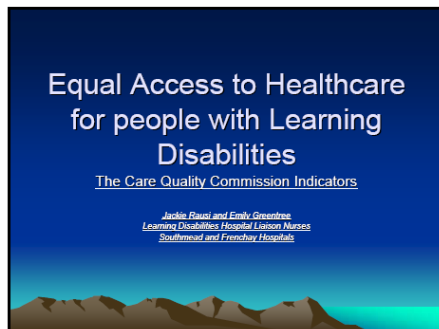
### **“Using CQUINS in the Acute Commissioning Process – The Bristol Experience”** - Lesley Russ



## **APPENDIX 2** *(see separate attachment)*

### **“Equal Access to Healthcare for people with Learning Disabilities”**

Presentation by Emily Greentree & Jackie Rausi



## **APPENDIX 3** *(see separate attachment)*


### **Confidential Inquiry into Premature Deaths in People with Learning Disabilities.** (Norah Fry at Bristol University, commissioned by the Department of Health). - Lesley Russ



# APPENDIX 4 and 4a (see separate attachments)

Mortality Reviews carried out at Exeter Hospital presentation and template.

Liz Jennings



Royal Devon and Exeter NHS Foundation Trust

**Learning Disability Mortality Review Process**

Liz Jennings  
Learning Disability Liaison Nurse  
Royal Devon and Exeter Hospital

Royal Devon and Exeter NHS Foundation Trust

**MORTALITY REVIEW**  
For a Patient with a Learning Disability


Clinical area where death occurred	
Date of death	
Cause of death	<-as on death certificate?>
Subject of Coroner's inquest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident report number (if applicable)	
Patient hospital number	
Reviewer	Liz Jennings, Learning Disabilities Liaison Nurse
Mortality Review date	
Mortality Review reference number	

Checklist

**PLEASE NOTE:**  
If anyone wishes to use this Mortality Review process – please make sure you acknowledge its source and make reference to its development at the Royal Devon and Exeter Foundation NHS Trust.

# APPENDIX 5 (see separate attachment)

Learning Difficulties Liaison Nurse Team At UH Bristol



Bristol Community Health

**Learning Difficulties Liaison Nurse Team At UH Bristol**

Joint commission strategy for people with Dementia

We offer a service to Adults with a Learning Difficulty who are receiving or due to receive hospital treatment, and may need some additional support.

We accept referrals from GPs, Carers, UH Bristol staff.

Any patient that is admitted for 48 hrs or more will have a Learning Difficulty risk/dependency assessment completed in consultation with the patient and carers, in line with our CQUIN targets.

We have very good links with Jane Buswell, Consultant Nurse for older people and regularly do joint working with The Older Adults Psychiatric Team.

We have a patient 'Alerts' system setup, which includes about 150 patients.

We also work very closely with the 3 CLDT's for Bristol.

# APPENDIX 6 (see separate attachment)

Sample KSF Post Outline for Hospital Access Nurse – Band 6

Knowledge & Skills Framework: Post outline – May 2010

Title of Post: Hospital Access Nurse Band 6 Name: \_\_\_\_\_  
Manager: \_\_\_\_\_ Directorate: \_\_\_\_\_

KSF Dimensions	Needed Y/N	Level for Post				Notes
		1	2	3	4	
<b>Core Dimensions</b>						
Communication	Y				X	These are all at 2 <sup>nd</sup> Gateway.
Personal & people development	Y			X		
Health, safety & security	Y			X		
Service development	Y		X			
Quality	Y			X		
Equality, diversity & rights	Y		X			
<b>Specific Dimensions</b>						
<b>Health &amp; Well-being</b>						
HWB - 1						These are all at 2 <sup>nd</sup> Gateway.
HWB - 2					X	
HWB - 3						
HWB - 4						
HWB - 5					X	
HWB - 6				X		
HWB - 7				X		
HWB - 8						

# APPENDIX 7 (see separate attachment)

Sample KSF Development Review Documentation for Hospital Access Nurse – Band 6

**Appraisal & Knowledge Skills Framework (KSF) Development Review Documentation**

**Preparing for your Appraisal & KSF Development Review**

The Appraisal & KSF Development Review aims to discuss the competencies, skills and knowledge you need to have and demonstrate in your post, your training and learning needs in relation to meeting these, and possible career aspirations. It is a chance to look at your role and your work load, to look back on what you have achieved during the year and to agree what you need to achieve in the next year and beyond.

It is recommended that the questions in page 3 of this document are considered prior to your review and used as the basis for discussion in your review meeting. Your reviewer will record a summary of your discussion and agreed actions/objectives for your personal file and future reference and ask you to sign to confirm this. You will also receive a copy for your own record.

Other documents you may need to refer to in order to prepare adequately for the review include the following:

- Appraisal Gateway Policy & Guidelines (Reviewer Guidelines)
- Previous Review documentation & Personal Development Plan
- Job description & KSF Outline
- Evidence of progress & achievement
- Evidence of Clinical Supervision
- Learning records & Reflective journals (reviewee)
- Mandatory training guidelines/records
- Trust Strategy
- Directorate/Service Delivery Plan & Performance Management Action Plan

Use this page as a record of invitation for the employee to attend his/her review. Ensure a completed copy of all documentation is placed on employee's personal file and that the individual receives a copy within 2 weeks of the review taking place.