

NELFT Community Services
Clinical Quality Review Group
3rd September 2014 4-6pm
Phoenix House

Present:	Jane Foster-Taylor (JFT)	(Chair) Executive Nurse, Thurrock CCG
	Lesley Buckland (LB)	Lay Board Member, Thurrock CCG
	Yvonne Anarfi (YA)	Designated Nurse for Safeguarding Children
	Laura Davis	Thurrock CCG Aligned Nurse, Quality & Patient Safety Team
	Stephanie Dawe (SD)	Chief Nurse and Executive Director of Integrated Care (Essex), NELFT
	Brid Johnson (BJ)	Managing Director, Integrated Care Director, Basildon
	Diane Searle (DS)	Director of Nursing, Patient Safety, BTUH Health Economy
	Sandra Milligan (SM)	Senior Contract Manager, CSU
	Alison Garrett (AG)	Associate Director of Nursing Quality & Patient Safety, NELFT
	Sue Cleall (SC)	Quality & Patient Safety Manager
	Sheila O'Mahony (SO)	Head of Infection Prevention & Control, Quality Support Team
	Nikki Livermore (NL)	Quality and Patient Safety Manager, Basildon & Brentwood CCG
	Dr Nimal Raj (NR)	GP Board Member, Thurrock CCG
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG
Apologies:	Lin Teasdale (LT)	Quality and Patient Safety Manager / Serious Incidents
	Michelle Stapleton (MS)	Integrated Care Director, Thurrock
	Linda Smart	Head of Quality & Patient Safety
	Dr L Grewal (LG)	GP Board Member, Thurrock CCG

1.	Welcome, Apologies and Conflict of Interest
	The Chair welcomed the group and introductions were made. Apologies were received as stated above. The Chair asked if there were any conflicts of interest to note and none were raised other than GP interests.
2.	Minutes of the meeting held on 6th August 2014
	The minutes were accepted from 6 th August 2014 as an accurate record.
3.	Action Log (6th August 2014)
	15/ 14 JFT noted that the list of facilities accepting sharps bins had not yet been received from Michelle Stapleton. BJ agreed to follow up the action and share the list. JFT advised that the issue had been addressed as a public health issue with the Thurrock CCG Board and JFT had arranged to meet with Andrea Atherton. Healthwatch had expressed

	<p>concern over issues for diabetic patients when other health management programmes are supplied with needle exchanges etc. A workstream is being completed to assess diabetic patient numbers in Thurrock.</p> <p>34/14 The action was discussed in relation to Russell Vine's concern of a Thurrock practice nurse providing complex wound care for a diabetic foot patient. JFT advised she would review the pathway with William Guy.</p> <p>35/15 DS emailed JFT with a process summary of swab delivery and discussed the issue in relation to responses for flu. This had been signed off. Closed.</p> <p>36/14 Sheila O'Mahony advised that she had now undertaken the IPC Committee pathway workstream. Closed.</p> <p>37/14. NL advised she would review and feedback at the next meeting.</p> <p>38/14 Dr Grewal had suggested reviewing waiting times. BJ noted that the haematology pathway is monitored. Closed to be reviewed in a separate workstream.</p>
4.	<p>Maternity Update</p> <p>JFT announced that Dr Nimal Raj had been appointed as the new Children's and Maternity lead for Thurrock CCG.</p> <p>The Committee were also advised that there was no further update on the Maternity workstream since the previous month.</p>
5.	<p>Children's Services Update</p> <p>The group discussed the transfer process for School Nursing to provide. JFT discussed with Lisa Allen potential safeguarding issues and the complexity of a handover by 1/10/14.</p> <p>BJ updated the Group on the Internal NELFT arrangements for targeted Children's services. Dan Stoten is working with Joanne Guerin to fully understand service offer.</p>
6.	<p>NELFT Performance Reports</p> <p>SD advised the group that two Performance reports would be due in October as there was no NELFT Board meeting held in August 2014.</p> <p>The KPIs were discussed as the Serious Incident percentage had breached for three months in a row. JFT advised that assurance regarding this issue had been sought at the Technical group. BJ explained that there had been issues when the SIs were uploaded to STEIS, and the second occurred when a staff member was off work unexpectedly and there was no cover for this role. This issue was addressed and a process is now in place to ensure full compliance.</p> <p>JFT addressed a breach in capacity at BCH. BJ advised that there was an issue with Basildon Hospital's ability to transfer into the BCH bed space. BJ also noted that the Stroke unit had over performed in the last month regarding discharges. Some general patients are now able to utilise the stroke beds supporting the BTUH resilience plan.</p> <p>BJ advised that an update was not yet prepared for the amber rated VTE assessments.</p> <p>Action: BJ to email JFT regarding VTE admissions to Stroke beds and low numbers on Safety Thermometer report (i.e. overall number of sample size).</p> <p>SM advised that there was an error in the heading of the report being listed as June rather than July.</p>

JFT informed the group that it had been decided in the Technical meeting that Thurrock CCG would be cited on all consecutive amber ratings.

YA discussed the inclusion of Supervision on the dashboard as a mandatory item (and not just training). JFT advised this could be included by James Buschor as the information is currently shared with the CCG by NELFT.

Safeguarding Children

YA raised the current issues discussed at the recent Children's Safeguarding meeting. YA also shared a document on FGM issues and the health care recommendation from the Home Office. It was suggested that Community Providers should follow the nine suggestions that had been shared. BJ advised that there is more being added to training but difficulties have arisen with identifying children at risk. DS advised that the NELFT Safeguarding team would undertake this workstream. YA noted that a draft flowchart was being completed and would be shared.

YA noted that a CQC review has been completed of CCGs in the North. Questions arose around the understanding of staff for subcontracted services. BJ informed that this is listed in the contracting agreements. YA noted the need to know what has been subcontracted and queried if NELFT supply assurance on behalf of subcontracted services. JFT suggested brainstorming at log meetings for providers that support Children's services. It was also suggested that the CCG, NHS E and Public Health create a workstream.

Safeguarding Adults

The group discussed the legal position and risk involved for patients ventilated in their own homes, and whether a Deprivation of liberty should be completed.

STEIS

JFT noted that there had been two extensions signed off this week for current serious incident.

HCAIs

SO advised the group on the C.diff cases within the South West health economy. All partners Thurrock CCG, BBCCG and BTUH have breached but not NELFT.

SO advised that a C.diff Summit and post RCA are undertaken, including an Epidemiologist. The team cannot find a link between patients. The complexities of the affected patients were discussed. Scrutiny has increased for all cases.

Peer review is undertaken for good practice.

Two step testing was discussed. It was noted that Dr Peter Martin would champion the cause / workstream on behalf of Thurrock CCG, as the Medicine Management Clinical lead for South West Essex.

DS queried if there is an agreed formulary across the health economy. JFT advised that Mary Tompkins is involved in establishing a formulary. Again this work stream will be delivered through the Medicine's Management Committee

Therapies Outcomes

95% compliance against KPIs on wheelchairs was noted and commended as positive.

	<p><i>End of Life</i> JFT advised that there is a piece of work for children with complex health needs. Claire Mitchell and Dan Stoten are to be involved on behalf of South West Essex locality.</p> <p>Nutrition is the next government focus. AFC was discussed following recent negative press on food within this service. It was noted that the premises and food contractor are supplied by South Essex Partnership Trust (SEPT). NELFT were already assessing nutrition before it was highlighted as an issue. A patient during the quality visit to AFC had commented regarding the food and was very positive.</p> <p>BJ noted that patients are part of the selection process for nutrition.</p> <p><i>Patient Safety Thermometer</i> The Patient Safety Thermometer was reviewed and NL asked for clarification on the reporting of pressure ulcer data for local information. JFT advised that assurance is received through the Thematic Action plan and Datix.</p> <p>The NELFT Harm Free care workshop report was shared in the meeting papers. There are strategic workstreams across NELFT and PST is to be included in the future. The report shows significant improvements in the four areas identified.</p> <p>JFT addressed the NELFT reports showing Essex pressure ulcers to be worse than London. DS clarified that the Essex results were based on 12 patients and the reports should focus on the number of contacts and not just percentages to provide perspective. JFT requested healing rates be shared.</p>
<p>7.</p>	<p>Patient Experience</p>
	<p>A selection of compliments that NELFT had received in August 2014 was shared in the attached meeting papers.</p> <p>SC noted that the number of satisfaction scores being submitted had dropped in the last few months. These scores are included and reviewed in the Quality and Governance meeting's monthly Patient Experience report. DS and BJ agreed to review why this drop in submissions had occurred.</p> <p>There were no instances of Sleeping Accommodation breaches.</p>
<p>8.</p>	<p>Workforce</p>
	<p>The Unify upload and safer staffing were discussed. JFT added that dialogue should be included for clarification of the submitted numbers, but data on bed capacity is supplied by NELFT.</p> <p>Thurrock CCG need to be cited on the details for each inpatient unit and each ward and it was agreed that this information highlights the positives within the workforce.</p> <p>It was noted that the NELFT staff sickness data was included in the Thematic report.</p>
<p>9.</p>	<p>Assurance Reports</p>
	<p>The RCA Thematic action plan was reviewed and DS advised that the arrows JFT had requested to show monthly progression would be included in the next month's report.</p> <p>The group heard that the Harm Free care figures had seen a positive improvement.</p>

	<p>Variance codes for identifying risks were discussed and BJ advised that services were required to complete a high risk report for the Leadership team if local possibilities had been exhausted. This process may involve a specialist when looking for a second opinion. It was noted that these instances are escalated through Chief Nurses' group to SD.</p> <p>Discussions are taking place for STEIS reports and Duty of Candour. SD advised that this would be in place from the 1st of October 2014 for metrics. AG noted that the degree of harm and instant reporting would have templates adapted for monitoring. JFT confirmed that exception reports would be used.</p> <p>Consistency for all of Essex on Duty of Candour would be raised at the DONs meeting by JFT and SD. AG suggested that coding will be reviewed to ensure that all cases have been correctly coded previously.</p>
10.	Schedule of NELFT reports
	<p>The NICE guidance compliance report and the Technology appraisals compliance document were included in the meeting papers for review and information.</p>
11.	Quality Visits
	<p>Laura Davis presented information gathered from the recent quality visit to the Falls Clinic at Brentwood Community Hospital. A concern was noted regarding the waiting times after referrals were made. There were around 30 referrals per month, with a 14 week delay.</p> <p>LB requested monitoring to record if any patients were going back into the Falls Clinic after the initial fall because of the extended wait time.</p> <p>Essex have commissioned a new falls prevention service and the Thurrock workstream is currently on-going.</p> <p>The group were informed that Anglia Ruskin University had just initiated a working group for Falls Leads to attend.</p> <p>Laura Davis gave a verbal update on the quality visit undertaken at AFC. It was confirmed that the report would be available shortly. Laura Davis noted that the ward had stopped displaying the safety crosses at the entrance and these were now situated behind the nurses' station and more difficult to read. DS advised that information is being moved at the moment because all the available information is due to be arranged into sections.</p> <p>It was observed during the visit that the standard of record keeping was inconsistent.</p> <p>BJ advised that no comments could be shared until the report had been received and reviewed by NELFT.</p> <p>Vacancy concerns at AFC were discussed and BJ advised that NELFT would be going out to national recruitment next week. It was noted that the fixed term locum staff have had long term placements where possible.</p> <p>JFT suggested an unannounced visit will be undertaken, as one has not yet been completed.</p>

<p>12.</p>	<p>NELFT Contracting Arrangement</p> <p>SM shared an updated on the NELFT Contracting Arrangements. It was confirmed that the CQUIN Quarter 1 payments have been agreed.</p> <p>The group noted that Quarter 2 progress will include a supportive informal workstream with NELFT to review.</p>
<p>13.</p>	<p>Exception Reporting to & from Contract Management meeting</p> <p>JFT requested that NELFT report on the inclusion of duty of candour and evidence this workstream as an organisation for the support of this implementation.</p>
<p>14.</p>	<p>CCG Update for Providers</p> <p>JFT advised the group that the CSU services will cease from 30th September 2014. Although staff negotiations are on-going, Children's Commissioning, Mental Health Services, PMO and Medicines Management have all been brought in house for Thurrock CCG.</p> <p>Continuing Health Care (CHC) and Personal Health Budgets (PHB) will be available through Arden CSU. Arden are recruiting for further positions through NHS jobs currently.</p> <p>JFT assured that the changes being made will be updated for the Community teams' information.</p> <p>It was advised that the Thurrock CCG Quarter 1 Assurance meeting held earlier today was quite positive, and she thanked NELFT for the change of time and venue of this meeting.</p> <p>JFT noted that there was a suggestion of 15% staffing efficiencies for NHS E. The new NHS E Area Team structure is due to be released shortly.</p>
<p>AOB</p>	<p>JFT advised that, Thurrock & BBCCG have formally requested after consideration from a quality perspective, that NELFT provide a third designated PA for the designated Doctor function.</p> <p>Discussion was held over the Child Death Review on call arrangements and it was noted by Dr Puvanendran is to continue with the current work stream, until 1/3/2015, when PAH will offer a nurse led service for all 7 Essex CCGs.</p> <p>BJ requested further information be shared for NELFT to follow-up the questions below and for JFT to advise which ICT?</p> <ul style="list-style-type: none"> • What are the waiting times from referral to being seen by physiotherapy service for a patient in their own home? • What are the waiting times for an urgent referral to the community Geriatrician? <p>The Harm Free Care event due to be held on 29th September 2014 was discussed with the key themes and learning from never events across the health economy. Laura Davis advised that she would share the invite with the group.</p> <p>SO raised a query of the Flu process. It was confirmed that the Flu plan that was employed last year would be utilised again. JFT clarified that the process includes the</p>

responsibility for NELFT to swab and undertake the initial response. Essex now want to be involved in the process for 2014/15. SO suggested a push for vaccination. DS confirmed that NELFT have a staff plan in place.

DS advised that there is a new CQC framework and that NELFT are ready for the new inspection.

Dr Raj informed the group regarding the Children's Safeguarding meeting that was recently held and Safeguarding team MDTs had been suggested. These would require involvement from Health Visitors and School Nurses etc. A review would be undertaken to address what cohort of patients are being selected, due to child protection plans. BJ suggested a surgery be selected as a pilot for this. It was also suggested that NR and YA meet with Ruth Blackburn.

Date of the next meeting

1st October 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL