

Partners in Care Meeting

Tuesday 27th February 2018
Health Education Room, Selby War Memorial Hospital
Minutes

Present

Sarah Fiori (Senior Quality Lead for Care Homes, NHS Vale of York CCG. Chair)
Phil Mettam (Accountable Officer, NHS Vale of York CCG)
Victoria Hirst (Head of Engagement, NHS Vale of York CCG)
Alex Kilbride (Commissioning and Transformation Manager, NHS Vale of York CCG)
Shelia Fletcher (Commissioning Specialist for Adult Mental Health, NHS Vale of York CCG)
Sarah Goode (Senior Quality Lead for Primary Care, NHS Vale of York CCG)
Chris Pomfrett (Tissue Viability Nurse, NHS Vale of York CCG)
Sam Varo (Engagement and Quality Support Officer, NHS Vale of York CCG)
Keith Aldridge (Senior Programme Manager, Social Care Programme. NHS Digital)
Katharine Speak (Principal Podiatrist, Diabetes and High Risk Centre for Diabetes and Endocrinology. York Hospital)

Emma Hidayat (Independent Care Sector Lead, NHS England (Yorkshire and Humber)
Beverley Proctor (Operational Manager. Integrated Liaison Discharge Team ,York Teaching Hospitals NHS Foundation Trust)
Gillian Younger (Out of Hospital Project Manager, York Teaching Hospital Foundation Trust)
Gail Sorby (Care Home Manager, City of York Council)
Katherine Oglesby (Deputy Manager, William Wilberforce Care Home)
Meg Kennedy (Director, William Wilberforce Care Home)

Yvonne Clark (Westwood Care Home)
Jennifer Marshall (Manager, Apple Tree Care Home)
Amanda Brook (Chocolate Works Care Village)
Sarah Paskett (General Manager, Chocolate Works Care Village)
Beverley Emmett (Registered Manager, Abbey Lea Care Home)
Mike Richards (Riccall Care)
Diane Moughan (Home Manager, Riccall House Care Home)
Donna Crockford (Home Manager, Fulford Nursing Home)
Alison O'Halloran (Roche Healthcare)
Lizzie Hancock (Managing Director, Fulford Nursing)

1	Welcome and Apologies SF welcomed everybody for the meeting, and thanked .	Sarah Fiori
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<p>2</p>	<p>NHS Digital-</p> <p>SF introduced Keith Aldridge, a representative from NHS Digital's social care programme who works closely with both the Care Provider Alliance and Registered Nursing Home Association.</p> <p><u>Information Governance</u></p> <p>The Green Paper for Social Care stated there is a need to find better ways to transfer information. KA has approached the Care Provider Alliance to investigate what guidance materials could be provided, especially with regard to digital threats such as viruses and malware which anybody could be vulnerable too.</p> <p>KA reminded the group that the General Data Protection Act enters legislation in May, and with it additional CQC guidelines. However statistics are showing that few have completed the information governance toolkit, with anecdotes that it had proved more difficult for smaller organisations to complete.</p> <p>The group were informed that a large number of templates, policies and cyber security guidance were available from NHS Digital to aid with this. The new IG toolkit is streamlined into 10 standards and 3 themes; people, process and technology. Completion is mandatory for all those on the standard NHS contract. The social care version is not yet available, but each organisation will need a responsible individual to identify what data they have and how it is shared.</p> <p><u>Use of NHSMail in Social Care</u></p> <p>KA also introduced a project on NHS Digital are working on a project to rollout NHSMail to any homes interested. This could be done through the CCG, filling in a form through the new national administration service or a self-management scheme for larger organisations.</p> <p>Various case studies of NHSMail users among the sector are available, one home reporting saving 10 hours of clinical time per week.</p> <p>The group reported that a lot of time was currently spent phoning GP Practices for test results and that using NHSMail</p>	<p>KAldridge</p>
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	<p>could help, however problems will likely still exist until A&E begin accepting emails or using NHSMail (acting as a digital version of the red bag scheme)</p> <p>Keith can be contacted at: keith.aldridge@nhs.net</p>	
3	<p>Care Home Bed State Toolkit</p> <p>An update was given on the implementation of the toolkit, which went live across the NHS Vale of York area on Monday 26 February currently approximately 30 homes are registered. This is a live tracker for homes to submit bed vacancies and prices; these will be visible to local authority and discharge team colleagues to view available beds and thus avoiding ring rounds. These calls will be phased out after a three month implementation period.</p> <p>SF reminded the group that if contact details or managers change, that these details should be forwarded to the CCG allowing them to remain in contact.</p> <p>There were questions about how regularly a home should update the portal; Emma Hidayat advised that there was an expectation to update every week to ensure details are current. Reminders to update can be set up if required.</p> <p>The group were asked to be aware of the notes section, where any extra information about a home could be put (eg: pet friendly or foreign language speakers). This is also the appropriate section to put fees for local authority/CCG if varying for the main prices.</p> <p>EH informed that the optimum operating platform is Google Chrome, and that if any problems with using the toolkit arise it may be due to using an older internet browser.</p> <p>Gail Sorby informed the group that City of York Council homes have used a similar system for 5 years, and this has minimised phone calls.</p> <p>It was asked where information about bed type (double, ensuite etc) should be put. This query will be run past the development team at NECS.</p> <p>The group asked whether the toolkit could facilitate home to home transfer. It was answered that wasn't possible at the moment, as homes couldn't see the data from other homes.</p>	SFiori/ Emma Hidayat

	<p>However a public facing version of the site is being investigated.</p>	
4.	<p>Discharge Hub</p> <p>Beverley Proctor thanked the group for being invited to give an update, and informed that local authority and discharge teams are now cohabiting after previous discussions about planning appropriate pathways. The group were asked for suggestions about how coproduction between stakeholders can help re-able customers.</p> <p>One suggestion was of a hospital passport with a traffic light system, as done in different areas. This links in with the discussion about the red bag scheme and what the contents of those need to be.</p> <p>Several homes remarked that there was currently no capacity to perform late night escorts for referral when there is skeleton staffing. Having these would provide greater reassurance for families.</p> <p>One has recounted a situation of the trusted assessor team calling to ask if they can reassess a patient.</p> <p>Beverley can be contacted at: Beverley.Proctor@York.NHS.UK</p>	<p>Beverley Proctor</p>
5	<p>Identification of Deteriorating Residents</p> <p>SF asked the group about how they work to identify deteriorating residents, and informed them that a conference dedicated to the subject is being held at the Bar Convent on 01 May. Further information about the event has now been circulated via email to the group.</p> <p>The group were informed about a pilot scheme to help staff in identifying these residents. This tool is a set of “stop and watch” questions to act as a prompt, allowing colleague to go to the senior care leader with any suspicions.</p>	<p>SFiori</p>

6	<p>Diabetes</p> <p>Katharine Speak introduced herself and reminded the group of the importance of examining feet. The multi-disciplinary foot team are generally based at York District Hospital but also have outreach clinics. A new clinic has recently been set up in York.</p> <p>KS advised of the importance of examining both feet rather than just one to check they are similar, and pointed to NICE guidelines which inform early intervention is important to avoid knock on consequences.</p> <p>All diabetic are given annual reviews which identify appropriate pathways. Copies of these pathways are available, and education sessions on the importance on improving outcomes and pathways are being held. The outcomes of these will be shared. Many diabetics are unaware of the level of risk they are at.</p> <p>Anybody can refer into the multi-disciplinary team, and anybody wanting to shadow a session is encouraged to contact Katharine.</p> <p>SF reminded the partners that pressure ulcers are not just found on heels.</p> <p>Alex Kilbride informed the group how NHS England funding is available to target diabetic patients at risk of complications. Currently the area is missing targets so a support team has been established which includes nurses and GP's. Primary care searches have proved hard to identify those who are residents of care home.</p> <p>AK requested for homes to fill in the attached template with diabetic residents and which GP practice they are registered with, and return to her. This will also the team to do a remote review of records and identify at risk individuals (based on factors such as cholesterol). The funding for this programme is in place till early 2019.</p> <p>Katharine can be contacted at Katharine.Speak@hdfn.nhs.uk Alex can be contacted at alexandra.kilbride@nhs.net</p>	Katharine Speak/Alex Kilbride
7	<p>React to Red Progress</p> <p>SF updated that 12 further homes have been identified for training. Plenty of feedback has been received so far that the</p>	SFiori

	<p>training is easy to understand and apply. Some homes are introducing the training as mandatory.</p>	
8	<p>Safety Huddles Progress</p> <p>Information has been circulated to the group about an upcoming falls summit; the group are encouraged to email Sarah if requiring any help to implement the huddles.</p> <p>Fulford Nursing Home has now gone a fantastic 100 days without a pressure ulcer.</p>	SFiori
9	<p>Diadem and Dementia Diagnosis</p> <p>Sheila thanked all those present for their work since the previous meeting in November, and reminded the group that the Diadem tool can be filled in by staff before passing to GP to collect and complete. A number of forms have been filled in by Fulford Nursing and collected, which has resulted in diagnosis.</p> <p>Gail Sorby recounted experience that in a previous pilot, several residents were coded as having dementia that were not known by the care home.</p> <p>SF reminded the importance of early diagnosis for care homes in helping to plan care around residents.</p> <p>Sheila can be contacted at: sheila.fletcher1@nhs.net</p>	Shelia Fletcher
10	<p>Verification of Expected Death Feedback</p> <p>SF reminded the group the GP out of hours service will no longer provide verification of expected death. The CCG are working to provide support for staff to access training, but in the absence of this homes are available to contact UCP's or Community Nurses.</p> <p>Fulford Nursing recounted an experience of an agency nurse being treated very rudely when calling the out of hour's service to ask for verification, and that funeral directors were not willing to come out till verification had occurred. Had to wait with daughter present still member of home staff could come in during night to verify. They are currently paying for paying for training through York Hospital, but SF will contact Kath Sartain to establish whether bespoke sessions could be created.</p>	SFiori

	Some homes have recently had experience of UCP's struggling to come out to verify due to staff shortages.	
11	<p>Returns of Equipment</p> <p>SF reiterated the need to return equipment, since the CCG are reimbursed upon its return. The group were told that the current contract with Mediquip is in a review period, and while any issues could be reported through the site it would be useful if the CCG could also be made aware.</p> <p>There were discussions about homes being asked to return ferrals. SF will investigate further.</p> <p>It was asked what the emergency repair policy for equipment was, and what homes should do if need to make emergency repairs themselves. The partners were advised that the provider can provide guidance over the phone, and also an emergency response service.</p>	SFiori
12	<p>Flu</p> <p>The group were asked what uptake of flu vaccinations was amongst staff, and unanimously this was very low. It was suggested that if the funding to help was made available earlier this would have made a difference. Earlier communication and incentives should be taken forward as a lesson learned.</p>	SFioti
13	<p>Ears</p> <p>SF advised the group to use self-treatment for ear wax prior to referring for micro suction. Phil Mettam reminded that ear wax removal cost the NHS in York £500,000 in the previous year.</p>	SFiori
14	<p>Care Home Engagement and Work on the Horizon</p> <p>SF and Victoria Hirst visited William Wilberforce Care Home, building on the advice of Tommy Whitelaw (Speaker at the NHS Care and Share conference) to simply ask "what matters to you?"</p> <p>Work on the Multidisciplinary Care Home Team remains in progress.</p>	SFiori

	<p>A pilot of the non dipstick scheme is now in place at 2 homes.</p> <p>Closer working between CCG and City of York Council remains a priority.</p> <p>SF asked for any suggestions for future meetings and items on the agenda to be sent to her.</p>	
18	<p>Thank you and close.</p> <p>Next meeting: April 2018. Venue TBC</p>	