






## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES


<b>Date:</b>	24 November 2021	<b>Time:</b>	14:00-17:15
<b>Venue:</b>	Microsoft Teams meeting	<b>Chair:</b>	Professor Janet Hirst (JH), Non-Executive Director/Deputy Chair
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Janet Hirst (JH), Non-Executive Director/Deputy Chair</li> <li>- Mr Jon Prashar (JP), Non-Executive Director</li> <li>- Mr Altaf Sadique (AS), Non-Executive Director</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Ray Smith (RS), Chief Medical Officer</li> <li>- Ms Karen Dawber (KD), Chief Nurse</li> <li>- Dr Paul Rice (PR), Chief Digital and Information Officer</li> </ul>		
<b>Attendees:</b>	<ul style="list-style-type: none"> <li>- Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director</li> <li>- Dr Paul Southern (PSO), Consultant Hepatologist/Associate Medical Director</li> <li>- Dr Harry Ashurst (HA), Consultant Anaesthetist/Lead Medical Examiner</li> <li>- Mrs Karen Bentley (KB), Assistant Chief Nurse</li> <li>- Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion</li> <li>- Ms Judith Connor (JC), Associate Director of Quality</li> <li>- Mrs Su Coultas (SC), General Manager, Chief Medical Officer's Office</li> <li>- Ms Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes</li> <li>- Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing</li> <li>- Mrs Sara Hollins (SH), Head of Nursing, Midwifery</li> <li>- Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Ms Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Mrs Sarah Turner (ST), Assistant Chief Nurse, Safeguarding</li> <li>- Ms Louise Horsley (LH), Senior Quality Governance Lead</li> <li>- Mrs Sally Scales (SS), Director of Nursing</li> </ul>		
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>- Ms Jackie Loach (JLo), Head of Nutrition and Dietetics, in attendance for agenda item QA.11.21.5</li> <li>- Mr Iain Threlkeld (IT), Senior Head of Estates, in attendance for agenda item QA.11.21.8</li> <li>- Ms Jemma Tesseyman (JT), Named Nurse for Safeguarding Children, in attendance for agenda item QA.11.21.9</li> <li>- Mr Gary Lupton (GL), Education Manager, representing Amanda Hudson</li> <li>- Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary</li> <li>- Ms Jacqui Maurice (JM), Head of Corporate Governance</li> <li>- Ms J Kitching, Minute-taker</li> </ul>		
<b>Observers</b>	<ul style="list-style-type: none"> <li>- Ms Vikki Thwaites, Inspector, Care Quality Commission (CQC)</li> <li>- Ms Wendy McQuillan, Governor</li> </ul>		

Agenda Ref	Agenda Item	Actions
QA.11.21.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mr Mohammed Hussain (MH), Non-Executive Director</li> <li>- Mr Richard Grogan, Consultant/Clinical Director, Musculoskeletal/Plastics/Skin</li> <li>- Ms Melanie Johnson (MJ), Patient Safety Collaborative Programme Manager</li> <li>- Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer</li> <li>- Dr Robert Halstead (RH), Consultant in Emergency Medicine/Associate Medical Director</li> <li>- Ms Amanda Hudson (AH), Head of Education</li> <li>- Mrs Joanne Hilton (JHi), Assistant Chief Nurse</li> <li>- Ms Stephanie Hattersley, Shadowing Non-Executive Director</li> <li>- Dr Michael McCooe (MM), Consultant in Anaesthesia/Associate Medical Director</li> </ul>	
QA.11.21.2	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
QA.11.21.3	<b>Minutes of the meeting held on 27 October 2021</b>	
	<p>The minutes of the meeting held on 27 October 2021 were approved. The action plan was discussed and updated as required.</p> <p>The Academy noted that the following actions had been concluded:  QA21011 – QA.2.21.7 (24.02.21) – Quality Oversight Exception Profile.  QA21066 – QA.9.21.10 (29.09.21) – Introducing the Electronic Patient Record (EPR) into Maternity Services - Update.  QA21068 – QA.9.21.19 (29.09.21) – Matters to escalate to the Board.  QA21069 – QA.10.21.5 (27.10.21) – Service Presentation – Quality in Urgent and Emergency Care.  QA21070 – QA.10.21.6 (27.10.21) – Maternity Services Update.  QA21071 – QA.10.21.8 (27.10.21) – Magnet4Europe.  QA21074 – QA.10.21.13 (27.10.21) – Patient Experience Group Highlight Report including Complaints and Parliamentary Health Service Ombudsman (PHSO) Report.  QA21075 – QA.10.21.14 (27.10.21) – Infection Prevention and Control (IPC) Report – Quarter 2.  QA21076 – QA.10.21.16.1 (27.10.21) – Strategic Risks relevant to the Academy.  QA21077 – QA.10.21.16.2 – Quality and Patient Safety Academy Dashboard.  QA21079 – QA.10.21.21 (27.10.21) – Matters to Share with the Board of Directors.</p>	
QA.11.21.4	<b>Matters Arising</b>	
	<div>   </div> <p>QA.11.21.4 - Gov Structure draft.pptx    QA.11.21.4 - Quality and Patient Safety Academy structure chart and presentation template:</p>	

	<p>JC discussed the Board and Committee Academy structures noting there were some slight anomalies to clarify in relation to the reporting arrangements of the sub-groups. The structures were noted.</p> <p>JH noted this helpful information indicating the amount of discussion, debate and activity flowing into the Academy through to the Board. JC agreed that the Non-Executive Director Champion roles will be identified and listed on this plan when these have been agreed.</p> <p>JC agreed to catch up with SS regarding MAGNET and the subgroups.</p> <p>The Terms of Reference of the various groups are being reviewed. A final version of the QPS Academy structure chart will be provided in February 2022 when all the acronyms will be written in full.</p> <p>The presentation template was noted and agreed.</p> <p>There were no other matters arising from the Minutes that were not already on the agenda. Verbal updates were given at the meeting on the outstanding and closed actions and these were reflected in the action log.</p>	<p>Associate Director of Quality JC QA21080</p> <p>Associate Director of Quality JC QA21081</p> <p>Associate Director of Quality JC QA21082</p>
<b>QA.11.21.5</b>	<b>Service Presentation – Dietetics</b>	
	 <p>QA.11.21.5 - Service Presentation - Dietetics</p> <p>JL provided a detailed Dietetics service update and the following highlights were noted.</p> <ul style="list-style-type: none"> <li>• Background information described the wide scope of work undertaken by the Allied Health Professionals from pre-term to end of life to assess, diagnose and treat dietary and nutritional problems both at an individual level and at a wider public health improvement level to support self-management, reduce demand and prevent admissions.</li> <li>• Every area within Dietetics has and is working on all aspects of quality, safety and improvement being addressed with service pressures noted.</li> <li>• BTHFT is the provider for Dietetics for the Bradford District which includes services provided to for example, BTH, Primary Care, Public Health, via contracts/Service Level Agreements.</li> <li>• Service investments, improvements and outcomes noted over the last few years.</li> <li>• Continuing development of staff expertise and the evidence base is vital. Time needs to be set aside in job plans for this.</li> <li>• Learning and development undertaken over the last few years acts as a platform to quality improvement and safety culture.</li> <li>• Importance of patient education courses and community engagement.</li> <li>• Assurance measures discussed in the Executive to Clinical</li> </ul>	


	<p>Business Unit (CBU) meetings linking the measurements of quality via data, to improve processes and to demonstrate areas of concern and risk.</p> <ul style="list-style-type: none"> <li>• The Trust nutrition supply services contract is due to be re-tendered. This will require major dietetic resource and support will be needed for contract implementation.</li> <li>• Consideration of workforce, Covid and transformation opportunities.</li> <li>• The cultural and behavioural challenges around diet were discussed by the teams working directly on both an individual, team and community level. Communication and listening is essential. Culture and poverty is considered at all levels as eating is at the heart of all lives.</li> <li>• Cultural issues were raised around hospital menus. The Trust's Multi-disciplinary Nutrition Steering Group meets regularly to consider all aspects of nutrition policies, catering and education, resulting in positive steps being taken for all patients.</li> </ul> <p>JK through her experience working in the United Kingdom as a Dietician noted the high quality, well led, innovative Dietetic service in Bradford.</p> <p>JH thanked JL for the comprehensive and innovative presentation noting the external and internal measures along with the risks faced. JH noted the interesting international insights and the positive, proactive, improvement models and understanding of dietetics today. Assurance was provided understanding where the systems are working well and improvements required.</p> <p>The insight into the service was well received by the Academy.</p>	
<b>QA.11.21.6</b>	<b>Embedding Kindness and Civility</b>	
	<p>This item was deferred to a later meeting.</p> <p>JP noted the detailed discussion at the People Academy on 24 November 2021.</p>	
<b>QA.11.21.7</b>	<b>Medical Examiner Role</b>	
	 <p>QA.11.21.7 - Medical Examiner Role.Quality</p> <p>JH noted the Chair of the Trust has been delighted to see this item on the agenda.</p> <p>HA was welcomed to the meeting as Medical Examiner for Bradford. The role of the Medical Examiner, who reports to a regional and national Medical Examiner, was described. This independent new post is supported by two Medical Examiner Officers.</p> <p>Following several high profile enquiries into significant failings in healthcare that has led to a number of deaths, there have been repeated calls for reforms to the death certification process and the introduction of independent medical scrutiny, leading to the</p>	

	<p>introduction of the Medical Examiner. All Trusts are expected to support this extended service to include all deaths in the community and this statutory requirement is expected sometime during 2022/23.</p> <p>HA reported 91% of deaths in the acute Trust were scrutinised in October 2021. Out of 335 deaths in Quarter 2, 62% were scrutinised by a Medical Examiner, 6% were referred to the Learning from Deaths team for structured judgement review and 21% referred to the Coroner with reasons described. The acute Trust has 1200-1500 deaths per year and it is expected that when scrutiny of community deaths are undertaken this number will double.</p> <p>HA noted the Trust is working in collaboration with Airedale NHS Foundation Trust, to look at opportunities for learning in terms of care and the experiences of bereaved relatives. Recruitment across the patch has been successful enabling close working with colleagues within the Trust and all the community stakeholders. Good relationships are being developed with the Coroner and the Registrar.</p> <p>HA described the challenges:</p> <ul style="list-style-type: none"> <li>• The service is currently weekday only with a proposed move to a 7 day on-call service to be compatible with faith requirements including a move to scrutinise community deaths.</li> <li>• Funding of the future services proposed.</li> <li>• Information technology and information governance issues are being considered.</li> <li>• Collaboration with all General Practitioners (GP) and other healthcare providers.</li> <li>• Recruitment of GP medical practitioners, five years General Medical Council (GMC) registration and experience is required.</li> </ul> <p>JH thanked HA for the helpful insight into the work of the Medical Examiner.</p> <p>RS noted this relatively new important initiative which has been evidenced as a valuable service by patient families from an independent perspective. The Learning from Deaths team will link closely with the Medical Examiner's team in the future regarding learning and implementing improvement where necessary.</p>	
<b>QA.11.21.8</b>	<b>Estates and Facilities – Quarter 3 Service Report</b>	
	 <p>QA.11.21.8 - Estates and Facilities.</p> <p>IT highlighted the current initiatives in Estates and Facilities. A more detailed document was provided with the ongoing work which was taken as read.</p> <ul style="list-style-type: none"> <li>• Improvements to the Trust site and environment were discussed which included ward developments, cycle compounds recently installed and changing facilities, and alterations in ENT theatre including replacement of ventilation systems.</li> </ul>	


	<ul style="list-style-type: none"> <li>• Governance and structure improvements were noted. Bradford Royal Infirmary (BRI) has undergone its unannounced food hygiene inspection on the BRI site gaining an improved rating of 5 stars. Eccleshill also achieved the top rating of 5.</li> <li>• National Cleanliness Standards 2021 – A group now meets to monitor the implementation of these standards.</li> <li>• The Transformation Project Board is overseeing several workstreams within Estates and Facilities.</li> <li>• Ward based patient movement improvement is underway – This is an external consultation with initiatives to improve efficiencies.</li> <li>• Electronic Workforce Planning system with implementation planned for April 2022.</li> <li>• Contractor Management Improvement Programme to be rolled out in December 2021.</li> <li>• Filing and Partnering in Property Management (PPM) delivery model review - Introduction of the new International Organization for Standardization (ISO) 9000 filing system.</li> <li>• Trust comparisons of sustainability information was provided to the group, further to a request following the last QPS Academy presentation, indicating where Bradford sits against its peers – site energy consumed per occupied floor area and water volume and carbon emissions per occupied floor area.</li> <li>• Challenges noted with the variation of the Trust's estate with some parts of the estate built pre-1948, and for this reason a business case is under development for a new hospital in Bradford, a fantastic opportunity to move forward to a more energy efficient hospital/site.</li> </ul> <p>RS noted that the statistics regarding space do reflect the fact the Trust is successful in the context of the old estate and some new exciting projects are due for completion shortly. Sustainability forms an important part of the Trust's Strategy and is considered in all forthcoming projects.</p> <p>IT was thanked by JH for the interesting update and congratulations awarded to all those involved in the five star review. An insight was provided to the differing interpretations of the data all of which were noted to be plausible.</p>	
<b>QA.11.21.9</b>	<b>Safeguarding Adults and Children – Update on mental health, risks and impact on organisation</b>	
	 <p>QA.11.21.9 - Safeguarding Adults :</p> <p>ST referred to the Safeguarding Adults Quarterly update which was taken as read with one of the biggest challenges over the last quarter being the increase in mental health presentations to the Trust and consequently this has been the highest priority over the last quarter.</p> <p>Progress in training and workforce issues were described with the following highlighted:</p> <ul style="list-style-type: none"> <li>• De-escalation, breakaway and restraint training for all staff to be considered in the future. ST noted a reduction in compliance,</li> </ul>	

	<p>this is not felt to be due to a lack of training by the Safeguarding and Education teams but due to an issue with training records on the Electronic Staff Record (ESR) and staff being able to access external training which does not automatically record on the Electronic Staff Record (ESR). A role in Education is being established to assist.</p> <ul style="list-style-type: none"> <li>• We can talk programme (children) – This is now running and online modules are available.</li> <li>• Training needs analysis has been undertaken by a Mental Health Practitioner and levels of training are being developed in conjunction with Education services.</li> <li>• Agreed placements for Mental Health students.</li> <li>• Debrief sessions as support for staff following cases of concern, particularly with regards to difficult behaviour and delays out-with Trust control.</li> <li>• A specialist practitioner is now established in the team. Successful recruitment to additional posts for the Child and Adolescent Mental Health Services are due to commence in the New Year.</li> <li>• Work underway in clinical areas to consider employment of mental health nurses/health cares within establishments especially in some high risk areas, eg Acute Medical Unit and the Emergency Department.</li> <li>• Working with Estates regarding low stimulation rooms in clinical areas as it is proved that wards are not the best place for people in mental health crisis.</li> <li>• Staff provided by Bradford District Care Foundation Trust for one to one support for patients with behaviour of challenge related to mental health diagnosis.</li> <li>• Partnership working including plans for patient experience user feedback.</li> <li>• Core 24, the national agenda, and the embedding of mental health services within the Trust, timeframes and roles.</li> <li>• Access to SystmOne for the Children's Safeguarding team. PS discussed recognising the importance of record sharing and the benefits of being able to see records from other organisations. Record sharing is improving with Primary Care reassurance of the work ongoing, however, this is not without information governance challenges relating to privileged and confidential information. The deployment of the Cerner Maternity product combined with the hospital Cerner improvement will be invaluable to communication.</li> <li>• District work regarding alternative community based accommodation for children experiencing mental health.</li> <li>• Progression of safer environments within the existing estate.</li> <li>• Further development of training and policies related to the management of behaviour of challenge.</li> </ul> <p>JT noted the update presented by ST, in terms of the District-wide challenges with young people being admitted on the crisis pathways to wards.</p> <p>JH noted the commitment to make patient care safer with these mechanisms where communication is effective and patient data is</p>	
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	protected with patient knowledge required to plan safe care.  ST and JT were thanked for the interesting presentation.	
<b>QA.11.21.9.1</b>	<b>Safeguarding Adults Quarterly Report</b>	
	<p>The report was noted by the Academy.</p> <p>JH raised the issue of the further work required in preparation for Deprivation of Liberty Safeguards and Liberty Protection Safeguards.</p> <p>ST noted further details will be available once the Code of Practice is published and received. District-wide and regional meetings are underway in relation to the Liberty Protection Safeguard changes, however, firm plans cannot be considered until publication.</p> <p>A draft provisional District plan has been made in collaboration with the Clinical Commissioning Group (CCG), Local Authority and other provider partners.</p> <p>ST is working hard with Education in trying to ensure all training undertaken is recorded thus demonstrating compliance.</p> <p>The report was noted by the Academy.</p>	
<b>QA.11.21.10</b>	<b>Inpatient Survey</b>	
	 <p>QA.11.21.10 - Inpatient Survey.ppt</p> <p>KB provided an overview on the CQC National Inpatient Survey which ran from January 2021 to May 2021 covering patients discharged in November 2020 when the region was at the height of the second Covid pandemic. The mandatory CQC survey is part of the National Patient Experience Survey programme. The results were noted to be disappointing, however, assurance work has been undertaken since the survey. Unfortunately results are not obtained until the following year, just prior to the commencement of the subsequent survey.</p> <ul style="list-style-type: none"> <li>• 143 Trusts including specialist Trusts take part.</li> <li>• Mixed-mode survey – Letters and texts.</li> <li>• 48 questions regarding care and ten demographic.</li> <li>• 3 open free-text comment questions.</li> <li>• 1250 patients were sent the survey – excluding mental health, maternity, deceased and patients under 18 years of age.</li> <li>• 462 responded via on-line, paper and telephone.</li> <li>• Full survey results and benchmarking discussed in detail.</li> <li>• Patients are questioned as to the language they wish to receive the survey.</li> <li>• Majority of surveys were completed in English and 57% were from General or Elderly Medicine patients and the case mix of patients noted due to Covid.</li> <li>• BTH is compared against other Trusts nationally who do not have busy Accident and Emergency Departments and specialist</li> </ul>	





	<p>services.</p> <ul style="list-style-type: none"> <li>Disappointing results following the Quality Improvement (QI) projects undertaken the previous year, however, a number of answers had significantly improved.</li> <li>Positive good news was noted within the patient feedback.</li> <li>Four main areas in the survey where the Trust had been noted to be worse than other Trusts related to pain, food, communication and discharge planning. Learning, assurance and improvement were discussed in each of these areas and action plans and improvement projects have been identified to address the specific questions.</li> <li>Assurance levels were noted of the improvements underway allowing QI work to be focused on key areas.</li> <li>Work will be undertaken to formulate and strengthen the action plan in more detail looking at the Electronic Patient Record (EPR), audits and the use of checklists.</li> <li>To focus on real-time patient feedback.</li> <li>The adult in-patient CQC survey improvement action plan was noted and projects will be disseminated to individuals to take the QI projects forward.</li> </ul> <p>JH noted the helpful discussion, insight and detail of the slides noting the lessons learned and the survey clearly not reflecting the human effort and commitment provided at the time of the survey.</p> <p>Results will be taken in context with other data, eg ethnic divide, cultural backgrounds, length of stay and linked to internal data so that issues can be addressed more constructively in the long-term.</p> <p>Improvements in the sharing of digital tools around discharge planning was raised and AH and PR will discuss further separately.</p> <p>JH thanked KB for the results taken in the context of other data and the assurance was noted.</p>	
<b>QA.11.21.11</b>	<b>Digital Bi-Annual Report</b>	
	 <p>QA.11.21.11 - Digital Bi-Annual Report.pdf</p> <p>PR provided the six monthly digital bi-annual report to the Academy. Despite working through a challenging time, the digital and data team at Bradford continue to support front-line care and develop the organisation's digital capability. The key points were highlighted:</p> <ul style="list-style-type: none"> <li>Digital infrastructure and projects enable staff to deliver daily safer care, gather crucial information and work smarter.</li> <li>Telephony improvements, Windows 10 and office 365 upgrade, Electronic Patient Record (EPR) upgrade, the baseline exercise IMFRAM (Infrastructure Benchmarks to drive improvement) assessment supporting future planning and prioritisation. All projects will be completed by the end of Quarter 2.</li> <li>EPR and clinical informatics supports hospital teams to work</li> </ul>	

	<p>with critical clinical care systems. By March 2022 the Maternity migration to EPR should be complete ensuring all records for patients are available via EPR.</p> <ul style="list-style-type: none"> <li>• Information Governance (IG) – Managing information to support care, safely and legally.</li> <li>• Business Intelligence and clinical coding.</li> <li>• Agreement of a joint three month prioritisation plan for EPR improvements with Calderdale and Huddersfield Foundation Trust with 95 outstanding actions being prioritised in order of clinical importance.</li> <li>• Bids have been submitted to NHS England and NHS X for funding to enable the Trust to pursue their digital ambition.</li> <li>• Several bids have been successful to support the replacement of Cardiology systems across place, to extend EPR functionality to add a comprehensive surgical application suite and to deliver the peri-operative digital transformation programme.</li> <li>• A bid to support the upgrade of digital infrastructure and extend EPR functionality to therapeutic colleagues has been submitted. If successful significant changes to the delivery of services will ensue over the next one to three years.</li> <li>• Projects across West Yorkshire and the Integrated Care System were noted, eg a joined up care record for Yorkshire and the Humber.</li> <li>• Medical equipment tracking pilot.</li> <li>• Pathology programme which amongst other projects will replace the aged Laboratory Information System with this upgrade is taking place next Autumn, to improve the Joint Venture between BTH, Airedale and Harrogate.</li> <li>• Business intelligence and clinical coding will ensure the Trust can learn from information and report activity accurately. This report in six months is expected to indicate significant progress in delivering the agenda and will include improved reporting with Power BI enabling reports of real-time data. New dashboard enhancing reporting for, for example, sepsis and theatres, enabling better planning and more complete clinical coding.</li> <li>• Clinical coding engagement with Getting It Right First Time (GIRFT) and Quality Improvement (QI) to improve documentation and data accuracy.</li> </ul> <p>PR was thanked for the update on the agenda for moving the Trust towards a contemporary service, not only around data and dashboards but in the way the Trust communicates with our patients and the public. JH suggested it may be useful to have the plan illustrated separately between transformation and maintenance projects.</p> <p>Information sharing with partner organisations was discussed. The expectation is to 'share' data however historical information sometimes holds a degree of sensitivity. A place Digital Forum is monitoring technical constraints and progress with reference to IG issues.</p> <p>The Board is aware of the Corporate Strategy and the move towards a Virtual Royal Infirmary (VRI) and a refreshed Technology</p>	
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	<p>Strategy is under consideration</p> <p>As the digital agenda moves forward a pace, a place based agenda aligned to the Local Authority is the positive way forward.</p> <p>JH noted it is expected the report in six months would indicate significant progress in the delivering of the agenda and PR was thanked for the assurance provided in this helpful report.</p>	
<b>QA.11.21.12</b>	<b>Patient Safety Group Highlight Report</b>	
	 <p>QA.11.21.12 - Patient Safety Group</p> <p>LT presented the highlight report.</p> <p>The purpose of the Patient Safety group is to scrutinise the safety elements of the organisation and to report to the QPS Academy in respect of assurance, learning and improvement relevant to patient safety.</p> <p>A meeting was held on 3 November 2021, where elements of quality assurance, learning and improvement were discussed.</p> <p>The key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Discussion with care groups around recruitment strategies and patient safety.</li> <li>• Reliable systems and processes.</li> <li>• Duty of Candour Policy.</li> <li>• Responding effectively to safety issues.</li> <li>• EPR discharge process.</li> <li>• Immediate learning from Serious Incidents (SIs).</li> <li>• Safety aspects.</li> <li>• Completion of EPR discharge process work to understand problems and to improve discharge and discharge summaries.</li> <li>• Medicines Safety newsletter published and the launch of the Good Catch.</li> <li>• Falls improvement work ongoing and the testing of a hot debrief process.</li> <li>• Medicine Safety group were reviewing areas for improvement including medicines reconciliation and the management of controlled drugs.</li> <li>• Speech and language therapy have undertaken significant work to understand areas of improvement.</li> <li>• Update on the Outstanding Theatre Improvement Programme launched in October.</li> <li>• The EPR discharge process, medicine safety, improvement work and the use of deteriorating patient data.</li> <li>• Work continues as to how learning is embedded by the organisation.</li> </ul> <p>JH thanked LT for the update. The report was noted by the Academy.</p>	

QA.11.21.13	<b>Quality Oversight and Assurance</b>	
QA.11.21.13.1	<b>Quality Oversight and Assurance Profile</b>	
	 <p>QA.11.21.13.1 - Quality Oversight and Assurance</p> <p>JC presented the monthly summary of assurance processes demonstrated through the governance processes of the Quality of Care Panel, Patient Safety group and the Academy.</p> <ul style="list-style-type: none"> <li>• The QI key priorities from the Quality Account 2020/21 continue to be progressed.</li> <li>• The Outstanding Maternity Services Programme celebrated its first birthday with the amazing work to date recognised.</li> <li>• Work has commenced around identifying workstreams and developing charters, aims and objectives for the outstanding Theatres Services programme launched in mid-October.</li> <li>• QI: Capacity and Capability Building and a Live QI update was received.</li> <li>• QI training with Quest has commenced with a team in Radiology and Dietetics.</li> <li>• Areas of assurance were noted including a recent Medicine Healthcare Products Regulatory Agency Inspection which took place on 19 October 2021. The report has been received and a response is being completed. Further information will be provided in the next report to the Academy.</li> </ul>	
	<b>Serious Incident (SI) Report</b>	
	<p>The standard monthly SI report was reported by JC.</p> <p>There are nine SIs in progress with four extension requests submitted to the Bradford and Craven Clinical Commissioning Group (CCG).</p> <p>In the last reporting period there has been one Serious Incident declared by Bradford Teaching Hospitals NHS Foundation Trust between 18 October and 14 November 2021.</p> <ul style="list-style-type: none"> <li>• SI 2021/22853 related to abuse/alleged abuse of an adult patient by a third party. Immediate actions and learning was put in place which included having oversight of all the patients on site who require an extra level of supervision either from Security or Nursing staff.</li> </ul> <p>Two Maternity related incidents were reported. The independent investigations are being carried out by the Healthcare Safety Investigation Branch (HSIB) as per requirements:</p> <ul style="list-style-type: none"> <li>• SI 2021/21502 – Maternity/Obstetric incident meeting SI criteria: baby only. Baby born at 41 weeks and 4 days gestation and transferred to the Neonatal Unit for therapeutic cooling.</li> <li>• SI 2021/22079 – Maternity/Obstetric incident meeting SI criteria: baby only. Baby born at home. Resuscitation attempted, however, unsuccessful and the case has been referred to H M Coroner.</li> </ul> <p>Since the writing of the report two further incidents have been declared, the first relating to a patient who developed a category 4</p>	

	<p>pressure ulcer and the second regarding the closure of the Neonatal Unit to external admissions due to a number of babies testing positive for a Klebsiella infection.</p> <p>The Academy was assured by the immediate and comprehensive learning noting the Trust has processes in place to identify, investigate, improve and learn from SIs.</p>	
	<b>High Level Risks Relevant to the Academy</b>	
	<p>Assurance was provided by JC on the open strategic risks.</p> <ul style="list-style-type: none"> <li>• No new risks have been added this month.</li> <li>• No risks require review.</li> <li>• All risks have appropriate mitigation in place.</li> </ul> <p>RS reported the MHRA response has been completed in relation to the October inspection of the Blood Transfusion Laboratory. A new machine within the Breast Screening Unit has caused some concern as to the quality of images and is being calibrated, the delay having been due to the Covid pandemic as the team have had to travel from Italy to carry out the work. Following calibration a decision will be made as to whether the equipment is fit for purpose or should be replaced.</p> <p>JH thanked JC for the very helpful comprehensive and transparent report.</p>	
<b>QA.11.21.13.2</b>	<b>Quality and Patient Safety Academy Dashboard</b>	
	 <p>QA.11.21.13.1 - Quality Oversight and</p> <p>RS reported the metrics by exception, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Hospital Standardised Mortality Ratio and Summary Hospital Level Mortality indicator are all within the expected parameters.</li> <li>• Readmissions have been significantly affected by Covid and the reduction in elective activity. It may be some months before the steady-state for readmissions is understood.</li> <li>• Sepsis – In terms of antibiotic treatment of sepsis and sepsis screening of patients, there is an anomaly in the EPR recording process as highlighted in previous QPS Academy meetings. Work is ongoing to improve the process. RS reassured the Academy audits have demonstrated that patients are still receiving the correct care despite the apparent low screening numbers.</li> <li>• Pressure ulcers - Incidents are above average due to high numbers of patients requiring non-invasive ventilation. At the Covid peak 40 to 50 in-patients were on non-invasive ventilation. Numbers have reduced considerably and it is hoped the reduction in in-patient numbers will continue.</li> <li>• Venous Thromboembolism screening – Due to the frequent reconfiguration of wards over the last 18 months anomalies have been noted with processes. Some wards are exempt from screening, however, data is being analysed to ensure a reflection of current practice. RS reassured the Academy the</li> </ul>	

	<p>results indicated are an anomaly of the ward configuration.</p> <p>JH thanked RS for the additional clinical insights in order for the data to be understood as presented. The paper was accepted by the Academy.</p>	
<b>QA.11.21.14</b>	<b>Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</b>	
	<div data-bbox="424 477 488 537" data-label="Image">  </div> <p>QA.11.21.14 - Infection Prevention :</p> <p>CC discussed the current position on hospital onset Covid cases, ie patients who are swab positive or identified as having Covid more than 15 days from the date of admission.</p> <ul style="list-style-type: none"> <li>• All Covid outbreaks are currently closed.</li> <li>• Case management and lessons learnt were discussed.</li> <li>• An identified outbreak on the stroke ward in October, following investigation, identified this resulted from a patient admitted in September. All hospital patient contacts were screened resulting in identification of four further cases. Immediate actions and routine processes were implemented following discussion with Silver Command including patient isolation, re-swabbing as per protocols, cleaning regimes and inspections. Gaps were identified in the swabbing protocol which were addressed during the learning and feedback huddles with the introduction of Covid champions. Concerns and solutions relating to ventilation during the winter period were noted due to the absence of a mechanical ventilation system. Ward restrictions remained until all bays affected were emptied enabling a deep clean.</li> <li>• The IPC team work closely with the Patient Experience team to review visiting protocols. Relatives of the patient visiting prior to the outbreak confirmed no Covid symptoms. Issues are fed back through the Patient Experience and Public Engagement forums and improvements in communication are being considered.</li> <li>• The Covid heatmap maps out any new hospital acquired Covid infections ensuring clusters be identified rapidly.</li> <li>• The IPC team flag and track positive Covid cases and track any contacts of positive cases. All Covid contacts are followed up for 14 days.</li> <li>• All data from NHS England is discussed. The North East and Yorkshire remain high outliers for hospital onset Covid positive cases greater than 15 days, however, Bradford as a Trust remains one of the lowest in the region for the number of hospital onset Covid cases.</li> </ul> <p>JH noted the detailed reassuring report and the impressive ways in which the service is being modernised. CC and her team were congratulated on achieving the low rates of Covid infection tracked via the technology introduced along with all the daily duties required to deliver the service.</p>	

<b>QA.11.21.15</b>	<b>Research Activity in the Trust</b>	
	<p>The detailed report was taken as read by RS who noted an entertaining presentation from Professor John Wright, Director of Research, Bradford Institute for Health Research (BIHR), at the Board of Directors' meeting earlier in November.</p> <p>RS noted the work underway in the BIHR and the work ongoing to develop the Research Strategy. Research is now included in the Trust Strategy as it drives quality. Regular updates continue to provide the QPS Academy and will induce regular updates to the Board of Directors.</p> <p>JH requested that an understanding of the reach of this data, of the publications and the collaboration would be of interest and how our public facing data is informing services both nationally and internationally.</p> <p>RS noted some work undertaken is internationally recognised and this needs in-house recognition and development. Research is now included in the Executive to CBU meeting agendas.</p> <p>JH noted the detailed and impressive research paper showcasing the achievements.</p>	
<b>QA.11.21.16</b>	<b>Maternity Update</b>	
	In the constraints of time SH highlighted the Maternity Services update had been presented at the November Board of Directors with the report not usually being presented at the QPS Academy in the same month. SH requested any queries on any specific items, however, JH noted the detailed presentation at the Board earlier in November.	
<b>QA.11.21.17</b>	<b>Any Other Business</b>	
	There was no other business to discuss.	
<b>QA.11.21.18</b>	<b>Matters to share with other Academies</b>	
	There were no matters to escalate to the other Academies.	
<b>QA.11.21.19</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to escalate to the Board of Directors.	
	<b>Date and time of next meeting</b>	
	Wednesday, 26 January 2022, 2 pm to 5 pm	
	<b>Annexes for the Quality and Patient Safety Academy</b>	
	<b>Annex 1 – Documents for Information</b>	
<b>QA.11.21.20</b>	<b>Quality Oversight and Assurance Profile</b>	
	Noted for information.	
<b>QA.11.21.21</b>	<b>Serious Incident Report</b>	
	Noted for information.	



<b>QA.11.21.22</b>	<b>High Level Risks Relevant to the Academy</b>	
	Noted for information.	
<b>QA.11.21.23</b>	<b>Quality Academy Work plan</b>	
	Noted for information.	
<b>QA.11.21.24</b>	<b>Duty of Candour Policy</b>	
	Noted for information.	
<b>QA.11.21.25</b>	<b>Clinical Audit Annual Report 2020/21</b>	
	Noted for information.	
<b>QA.11.21.26</b>	<b>Freedom to Speak Up Quarterly Report</b>	
	Noted for information.	

## ACTIONS FROM QUALITY ACADEMY – 24 NOVEMBER 2021

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA21040	30.06.21	QA.6.21.5	<b>Service Presentation – Infection Prevention and Control with Focus on Sepsis</b> KD noted PR and his team will link with CC around the sepsis dashboard to ensure meaningful sepsis data is available on the overarching dashboard.	Chief Information and Digital Officer	January 2022	28.07.21: PR has a meeting scheduled in August. 27.10.21: PR noted ongoing conversations with CC to ensure the correct information is captured on the EPR around the management of sepsis. RS confirmed audits have been undertaken which have confirmed that patients are getting the correct treatment. LAE noted the ongoing work with the coding team and the work streams linked with this. 24.11.21: PR noted a Sepsis meeting is scheduled with CC and the team. 21.12.21: PR and CC met and a further meeting is scheduled in January 2022 to conclude.
QA21049	30.06.21	QA.6.21.19	<b>Estates and Facilities Quarterly Service Report</b> 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	Head of Education/ Education Manager	January 2022	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. 17.11.21: No further update. 21.12.21: Faye Alexander chased for update. 13.01.22: JC has emailed Clinical

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			further.			Engineering to clarify what is required.
QA21060	29.09.21	QA.9.21.5.2	<b>Quality Oversight and Assurance Profile</b> 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	January 2022	17.11.21: JC and Carly Stott to discuss. 24.11.21: JC – No further update, JC will pick this issue up at the Safety Event Group meeting on 25.11.21. 21.12.21/13.01.22: JC to chase up Carly Stott, Clinical Risk and Governance Lead, Maternity.
QA21061	29.09.21	QA.9.21.5.2	<b>Quality Oversight and Assurance Profile</b> 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	January 2022	20.10.21: JC - Awaiting discussion. 27.10.21: Further to MH's discussions with a research colleague. MH and JC will arrange to meet. 21.12.21/13.01.22: JC chasing up.
QA21072	27.10.21	QA.10.21.10	<b>Patient Safety Strategy Update</b> In due course, all staff will require training around patient safety and training programmes are being devised nationally and plans developed to identify how training is managed, with the Education team and subsequently rolled out to staff. It is envisaged all training will be on line and recorded through ESR mandatory training records, with different levels of staff accessing different levels of training. LAE envisaged an update would be available in three months.	Deputy Chief Medical Officer/ Associate Director of Quality	January 2022	17.11.21: JC – In train but do not have a date for implementation. Information will be logged through ESR. 21.12.21: JC attended an NHS England meeting. Meeting with A Hudson, Head of Education, in January 2022.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA21081	24.11.21	QA.11.21.4	<b>Matters Arising Quality and Patient Safety Academy structure chart and presentation template:</b> JC agreed to catch up with SS regarding MAGNET and the subgroups.	Associate Director of Quality	January 2022	13.01.22: Meeting now arranged with JC, LAE and SS. CLOSED.
QA21078	27.10.21	QA.10.21.16.2	<b>Quality and Patient Safety Academy Dashboard</b> JC suggested it may be useful to have a discussion on Mortality presented at the QPS Academy and at the Board of Directors to understand the Trust's position and the work underway around structured judgement reviews and learning from deaths.	Associate Director of Corporate Governance/ Associate Director of Quality	February 2022	16.11.21: LP – To be included on the January 2022 QPS Academy agenda. 21.01.21: Item added to the agenda (JC). 13.01.22: Moved to February 2022 in view of the January meeting being a reduced agenda.
QA21080	24.11.21	QA.11.21.4	<b>Matters Arising Quality and Patient Safety Academy structure chart and presentation template:</b> JC agreed that the Non-Executive Director Champion roles will be identified and listed on this plan when these have been agreed.	Associate Director of Quality	February 2022	
QA21082	24.11.21	QA.11.21.4	<b>Matters Arising Quality and Patient Safety Academy structure chart and presentation template:</b> A final version of the QPS Academy structure chart will be provided in February 2022 when all the acronyms will be written in full.	Associate Director of Quality	February 2022	
QA21046	30.06.21	QA.6.21.13	<b>Patient Translational Research Centre – Patient Involvement in the Investigation of Serious Incidents</b> JOH agreed to update the Academy in six months' time.	Improvement and Clinical Outcomes Lead	March 2022	21.12.21: JC to chase up LT. 13.01.22: Moved to March 2022 in view of the January meeting being a reduced agenda.



## Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA21073	27.10.21	QA.10.21.10	<b>Patient Safety Strategy Update</b> The Academy noted the report and agreed to further discussions and a mapping exercise around the quality priorities at the development session on 18 February 2022.	Associate Director of Quality	To be confirmed 2022	21.12.21: Item added to the agenda for the Development session on 18 February 2022 (JC). 13.01.22: Development session cancelled due to operational pressures and effects of the pandemic. Further date to be agreed.
QA22000						