

<b>Meeting</b>	UHNM CQRM
<b>Venue</b>	Microsoft Teams
<b>Date/time</b>	Thursday 19 <sup>th</sup> January, 12:00-14:00, 2023

#### Attendees:

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

#### In Attendance:

[REDACTED]	[REDACTED]	[REDACTED]
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#### Apologies:

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

No	Item	Action Lead
1.0	<b>Introductions/apologies</b>	[REDACTED]
	[REDACTED] introduced all to the meeting and declared any apologies.	
2.0	<b>Declarations of interest</b>	[REDACTED]

	No interests declared.	
<b>3.0</b>	<b>Minutes of previous meeting, 17<sup>th</sup> November 2022</b>	■
	■ was missed off the attendance for the last meeting (November), ■ to make amendment.	
<b>4.0</b>	<b>CQRM Action Tracker</b>	■
	<p>103 – RCAs shared across the network and backlog being updated by ■. (Closed)</p> <p>106 – Included in the Quality Report. (Closed)</p> <p>107 – Report not yet received. (Open)</p> <p>110 – Covered on the agenda. (Closed)</p> <p>111 – Covered on the agenda. (Closed)</p> <p>112 – No response but contact has been made. (Closed)</p> <p>113 – ■ is waiting for the final DOC letter date from the division to add to RCA. (Open)</p>	
<b>5.0</b>	<b>Monthly HCAI Report (September 2022)</b>	■
	<p>C-diff RCA's are still behind but it has improved, it is now up to June and ■ has nearly completed July.</p> <p>Main learning identified are an increase in patients admitted with diarrhoea and the samples are being sent too late.</p> <p>Increase in antibiotic prescribing but prescribing is appropriate. It was felt due to the increase in number of influenza cases.</p> <p>NHE and West Midlands have a C-diff working group and the increase in cases are across the board, not just a specific location.</p> <p>The last few meetings have been stood down due to critical incidents and industrial action.</p> <p>■ advised the Trust are linking with Derby and Wolverhampton acute trusts to share practices, nothing has come out of it yet that isn't already being done.</p> <p>Thorough ward cleans may not be taking place due to lack of time/capacity and the need for beds quickly.</p> <p>Covid-19 vaccine uptake is lower than previous 2 years currently, since the report there has been a 30% increase in uptake compared to this time last year and 20% increase for the flu vaccine. This is a common thread everywhere it seems at the moment.</p> <p>Every trust is being told to use the national immunisation system rather than their own, the vaccination programme is going to run to the end of March.</p> <p>■ asked about the increase in cases of E-coli, EP reported that the Trust no longer undertook RCAs for E Coli, these stopped when the Covid-19 pandemic commenced.</p> <p>■ advised he had linked in with the ■ to discuss the increase. ■ thoughts were there is no recurring theme at the moment, it is thought to be linked to the high number of patients coming through at the moment. It could be a one-off peak, just waiting for the data to come through. An increased has been seen at other trusts as well.</p> <p>Sepsis work is ongoing, teaching sessions for sepsis will be taking at some point. The Royal Stoke Hospital is struggling to allow time for sepsis learning due to the pressures they are under. A new ■ has been appointed and they start in February. ■ to send across the data for weekly flu vaccine update to allow for monitoring.</p>	

5.1	<p>A Serratia outbreak has broken out on the ICU. 5 cases have been picked up. All babies have been discharged as nothing life threatening has been detected. Proactive screening is taking place to check for any more cases.</p> <p><b>Action - [redacted] to send across the data for flu vaccinations to for monitoring.</b></p> <p><u>Covid-19 Outbreak Updates</u></p> <p>None to note.</p>	
6.0	<b>Quality Assurance Report Summary (November 2022)</b>	
6.1	<p>[redacted] reported areas that did not meet standards have been internally escalated and are shown in front page of report. The Sepsis data has now been split by areas within Emergency care areas, it's only Royal Stoke ED failing the standard.</p> <p>[redacted] asked for an update on the Maternity FFT text message implementation as it has been nearly a year since implementation began. Text messaging to mothers with babies will be much quicker and easier to do, [redacted] will request an update from patient experience team and email across the update once returned.</p> <p>Most indicators have seen a good improvement although Sepsis still appears to be struggling, [redacted] to provide an update. Provided in IPC section.</p> <p>Falls team are working hard to make improvements, this improvement has shown as moderate harm numbers have reduced. ED have been very busy but still making improvements. [redacted] asked about a falls SI reported last week where the patient passed away [redacted] advised a 72-hour brief is being completed.</p> <p><b>Action – [redacted] to email across update on maternities (friends &amp; Family).</b></p> <p><u>Quality Assurance Report</u></p> <p>As discussed above.</p> <p><u>Nurse Staffing Bi-Annual Establishment Review</u></p> <p>[redacted] presented -The staffing issues were put into a few categories, these included;</p> <ul style="list-style-type: none"> <li>• Admin correction</li> <li>• Sickness</li> <li>• Maternity</li> <li>• annual leave</li> <li>• vacancies not being filled.</li> </ul> <p>There are plans in place to help solve this staffing issue, parenting leave remains high at 4%. Parenting leave will be monitored and reviewed, it has been high the last several months although it is the same at several trusts.</p> <p>Nursing establishment review is in process of being complete at the moment, it defines the 6-month establishment reviews are complete with divisions and is put together.</p> <p><u>Establishment Review Report Board (September 2022)</u></p>	

6.3	<p>3<sup>rd</sup>-4<sup>th</sup> report complete, shows Q2 data and represents 2 of the trust committees. Report on any key issues and staffing is included, also looks at quality indicators around staffing. Heat maps have also been added.</p> <p><u>Care Excellence Review Paper</u></p>	
6.4	<p>Ward criteria has been added.</p> <p>A robust framework has been created which includes bronze to platinum ratings for wards to see how what they are doing well and how they can improve. This also provides reassurance to wards the changes are being noted. The Caring domain is the most difficult to monitor/score but improvements are still being made and it is able to still define what is wanted to be achieved.</p>	
7.0	<b>Monthly Performance Report Summary (November 2022)</b>	
7.1	<p>████ reported quite a few Datix have been reported by GP's regarding radiology and time taken to report on Xray's/Scans.</p> <p>████ advised there is still a reporting backlog and will provide an update on how many radiologists have been recruited and current backlog position. █████ reported the Covid-19 pandemic created a backlog and there are actions into place.</p> <p>The 2 week waits for cancer has improved and December targets are looking to be achieved, a new trajectory has been put in place.</p> <p>The elective backlog is coming down.</p> <p>104-week data shows 38 for November by exception. Lots of divisions are on track to make improvements.</p> <p><b>Action: █████ to obtain an update on radiology reporting backlog and actions being taken.</b></p> <p><u>Performance Report</u></p> <p>As discussed above.</p>	
7.2	<p><u>52ww Harm Review Report</u></p> <p>Operational pressures have been at a high recently.</p> <p>A panel was recently held and new processes were introduced for harm review proformas. Recent numbers being completed have dropped due to time constraints. The trust is looking how it can speed up the process of partially prepopulated proformas to the different divisions for clinicians to complete the remainder of the review.</p> <p>Numbers for 104-week waiters were very low thanks to the processes in place although numbers seem to be slowly climbing for both 52 and 104 week waits so this will be looked into.</p>	
7.3	<p><u>104 Day Harm Review Report Q3, Q4, Q1, Q2-update on harm reviews.</u></p> <p>104 report has been provided. The positions is similar to the 52 weeks. Clinicians struggling having time to completed harm review. An October to December harm reviews are currently being undertaken is being done at the moment. Historically the reviews were undertaken by 1 clinician now that the numbers started to spike it was too much work therefore the new</p>	



	process commenced in October with Consultants for each specialty undertaking their own review. The patients that are waiting currently is mostly due to the lack of capacity.	
<b>8.0</b>	<b>Emergency Department Monthly Assurance</b>	
	<p>A 12-hour breach panel was held this morning, [REDACTED] will the circulate paper discussed.</p> <p>The data was discussed in depth at the meeting. The number of 12-hour breaches is very high the process doesn't work for when there is a large number of breaches, only for when its low. There is more than one issue, there is also the issues of lack of capacity and the staff learning isn't quite where it needs to be. Corridor care had to be introduced to reduce the amount of patients waiting in ambulances. A report is being put together to look at thematic reviews and how changes can be put into place.</p> <p>Medication errors have appeared as a theme in the latest report. A harm review workshop is being held by [REDACTED] at the end of the month. Unfortunately nothing really came out of the ambulance handover data.</p> <p>CQC came into the ED by invite to review the corridor care situation and they were pleased that it is being done as safely as possible. There is a maximum of 15 patients in the corridor, this is in line with the risk assessment that was complete. AMU only has a maximum of 3 patients in their corridor care and a nurse is selected to specifically look after those patients.</p> <p><b>Action: [REDACTED] to circulate 12-hour harm trolley harm review/ambulance handover delays paper</b></p> <p><u>Ambulance Handover Delays</u></p> <p>Harm reviews are included in the Harm review paper above.</p> <p><u>12-hour breach report/ambulance handover delay/harm review report</u></p> <p>The report will be shared.</p>	
<b>9.0</b>	<b>Serious Incident Report (October 2022)</b>	
	<p>Everyone read through the report, no concerns raised.</p> <p>January's report will be ready for the next CQRM.</p> <p>[REDACTED] asked if [REDACTED] from NSCHT can attend the next SI meeting to see new format. [REDACTED] agreed.</p> <p><u>Closure approval for SI NEVER Event 2022 1446</u></p> <p>As discussed above.</p>	
<b>10.0</b>	<b>Forthcoming UHNM External Reviews</b>	
	Only CQC/ICB visit.	
<b>11.0</b>	<b>Any Other Business</b>	

	<p>Recent CQC inspection took place and section 29A has been put into place for the care of patients with MH needs.</p> <p>Report needs to be submitted by January 26<sup>th</sup> and will be scrutinised by the CQC.</p> <p>It was also noted that the CQC had published the report following the Visit to County Hospital in October. The Safe domain was rated inadequate for Medicine.</p> <p>The CQUIN guidance has been published by NHSE for 2023-24. ■■■ asked if the ICB had to agree with the CQUINs chosen by the Trust. ■■■ said ■■■ would check.</p> <p><b>Action: ■■■ to ask ■■■ if we need to meet with the Trust to agree next year's CQUIN's for UHNM</b></p>	
<p><b><u>Next UHNM CQRM: (M10)</u></b> <b>Thursday 16<sup>th</sup> February, 12:00-14:00, 2023</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>		