

QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

Date:	Wednesday, 30 March 2022	Time:	14:00-17:00
Venue:	Microsoft Teams meeting	Chair:	Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Janet Hirst (JH), Non-Executive Director/Joint Chair - Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair <p>Executive Directors:</p> <ul style="list-style-type: none"> - Dr Ray Smith (RS), Chief Medical Officer - Dr Paul Rice (PR), Chief Digital and Information Officer 		
Attendees:	<ul style="list-style-type: none"> - Dr Paul Southern (PSo), Consultant Hepatologist/Associate Medical Director - Dr Robert Halstead (RH), Consultant in Emergency Medicine/Associate Medical Director - Dr Harry Ashurst (HA), Consultant Anaesthetist/Lead Medical Examiner - Ms Rachael Waddington (RW), Deputy Director of Operations - Ms Amanda Hudson (AH), Head of Education - Mrs Karen Bentley (KB), Assistant Chief Nurse - 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 - Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing - Mrs Sara Hollins (SH), Head of Nursing, Midwifery - Ms Sarah Turner (ST), - Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control - Mr Tim Gold (TG), Director of Operations - Ms Jane Kingsley (JK), Lead Allied Health Professional - Ms Melanie Johnson (MJ), Patient Safety Collaborative Programme Manager - Mr Iain Threlkeld (IT), Senior Head of Estates - Ms Abimbola Olusoga (AO), Clinical Pharmacist Team Leader - Dr John Kurian (JKu), Consultant/Clinical Director, Specialist Medicine 		
In Attendance	<ul style="list-style-type: none"> - Ms Laura Booth (LB), Quality Lead, Patient Experience for Agenda item QA.3.22.7 - Catherine Shutt (SC), Assistant Director of Human Resources for Agenda item QA.3.22.7 - Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Ms Jacqui Maurice (JM), Head of Corporate Governance - Mrs J Barker-Roe, Minute-taker 		

Agenda Ref	Agenda Item	Actions
QA.3.22.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr Altaf Sadique, Non-Executive Director - Ms Karen Dawber, Chief Nurse - Dr Padma Munjuluri, Consultant Obstetrician and Gynaecologist/Associate Medical Director - Ms Liz Tomlin, Head of Quality Improvement and Clinical Outcomes - Mr John Bolton, Deputy Chief Medical Officer - Mrs Sarah Freeman, Associate Director of Nursing - Mrs Joanne Hilton, Assistant Chief Nurse - Ms Lizzi Vooght, Deputy Associate Director of Nursing, Unplanned Care, for Agenda item QA.3.22.5 - Ms Louise Horsley, Senior Quality Governance Lead 	
QA.3.22.2	Declarations of Interest	
	There were no declarations of interest.	
QA.3.22.3	Minutes of the meeting held on 23 February 2022	
	<p>The minutes of the meeting held on 23 February 2022 were approved.</p> <p>The Academy noted that the following action(s) had been concluded:</p> <ul style="list-style-type: none"> • QA22006 - QA.1.22.8 - Discussion re: Quality • QA21073 - QA.10.21.10 - Patient Safety Strategy Update • QA22009 - QA.2.22.6 - Service Presentation – Cardio Physiology • QA22013 - QA.2.22.13 - Update on Introducing the Electronic Patient Record (EPR) into Maternity Services 	
QA.3.22.4	Matters Arising	
	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.	
QA.3.22.5	Patient Story – Missed Diabetic Ketoacidosis (DKA) and Sepsis	
	<p>Judith Connor (JC) presented the slides on the patient story – Missed Diabetic Ketoacidosis (DKA) and Sepsis. It was highlighted that the patient was a 67 year old male, known to a number of Bradford Teaching Hospital services including Diabetic Foot Clinic, Renal Clinic and Eye Clinic.</p> <p>JC gave further details that the patient was admitted to the Accident and Emergency Department (AED) through Yorkshire Ambulance Service (YAS) with a history of reduced eating and drinking, and a new oxygen requirement. The patient attended alone due to COVID-19 restrictions at the time. Observations taken by YAS identified oxygen saturations of 93%, but blood glucose was very high at 27.8%. The patient was transferred and underwent the usual investigations for COVID-19. It was explained</p>	

	<p>that the patient was seen by an experienced Emergency Department doctor who felt that the patient's main complaint was back pain following a fall, however the YAS Electronic Patient Record (EPR) report was not reviewed, which would have highlighted a number of concerns raised by the patients wife. Further tests carried out including a chest X-Ray were recorded as normal; though a high C-reactive protein (CRP) of 167 was noted and discussed with the consultant in charge. As a result a plan was made to discharge the patient to the care of the GP to investigate the elevated CRP. The patient was then discharged home with no repeat observations and no awareness that the COVID-19 swab was positive. This lead to the patient being readmitted the following day, with treatment provided immediately for sepsis secondary to COVID-19 pneumonitis and DKA. The patient received IV antibiotics within one hour of attendance and was then transferred to a ward where his condition deteriorated over a few days. The patient sadly passed away, following a wish not to undergo invasive ventilation or CPR.</p> <p>JC went on to highlight the learning that has been taken from this story:</p> <ul style="list-style-type: none"> • To ensure that the YAS EPR is received and read by clinicians. • All patient investigations should be reviewed. • Two sets of observations should be completed prior to discharge from AED if patients attend with a triage category of 1, 2 or 3. • Management of fluid balance in end stage renal failure may require senior renal/critical care involvement. • If the patient is elderly and alone, contact should be made with the next of kin prior to discharge. <p>Rob Halstead (RH) added that clinical reviews reassured AED staff, though it was felt that there was a lot of learning to be taken from this case regarding the EPR system, particularly with integrating the Trust system and the YAS system. In addition, RH discussed the importance of involving relatives in conversations particularly with vulnerable patients.</p> <p>Ray Smith (RS) commented on the complexity of the case and asked whether there is a formal documented verbal handover that takes place with the Ambulance and Nursing staff. RH advised that a verbal handover does take place but is not formally documented within EPR, causing the team to be reliant on the YAS EPR handover. Paul Southern (PS) noted that there are plans to bring the YAS report in to the Trusts EPR.</p> <p>There was a discussion regarding the EPR process following some observations made by Janet Hirst (JH) with regards to how complicated the current process appears. PS explained how the EPR process works, including new systems which will improve current visibility.</p> <p>Amanda Hudson (AH) questioned whether there had been any learning and changes made to the triage processes considering the</p>	
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	issues with observations highlighted in the story. RH confirmed that the case was shared within the AED department, though specific learning could not be noted at this time.	
QA.3.22.6	Estates and Facilities Quarterly Service Report	
	<p>The previously circulated slides were presented by Iain Threlkeld (IT) to give an update on the work that has been carried out recently and what is planned over the next quarter to improve the backlog maintenance. The following projects were highlighted with pictures:</p> <ul style="list-style-type: none"> • Improvements made in maternity theatres, to be opened in the next few weeks. It was noted that there have been changes made in ventilation to make it compliant, which will allow for the risk relating to this to be removed from the corporate risk register. • Service duct work being carried out at St. Luke's Hospital. IT highlighted that there will be some further work around asbestos removal in this area in the next financial year. • The old medical records building at St. Luke's Hospital is in a poor state of repair and contains asbestos. The plan being to demolish the affected buildings. • A fire escape at St. Luke's Hospital requires repair and a decision is required from Bradford Council Heritage Department on whether it can be replaced or needs to be renovated due to being a listed structure. <p>IT shared some governance and structure improvements being carried out around the Trust.</p> <ul style="list-style-type: none"> • Following an unannounced Environmental Health Officer visit at St Luke's Hospital Catering Facilities, a five star food hygiene rating was awarded. A presentation on Patient Catering will be brought to the Quality and Patient Safety Academy in May. • An extensive audit programme was completed in Estates and Facilities, giving high and significant assurance in a number of areas. • There is an ongoing focus on fire safety including risk assessments, training and infrastructure, with the team continuing to grow. • There is a three year investment developed in the form of a risk based prioritised back-log maintenance programme (the budget for this is still to be agreed). • The Transformation Project Board in Estates and Facilities looks continuously at structures, staffing and operations across the Trust. IT highlighted some projects that are currently in progress. <p>MH questioned whether there were any plans in place for the new Health and Wellbeing Centre which is being built by Bradford Council opposite the main hospital entrance. Ray Smith (RS) advised that there was an ask to consider the site for an emergency treatment centre, though nothing has been decided yet.</p> <p>MH also queried what kind of technological connectivity there is</p>	

	between the hospital sites. PS commented that there is national connectivity, as well as commercial links between the Bradford Teaching Hospital sites, and Calderdale and Huddersfield Hospitals.	
QA.3.22.7	Embedding Kindness and Civility	
	<p>A presentation on Embedding Kindness and Civility was shared by Laura Booth (LB) and Catherine Shutt (CS).</p> <p>LB discussed the outcomes from Embedding Kindness projects. It was shared that the project began in November 2020, building on the Trusts patient experience strategy. An E-learning package was launched in January 2021, with over 600 members of staff voluntarily completing by January 2022. LB shared that the learning and improvement for other schemes includes:</p> <ul style="list-style-type: none"> • Staff nominations for the Kindness award, with 37 noted so far. • A Kindness Tree is at Bradford Royal Infirmary and St Luke's Hospital (SLH) sites. A second kindness tree has been installed at SLH due to the initial location not being in a prominent place. • Kindness has been included on ward accreditation and is part of the Healthcare Assistant new starter induction. • Embedding Kindness has been taken on at Leeds and Nottingham Trusts and there is increased engagement with neighbouring Trusts, as well as the launch of Kindness Ambassadors at the Kindness and Patient conference in May 2022. • Ensuring that projects link back to embedding kindness, such as Ageing Without Children. • Work with outside education facilitators. • Blankets of love launched and linked up with palliative care. <p>LB further explained that all of the above work will continue to expand, along with continued engagement across clinical areas.</p> <p>Catherine Shutt (CS) joined the presentation to discuss civility and what that means for the Trust. Some figures were presented from a 2018 study around rudeness in the workplace, focusing on how people feel when they experience incivility. To compare with the recent Bradford Teaching Hospitals staff survey figures, it was revealed that staff experience discrimination at work, bullying and harassment from patients or service users, an increase in negative comments regarding morale and feeling undervalued. CS also reported a rise of Organisational Development commissions relating to low morale and poor behaviour. Adding to this it was acknowledged that during the COVID-19 pandemic there have been significant changes to the way staff work that can affect workplace relationships. This includes the wearing of face masks affecting how people communicate with one another, and online meetings hindering the ability to read body language.</p> <p>CS displayed a toolkit which has been produced by NHS England and Improvement to support civility. It was explained that the Trusts model is based on this, with a focus on culture and respect of staff</p>	

	<p>differences.</p> <p>By way of tackling issues of civility in the Trust, it was advised that two groups have been established with the aim of improving working life for all staff. These are the Civility Project Board and the Civility Advisory Panel. CS commented that both groups have been successful so far, with many of the members being voluntary members of staff. Further to this, CS briefly shared the six month workplan detailing the activities occurring across the Trust to focus on staff wellbeing.</p> <p>Paul Rice (PR) commented how invaluable this work was to the Trust as a whole, as well as how helpful it is to have such expertise in the organisation. JH agreed, observing that it is encouraging to learn that staff are given a voice and are utilising it on a number of different platforms.</p> <p>MH questioned whether there was a target number of staff to complete the E-learning training launched in 2021. LB advised that it has not been made mandatory to avoid pressure on staff and commented that the willingness of staff to engage so far has been positive. Additionally it was shared that there are a number of groups and sessions where staff are engaging in other ways.</p> <p>It was questioned how key performance indicators (KPIs) are measured to monitor effectiveness. CS commented that there has been a significant increase in people completing the staff survey in 2022, allowing for a wider range of staff to be heard.</p> <p>Regarding the Civility Project Board and the Civility Advisory Panel, MH asked whether the membership of these reflects diversity in the organisation. CS advised that initially recruitment to the groups were not as desired, though this continues to grow to represent a range of people and job roles. It was assured that all members of staff are welcome to attend the Civility Project Board.</p>	
QA.3.22.8	Patient Safety Group	
	<p>The previously circulated slides were presented by Judith Connor (JC) to share the highlight report from the Patient Safety Group. The following learning was discussed:</p> <ul style="list-style-type: none"> • There were three incidents relating to the MRI scanner service regarding metal objects, highlighting some issues with staff responsibilities. • A safety incident within Endoscopy Unit where adrenalin was wrongly administered underlined unclear processes for cross-working between Airedale General Hospital and Bradford Teaching Hospitals. • A Kiebsiella Outbreak in the Neonatal Unit highlighted reporting delays, issues with the ward environment and Infection Prevention Control protocols. <p>JC then shared the improvements made, including a talk on the Civility project discussed in agenda item QA.3.22.7 and discussions</p>	

	<p>regarding developments made to the MRI scanner service, which has also been reported as a Serious Incident this month.</p> <p>Areas for further work were shared:</p> <ul style="list-style-type: none"> • Ligature cutters to be made available in all areas following a police incident. • A group set up to look at Bradford Safety Standards for Invasive Procedures (BradSSIPS). • Refreshing awareness for clinical staff regarding deteriorating patient data. • Ensuring the Civility project is being progressed. • Due to a missed deadline, the process for tracking Central Alerting System (CAS) alerts has been strengthened. <p>There was a discussion regarding the engagement of students in initiatives such as hand hygiene and civility and kindness. JH commented that as a transient community students can be difficult to engage, particularly when losing face to face induction and education in recent years. RS commented that medical students are starting to be reintroduced back on to wards in order to positively impact safety and experience for all. They are also given support before commencing work on wards, so will receive relevant information then. MH and JH stated the need for a future agenda item to discuss the education of students, it was agreed that this will be brought to a future Academy meeting to discover more about their involvement in the Trust and their learning.</p> <p>MH commented that there appears to be a gap in education concerning medication related issues. JC recommended that Abimbola Olusoga's (AO) work in this area has been significant, therefore it was agreed that AO will give an update at a future meeting on the work that is done involving learning from incidents and identifying the risks in medicine safety.</p>	
QA.3.22.9	Quality Oversight and Assurance	
	<p>JC presented a summary of what comes through the Quality of Care Panel on a weekly basis, to provide the Academy with assurance that these are being tracked weekly. The process that is used was shown to the Academy and the safety events were categorised as below:</p> <ul style="list-style-type: none"> • A daily risk huddle where all incidents are looked at on a daily basis. • Themes and Trends are reviewed. • Infection Prevention Control measures are continuously discussed. • Serious Incidents reviewed. JC briefly discussed a police incident that is ongoing. <p>JC explained that the learning from other safety events is shared widely where possible, as well as learning from external sources shared within the organisation. It was noted that a number of appendices specifying detailed information relating to this have been shared with the academy.</p>	

	<p>From the slides JC highlighted the following items:</p> <ul style="list-style-type: none"> • It was noted that alerting systems have all gone to appropriate individuals and actions taken. • To update on Quality Improvement, the Life QI platform is progressing, depicted by the graphs shown. This will be demonstrated at the May Moving to Outstanding meeting. • In February there were six external reporting safety events to external bodies. • Patient Experience Data shows 50 contacts received in the last month. • 2 new risks have been added to the risk register in February 2022 for the Quality and Patient Safety Academy: <ul style="list-style-type: none"> ○ 3748 Planned care risk in relation to Renal Services capacity (current risk score 16). ○ 3753 Planned care risk in relation to increased risk of harm to patients during an MRI under general anaesthetic (current risk score 15). <p>The papers accompanying this item were noted as read.</p> <p>Regarding the paper <i>High Level Risks - Appendix 2 - Risk Movement Log</i>, MH asked for clarification regarding the purpose of the 'Residual Rating' figure depicted in the log. Laura Parsons (LP) explained that the residual risk rating informs of what the risk rating should be once all mitigations are in place, so if the target risk to compare with the current rating in the previous column. It was agreed that definitions and/or narrative are to be added to the log for future clarity.</p> <p>Additionally, concerning the paper <i>High Level Risks - Appendix 1 - Open Risks currently scoring 15 or over</i>, it was confirmed that three staffing risks would be combined to create one risk, due to the similarity of the risks.</p> <p>There was a discussion regarding the absence of a narrative on ethnicity within the HSIB report, to which JC confirmed that the Trusts response would include ethnicity to ensure it is mentioned.</p>	
QA.3.22.10	Quality and Patient Safety Academy Dashboard	
	<p>RS presented the slides relating Quality and Patient Safety Academy Dashboard. It was noted that the Dashboard is a work in progress as there are some concerns about data quality, and changes in Business Intelligence have led to delays in this work. It was explained that presenting potentially inaccurate data would not be beneficial; therefore the data has been compacted and will be developed when possible.</p> <p>RS talked through the various sections of the Dashboard, highlighting the following:</p> <ul style="list-style-type: none"> • Hospital Standardised Mortality Ratio (HSMR) figures do not include all deaths. Summary Hospital-level Mortality Indicator (SHMI) has been developed to analyse the data slightly differently, and exclude COVID-19 deaths. RS advised that both lie within expected ranges. • There has been a fall in readmissions in the last two years 	

	<p>due to a fall in elective work and a focus on acute work, as a consequence of COVID-19.</p> <ul style="list-style-type: none"> • There has been an increase in Pressure Ulcers over the last two years, with facial pressure sores being the result of the wearing of facemasks for non-invasive ventilation. It is expected that this number will fall over the coming months. • Falls with Harm have increased over the last two years, predominantly in the area of elderly care. Reasons for this include staffing numbers and bed-base changes impacting on care. <p>Furthermore, RS discussed the improvements made in learning from deaths, particularly where addressing the backlog of Mortality Structured Judgement Reviews (SJRs). These figures were depicted on the slides presented.</p> <p>There was a discussion regarding ward changes during the COVID-19 pandemic and how this has impacted the everyday operation of the hospital and the effect on patient care. RS confirmed that with a fall in COVID-19 patients, a number of the changes made are being reverted back to what they were in order to run more efficiently.</p>	
QA.3.22.11	Care Quality Commission Maternity Survey 2021	
	<p>SH discussed the report and survey results previously shared with the Academy. It was advised that the report was initially provided to the Executive Team Meeting (ETM) following the publication of the Annual Maternity Survey that is commissioned and delivered by the Care Quality Commission (CQC). SH explained that there was an attribution exercise that the Trust Business Intelligence team needed to conduct, though some issues uploading on to the portal meant that the survey was incomplete. It was added that some information has been recovered, therefore it is anticipated that over the next couple of months the Trusts position will be clearer.</p> <p>The Academy were informed that Maternity went live with the new Electronic Patient Record (EPR) recently, which will be brought back to the Quality and Patient Safety Academy in a couple of months' time.</p> <p>Finally SH added that the data from this year's survey is being validated, along with ensuring all staff are clear on their roles and responsibilities around submitting information for national surveys.</p>	
QA.3.22.12	Internal Audit Update	
	<p>LP explained that the paper circulated informs the Academy of the audits that have been carried out and the outcome of those. It was noted that there are three with limited assurance ratings, though the majority do have positive outcomes. It was also confirmed that the recommendations from all of the reports are tracked through the Audit Committee.</p> <p>There was a brief discussion regarding attendance and the academy Terms of Reference, which it was confirmed will be brought to the Development Session in May.</p>	

QA.3.22.13	Infection Prevention and Control Report	
	<p>The previously circulated slides were presented by Claire Chadwick (CC). It was explained that the Infection Prevention and Control Quarter 3 Progress Report focuses on healthcare acquired infections and forms part of the Annual Report.</p> <p>CC discussed how the Trust is performing with regards to MRSA, Clostridioides difficile (C. diff), MSSA and E. coli. It was noted that in the quarter two report the Trust was identified as a high outlier for MRSA and MSSA infections, therefore there was some work done in this area. It was identified from the learning done that all inpatients were to be provided with an antibacterial topical body wash. In the meantime Bradford Teaching Hospitals remains low compared to peers regionally and nationally for C. diff and E. coli. CC commented that it had been a challenging year to meet objectives for Infection Prevention Control alongside COVID-19; however it was noted that this is being monitored and learned from continuously through quality improvement.</p> <p>From the slides being presented, CC shared the learning from a MRSA bloodstream infection case within the Trust, including the use of antibacterial body wash as discussed previously. It was highlighted that improvements are made and continuously monitored directly through the Infection Prevention Control Committee (IPCC)</p> <p>Additionally, CC discussed some further learning taken as a result of an outbreak of Vancomycin-resistant Enterococcus (VRE) identified in 2021. It was highlighted that outbreak meetings were held with the support of Public Health England, along with clinicians in a multi-disciplinary team. As a result a number of improvements have been made, allowing for the outbreak to be closed and an action plan to be completed and monitored through the IPCC meetings.</p> <p>The final case discussed was with regards to an outbreak of gentamicin resistant Klebsiella pneumoniae on the Neonatal Unit. Some significant learning was identified looking at observations of practice. These included the use of appropriate personal protective equipment, hand hygiene, and cots being noted as particularly close together. High risk equipment was also identified as the blood gas analyser, whereby it was possible that this was overused due to a high number of staff. A graph depicted the numbers of cases in November and December 2021. Though there have been no further cases, it was shared that there have been significant improvements made and it was noted that the outbreak remains part of a serious incident investigation; with a robust action plan being monitored through the Clinical Business Unit (CBU) and Trust IPCC meetings.</p> <p>CC discussed the assurances made from the lessons learned in the cases shared. COVID-19 was highlighted as a continuous focus for the Infection Prevention Control team, along with challenges presenting with an increase in healthcare acquired infections within</p>	

	<p>the Trust and nationally. Antimicrobial stewardship was also noted as a priority. CC summarised that the lessons learnt have been a driver for improvement and the actions implemented.</p> <p>Regarding the outbreak in Neonates, JH questioned whether the issues concerning PPE and cot placement were habits within the ward pre-COVID. CC agreed and suggested that COVID-19 has had some significant benefits to infection control, though pointed out that the overuse of gloves in the pandemic has potentially hindered hand hygiene. It was noted that there has been some excellent training in this area as a direct result of this case.</p>	
QA.3.22.14	Infection Prevention and Control Board Assurance Framework	
	The Infection Prevention and Control Board Assurance Framework was taken as read. CC to provide a presentation at the next meeting with any key updates.	
QA.3.22.15	Any Other Business	
	MH raised a discussion regarding the changes proposed to the Quality account that there is no need for external audit. It was argued that external audit brought a lot of value to the organisation, however LP confirmed that it is not planned for the upcoming year and suggested it may be continued next year. It was decided that in this case the external audit will be reviewed in terms of quality account assurance.	
QA.3.22.16	Matters to share with other Academies	
	There were no matters to escalate to the other Academies.	
QA.3.22.17	Matters to escalate to the Board of Directors	
	There were no matters to escalate to the Board of Directors.	
	Date and time of next meetings	
	<p>Wednesday, 27 April 2022, 2 pm to 5 pm</p> <p>Wednesday, 25 May 2022, 2 pm to 5 pm</p> <p>Wednesday, 26 May 2022, 9 am to 12 noon – Listening for Life Lecture Theatre</p>	
	Annexes for the Quality and Patient Safety Academy	
	Annex 1 – Documents for Information	
QA.3.22.19	Quality and Patient Safety Academy Workplan	
	Noted for information.	
QA.3.22.20	Quality and Patient Safety Academy Structure Chart	
	Noted for information.	

ACTIONS FROM QUALITY ACADEMY –30 MARCH 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22012	23.02.22	QA.2.22.13	Update on Introducing the Electronic Patient Record (EPR) into Maternity Services 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. 30.03.22: To keep open until there is a date for this visit.
QA22014	23.03.22	QA.2.22.14	Any Other Business 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)	March 2022	30.03.22: To keep open, once MH has a response the action can be closed. Queries raised by MH have been provided by Director of Pharmacy and the Clinical Pharmacist Team Leader. Responses have been shared with MH and JH. Complete.
QA22015	30.03.22	QA.3.22.8	Patient Safety Group AO to provide a presentation to the Academy with an update on learning from incidents and identifying risks in medicine safety.	Associate Director of Corporate Governance / Associate Director of Quality / Clinical Pharmacist Team Leader	April 2022	19.04.22: To be presented in May.



Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22016	30.03.22	QA.3.22.9	Quality Oversight and Assurance LP to add definitions and/or a narrative to the Risk Movement Log to ensure clarity for future meetings.	Associate Director of Corporate Governance	April 2022	19.04.22: Definitions added to movement log. Complete
QA22017	30.03.22	QA.3.22.14	Infection Prevention and Control Board Assurance Framework CC to provide a presentation with key updates on the Infection Prevention and Control Board Assurance Framework at the next meeting.	Associate Director of Corporate Governance / Associate Director of Quality / Director of Infection, Prevention and Control	April 2022	19.04.22: Included on May agenda. Complete