

<b>Meeting</b>	UHNM CQRM: M1
<b>Venue</b>	Microsoft Teams
<b>Date/time</b>	Thursday 16 <sup>th</sup> June 2022, 12:00 – 13:30

Attendees:		
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■

In Attendance:		
[REDACTED] (Minutes)	[REDACTED]	■
[REDACTED]	[REDACTED]	■

Apologies:		
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■

No	Item	Action Lead
1.0	Introduction & Apologies	

<p>■ opened the meeting with a short round of introductions and apologies.</p>	
<p><b>2.0 Declarations of Interest:</b></p>	
<p>None noted.</p>	
<p><b>3.0 Minutes</b></p>	
<p>The minutes from the meeting on 19<sup>th</sup> May 2022 were confirmed as a true and accurate reflection of the meeting.</p>	
<p><b>4.0 Action Log</b></p>	
<p><u>Action 44 - Electronic Prescribing:</u> ■ confirmed that formal IT testing for electronic prescribing will start in July/August 2022, and the user acceptance testing will begin in October 2022 until Spring 2023. The formal training for users will start in Spring 2023, and the hardware deployment will be the final stage in September 2023. Inpatient rollout is expected in December 2023. <a href="#">[Action Closed]</a></p> <p><b>New Action:</b> ■ to investigate if IPNA will be able to interact with EPS and if the scope of the project will include outpatients <a href="#">[Action Open]</a></p> <p><u>Action 69 – Culture and bullying report Action plan:</u> ■ confirmed an improvement plan had been developed following the culture and bullying report. Agreed to share this report in July 2022. <a href="#">[Action Open]</a></p> <p><u>Action 70 – Quarter-four Patient Experience:</u> ■ noted this would be presented at the July CQRM. <a href="#">[Action Open]</a></p> <p><u>Action 71 – High Sickness in Midwifery:</u> ■ agreed to investigate the absences for midwifery. <a href="#">[Action Open]</a></p> <p><u>Action 73 - Mortality Report:</u> ■ noted that the reduction in SJR is being managed by the mortality review group and added to the local risk register. ■ confirmed that no BTE therapy incidents had been classed as serious harm. Agreed to close action. <a href="#">[Action Closed]</a></p> <p><u>Action 74 - June CQRM Dates:</u> ■ confirmed that July and August CQRM dates had been booked. ■ noted having a short CQRM in August due to the summer holidays. <a href="#">[Action Closed]</a></p> <p><u>Action 75 – Axis Charts:</u> This action has been completed. <a href="#">[Action Closed]</a></p> <p><u>Action 76 - ■ ■</u> will attend the July CQRM. <a href="#">[Action Open]</a></p> <p><u>Action 77 - Discharge Incidents:</u> ■ agreed to include the discharge incidents in the following report. <a href="#">[Action Open]</a></p> <p><u>Action 78 - Non-Obstetric Ultrasound:</u> ■ provided the report. <a href="#">[Action Closed]</a></p> <p><u>Action 79 – WMAS:</u> ■ provided the update by email. Agreed to close the action. <a href="#">[Action Closed]</a></p> <p><u>Action 80 - Quarter 3 and 4 104-day:</u> ■ agreed to send an update on the reports by Tuesday 21<sup>st</sup> June 2022. Agreed to add to the July CQRM. <a href="#">[Action Open]</a></p> <p><u>Action 81 - Staff Survey Action Plan:</u> This is on the agenda. <a href="#">[Action Closed]</a></p>	<p>■</p>

	<u>Action 82 - CEF Summary Report:</u> ■ requested adding the papers to the July CQRM for discussion. [Action Open]	
<b>5.0</b>	<b>Monthly HCAI Report (April 2022)</b>	
	<p>■ confirmed that no MRSA bacteraemia was reported in April 2022, and there are currently ten community cases of CDiff. There are presently no Covid outbreaks. There is one area that has reported two CDiff cases within 28 days. There were no norovirus outbreaks during April. An action plan is in place for A&amp;E at Royal Stoke, and a concentration to improve Sepsis training and reinforcement.</p> <p>■ queried if the RCAs for the ten CDiff cases in April are still outstanding. ■ confirmed they have all been started and should be completed by the following report. ■ noted that Sepsis screening and diagnosis have been showing as poor for the past year and enquired how high it has been sighted. ■ stated that poor sepsis screening is attributed to A&amp;E, and low sample numbers in small hospitals can affect the whole compliance in the Trust. There is a Sepsis champion that conducts spot checks and reports to ■. ■ confirmed ■ is aware that the team is doing everything possible to achieve the results and asked ■ to raise it at an Executive level.</p> <p>■ enquired if patients on the back of ambulances are receiving appropriate Sepsis screening due to long waiting times. ■ agreed to review some of the patients held in ambulances between January and May 2022 in the following report. ■ stated ■ has made sure all patients being sent to the department are being screened straight away though there are staffing issues. ■ requested specific assurance of this issue. A new Sepsis specialist nurse has joined the IPC team and is due to start within the next two weeks.</p>	
<b>6.0</b>	<b>Brap and Roger Kline Culture report- Action Plan</b>	
	<p><u>Brap and Roger Kline Culture report- Action Plan</u> Agreed to discuss this once the report is completed</p>	
6.1	<p><u>Staff Survey summary report &amp; actions</u> Taken as read with the following comments</p> <p>■ noted positive actions and plans in the presentation to the board and enquired about an accountable action plan. ■ agreed to investigate if there is a separate action plan for the staff survey or will it be part of Brap and Kline's action plan.</p> <p><b>New Action:</b> ■ to investigate if there is a separate staff survey action plan</p>	■
<b>7.0</b>	<b>Quality Assurance Report Summary (April 2022)</b>	
7.1	<p><u>Quality Assurance Report</u> Taken as read with the following comments</p> <p>■ noted page five: "Increase in total reported incidents relating to staffing shortages and lack of appropriate staff on wards/departments during March 2022." And "52 Definite Hospital</p>	

7.2	<p>Onset / Nosocomial COVID-19 cases reported in February 2022.” ■ confirmed these should state in April 2022.</p> <p>■ enquired if there were significant plans for falls prevention. ■ confirmed plans including reinstating fall champions in face-to-face training, preparations for the fall prevention week in September and education to reduce the number of falls. ■ noted that work is also underway on pressure ulcers prevention. ■ stated high sickness with staff and enquired what is being done to improve this. ■ agreed to investigate and report back to ■.</p> <p><b>New Action: ■ to investigate preventable measures being taken for staff high sickness</b></p> <p><u>CEF Quality Visits report</u> Agreed to discuss once the report is ready for CQRM.</p>	■
<b>8.0 Monthly Performance Report Summary (April 2022):</b>		
8.1	<p><u>Performance Report</u> Taken as read with the following comments</p> <p>■ enquired about the patient's experiences due to the delays. ■ noted that all completed pathways have a proforma containing six questions showing they have received a harm review. The incomplete pathway specialist will identify areas they believe could be an area for harm. Every month an audit will take place for 15% of patients.</p> <p>■ requested previous performance reports.</p> <p><b>New Action: ■ to send ■ the previous performance reports</b></p>	■
8.2	<p><u>Elective Backlog Update</u> ■ enquired if 100% isn't reached, when will the backlog be cleared. ■ confirmed that the backlog is increasing every month.</p>	
8.3	<p><u>52ww Harm review Report</u> ■ noted that an interim bulletin had been published showing a full review of harm caused due to delays, and UHNM will review it to provide assurance.</p>	
8.4	<p><u>104 Day Harm Review Report</u> ■ noted 104 days is currently at 110 patients.</p>	
<b>9.0 Emergency Department Monthly Assurance:</b>		
9.1	<p><u>12-hour breach Report/ Ambulance handover delays/harm review report</u> ■ confirmed that the report covers November 2021 to January 2022, showing 1830 12-hour breaches during this time. 214 harm reviews were undertaken to a total of 12%, including patients that have died. Work is progressing on improving triage times. Key learning from patient reviews showed evidence showed refreshments were provided to patients during their</p>	



	<p>12-hour stay in ED due to newly appointed housekeeping assistants offering refreshments. ■ noted that ED staff are asking specific questions to ensure patients are triaged daily.</p> <p>The ambulance handover delays report from January reviewed 50 random patients. It was revealed that ambulance crews would record patients' clinical observations while waiting to offload them. Some patients on ambulances were offered refreshments and toilet access if required. 28 of these 50 patients reviewed were discharged home straight from ED. ■ noted the immediate actions from ED included four patients cohorted in a designated area and looked after by a member of the ambulance crew.</p> <p>■ enquired if there are patients who go straight from WMAS to SDEC and are they suitable for this pathway. ■ noted that ■ would investigate this query. ■ noted an improvement from the previous report, showing how hard the staff worked in challenging conditions.</p> <p><b>New Action: ■ to investigate if there are patients who go straight from WMAS to SDEC and are they suitable for this pathway</b></p>	■
<b>10.0</b>	<b>Serious Incident Report</b>	
10.1	<p>Taken as read with the following comments</p> <p>■ noted improvements in over-dues.</p> <p><b>Serious Incident Report (Quarter 4)</b></p> <p>■ enquired if the report stating "March 2022 saw 26 incidents reported with 50 at RSUH and four at County Hospital" was correct. ■ confirmed this was incorrect.</p>	
<b>11.0</b>	<b>Mortality Report (April 2022 Front Sheet)</b>	
	<p><u>Mortality Report (April 2022)</u></p> <p>Taken as read with the following comments</p> <p>■ enquired if there have been 40 deaths due to short shown on page 5 CuSum reporting section. ■ confirmed this figure was for the last twelve months, and a report will be generated from a recent mortality report around neonatal.</p>	
<b>12.0</b>	<b>Electronic Prescribing Update</b>	
	<p>■ confirmed that formal IT testing for electronic prescribing will start in July/August 2022, and then the user acceptance testing will start in October 2022 until Spring 2023. The formal training for users will begin in Spring 2023, and the hardware deployment will be the final stage in September 2023. Inpatient rollout is expected in December 2023.</p> <p>■ enquired if functionality had been settled. ■ confirmed it had been settled as integration from other trusts. ■ enquired if IPNA will be able to interact with EPS and if the project scope will include outpatients. ■ agreed to ask the steering group for an answer. ■ confirmed that</p>	

	<p>the EPA would have safety features to reduce potential prescribing incidents. ■ agreed to provide an update in six months.</p> <p><b>Action 44 Update:</b> ■ to investigate if IPNA will be able to interact with EPS and if the scope of the project will include outpatients</p>	■
<b>13.0</b>	<b>Forthcoming UHNM External Reviews</b>	
	<p>No forthcoming UHNM external reviews</p> <p>■ reported radiotherapy inspection in May 2022, concentrating on planning and treatment. Three minor non-conformities were identified, and an action plan for these three was approved. ■ agreed to update on the three non-conformities.</p> <p><b>New Action:</b> ■ to provide an update on the three non-conformities from the radiotherapy inspection</p>	■
<b>14.0</b>	<b>Any Other Business</b>	
	<p><u>CQC Improvement Action Plan</u></p> <p>■ enquired when the following action plan update was due. ■ agreed to provide an update in July CQRM.</p> <p><b>New Action:</b> ■ to add CQC Improvement Action Plan to July CQRM</p>	■
<p><b>Next UHNM CQRM: (M2)</b> <b>Thursday 14<sup>th</sup> July, 12.00 pm to 2.00 pm</b> <b>Via Microsoft Teams</b></p>		
<p><i>Please note: Committees must operate on the understanding that the formal record of any meeting (this includes minutes, agendas, recordings, and papers) may be subject to Freedom of Information requests.</i></p>		