

<b>Meeting</b>	UHNM CQRM
<b>Venue</b>	Microsoft Teams
<b>Date/time</b>	Thursday 16 <sup>th</sup> February, 12:00-14:00, 2023

#### Attendees:

██████████	██	██
██████████	██ ████████████████████	██
██████████	██	██
████████████████	██	██
██████████	██	██
██████████	██ ████████████████████	██
██████████	██	██
██████████	██	██
██████████	██	██

#### In Attendance:

██████████	██	██
------------	--	----

#### Apologies:

██████████	██ ████	██
██████████	██	██
██████████	██	██
██████████	██	██
████████████████	██	██

No	Item	Action Lead
1.0	<b>Introductions/apologies</b>	██
	██ introduced all to the meeting	
2.0	<b>Declarations of interest</b>	██

	No interests declared.	
<b>3.0</b>	<b>Minutes of previous meeting: 19<sup>th</sup> January 2023</b>	■
	Minutes agreed as accurate.	
<b>4.0</b>	<b>CQRM Action Tracker</b>	■
	<p>107 – Update report received by Trust for factual accuracy checking. (Open)</p> <p>113 – Waiting for the final Duty of Candour letter to be confirmed for the Never Event. (Open)</p> <p>114 – Data sent by ■. (Closed)</p> <p>115 – Still struggling with responses from mums, text messaging started 2 weeks ago. Texts are sent at 4 touch points. Been an initial increase in the last 2 weeks, with lots of responses from Midwifery birthing units. (Closed)</p> <p>117 – The chair advised this action to be split into 3 actions. The pediatric backlog has 448 patients, ■ to email across the tables with all data included. The Trust has asked if the incident of the safeguarding case of a child who was found to have a NAI following a delay in reporting as in routine reporting backlog, has been raised as a serious incident. ■ to report back. An update on the adult radiology reporting back log is required. (Open)</p> <p>118 – Papers sent across by ■. (Closed)</p> <p>119 – Update the draft NHS contract has been created, CQUINS are looking to be the same as last year. ■ to provide an update once finalised. (Open)</p>	
<b>5.0</b>	<b>Monthly HCAI Report (December 2022)</b>	■
	<p>CDIFF's are above trajectory at the moment.</p> <p>The Trust is now catching up with backlog of C DIFF RCA's in relation to avoidability following staffing shortages within the IP team last year. ■ to meet with IP ICB leads to further discuss the CDIFF RCA's and avoidability. There has not been the usual CDIFF nurse cover due to other pressures within the team, but it is now recruited to this post, which is 50% patients and 50% education cover. CDIFF collaborative with others within the regions are taking place where everyone is sharing ideas. Increase in CDIFF's trends shows the increase is more in the north region, south are either on or below trajectory. Key issues identified to date: Samples are often delayed, not sent to the labs until at least day 3 but sometimes takes longer which then means its Trust acquired even though often the patient is admitted with documented diarrhoea. Alerts have been sent to staff to try and send samples within a timely manner.</p> <p>November saw an increase in E-Coli cases, but the numbers came down in December, unsure as to why there was an increase. It was suspected to have been from patients given a blood transfusion and will be further investigated.</p> <p>A visit from NHSE with regards to an IP visit is planned on February 24<sup>th</sup> to try and get it back into the Trust IP green rating.</p> <p>There was an outbreak of Serratia on the neo-natal unit, no harm was found and no more cases have been found. Follow up meeting in a few weeks to discuss. ICB IPC leads are invited. Involving 6 babies.</p>	

	<p>Regional gloves off campaign is being launched, trying to reduce the number of gloves used. No evidence for bare below elbow, but below wrist is necessary. Will be a joint launch on this.</p> <p>Flu Vaccines numbers have dropped year on year, covid vaccination was stopped on 12<sup>th</sup> Feb, staff are vaccine exhausted, in line with other Trusts in the region. Flu vaccination will continue to be offered until the end of March. Numbers are 20% below last year's uptake for flu vaccination.</p> <p>Sepsis – the data reporting has been changed with Royal Stoke ED separated from other emergency portals as it is bringing down the average with other areas achieving.. This will take place from January reports, therefore will be clearer to see where the issue is. Will be included in the KPI dashboard.</p> <p>Only 1 Sepsis specialist nurse post currently, ■■■ is 50% Sepsis support and 50% IPG therefore February sample size may go down as ■■■ had Emergency leave.</p> <p>A New Sepsis nurse starts in April into the vacant post.</p> <p>Pneumonia cases Have been reduced by around 90% in some wards at the QE Hospital Birmingham. UHNM is exploring the possibility of having a dental nurse as part of the IP team for 2 days per week.</p> <p>No significant Covid-19 data to report, no outbreaks either. Latest outbreak is Norovirus. Flu B coming through slowly now. Recently reduced mask guidance which has not caused a problem.</p> <p><u>Covid-19 outbreak updates.</u></p> <p>None to note.</p>	
<b>6.0</b>	<b>Quality Assurance Report Summary (December 2022)</b>	
<b>6.1</b>	<p><u>Quality Assurance Report</u></p> <p>■■■ provided an update on the friends and family maternity.</p> <p>Duty of candour has been going down according to Datix, January data is complete, and improvements are being made already. Data needs to be uploaded, not just recorded. Clear improvements made in the January report.</p> <p>Stoke bringing down ED compliance with Sepsis. Satisfaction rate for ED below target of 63%, expecting numbers to get lower, largely around staff waiting times. There were issues raised about staff attitudes, this won't be deliberate from staff and may be unaware how they come across.</p> <p>■■■ mentioned that they have been listening to ■■■ podcasts and there has been a poor response to pain relief from ED consultants.</p> <p>All staff are trained annually on all safety equipment, if the equipment is complicated then support is offered.</p> <p>SI have dropped to 12, timely observations have been flagged.</p> <p>■■■ raised the report shows a number of incidents with a correlation to 'Your Next Patient'. It was raised that the reports don't capture any incidents such as patients in ambulance queues</p>	

	<p>or patients in corridors etc.</p> <p>■ noted that weekly reports regarding incidents relating to emergency care are shared at UHNM Exec level but not yet at CQRM. ■ concern was that decisions at the Urgent care board are being made without potentially all the information available. ■ has escalated to Exec level within the ICB.</p> <p>■ advised that the reports could be shared once had been through UHNM's internal processes</p> <p>Hospital associated thrombosis is largely above average in December, an insight of the increase has been found. The data process has been picked up by different members of the team, the process is being checked to ensure consistency by all staff involved.</p> <p>The raise in SHMI will be picked up in the quarterly mortality report. A further look at diagnostic groups is being undertaken particularly pneumonia.</p> <p>Moderate harm incidents have increased during December the highest number look to e related to patient flow. because of delays of transfers to Wards/ED.</p> <p>A review of incidents such as pressure ulcers/falls etc is needed within medical wards,</p> <p>■ enquired if a review was being undertaken pressure ulcers/falls incidents etc logged with a coloration to 'Your Next Patient Initiative' etc?, ■ to catch up with ■ see what data can be shared.</p> <p><b>Action: ■ to determine at what point reports on information/ incidents gathered regarding Emergency care initiatives could be shared with the ICB.</b></p> <p><u>CQC Update</u></p>	
6.2	<p>A Section 29 was raised because of care for patients with MH needs at County Hospital, The Trust have sent a response to the CQC on 26<sup>th</sup> Jan.</p> <p>The CQC action plan went to trust board last month, recommendations were made. Actions are being split where there is an audit in place so the process can be monitored more closely. Actions around mandatory training and compliance have been delayed due to winter pressures. A Deep dive into issues raised around speech and language therapy from CQC, to be investigated whether it was an isolated issue at the time of the CQC inspection or an on-going issue.</p> <p>CQC report following the Visit to County Hospital in October, shows 4 must do actions and 5 should do's.</p> <p>2 should do's for Royal Stoke.</p> <p>The Section 31 is still open from 2019 the Trust have requested a further review of this as currently no Trusts are achieving the triage within 15 minutes standard.</p>	
<b>7.0</b>	<b>Monthly Performance Report Summary (November 2022)</b>	■
7.1	<p><u>Performance Report</u></p> <p>Several areas within diagnostics are struggling achieving the 6-week targets, endoscopy and non-obstetric ultra sound. However there has been an overall improvement.</p> <p>Cancer targets have all improved.</p>	



7.2	<p>████ pointed out that the data in the report only goes to October (page 83), this needs to be further along to provide better insight, Can the Trust clarify why the data in these charts are so old.</p> <p><b>Action: Can it be explained why the data is old at the end of the performance report e.g. chart on page 83</b> █████</p>	
7.3	<p><u>52ww Harm Review Report</u></p> <p>████ advised the February panel had been cancelled, since the winter pressures had started less of the new harm review proformas had not been completed due to time constraints. There had also been an issue with validation of data and waiting for this to complete before initiating a harm review.</p> <p>████ advised that they will be trying to find the best way to improve completion. When █████ is back from leave █████ meet is to █████ to and will go through all the data and re-launch it. Process for validation has caused a pause in the harm review.. █████ described it was difficult to determine harm and capture it as there was the scenario for example of a patient who needed a hip replacement before the pandemic and now this person is on much more medication due to increase potentially of pain and reduction in ADL's whilst waiting for the surgery, cases like this need to be captured more often. █████ advised the author for the 52ww report needs to amend the wording of some parts of the report. It often says "no harm" and suggested it should be worded 'no serious harm' detected at time of harm review.</p> <p><b>Action: █████ to amend future wording in 52-ww harm review reports from 'no harm detected' to 'no serious harm detected'.</b></p> <p><u>104 Day Harm Review Report Q3, Q4, Q1, Q2-update on harm reviews.</u></p> <p>████ advised that █████ had emailed to say Q3 harm reviews via the new process were still being undertaken. █████ requested that the Cancer lead attends March CQRM to give an update on the harm reviews carried out to date.</p> <p><b>Action: █████ to attend March CQRM to give an update on 104-day cancer harm reviews</b></p>	
8.0	<p><b>Emergency Department Monthly Assurance</b></p>	████
	<p><u>12-hour breach report/ambulance handover delay/harm review report</u></p> <p>████ advised that harm review for 12-hour breaches up to November are almost complete, a review panel is to be set up.</p> <p>████ and █████ looking at thematic reviews for 12-hour breaches. And ambulance handover delays over next time period due to volume of breaches</p> <p>Capturing harm of any incidents raised as SI's, this is being worked on and will be sent across when ready.</p>	
9.0	<p><b>Serious Incident Report (January 2023)</b></p>	████
	<p><u>2022-5030 Never Event Surgical invasive procedure for review for closure.</u></p> <p>Never Event RCAs for formal closure. It was agreed Never Event can now be closed.</p>	
10.0	<p><b>Forthcoming UHNM External Reviews</b></p>	████

	■■■ advised that Health watch had carried out a 'Look and See visit' following receiving some intelligence about the County Hospital. Verbal feedback is positive but still waiting for the formal report.	
<b>11.0</b>	<b>Any Other Business</b>	■■■
	■■■ to put in April – June meetings.	

**Next UHNM CQRN: (M10)**  
**Thursday 16<sup>th</sup> March, 12:00-14:00, 2023**  
**Via Microsoft Teams**

*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.*