

NELFT Community Services
Clinical Quality Review Group
5th February 2014 12.30pm–2.30pm
Civic Offices, 2nd floor, New Road, Grays, RM17 6SL

Present:	Jane Foster-Taylor (JFT)	(Chair) Executive Nurse, Thurrock CCG
	Diane Searle (DS)	Director of Nursing, Patient Safety for BTUH Health Economy
	Brid Johnson (BJ)	Managing Director, Integrated Care Director, Basildon
	Michelle Stapleton (MS)	Integrated Care Director, Thurrock
	Lin Teasdale (LT)	Quality and Patient Safety Manager / Serious Incidents
	Laura Davis (LD)	Thurrock CCG Aligned Nurse, Quality & Patient Safety Team
	Nicola Livermore (NL)	Quality & Patient Safety Manager, Basildon & Brentwood CCG
	Lesley Buckland (LB)	Lay Board Member, Thurrock CCG
	Alana Stokes	Minute Taker
Apologies:	Stewart McArthur	Head of Children & Young People & CAMHS, CSU
	Yvonne Anarfi	Designated Nurse for Safeguarding Children
	Riminder Dosanjh	Senior Contract Manager, NELFT
	Dr Nimal Raj	Interim Accountable Officer, Thurrock CCG
	Dr L Grewal	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.
2.	Minutes of the meeting held on 8th January 2014 The minutes were accepted from 8 th January 2014 as accurate. BJ highlighted Item 12 and the End of Life CQUIN as still unhappy with the specification of a 10% target. BJ advised that NELFT would continue working with the CCG to increase the number of patients on the register, and JFT advised 10% is a current KP. However, CQUIN for Quarter 3 met and agreed.
3.	Action Log (8th January 2014) 39 - BJ explained that the Badger ward workstream had now moved on and the decision was made to stay in BCH. WG is to confirm in writing to NELFT. There will be a refurbishment of training rooms on the 1st floor. Closed 41 - DS emailed JFT regarding Cellulitis and Wound Care after a delay in pathway had been connected to the Medical team at BTUH as well as Prescribing. JFT has escalated the issue to Mary Tompkins.

	<p>47 - To be updated as MS was on annual leave. 1/14 - JFT to chase up that this has been reflected. 2/14 - KPI to be reflected retrospectively after previous PAS issue. 3/14 - Dummy Dashboard went to the NELFT Board meeting last week (in part two) and will be available shortly to be shared with their CQRG. 4/14 - LD healthchecks meeting was held and a plan of action for the current activity is now in progress with all LD partners.</p> <p>DS suggested that GPs mark a flag on System One for LD patients, identifying this workstream. JFT noted that the LD register is to be validated in the future. The group discussed the issues with primary care and the percentage of LD healthchecks completed.</p>
4.	<p>Maternity Update</p>
	<p>JFT updated the group and advised that work on reviewing Maternity capacity in Essex would be driven by the Accountable Officers of each CCG. Tom Abel AO BBCCG will lead this workstream.</p>
5.	<p>Children's Services Update</p>
	<p>JFT noted that Badger Ward had previously been discussed. The group were advised that the CAHMS services were beginning the procurement stage for the whole Essex and the possibility of a two year commitment.</p> <p>JFT suggested that the road show, with CCG engagement, would have to be robust. Stewart McArthur to ensure full engagement on this workstream.</p> <p>The Family Nurse Partnership procurement winning bidder is due to be announced. NELFT confirmed that they did not make a bid. JFT advised that she would ask for the new FNP provider to be named.</p>
6.	<p>NELFT Performance Reports</p>
	<p>The group reviewed the performance dashboard data and JFT queried why Inpatient Unit data was blank. BJ advised that there was still a PAS issue with Basildon but NELFT have access to the data in-house and would share it with James Buschor. JFT suggested any missing data be manually input and added retrospectively.</p> <p>Action: DS to escalate performance dashboard missing data issue.</p> <p>VTEs and the BTUH migration issues were discussed and NELFT agreed to review and bring further information to the next meeting.</p> <p>JFT queried the percentage of COPD patients as the rag rating was listed as amber. MS advised that this should not be the case but NELFT cannot risk stratify patients until they are registered, then data becomes skewed and is not a true reflection. MS agreed to review and clarify in the next month's meeting.</p> <p>COPD system queries had been raised within the CCG and the group were updated to the COPD team situation. Some staff had left and the positions had now been recruited. MS noted some gaps in service but advised that a plan is in place and assurance would be shared with the CCG to change perception of the situation. JFT requested a missive be shared that could go out to all Thurrock GP practices.</p> <p>JFT queried the low percentage of patients on Desmond and Daphne diabetes training</p>

and requested an update to be shared. This percentage had been discussed at the Thurrock CCG Board after it was raised by Len Green after meeting with the patient groups.

Action: LD to query where LJG received info from for Desmond and Daphne data.

Action: MS to query internally with NELFT as unaware of any specific issues.

MS assured that there were no issues with the training and the uptake had been better than expected.

JFT identified missing data for Looked After Children on the dashboard. BJ advised that the data was reported one month behind.

It was noted that the Patient Safety Thermometer data had been shared at the Thurrock CCG Board meeting for information and review.

The group were advised that Patient Safety Thermometer had shown NELFT to be above the base line for no harm for last six months.

The number of falls recoded in Patient Safety Thermometer has reduced after significant increase in December.

JFT advised that the reporting for Mayflower and AFC was consistently good since August 2013. BCH hospital data currently includes Baymen and Thorndon Ward.

Action: NELFT to supply James Buschor with NELFT specific data.

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LT advised that there one as still one outstanding RCA which had been discussed in the previous month's meeting. BJ assures it has been signed off already and would escalate the issue.

LT noted that she had recently chased two 72 hour reports for completion.

7. Assurance Reports

RCA Thematic Action Plan

JFT advised that it was easily apparent from the data that better care was given when teams were fully staffed.

JFT questioned the funding stream for repose offloading boots that nursing homes should supply this equipment. These facilities should provide their own as the on-going sustainability of this provision was in question.

MS discussed the Heels Up campaign from previous year and suggested consideration for this coming year.

8. Schedule of NELFT reports

The progress of the Patient Safety Thermometer was included in the performance dashboard. JFT questioned the variation of grading baselines between pressure ulcer grades i.e. Grade 2 data on a medium level starts at 10 for the baseline. JFT advised that this may skew the graphs when zero tolerance is the goal.

NL asked why the dashboard data for pressure ulcer patient data differs significantly against the Patient Safety Thermometer. It was advised that the Patient Safety Thermometer data is a point prevalence study.

The group discussed the progress of the Mundy House Pilot nursing home rollout across the designated facilities and the positive achievements that could be made from the use of this scheme. JFT also raised the risk implications from the aspiration to include grade two pressure ulcers as Serious Incidents.

The use and benefits of the new Datas system for recording pressure ulcers was discussed.

JFT highlighted the data included in the papers for Internal Compliance and noted that Tilbury and Corringham, South Ockendon and Grays appeared to have no compliance. DS assured it was an issue with reporting. Each team that has not replied with their data has been progressed and the information would be included in the future.

JFT raised a concern about the reporting against the SSKIN Bundle audit against Diabetes as the data started positively then dropped. MS advised she would review and find the issue with data reporting.

The minutes of Pressure Ulcer group meeting were reviewed.

The compliments provided by NELFT from patients were very positive. JFT requested a similar inclusion of any complaints to be reflected.

Patient journey and Telehealth had been discussed at the NELFT Board meeting and were reviewed in the papers. The Management report highlighted what had already been discussed.

The commissioned contract variation for Paediatric care was discussed as it was not yet resolved.

The Brentwood leg club reference to “electronic meetings” was queried. NELFT assured that it referred to electronic engagement with participants but meetings would continue at the appointed venue.

An update on the Francis Report was reviewed and it was advised that this is carried out across whole of NELFT as an organisation. JFT highlighted the need for a gap analysis.

The Safeguarding Children annual report was included in the papers. JFT advised that the report should be amended to read “budgets to” Clinical Commissioning Groups and not to GP practices. (Bullet point 4.1)

(Bullet point 7.1) The audit section of the Safeguarding paper was referenced and JFT requested the system to be shared for checking safeguarding and compliance, and currently by the CCG is not sighted on emerging practice issues.

JFT asked if the Domestic Violence lead had a background in Adult Safeguarding as well as being trained in Children’s Safeguarding. DS confirmed this as it was identified as a key area for the lead role.

	<p>JFT advised DS to liaise with Yvonne Anarfi for full feedback on this paper.</p> <p>An update was shared in the NELFT Board papers on the School Nursing service commissioned by NHS England and JFT asked if a contract variation for Meningitis C had been received by NELFT. MS advised awaiting this.</p> <p>JFT commended the use of Skype for diabetes patients engagement with younger service users.</p>
9. Patient Experience	No current update.
10. Quality Visits	<p>LD updated the group on the recent Quality Visit at Mayflower Hospital. The report had been shared with NELFT previously and was noted to be very positive. One comment had been made to address care plans.</p> <p>LD would be visiting Craylands the next day and BJ advised that the contact would be Sharon Shelley.</p>
11. NELFT Contracting Arrangement	JFT advised that the current NELFT contract arrangements are to be completed by 28th February 2014.
12. Exception Reporting to & from Contract Management meeting	<p>JFT had no data to provide a report.</p> <p>The CQUIN Q3 payments have been agreed and JFT provided BJ with a copy of the CQUIN Q3 letter. The issues for CQUIN Q4 are now under consideration.</p>
13. CCG Update for Providers	<p>JFT updated the group that there was now a revised full board for Thurrock CCG. Dr A Kallil has resigned from his post and Dr L Grewal is now a GP board member, as is Dr N Raj. Dr A Deshpande has been appointed as chair of the Board. All appointments have been made for a three year period.</p> <p>The Accountable Officer role is being advertised. It was also noted that Dr S Das has resigned from BBCCG but will continue in her post as Secondary Care Consultant for Thurrock.</p>
14. AOB	<p>JFT discussed an update on the Orsett site staircase issue and shared an email received from Rob Speight Deputy Director of Estates and Capital Development for BTUH There group were advised of significant changes to be made to give assurance that health and safety concerns for patients were being addressed.</p> <p>LT Thanked NELFT for their collaboration on the internal audit of Serious Incidents that had been completed the previous week within the CCG Quality and Patient Safety Team.</p>
Date of the next meeting	5 th March 2014 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL