

QUALITY ACADEMY MINUTES

Date:	29 September 2021	Time:	14:00-16:45
Venue:	Microsoft Teams meeting	Chair:	Mr Mohammed Hussain (MH), Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Mr Mohammed Hussain (MH), Non-Executive Director/Chair - Dr Janet Hirst (JH), Non-Executive Director - Mr Jon Prashar (JP), Non-Executive Director - Mr Altaf Sadique (AS), Non-Executive Director <p>Executive Directors:</p> <ul style="list-style-type: none"> - Dr Ray Smith (RS), Chief Medical Officer 		
Attendees:	<ul style="list-style-type: none"> - Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director - Dr Robert Halstead (RH), Consultant in Emergency Medicine/Associate Medical Director - Mrs Karen Bentley (KB), Assistant Chief Nurse - Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion - Ms Adrienne Lake (AL), Assistant Director of Finance - Ms Judith Connor (JC), Associate Director of Quality - Mrs Su Coultas (SC), General Manager, Chief Medical Officer's Office - Ms Liz Tomlin (LT), Improvement Lead - Mrs Sarah Freeman (SF), Associate Director of Nursing - Mrs Sara Hollins (SH), Head of Nursing, Midwifery - Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control - Mr Iain Threlkeld (IT), Senior Head of Estates - Mr Gary Lupton (GL), Education Manager. 		
In Attendance	<ul style="list-style-type: none"> - Ms Alison Powell (AP), Midwifery Lead, in attendance for agenda item QA.9.21.10. - Mr John Anderson (JA), Clinical Lead, Women's Services, in attendance for agenda item QA.9.21.11. - Ms Lisa Jamieson (LJ), Effectiveness, Quality and Patient Safety Manager, in attendance for agenda item QA.9.21.13. - Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Ms Jacqui Maurice (JM), Head of Corporate Governance - Ms Katie Shepherd (KS), Corporate Governance Manager 		
Observers	<ul style="list-style-type: none"> - There were no observers. 		

MH welcomed Prof Janet Hirst, Non-Executive Director, from the University of Leeds, to the meeting.


Agenda Ref	Agenda Item	Actions
QA.9.21.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Ms Karen Dawber (KD), Chief Nurse, represented by Sarah Freeman - Dr Paul Rice (PR), Chief Digital and Information Officer - Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer - Mrs Sally Scales (SS), Director of Nursing - Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing - Mrs Joanne Hilton (JHi), Assistant Chief Nurse - Ms Beverley Slater (BS), Director, AHSN Improvement Academy - Mrs Sarah Turner (ST), Assistant Chief Nurse, Safeguarding - Ms Jane Kingsley (JK), Lead Allied Health Professional - Mr Neil Scott (NS), Head of Business Intelligence 	
QA.9.21.2	Declarations of Interest	
	There were no declarations of interest.	
QA.9.21.3	Minutes of the meeting held on 28 July 2021	
	<p>The minutes of the meeting held on 28 July 2021 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded: QA21012 – QA.2.21.7 – Quality Oversight and Exception Profile. QA21054 – QA.7.21.6 – Quality Oversight and Assurance Profile – Serious Incident (SI) Report – June 2021. QA21055 – QA.7.21.7 – Strategic Risks relevant to the Academy. QA21056 – QA.7.21.8 – Safeguarding Adults and Children – Annual Reports. QA21057 – QA.7.21.8 – Safeguarding Adults and Children – Annual Reports. QA21058 – QA.7.21.16 – Interim Effectiveness Review of Quality Academy. QA21033 – QA.5.21.8 – Update from Neurology/Getting It Right First Time. QA21053 – QA.7.21.5 – Service Presentation – Update on Neonatal Deaths.</p>	
QA.9.21.4	Matters Arising	
	There were no matters arising from the Minutes that were not already on the agenda.	
	<p>MH welcomed the attendees to the meeting and noted that following discussion with members of the Quality Improvement (QI) team the format of the agenda will alter with the Learning and Improvement sections discussed initially followed by the Update and Assurance sections.</p> <p>The Academy will be renamed the Quality and Patient Safety Academy and QI will be embedded in all governance. JC and LT have been asked to consider how assurance can be provided through learning and QI within the Academy.</p>	

	<p>MH introduced JC to discuss agenda item QA.9.21.13 including the future of the Academy.</p> <p>QA.9.21.13 - Quality Improvement Programme Update</p> <p>A Quality team away day was held on 28 September 2021 enabling the team to begin to consider the work plan in light of the National Patient Safety Strategy and the introduction of the new National Patient Safety Incident Response framework and JC described how the QI team has been incorporated into the wider Quality team, incorporating Risk Management and Governance. This broader remit will assist with incident reporting cultures, quality metrics, indicators and programmes of work that reflect an outstanding organisation delivering outstanding care for patients and service users with excellent patient experience. The team were challenged as to how QI methodology could best be embedded into the Academy structure and link Quality priorities, already identified in the Quality Account, to the Academy. The Board of Directors has recently approved the change of name of the Quality Academy demonstrating the patient is at the front and centre of all Trust work. A Quality Strategy will be developed to support the embedding of improvement across the organisation, demonstrating quality and outstanding care, with the patient being the focus. LT described the slides and LJ discussed the QI Live platform enabling the tracking of progress.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> • The Academy were updated on the QI work being undertaken in the Trust as conversations develop across the organisation, including a Trust QI priority around managing the deteriorating patient and sepsis. • Annual/Quality Account – A report is produced annually describing the quality of services provided and submitted to the Secretary of State. • Patient Experience work is being led by KB and the Chief Nurse team. • Continued reduction in still births via the Outstanding Maternity Services (OMS) programme. • Quality, diversity and inclusion work. • Requirements to embed improvements, around leadership, governance and the Trust's external environment, ie around policy. The regulatory body supports efforts to develop a whole systems approach ensuring that Health and Care Services are appropriately resourced to deliver and agree standards of quality, this links into the work of the Quality team. • All members of staff and patients to have the opportunity to have a voice as the Trust moves forward. • End of Life documentation and ReSPECT led by E Price, Lead Nurse for Palliative Care. • Information systems are a challenge in pulling the required data together from various systems. Baselines for some measures continue to be established. • Common themes have emerged particularly for the QI and Quality teams understanding that data is vital for insight. 	
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	<ul style="list-style-type: none"> The move to an outstanding organisation involves capacity and capability building around improvement. A Trust Project Charter is being compiled. Building capacity and capability is one of the key fundamentals required to becoming an outstanding organisation. Evidence-based tools have been proven to bring about measurable and sustainable improvement. Life QI is an online global platform recently purchased, and used by different organisations including NHS Trusts, enabling the tracking of QI activity and the building of skills and knowledge. As a key enabler this will assist in the understanding of the improvement activity throughout the organisation and will provide assurance that the correct QI methodology is being used. <p>MH thanked JC, LT and LJ.</p> <p>The Academy will aim to concentrate on QI and Patient Safety resulting in the assurance required. The QI team will drive this improvement ensuring improved connections.</p> <p>A Quality Academy development session will be held in the next few months to explore further detail of QI, patient safety etc.</p>	QA21059 Associate Director of Corporate Governance/ Board Secretary
QA.9.21.5	Quality Oversight and Assurance	
QA.9.21.5.1	Quality Academy Dashboard <p>The Quality Academy Dashboard provides a single view of quality aligned to the Trust's Strategic Objectives. RS noted the dashboard is currently being redesigned and it is envisaged a draft dashboard will be available next month for further discussion.</p> <p>The present dashboard does not provide sufficient information and the challenges around the data retrieval were noted, following the pandemic with regard to the impact on the organisation.</p> <p>RS highlighted the key issues:</p> <ul style="list-style-type: none"> Pressure ulcers – The Trust is currently an outlier due to the number of Covid cases during the three pandemic waves and the use of non-invasive ventilation. RS noted the Yorkshire and Humber data is slightly out of date compared to Trust data. A data quality issue around sepsis performance and how the figure is generated against certain patient parameters which flag on the Electronic Patient Record (EPR) was described. Work is underway with colleagues in Informatics to streamline the reporting of this condition. An audit has recently been undertaken to look at patients who were recorded to have breached this protocol and the conclusion resulted in not a single patient having received any delay in treatment with all treatments being appropriate. <p>JB echoed RS's comments noting these common problems throughout the governance of healthcare.</p>	

QA.9.21.5.2	<p>Quality Oversight and Assurance Profile</p> <p>JC explained the Quality Oversight and Assurance profile is a report on the previous month's weekly Quality of Care Panel meetings. JC explained a review of this operational decision making forum considering all aspects of patient safety information is being carried out as the Trust moves out of the pandemic. The review will include the tracking of indicators, Datix systems and past incident reporting, claims, patient experience and the Patient Advice and Liaison Service, compliments and lessons learned from Coroner's cases.</p> <p>A highlight report will be compiled bringing themes and learning together to add into the Quality Improvement Programme.</p> <p>JC noted the seven alerts received since the last meeting and the 11 incidents reported to the appropriate regulatory bodies. Parliamentary Health Service Ombudsman (PHSO) correspondence learning from claims and inquests has been identified and shared with the Clinical Business Units (CBUs) and specialties along with a Getting It Right First Time (GIRFT) data pack.</p> <p>There are a significant number of inquests suspended due to the pandemic which are now being listed, however, as Covid numbers in the Trust are not decreasing flexibility is being requested in the approach by the Coroner's Office.</p> <p>The Maternal Death Incident SBAR report and the Healthcare Safety Investigation Branch – Maternity Investigation 2011-2672 – August 2021 reports noted. The outcomes and significant learning identified from the report around discharge information is not reflected in the Trust document however it was noted this has been actioned and will be discussed with Maternity.</p> <p>MH raised the ongoing incident MHRA 021/008/019/401/002 around the Desflurane Anaesthetic Agenda and the return of empty vapouriser(s). JC will discuss with MH who offered assistance.</p> <p>The excellent report was noted by the Academy and MH requested the exploration in the forthcoming QI session of the QI initiatives across the organisation being displayed in a similar format by category, area or CBU.</p>	<p>QA21060 Associate Director of Quality</p> <p>QA21061 Associate Director of Quality</p> <p>QA21062 Associate Director of Quality</p>
QA.9.21.5.3	<p>Serious Incident (SI) Report</p> <p>JC presented the SI report, July to September 2021.</p> <p>Three SIs have been declared by Bradford Teaching Hospitals NHS Foundation Trust between 12 July and 12 September 2021:</p> <ul style="list-style-type: none"> • SI 2021/15080 related to a Never Event and transfusion. The error was recognised quickly and the transfusion ceased. No harm had been recorded to the patient. • SI 2021/15433 concerned complications which occurred during 	

	<p>routine surgery to repair an inguinal hernia in a child which resulted in the requirement for further vascular surgery and transfer to Leeds Teaching Hospitals NHS Trust.</p> <ul style="list-style-type: none"> • SI 2021/17062 delayed recognition and treatment of a deteriorating patient. The patient developed sepsis and required surgical intervention. • One maternity related incident was reported via the STEIS system (SI 2021/15813) with the independent investigation being carried out by the Healthcare Safety Investigation Branch. <p>Six SIs have been concluded since the last report:</p> <ul style="list-style-type: none"> • SI 2020/19919 – Disruptive/aggressive/violent behaviour meeting SI criteria. • SI 2021/2418 – Adverse media coverage or public concern about the organisation or the wider NHS. • SI 2021/3297 – Slips/trips/falls meeting SI criteria. • SI 2021/3051 – Major incident/emergency preparedness, resilience and response/suspension of services. • SI 2021/8095 – HCA/Infection control incident meeting SI criteria. • SI 2021/8107 – HCA/Infection control incident meeting SI criteria. <p>The Academy was assured by the immediate and comprehensive learning noted on the above. All SIs are monitored through the weekly Quality of Care Panel (QuOC) meeting with action plans monitored through the weekly Safety Event Group.</p> <p>Seven SIs are in progress and there have been nine extension requests submitted to the Clinical Commissioning Group (CCG) between 12 July and 12 September.</p> <p>All learning from the SIs and Never Events is shared via 'Learning Matters', an email cascaded throughout the organisation.</p> <p>The Academy was assured the Trust has processes in place to identify, investigate, improve and learn from SIs.</p>	
QA.9.21.5.4	<p>Strategic Risks relevant to the Academy</p> <p>RS noted the strategic risks within the Risk Register, where there has been very little movement since the last Academy. One risk has been closed, Risk 3203, relating to the production of aseptic drug standards. That risk, however, has now been replaced with Risk 3696 (discussed at the recent Finance and Performance Academy) concerning the infrastructure of the Pharmacy aseptic laboratory. Work is ongoing and litigation is in place with the risk being downgraded to 16 following mitigations. There are no risks currently past their review date. The highest risks held by the Academy are virtually all shared with other Academies as these cross-borders and many are related to Covid.</p> <p>It was noted the shared risks are not differentiated between what proportion of the risk sits with one Academy or with another.</p>	

	<p>An update was requested on Risk 3104 - There may be a total or partial failure of the telephony system as the system is end of life, impacting on the operations of the Trust with mitigation due to have been completed in August. RS agreed to provide an update at the next meeting.</p>	<p>QA21063 Chief Medical Officer</p>
QA.9.21.6	Internal Audit Update	
	<p>LP noted the paper provided details to the Academy of the internal audits which had been completed relevant to the Academy. A summary of the three audits completed to date during 2021/22 were provided relevant to the Academy.</p> <ul style="list-style-type: none"> • Infection Control PPE (Availability and Compliance) – July 2021 – High assurance, no recommendations. • Freedom to Speak Up – September 2021 – Significant assurance with three minor recommendations made due to be implemented by March 2022. • Safeguarding Children – September 2021 – Rating recently amended by Internal Audit to High Assurance. Two minor recommendations made due to be implemented by November 2021. <p>LP noted a Claims Management Internal Audit has now been completed with Significant Assurance with one recommendation around the formal reporting of claims data to the CBUs to ensure the learning is shared across specialities.</p> <p>The Academy noted the report and the positive assurances provided.</p>	
QA.9.21.7	Safeguarding Adults and Children – Update on mental health, risks and impact on organisation	
	<div data-bbox="405 1355 469 1422" data-label="Image">  </div> <p>QA.9.21.7 - Safeguarding Adults :</p> <p>The presentation was noted, however, presentation was deferred to the October meeting.</p>	
QA.9.21.8	Patient Safety Group	
	<p>JC noted the Patient Safety Group meets on a monthly basis and has member representation from across the Care Groups, CBUs and the other safety critical areas, eg Pharmacy, Nutrition etc.</p> <p>The highlight report describes the subjects discussed, learning, improvement and actions. Information is cascaded throughout and across the organisation as and when required.</p> <p>JC noted the Bradford Safety Standards for Invasive Procedures (BradSIPPs) Task and Finish group membership has been extended to include a Patient Safety Specialist and a Clinical Lead.</p>	

	<p>A central database will be developed providing access to all BradSIPPS and National Safety Standards for Invasive Procedures that are developed in the organisation, to prevent duplication and support standardisation.</p> <p>Alerts submitted to the organisation are monitored and discussed appropriately to ensure complete and appropriate closure. Alternative methods of learning and dissemination, eg hot debriefs, where relevant are under consideration. Ongoing actions and areas for future work were noted, eg the introduction of a further workstream, Reducing Violence and Aggression in the Workplace, linked to the staff survey.</p> <p>MH requested a quality map of the structures and governance within the organisation to be circulated with each Quality and Patient Safety agenda in the future.</p>	QA21064 Associate Director of Quality
QA.9.21.9	Infection Prevention and Control Board Assurance Framework (IPC BAF)	
	<p>CC discussed the presentation and the supporting paper identifying the learning from Covid outbreaks during the pandemic, related to hospital onset Covid 19 deaths and outbreaks subsequent from the hospital onset Covid 19 deaths.</p> <p>National and regional investigations were commissioned to identify the contributory factors, particularly around the transmission of hospital onset Covid 19 in acute hospital settings. In line with NHS England guidance a review of all BTHFT Covid outbreaks reported over 2020/21 was undertaken in order to identify the learning and whether there were any key themes identified. CC highlighted the following:</p> <ul style="list-style-type: none"> • The Trust declared a total of only 20 outbreaks, where four involved staff between June 2020 and May 2021. Trust benchmarking both nationally and regionally with thematic analysis performed, with emergent themes compared and contrasted identified by both the independent Healthcare Safety Investigation Branch (HSIB) report and a North East and Yorkshire NHS England thematic analysis. • Mitigation strategies. • Benchmarking against the reports identified the Trust matched the themes very closely. • Atypical presentation of Covid 19 in older adults often admitted with falls and delirium (now identified as a national theme). • Socialising outside the Trust premises, specific to renal dialysis patients. • Inter-hospital transfers that have been necessary to maintain service provision mitigate against transmission of Covid pathways in place. • The majority of the Trust's clinical and non-clinical estate relies on natural ventilation. National guidance places an emphasis on improving ventilation in all clinical areas. • Bradford has maintained a significantly low rate of hospital 	

	<p>onset Covid both during the first wave (August 2020 to May 2021) and second wave (May 2021 to present) of Covid surges. Nationally the proportion of cases diagnosed greater than 8 days after admission was 6.5%. Nationally, the proportion of cases diagnosed after day 15 of admission was 4%.</p> <ul style="list-style-type: none"> • The Trust's position in relation to the number of hospital acquired Covid infections was noted. BTH data remains below the national average for hospital acquired Covid infections. • A list of examples of QI programmes undertaken throughout the Covid surges were noted based on national, regional and local learning. <p>MH queried the mitigation around the propping open of internal doors to enhance air flow as this was not undertaken in BTHFT. CC noted a risk assessment had been undertaken to inform the decision and CC will enclose this information within the next report.</p> <p>JP queried whether the learning/good practice identified from the list of improvement programmes will be shared. CC replied much has been learnt both locally and nationally during Covid. The national team have changed their guidance throughout Covid based on the learning identified during the pandemic. There has been nothing like the Covid organism previously and the symptoms have altered over the months. The delta variant is significantly more transmissible than the alpha variant and the index variant at the beginning of the pandemic. Evidence indicates the Trust has learnt throughout the pandemic.</p> <p>National research is ongoing into what has worked well for Acute Trusts which have maintained low rates via a grant to support learning which will influence future guidance.</p> <p>CC noted there had not been an overall reduction in other hospital acquired infections as when one infection is focussed upon, then other infections tend to transmit.</p> <p>The report was noted by the Academy.</p>	<p>QA21065 Director of Infection, Prevention and Control</p>
QA.9.21.10	Maternity Services Update: Outstanding Maternity Services (OMS) Programme	
	<p>AP discussed an overview of the OMS programme providing the six month update/review which was scheduled to be presented in June/July 2021.</p> <p>Further to the earlier discussion concerning the aims of the Academy, the use of QI methodology and champions in the workplace AP presented the key achievements demonstrating linkage to these methods.</p> <p>The large scale programme plan and the detailed plan was displayed as a plan on a page noting the completed work, the work in progress and the work to commence.</p> <p>The service users remain at the centre of all actions and staff are</p>	

	<p>recognised as the most important resource.</p> <p>The OMS Programme highlight report progress was noted since the last report and the five high level workstreams discussed, along with the importance of pulling the learning identified together to ensure this is used effectively.</p> <ol style="list-style-type: none"> 1 – Investing in our workforce. 2 – Moving service to digital. 3 – Linking and learning quality through our information. 4 – Women’s Journey. 5 – Building fit for the future. <p>Key aims have been broken down as a focus over the next six months due to the continuing staffing challenges faced during the pandemic.</p> <p>The dashboards and departmental drivers were noted with 32% of the workforce being directly involved in the OMS programme and 100% of workstreams have service user input which is key.</p> <p>AP noted the 15 step maternity tool created by the Maternity Voices Partnership and NHS England in 2018. This tool helps build the improvement journey.</p> <p>MH thanked AP for the presentation, noting the significant efforts during the programme. JH was informed the obesity pathway review had not yet commenced but is on the work plan along with other complex care pathways. Small scale work has been undertaken by the clinician who will be delivering the scheduled pathway.</p> <p>RS noted the launch event for the Outstanding Theatre programme will be held in a couple of weeks and the OMS team have been extremely helpful providing their experience to help guide and shape the Theatre programme and much has been learnt to date. RS noted the importance of thorough preparation providing a period of build-up, in order that the programme will make a difference.</p> <p>Staff involvement is key to driving the programme whether it be the OMS or Theatre service programme.</p> <p>The launch event will be used to shape and adjust ideas with the theatre staff engaged from the outset. The methodology used through the OMS programme is transferrable to other areas of the organisation.</p> <p>RS congratulated AP and the team on all the work undertaken since last November, due in part to the thorough preparation work and engagement prior to the official launch event.</p>	
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QA.9.21.11	Introducing the Electronic Patient Record (EPR) into Maternity Services – Update	
	<p>JA, Clinical Risk Lead/Lead for Cerner Maternity was welcomed to the meeting to provide an update on introducing EPR into the Maternity service.</p> <p>JA described the project background of aligning Maternity patient records with those Trust-wide. The Trust-wide EPR went live in 2017, when Maternity was out of scope and using the Medway system. The Cerner system is a superior system and will enable excellence with a united patient record along with numerous benefits, particularly from a safety aspect.</p> <p>The Cerner project is part of the moving to digital workstream and supports the Trust's digital strategy. JA described the benefits and the road map to go live was noted.</p> <p>EPR Maternity will be invaluable in assisting with the Maternity Incentive Scheme submission and CNST.</p> <p>JA noted the testing cycle is basically on track for a go live date at the end of March 2022, however, all 'builds' will need to be completed/fixed to a satisfactory level for the Maternity team, Anaesthetic and Neonatal colleagues, and this was noted as the greatest challenge.</p> <p>A future challenge will be the training plan. RS suggested, following the experience of the EPR launch, holding back some of the training until staff have a degree of knowledge and familiarity with the system. JA noted community colleagues will require full training and a programme is currently being developed to assist.</p> <p>JH looked forward to receiving further feedback on the system roll out and the challenges overcome at this exciting time. JA noted Cerner have an App which was commissioned in the 2017 Contract for a patient portal, however, Information Governance issues have not yet been finalised to date in order for this to be offered currently. The Division is, however, cautiously optimistic this portal will be up and running around March 2022. JH noted the work in progress with planned relevant checks and balances.</p> <p>MH queried the training timeline and delivery plan over the winter period alongside presumed staff pressures. JA replied goal posts may have to be moved, however, this was the most favourable option. SH noted there is no ideal time to go live with the system, however, a risk has been submitted to the Board. SH was optimistic the staffing situation will improve over the next months as interviews for additional staff are scheduled.</p> <p>MH thanked JA for the presentation suggesting a risk around capacity of the EPR team to support the Trust is captured on the risk register.</p>	<p>QA21066 Director of Midwifery</p>

QA.9.21.12	Bi-Annual Digital Report	
	In PR's absence the presentation was deferred until the next meeting.	
QA.9.21.13	Quality Improvement Programme Update	
	This item was discussed at the commencement of the meeting.	
QA.9.21.14	Estates and Facilities Quarterly Service Report	
	<p>IT reported to the Academy an update on the projects within Estates and Facilities including the planned developments around improving the environment, governance and structure improvements, workforce improvements and engagement, improving and enhancing operational estates and facilities services. A number of audits have been undertaken and the results analysed with limited actions and the majority of changes implemented.</p> <p>Of particular note Ward 10 (old Intensive Care Unit) has been set out as a new ward which can be flexed up or down depending on the needs of the Trust at any one point. Deep cleans are currently in progress.</p> <p>A recent unannounced food hygiene visit to St Luke's Hospital resulted in a maintained five star rating with positive feedback. A similar unannounced visit is due imminently at Bradford Royal Infirmary.</p> <p>A new Fire Safety Manager has recently joined the Trust. Fire risk assessments will be reviewed over the next few months. Infrastructure improvements, fire alarm upgrades, further compartmentation work is continuing and a programme will be rolled out to improve fire safety across the Trust.</p> <p>Backlog maintenance is documented on the Strategic Risk Register and the possibility of a future move to a new hospital site was noted, however, this would be a number of years away. The Trust's current sites need to be maintained in the short-term. A three year plan is noted for investment to prioritise backlog maintenance. Transformation works are ongoing. Workforce Development programmes across Estates and Facilities are being considered looking at structures and how these are managed and the requirements for delivery.</p> <p>Ward based patient movement work is underway particularly around cleaning, waste and the patient environment.</p> <p>Colleague engagement work continues with all levels of staff in Estates and Facilities prior to forthcoming changes being introduced.</p> <p>MH raised the issue of sustainability and the Trust's sustainability</p>	

	<p>programme. IT noted Craig Wilson is the Estates Sustainability Manager, and John Holden, Executive Director, the Trust Lead for sustainability. This area currently sits outside of Estates at the present time. Estates are alert to the fact that to achieve net zero in the Trust a larger sustainability team is required. Internal discussions are underway as this will require input from other areas, eg Procurement.</p> <p>MH thanked IT for the update.</p>	
QA.9.21.15	Getting It Right First Time (GIRFT) Update	
	<p>RS discussed the background to GIRFT, the need for warranted variation, unwarranted variation and described the factors around raising performance to improve quality and efficiency. Tim Briggs, Chair of GIRFT and the National Director of Clinical Improvement for the NHS, was tasked in 2017 with leading this programme. This national programme is designed to improve the treatment and care of patients, through an in depth review of services, benchmarking and presenting a data-driven evidence-base to support change. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how procedures are currently being performed and whether these could be improved. Clinical practice varies in light of evidence to demonstrate what is best clinical practice.</p> <p>The Trust has been engaged with GIRFT since its commencement with numerous visits held over the last four years and the Trust's GIRFT plan was discussed noting the absence of finalized action plans following the visits. The Leads for GIRFT within the Trust are expert clinicians in their field which is relevant to the visit.</p> <p>Following the appointment of a GIRFT Clinical Lead for the Trust, GIRFT will be relaunched. A Deputy General Manager for the Chief Medical Officer's Office will provide high level managerial support and a nursing lead will be appointed. The key principles of embedding GIRFT into normal working processes were highlighted.</p> <p>The forthcoming regular Executive to CBU meetings will feature GIRFT discussions. RS noted Resources and a Best Practice Library are freely available. The new approach to GIRFT will reflect the new ICS/cross system working and elective recovery initiative.</p> <p>An implementation plan will be devised and is expected to be in place by the end of the year. Results will be gradual but will be embedded as part of normal practice.</p> <p>JB noted the excellent synopsis and alluded to the previous processes and observations.</p> <p>MH queried how GIRFT would fit into the Quality Strategy and Quality Plan. JC noted this is an opportunity for learning and looking outside the organisation for best practice. A post is being appointed to to facilitate Moving to Outstanding and this will be part</p>	

	<p>of the role to link in with the GIRFT Lead, and to review against the Quality Assurance framework. GIRFT and the learning will be shared as appropriate.</p> <p>JC noted the importance of engaging with the whole process obtaining the learning and understanding from other organisations as to what is right for Bradford services and RS confirmed this will be the role of the central team. SC noted the importance of the toolkit linking to the Quality work underway in the Trust.</p> <p>MH thanked the team.</p>	
QA.9.21.16	Quality Academy Terms of Reference	
	<p>MH noted the updated Terms of Reference for the Academy re-named the Quality and Patient Safety Academy. MH requested a discussion is facilitated as part of the forthcoming QI development session.</p>	QA21067 Associate Director of Quality
QA.9.21.17	Any Other Business	
	There was no other business to discuss.	
QA.9.21.18	Matters to share with other Academies	
	There were no matters to share with the other Academies.	
QA.9.21.19	Matters to escalate to the Board	
	To inform the Board the finalisation of the Terms of Reference and the Work plan will take longer to complete due to a Development session being organised.	QA21068 Associate Director of Corporate Governance/ Board Secretary
QA.9.21.20	Date and Time of Next Meeting	
	Wednesday, 27 October 2021 – 2 pm to 5 pm	
	Annexes for the Quality Academy Annex 1 – Documents for Information	
QA.9.21.21	Quality Academy Work Plan	
	<p>The document was tabled. MH noted the work plan needs to be reconsidered following the earlier discussions at the meeting taking into account CBUs, GIRFT etc and further discussions around the quality strategy, quality plan, quality map and the meeting Terms of Reference.</p> <p>JC noted that some of the items on the work plan are presented at this Academy as there is no other Academy to suit. MH acknowledged this, however, the Academy would need to be informed as to the reason for submission.</p>	
QA.9.21.22	Hospital Onset Covid-19 Infections – Learning from Outbreaks and Deaths in Care	
	Noted for information.	

ACTIONS FROM QUALITY ACADEMY – 29 September 2021

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA21034	26.05.21	QA.5.21.8	Update from the Haemoglobinopathy Team – Update on Speciality Deep Dives A programme of specialty deep dives, from a quality/patient experience, learning/assurance perspective was suggested. LAE, JC and JK will present a draft plan of specialty updates for each Quality Academy meeting going forward.	Deputy Chief Medical Officer - Quality/ Associate Director of Quality/ Lead AHP	October 2021	22.06.21: In development. Update to be provided at the July 2021 Quality Academy. 30.06.21: This concerns all teams within the Trust who have a huge impact on the Trust's quality, safety and experience agenda, not only clinical teams. 20.07.21: Meeting held. Programme currently being compiled. 28.07.21: List of teams who tend to sit on the periphery. JK has drafted a letter which will be agreed and distributed. This will become part of the meeting work plan going forward. Update to be provided at September meeting. 08.09.21: Letter to be circulated. 05.10.21: Letter to be circulated to Trust personnel. CLOSED.
QA21036	26.05.21	QA.5.21.16	Patient Safety Specialist Update The Trust's PSSs are currently working through the priorities and a gap analysis of the National Patient Safety Strategy will be drawn up on how to achieve the priorities. A further update will be provided at the Quality Academy meeting in July 2021.	Deputy Chief Medical Officer (CMO) - Quality	October 2021	19.07.21: Deputy CMO Quality emailed relevant individuals emailed and discussed with Associate Director of Quality and Assistant Chief Nurse, Safeguarding. 28.07.21: A gap analysis is being compiled re the National Patient Safety Strategy. Meeting with RS and KD to discuss. Update to be

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						provided in September. 29.09.21: JC noted a document had been presented to the Executive team (13.09.21) and to the Board of Directors. 05.10.21: Item on the October agenda. CLOSED.
QA21042	30.06.21	QA.6.21.5	Service Presentation – Infection Prevention and Control with Focus on Sepsis JB described difficulties within EPR and suggested inviting a Clinical Director, not only to join the Quality Academy but all Academies. Medical representation from junior doctors was also raised. KD suggested JB consider Clinical Director representation at all Academies.	Deputy Chief Medical Officer/ Operations Medical Director	October 2021	28.07.21: Update to be provided by JB in September. JB emailed for follow-up. 08.10.21: JB has emailed all the Clinical Directors to invite them to the meetings and meeting invitations will be circulated. CLOSED
QA21049	30.06.21	QA.6.21.19	Estates and Facilities Quarterly Service Report All equipment in the Trust should be documented due to previous significant safety incidents in relation to equipment. RH noted the purchase of new kit by Education and requested whilst records are held in Education, it would be helpful if Clinical Engineering had oversight of this equipment, following their recent assistance with kit during the Covid pandemic. RH will contact CD to discuss further.	Head of Education/ Education Manager	October 2021	28.07.21: Deferred to the September meeting. CD/AH emailed for follow-up. 20.10.21: Education awaiting further details from Estates and Clinical Engineering. Update to be provided at the November meeting.
QA21040	30.06.21	QA.6.21.5	Service Presentation – Infection Prevention and Control with Focus on Sepsis KD noted PR and his team will link with CC around the sepsis dashboard to ensure	Chief Information and Digital Officer	October 2021	28.07.21: PR has a meeting scheduled in August.

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			meaningful sepsis data is available on the overarching dashboard.			
QA21011	24.02.21	QA.2.21.7	Quality Oversight and Exception Profile An update on the work with Airedale will be included in the Quarterly report submitted in April.	Associate Director of Quality	October 2021	28.04.21: JC - Met with Airedale and mapping work is being progressed. Resources will be identified to support the work required. A go-live date sometime after October 2021 is envisaged, dependent on mapping. JC will provide an update at the October Quality Academy relating to Datix. 20.10.21: JC will update further when the programme progresses.
QA21059	29.09.21	QA.9.21.13	Quality Improvement Programme Update A Quality Academy development session will be held in the next few months to explore further detail of QI, patient safety etc.	Associate Director of Corporate Governance/ Board Secretary	October 2021	20.10.21: Quality and Patient Safety Academy development session arranged for Friday, 18 February 2022 in the Sovereign Lecture Theatre. CLOSED.
QA21061	29.09.21	QA.9.21.5.2	Quality Oversight and Assurance Profile MH raised the ongoing incident MHRA 021/008/019/401/002 around the Desflurane Anaesthetic Agenda and the return of empty vapouriser(s). JC will discuss with MH who offered assistance.	Associate Director of Quality	October 2021	20.10.21: JC - Awaiting discussion.
QA21062	29.09.21	QA.9.21.5.2	Quality Oversight and Assurance Profile The excellent report was noted by the Academy and MH requested the exploration in the forthcoming QI session of the QI initiatives across the organisation being displayed in a similar format by category, area or CBU.	Associate Director of Quality	October 2021	20.10.21: JC - The CLIP report (claims, patient experience and incidents) is being developed via categories with the first report due in January 2022. CLOSED.

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QA21063	29.09.21	QA.9.21.5.4	Strategic Risks relevant to the Academy An update was requested on Risk 3104 - There may be a total or partial failure of the telephony system as the system is end of life, impacting on the operations of the Trust with mitigation due to have been completed in August. RS agreed to provide an update at the next meeting.	Chief Medical Officer	October 2021	20.10.21: RS – SLH migrations completed. BRI migrations will be completed by the end of November. These are currently being undertaken now in a staged way with PR managing. CLOSED.
QA21064	29.09.21	QA.9.21.8	Patient Safety Group MH requested a quality map of the structures and governance within the organisation to be circulated with each Quality and Patient Safety agenda in the future.	Associate Director of Quality	October 2021	20.10.21: JC - Documents accompanying the October Quality and Patient Safety papers. CLOSED.
QA21065	29.09.21	QA.9.21.9	Infection Prevention and Control Board Assurance Framework MH queried the mitigation around the propping open of internal doors to enhance air flow as this was not undertaken in BTHFT. CC noted a risk assessment had been undertaken to inform the decision and CC will enclose this information within the next report.	Director of Infection, Prevention and Control	October 2021	20.10.21: CC – Included in the report submitted to the October meeting. CLOSED.
QA20167	29.09.21	QA.9.21.16	Quality Academy Terms of Reference MH noted the updated Terms of Reference for the Academy re-named the Quality and Patient Safety Academy. MH requested a discussion is facilitated as part of the forthcoming QI development session.	Associate Director of Quality	October 2021	20.10.21: To be considered at the Development Session on 18 February 2022. CLOSED.

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QA21060	29.09.21	QA.9.21.5.2	Quality Oversight and Assurance Profile The Maternal Death Incident SBAR report and the Healthcare Safety Investigation Branch – Maternity Investigation 2011-2672 – August 2021 reports noted. The outcomes and significant learning identified from the report around discharge information is not reflected in the Trust document however it was noted this has been actioned and will be discussed with Maternity.	Associate Director of Quality	November 2021	
QA21066	29.09.21	QA.9.21.10	Introducing the Electronic Patient Record (EPR) into Maternity Services – Update MH suggested a risk around capacity of the EPR team to support the Trust is captured on the risk register.	Director of Midwifery	November 2021	
QA20168	29.09.21	QA.9.21.19	Matters to escalate to the Board To inform the Board the finalisation of the Terms of Reference and the Work plan will take longer to complete due to a Development session being organised.	Associate Director of Corporate Governance/ Board Secretary	November 2021	15.10.21: To be included in the Academy Chair's report to the Board on 18 November 2021.
QA21046	30.06.21	QA.6.21.13	Patient Translational Research Centre – Patient Involvement in the Investigation of Serious Incidents JOH agreed to update the Academy in six months' time.	Improvement and Clinical Outcomes Lead	January 2022	