

**NELFT Community Services  
Clinical Quality Review Group  
6<sup>th</sup> January 2016 12.30pm – 2.30pm  
Thames Room, Civic Offices**

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| <b>Present:</b>   | Linda Smart (LS)     | Deputy Chief Nurse, Thurrock CCG (Chair)                 |
|                   | Diane Searle (DS)    | Director of Nursing, Patient Safety, BTUH Health Economy |
|                   | Brid Johnson (BJ)    | Integrated Care Director, Basildon                       |
|                   | Yvonne Anarfi (YA)   | Designated Nurse for Safeguarding Children, Thurrock CCG |
|                   | Laura Davis (LDavis) | Lead Nurse, Thurrock CCG                                 |
|                   | Kay Markwick (KM)    | Business Manager, NELFT                                  |
|                   | Dr L Grewal (LG)     | GP Board Member, Thurrock CCG                            |
|                   | Sue Cleall (SC)      | Quality & Patient Safety Manager, Thurrock CCG           |
|                   | Stephen Mayo (SM)    | Deputy Chief Nurse, Basildon & Brentwood CCG             |
|                   | Jo Gansbuehler (JG)  | Contracts Manager, NELCSU                                |
|                   | Tania Sitch (TS)     | Integrated Care Director for Thurrock, NELFT             |
|                   | Alana Stokes (AMS)   | Minute Taker, Thurrock CCG                               |
| <b>Apologies:</b> | Jane Foster-Taylor   | Chief Nurse, Thurrock CCG                                |
|                   | Dan Stoten           | Senior Commissioning Manager                             |
|                   | Lesley Buckland      | Lay Board Member, Thurrock CCG                           |

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| <b>1.</b> | <b>Welcome &amp; Apologies</b><br>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.   |
| <b>2.</b> | <b>Minutes of the meeting held on December 2015</b><br>The minutes from December 2015 were reviewed by the group and accepted as an accurate record with the following amendment from BJ.<br><br>BJ queried the wording of the EWMHs sourcing report section regarding dropped calls as it was believed to have been misunderstood in the previous meeting. The dropped call figures related to when no message is left, there can be no action taken.<br><br>LS acknowledged that West Essex CCG was the lead commissioners for the service. However, as the data relates to people within the Thurrock locality the CCG has an interest to ensure that service delivery is of an appropriate standard.<br>BJ advised that West Essex is expected to cascade their findings and papers so as not |

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|           | to duplicate work. It was emphasised that there was representative at the West Essex Commissioning meetings from Thurrock Local Authority.   |
| <b>3.</b> | <b>Action Log &amp; Annual Workplan</b>  |
|           | <p>38/15 It was noted that GP has not been present to update. BJ advised that NELFT meet regularly with Essex County Council regarding falls data. <b>Action: SM to confirm what is needed for action.</b></p> <p>51/15 YA advised that the health visitor information had been distributed. <b>Closed.</b></p> <p>52/15 The group were advised that there was no update regarding the Mayflower legionella data that Sheila O'Mahony was reviewing – <b>Action Outstanding</b></p> <p>56/15 BJ updated regarding the storage area at Dr Bellworthy's practice and noted there will be no immediate change but it is an issue being reviewed by Estates. <b>Closed.</b></p> <p>58/15 - <b>Closed.</b></p> <p>LG discussed a specific patient who was waiting for EWMHS and had been told there would be an 18 week wait. (It should also be noted that the CCG's children's commissioner had investigated this individual concern). BJ advised that urgent cases would be escalated to the Crisis team.</p> <p><b>Action: BJ asked for the specific details of the case to review.</b></p> <p>The Committee discussed Children's services. It was suggested that any concerns relating to referrals are directed to the NELFT Children's Services.</p> <p>59/15 - YA advised that the Safeguarding Leads forum invite was sent to BJ. <b>Closed.</b></p> <p>60/15 – LDavis emailed twice but no response. BJ to chase up with Ann Motley's PA - <b>Action Outstanding</b></p> <p>61/15 - UTI discussion on agenda. <b>Closed.</b></p> <p>62/15 – Duty of Candour paper on agenda. <b>Closed.</b></p> <p>63/15 - BJ commented that the staffing report requested would involve more information that is currently requested by the NELFT Board regarding staffing and gaps. It was noted that the last recruitment drive was not very successful. <b>Closed.</b></p> <p>64/15 - Audit Report will not be available until April 2016 – <b>Update Timeframe on log.</b></p> <p>65/15 - SIs for Children Services started to come through more recently. DS advised that further communications have been shared regarding children's incidents. <b>Closed.</b></p> <p>An A&amp;E case was discussed as NELFT raised an internal SI but were not responsible for the patient. YA suggested that the CCG would need to note concerns regarding the raising of Children's SIs by A&amp;E on the risk log and share with NHSE.</p> <p><b>Action: LS to add Children's SIs as a risk to BAF.</b></p> <p>66/15 - RIDDOR – a 50% increase had been noted. BJ will monitor for trends. <b>Closed.</b></p> <p>67/15 - SM agreed to check with NL regarding what action was needed – <b>Action Outstanding</b></p> <p>68/15 - CQUIN feedback – BJ advised that the Q2 CQUINs had been agreed and signed off. <b>Closed.</b></p> <p>69/15 - CIPs verbal update on agenda. <b>Closed.</b></p> |
| <b>4.</b> | <b>Maternity Update</b>  |
|           | DS advised the group that NELFT are now being invited to Antenatal Safeguarding concern discussions. LS noted the previous concern raised by LG regarding the pathway for gestational diabetes and advised that BTUH have responsibility for this pathway.   |

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| <b>5.</b> | <p><b>Children's Services Update</b></p> <p>The Committee were informed that the West Essex report for Mental Health had been shared on their website for information.</p> <p>BJ updated regarding the EWMHS service which was transferred to NELFT on 1<sup>st</sup> November 2015. It was reiterated that the MASH setting is not ideal as a hosting venue for the service but this was agreed as part of the Commissioning specifications. BJ had raised NELFT's concerns at the LSCB meeting. SM queried if NELFT would review all the venues for EWMHS. BJ advised that NELFT would be unable to change the venue due to the Commissioning specifications.</p> <p>BJ emphasised that further accommodation is being sought. However, much of the service would be provided off site i.e. in schools. The consultation closes at the end of March 2016.</p> <p>It was advised that there was one Locality team in Thurrock based in South Ockendon and that each locality has a dedicated consultant.</p> <p>It was advised that the Crisis Team will aim to be running a 7 day service between 9am-9pm in recognition that the current service did not meet the needs of the patients some of whom were being directed to A&amp;E. A step is being introduced to assess patients within 4 hours.</p> <p>It was noted that there will be a Young Person's Event held during February 2016 to engage users in future service planning. The flyer will be sent out to schools and young people's forums. SM queried if the process would be the same for the BBCCG area and BJ confirmed it would. There will also be a monthly stakeholder briefing starting in January 2016.</p> <p>YA queried if the new EWMHS service phone number had transferred any calls through to the Safeguarding duty desk. BJ commented that there is a divert capability but this would not be directed to the duty desk.</p> <p><b>Action: DS and BJ to investigate diverted calls.</b></p> |
| <b>6.</b> | <p><b>NELFT Performance Reports</b></p> <p>JG acknowledged that in view of the Christmas and New Year break NELFT had not had the opportunity to respond to the latest performance queries and suggested that focus was given to the outstanding issues from September 2015. These were discussed in detail and the log will be updated for the next meeting. The following areas of concern were discussed;</p> <p><b>Safeguarding Children Level 4 Training</b></p> <p>The dates that they were trained as had been requested by JG. It was asked to clarify if 7 staff are attributed to the 100% compliance, how many were trained per month. KM advised of a correction as there were only 5 staff members to be trained for the 100% target. YA noted concern over the lack of clarity from the "not applicable" input that had previously been populated. DS advised that the data would be populated to reflect the requested information.</p> <p><b>LAC 2</b></p> <p>The action plan was shown to reflect numbers and a scoping exercise paper was referred to. JG requested sight of the scoping exercise paper. It was again advised that "not applicable" would not be an appropriate response. KM advised that the SCCN template covered the same questions. DS confirmed that the reporting template would</p>   |

be filled out with the data requested.

### **Legionella**

The CCG's Head of Infection Prevention & Control would review the report. It was agreed that the KPI needed to be populated to show 100% completion of what i.e. the volume completed and volume planned. DS advised that this information would be contained within the report being reviewed by Sheila O'Mahony.

### **Children SALT Assessments**

It was noted that had been a drop in assessments regarding reduced number of staff. BJ noted that the query had been raised but not yet confirmed due to a staff member on annual leave.

### **Nurse led COPD**

BJ advised that there had been an internal issue and the data would be refreshed before a new report would be shared.

### **Serious Incidents – receipt of 3 Day Reports**

KM advised that the expectation is that this should be of 100% every month but there have been issues identified with the number of staff available and completing the data on the correct form. BJ confirmed that these were different issues to previous months when the target was not met. KM commented that this was a new KPI and had been green once. NELFT are making front line staff aware of the requirements.

### **Staff Appraisals**

It was queried why doctors were excluded from the final total. BJ advised that the information should note 100% for current appraisals. KM agree that she would organise for this information to be populated. LG commented that doctors must have a current appraisal for revalidation.

### **Therapy Led – Application of 'Stop the Clock'**

KM advised that this would apply after the first appointment.

### **CAUTI**

LS requested information for the rest of the month as this did not match the national data submitted for the same time period. SM suggested Sheila O'Mahony discuss the issue with the NELFT Infection Control lead.

**Action: Sheila O'Mahony and NELFT Infection Control lead to discuss.**

### **Safeguarding Children**

YA highlighted page 11 of the report under section SC5 and queried who was being referred to as named professionals. DS advised that it identified staff in Children's services and not named nurses. BJ noted that the wording was agreed previously but could be amended for next year.

SC6 was queried for the same information and DS advised that supervision was also not referring to named nurses but rather Health Visitors and School Nurses operational staff. JG suggested this clarification be added to the contract negotiations.

JG advised that the current NELFT performance dashboard has extra tabs with data that is not required by the CCG i.e. CYP data set which was agreed as unnecessary with the CCG's children commissioners.

**Action: JG to write formally to NELFT to note which tabs can be removed.**

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|                  | <p>YA highlighted the Goddard Enquiry and SCR updates. BJ noted one action for Thurrock regarding the 10 point plan for “Megan” that was hand delivered at the last LSCB meeting. YA expressed concern regarding formal monitoring by the CCG. The discussions highlighted other forums where this information should be shared and that only an exception report where there are areas of concern or actions required should come to this meeting. BJ offered to facilitate a meeting between YA and NELFT teams.</p> <p><b>Action: BJ to ask for Thurrock, BBCCG and NELFT representatives to meet with YA before next meeting in February 2016.</b></p>  |
| <p><b>7.</b></p> | <p><b>Patient Experience</b></p> <p>LS noted that the compliments shared were very positive but it was advised the data included more detail than was required.</p> <p>The NELFT Complaints report was not available until February 2016 due to NELFT not having a Board meeting in December 2015.</p> <p>EMSA was discussed and BJ noted that criteria had changed due to the BTUH black alert status and there was a possibility of breaches. It was advised that there would be updates by next week.</p> <p>52 week breaches were discussed and BJ advised that these would be reported through NHSE.</p> <p><b>A Duty of Candour (DOC)</b></p> <p>LS presented the report which identifies a real time process to manage DOC. This included a flow chart and template on which to report potential breaches.</p> <p>It was considered that this would be additional work for front line staff. LS advised that it was intended that the NELFT SI team fill out the reports rather than front line staff. BJ requested extra questions rather than a new template as the 72hr report has DOC included. LS advised that the template would be an exception report for when DOC had not been applied within the statutory timeframes.</p> <p>DS suggested to compromise, with the reason for DOC delay to be included in an email. SC noted that the documentation would be required for an audit trail. BJ advised that a new step has been added to the process to call the SI team if concerned that DOC will not be completed in time. DS noted an email would be sent by the SI team but LS advised that this had not been done in some cases.</p> <p><b>Action: DS to feedback on proposal prior to the next meeting.</b></p> <p>SM shared information regarding the BBCCG process. BJ suggested discussing further issues with NELFT’s SI Team and reviewing potential breaches. LS queried how an episode of care would be costed. BJ advised that it was review by number of staff hours etc.</p> <p><b>Action: JG to receive costing from KM.</b></p> |
| <p><b>8.</b></p> | <p><b>Workforce</b></p> <p>DS updated the Committee regarding problems within the Community hospitals after some senior staff resignations had been received. There had been an increase in patient safety incidents that are being reviewed, which could be linked to staffing</p>   |

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|                   | <p>capacity issues. A Task and Finish group had been organised to manage the situation.</p> <p>DS noted that staffing levels and trends from the Christmas period will be reviewed. NELFT were working to ensure appropriate and safe staffing levels.</p> <p>BJ had been asked to open more beds over the holiday period but had declined on the basis of safety. NELFT are focusing on getting patients home.</p> <p>Resignation exit interviews had revealed a combination of factors. SM queried if fill rates were reviewed to reflect bed rate occupancy. BJ advised that the system involves moving staff from emptier wards and the fill rates are changed to reflect these moves.</p> <p>SM noted that from the report following the quality visit to Mayflower Hospital undertaken by LDavis and LS, that some agency staff were not familiar with the safeguarding process. LS advised that this was addressed promptly with the Safeguarding lead on site at the time.</p> <p>DS commented that the Integrated Care teams also struggle with vacancies.</p> |
| <p><b>9.</b></p>  | <p><b>Assurance Reports</b></p>   |
|                   | <p>RCA Thematic Action Plan for Pressure Ulcers<br/>DS updated the Committee regarding the meeting with the Care Agency around the roll out of a new pilot. DS advised that consideration was being given to extend the successful Mundy House Essex pilot.</p> <p>SM shared detail from his meeting with Essex County Council regarding paying for domiciliary care, wound care and dressings. DS noted that a training package / extended pilot had been identified to develop knowledge and skills for preventative care.</p> <p><b>Action: DS to share information on the pilot.</b></p> <p>LS noted that “Themes” had been included up to September 2015 but none had been shared since that time. DS advised that thematic review for October and November will be embedded into another version of the report.</p>   |
| <p><b>10.</b></p> | <p><b>Schedule of NELFT Reports</b></p>   |
|                   | <p>The Committee discussed CIPs and BJ advised regarding the Vitality team structure which had been reviewed by the Leadership team and would now be out for consultation. Changes would be identified by March 2016.</p> <p>Dental Service in London and Essex was reviewed. Some funding had been achieved. NELFT had removed one post after vacancy.</p> <p>It was advised that the reception move at Phoenix House had been completed.</p> <p>It was advised that the Adult Service staffing review, the consultation had been completed. This CIP would raise £290k. The 8b and 8a posts are being allocated and a formal report would be issued next week regarding the appointments made to the roles.</p>   |
| <p><b>11.</b></p> | <p><b>Quality Visits</b></p>  |
|                   | <p>The four recent Quality Visit reports available since the December meeting were shared and LDavis updated the Committee regarding areas of good practice and those requiring improvement;</p>  |

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|            | <ul style="list-style-type: none"> <li>• Mayflower Community Hospital</li> <li>• Community Respiratory Team</li> <li>• Pulmonary Rehabilitation Service</li> <li>• Home Oxygen Clinic</li> </ul>   |
| <b>12.</b> | <b>Exception Reporting &amp; Contract Management Meeting</b>   |
|            | None.  |
| <b>13.</b> | <b>CCG Update for Providers</b>  |
|            | None.  |
| <b>14.</b> | <b>Escalation to Board Assurance Framework</b>   |
|            | It was agreed that an addition to the BAF would be made relating to the Looked After Children CQC action plan.   |
|            | <b>AOB</b>   |
|            | <p>The Committee were advised that the newly published NICE guidance for Care of dying adults in the last days of life had been included within the pack.</p> <p>DS updated regarding the Flu uptake by staff which was recorded as 19%. Lessons learned from last year had been reviewed and further advertising to staff had been completed.</p> <p>JG discussed the Contract Technical Review group action regarding Parkinson's and gaining assurance for patient care involving long term conditions. BJ advised that NELFT have had discussions and there is very little difference in the service. There was a drop noted in the number of "actual" due to long term sickness. BJ noted that she would be presenting the information to a patient group and could share with the Committee after 16<sup>th</sup> January 2016.</p> <p>LS suggested the workplan be updated to reflect months when NELFT had no Board Meeting and reports would not be available. <b>Action KM</b></p> <p>LDavis stated that she had yet to receive the report following NELFT's review of Thorndon Ward.</p> <p><b>Action: DS agreed to send this when available.</b></p> <p>SM met with Essex County Council and Thurrock Council regarding feedback from Safeguarding alerts to ensure that outcomes are being shared with NELFT.</p> <p>BTUH are on black alert and NELFT have called services for updates regarding the high number of complex patient, including those with palliative care needs.</p> <p>KM advised that a 45 day report extension had been requested. LS advised that the extension was agreed.</p> <p>DS raised concern regarding the gap in provision for Children in transition to adult services. LS stated that JFT also had similar concerns and opportunities are being sought as to how these can be addressed in the future through commissioning. LS advised that this is already included on the CCG BAF.</p> |
|            | <b>Date of Next Meeting</b>  |
|            | 3 <sup>rd</sup> February 2016 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL  |