



## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES


<b>Date:</b>	Wednesday, 23 February 2022	<b>Time:</b>	14:00-17:00
<b>Venue:</b>	Microsoft Teams meeting	<b>Chair:</b>	Mr Mohammed Hussain (MH), Non-Executive Director/Joint 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/Joint Chair</li> <li>- Mr Jon Prashar (JP), Non-Executive Director</li> <li>- Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair</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> </ul>		
<b>Attendees:</b>	<ul style="list-style-type: none"> <li>- Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer</li> <li>- Dr Paul Southern (PS), Consultant Hepatologist/Associate Medical Director</li> <li>- Dr Robert Halstead (RH), Consultant in Emergency Medicine/Associate Medical Director</li> <li>- Dr Padma Munjuluri (PM), Consultant Obstetrician and Gynaecologist/Associate Medical Director</li> <li>- Dr Michael McCooe (MM), Consultant in Anaesthesia/Associate Medical Director</li> <li>- Ms Rachael Waddington (RW), Deputy Director of Operations</li> <li>- Mrs Sally Scales (SS), Director of Nursing</li> <li>- Ms Adrienne Lake (AL), Assistant Director of Finance</li> <li>- Mrs Terri Saunderson (TS), Director of Operations</li> <li>- Ms Judith Connor (JC), Associate Director of Quality</li> <li>- Ms Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes</li> <li>- Ms Caroline Nicholson (CN), Senior Governance and Risk Lead</li> <li>- Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing</li> <li>- Mrs Sara Hollins (SH), Head of Nursing, Midwifery</li> <li>- Ms Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Ms Melanie Johnson (MJ), Patient Safety Collaborative Programme Manager</li> <li>- Ms Caroline Varley (CV), Deputy General Manager, Chief Medical Officer's Office</li> <li>- Ms Louise Horsley (LH), Senior Quality Governance Lead</li> <li>- Ms Abimbola Olusoga (AO), Clinical Pharmacist Team Leader</li> </ul>		


<b>In Attendance</b>	<ul style="list-style-type: none"> <li>- Ms Joanne Ashton (JA), Head of Department, Cardiology, in attendance for agenda item QA.2.22.6.</li> <li>- Dr Siobhan McHugh (SMc), Research Fellow, Quality and Safety Research in attendance for agenda item QA.2.22.7.</li> <li>- Ms Alison Powell (AP), Midwifery Lead, Outstanding Maternity Services, in attendance for agenda item QA.2.22.13.</li> <li>- Ms Hannah Ackroyd (HAc), General Manager, Women's Services, in attendance for agenda item QA.2.22.13</li> <li>- Ms Joanna Stedman (JS), representing Sarah Freeman, Associate Director of Nursing</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>	There were no observers.


<b>Agenda Ref</b>	<b>Agenda Item</b>	<b>Actions</b>
<b>QA.2.22.1</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mrs Joanne Hilton (JHi), Assistant Chief Nurse</li> <li>- Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Mr Kevin Mercer (KM), Consultant/Clinical Director, Urinary Tract/Vascular</li> <li>- Dr Maj Pushpangadan (MP), Consultant/Clinical Director, Elderly/Intermediate Care</li> <li>- Dr Carolyn Robertson (CR), Consultant/Clinical Director, Women's Services</li> <li>- Dr Paul Rice (PR), Chief Digital and Information Officer</li> <li>- Mr Richard Grogan (RG), Consultant/Clinical Director, Musculoskeletal/Plastics/Skin</li> <li>- Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion</li> <li>- Mrs Sarah Turner (ST), Assistant Chief Nurse, Safeguarding</li> <li>- Mrs Sarah Freeman (SF), Associate Director of Nursing</li> </ul>	
<b>QA.2.22.2</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
<b>QA.2.22.3</b>	<b>Minutes of the meeting held on 26 January 2022</b>	
	<p>The minutes of the meeting held on 26 January 2022 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded:  QA21061 – QA.9.21.5.2 (29.09.21) – Quality Oversight and Assurance Profile.  QA21078 – QA.10.21.16.2 (27.10.21) – Quality and Patient Safety Academy Dashboard.  QA21080 – QA.11.21.4 (24.11.21) – Quality and Patient Safety Academy structure chart and presentation template.  QA21082 – QA.11.21.4 (24.11.21) – Quality and Patient Safety Academy structure chart and presentation template.  QA22000 – QA.1.22.7.1 - (26.01.22) – Quality Oversight and Assurance Profile Serious Incident (SI) Report.</p>	

	<p>QA22001 – QA.1.22.7.1 (26.01.22) – Quality Oversight and Assurance Profile Serious Incident (SI) Report.</p> <p>QA22002 – QA.1.22.7.1 (26.01.22) – High Level Risks Relevant to the Academy.</p> <p>QA22004 – QA.1.22.7.1 (26.01.22) – High Level Risks Relevant to the Academy.</p> <p>QA22007 – QA.1.22.9 (26.01.22) – Matters to share with other Academies.</p> <p>QA21046 – QA.6.21.13 (30.06.21) – Patient Translational Research Centre – Patient Involvement in the Investigation of Serious Incidents.</p> <p>QA22003 – QA.1.22.7.1 (26.01.22) – High Level Risks Relevant to the Academy.</p> <p>QA22005 – QA.1.22.7.1 (26.01.22) – High Level Risks Relevant to the Academy.</p> <p>QA22008 – QA.1.22.10 (26.01.22) – Matters to escalate to the Board of Directors.</p>	
<b>QA.2.22.4</b>	<b>Matters Arising</b>	
	<p>There were no 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>	
<b>QA.2.22.5</b>	<b>Update on items deferred</b>	
	<p> QA.2.22.5 - Deferred items.pptx</p> <p>LP discussed the items deferred and the Academy noted the detail.</p> <p>The date for the service presentation for Neonates is still to be scheduled.</p> <p><u>Post-meeting note:</u> Neonates will present on the 29 June 2022.</p> <p>ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) Update – The Lead Nurse for Palliative Care is waiting on a report regarding the National End of Life audit. This item has been deferred from the March to the April meeting.</p>	
<b>QA.2.22.6</b>	<b>Service Presentation – Cardio Physiology</b>	
	<p> QA.2.22.6 - Service Presentation - Cardio</p> <p>JA noted every specialty in the Trust relies on the echocardiography service provided by the Healthcare Scientists with 60% of the demand for echo from non-cardiology referrals and the service having a huge impact on care across the board.</p> <p>Learning discussed and key points highlighted:</p> <ul style="list-style-type: none"> <li>• 40% increase in demand for echocardiography over the last five years, clearly reflected in the increased workload.</li> <li>• Increase in the technical complexity of echoes resulting in complex images and calculations.</li> </ul>	


	<ul style="list-style-type: none"> <li>• Major capital investment – Replacement of old out of date and additional kit purchased. Additional reporting workstations purchased. Funding received from Health Education England (HEE) for an echo-simulator training kit.</li> <li>• Staffing improvements in the number of trainees noted – Trainee cardiac healthcare practitioner, two trainee clinical scientists, and one trainee echocardiographer.</li> <li>• To increase the interest in roles and services run by cardiac scientists to identify interesting substantive posts for all trainees in the system and to appoint a Cardiac Healthcare Science trainer ensuring a sustainable workforce for the future.</li> <li>• Increased slot times for echo clinics to accommodate training along with the addition of training appointments.</li> <li>• Increased staff morale and new ways of working embraced by staff.</li> <li>• Funding obtained to improve clinical skills of senior staff and introduction of bi-monthly education sessions which include elements of clinical audit and education.</li> <li>• Staff supported to undertake BSE accreditation process with one staff member now fully accredited and three staff now working towards full accreditation.</li> <li>• Significant achievements made towards the provision of outstanding care.</li> <li>• Re-auditing of projects underway.</li> <li>• Patient satisfactory survey and internal quality assurance processes planned.</li> </ul> <p>MH noted the interesting journey over the last two years with JA confirming none of the older kit was now used and raised the issue of HEE grants available. JA highlighted the number of grant/funding applications received from HEE and that this information is communicated internally across all Healthcare services across the Trust. KD noted the funding opportunities received for nursing and midwifery and described the links between HEE and the Lead Allied Health Professional and the Chief Scientific Officer enabling information to be circulated within the groups and the information shared on a regular basis.</p> <p>JH noted funding through HEE is reported, is in the public domain and this can be seen across the whole patch. KD suggested this may be a topic to highlight at a future People Academy with a report on external funding received by the organisation, due to the link to education and training. The Trust attends HEE meetings and receives reports via Education.</p> <p>RS congratulated JA on the significant progress made to date noting it was essential to ensure the service has ambitions and a strategy going forward. JA confirmed the long-term vision of the service and that the Trust requires an understanding that any new service will impact on funding for diagnostic departments.</p> <p>JH noted the reassurance following the strategic growth.</p>	<p>Associate Director of Governance/ Board Secretary (LP) QA22009</p>
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QA.2.22.7	Translational Research Update	
	<p>Research Programme - Patient and Family Involvement in Serious Incident (SI) Investigations (PFISII)</p>  <p>QA.2.22.7 - Translational Research</p> <p>SMc was welcomed to the meeting to provide an update on the patient and family involvement in serious incident investigations as the project is now entering the testing phase.</p> <ul style="list-style-type: none"> <li>Over the last twelve months the project has been co-designed with a group of 50 patients, families, healthcare staff, investigators and NHS England and Improvement policy makers and the value of this process was highlighted with the experiences and learning sought from patients, families and staff who have previously had an experience of the process of SI investigations with similar experiences being identified.</li> <li>Initial data analysis has highlighted three key areas of importance in relation to patient and family involvement in investigations:             <ul style="list-style-type: none"> <li>Maintaining contact.</li> <li>The inclusion of the voices of patients, families and staff to ensure they are not forgotten.</li> <li>The provision of support as the needs of those involved in investigations will change over time.</li> </ul> </li> <li>Information and involvement is considered key to reducing compound harm.</li> <li>Investigator training is now complete with investigation guidance booklets developed for both patient and family information and staff information.</li> <li>Methods of testing underway over the next twelve months – BTHFT is one of the test sites so this will be worked on in the Trust over the next twelve months.</li> <li>Assurances noted from the information received from the initial data.</li> <li>The desired outcome of the investigation is the ultimate goal.</li> </ul> <p>JH queried the checking of the report by the member, with concerns they may wish to make recommendations and changes which may not appear in the final product. SMc suggested the sense checking of their information provided may only be appropriate in this regard, however, the work over the next twelve months will understand the boundaries.</p> <p>Regular updates to the Academy were agreed and the five investigations to be selected will have a range of diversity in terms of incident, ethnicity and age.</p> <p>SMc was thanked for the presentation.</p>	


QA.2.22.8	Magnet4Europe	
	<div data-bbox="405 244 469 309" data-label="Image">  </div> <p data-bbox="336 313 544 362">QA.2.22.8 - Magnet4Europe Upda</p> <p data-bbox="336 378 1212 611">SS provided the quarterly Magnet4Europe update, a Europe-wide Research programme, testing the feasibility and sustainability of the Magnet model in a number of European healthcare organisations, and involving the redesign of hospital work places to improve the mental health and wellbeing of nurses and physicians, and to improve patient safety through the implementation of the Magnet standards.</p> <p data-bbox="336 647 707 678">SS highlighted the following:</p> <ul data-bbox="336 685 1217 1680" style="list-style-type: none"> <li>• The revised research timeline following external review (by the funding body – Horizon 2020) in recognition of the recent operational pressures being experienced worldwide due to the pandemic. The reviewers recognised the ongoing commitment and willingness of the participants to drive progress, despite significant operational pressures. Overall timescales remain the same.</li> <li>• The focus group work has been completed with results awaited.</li> <li>• Changes noted within the Bradford Teaching Hospital staffing team. E learning modules completed by Magnet4Europe leaders in the Trust.</li> <li>• Considerable amount of work underway with recent learning described.</li> <li>• Initial baseline survey results were presented in November 2021 across the whole programme to inform gap analysis.</li> <li>• Implementation plans have been adjusted following participation in international learning events.</li> <li>• Consideration given to key areas from Magnet standards that identify the biggest gaps, which include the development of the Nursing and Midwifery Strategy, along with other priority areas such as implementation of shared governance as part of the action plan.</li> <li>• Shared governance will be established at a corporate and ward and unit level.</li> <li>• A key part of the standards involve meaningful engagement of clinical staff, empowering them and involving them in decisions that affect the care that they provide.</li> <li>• Nurse retention encouraging engagement within clinical teams.</li> <li>• Movement of all registered nurses to have a degree in nursing.</li> </ul> <p data-bbox="336 1713 949 1744">MH thanked SS for the comprehensive update.</p> <p data-bbox="336 1780 1217 2013">JH queried the evidence around the notion of all registered nursing staff, to include other professional staff moving towards degree status to ensure better retention, happiness and mental health. SS noted the concept of nurses being more able to engage in decision-making in their practice and the reviewing of evidence to look at improvements, providing a better level of understanding on how to critique research and apply to practice.</p>	

	<p>LT noted a link provided from the Nursing Times regarding the four year study:  <a href="https://www.nursingtimes.net/clinical-archive/wellbeing-for-nurses/evaluating-the-evidence-are-magnet-hospitals-better-for-staff-and-patients-06-10-2020/">https://www.nursingtimes.net/clinical-archive/wellbeing-for-nurses/evaluating-the-evidence-are-magnet-hospitals-better-for-staff-and-patients-06-10-2020/</a></p>	
<b>QA.2.22.9</b>	<b>Learning from Deaths/Mortality Review Improvement Programme</b>	
	<div data-bbox="405 510 469 573" data-label="Image">  </div> <p>Q.2.22.9 - Learning from deaths - Quality</p> <p>MM, Consultant in Anaesthesia and Intensive Care/Associate Medical Director, was welcomed to the Academy. MM was previously a Clinical Lead for the National Mortality Programme.</p> <p>MM provided a detailed report on the improvement programme highlighting the following:</p> <ul style="list-style-type: none"> <li>• Of 15 million admissions per annum to NHS Acute hospitals approximately 2% are deaths.</li> <li>• Those who die in hospital fall into the groups of unexpected deaths in low risk groups, those with conditions associated with mortality and those who are frail and/or elderly.</li> <li>• Avoidable deaths account for between 9 and 15,000 of the 15 million.</li> <li>• Research has identified 2% of deaths (300,000) are considered avoidable.</li> <li>• Mortality indices are used for assurance purposes throughout all hospitals in the country. The two measures used are the Hospital Standardised Mortality Rate (HSMR) and the Standardised Hospital Mortality Index (SHMI). Bradford Teaching Hospitals NHS Foundation Trust had a HSMR of 93 in December 2021, demonstrating the Trust is performing better than expected, and a SHMI of 104, which identifies the Trust performing as expected. SHMI data does not contain Covid statistics. No statistical significant association was noted between HSMRs and the proportion of avoidable deaths.</li> <li>• National guidance on learning from deaths was first published by the National Quality Board in March 2017. Structured Judgement Review (SJR) was developed in Bradford Teaching Hospitals NHS Foundation Trust with a national programme for HQIP run with The Royal College of Physicians and this supports collaboration with the work of the Medical Examiner. This review has been adopted by many other hospitals in the country.</li> <li>• Multi-disciplinary team meeting approach developed.</li> <li>• 97% of patient care has been proven to be really good care at the Trust. Further links are being forged with the Quality Improvement (QI) team in order to gain further assurance, improvement and shared learning.</li> <li>• Twenty-seven consultants across the Trust's specialties will perform reviews. With the introduction of the Medical Examiner's Office every single death in the organisation will be</li> </ul>	




	<p>scrutinised by a senior clinician and passed to whichever is the most appropriate source for example, H M Coroner, for an SJR or whether for an entirely predictable death there was any learning or improvement to note.</p> <ul style="list-style-type: none"> <li>• A new Mortality Improvement Group has been commissioned providing close liaison with the Medical Examiner's office and QI.</li> <li>• The Trust is working in partnership with the Better Tomorrow team from NHS England/Improvement on the national agenda and requests have been received to work collaboratively from the District Care Trust and the Clinical Commissioning Group.</li> <li>• Areas of work are highlighted around assurance, improvement, learning and accountability.</li> </ul> <p>RS thanked MM for the informative update concerning the statistics and the quality of care providing assurance to the Academy.</p> <p>SS noted possible engagement with the Magnet project and how further involvement/engagement with clinical staff could link in to some of these reviews. This would be a challenge but in terms of learning would be a very positive step forward.</p> <p>MM noted the interest now being expressed by many of the Trust's junior doctors and with the correct and appropriate supervision learning from deaths will be a real asset to the improvement workforce.</p> <p>A Mortality Masterclass is available to any interested parties to which MH and JH expressed an interest.</p>	
<b>QA.2.22.10</b>	<b>Clinical Outcomes Group Highlight Report</b>	
	 <p>QA.2.22.10 - Clinical Outcomes Group High</p> <p>Update on Internal Audit: Consent</p> <p>PM was welcomed to the meeting to provide an update on the Internal Audit, Consent, which was published in February 2022 and resulted in limited assurance. The scope of the audit was outlined and the data collection described.</p> <p>Two frameworks were noted, ethical (to ensure the patient has autonomy to choose their care and treatment and the right to decline) and legal (the Trust may be liable if the legal framework is not adhered to).</p> <p>A total of twenty-four patient records (15 Consent 1, 5 Consent 2 and 4 Consent 4) undergoing elective procedures or treatment were analysed covering adult and young persons' consent and consent for adults who lacked capacity.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The Trusts' Consent Policy fully outlines the processes to be followed providing significant patient quality and safety benefits.</li> <li>• Two staged consent process to be celebrated and good Policy</li> </ul>	



	<p>for those adults who lack capacity.</p> <ul style="list-style-type: none"> <li>• Clear guidelines, documentation and patient information leaflets available.</li> <li>• No reported incidents.</li> <li>• The use of interpreters as required.</li> </ul> <p>The areas of focus for improvement fall into three key areas of patient information, the consenting process and opportunities and these were discussed with the following noted:</p> <ul style="list-style-type: none"> <li>• An area of work to be undertaken concerns patient information documentation in an easy to read format and a wider variety of languages ensuring leaflets are available in all specialties.</li> <li>• Consideration of a new consenting process via Cerner, the patient portal, pre-operative packages, e-Consent, patient portal and co-designing.</li> <li>• Review of generic Trust consent forms.</li> <li>• Continued engagement with specialties and Clinical Business Units.</li> </ul> <p>Assurance for learning and improvement was provided around qualitative work, learning from excellence and improvement which will be shared within the Trust and external partners/organisations.</p> <p>JP congratulated PM on the work around the vulnerable patient.</p> <p>RS noted at the time of the Cerner rollout there were no third party solutions which worked well with Cerner. PS noted e-Consent was omitted in this deployment due to the complexity and risks around the system. The drawing up of a Business Case for e-Consent is in progress with complete support for an e-Consent system from the Executive Directors.</p> <p>JP questioned whether patients received a reminder of their authorized consent.</p> <p><u>Post-meeting note:</u> There is no separate patient copy of Consent forms currently, however, patients are shown the Consent form that they have pre-signed, at the time of treatment and procedures, so that an agreement is checked and confirmed (two staged process).</p> <p>In the interests of time, MH requested JM be emailed with any further queries and the responses to questions would then be circulated to the Academy.</p> <p>The Academy was assured by the impressive progress and actions underway.</p>	<p>Head of Corporate Governance (JM) QA22010</p>
<b>QA.2.22.11</b>	<b>Quality Oversight and Assurance</b>	
	<b>Quality Oversight and Assurance Profile</b>	
	<b>Serious Incident (SI) Report</b>	
	<b>High Level Risks relevant to the Academy</b>	
	 <p>QA.2.22.11 - Quality Oversight and Assurance</p> <p>The papers were taken as read by LH in view of the time available</p>	

	<p>and LH requested any comments/questions.</p> <p>JH highlighted the staffing issues on the risk register noting the Covid pressures and the longer-term challenge. JP noted the discussions around workforce risks at the People Academy on 23 February 2022 including the relatively low uptake of the flu vaccine by staff.</p> <p>MH raised the issue around the diabetic clinic issuing paper appointments and the learning was noted following the red border email circulated on 27 September 2021 concerning the checking out of a diabetic patient on the Electronic Patient Record (EPR) impacting the patient recall. AP provided an update in relation to the diabetic pathway sitting within the Outstanding Maternity Services Improvement programme, noting the current system will not facilitate electronic planning of appointments but that service changes are underway to improve this process. There is no timescale available, however, this will follow the EPR go-live in Maternity. AP described the very complicated pathway due to the number of users and the number of appointments required per patient.</p> <p>MH noted Risk 3741 regarding unvaccinated staff. RS highlighted this risk had been incorporated into Risk 3725. A full discussion was held at the People Academy on 23 February 2022 when it was noted this risk should remain until notification is received with regard to the repeal of the law.</p> <p>MH enquired regarding Risk 2421 originally raised in 2014, regarding kidney dialysis. RS noted the further concerns raised by the renal team following a couple of incidents at the Skipton Dialysis Unit. A feasibility study is being undertaken to consider a series of options on how to provide the service differently and the risk will be prioritised within the 2022/23 Capital Programme. Plans are in place as to the Trust's actions should there be a catastrophic failure. The Academy noted a number of dialysis patients receive dialysis treatment as in-patients.</p>	
<b>QA.2.22.12</b>	<b>Outstanding Maternity Services Update</b>	
	<p>QA.2.22.12 - Outstanding Maternit</p> <p>AP presented a high level summary report to the Academy, noting the varying degrees of progression and challenges since November 2020 to date. This programme has now celebrated the numerous developments to date, noting in particular the power of engagement, maternity voices partnership and the key values, for example, listening to our women and our staff being at the heart of the programme.</p> <ul style="list-style-type: none"> <li>• All Qi projects are recorded on the Life Qi system.</li> <li>• The 15 step reviews are now completed.</li> <li>• Twenty three projects are underway at various stages of progress with 35 people linked to these.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Workstreams noted and progress to date described.</li> <li>• Clear improvements with the increased rates identified.</li> <li>• Increase in staff engagement with staff waiting to join the workstream groups.</li> <li>• Improvements in access to post-natal contraception.</li> <li>• Workforce issues with recent above average sickness rates.</li> <li>• Implementation of maternity continuity of care – The numbers of BAME women having access to the continuity team has reduced however a recovery plan is now in place.</li> <li>• Tools to be devised to look at specific pathways, for example accessibility throughout the service and the bereavement pathway.</li> <li>• Increased numbers of staff currently in training on Datix and investigation of incidents.</li> </ul> <p>MH thanked AP for the presentation.</p> <p>JH thanked AP for the narrative and the figures discussed and highlighted an issue discussed at the Finance and Performance Academy on 23 February 2022 regarding the financial plan, revenue and capital allocation. M Horner, Director of Finance, identified a risk to Maternity, due to the flow of the funding from the Integrated Care System with the use of a birth-rate model to allocate funding. The risk is such that the planned spend of £2.4 million would reduce to £0.8m, clearly indicating a risk to the potential delivery of the Maternity service and the aspirations for outstanding maternity services. JH flagged this as risk to be followed-up, and suggested this be raised at the Board of Directors and tracked through the Academy, due to the challenges within Maternity services.</p> <p>AP noted mapping work recently undertaken will serve as evidence to argue against this, in a city with such levels of deprivation.</p>	<p>Associate Director of Corporate Governance/ Board Secretary (LP) QA22011</p>
<b>QA.2.22.13</b>	<b>Update on Introducing the Electronic Patient Record (EPR) into Maternity Services</b>	
	 <p>QA.2.22.13 - Update on Introducing the Ek</p> <p>HAC provided an update to the Academy regarding the Electronic Patient Record (EPR) Maternity and Fetalink Implementation project and the road map to go-live was noted.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Testing phase now complete both technical and user with feedback provided to the technical team.</li> <li>• Full dress rehearsal will take place the first week of March to support safe migration from current software package to the new solution.</li> <li>• Staff training commenced at the end of January 2022 over a seven week period involving both face to face and e-learning, with factors taken into account to support safe staffing of the unit at all times.</li> </ul>	

	<ul style="list-style-type: none"> <li>Go-live launch date of 26 March 2022 for in-patients and 28 March 2022 for out-patients.</li> <li>Command Centre approach will be organised for the go-live period.</li> <li>Work underway with the communication team to ensure all stakeholders are kept informed.</li> <li>Implementation of Cerner Maternity will provide a single system for Maternity services providing Trust-wide oversight of maternity care provided by the Trust.</li> <li>Not having an electronic storage of CTG has previously been highlighted by the Care Quality Commission (CQC) and this risk currently sits on the Risk Register. This system will address the concern and provide improved mandatory reporting for the Maternity services data set with better access for personalized care plans for women and an ability for the service to monitor, audit and report on personalized care plans for women and an improved oversight of the whole maternity journey.</li> <li>Women currently move from an electronic system to a paper system and back to an electronic system through their Maternity journey. The introduction of Cerner will vastly improve safety and provide efficiencies.</li> <li>With reference to the previous discussions regarding consent, the Academy noted the team is currently working with the Informatics team for the consideration of the development of a patient portal in response to requests from the women consulted as part of the development and engagement process of the Maternity EPR to facilitate maternity care and pathways for these women to map and track their own appointments.</li> </ul> <p>JH welcomed the opportunity for the Non-Executive Directors to undertake a site visit to view the system at some appropriate time following the launch.</p> <p>MH noted the discussions underway regarding patient consent and electronic models. PS noted work is currently underway concerning intra-operative management checklists/device integration solutions.</p> <p>MH noted that many of the current Non-Executive Directors were not in post when the EPR system was commissioned and requested a discussion on the prescribed digital journey at the forthcoming Quality Development session.</p>	<p>Associate Director of Corporate Governance/ Board Secretary (LP) QA22012</p> <p>Associate Director of Quality (JC) QA22013</p>
<b>QA.2.22.14</b>	<b>Any Other Business</b>	
	<p>The changes to the following Policies were discussed by AO:</p> <p>(a) Medicine Policy – AO noted the Policy has had a revamp to ensure easier navigation with necessary changes required updated prior to the last revision.</p> <p>(b) Policy for the Safe Management of Controlled Drugs – AO noted no changes to legislation, however, Trust structure and departmental changes were updated and all references to the patient's clinical record replaced with Electronic Patient Record (EPR).</p>	

	MH noted his caveats and will send his comments through to AO, copied to RS, in order the documentation can be approved by the Academy.	Non-Executive Director (MH) QA22014
<b>QA.2.22.15</b>	<b>Matters to share with other Academies</b>	
	People Academy - Report on external funding grants received by the organisation.	
<b>QA.2.22.16</b>	<b>Matters to escalate to the Board of Directors</b>	
	Risk to financial flow allocation in Maternity.	
	<b>Date and time of next meeting</b>	
	Wednesday, 30 March 2022, 2 pm to 5 pm	
	<b>Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information</b>	
<b>QA.2.22.17</b>	<b>Quality and Patient Safety Academy Structure Chart</b>	
	Noted for information.	
<b>QA.2.22.18</b>	<b>Quality and Patient Safety Academy Work Plan</b>	
	Noted for information.	
<b>QA.2.22.19</b>	<b>Research Activity in the Trust</b>	
	Noted for information.	
<b>QA.2.22.20</b>	<b>Briefing Note regarding Risk 3468</b>	
	Noted for information.	
<b>QA.2.22.21</b>	<b>Maternity and Neonatal Services Update – January 2022</b>	
	Noted for information.	
<b>QA.2.22.22</b>	<b>Quality Account 2021/22 Production Schedule and Assurance Process</b>	
	Noted for information.	

## ACTIONS FROM QUALITY ACADEMY – 23 FEBRUARY 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22006	26.01.22	QA.1.22.8	<b>Discussion re: Quality Academy Development session:</b> The Academy noted the Development session scheduled for 18 February 2022 had been postponed due to the current operational pressures. A new Development session date will be identified and organised in April 2022 with a pre-planning session.	Associate Director of Governance/ Board Secretary	March 2022	13.01.22: Development session cancelled for 18 February 2022 due to operational pressures and effects of the pandemic. Further date to be agreed. 15.03.22: New date confirmed as 26.05.22. Planning session being arranged.
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	March 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. 15.03.22: New date confirmed as 26.05.22.
QA22009	23.02.22	QA.2.22.6	<b>Service Presentation – Cardio Physiology</b> JH noted funding through HEE is reported, is in the public domain and this can be seen across the whole patch. KD suggested this may be a topic to highlight at a future People Academy with a report on external funding received by the organisation, due to the link to education and training. The Trust attends HEE meetings and receives reports via Education.	Associate Director of Corporate Governance/ Board Secretary	March 2022	15.03.22: To be considered with Lead Director and Chair of People Academy.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22010	23.02.22	QA.2.22.10	<b>Clinical Outcomes Group Highlight Report</b> In the interests of time, MH requested JM be emailed with any further queries and the responses to questions would then be circulated to the Academy.	Head of Corporate Governance	March 2022	11.03.22: No further queries were received. CLOSED.
QA22011	23.02.22	QA.2.22.12	<b>Outstanding Maternity Services Update</b> Risk to financial flow allocation in Maternity - JH flagged this as risk to be followed-up, and suggested this be raised at the Board of Directors and tracked through the Academy, due to the challenges within Maternity services.	Associate Director of Corporate Governance/ Board Secretary	March 2022	15.03.22: This risk was highlighted at the Board meeting on 10 March 2022. Verbal update to be provided to the Academy on 30 March 2022 regarding the latest position on this risk.
QA22012	23.02.22	QA.2.22.13	<b>Update on Introducing the Electronic Patient Record (EPR) into Maternity Services</b> JH welcomed the opportunity for the Non-Executive Directors to undertake a site visit to view the system at some appropriate time following the launch.	Associate Director of Corporate Governance/ Board Secretary	March 2022	15.03.22: To be considered as part of Non-Executive Director visit to Command Centre when a new date is arranged.
QA22013	23.02.22	QA.2.22.13	<b>Update on Introducing the Electronic Patient Record (EPR) into Maternity Services</b> MH noted that many of the current Non-Executive Directors were not in post when the EPR system was commissioned and requested a discussion on the prescribed digital journey at the forthcoming Quality Development session.	Associate Director of Quality	March 2022	24.03.2022: Date of the Quality development session moved to 26 <sup>th</sup> May. No agenda agreed yet.





## Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22014	23.03.22	QA.2.22.14	<b>Any Other Business</b> Medicine Policy and Policy for the Safe Management of Controlled Drugs - MH noted his caveats and will send his comments through to AO, copied to RS, in order the documentation can be approved by the Academy.	Non-Executive Director (MH) QA22015	March 2022	