

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

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| Present: | Jane Foster-Taylor (JFT) | (Chair) Executive Nurse, Thurrock CCG |
| | Diane Searle (DS) | Director of Nursing, Patient Safety, 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 |
| | Helen Forster (HF) | Children's Commissioner, CSU |
| | Alana Stokes | Minute Taker |
| Apologies: | Stewart McArthur | Head of Children & Young People & CAMHS, CSU |
| | Stephanie Dawe | Chief Nurse & Executive Director of Integrated Care (Essex) |
| | Yvonne Anarfi | Designated Nurse for Safeguarding Children |
| | Riminder Dosanjh | Senior Contract Manager, NELFT |
| | Dr L Grewal | GP Board Member, Thurrock CCG |

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| 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 5th February 2014 The minutes were accepted from 5 th February 2014 as accurate. |
| 3. | Action Log (5th February 2014) 41 The Cellulitis Pathway delay is yet to be actioned with Mary Tompkins. 47 Len Green has agreed to contact MS when necessary to discuss the Leg Club. DS has attended the meeting and her feedback was very positive. Further opportunities and outcomes must be shared as the workstream progresses. Closed 1/14 Continence Service issues were raised during the Unplanned Care working group. Catheter pathways were a concern, as was the lack of progression in the group. It was suggested that MS or BJ attend a session to help progress their workstreams. The time had been used to discuss the budget for pads. Action: LD to request for NELFT to be invited. |

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| | <p>2/14 The PAS issue is on-going and the group are waiting for a response. JFT to review the position with James Buschor. Closed.</p> <p>3/14 The Dummy Performance Dashboard from NELFT will be shared as soon as it is available. Closed</p> <p>4/14 LD Healthchecks were noted to be at 35% for the Thurrock population. This is a significant increase on 2013/14. There was discussion of the possibility of an LD strategy from April 2014 for Thurrock CCG.</p> <p>5/14 The missing performance dashboard data issue has been previously discussed. Closed</p> <p>6/14 Deed UK had reported 0% compliance to the Desmond and Daphne training and Len Green had apologised at the Thurrock CCG Board meeting for referring to out of date data. Closed</p> <p>7/14 MS has internally reviewed Desmond and Daphne training data. Closed.</p> <p>8/14 James Buschor is to complete the dashboard with specific data supplied by NELFT for the next meeting. Closed.</p> |
| 4. | Maternity Update |
| | <p>HF presented the update on Maternity Capacity. It was noted that Tom Abell will lead the system wide review of the Maternity Capacity issues.</p> <p>Good staff capacity at Basildon Maternity Unit was noted with a ratio of 1:29 (which is noted to be exceptional).</p> |
| 5. | Children's Services Update |
| | <p>HF informed the group that there had been a refocus on asthma pathways within the children's services. The team are currently working on finalising the Children's Service specifications and James Buschor will meet with Jacky Hayter to collate the data.</p> |
| 6. | NELFT Performance Reports |
| | <p>Safeguarding Children was updated by JFT, with discussion on a recent multi-agency review.</p> <p>JFT questioned NELFT over the Safeguarding Adults Annual report that was included in their Board papers. The document indicated the Executive team were receiving training "to the appropriate level". This was explained to be safeguarding training for Board members.</p> <p>An issue was raised by NL regarding the referral in the papers to the Health and Social Care Act 2008 and questioned if this should be Health and Social Care Act 2012. (DS to confirm).</p> <p>Item 3.7 of the NELFT Board papers was discussed. The process for reviewing and following up DBS (CRB) was shared with this Committee.</p> <p>Item 4.4 was discussed and the papers referred to "additional professionals", JFT asked for clarification. DS explained that enhanced training at level 3, rather than basic, had been provided to distinguish between a children's case holder and others. Sexual Health</p> |

Services had not had this training previously but would now receive this.

After reviewing Item 5.1, JFT raised concern that the referral figures from Thurrock had appeared to be low. DS assured that no issues had been identified through meetings with the Safeguarding team and the figures were not exceptional.

STEIS

LT confirmed to the group that there were no overdue reports at the moment. One Serious Incident had been reported outside the two working day framework. MS advised that they had received the chronology and are reviewing the issue. LT noted that position is very positive at the moment. The complexity of some of the pressure ulcer RCAs was explored and the membership of this group agreed to review three serious incidents collectively.

EMSA

JFT advised that there had been no EMSA breaches for NELFT. The benchmarking data from NHS England shows six incidents but these had all been confirmed as incidents within London hospitals.

Health Care Acquired Infections

JFT asked to be informed if norovirus affects any inpatient units. BJ had shared an update on IPC capacity within NELFT. NELFT are currently recruiting to a Band 7 post x 1, Band 6 x 2 and a further internal Band 6 secondment role.

Performance Dashboard

The group reviewed the Performance Dashboard data and discussed staff appraisals as the item is currently rated amber. BJ explained the aim to be 80% by April 2014.

Inpatient unit data was questioned as it had also been rated amber. MS advised that further clarification would be shared after a review.

Action: MS to provide further clarity on data.

Regulation Compliance

Regulation compliance was discussed and no irregularities were identified.

Patient Safety Thermometer

James Buschor will be developing the performance dashboard further for NELFT data.

7. Assurance Reports

RCA Thematic Action Plan

The RCA Thematic Action plan was reviewed and NL complimented the lay out of the document for the ease of reviewing RCA information.

JFT questioned the tool kit referenced in the document for non-concordance. DS advised there was no further update to provide as yet.

Francis Report

The group agreed that the report was comprehensive and valuable. A summary of the report was included in the NELFT Board papers for an overview of the key elements. A gap analysis from JFT and LD would be brought to the next meeting.

Action: LD to provide feedback on the Francis Report.

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| 8. | <p>Schedule of NELFT reports</p> <p>The Medicines Management item was given to Mary Tompkins to continue the progression of the workstream. The group discussed the need for a South West Medicines Management team to aid in ensuring the safe Governance of the South West Essex health economy, to include compliance against NICE, CAS alerts etc.</p> <p>Medication errors in relation to controlled drugs and the risk were discussed and DS updated this group on the community management and distribution of these.</p> <p>JFT queried the position of the Accountable Officer report in section 12 of the paper and the incidents with drug reporting. MS confirmed that an RCA is being carried out.</p> <p>The Clexane report included in the papers was reviewed and DS stressed the importance of the issues highlighted in the document, particularly around in-home nursing as 62% of the patients being supported are not house bound. The group was advised that the District Nurses should not be doing the role of Practice Nurses for patients that are able to visit their GP surgery. Support is needed from the GPs to facilitate the correct use of both District Nurses and Practice Nurses. Patient expectations frustrate the issue, and it was noted that the Discharge team should be clearly supporting explanation of care when a patient is back in their own home. NL agreed to feedback from this discussion to BTUH. JFT suggested the findings be taken to the BTUH CQRG meeting.</p> <p>The Medicines Management Report was discussed and NL raised concerns over less staff and more work. MT has met with author of report and will review. It was noted that the Essex haematology service has received a national award for Thrombus Innovation.</p> |
| 9. | <p>Patient Experience</p> <p>JFT reviewed the patients' compliments that were provided by NELFT and commented on the steady flow of things going well. However, complaints also need to be shared with this Committee.</p> |
| 10. | <p>Quality Visits</p> <p>LD presented the recent Quality Visit findings to the group and noted that the Physiotherapy department had an issue with consent documents being left blank, although a student was in place at the time so changes were made once the issue was identified.</p> <p>The Orsett Hospital site was discussed and signage to identify danger. There had been no further action since this signage so NL would now request an update. Action NL</p> <p>LD noted that in the visit to the Speech and Language unit, the Quality Team did not get to see a patient but the service had gone without a complaint for 11 years. LD advised that the working flexibility of the unit and staff was commendable.</p> <p>The group heard that the System one issue was being tackled as mobile working is to be rolled out to Community Teams and it was recognised that they would benefit greatly.</p> <p>The Diabetes Service was discussed and noted to be positive apart from small issues with the sharps bin and drug fridge.</p> <p>The Macmillan team were noted to be very passionate about their service. It had not been appropriate on this occasion for LD to visit the patient. MS suggested a new patient assessment may be appropriate for LD to shadow.</p> |

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| | LD noted the lessons learned and the minutes of their meetings were all very comprehensive. |
| 11. | NELFT Contracting Arrangement |
| | Contracting arrangements are coming to an end and only minor amendments are required. The contract is due to be signed on Friday. |
| 12. | Exception Reporting to & from Contract Management meeting |
| | None. |
| 13. | CCG Update for Providers |
| | The position was noted as the same as last month. |
| 14. | AOB |
| | <ul style="list-style-type: none"> NELFT Board papers had been attached to the papers and included the Essex Health Economy report. The group heard the update including the success of the Dementia Crisis Support team which had led to the number of hospital admissions being so significantly reduced. It was suggested that the team strengthen their link with Mounnessing Court. The team currently has over 150 patients on its caseload. Dr ? Consultant Psychiatrist has been involved in setting up this team. <p>It was advised that the Enteral Feeding contract has now been awarded.</p> <p>The report included information that NELFT has been successful in winning the Essex County Council falls prevention training tender. MS suggested Education and Prevention gap analysis be completed for what is commissioned to be provided in both Thurrock and in Essex.</p> <p>The Tissue Viability Research Project in nursing homes is about to start following an extremely successful pilot.</p> <ul style="list-style-type: none"> IAPT was discussed and the poor uptake within Thurrock. NELFT to meet SEPT to support increased coverage. JFT noted the Friends and Family Test Early Adoption Wave 2 pilot was very successful. The bid made was accepted to further the workstream from the pilot. MS raised a concern over a nursing home they have been supporting within the health economy. Partnership with Thurrock LA will undertake a review of this service provider. |
| | Date of the next meeting |
| | 2 nd April 2014 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL |