

NELFT Community Services
Clinical Quality Review Group
4th March 2015 12.30pm – 2.30pm
Thames Room, Civic Offices

Present:	Jane Foster-Taylor (JFT)	(Chair) Executive Nurse, Thurrock CCG
	Diane Searle (DS)	Director of Nursing, Patient Safety, BTUH Health Economy
	Michelle Stapleton (MS)	Integrated Care Director, Thurrock
	Brid Johnson (BJ)	Integrated Care Director, Basildon
	Stephen Mayo (SM)	Deputy Chief Nurse, Basildon & Brentwood CCG
	Laura Davis	Quality & Patient Safety Manager, Thurrock CCG
	Lin Teasdale (LT)	Quality & Patient Safety Manager/Serious Incidents, Hosted Quality Team
	Lesley Buckland (LB)	Lay Board Member, Thurrock CCG
	Yvonne Anarfi (YA)	Designated Nurse for Safeguarding Children, Thurrock CCG
	Andrew Wright (AW)	Associate Director Contracting, NEL CSU
	Kay Marwick (KM)	Interim Business Manager, NELFT
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG
Apologies:	Dr L Grewal	GP Board Member, Thurrock CCG
	Nikki Livermore	Quality & Patient Safety Manager, Basildon & Brentwood CCG
	Sue Cleall	Quality & Patient Safety Manager, Hosted Quality Team

1.	Welcome & Apologies
	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 declared, other than those recorded in the Register.
2.	Minutes of the meeting held on 4th February 2015
	The minutes from 4 th February 2015 were reviewed by the group. These minutes were accepted as an accurate record.
3.	Action Log & Annual Workplan
	1/15 - Estates Risk to be added to the NELFT reporting cycle for April 2015. 2/15 – LASER report shared by DS. Closed. 3/15 - DS provided evidence of escalation of national issues with submission of data in

	<p>December 2014 by sharing email and the missing data has been backdated. Closed.</p> <p>4/15 - NELFT have flagged the risk for the Microbiologist vacancy. JFT requested Laura Davis contact Sheila O'Mahony to see if she is aware of any solution. SM to review if there is another way to progress i.e. Southend SLA.</p> <p>5/15 – Paediatric community services and therapies added into the Quality Visit schedule. Closed.</p> <p>6/15 – Infection Control information shared with Sheila O'Mahony who will benchmark the services against IPC code of conduct.</p> <p>7/15 – Data added for March submission. Closed.</p> <p>8/15 – Pressure ulcer workshop with Margaret Berry needed to progress discussions around avoidable / unavoidable pressure ulcers and duty of candour.</p>
4.	Maternity Update
	<p>JFT advised that there was no further maternity update other than the continuing workstream to review system capacity.</p>
5.	Children's Services Update
	<p>JFT advised that the Health Visitor allocation data has not yet been agreed. The proposed split by NHS England between BB and Thurrock CCGs is unlikely to reflect current staff ratio splits with Thurrock potentially having reduced service offer. Yvonne Anarfi to be sighted due to the need for universal service to support children's safeguarding. DS suggested Joanne Guerin be contacted. SM suggested consideration that this risk be added to the Risk Register.</p> <p>Action: Allocation of HVs to be added to Children's CEG agenda by Dan Stoten and Roger Harris to be advised on the issue.</p> <p>JFT asked BJ for clarity over the children's staffing vacancies identified in NELFT's Board papers. BJ advised the vacancies are mainly health visiting and community Paediatrics, but less of a problem in Essex than London.</p>
6.	NELFT Performance Reports
	<p>The group reviewed the performance report. The C.diff breaches were noted for Thurrock CCG not for NELFT as an organisation.</p> <p>It was advised that in the last month there was a lack of data due to national reporting issues. JFT confirmed that the data is now presented by inpatient units for a broader overview of the current position.</p> <p>JFT highlighted that the VTE data reviewed showed 50% compliance for December and 66.7% for January at AFC. DS advised that this information is being reviewed and NELFT are not satisfied that the data is accurate.</p> <p>Action: DS to clarify for all inpatient units.</p> <p>NELFT corporate risks were discussed as a new Medicines Management risk was added to NELFT's Risk Register. JFT requested clarification of the risk specified. BJ confirmed that there is not a particular risk in the South West Essex locality.</p> <p>DS discussed the complexities with interpreting who's duty of candour it is when an SI stems multiple providers. This applies particularly with pressure ulcers. Following a full RCA and report, NELFT may find the pressure ulcer is unavoidable for NELFT but for example may be the responsibility of another provider.</p>

A discussion arose as to whether a duty of candour should be raised if the organisation, in this case NELFT, is not responsible.

Action: JFT to discuss pressure ulcer responsibility and duty of candour in a separate meeting.

BJ shared some of the current risks for South West Essex. This included the community paediatrics waiting list, as there is a meeting later today for job planning and single point of access. Referrals system must be streamlined so they are not so close to the 18 week limit. A second risk was identified with the phased opening of the AFC beds that had been closed due to staffing vacancies. Four have reopened so far (at a rate of two a week) and all four have been filled. The remaining bed openings were delayed as BTUH were unable to locate the equipment i.e. beds, lockers, tables to return to NELFT.

JFT discussed the planned meeting for a site visit by Celia Skinner and suggested it may not be necessary now due to the phased opening of beds.

LB expressed concern that the MSK staff are disgruntled regarding the process. MS confirmed that there is anxiety for staff transferring to a non NHS provider. There is a weekly commination with a new provider and consultation last month. A letter had been sent to patients from the South West Essex MSK service and concern was raised that this sounds like NELFT although there is now a private provider. Connect is the new private provider, which has been introduced at the BBCCG CEG meeting but not yet attended the Thurrock CCG CEG meeting.

Action: MSK private provider to be invited to Time 2 Learn meeting and CEG.

MS described the processes involved internally to review low risk medication errors. The Committee asked for a breakdown by locality / CCG to understand our own organisational risks.

The amber rating for Safeguarding Children training was reviewed in the exception report and it was noted that the compliance has had significant improvement.

Dementia data was reviewed as there was only one for onward referral. JFT queried if all others dementia patients are already known to the services. MS clarified that the data is before diagnosis and GPs are identifying early on.

JFT reviewed the Adult Speech and Language service as there were 313 referrals previously which have reduced to 99 referrals. MS advised it is the first month of the new quarter and the service continues to be on target.

Safeguarding Children

YA commented that the Annual Report for Safeguarding Children was excellent. Comment on SW percentage and KPIs is much higher than most localities – very positive.

The Committee reviewed the clear message to change “DNA” or “missed appointment” language to “child was not brought to appointment”. This was viewed very positively.

It was noted that the FGM pathway was sent to NELFT Safeguarding SW Essex team. DS advised that there is an action plan to be taken forward regarding FGM.

	<p>YA commented on the complex relationship between ACE, Provide and NELFT. There was concern regarding information sharing. JFT advised that Essex and Thurrock are concerned over Children's Provider changes and any potential further changes and this adds complexity to this universal service.</p> <p>Action: LB to ask for clarity regarding Quality Impact Assessments for changes to the Children's Providers were undertaken by Public Health.</p> <p>YA asked for clarification on the Supervision of SEPT's FNP services and if this is part of a multidisciplinary review.</p> <p>Action: BJ to arrange for NELFT to meet with SEPT to clarify supervision issue.</p> <p>Safeguarding Adults The commentary from Andrea Metcalfe on the Adult Safeguarding report is to be shared by JFT.</p> <p>STEIS LT noted that outstanding action plans are starting to come through after monthly meeting discussion. There were no major issues reported for STEIS.</p> <p>HCAI None for NELFT.</p> <p>Wheelchair Services JFT discussed CHC patients and the wheelchair service. A patient out of area is in rehabilitation but services will not go out of area to assess the patient's needs. BJ suggested Dave Horn be contacted for all wheelchair assessment queries. JFT suggested if Thurrock CCG fund new equipment, the responsibility for maintenance must be discussed. MS advised the issue could be addressed with Specialist Commissioning.</p> <p>End of Life Laura Davis updated the Committee regarding a local Nursing Home as there was an issue with a photocopied signature on a DNACPR form. This has subsequently been resolved with the support of NELFT's End of Life team.</p> <p>DS shared a concern with unsigned DNACPR when patients are discharged from BTUH.</p> <p>Action: JFT and SM to raise at Basildon CQRG. DS to discuss with Diane Sakar and share examples that can be shared for systems learning.</p> <p>DS advised the Committee of the NELFT programme that has been put in place to prepare for new CQC inspections.</p>
7.	<p>Patient Experience</p> <p>The recent NELFT compliments were shared for information.</p> <p>The complaints reports were reviewed by JFT separately. JFT requested a strengthening of the complaints shared on the NELFT website as part of the Francis actions.</p>

8.	<p>Workforce</p> <p>The workforce data was reviewed and it was noted that sickness has risen in both Thurrock and BBCCG NELFT teams. DS commented that the flu vaccine was not as effective this year. There had been respiratory issues for staff over December. The sickness levels are to be monitored going forward. However Adult vacancy rates were observed to be falling again BBCCG down to 13.65% and Thurrock to 14.54%.</p> <p>The Supervision Audit data is to be fed back to the relevant teams.</p>
9.	<p>Assurance Reports</p> <p>The RCA Thematic Action plan data was reviewed. DS advised that the Pressure Ulcer group was held last week and NELFT are reviewing the group to attain a more targeted outcome focus.</p> <p>Equipment spend increase were discussed at the group. A further meeting is to be set up to understand the issue of pressure ulcer supplies to all homes with South West Essex.</p>
10.	<p>Schedule of NELFT Reports</p> <p>DS updated the Committee on the Francis actions that had been completed. The last one for action was agreed to change to green in April 2015.</p> <p>YA advised that safeguarding professionals were not invited to Essex Safeguarding Board forum. The Committee suggested that this issue should be added to the risk log for BBCCG. BJ confirmed that action is needed. DS requested details for Chairs of the groups in order to contact them regarding an invite for participation. Thurrock LSCB invites both Thurrock CCG and NELFT.</p> <p>The Clinical audit document was shared for information.</p> <p>DS shared the LASER report and advised that they are six monthly reports.</p> <p>The Equality & Diversity report was reviewed and JFT commended the provision of locality reports. JFT noted that if a disciplinary case happens in the Thurrock area would it be a serious incident. BJ confirmed that these cases would be raised as a serious incident.</p>
11.	<p>Quality Visits</p> <p>Laura Davis shared the quality visit report for AFC and noted the improvement in morale on the last visit. Dr Raja had also attended and queried if SEEDs are given a handover of deteriorating patients on a Friday as it could be beneficial.</p> <p>There were issues with the display of safety cross information. The Committee were advised that staffing cover was greatly improved however the Geriatrician cover was inconstant.</p> <p>The report noted improvement of block booking of agency staff as well as the good in-depth ward round that was observed during this visit.</p>
12.	<p>NELFT Contracting Arrangement</p> <p>AW advised the Committee that nothing was escalated from the Contracting meeting. It was noted that the draft CQUIN guidance was now available, however still did not provide the detail to enable full CQUIN workshop.</p> <p>BJ requested to escalate haematology and the increase in activity. There was also a</p>

	<p>need identified for a second escalation of ADHD due to the list of children with no service.</p> <p>Dan Stoten has added ADHD to both BB and Thurrock CCG risk logs due to the gap in service provision. SM suggested this issue should also be part of the BAF, with a review of VTE data when updated.</p> <p>DS advised the Committee that she had been updated that the data submitted for VTE is incorrect for December 2014 and will be amended next month.</p>
13.	Exception Reporting & Contract Management Meeting
	NELFT are aware of commissioners needs to ensure IT systems allow for system wide inter-operability.
14.	CCG Update for Providers
	JFT advised that Steve Davis had begun to work with both BB and Thurrock CCG in the role of System Sustainability lead.
15.	Escalation to Board Assurance Framework
	None.
	AOB
	<p>JFT advised that the schedule of reports is due to be discussed with NELFT.</p> <p>At the contract performance meeting with St Francis Hospice concerns were raised with NELFT's implementation of a paperless system for District Nursing. Laura Davis advised that there were no medication chart in patients' homes. MS advised that End of Life patients' documentation is paper light. JFT commented that there are other services on the pathway that do not use SystemOne so the MARs chart is needed. MS advised that the process will be reviewed for assurance. This issue was noted as occurring in the Brentwood area only.</p> <p>KM advised on the multiple requests into the team on data. James Buschor should share performance queries through this meeting. JFT advised that after contract negotiation have been completed, the Contract & Technical meeting will be reinstated. SM advised that the process must support the use of the lead CCG for filtering information and requests.</p> <p>Laura Davis discussed the Prosper Charity, London health care and their involvement with the Mundy House project. Prosper are working with pressure ulcer reduction and the interaction / finance involved.</p> <p>MS advised commissioners to be sighted on the changes to sexual health commissioning. Consideration of the interface with Children's Safeguarding, specifically with the Child Sexual Exploitation agenda.</p>
	Date of Next Meeting
	1 st April 2015 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL