

**NELFT Community Services
Clinical Quality Review Group
2nd September 2015 12.30pm – 2.30pm
Thames Room, Civic Offices**

Present:	Jane Foster-Taylor (JFT)	(Chair) Chief Nurse, Thurrock CCG
	Laura Davis (LDavis)	Quality & Patient Safety Manager, Thurrock CCG
	Lesley Buckland (LB)	Lay Board Member, Thurrock CCG
	Kay Markwick (KM)	Business Manager, NELFT
	Dr L Grewal (LG)	GP Board Member, Thurrock CCG
	Sue Cleall (SC)	Quality & Patient Safety Manager, Hosted Quality Team
	Brid Johnson (BJ)	Integrated Care Director, Basildon
	Diane Searle (DS)	Director of Nursing, Patient Safety, BTUH Health Economy
	Andrew Wright (AW)	Associate Director Contracting, NEL CSU
	Greer Phillips (GPhillips)	Quality & Patient Safety Manager, BBCCG
	Beth Maryon (BM)	Head of Serious Incidents & Complaints, NELFT
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG
Apologies:	Yvonne Anarfi	Designated Nurse for Safeguarding Children, Thurrock CCG
	Michelle Stapleton	Integrated Care Director, Thurrock

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. It was advised that the Quality and Patient Safety team, previously hosted at Southend, have now been TUPED and SC will be responsible for Serious Incident workstreams for Thurrock.
2.	Minutes of the meeting held on 1st July 2015 The minutes from 1st July 2015 were reviewed by the group and accepted as an accurate record. KM advised of a typo in her name as it should read Markwick, and her title is now Business Manager.
3.	Action Log & Annual Workplan 15/15 – The Annual Staff Survey was discussed as it had not yet been shared by BJ. KM to forward survey. 24/15 – A CIPs update was shared and DS advised she had met with Yvonne Anarfi for safeguarding. The new model has now been running for a fifth week and capturing all data regarding when queries come in and who from etc. Positive feedback has been received from

	<p>staff to contact someone on the phone rather than wait for a call back. DS meets with Designate Nurses monthly and there have been no significant issues raised to date. DS to email Thurrock CCG with a number to contact for NELFT safeguarding. It was noted that the internal duty desk is for NELFT staff only. JFT queried if the information should be taken to the Thurrock Safeguarding Board. JFT asked if DS would take responsibility for attending the safeguarding boards when MS leaves her post. DS advised this is being discussed, however assured this would be covered. A brief report regarding these service changes to be shared with LSCBs was discussed. Action: DS to share interim arrangements from NELFT.</p> <p>26/15 – JFT noted that Patient Safety Thermometer data is now being provided and has improved but the sample size is small. Closed.</p> <p>28/15 – Assurance reports were reviewed and JFT asked if the cycle of business was now agreed KM and AW confirmed yes. Closed. AS to take draft off business cycle document.</p> <p>29/15 – Updated Clinical Audit report shared. Closed.</p> <p>30/15 – Decommissioning letters forwarded to NELFT. Closed.</p> <p>31/15 – The “falls” definition has now been clarified with documentation being broken down to slips, trips and falls separately for accuracy rather than all falls. DS advised this had only changed in the recent weeks so the report should be received in October 2015. The terms now defines which are falls with harm. Action: LDavis to review report when received in October.</p> <p>32/15 – Regarding falls (part of 31/15).</p> <p>33/15 – Regarding falls (part of 31/15).</p> <p>34/15 – JFT advised that the Continence service issues had been escalated to SEPT. The quality of the new continence products were discussed and highlighted as less effective.</p> <p>35/15 – The RCA Thematic Action Plan documents were shared in the meeting papers. Closed.</p> <p>36/15 – DS would be sharing NELFT Safeguarding Consultation update during the meeting. Closed.</p>
<p>4. Maternity Update</p>	<p>JFT advised that there is no further update for Maternity Services from the previous months.</p>
<p>5. Children’s Services Update</p>	<p>JFT advised that there is no further CCG update for Children’s Services from the previous month. DS advised that waiting times for paediatric services has been added to the NELFT risk register DS also advised that the paediatric liaison post is still unresolved. She is waiting for a contract variation on this service line.</p>
<p>6. NELFT Performance Reports</p>	<p>JFT acknowledged that NELFT did not have a Board in August. Performance Data reviewed to reflect two calendar months as the last CQRG was July.</p> <p>Safeguarding Children and Adults – Data was again reviewed and a discussion on rag rating as an amber when compliance below amber thresholds. Again AW to review data and ensure amended prior to October CQRG meeting.</p> <p>JFT advised that the first red rating is for Serious Incidents. It was stated that this is retrospective as there were delays in July 2015 for data. BJ noted that the rating related to an administration error as they have been signed off by the executive team and NELFT are confident of improvement following a successful recruitment into this team.</p> <p>Page 14 was reviewed and JFT highlighted that there is no data completed for wheelchair services annually. BJ advised that this information is inspected at a given time annually. Action: JFT request NELFT to provide commentary on the document to clarify this missing data. AW to progress.</p> <p>Diabetes was discussed as there was a reduction in percentage for April 2015 which went down to 60% then back up the next month. JFT queried if there was learning from this and asked for commentary to be provided in the document. Action: AW to progress.</p>

Organisational wellbeing was queried for clarification of when the quarterly updates would be received. It was advised that next month will be first population of data.

BJ shared a Falls update as there was an error regarding July data at last meeting. There were 15 direct referrals and 15 telephone referrals. BJ advised that triaging is up to date and there is no backlog. There has been a decision to extend Tuesday clinic times and offer a choice of locations.

JFT commented on the LAC assessments from page 26 as 86% was advised for June data, one month retrospective. DS noted that one individual continued to be difficult to engage in this service offer.

JFT commented on the top of template percentage of nursing staff who have had an appraisal. There is commentary to have amendment to reflect this. AW advised he was unsure what the commentary is asking for. **Action: Data to be populated for next month.**

Heart failure data was reviewed and clarity requested for up to 17 days in July 2015. JFT asked if there is an issue with Heart Failure team. **Action: BJ to review and feedback.**

Page 37 was reviewed for Paediatric Dietetics as the referral source was listed as question marks. BJ advised that they are over capacity and a meeting was planned with Dan Stoten to review the whole service. JFT queried if it is part of the SDIP workstream. **Action: GPhillips to ask Dan Stoten to include Thurrock representative in discussion.**

NICE compliance was discussed and DS is waiting for information and will forward the response. NELFT had raised a Trust wide risk. Nikki Livermore had queried how to prioritise risk. DS is part of a virtual group who review all NICE guidance and NELFT are now working through the backlog to ensure compliance. BJ advised that the issue is discussed at the Leadership team meeting to keep up to date and working through the backlog. **Action: Numbers to be provided.**

JFT commented on the NELFT wide report from Stephanie Dawe. BJ advised that dental issues arising due to issues with general anaesthesia access. LG queried the waiting times and BJ advised it is over 18 weeks. DS advised that the internal CQC visits have fed back that the services are very good. DS noted that there has just been recruitment of an Infection Control nurse that could support Dental decontamination work streams.

BJ updated this committee on the NELTF approach to staff recruitment. LG asked if the Trust is using a signing on bonus. BJ noted they had looked at options with incentivising. JFT queried the impact of agenda for change. LB discussed the recent announcement from Simon Stevens regarding the issue of health benefit. DS noted that NELFT are looking at agency framework and recruiting to bank etc. LB commented that bank staff want flexibility that a permanent staff member cannot provide.

JFT reviewed that data for page 61 regarding the staffing reflected in workforce information. For Basildon & Brentwood, Adult services is down to 20.91% and inpatient units to 20%. NELFT had not identified this as a risk. BJ advised that there are risks on the register. BJ noted that AFC have been doing well getting agency and bank. NELFT may need to stop a service to improve this i.e. something in the hospital.

DS updated the group on the Brentwood visit as it was covered by agency staff and patients commented that they are very good staff. JFT suggested that next month an action plan be provided to mitigate for an audit trail. An email format would be preferable to take to Contract and Technical meeting. LB queried if, under umbrella of safer staffing, there are limits on hours and DS advised that there is a monitoring process on the electronic system if the staff are working elsewhere. DS noted that NELFT cannot guarantee bank staff are not working

	<p>elsewhere. JFT advised that she had not received data or feedback regarding staff retention.</p> <p>The group discussed a possible Adult services typo as “tea” which was confirmed as “team”. BJ advised that NELFT are proposing to move clinical numbers to relate to consultation for moving.</p> <p>It was discussed under communications for local PU, what is used in place of the safety cross in community services? It was advised that this was reviewed but not effective and other options are being considered.</p> <p>The number of 45 day reports was reviewed and noted a need to check the wound then there may be PU which results and becomes NELFT’s responsibility.</p> <p>Adult service link to care coordination was discussed and BJ noted that people would go into hospital then be discharged and be treated the same as before hospital admission. DS commented that this process has to be updated for safer discharge.</p> <p>SSKIN bundles were discussed and DS advised that paper light is easier for auditors as NELFT do not have access to SystemOne.</p>
<p>7.</p>	<p>NELFT KPI Documentation</p>
	<p>JFT queried the KPI documentation and the need to reflect a rag rating that reflects the percentage levels achieved.</p> <p>AW to work with NELFT to ensure quality of reports submitted to this committee reflect this.</p> <p>Data received included stroke occupancy, and bed full rates. BJ noted the stroke bed occupancy does not reflect activity, staff turnover or the changes required in admission criteria. However BJ to provide assurance with commentary on the 41.1% bed occupancy.</p> <p>Patient safety thermometer data was reviewed and the small inpatient unit sample size discussed. BJ confirmed there had been some bed availability of the summer months.</p>
<p>8.</p>	<p>Patient Experience</p>
	<p>DS advised that there had been an issue with the collection of compliments for the month due to staff leave but assured the group this would be submitted for the next month.</p>
<p>9.</p>	<p>Workforce</p>
	<p>JFT advised that the workforce data had not been received through Stephanie Dawe’s report and this data had been agreed for population of the templates quarterly by NELFT. It was noted that staff turnover remains high.</p>
<p>10.</p>	<p>Assurance Reports</p>
	<p>The group reviewed the RCA Thematic Action Plan for Pressure Ulcers for both July and August.</p>
<p>11.</p>	<p>Schedule of NELFT Reports</p>
	<p>The NELFT Infection Control report was reviewed but this report will be reviewed again in the IPC team meetings between commissioners and NELFT. JFT queried in NELFT inpatient unit had an outbreak but DS provided assurance that this was not one infection. DS advised that Sheila O’Mahony had been supportive to the team and there was a good relationship. JF-T noted that there were complex PIRs and thanked NELFT for their full engagement.</p> <p>The Audit plan was discussed and a better system is in place to see outcomes and clinical audits, priorities, mandatory, must-do, clinical audits, priority audits which are driven by clinician interest and local priorities. Action: Bring information as an AOB.</p> <p>The Complaints Annual report was discussed. Draft leaflets were sent to internal and external</p>

	<p>teams. It was requested these be shared with SC and Joy Joses. DS confirmed the NELFT complaints team has been strengthened with a recent new staff member.</p>
12. Quality Visits	<p>LDavis shared the recent reports from the Quality visits, as tabled. Areas of improvement are actioned at the time of the visit and BJ confirmed that areas of concern are followed up internally.</p>
13. NELFT Contracting Arrangement	<p>It was advised by AW that the CQUIN workstream final version has been shared last week. The comments from NELFT will be incorporated and an update will be released shortly. LDavis sent information to Jo Gansbuehler this morning. A caveat regarding decommissioning was discussed by Mark Tebbs and William Guy.</p> <p>The Contract and Technical group held yesterday had discussed activity monitoring schedules which will now be completed and will be agreed with a dummy run for next week. The team are to look internally at graphs and trends. AW asked if this group want to see an overview. Jacky Hayter has been involved in joint working on the template.</p> <p>AW noted the confusion of NHSE and Local Authority with the Health Visiting service transfer arrangements. However Health Visiting allocation to LA workstreams is almost complete. JFT requested that if there is any impact on Children's safeguarding that NELFT escalate through this committee.</p>
14. Exception Reporting & Contract Management Meeting	<p>The Exception Reporting and Contract Management meeting was held the previous day and AW noted there were no items raised that require actioning within this meeting.</p> <p>JFT requested an assurance plan of staffing levels with dialogue.</p>
15. CCG Update for Providers	<p>JFT shared an update on the current CCG workstreams and advised that the AGM is taking place on the September 23rd and all providers are welcome.</p> <p>Action: JJ to send invite to NELFT.</p>
16. Escalation to Board Assurance Framework	<p>None.</p>
AOB	<p>A letter was discussed regarding FGM and safeguarding responsibilities. DS advised that this has been actioned within NELFT as an organisation.</p> <p>A new tool was launched by BAPEN - Link below:</p> <p>www.bapen.org.uk/news-and-media/news/bapen-nutritional-care-tool</p> <p>It provides a way of measuring the accuracy of MUST screening, the quality of care plans used to address malnutrition and rates of weight loss in an organisation whilst patients are in their care, as a couple of examples. JFT asked for NELFT to confirm this is being used. Action: Send link to DS.</p> <p>One complaint had been shared by Stephen Mayo regarding DPPI. A meeting was held in April 2015. BJ noted that the patient was a dementia patient under Thurrock CCG and CHC care. Gary Townsend to email with update. NELFT offered training to the staff regarding completing nursing needs assessment. It was requested to copy in Greer Phillips and Stephen Mayo into this email.</p>

The template for SCCN Children's safeguarding was not populated, as advised by Yvonne Anarfi. DS asked this request was submitted through the Performance team and AW. **Action: AW to confirm.** Retrospective data to be updated. BJ asked for Jacky Hayter to be involved.

SC noted that complaints data is now shared in detail on NELFT's website.

New SI framework needs input regarding pressure ulcers. JFT advised that the No Harm event will explore issues on pressure ulcer access providers. Avoidable or unavoidable PUs to be determined for responsibility and clarification of how to hand over if an RCA is in place.

DS advised that London areas are completing this SI process differently to Essex. DS to raise at next Director of Nursing meeting next week. DS shared her preference was the London model. All models will be discussed at the No Harm event which NHS England will be attending.

Action: DS would like an opportunity to reflect the London process at the NO Harm event.

BJ is awaiting a CV from BB CCG on the stroke services.

Action: BJ to copy in Mark Tebbs and AW for C.V.

JFT requested assurance for the interim solution after Michelle Stapleton leaves the Integrated Care Director post. BJ confirmed there will be cover arranged from the 1st October when Michelle Stapleton leaves.

AW identified an issue the Tier 2 Enuresis service (which was originally part of the School Nursing service) as it appears that funding has been removed by Public Health. BJ noted that NELFT are still responsible for school nursing in Thurrock but not for BB CCG (a different provider runs the service in the ECC LA area). BJ advised that Joanne Guerin has met with Dan Stoten around these concerns and AW noted that Clair Blair was now looking into the issues from a Thurrock perspective and would be liaising with NELFT accordingly.

Action: AW to feedback to William Guy.

Date of Next Meeting

7th October 2015 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL