

**NELFT Community Services
Clinical Quality Review Group
5th October 2016 12.30pm – 2.00pm
Thames Room, Civic Offices**

Present:	Jane Foster-Taylor (JFT)	(Chair) Chief Nurse, Thurrock CCG
	Lesley Buckland	Lay Board Member, Thurrock CCG
	Helen Farmer (HF)	Children and Young Peoples Commissioner, Thurrock CCG
	Sue Cleall (SC)	Quality and Patient Safety Manager, Thurrock CCG
	Jo Gansbuehler (JG)	Senior Contracts Manager, NELCSU
	Dan Stoten (DStoten)	Senior Commissioning Manager, BBCCG
	Nikki Livermore (NL)	Senior Quality & Patient Safety Manager, BBCCG
	Dianne Searle (DS)	Director of Nursing, Patient Safety, NELFT
	Chloe Steed (CS)	Contract Assistant, NEL CSU
	Brid Johnson (BJ)	Integrated Care Director, Basildon, NELFT
	Kay Markwick	Business Manager, NELFT
	Tania Sitch (TS)	Integrated Care Director, Thurrock, NELFT & Thurrock LA (Dialled in)
Apologies:	Dr L Grewal (LG)	GP Board Member, Thurrock CCG
	Laura Davis (LD)	Lead Nurse, Thurrock CCG
	Linda Smart (LS)	Deputy Chief Nurse, Thurrock CCG

1.	Welcome & Apologies
	JFT welcomed all to the meeting and introductions were made. Apologies were noted as above. There were no conflicts of interest.
2.	Minutes of the Previous Meeting
	The minutes from Wednesday 7 th September 2016 were reviewed by the group and agreed as an accurate record.
3.	Action Log
	Please see updated action log. <u>Nice Guidance</u> DS advised an audit is currently underway to spot check compliance. Once this is completed the findings will be reviewed through NELFTs internal governance and this can then be brought to CQRG. <u>Duty of Candour</u> The reporting is still currently showing one DoC breach. This needs to be amended to show the

three confirmed breaches. KM will liaise with SC to amend this.

BTUH Therapies

DStoten has been in discussions with BTUH regarding the decommissioning of NELFT's paediatric therapies. A conference call was held to seek assurance from BTUH that they had followed due process, the CCGs were not satisfied and have since had another conference call setting actions for BTUH.

This is being escalated through the BTUH CQRG and BTUH contract meetings. It was also noted that the EIAs and QIAs have been completed retrospectively.

Action: DStoten awaiting assurance from BTUH on the process they have followed for the decommissioning of NELFT's paediatric therapy services. DStoten to update at the next meeting.

CIPs

JFT advised there is a meeting tomorrow to discuss the CIPs that NELFT sent. BJ commented that it would be useful to understand what information the CCGs would like for next year. JFT will outline the process expected by the CCG on CIP management.

Action: JFT to send BJ an e-mail outlining the CCGs requirements for CIPS
Action: JG to share any clarification questions following the CIPs review meeting tomorrow.

Next of Kin Leaflet

DS noted that the leaflet was very useful and that NELFT will be adapting and using this.

Hearing Therapy

A letter was sent to NELFT outlining the CCGs intentions for the service. A conference call is being organised to discuss next steps.

BJ commented that there are clinical risks to creating a waiting list and NELFT would need to carry out a clinical harm review on each patient. The issue will remain on the action log for an update at the next meeting.

CQRG Cycle of Business

It was noted that NELFT do not hold a Board Meeting in August so there will be no board papers. JFT suggested there is no August CQRG next year and that a virtual update can be provided. The group agreed to this approach. The CQRG work plan will be amended to reflect this.

4. Maternity Update

DStoten advised the six month follow up to the Better Births review was due in October but will not be available until November. DStoten will share this once it is available.

5. Children's Services Update

DStoten noted that there was significant learning from the Pre Births to 19 review. There have been no further updates from Essex County Council.

HF highlighted that the Family Nurse Partnership is being decommissioned from SEPT in January and HF has raised queries around what the interim arrangements will be. TS attended a meeting to discuss how this will be managed and commented that there should not be any issues.

BJ noted that these are high risk cases where intense support is needed. JFT commented that the CCG would want to see the QIA for this and understand the volume of young mums that will be affected.

LAC Health Assessments – Interpretive Services

JFT queried whether NELFT are aware the LA are reported to have stopped their interpretive services for looked after children's review and initial health assessments. Paula Gregory has highlighted this to JFT. BJ assured that anyone under NELFTs care would receive an interpreter if required.

Sickle Cell

HF noted that the sickle cell service is currently being reviewed with NELFTs assistance. HF will be presenting at the CYP Essex Forum on the options for the service.

HF is also working with Joanne Guerin around the review of the ADHD service following the workshop that took place.

6. NELFT Performance Reports

NELFT KPI Report and CSU Action Log on NELFT Performance

Adult Diabetes

The service specification is currently being reviewed which may result in changes to the KPIs and reporting requirements. Actions can be closed on the queries log until this work is completed.

MIU

There are discrepancies between the MIU data reported monthly and the one off information that Irene Lewsey received from NELFT. KM will pick this up with Jacky Hayter. Action will be noted on the query log.

VTE

JG noted that the VTE KPI should be reported as a full month's worth of data rather than the one day snapshot which is already reported through the Patient Safety Thermometer. BJ agreed and this would be fed back to Jacky Hayter's team and amended.

Action: KM to discuss liaise with Jacky Hayter to ensure the correct data is reported going forward (and backdated).

Safeguarding Children

JG advised that NELFT have now sent through the information requested, following the performance notice. Commissioners now need to review this and confirm they are satisfied the performance notice can be closed.

Safeguarding Adults (MCA & DOLS)

An SI was raised due to an unsafe discharge and pressure ulcer. BJ commented that the incident has been investigated and there is learning there. It was noted that the patient and the family did refuse intervention. This will all be documented in the three day report.

JG confirmed that NELFT have now sent comments back on the proposed Adult Safeguarding Reporting Requirements from HEF. NELFT can report on two of the lines but need clarity on the others.

DS advised that if the FGM reporting is amended to say 'children/adult FGM' then NELFT will agree this and the top 20 theme of requests can be provided for the other reporting requirement.

Action: JG to amend wording on the FGM reporting Requirement and send a revised list to JH to agree.

Patient Safety Thermometer Data

SC confirmed that a grade 4 pressure ulcer has been reported on Thorndon Ward. This is going

	through the SI process.
7.	Patient Experience
	<p><u>Compliments</u> JFT highlighted the positive compliments NELFT have received in particular the compliment around the End of Life service.</p> <p><u>Complaints</u> Discussed under agenda item 8.</p> <p><u>Duty of Candour</u> Discussed under agenda item 3.</p>
8.	Workforce
	<p>JFT highlighted that the vacancy factor for August was 14.16% for BB and 17.9% for Thurrock.</p> <p>The staff sickness rate for Thurrock was reported as 3.95% and BB were compliant.</p> <p>NELFT are reporting compliant for Thurrock CCG and BB CCG for the PREVENT 2 training. This is currently a 95% target.</p> <p>Thurrock were compliant for staff appraisals but BB are reporting 74.13%. NL commented that if this is not on target again next month then BB CCG would need further clarity on this.</p> <p>NELFT reported the Thurrock percentage of complaints responded to within timescales negotiated with complainant as 33.33%. JFT queried why this was so low. TS confirmed that this amounts to 3 complaints, one of which the complainant was happy to extend the timescale.</p> <p><u>Recruitment Campaigns</u> BJ advised that NELFT are carrying out a further recruitment campaign in Manchester next week and one in London in November. There will be further recruitment campaigns to help address the staffing issues.</p> <p><u>Hard Truths – Publishing Staffing Data</u> JFT highlighted that 42 incidents were reported under ‘adverse events that affect staffing levels’, 36 of which were for Essex. (17 for AFC, 10 for Thorndon and 9 for Mayflower). DS commented that this is mainly down to agency staff. There is now a process in place for when staff do not turn up and to ensure unreliable agency staff are not used again.</p> <p>JFT wanted it noted that the incidents relating to the staff member going home in the taxi and other issues highlighted related only to agency staff and not permanent NELFT staff.</p> <p>BJ highlighted the importance of the estates work with SEPT on the Mayfield site and this not being delayed in any way. JFT will discuss this with Jeanette and Mark to get an update on how it is progressing.</p> <p>Action: JFT to get an update from Mark and Jeanette on the Mayfield Site.</p>
9.	Assurance Reports
	<p><u>RCA Thematic Action Plan for Pressure Ulcers</u> LB confirmed that the first SI panel has now taken place and this was a very productive and beneficial meeting where specific outcomes were identified. DS commented that there was a lot of expertise in the room which helped to really look at individualised care and outcomes.</p> <p>DS advised that it is now being discussed whether the SI was attributable to moderate or severe harm rather than whether the SI was avoidable or un avoidable. This is based on the national</p>

framework and will be much better for learning.

LB noted that Linda Smart wanted to query whether the proposal for a London NELFT TVN to attend the panel would be taken forward. DS commented that Beth Marion attended the panel and she has been involved in the London Panel.

10. Schedule of NELFT reports

NICE Guidance Compliance Technology Appraisal

NELFT have employed a temporary staff member to carry out work around the NICE guidance. Further assurance around compliance will be provided at the next meeting.

CQC Reports

JFT advised that the London and Essex DON's met on Monday with NELFT to look at the reporting process. NELFT are going to develop an action plan and share this with the CCGs. If the CCG still need further assurance then JFT will liaise with DS.

The CCGs are currently reviewing the information they have to see if the CCG were already aware of the issues and had previously raised them at contract meetings or through a performance notice.

SC commented that she is unable to open the hyperlinks on the website. DS can send a copy of the attachments required if SC continues to have difficulty opening them.

Patient Survey

All clinical services across the trust have been collecting 5x5 survey data on a monthly basis. Community Services are generally very positive results but some areas don't reflect quite so well.

JFT highlighted that some of the children's services are rag rated red. BJ commented that this is sometimes due to the problems with the ASD and ADHD service and that there will continue to be complaints until the issues around the service are resolved.

11. Quality Visits

Heart Failure Team – Billericay

An announced quality visit was undertaken on Friday 1st September 2016 to the Community Heart Failure Team which is based at Mayflower Community Hospital in Billericay.

There were several areas noted for improvement but also many elements of good practice:

Areas for improvement

- Ensuring the reason for the patient attending the clinic is clear so that the patient receives the correct treatment at the correct time, by the most appropriate member of staff
- Ensuring the correct length of appointment is booked
- Ensuring all staff are aware of the panic button SystemOne
- Consider purchasing weighing scales for the clinics

Good Practice

- 100% compliance with mandatory training and appraisals
- Lack of formal complaints
- Positive patient comments through 5x5 survey and logged compliments
- Numerous locations for clinics across the patch and with the local hospice
- Introduction of a new geriatric service for Thurrock
- Introduction of the psychology post in Thurrock

12. Any Other Business

Evidence Submission for National CQUIN – NELFT Action Plan

JG noted that a progress update on CQUIN is due at the CQRG each quarter.

Contract Negotiations

JG advised that contracts need to be signed by the 23rd December 2016. The group agreed that a lot of work has been carried out in year to update KPIs, reporting requirements and service specifications so it would be sensible to roll over what is currently in contract. BJ agreed to this suggestion with the caveat that as services develop/change a review of KPIs will be undertaken.

Flu Vaccinations

DS confirmed work is continuing to increase the flu vaccine uptake. Vouchers are now available to staff so they can have their vaccination outside of work at their convenience.

There is a serial number for each voucher which is recorded nationally but NELFT are unable to monitor locally whether the voucher is used.

2017/18 CQUIN

JG advised that there are six national CQUIN's for community providers next year. 1.5% is allocated to national CQUIN's. JG will send a list of the CQUIN options to DS and BJ.

JG and JFT will meet with public health to discuss the CQUIN options and organise a meeting with NELFT following this.

Action: JFT and JG to meet with ECC and Thurrock Council to discuss the 2017/18 CQUIN options. Following this a meeting will be organised with NELFT.

Date of Next Meeting

2nd November 2016 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL