

<b>Meeting</b>	UHNM CQRM: M12
<b>Venue</b>	Microsoft Teams
<b>Date/time</b>	Thursday 19 <sup>th</sup> May 2022, 12:00 – 13:20

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]

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

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

No	Item	Action Lead
1.0	<b>Introduction &amp; Apologies</b>	
	[REDACTED] opened the meeting with a short round of introductions and apologies.	
2.0	<b>Declarations of Interest:</b>	
	None noted.	

<b>3.0</b>	<b>Minutes</b>	
	The minutes from the meeting on 21 <sup>st</sup> April 2022 were confirmed as a true and accurate reflection of the meeting.	
<b>4.0</b>	<b>Action Log</b>	
	<p><u>Action 44 - Electronic Prescribing:</u> ■ agreed to provide a written update from the steering group. ■ requested the output from the discharge letter group meeting. <b>[Action Open]</b></p> <p><u>Action 60 - The Redwoods Centre:</u> ■ noted ■ had received a response from commissioners stating all A&amp;E in hospitals are now classed as a place of safety. If a person is detained by the police under section 136 in South Staffordshire with psychical health concerns, then County Hospital A&amp;E is the first choice, then sent to St George once medically fit to move. As County isn't open 24 hours, the patient will be sent to UHNM A&amp;E if they are closed. Agreed to close this action. <b>[Action Closed]</b></p> <p><u>Action 67 - Updating narrative on CDiff:</u> This action has been completed and can be closed. <b>[Action Closed]</b></p> <p><u>Action 68 – CDIFF action plan:</u> This action has been completed and can be closed. <b>[Action Closed]</b></p> <p><u>Action 69 – Culture and bullying report Action plan:</u> ■ to add to June CQRM Agenda <b>[Action Open]</b></p> <p><u>Action 70 – Quarter-four Patient Experience:</u> This report has gone through UHNM internal governance, so it will be added to June CQRM. <b>[Action Open]</b></p> <p><u>Action 71 – High Sickness in Midwifery:</u> ■ has chased for a response and will respond once she has an update. <b>[Action Open]</b></p> <p><u>Action 72 - Elective Inpatients:</u> ■ noted lower elective inpatients due to Covid sickness and holiday leave. Agreed to close this action. <b>[Action Closed]</b></p> <p><u>Action 73 - Mortality Report:</u> ■ noted they have projection meetings in the mortality subgroup to complete the SJR. ■ agreed to review the VTMs in the mortality report. <b>[Action Open]</b></p> <p><u>Action 74 - June CQRM Dates:</u> ■ confirmed that the June CQRM had been booked. ■ requested July and August CQRM dates. ■ agreed to book these dates in the diary. <b>[Action Open]</b></p>	
<b>5.0</b>	<b>Monthly HCAI Report (March 2022)</b>	
	<p>■ reported one MRSAb infection during March 2022 on a surgery ward. A PIR meeting was held, and the finding will be in the following report. This case was classed as avoidable. CDIFF's end of year position was 112 against a trajectory of 93.</p> <p>No wards are closed due to Covid outbreaks currently.</p> <p>■ noted no increase in the same type of cases with no transmission. ■ enquired if the charts on page 19 of the report have different vertical axis on the left and right. ■ agreed to review these charts.</p> <p><b>New Action:</b> ■ to review the axis on the charts displayed on page 19 of the report</p>	■

	<p>■ noted the pressures on the emergency portals, and half of the patients in the ED didn't get their anti-biotics promptly. In Children's and women. Out of two patients, one didn't get antibiotics on time. ■ confirmed Sepsis was discussed at a recent committee with work in progress with ED and the ambulance services. A new lead Sepsis nurse is starting on the 30<sup>th</sup> of May 2022.</p> <p>■ enquired if the sepsis audits included the time the patient was on the ambulance waiting. ■ confirmed that the patients would be triaged as a priority and in a specific holding area for ambulances.</p> <p>■ confirmed that all patients waiting on an ambulance are triaged and prioritised if required. LB enquired if the Trust corporate nursing team were undertaking safety checks visits to ED. ■ confirmed they are being carried out and are updating the audit tools to ambulance hold checks.</p> <p><u>CDIFF Action Plan</u></p> <p>■ enquired if all the actions are being completed as business as usual e.g., PPI still being reviewed. ■ noted that the task and finish group was focused on the West building and asked the clinicians to review the PPI. A multi-discipline meeting is held every two weeks to review the CDIF actions. ■ confirmed that the anti-biotics prescription form is used to determine the appropriate use of anti-biotics and review dates. ■ confirmed there are no monkeypox cases locally currently.</p>	
<b>6.0</b>	<b>Trust Complaints Report (March 2022)</b>	
	<p>Taken as read with the following comments</p> <p>■ enquired how the "you said, we did" learning from complaints was passed down to the staff and made personal to them. ■ confirmed this report is shared widely through UHNM divisions and divisions complaints reports focused on their department. ■ noted that the ward managers deliver the information via staff meetings. ■ confirmed that a learning hub is being developed with a template on how to share this learning.</p> <p>■ enquired if the emergency complaints were concerning the waiting times and requested a narrative for these complaints. ■ noted that this report was focused on identifying the numbers of complaints, while the patient experience report will have a different format with themes and trends. ■ agreed to invite ■ to the next CQRM to present the Patient experience report.</p> <p><b>New Action: ■ to add ■ to the June CQRM invite</b></p>	■
<b>7.0</b>	<b>Quality Assurance Report Summary (March 2022)</b>	
7.1	<p><u>Quality Assurance Report</u></p> <p>Taken as read with the following comments</p>	

	<p>■ enquired if the incident category patient flow inc. access, discharge and transfer could be broken down to see how many were discharge issues. ■ agreed to review these and have them in next month's report.</p> <p><b>New Action: ■ to include a breakdown of discharge incidents in the next Quality Assurance Report</b></p> <p>■ enquired if UHNM collected duty of candour data for the performance on the final letter. ■ noted it is difficult to measure performance due to not having a timescale however, when the RCA are reviewed, UHNM asks if a final letter has been sent.</p> <p>■ noted on page 38 mortality indicators doesn't mention the last three months and should be updated. ■ agreed to update the report.</p> <p>■ noted maternity FFT showed as 60% and enquired why it was so low with no narrative or actions. ■ confirmed that Maternity work is ongoing and was in relation to the low response rate. ■ confirmed data would be provided in next month's complaints report concerning maternity.</p> <p>■ noted a significant spike of falls occurring in emergency medicine during March and twelve serious incidents from falls and enquired if a measles map had been carried out in ED to identify any high-risk areas. ■ confirmed they have identified the least visible cubicles in ED and have advised staff not to use for patients' high risk of falls when possible. ■ noted they had conducted a measles chart so data could be pulled from each cubicle, and six doors have been removed in majors with plans to remove more doors.</p>	■
<b>8.0</b>	<b>Monthly Performance Report Summary (March 2022):</b>	
8.1	<p><u>Performance Report</u></p> <p>Taken as read with the following comments</p> <p>■ enquired on what actions have occurred with non -obstetric ultrasound waiting lists. ■ noted that the diagnosis meeting was cancelled and will request an update.</p> <p><b>New Action: ■ to provide an update on non – obstetric ultrasound</b></p> <p>■ enquired on how WMAS work is performing with the emergency department as some serious incidents are taking place due to WMAS being unable to see patients. ■ agreed to speak to WMAS management for an answer.</p> <p><b>New Action: ■ to provide an update on WMAS work alongside UHNM ED.</b></p> <p>■ requested an update on how the GP area is managed in-house instead of Vocare. ■ confirmed that the primary care service went live on 1<sup>st</sup> May 2022 between 8 am to 8 pm. It is run by GP staff in ED and currently streams up to 48 patients per day. Daily attendance performances and patient presentation work is being improved.</p>	■



	<p>■ noted the histology delays update as sent by ■ showing the 28 days wait time has improved and requested an update at a future CQRM. ■ agreed to provide an update on Histology and the Radiology meetings. ■ noted that Derbyshire CCG contacted ■ concerning a patient waiting two weeks. ■ confirmed he was aware and passed it to ■.</p> <p><u>B1018-My planned care patient platform letter.</u></p> <p>■ enquired if UHNM is aligned with planned care and would it be going live. ■ stated yes, the platform was ready and awaited NHSE now to go live. ■ advised that NHSE has paused the Outpatients/Non-Admitted Validation Programme (NAP) validation programme and confirmed there are approx. 225 thousand patients on the non-admitted waiting list.</p> <p><u>Elective Backlog Update</u></p> <p>■ noted the planned care activity showing near 90% currently against 95% BAU, and the 104+ weeks current waits are on track to be treated by the end of June 2022. Risk areas include Spines, which is a national issue. ■ enquired if the patient electronic platform was ready. ■ confirmed it is running for UHNM however it isn't prepared for the patient to use. ■ confirmed that national guidance was being followed with regard to lateral flow test for elective patients.</p> <p><u>52ww Harm review Report</u></p> <p>■ stated the 52-week wait backlog is on the CCG risk register scored at 16 however it was challenged that it should score higher.</p> <p><u>104 Day Harm Review Report</u></p> <p>■ noted that one of the cancer managers positions had become vacant, so the harm review report was delayed. ■ will complete the review report. ■ has enquired about a timeframe for the report. ■ requested quarter 3 and 4 104-day data and harm reviews.</p> <p><b>New Action: ■ to provide quarter 3 and 4 104-day report including harm reviews</b></p>	■
<b>9.0</b>	<b>Emergency Department Monthly Assurance:</b>	
9.1	<p><u>12-hour breach Report/ Ambulance handover delays/harm review report</u></p> <p>■ confirmed they are working through the 1800 twelve-hour breaches between November and January and have completed 187 harm reviews. Fifty random harm reviews on ambulance offloads delays in January have also been completed and are planning to complete another fifty from April. No evidence of harm has been identified, but more improvement of documentation is required. Assurance visits and regular work with the team to ensure improvement of the documents are continuing.</p>	
<b>10.0</b>	<b>Serious Incident Report</b>	
10.1	Taken as read with the following comments	

	<p>■ noted NHS Telford and Shropshire were in the press following an inquest following an SI in renal dialysis when had become disconnected. NHS England has requested a meeting with the CCG to discuss the SI RCA of the similar UHNM case to discuss any potential issues. ■ enquired if any legal claims had been made. ■ confirmed UHNM investigation officer has spoken to the Telford and Shropshire investigation officer to understand any potential learning. The patient at UHNM is classed as high risk however, it has not been taken to the inquest. ■ agreed to find a possible date for the inquest and speak to the legal team.</p> <p>■ noted the serious incidents in March have increased to 26, with 12 being from falls.</p>	
<b>11.0</b>	<b>Mortality Report (March 2022 Front Sheet)</b>	
	<p><u>Mortality Report (March 2022)</u></p> <p>■ reported that respiratory deaths would be reviewed. Indicators are positive, and a meeting was held with HEAD, their system provider, to introduce new systems. There have been no major themes identified. ■ noted that seven clinical assessments showed concerns and enquired if they had all been reviewed to determine if they were serious incidents. ■ confirmed they are determining this.</p> <p>■ enquired if there have been any coroner's regulation 28 rules open or pending. ■ confirmed none open and wasn't expecting any but difficult to know. ■ noted there had been one warning notice.</p>	
<b>12.0</b>	<b>Electronic Prescribing Update</b>	
	See action tracker	
<b>13.0</b>	<b>Forthcoming UHNM External Reviews</b>	
	No forthcoming UHNM external reviews	
<b>14.0</b>	<b>Any Other Business</b>	
	<p><u>Staff Survey Action Plan</u></p> <p>■ enquired if the staff survey action plan could be shared at the next CQRM. ■ agreed to provide the report.</p> <p><b>New Action: ■ to provide the staff survey action plan</b></p> <p>■ also asked if a summary of the CEF visits undertaken could be provided to the next CQRM</p> <p><b>New Action: ■ to provide a CEF summary report at the next CQRM</b></p>	<p>■</p> <p>■</p>
<p><b>Next UHNM CQRM: (M1)</b> <b>Thursday 16<sup>th</sup> June, 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>		

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