

Meeting	UHNM CQRM: M11
Venue	Microsoft Teams
Date/time	Thursday 21 st April 2022, 12:00 – 13:20

Attendees:		
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■
[REDACTED]	[REDACTED]	■

In Attendance:		
[REDACTED]	[REDACTED]	■

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

No	Item	Action Lead
1.0	Introduction & Apologies	
	[REDACTED] 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 17 th March 2022 were confirmed as a true and accurate reflection of the meeting.	
4.0	Action Log
	<p><u>Action 16 - Monthly Performance Summary Report – Outpatient Letter Backlog:</u> It was agreed to close this action. [Action Closed]</p> <p><u>Action 44 - Electronic Prescribing:</u> Agreed to add Electronic Prescribing to next month's CQRM Agenda. [Action Open]</p> <p><u>Action 49 - Pressure Ulcer Deep Dive:</u> This is on the agenda. Agreed to close action. [Action Closed]</p> <p><u>Action 50 - Cancer Summit:</u> This is on the agenda. Agreed to close action. [Action Closed]</p> <p><u>Action 60 - The Redwoods Centre:</u> ■■■ has chased for a response. [Action Open]</p> <p><u>Action 61 - Nursing Absence Rate:</u> ■■■ has emailed this data to ■■■ and ■■■. Agreed to close action. [Action Closed]</p> <p><u>Action 63 – Quality Assurance Report:</u> This is on the agenda. Agreed to close action. [Action Closed]</p> <p><u>Action 64 – Cancer Performance:</u> This has been completed. Agreed to close. [Action Closed]</p> <p><u>Action 65 – Histology:</u> ■■■ will provide a verbal update in the meeting. Agreed to close. [Action Closed]</p> <p><u>Action 66 – 12-hour breach:</u> ■■■ agreed to set up a meeting. [Action Closed]</p>
5.0	Monthly HCAI Report (March 2022)
5.1.	<p>■■■ noted that the charts in the report and narrative on page six don't reflect a decision that isn't made on avoidable or unavoidable for Covid CDIffs. MRSA screening has decreased to 84%. ■■■ advised ■■■ will get a response for this decrease next month. SEPSIS compliance has reduced, but there is no narrative to explain actions undertaken to improve. ■■■ requested the CDIff action plan for next month's CQRM. The report mentioned that the CCG validate all CDIffs however the CCG only review a selection of cases. ■■■ agreed to feedback these comments and actions to ■■■</p> <p>New Action: ■■■ to send these comments and actions from the HCAI report to ■■■ regarding adding narrative actions when an area below performance i.e., Sepsis & MRSA screening. Updating narrative on CDIff avoidability.</p> <p>New Action: Receive updated CDIff action plan to CQRM next month.</p> <p><u>Outbreak Updates</u></p>

	<p>■ noted there are currently five Covid outbreaks across the trauma floor, wards 225, 226 and 227. IPC guidance is being followed, and executives are discussing if to make a phased reduction of the ten days of isolation of contact to 7 days.</p>	
6.0	A Review into culture and bullying at UHNM Report	
	<p>■ confirmed this is being led at the Executive level through the ■ and noted that the action plan isn't completed. It was agreed to defer this item to another CQRM so ■ can provide an update.</p> <p>New Action: ■ to Add Culture and bullying report Action plan to June CQRM agenda.</p>	■
7.0	Quality Assurance Report Summary (March 2022)	
7.1	<p><u>Quality Assurance Report</u></p> <p>■ confirmed that falls and pressure ulcers focus on investigating how the current pressures are affecting patient harm. ■ enquired if the quarter four patient experience report will be ready for next month's CQRM. ■ agreed to provide this report.</p> <p>New Action: ■ to include quarter-four patient experience on the next CQRM Agenda.</p> <p>■ enquired if any actions have been undertaken to improve doors in ED. ■ confirmed they have removed six doors and added glass doors to improve visibility of patients. ■ noted that the dashboard has concerns about patient experience and pressure ulcers. ■ confirmed that the lack of experience staff is high on the risk register. ■ stated that the tables displayed on pages 14 and 15 are too small to read. ■ agreed to give feedback to ■.</p>	■
7.2	<p><u>Pressure Ulcer Deep Dive Report</u></p> <p>■ noted a rise in pressure ulcers and deep tissue injuries (DTI) for seven months and a deep dive was undertaken to identify any trends and themes across the Trust and investigate if there were any links to the ambulance handover delays and long waiting times in ED. ■ stated that over-reporting of patients was reviewed and there needs to be further work to update datix When a DTI has resolved, and end of life skin changes was identified as a factor. Covid and long waiting times were contributing factors in a few cases. UHNM has made some recommendations to go to their quality safety oversight group and go to the quality governance committee next week.</p> <p>■ enquired about the E-Learning package focus timescale. ■ confirmed it was still in development with plans to submit to the operation team. ■ asked if the pilot study for photographs had started. ■ noted it is going for IG to be put in place. ■ confirmed that new pressure-relieving mattresses for ED have arrived with training being undertaken for their use.</p> <p>■ enquired how many DTI cases went into a category three or four. ■ noted there had been no significant category four identified. ■ confirmed that patients waiting for an extended period of time are being moved to striker trolley as these are better quality of the pressure-relieving mattress. ■ stated that future pressure ulcer rates would be reported in the monthly quality paper and a review of recommendations in three or four months. ■ requested and update to this report in six months for consideration by CQRM.</p>	

7.3	<p><u>Quarterly staffing linked to safety KPI's Report.</u></p> <p>■ noted this was the second time this report has been produced and welcomed any comments for improvements. This report identified three additional wards to be monitored closely due to staffing making 12 in total. ■ noted sickness was high in Midwifery and enquired if a cause had been identified. ■ agreed to investigate and report back to ■.</p> <p>New Action: ■ to investigate the cause of high sickness in Midwifery</p> <p>■ enquired why children's and women's clinical support was not as compliant as other departments. ■ confirmed that the children's area doesn't provide safe care and only has one ward, so it has a small sample size. ■ asked if mitigations were being taken against short term sickness against Covid. ■ confirmed that UHNM has a pool of staff to employ a short-term notice. Ward 1 at County showed a low staffing percentage, and ■ noted they do redeploy staff to this ward, and it was a winter pressures ward. ■ suggested adding mitigations to these reports.</p>	■
8.0	Monthly Performance Report Summary (March 2022):	
8.1	<p><u>Performance Report</u></p> <p>Taken as read with the following comments</p> <p>■ noted high RTT numbers. ■ confirmed that the 104+weeks numbers have reduced and shown under the trajectory. Reviews are underway on patients waiting 78+ weeks with meetings to discuss how to record the findings on the UHNM systems. ■ confirmed that an external company is helping to validate patient records. ■ asked if the cancer reviews had been completed correctly and if no harm had been missed. ■ confirmed that steps had been taken to avoid harm to patients.</p> <p>■ noted a gap between the forecast and actual elective inpatients for March and enquired if any elective inpatients were cancelled. ■ wasn't aware of any cancelled appointments but agreed to review to find the most significant shortfall.</p> <p>New Action: ■ to review if any elective inpatients were cancelled in March 2022</p>	■
8.2	<p><u>Elective Backlog Update</u></p> <p>As above</p>	
8.3	<p><u>52ww Harm review Report</u></p> <p>■ noted he had contacted the specialities who hadn't routinely attended the review meetings.</p>	
8.4	<p><u>Cancer Summit Actions update</u></p> <p>■ noted the system-wide cancer summit held in November 2021 to reaffirm a joint system recovery plan and the structure of working groups. UHNM initiatives to improve cancer services were discussed at the summit; however, performance by UHNM against the national</p>	

	<p>average targets had decreased. UHNM reported the worst nationally performance in January 2022. UHNM has set out ten high impact actions to improve cancer recovery. These included optimising referrals, delivering best practice pathways, schemes to place care in more appropriate settings and describing working groups.</p> <p>■ provided an update on the following actions:</p> <ul style="list-style-type: none"> • Optimising Referrals – ■ noted that a new two-week referral wait form is awaiting sign off by the membership boards. ■ confirmed that from 1st July, the CCG wouldn't exist due to changing to ICB therefore it would not require to go that board. • Fully implement FIT as a pre-requisite – Using FIT results to guide referrals hasn't been taken up by all GPs within the system, so UHNM are having referrals being sent in with FIT requested. • Expand on the Tele-dermatology model – Tele-dermatology has been implemented in-house. ■ suggested using Tele-dermatology in the community at GP appointments and is in the UHNM 22/23 planning. • Expand the Cancer Navigator workforce – Faster Diagnosis Cancer Navigators now in post. • Deliver breast pain clinics in the community – ■ reported these clinics are running. However, these clinics haven't released specialist capacity as hoped. Funding is available to nurses and clinicians to attend Keele University to learn about the breast pain. ■ suggested offering part-time courses to GP staff. ■ confirmed this has been discussed with the workforce cell and explored by MPFT staff with no uptake • Increase uptake of new Vague Symptoms RDC pathway – This pathway has been delivered to improve access to patients. • Development of other Rapid Diagnostic pathways – Several new innovative diagnostics and pathways are being piloted at UHNM. <p>■ enquired about the activity growth for referrals. ■ noted urology has increased, and NHS England has provided UHNM with referral prediction volumes; however, these are not yet at the predicted level.</p>	
8.5	<p><u>Histology Action Plan update</u></p> <p>■ noted that a clinical team at ECT will be updating the slides for assurance, and communications will be going out. Agreed to send to the group once slides have been updated. Action: ■ to circulate the updated Histology action slides to CQRM members</p>	
9.0	Emergency Department Monthly Assurance:	
9.1	<p><u>12-hour breach Report/ Ambulance handover delays/harm review report</u></p> <p>■ confirmed 1830 cases of 12-hour breaches for November, December, and January. ■ agreed to meet with ■ and ■ to plan to propose a review process to review patient harm due to long waiting times and ambulance delays. ■ confirmed that UHNM are offloading patients to a cohort area with a SOP being created.</p>	

10.0	Serious Incident Report	
10.1	Taken as read with no comments	
10.2	<p><u>NEVER Events to agree Closure on completion of actions:</u></p> <p>■■ confirmed ■■ would email ■■ with comments for the never events actions as there were areas with gaps before agreeing to close them.</p>	
11.0	Mortality Report (March 2022 Front Sheet)	
	<p><u>Mortality Report (March 2022)</u></p> <p>■■ enquired about the plan concerning the outstanding SJR this year and if the BTE therapy has been considered as serious harm. ■■ agreed to discuss these with ■■.</p> <p>New Action: ■■ to feedback ■■ queries concerning the mortality report</p> <p><u>COVID-19 Mortality Report</u></p> <p>Taken as read with no comments</p>	■■
12.0	Forthcoming UHNM External Reviews	
	No forthcoming UHNM external reviews	
13.0	Any Other Business	
	<p><u>Future meetings</u></p> <p>■■ agreed to review the future UHNM CQRM meetings from 1st July. ■■ agreed to book 16th June 12-2 CQRM in the diary.</p> <p>New Action: ■■ to book June CQRM</p>	■■
<p><u>Next UHNM CQRM: (M12)</u> Thursday 19th May, 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>		