

Meeting	UHNM CQRM: M6
Venue	Microsoft Teams
Date/time	Thursday 20 th October 2022, 12:00 – 14:00

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]	[REDACTED]	■

In Attendance:

[REDACTED]	[REDACTED]	■
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Apologies:

[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■

No	Item	Action Lead
1.0	Introduction & Apologies	
	■■■■ opened the meeting with a short round of introductions and apologies.	
2.0	Declarations of Interest:	
	None noted.	
3.0	Minutes	
	The minutes from the meeting on 15 th September were agreed as accurate.	
4.0	CQRM Action Tracker	
	<p>Action 91 – ■■■■ investigated three of the five patients that were of concern. First patient was a ■■■■-year-old who came in an ambulance on oxygen demand, they did not remain in the ambulance long. Waited around 1h45m for anti-biotics, stayed for almost 24 hours, went to FAU, discharged after three days but given a different diagnosis as they left with a different with a new infection, no harm identified. Second patient was the same, seen immediately, 34-minute delay for receiving anti biotics, transferred to inpatient area, no harm done. Third patient, wait time for anti-biotics was 2 hours, respiratory patient, was RIP after several weeks although Sepsis was not said to be the cause of death. (Action Closed)</p> <p>Action 77 – It was reported that 16 instances happened in September, there was no harm identified. More will be logged through external providers, and they will be picked up. (Action Closed)</p> <p>Action 92 – explored CDIFF RCAs backlog concern. (Action Closed)</p> <p>Action 93 – Page 9 clinical treatment amendment required; amendment made. (Action Closed)</p> <p>Action 94 – Feedback was provided on high number of December and March complaints. (Action Closed)</p> <p>Action 95 – Verbal update given, will remain on agenda. (Action Open)</p> <p>Action 96 – update on 12-hour breach report & ambulance handover delay given, panel arranged. (Action Closed)</p> <p>Action 97 – Brap and Kilne culture Report provided. (Action Closed)</p> <p>Action 98 – Sepsis deep dive report provided. (Action Closed)</p> <p>Action 99 – ■■■■ provided an update on elective outpatients' validation. (Action closed)</p> <p>Action 100 & 101 – Update for 104-day harm review not provided but verbal update given. (Action Closed)</p>	
5.0	CQRM TOR Updated	

	<p>The draft TOR were amended by [REDACTED]. [REDACTED] commented that the UHNM CQRM is to work as a system group and not an assurance group.</p> <p>[REDACTED] discussed that no decision has been made on what is the status of CQRMs. The system around committees is new although the ICB still require a formal TOR. It will be the responsibility of providers to escalate items to the system quality group and then to the Quality committee.</p> <p>Until the system quality group is established, CRMs won't exist.</p>	
6.0	Monthly HCAI Report (September 2022)	
6.1	<p>CDIFF is still a concern, after speaking to colleagues it is reported that common themes seem to be increases in data. There was one HAI MRSA bacteraemia identified in August. A meeting arranged for the next few weeks to discuss avoidability. To report back to the next CQRM with any finding from this. It was discovered that the UHNM report was based on how many days bacteraemia had been in certain hospitals.</p> <p>Action: [REDACTED] to report back to next UHNM CQRM with details from the bacteraemia report. [REDACTED]</p> <p><u>Covid-19 Outbreak Updates</u></p> <p>There has been an outbreak of Covid-19 on several wards over the last month, 204 cases counted, 4 are critical. Not every patient is now being screened which makes it difficult to detect if someone is developing Covid-19.</p> <p>A significant CDIFF RCA backlog is still present, currently 32 remaining. [REDACTED] is doing the plan and currently finishing off Mays' backlog. Once this is done [REDACTED] will meet with ICB colleagues to discuss.</p> <p>E-coli bacteraemia target during the last few years has been improving although the reduction in numbers is only slight. It was confirmed that the work is ongoing</p> <p>Covid-19 booster numbers are doing well with staff. So far 3506 of 11500 have been issued, along with 3552 flu vaccines, as of week 3-4.</p> <p>[REDACTED] is interested if we can get infection prevention RCA information from other organisations for learning.</p> <p>Action - Thematic reviews around IP RCAs, raise through patient safety networks. [REDACTED]</p>	
6.2	<p><u>Sepsis Deep Dive Report</u></p> <p>Inpatient areas recognised as different in terms of compliance to the emergency portal, and barriers have been identified for emergency portals.</p> <p>Issues noted:</p> <p>When observations are done by non-qualified staff, no communication is being relayed to qualified staff.</p> <p>Qualified nurses are often busy also, this causes a large problem with screenings, and it starts to build up on shift.</p> <p>It was identified in Royal Stoke University Hospital that staffing numbers are one of the main blockers to compliance. This was causing a delay in communications between qualified doctors and nurses.</p> <p>The quality nurse has focused on helping staff awareness with screening guidelines. Training is being done where possible in person.</p>	

	<p>It was asked by [REDACTED] if something is being to help capture data in more detail. Work is being done with project teams and IT in order to help capture data, but this work is on going.</p> <p>[REDACTED] asked Is sepsis training still taking place. It was stopped during Covid and it was confirmed it was. Sepsis is a major concern so as many staff as possible need to be trained ASAP.</p> <p>[REDACTED] commented that whilst the information is helpful it doesn't yet give assurance that improvement is established, and sepsis compliance has been a concern for over a year at the very least.</p> <ul style="list-style-type: none"> • There needs to be evidence of a clear grip being established and a trajectory for improvement. • It was made agreed that a new system needed to be developed to support staff in keeping track of patients in need of anti-biotics. <p>[REDACTED] offered to help [REDACTED] with the data issues and said it was would be helpful. this information could be put into flow charts to give us a better understanding of the way patients are treated when they come in with sepsis and the process that takes place.</p> <p>[REDACTED] raised a concern around maternity figures, as they are not included in the deep dive, and this was confirmed the Maternity figures are in the quality report.</p> <p>Action – Update the report with actions defined. This includes the process of what happens when patients come in with Sepsis and check whether the inpatient numbers included in the quality & safety report.</p> <p>Action – [REDACTED] to escalate the sepsis issue in order to get improvement put into place ASAP.</p>	
7.0	Bray and Roger Kilne Culture report – Action plan progress update	
	<p>Item was presented first to allow staff to leave on time.</p> <p>The cultural improvement programme was shared at the board last week and the board are keen to provide updates on actions & listening events.</p> <p>A handful of actions have come from the culture review to follow up. These include addressing hot spots, long standing issues, re-humanisation of the trust.</p> <p>Executives have aligned to culture areas, giving both input and support as well as an aspect of oversight and scrutiny. They are there to help sign post for guidance & support. HR OD Team will engage and provide feedback on progress through executive meetings.</p> <p>New behaviour frameworks have been launched in bigger areas which include the tool kits and training necessary, Be kind launched this at the start of September. This needs to rolled out across the trust and to be implemented. It is has been helpful for staff and managers. The middle management leadership dev programme builds on the behaviour framework. 125 managers have gone through this so far and it is being ran regularly. A new programme has launched which helps to support dignity at work and resolve grievances early on. The clinical leadership programme has also started to help staff learn more about leadership skills and processes.</p> <p>Strategic work on equality and the culture improvement plan is taking place with most actions having been completed but a few delayed.</p>	

	<p>Questions were asked around governance arrangements as well as being robust about the oversight on improvement for our local cultural divisions, assurance against cultural heatmap effectiveness. It is becoming difficult to measure the culture impact taking place and we don't want to just rely on staff surveys as assurance.</p> <p>A source of relevant indications has been drawn up of what our culture is like, these include: engagement scores, identifying what we want to see and don't want to see and our concerns. Using this, deep dive reports can be made. ■■■ asked if it would be possible to see the reach that the programme is having, such as a view of what is going on. This would provide the opportunity to issues early on. Organisations such as MPFT would benefit massively from this sort of programme</p>	
8.0	Quality Assurance Report Summary (August 2022)	
	<p>Patient Experience team are still waiting on a date for re-establishing the departmental patient experience meeting to discuss themes and plans for improvement – This date will be shared alongside outcomes.</p> <p>Page 41: care hours are coming down to pre Covid-19 levels although it is looking unlikely that these levels will go down to what they were. ■■■ to provide an update on the new figures.</p>	
8.1	<p>Action – update on care hour figures to be provided at next meeting.</p> <p><u>Quality Assurance Report</u></p>	■■■
8.2	<p>Report notes as read and questions above</p> <p><u>Update on Unannounced CQC visit to ED</u></p> <p>An unannounced visit to the ED took place on Tuesday 4th October 2022 following section 29A warning notices previously This was regarding response to the serious injury at a county hospital in which one resident assaulted another, causing death. The visit checked ED medical rotas but didn't look at ambulance waits. An initial feedback meeting took place, and a letter was received. Results were good but there were a few patients who had not received MCA and DOLS referrals in a timely manner, it was confirmed these patients were safe. Once the report is received it will be brought to this meeting.</p>	
8.3	<u>CQC Action Plan Summary</u>	
8.4	<p><u>CQC Action Plan</u></p> <p>35 individual actions, 31 must be done ASAP. 1 is problematic with around a 15-minute assessment time. Decision made those overdue actions will be given a new date on this occasion only with expectations these meet new dates</p>	
8.5	<p><u>Falls Deep Dive</u></p> <p>No issues were raised with the report. Around 215 falls per month, this is with and without harm. Busy periods created by inpatients increase does affect these figures. More falls have been counted at county sites. Therapy plan is to reduce the number of falls and refer to the report numbers.</p>	

9.0	Monthly Performance Report Summary (August 2022)	
<p>9.1</p> <p>9.2</p> <p>9.3</p> <p>9.4</p>	<p>Report agreed as read Decrease in the wait for emergency care under in 12 hour waits, very positive report.</p> <p><u>Performance Report</u></p> <p>Emergency care continues with significant peaks, analysis reports are being done. It was questioned whether the improvements were down to patients or other factors.</p> <p>Planned care is slightly below the national average. There has been Covid-19 spikes over the last 4 or 5 weeks.</p> <p>Please refer to Report Enc 9.1.</p> <p><u>Update on elective outpatients' validation</u> Admin validation the team have completed an exercise non admitted RTT waiting list.</p> <p>External validation team looking at out-patients follow ups and those on non RTT waiting lists - finished this week and initial review and has been useful clinical validation - Sept letter outlining programme guidance is a little unclear and data collection is hard so looking for an electronic process to monitor.</p> <p>No harm reported</p> <p><u>52ww Harm Review Report</u></p> <p>Meeting took place and included a brief update. The harm proforma has started and specialties have come back. Generally happy with numbers despite a few push backs. Data for the next few months is being collated and we can use it to see any key themes and issues.</p> <p><u>104 Day Harm Review Report Q3, Q4, Q1 Update on Harm Reviews</u></p> <p>Down to 70 day patients, 78 week patients are going in the right direction although they are under desired trajectory. The trust are trying to recruit and staffing levels are rising. Concerns raised around MRI reports, they are taking a while to come in.</p>	
10.0	Emergency Department Monthly Assurance:	
<p>10.1</p> <p>10.2</p>	<p><u>Ambulance Handover Delays</u></p> <p>Cohort Scheme and "your next patient" is working as intended, however risk is still as high at 25 for the wards and constantly reviewed. NHS England encouraged the development of the programme, and it is being undertaken during the day only.</p> <p><u>12-hour breach Report/ Ambulance handover delays/harm review report</u></p> <p>The report was taken, and it was agreed that the backlog is being addressed as this report was from much earlier in the year. (1)</p> <p>It was discussed that we need a focus around the harm of delays and consequences, what is being done to investigate this? (2)</p>	

	<p>PSIRF group update – primary care are on board and other major providers. Pragmatic about what is in the pipelines, providers will have plans for next year, so it is important all teams are linked together, and the vision is clear.</p> <p>(1) Newer sample data is needed to investigate (2) The trust is looking for harm in different places, not just ED.</p>	
11.0	Serious Incident Report (August 2022)	
	<p>No major concerns, maternity numbers began to reduce but they have started to climb again.</p> <p>Action - ■■■ and ■■■ will discuss pragmatic approach to backlog at next SI meeting and determine process that reduces burden but also demonstrated clear and effective learning to mitigate harm.</p>	
12.0	Forthcoming UHNM external reviews	
	<p>Still waiting for human tissue report.</p> <p>Action – Provide human tissue report when available.</p>	■■■
13.0	Any Other Business	
	<p>There has been a blood product shortage, it would be beneficial to know that there is control over this. Local stocks are not concerned.</p> <p>Action – provide an update to assure that stocks are under control.</p>	■■■
<p><u>Next UHNM CQRM: (M7)</u> Thursday 17th November, 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>		