

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

Present:	Linda Smart (LS)	Deputy Chief Nurse, Thurrock CCG (Chair)
	Brid Johnson (BJ)	Integrated Care Director, Basildon
	Lesley Buckland (LB)	Lay Board Member, Thurrock CCG
	Kay Markwick (KM)	Business Manager, NELFT
	Dr L Grewal (LG)	GP Board Member, Thurrock CCG
	Jo Gansbuehler (JG)	Contracts Manager, NELCSU
	Sue Cleall (SC)	Quality & Patient Safety Manager, Thurrock CCG
	Laura Davis (LDavis)	Lead Nurse, Thurrock CCG
	Nikki Livermore (NL)	Senior Quality and Patient Safety Manager BBCCG
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG
Apologies:	Jane Foster-Taylor	Chief Nurse, Thurrock CCG
	Diane Searle	Director of Nursing, Patient Safety, BTUH Health Economy
	Yvonne Anarfi	Designated Nurse for Safeguarding Children, Thurrock CCG
	Alison Garrett	Associate Director Nursing, Quality and Patient Safety
	Greer Phillips	Quality & Patient Safety Manager, BBCCG

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 agreed to add Karen Wesson and Dan Stoten to the distribution list and share the meeting dates for 2016.
2.	Minutes of the meeting held on 4th November 2015 The minutes from 4 th November 2015 were reviewed by the group and accepted as an accurate record with the following clarification; Page 7 - KM emailed NELFT services to ensure that secure fax would not be used for referrals / discharge summaries.
3.	Action Log & Annual Workplan 15/15 Annual Staff survey shared with Thurrock CCG. NELFT are now completing the staff

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will be improved as a result of our working effectively together.*

survey for 2015/16. Closed.
 38/15 Falls report information would be provided as a narrative, not a report. GPhillips to receive an update.
 46/15 BJ advised that the workstream is on-going and NELFT are waiting for a service specification. NELFT declined to pick up the LD health checks for this year as it is too late in the year to arrange staff. Forward to Q&PS meeting as performance and with RV for quality discussion. Closed.
 51/15 Health Visitor / School Nurse list has been shared with YA. **Action: YA to cascade to practices.**
 52/15 DS shared the Legionella reports with LS, Sheila O'Mahony is reviewing the report.
Action: SO'M update for the next meeting.
 54/15 The NELFT website complaint data was updated. Closed.
 56/15 Dr Yasin -IPC visit to the Bellworthy's practice, review identified that waste is stored in a NELFT building that is adjoining and BJ advised NELFT are aware of the conditions and are reviewing with the Estates team. **Action: BJ to update the group on progress with this estates review.**
 57/15. Closed.

4. Maternity Update

There was no further update since last month's meeting.

5. Children's Services Update

BJ shared an update regarding EWMHS, which was transferred in November 2015. The SPA's is now operational. There are an average of 20 calls per day for the Thurrock area. BJ noted that last week there were 71 calls for Thurrock, with an additional 16 call which cut off before they could be answered. The service is based in the MASH office it was discussed that this may not be one of the most appropriate settings to hold such conversations, there is one seat allocated for the staff.

BJ advised that the service is linking Early Offer of Help for signposting. It was noted that Greater Essex receives over 300 calls per week. The volume of calls is now stabilising and the only current change is signposting. Crisis issues were discussed and there had been a three month consultation period for the change of service hours from 9am-5pm to 9am-9pm and overnight. BJ commented on a new step being incorporated from Monday as staff were previously not talking to family members and suggesting A&E visits. The service now aim to provide clinical triage.

There is a need for consultation with a Mental Health clinician for some cases. There has been some difficulties covering some of the clinical shifts. BJ advised that the transition has been very complex due to different working practices by SEPT and NEPT.

There was a discussion of a recent SI regarding an attempted suicide which will be fully investigated.

LS asked if the number of phone calls to the service had increased or decreased since the transition and BJ confirmed that the volume is now stabilising. BJ advised that NELFT are currently working through 'hidden waiting lists'.

Where there are missed calls, learning will include analysis of call times for least busy times to be suggested to GPs. The service staff now have access to SystmOne.

LS requested a copy of the written report from SWEssex.

Action: Written report to be sourced and shared with LS by BJ.

LG suggested the CEG meeting be used to share examples from the service.

	<p>Action: AMS and Jessica Parr to share agenda for Safeguarding meeting that NELFT have been invited to.</p>
<p>6.</p>	<p>NELFT Performance Reports</p> <p>JG updated the Committee regarding the queries that had been raised with NELFT for the KPI document. It was noted that the open items had been rag rated. Had responses last week.</p> <p>It was agreed that the KPI document with queries from the CSU and responses from NELFT would be tabled in future meetings.</p> <p>The RAG rated items were discussed as per the KPI document.</p> <p>Action: LDavis to contact Ann Motley for her action re LOS.</p> <p>The item for “Children R8” was discussed as JG is reviewing the entire data set with Claire Blair to see clarity on quality assurance which the information provides.</p> <p>Queries for October data were also reviewed. These queries had been raised at CTRG on 1 December. There were two red rated items on national requirements for ESB4. JG to check with Hayley Black as there was concern regarding retrospective changes to the data that had been input. KM advised that this change was only internal.</p> <p>There was a red RAG rating for Safeguarding Adults MCA DOLs training as there is a fall in compliance. BJ advised that this related to a KPI and CQUINs and NELFT are already looking into the issue to shared a response. BJ noted that MCA DOLs training is complex and will be reviewed and likely be amended to a green rating.</p> <p>SC advised that Catheters and UTIs at AFC showed a spike of 4 cases in the PST data. BJ advised that the incidents were being investigated to ensure there were no cross infection concerns.</p> <p>LB asked where assurance is captured, as these snapshots are not explained unless discussed anecdotally. LB queried if there is follow up for assurance on the spike from a snapshot of data. LS requested a formal report on these cases and in addition the incidence for the whole month period as the PST data is a snapshot for one day only.</p> <p>Action: BJ to provide the investigation report for the period of a month and incidence of CAUTI.</p> <p>NL Noted the appraisal rates that had been reported.</p> <p>The average length of stay in AFC was listed as 21 days, slow stream rehab, BJ advised that some ALOS are shorter than 21 days. Reporting requirements were discussed. BJ asking for more information for those within the average length of stay (21 days). Some involve patients who do not have a care package available or deteriorate before release. It was noted that LDavis is to complete a Quality review with Anne Motley, action already in the action log.</p>
<p>7.</p>	<p>Patient Experience</p> <p>It was advised that the Patient Experience data is now recorded on datix for ease of collating this data.</p> <p>LS advised the Committee that the data for Duty of Candour is being scrutinised and the processes would need to be clarified as fines are possible if there is non-compliance with the national guidance. BJ shared concern that there was bureaucracy in the way the data was being viewed and suggested more focus on patients.</p>

SC advised the Committee that the Duty of Candour spreadsheet had only just been shared and that this information was not always transferred onto the SI Reports which made it difficult for the CCG to assess compliance within the statutory timescales.

LS commented on the final SI report, the phrases 'still within 10 days' features and here should be dates when this has been completed. There will be a necessity to go back and check previous dates with SI reports. BJ advised that the NELFT Quality team had discussed the process, the date requested and then addressed the template.

LS confirmed that the checking of compliance is the CCGs responsibility and suggested making arrangement for a meeting/telecom to discuss the processes.

Action: LS to arrange meeting to discuss processes with NELFT and BBCCG.

8. Workforce

The workforce reports were reviewed and LS expressed concern regarding safer staffing levels and possible under-reporting of gaps. BJ advised that this is now being addressed.

BJ noted that NELFT are waiting to find out the success of the recently funded local recruitment campaign.

LS asked if the Christmas rotas were completed and shifts fully covered, BJ advised that over the next couple of weeks these are due to be finalised Christmas and NELFT will look to book the bank and agency staff required. Where gaps have been identified, block bookings will be utilised. LS asked if there is a possibility of bed closures like last year and BJ responded that this would not be expected.

LB queried the national issues with junior doctors going on strike and the impact for NELFT. It was asked if there is a contingency in place. BJ reported that there is no problem in the Thurrock area due to staff grade and not having their own junior GPs. NELFT were on standby for BTUH to help through RRAS and SPOR.

NL queried Mitigation action points as there is just a statement but no action. BJ addressed this concern by clarifying that a manager is on call at night for the process.

Action: BJ to feedback the Board report.

The Workforce paper was discussed and compliance with appraisal rates were reviewed. BJ noted that NELFT aim for 85% by the end of December 2015. There is a new system in place called STARS.

9. Assurance Reports

The Assurance reports were shared and BJ advised that staffing training is underway.

Brentwood ICT was discussed as David Horne had fed back that the morale of staff is settling even though there are staff shortages. Health Visiting services are now considering skill mixing in the teams.

BJ commented that it had been highlighted while completing 45 day reports, NELFT were finding less and less of same themes appearing. New staff from Billericay and Wickford had begun with positive responses to induction training options.

The group discussed the issues between linking End of Life care and the ICTs as there is concern over obstacles between each team.

	<p>BJ advised that staff need mobile working to progress. It was advised that the use of paper notes in the patient homes make Information Governance issues impossible to eliminate completely.</p> <p>LS noted that there will be an audit on SSKIN bundles by next year the report would be shared when complete.</p> <p>Action: BJ to share report when audit completed.</p>
<p>10.</p>	<p>Schedule of NELFT reports</p> <p>The bi-annual Serious Incident and Duty of Candour report was reviewed. LS noted that there had not been as many Children's SIs reported as in the past. BJ advised that this would be discussed with the SI team.</p> <p>BJ discussed a recent child death case as the child was not known by Thurrock services. The reports were completed within both 24hrs and 72hrs respectively. LS expressed concern that Public Health England are also not sighted in this incident. BJ advised that NELFT can raise an SI but will not duplicate the workstream as there have been duplications in the past.</p> <p>LG queried who has sight of all Children's SIs. It was confirmed that these should be linked into the Q&PS Committee, although they need to be declared on STEIS to do this. There was concern that these are being missed through gaps in the process.</p> <p>Action: BJ to review NELFT's process for the reporting of serious incidents relating to Children's safeguarding.</p> <p>NL queried the graph on page 81 regarding the distribution of SIs and asked if these figures had been noted as high. It was explained that these are an interpretation of the SI framework. SC to discuss with NELFT regarding what constitutes an SI.</p> <p>The Annual Health and Safety report was reviewed and NL raised a query regarding page 90 needle sticks and sharps incidents. BJ advised that the slight increase was not a significant risk.</p> <p>It was discussed that the RIDDOR reporting had seen a 52% jump and it was not known if this was due to good reporting or a rise in the number of incidents.</p> <p>Action: BJ to review this data and feedback to the next meeting.</p>
<p>11.</p>	<p>Quality Visits</p> <p>LDavis shared the Quality Visit report regarding the Community Heart Failure Team and advised that the HCA who was shadowed very caring. LDavis advised that the HCA previously held a Band 4 position with another provider but could only get a post for a Band 3 with NELFT. It was noted that the feedback was very good.</p> <p>Areas of improvement were discussed as per the report and LDavis noted the need to ensure staff aware of how to activate panic button on SystmOne. There was also a suggestion that chaperones be offered for female patients.</p> <p>LDavis noted that there were some staff who had a January start date and received their induction training until March. BJ advised that this had been changed to monthly inductions being made available. The service had achieved 100% for mandatory training.</p> <p>A verbal update of recent visits was shared and it was noted that written reports would follow in next month's meeting.</p>
<p>12.</p>	<p>Exception Reporting to & from Contract Management meeting</p> <p>None.</p>

13.	CCG Update for Providers
	There was no further update for Providers from the previous month.
14.	Escalation to Board Assurance Framework
	None.
	AOB
	<p>NL queried if NICE implementation would begin in December 2015. BJ advised that it would be fed back centrally.</p> <p>LDavis shared an update regarding End of Life services. Stephen Mayo had requested clarification the process for Nurses to access SystmOne and print off data to leave in the patient's home for others health professionals.</p> <p>Action: NL to clarify query.</p> <p>LS discussed Nurse Revalidation and BJ advised that road shows and EWMHS have been working together to encourage involvement in the planned revalidation.</p> <p>A CIPs update was requested and BJ advised that NELFT are nearly green on all and will be preparing for next year. NL asked if the Adult consultation was part of the CIPs discussion and it was confirmed that it was. NL advised the Committee that some of the 8C posts will not be available in the new Adult services structure and queried if there are EIAs and QIAs for the possible loss of skill base. BJ advised that there would not be a loss of skill base but the outcomes that have been investigated could be shared.</p> <p>Action: LS requested formal report from NELFT.</p> <p>CQUINs were discussed and feedback was requested in writing.</p> <p>Action: BJ to share CQUIN feedback.</p> <p>A request was received from NHSE for progress updates of open and honest care the group were advised that DS had responded to this information request.</p> <p>There was an update regarding regulatory activity and the Looked After Children review as one child was an out of area child. BJ advised that NELFT are trying to get an agreement with the family and Jane Foster-Taylor has received information on this process. The draft CQC report is still awaited.</p>
	Date of Next Meeting
	6 th January 2016 12.30-2.30pm, Civic Offices, 2nd floor, New Road, Grays, RM17 6SL