

Meeting	UHNM CQRM: M1
Venue	Microsoft Teams
Date/time	Thursday 15 th September 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]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

In Attendance:

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

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 18 th August 2022 were confirmed as a true and accurate reflection of the meeting.	
4.0	CQRM Action Tracker	
	<p>Action 77 - Discharge Incidents: ■■■ still needs to amend ■■■ to inform. [Action Open]</p> <p>Action 80 - Quarter 3 and 4 104-day: Agenda Item [Action Closed]</p> <p>Action 81 - Staff Survey Action Plan: This is on the agenda. [Action Closed]</p> <p>Action 84 -Quality Assurance Report – ■■■ agreed to speak to ■■■ outside of the [Action Closed]</p> <p>Action 91 - Monthly HCAI Report – ■■■ to review [Action Open]</p> <p>Action 94 – Patient Experience Summary Report – ■■■ advised there was no statistical increase in complaints at County site [Action Closed]</p> <p>Action 95 – CQC Action Plan – ■■■ to bring update report to October CQRM [Action Open]</p> <p>Action 96 - 12-hour breach Report/ Ambulance handover delays/harm review report – ■■■ to arrange a harm review panel with IBC [Action Open]</p> <p>Action 97 - Brap and Roger Kline Culture report- Action Plan – To be agenda item October CQRM [Action Open]</p>	
5.0	Monthly HCAI Report (July 2022)	
5.1	<p>■■■ reported in July no reported MRSA cases. There were 6 Cdiff in that month 5 HAI 1 COOP still above trajectories regarding Cdiff YTD.</p> <p>A Deep dive into sepsis compliance is taking place. a deep dive report will be available for CQRM when finalised with actions.</p> <p>Cdiff RCA's continue to be requested from the relevant ward areas specified. ■■■■■■■■■■</p> <p>■■■ have reviewed April Cdiff RCA's to agree avoid ability. Main areas to improve are timeliness of stool samples and isolation of patients. Many have been admitted with diarrhoea.</p> <p>■■■ asked if Sepsis deep dive report would be ready for next month's CQRM. ■■■ advised it hopefully would be and could be shared once had been through the Trusts Governance processes.</p> <p>Action: ■■■ to share Sepsis deep dive report at the October CQRM if ready.</p>	■■■

	<p>Covid Outbreaks updates: ■ advised there was one outbreak on ward 76b, this was thought to be following a visitor testing positive. ■ asked how so many patients had become positive. ■ explained it was highly transmittable and explained mask wearing is in place still in clinical areas for staff and visitors.</p> <p>■ noted that there was an increase in E. coli cases. ■ advised the ward areas had been requested to undertake an investigation however had not received all outcomes.</p> <p>■ also asked if the increase in Hospital acquired COVID cases in July matched the national picture. ■ confirmed there was a rise in cases and outbreaks during June/July.</p>	
6.0	Patient experience summary (Q1)	
6.1	<p>Patient Experience (Q1) ■ presented the report. Celebrates the hard work is paying off within the team. ■ commends the report that ■ has showcased. ■ stated ED top Themes show miss diagnosis and staff attitudes and asked how this was fed back to Royal Stoke Ed as it states in the Quality Report that the Patient experience meeting still hasn't been reinstated. ■ advised that the meeting was set back up but was cancelled due to AL. ■ explained there are multiple ways which feedback is given back to ED including a monthly report.</p>	
7.0	Quality Assurance Report Summary July2022)	
7.1	<p><u>Quality Assurance Report</u> Taken as read with the following comments</p> <p>■ stated deep dives were being undertaken in Falls, pressure ulcers and sepsis to streamline actions. This was the methodology the ■ preferred.</p>	
7.2	<p>■ reported there were a few additions to the dashboard and has changed slightly gives more in-depth knowledge and the journey into the reports with insights. There is a new KPI - Timely Observations which was audit of NEWS compliance- ■ confirmed there was a Trust campaign to improve compliance.</p> <p>Quarterly staffing report linked to KPI (Moved to Oct meeting) Agreed to discuss once the report is ready for CQRM.</p>	
8.0	Monthly Performance Report Summary (July 2022):	
8.1	<p><u>Performance Report</u> Taken as read with the following comments</p> <p>■ highlighted that 104+week patients had been achieved with 50 – 55 patients wanting to wait longer or who were to complex. Following elimination of 104-week waiters, 78week+ patients would be prioritised.</p> <p>■ advised that ■ was working with outpatients to provide a report on the validation process. ■ will invite to the next CQRM to provide an update and share the paper when completed.</p> <p>Action: ■ to invite ■ to October CQRM to update on elective outpatients' validation. ■</p>	

	<p><u>Waiting list validation</u></p> <p>Included within the above</p> <p><u>52WW Harm review report (June 2022)</u> A new harm review process has been developed awaiting sign off by Trusts Governance processes.</p>	
8.2	<p><u>104-day harm review report Q3 & Q4</u> ■■■ shared ■■■ report on the screen for the group, ■■■ will circulate this with everyone in the group after the meeting has finished.</p>	■■■
8.3	<p>Action: ■■■ to forward 104-day harm review report to ■■■ to distribute to the group.</p> <p>■■■ thanked ■■■ but asked if any harm reviews had been completed for those patients exceeding 104+ days. ■■■ advised that the numbers were very high with limited capacity by clinicians to undertake the review. A ■■■ ■■■■■■■■■■ had been appointed so will be engaging with clinicians to carry out the harm reviews.</p>	
8.4	<p>■■■ suggested ■■■ supported ■■■ to take forward as the Trust were looking at a new process for harm reviews the Elective back log of patients.</p> <p>Action: ■■■ confirmed ■■■ would contact ■■■ outside the meeting to discuss and update at the next CQRM.</p> <p>■■■ offered support from the ICB if required. ■■■ update that some patients were referred to the Trust from other Trusts at a point in their pathway that they had already breached the 104-day target.</p> <p>Action: ■■■ to provide an update on the harm review process for the 104+day patients at the October CQRM.</p>	■■■
9.0	Emergency Department Monthly Assurance:	
9.1	<p><u>12-hour breach Report/ Ambulance handover delays/harm review report</u></p> <p>■■■. Stated we have spoken for a few months over this and how do some robust reviews we are currently still using the same process and need to set up a panel to review the latest reviews. We have been working through backlog of breaches and have had high numbers and samples of patents who have had long waits for ambulances. We are also looking at the implications of these waits on a previous meeting where a patient had a pressure ulcer injury, the patient had been in a rest home sat in chair all day followed by a delay with Ambulance handover and a 19 hour wait in ED this pressure damage then deteriorated significantly. ■■■ reported ■■■ had undertaken a very informal quality visit to ED and was very content with the department.</p>	
10.0	Serious Incident Report	
10.1	<p><u>Taken as read with the following comments</u></p> <p>■■■ reported on the new PSIRF which there was a year to implement changes. ■■■ will be the lead within the ICB.</p> <p><u>Patient safety standards (QGC)</u> ■■■ presented the presentation and stated ■■■■■■■■■■ leads on this, working with independent charity for patient safety, utilising the recourses on what good looks like, allowing us to work closely and self asses where we are on our safety culture. It is part of UHNM quality</p>	

	strategy with an action plan around safety and we are learning constantly to improve safety introducing tenable audits, self-assessments and a delivery plan.	
11.0	Mortality Report (Q1)	
	<p><u>Mortality Report (Q1)</u> Taken as read with the following comments:</p> <p>■■ explained this was a quarterly report in a new format and is a summary report of mortality indicators and a summary of the Mortality review group meetings. Crude mortality and other indicators were within expected ranges. There had been no formal alerts however it had been noted that pneumonia mortality had increased therefore a task and finish group had been set up to have a closer look and review.</p> <p>■■ asked if the slight increase was related to Covid pneumonia. ■■ said it was being considered and the update would be provided in the next report.</p>	
12.0	Forthcoming UHNM external reviews	
	No forthcoming UHNM external reviews	
14.0	Any Other Business	
	■■■■ has pre booked in UHNM CQRM's for the 3 rd Thursday of each month up until March 2023. With the next meeting set for 20 th October at Midday. If any issues come up with the dates and times to let ■■■ know and they can be amended or removed as requested.	

Next UHNM CQRM: (M2)
Thursday 20th October, 12.00 pm to 2.00 pm
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.