

**NELFT Community Services
Clinical Quality Review Group
3rd June 2015 12.30pm – 2.30pm
Thames Room, Civic Offices**

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

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 6th May 2015 The minutes from 6 th May 2015 were reviewed by the group and accepted as an accurate record. YA advised that the action that had been attributed herself should be amended to “NELFT to contact YA”.
3.	Action Log & Annual Workplan 7/15 – JFT advised that there would be a separate SI meeting after this Committee

	<p>and some of the cases involved had been escalated Margaret Berry in the Area Team. Scenarios were discussed regarding duty of candour issues for a community care home etc. The appropriateness of duty of candour discussions after end of life and the potential for it to be upsetting for family members. BJ argued that a blanket decision would not be appropriate as it should be case by case. JFT expressed that duty of candour would be used to safeguard NELFT as well as patients. LG questioned if there is a proforma of who to check with and BJ confirmed there is and agreed to share a copy. MS advised that NELFT have asked for a position from the National End of Life team. SM suggested exploring instances where an SI covers multiple providers and it was noted that this has been addressed. Closed.</p> <p>11/15 – QIAs to be actioned and JFT raised at the Thurrock Board. 15/15 – Annual staff survey was discussed and JFT requested for a Thurrock breakdown. NELFT have asked their Board for this information. Action: BJ to share.</p> <p>The group were advised that there will no longer be a Pressure Ulcer report submitted so the vacancy and sickness rates must be provided in another format.</p> <p>19/15 – BJ confirm there are 22 community beds available for Mayflower Hospital. Closed. 20/15 – Thurrock appraisals are complete and MS advised that 92-93% achieved. 21/15 – LT clarified that pressure ulcers are covered within the SI workstream. Closed. 22/15 – Complaints were discussed and NELFT are waiting to sign off Quarter 3 and Quarter 4 data then will share.</p>
4.	Maternity Update
	<p>JFT advised that there is no further update for Maternity Services from the previous month.</p>
5.	Children’s Services Update
	<p>JFT advised that there is no further update for Children’s Services from the previous month.</p>
6.	NELFT Performance Reports
	<p>JFT advised that a data cleanse had been undertaken for KPIs so retrospective data will now be available. AW to complete a final check for KPI information before circulation of the document. BBCCG will be included in the email distribution.</p> <p>The workplan document was discussed as the group had not signed off reporting requirement page. Action: AW to complete.</p> <p>KPIs had been reviewed at the previous meeting and no new data was available. All March data was also noted as agreed previously. JFT advised the Committee that two months’ worth to review for the next meeting.</p> <p>SM commented that the format of the performance information and requested James Buschor include Quarter 1 as a story to see progress.</p> <p>The integrated Essex reporting papers from Stephanie Dawe were reviewed. BJ advised that the AFC risk was not at 15 and above. The question in report has changed to now asks regarding 15 and above target. NELFT still have temporary staff in place so there will continue to be a risk, although there is gradual recruiting. BJ advised that this change was due to overall NELFT organisational changes. All highest risks were included / reflected.</p>

	<p>JFT discussed infection control including MRSA and Cdiff. BJ noted the details of a specific case that should not have come to Thorndon Ward and an MDT is being held. Sheila O'Mahony has shared a process for isolating any patient, which will be addressed in the MDT. MS advised that the patient was isolated in a side room.</p> <p><i>Vacancies</i> Essex Recruitment was discussed and BJ advised the area is not as successful as London in recruitment drives and NELFT are looking to create something bespoke.</p> <p>MS advised the group that ICTs in Thurrock were targeted last year. The focus has been on sickness and vacancy at public engagement events recently. PPI groups to circulate vacancies. Health Education England have been consulted and identified tighter controls.</p> <p>LB requested information on training numbers for staff that are coming up in the future. NL suggested flexibility in nursing contracts for NELFT. MS advised this is already in place.</p> <p><i>CIPs</i> To be picked up by quality contract management meeting.</p> <p>Action: CIP regarding Designated Nurse, Paediatric Nurse and Designated Doctor. Meeting to be arranged with DS regarding LSCB.</p> <p>BJ updated the group on feedback from GPs and patients on complaints as it is complicated due to too many teams involved. It was suggested to separate unplanned and planned care. PCAT and SPOR and RRAS to focus teams for Thurrock and one for BBCCG as a single point of access and triage facility make integrated teams more streamlined.</p> <p>MS advised on work around integration and front door for health and social care. More joint health and social care assessments. NELFT to pathway patient through services rather than GPs making three separate referrals. MS noted some ICTs get caught up in unplanned care work.</p> <p>JFT requested a stakeholder engagement timeline and documentation to share.</p>
7.	<p>Patient Experience</p> <p>The group reviewed the compliments that had been shared.</p> <p>QSG meetings were discussed and JFT requested to attend. BJ advised these are internal meetings but NELFT do not object to JFT attending. Same structure for BB and Thurrock.</p> <p><i>Complaints</i> JFT advised that she had not received the Thurrock complaints report, only the dashboard but it was noted that the report covers BBCCG and Thurrock CCG. It was noted that the papers that had been circulated were internal documents. Action: BJ to share BB and Thurrock reports instead.</p> <p>SM raised an issue with the drug incidents that were noted and asked if there were any Not never events. Insulin issues. SM queried the mislabel of medication that was not attributed to NELFT and was no harm. MS advised that NELFT always feedback to other provider involved.</p>

	<p>SM queried the Complaints timescales as they were below the trend. BJ advised there were some issues but there is a process to extend the timing. – if draft does not answer question it will not be sent. MS discuss complaints in Leadership team each week. SM compliment on very good response received to complaint recently from NELFT.</p>
8.	Workforce
	<p>The workforce documentation was discussed by the group.</p> <p>Workforce data from Jeremy Hunt and the financial implication of using bank staff were reviewed. It was noted that all AFC beds are open. The use of registered nurses and unregistered nurses was also discussed and it was noted that the lowest agency use of unregistered staff was recorded at AFC.</p> <p>SM noted that the area breakdown provided was clear. It was noted that the data could be shared if SM removed the names of wards.</p>
9.	Assurance Reports
	<p>BJ and MS to discuss if action plan needs refresh or stop providing. JFT cannot have a generic. ACTION MS BJ</p>
10.	Schedule of NELFT Reports
	<p>The Clinical Audit document was reviewed and the blue column was noted not to include Thurrock data. JFT requested a refresh of the data and any cancelled should now be a priority.</p> <p>Action: NELFT to updated and share.</p> <p>The SI report was discussed and JFT requested a breakdown by South West locality. MS advised that the breakdown is included in the dashboard. LG queried the single coroner inquest at BHRT. BJ advised that NELFT always involve the coroner when necessary.</p> <p>It was advised there was recruitment for SI team staff. KPIs were also discussed as there was one breach but this was later withdrawn.</p> <p>BJ advised that NELFT staff are still working to 45 days rather than 60 days for good reporting. Action plans come in with a 45 day report.</p> <p>Workforce development update – band 1-4 information to be shared. DOLS and MCA training to be strengthened for NELFT as an organisation. BJ advised the group on the appraisal electronic system. This system includes uploading objectives and analysing against the system. LG requested an allocated time to complete. BJ advised there was no protected time.</p> <p>Compliments were made on the reflections log that had been shared by LS and NELFT have now employed for their Nurse Revalidation tools.</p> <p>BJ shared information on the new Mydas system and JFT requested for it to be captured in a KPI.</p> <p>MCA and DOLs data was noted to be missing for Thurrock. MS advised this is only record for inpatient which is the responsibility of BBCCG.</p>

	<p>Safeguarding training for Adults – targeted training and enhanced training for band 5 and above with clinical staff. JFT noted that the KPI perspective is only compliance.</p> <p><i>BTUH Health Economy Update</i> Essex Community equipment was discussed and to be negotiated each year for Essex Cares.</p> <p>The Dementia Conference was also highlighted and included a Carers presentation which was well attended.</p> <p>BJ advised that Outpatient Services had given notice to the providers.</p> <p>Thurrock meet and greet – MS advised that this is held quarterly in Thurrock and Commissioners would be welcome to attend.</p> <p>BJ advised of the Local Leadership programme for band 6-7 for development and support.</p>
11.	Quality Visits
	<p>LDavis shared the recent reports from Quality visits. The team had visited the Speech and Language Therapy Services which are based at Orsett Community Hospital. There was discussion of the Stammer services including benchmarking and the involvement of Dementia patients.</p> <p>It was noted that there had been no complaint against the team for years. Further details of the visit were shared in the report.</p> <p>The second Quality visit report was shared for the Tissue Viability Team, based at Brentwood Community Hospital. Cover was provided due to maternity leave for one nurse.</p> <p>LG queried the waiting time from GP referral to Tissue viability nurses being arranged. MS advised 72 hours to around six weeks depending on the needs of the patient. Waiting times were discussed as not all services are measured as 18 weeks. Some service specifications are shorter due to internal KPIs. JFT advised that there is exception reporting for 18 week breaches. LG requested a quarterly report as up to 18 weeks is all that can be advised for patients currently. Action: Workstream under SDIP. Mydas data is being encouraged in practices for real time data access.</p>
12.	NELFT Contracting Arrangement
	<p>It was advised that the Terms of Reference for the group could be circulated. There would be a letter of agreement drafted and hopefully signed off by end of this week.</p>
13.	Exception Reporting & Contract Management Meeting
	<p>The exception reporting and contract management meeting would be involved in the escalation of ring-fenced funding regarding public health services.</p>
14.	CCG Update for Providers
	<p>JFT shared an update on the current CCG workstreams and advised that LS had been appointed as the new Deputy Chief Nurse for Thurrock CCG. LDavis has now been TUPED to Thurrock.</p> <p>JFT advised there would be a consultation document for more staff after the TUPE</p>

	<p>process and this would be available to share.</p> <p>JFT shared that Len Green would be leaving the organisation as Deputy Chair but recruitment to the position had not yet been successful. MS suggested Twitter and Your Thurrock for advertising this role. It was also suggested that the news be announced at GP Participation groups and the Practice Manager's forum.</p>
15.	Escalation to Board Assurance Framework
	None.
	AOB
	<p>LDavis advised the group that the Francis actions for NELFT had been complete and NELFT are now fully compliant.</p> <p>The BB model and Thurrock Frailty model were discussed and it was noted that the meeting would be held in the next week. Within the document a rag rate column had been added and all new item were marked in red.</p> <p>SM requested a Dietetics service update. BJ noted that a staff member who had been assigned to write the report paper was on annual leave but the workstream would be updated and shared for AOB for next month.</p> <p>SM discussed the attached email from Jane Moore and BJ confirmed that questions had already been answered and an offer made to visit her. It was noted that Care coordinators funding had been pulled.</p> <p>SM raised a concern regarding DOLS for NELFT and assessments in patient's own homes. JFT noted a change in guidance as a risk. MS advised that changes are not yet in place. JFT suggested DOLS as a CQUIN. NL commented that the new documentation is now law but no guidance has been shared for training community staff for MCAs and DOLs.</p> <p>SM discussed TVNs for housebound patients etc. regarding compression bandages and other treatments. NL to clarify details and advise the group during the next meeting. BJ requested the name of SM's patient for follow up.</p>
	Date of Next Meeting
	1 st July 2015 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL