

Meeting	UHNM CQRM
Venue	Microsoft Teams
Date/time	Thursday 17 th November 12:00-14:00

Attendees:

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In Attendance:

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Apologies:

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No	Item	Action Lead
1.0	Introductions/apologies	██
	██ opened with introductions.	
2.0	Declarations of interest	██
	None Declared.	
3.0	Minutes of previous meeting, 20th October 2022	██

	<p>■■ declared changes to the minutes, to be sent to ■■ for amendments.</p>	
4.0	CQRM Action Tracker	■■
	<p>Action 95 – CQC Action Plan presented. (Closed)</p> <p>Action 102 – ■■ presented bacteraemia update. Meeting held this week, cases tested positive after 28 days and deemed unavoidable. This is an on going issue. (Closed)</p> <p>Action 103 – ■■ presented CDIFF backlog update (IP RCAs). ■■ has now completed the May backlog but there is still a significant backlog that change. (Open)</p> <p>Action 104 – Sepsis Deep Dive Report. Patients are on the clock as soon as they arrive and are administered anti-biotics ASAP. Inpatients are also included in the Quality & Safety Report. (Closed)</p> <p>Action 105 – Sepsis has been escalated to executives for a short time already, they are given monthly updates and Sepsis is a driving metric for many teams already. (Closed)</p> <p>Action 106 – ■■ to update next meeting with care hours with the next Quality Assurance Report. (Open)</p> <p>Action 107 – Update on Human Tissue Report when it becomes available. (Open)</p> <p>Action 108 – blood stock levels are good, no longer a concern. (Closed)</p> <p>Action 109 – ■■ and ■■ have met to discuss the SI backlog, A new action to be opened for ■■ to arrange a meeting with ■■■■■■ to discuss a way forward to reduce SI back log (Closed)</p>	
5.0	Monthly HCAI Report (August 2022)	■■
	<p>■■ updated the group: CDI meeting took place meeting earlier this week. RCA reviews are above trajectory but a risk factor for antibiotic use and PPI was identified as a theme.</p> <p>There has been an increase in the amount of Cdiffs reported, all samples are sent for ribotyping ■■ asked in view of the increase in Cdiff cases had there been a review of the action plan. ■■ advised there had and could be shared.</p> <p>Action: Updated Cdiff action plan to be shared at next meeting.</p> <p>■■ asked about the Sepsis screening maternity compliance as very low at 50% ■■ explained the numbers audited was very low only 2 patients.</p> <p><u>Covid-19 Outbreak Updates</u></p> <p>There is no current outbreaks and inpatient numbers are reducing, there has been a reduction in inpatient numbers to 94 since last week. National guidelines are being followed with Covid-19 screening.</p> <p>For Sepsis, September compliance has had a good improvement on previous months. It was raised by ■■ that the quarterly data for Sepsis looks much better.</p>	

	<p>Network services and surgeries only have a small amount of SEUs, they can only have 7 places.</p> <p>MSSA bacteraemia is still high, ■■■ to provide an update next month</p> <p>Action – ■■■ to provide an update on MSSA bacteraemia number next month.</p>	
6.0	Quality Assurance Report Summary (September 2022)	■■■
	<p>■■■ asked where the patient observation audit is reported to. ■■■ explained it is reported to Divisional managers, Nurse Directors it is also part of the improving together metrics. Improvements are being seen across the board. Wards are being compared as some are doing much better than other, this is included in the driver metrics.</p> <p>■■■ advised that the Trust don't review specific patients as it doesn't make data as efficient as it could be. Issues such as Sepsis needs to be looked into and how they can affect deteriorating patients. ■■■ explained the Deteriorating Patient group reviews the audit along with other indicators across the Trust such as resus, vital signs ITU escalation etc.</p> <p><u>Nurse Staffing Bi-Annual Establishment Review</u></p> <p>Report not received. To carry over to next meeting. Action: To receive Bi annual staffing review report at December CQRM.</p> <p><u>CQC Warning Notice</u></p> <p>A section 29 Warning notice was received on 26th October, following a CQC inspection to ED County Hospital on 4th October. It was a follow up to the previous CQC inspection. Verbal feedback following the visit was no urgent issues needed to be escalated, further information has been requested following the visit. In the previous section 29 notice it was raised that there was not enough ED staffing, this issue has been resolved and the CQC are assured.</p> <p>Mental Health assessment documentation was complete and provided so this was taken off of the section 29 list. Other elements were raised, these included MCA and DOLS. It was noted that staff were working in patients' best interests but there is a delay in the production of legal documentation.</p> <p>Patients noted in the report were being followed up ASAP and within reasonable time although there were 2 patients that needed formal documentation.</p> <p>There is an action plan and an audit process in place. Deadline is 26th January to fill the requirements. The Trust are meeting with the CQC in around 6 weeks time.</p> <p>Concern was raised by ■■■ as it seemed to have come suddenly and by surprise, ■■■ had provided assurance that the change requests will be met. This will be fed back to System Quality meeting.</p> <p><u>CQC Action Plan Summary</u></p> <p>The action plan has been submitted to the CQC with audit evidence. It was agreed a further update would be provided to the System Quality Meeting.</p>	

	<u>CQC Action Plan</u> - There were no queries about the general CQC action plan.	
7.0	Monthly Performance Report Summary (August 2022)	
	<p><u>Performance Report Summary</u></p> <p>■■■ reported that the position is very similar to the previous month. Your Next patient initiative has improved it was a pilot however becoming the norm. Patients are moving earlier in the day which is freeing up the Emergency departments more quickly.</p> <p>There has been a reconfiguration to ■■■, the bays have been expanded by 3 more. Weekly meetings are held with executives, will be back on track by February/March 2023.</p> <p>It was raised by ■■■ that on page 50, that the 78 week and 104-week waits have largely improved. Cancer targets will hopefully improve in the next few months as there are multiple initiatives being undertaken.</p> <p>Action – Staff sickness is still above trajectory; a deep dive is being done by the surgery. An update will be provided by ■■■ at the next meeting.</p> <p><u>52ww Harm Review Report</u></p> <p>The last meeting was cancelled. ■■■ reported the new harm reviews are a slow process but the ones that have been completed have been done well. Changes are being accepted by clinicians with little push backs which is good. ■■■ is putting together a report on the progress but this will take a while.</p> <p>■■■ advised that ■■■ had arranged a workshop on 25th November as the ■■■ would like a review of harm review tools across the system. MPFT are attending the workshop and will be sharing the tools that they use, this is part of the patient safety specialist initiatives. ■■■ has been invited to share UHNM tools.</p> <p><u>104 Day Harm Review Report Q3, Q4, Q1, Q2-update on harm reviews</u></p> <p>■■■ reported he had not got a report from the ■■■. ■■■ raised concerns that there had been no evidence of any harm reviews for this cohort of patients for a year.</p> <p>Action - There has been no report of whether cancer patients have had any sort of harm review. ■■■ to investigate and bring to next meeting</p>	
8.0	Emergency Department Monthly Assurance	
	<p><u>Ambulance Handover Delays</u></p> <p>■■■ reported that the harm reviews were still being worked though and had been unable to find out when the next report was available. Concerns were raised regarding the time taken.</p> <p>■■■ suggested there needs to be a review and a sensible approach to how it is carried out.</p>	

	<p>■■■ asked ■■■ to arrange a meeting outside of CQRM to discuss and agree a process with ■■■■■■■■</p> <p>■■■ asked if ■■■ could contact other acute providers to share their process/tools used.</p> <p>Action: ■■■ to arrange a meeting to discuss 12 hour trolley and Ambulance handover reviews in view of the large numbers.</p> <p>Action: ■■■ to make contact with Derby, Nottingham and Leicester what they are doing for 12 handovers/ambulance delays harm reviews. ■■■ to contact Stockport.</p> <p><u>12 hour breach report/ambulance handover delay/harm review report</u></p> <p>As above no report available</p>	
9.0	Serious Incident Report (September 2022)	■■■
	<p>■■■ advised the next CQRM will have a Q2 summary, including overdue actions and conclusions. ■■■ to provide at next meeting.</p>	
10.0	UHNM Mortality Assurance Report Q2	■■■
	<p>■■■ advised the report went through to Quality & Governance committee. ■■■ to review any diagnostic groups to see where the data differs. Nothing of major concern. This is on a 3 month basis, any major issues will be raised. Mortality indicators within normal ranges and variation.</p>	
11.0	Closure approval for SI NEVER Event ■■■■■■	■■■
	<p>Report not provided.</p> <p>Action: ■■■ to forward SI RCA ■■■■■■ to ■■■</p>	
12.0	Forthcoming UHNM External Reviews	■■■
	Oncology Serious Incident audit to take place next week.	
13.0	Any Other Business	■■■
<p><u>Next UHNM CQRM: (M2)</u> Thursday 15th December, 12.00 pm to 2.00 pm Via Microsoft Teams</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>		