

## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

<b>Date:</b>	Wednesday, 25 May 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>- 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> <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 LeeAnne Elliott (LAE), Deputy Chief Medical Officer</li> <li>- Dr Paul Southern (PSO), Consultant Hepatologist/Associate Medical Director</li> <li>- Ms Rachael Waddington (RW), Deputy Director of Operations</li> <li>- Ms Amanda Hudson (AH), Head of Education</li> <li>- Mrs Sally Scales (SS), Director of Nursing</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 Sarah Freeman (SF), Associate Director of Nursing</li> <li>- Mrs Sara Hollins (SH), Head of Nursing, Midwifery</li> <li>- Mrs Kay Rushforth (KR), Head of Nursing, Children's Services</li> <li>- Ms Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Mrs Sarah Turner (ST), Assistant Chief Nurse, Safeguarding</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>- Mr Damian Buck (DB), Physiotherapy Gym Team Leader, in attendance for agenda item QA.5.22.5</li> <li>- Ms Jemma Tesseyman (JT), Named Nurse for Safeguarding Children, in attendance for agenda item QA.5.22.12</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 Helen Wilson, Staff Governor</li> <li>- Dr Rob Gardiner, Consultant Clinical Scientist</li> </ul>		

Agenda Ref	Agenda Item	Actions
<b>QA.5.22.1</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Professor Janet Hirst (JH), Non-Executive Director/Joint Chair</li> <li>- Dr Padma Munjuluri (PM), Consultant Obstetrician and Gynaecologist/Associate Medical Director</li> <li>- Mrs Joanne Hilton (JHi), Assistant Chief Nurse</li> <li>- Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Dr Carolyn Robertson, Consultant/Clinical Director, Women's Services</li> <li>- Mrs Karen Bentley (KB), Assistant Chief Nurse</li> <li>- Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion</li> </ul>	
<b>QA.5.22.2</b>	<b>Declarations of Interest</b>	
	<p>AS declared an interest in patient wrist bands discussed in agenda item QA.5.22.10.</p> <p>There were no other declarations of interest.</p>	
<b>QA.5.22.3</b>	<b>Minutes of the meeting held on 27 April 2022</b>	
	<p>The minutes of the meeting held on 27 April 2022 were approved as a correct record.</p> <p>The Academy noted that the following action had been concluded: QA22024 – QA.4.22.18 (27.04.22) – Any Other Business.</p>	
<b>QA.5.22.4</b>	<b>Matters Arising</b>	
	<p>No matters had been raised following the email circulated regarding any queries or concerns from the papers within Agenda items QA.5.22.20 to QA.5.22.28.</p> <p>Regarding the Quality Account agenda item QA.5.22.28; JM had requested feedback prior to the Account's circulation to the external stakeholders (namely Bradford HealthWatch, the Clinical Commissioning Group and the Local Authority Health and Social Care Overview and Scrutiny Committee). JM thanked those Academy members who had provided comments on the report.</p> <p>There were no other matters arising from the Minutes that were not already on the agenda. The updates provided prior to the meeting on the outstanding and closed actions were reflected in the action log.</p>	
<b>QA.5.22.5</b>	<b>Service Presentation – Therapies overview, with a focus on Achilles Tendon Ruptures</b>	
	<p>DB was welcomed to the Academy for the Therapy service presentation focussing on Achilles Tendon Rupture following an update to the pathway approximately one year ago. The excellent audit results received from the data collection and the management of Achilles tendon ruptures, links and collaborative team working with the Accident and Emergency and Orthopaedic Departments, evidence and research recently published were described, with standardised pathways providing a high quality service and</p>	

	<p>successful outcomes.</p> <p>Historically the majority were managed with surgery and non-operatively managed ruptures were considered to have a higher rate of re-rupture, with non-operative management traditionally being reserved for patients with co-morbidities. More recently there have been lower rates of re-rupture with non-operative management and the use of functional orthoses.</p> <p>Three symptomatic reviews were described and the four key outcomes of goals of management noted, considered for every case. Learning and improvements of the old pathway versus the new pathway were reported with the introduction of the Vacoped boot.</p> <p>RS noted the young age group this injury befalls and the importance of early detection, identification and management of treatment. DB noted nationally non-operative management is more favourable; however, each Trust locally has a slightly different protocol.</p> <p>JK valued the importance of the Trust being able to visit centres of excellence as part of the research, to note the examples of service innovation.</p> <p>DB reported a spike in Achilles tendon ruptures during the pandemic. The significant cost difference between the new and the old boot, £150 and £50 respectively was noted and the savings with consultant appointments and surgical costs with the use of the new boot. The Swansea centre visited volunteered a saving of around £91,000 per annum and improved patient care.</p> <p>Poster presentations both internally and externally are encouraged with KD noting a recent poster presentation on Magnet4Europe. All nurses are being encouraged to be researchers and KD highlighted a proposed forthcoming event around nursing and midwifery research. Lessening the gap between research undertaken by the Trust and research learning quality improvement on the wards will be encouraged.</p> <p>DB was thanked for the informative presentation.</p>	
<b>QA.5.22.6</b>	<b>Clinical Audit Annual Report 2021/22</b>	
	<p>LT provided a summary of activity around the high priority audit plan for 2021 and 2022, presented at the Audit and Assurance Committee on 24 May 2022.</p> <p>Clinical audit for the Trust is essential for monitoring, measuring and delivering care in line with national standards with identification of areas of improvement.</p> <p>The Trust participated in all eligible national clinical audits – 29 out of a total of 42, included in the NHS England Quality Accounts list 2021/22 and all eligible national confidential enquiries.</p>	

	<p>LT highlighted the following:</p> <ul style="list-style-type: none"> <li>• Outlier Reports 2021/22 and improvements.</li> <li>• Learning and improvements</li> <li>• Challenges noted during 2021/22 during the ongoing national issues with regards to Covid and an NHS England/Improvement directive to suspend audit work in preference for clinical work and the national programme not having been recommended until the beginning of June 2021, thus reducing the reporting year.</li> <li>• NHS England/Improvement communicated the importance of data collection and the restart of the programme also indicating that this should not detract from the prioritisation of clinical care, whilst acknowledging the strain and pressure on the system over the winter months.</li> <li>• Continued support provided to teams and clinicians for the delivery and collection of information whilst monitoring and oversight provided to the whole of the clinical outcome programme.</li> <li>• New quality governance framework to be implemented in Autumn 2022.</li> <li>• Development of an app to support the systems.</li> </ul> <p>The report was accepted by the Academy.</p>	
<b>QA.5.22.7</b>	<b>Clinical Audit High Priority Plan 2022/23</b>	
	<p>The Clinical Audit High Priority Plan was noted for 2022/23 by LT with the following key highlights:</p> <ul style="list-style-type: none"> <li>• 30 out of 42 eligible audits with identified leads are underway.</li> <li>• Quality Account for 2022/23 documents this information.</li> <li>• Finalized local clinical audits from a contractual point of view are yet to be agreed.</li> </ul> <p>The Academy approved the proposed list and report, with the suggestion that future Annual reports should reflect more broadly, not only the national clinical audit work and the confidential enquiry programme, but also should capture the local clinical audit work achieved and the commissioning requirements.</p>	
<b>QA.5.22.8</b>	<b>Getting It Right First Time (GIRFT) Update</b>	
	<p>RS introduced CV, General Manager, Chief Medical Officer's (CMO) Office, who has been leading the restart of the GIRFT programme.</p> <p>CV provided an overview of the GIRFT programme and progress to date demonstrating both the new intranet page which is now live and the model health system.</p> <p>The GIRFT programme is a national programme, having been run for a number of years, designed to improve the treatment and care of patients through in-depth review of services and benchmarking, presenting a data-driven evidence base to support change. The programme undertakes clinically-led review of specialties, combining a wide-range of data analysis with the input and</p>	

	<p>professional knowledge of senior clinicians to examine performance and improvements. The main focus of GIRFT is around quality improvement with a key part of the programme around joint working between clinicians and clinical peer to peer review to look at quality improvement and forward planning.</p> <p>CV highlighted:</p> <ul style="list-style-type: none"> <li>• Progress to date – 30 deep dives have been undertaken since 2016.</li> <li>• Deep dive plan, including new areas and areas for revisits.</li> <li>• Information source for teams including involvement and preparation facilities.</li> <li>• National GIRFT webinars.</li> </ul> <p>CV was thanked for the presentation.</p> <p>RS noted the clear evidence that working with the information from GIRFT and the model hospital will improve both the services and productivity of the Trust services, noting further efficiency and cost effectiveness will follow. GIRFT is essential, particularly at this post-pandemic time, with pressures on elective recovery to maximise the use of Trust resources particularly with regards to safety.</p> <p>RS is working with Matthew Horner, Director of Finance, looking at the data available from GIRFT/Model Hospital. The immense work undertaken with the GIRFT Clinical Lead was acknowledged and the links to Quality Improvement (QI) data usage to drive improvement.</p> <p>MH referenced a recent Board paper presented analysing GIRFT and comparing the Trust against other Trusts noting a discussion at the Finance and Performance Academy on 26 May 2022 demonstrated the connection between the Academies. Future discussion at a Board Development session was raised as a possibility.</p> <p>The presentation and the positive discussions were noted.</p> <p>At this point in the meeting RS thanked SC, for all her contributions, having been a 'rock' of the organisation and General Manager for the CMO's office for many years, on her retirement at the end of May.</p>	
<b>QA.5.22.9</b>	<b>Medicines Safety</b>	
	<p>AO was welcomed to present on medicine safety following a request at the March meeting which suggested a gap in education around medication related issues. AO highlighted the work in the organisation around medicine safety, her role as Medication Safety Officer and the work of the Medicine Safety Group in addressing the current issues.</p> <p>The following key items were discussed in detail:</p> <ul style="list-style-type: none"> <li>• Medication related safety events recorded on Datix over the last two years remained constant, following a dip due to Covid.</li> </ul>	

	<ul style="list-style-type: none"> <li>Medication incidents recorded by categories between 2019 to 2022 to date.</li> <li>Bradford Teaching Hospitals' position – The majority of reported incidents do not result in any harm to a patient, however are valuable early warning or near-miss notifications.</li> <li>Medicines reconciliation and review – The aim is for patients admitted to have a medicine reconciliation performed within 24 hours of admission. Findings noted and issues being addressed include staffing due to sickness and pharmacy staff resources.</li> <li>Improvements – Aim to improve patient safety with a focus to ensuring safe and effective use of medicines and key changes described, including data collection facilities and medicines governance/safety newsletter, shared learning and medicines reconciliation and review.</li> <li>Assurance provided of medicines governance through the Medicines Safety Group, responding to healthcare safety investigation branch medication themes and responding in a timely manner to National Patient Safety Alerts.</li> </ul> <p>MH thanked AO for the update delivered.</p> <p>LAE noted the whole ethos around quality including improvement, learning and assurance demonstrated through data and information sources.</p> <p>Wider issues to address were discussed around medicines safety and medicines reconciliation with further support mechanisms stated.</p> <p>The Quality Improvement work needs to be celebrated by the organisation.</p> <p>MH suggested that further input may be required in terms of the Quality and Patient Safety Academy dashboard as a means of assurance with plans and mitigations to address the challenges faced.</p> <p>The potential issue of the Omnicell Medicine cabinets was highlighted (and also raised at Open Board in May 2022) with reference to the feedback from other Trusts who had experienced some issues with regard to the integration with Cerner. This has not been seen as a risk on our Bradford Teaching Hospitals Foundation Trust (BTHFT) register however the Academy is keen to understand if there are risks to BTHFT and if there are any plans and mitigations in place to address them.</p>	QA22025 Chief Digital and Information Officer/ Chief Medical Officer/ Clinical Pharmacist Team Leader
<b>QA.5.22.10</b>	<b>Bi-Annual Digital Strategy Update</b>	
	<p>PR presented the report detailing the diverse range of projects and programmes that the Digital Data, Intelligence and Insight resources within Bradford Teaching Hospitals have delivered over the last six months as part of ongoing efforts as a digitally mature organisation, to provide support to clinical colleagues, patients/citizens, their families and communities in delivering high quality safe effective care.</p>	

	<p>PR highlighted:</p> <ul style="list-style-type: none"> <li>• Constraints and challenges with supply chain and consequent impact on pricing and availability.</li> <li>• Cyber security as a priority requirement to ensure robust and resilient infrastructure across the Trust and people's homes.</li> <li>• Responsiveness of helpdesk.</li> <li>• Risk Registers.</li> <li>• Work with the West Yorkshire Association of Acute Trusts (WYAAT) and in partnership with other WYAAT Trusts to introduce a new laboratory information management system (LIMS).</li> <li>• Investment secured to extend the Cerner Electronic Patient Record (EPR) into theatres and anaesthesia as part of the Outstanding Theatres Transformation programme.</li> <li>• Replacement of System C product and embedding Cerner maternity equivalent.</li> <li>• Enabling work to support the Virtual Royal Infirmary programme.</li> <li>• Continued challenges regarding data warehousing functionality and staff sickness/absence.</li> </ul> <p>PS described two recent fantastic positive examples of improvements to patient care following the recent upgrade to the Maternity system around the ability to make diagnoses and plan treatment in a timely comprehensive fashion in two very sick patients with consequent massive improvement to patient safety. PR and PS and their teams were commended on this progress.</p> <p>The self-discharge of patients and plans to extend the use to other areas around Radiofrequency Identification wrist bands was discussed. PR noted the Scan for Safety Programme is looking at all aspects and elements of safety and procurement elements with the potential to optimise and expand.</p> <p>The introduction of Omnicell medicine cabinets is taking place as part of medicines modernisation. The team are aware of some safety concerns regarding rollout in the North East and are actively monitoring progress, including unintended risks.</p> <p>MH thanked PR for the update querying no mention of the Virtual Hospital Strategy and the next steps, within this report.</p> <p>PR noted John Holden, Director of Strategy and Integration, is the Executive Lead for the virtual hospital and that reporting of progress is consequently taking place via virtual hospital governance. PR is supporting John Holden and colleagues as required, however, agreed to provide a section on this subject in the next report in six months' time.</p> <p>MH queried progress re the Wayfinder project in BTHFT. It was confirmed that BTHFT were in the third wave of this deployment and that an update will be provided in the next six monthly review consistent with timescales/ambition.</p>	<p>QA22026 Chief Digital and Information Officer</p>
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QA.5.22.11	Safeguarding Adults Annual Report	
	<p>The paper was taken as read by ST, providing an overview of the information and activity within adults' safeguarding between April 2021 and March 2022.</p> <p>ST highlighted the following:</p> <ul style="list-style-type: none"> <li>• Reported increase in activity – Total of referrals for 2021/22 was 1201 compared to 1031 for 20218/19, with 520 referrals received regarding safeguarding concerns. Data now recorded differently as mental health, learning disability and dementia data is now recorded separately in workstreams.</li> <li>• Case numbers have increased over the last five years even though figures appear to be reducing. This is not the case due to the altered analysing and recording method currently being used for the data and with categories now separated.</li> <li>• The acuity and level of distress in those attending the Trust remains high.</li> <li>• Activity types noted in themes.</li> <li>• Improvements in mental health, Deprivation of Liberty Standards (DoLS) changing to Liberty Protection Standards (LPS) and the Code of Practice, following consultation, is due for publication. Management and resource is under consideration.</li> <li>• A Hospital Independent Domestic Violence Advocate (HIDVA) has been appointed, sourced by the Local Authority as a direct recognition of the increase in domestic abuse referrals during lockdown and the challenges from the pandemic. Training in the Trust continues with particular reference to consistency around mental health and improved communication with the Care Trust.</li> </ul> <p>The paper was noted by the Academy.</p>	
QA.5.22.12	Safeguarding Children Annual Report	
	<p>JT presented a comprehensive annual report noting the work within children's safeguarding at the Trust between April 2021 and March 2022. The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Increase in mental health attendances due to the Trust being seen as a safe place. An increase in referrals, by 2000, is seen as a positive, recognising that staff are clear about safeguarding children.</li> <li>• Children's mental health: Daily (CAMHS) Huddle held, crisis pathway in place – Approximately 50 to 60 CAMHS patients have visited the Accident and Emergency Department with 35% resulting in admission - a vast increase during Covid.</li> <li>• Increased number of children detained under the Mental Health Act over the last twelve months. Young children spending a long time on the wards has not been ideal and improvements have been introduced (Crisis Pathway).</li> <li>• Commitment to partnership, multi-agency working improvements.</li> <li>• Establishment of new mental health working groups.</li> <li>• Training of the workforce underway to raise training compliance</li> </ul>	



	<p>levels including thematic safeguarding case review training.</p> <ul style="list-style-type: none"> <li>• A national review for a Bradford case is due for publication on 27 May 2022. An action plan is in place, following discussion with the organisations concerned, to embed learning and change practice. A Bradford Partnership action plan is under development.</li> <li>• Child Sexual Exploitation (CSE) training has been commissioned in Bradford. A new flagging system has been introduced for children at high risk of criminal exploitation.</li> <li>• Recruitment approval awaited for a specialist mental health practitioner for children.</li> <li>• Policy devised for the management of children on the wards, for example with regard to restraints and sedation. The policy has been created following specialist input including from legal teams, CAMHS and psychiatrists.</li> <li>• Pilot in the Emergency Department around violence reduction looking at young people up to the age of 25 in reducing knife crime.</li> <li>• Dedicated independent Trust for Children's social care. Due to start in April 2023.</li> <li>• Full policy review over the last twelve months.</li> <li>• Workplan and audit strategy in place for the next twelve months.</li> <li>• Staffing under consideration, with the lack of growth compared to growth in referrals due to both the workforce and budget.</li> <li>• Screening of Accident and Emergency Department attendances continues and continued increase in the number of children requiring support.</li> <li>• A twenty per cent loss in the workforce was noted from February 2022, however, this is being managed.</li> </ul> <p>KD noted the recommendations from the national enquiry for Bradford which will impact on the Paediatric doctor workforce and the paediatric nurse and midwifery workforce.</p> <p>A discussion has been arranged for Helen Jepps, Lead for the Children's Clinical Business Unit, to present to the Executive team on the additional requirements necessary for the Trust.</p> <p>KD thanked JT for her achievements over the years particularly with reference to JT's leadership of safeguarding children. MH thanked JT on behalf of the Academy and the paper was noted.</p>	
<b>QA.5.22.13</b>	<b>Clinical Outcomes Group</b>	
	<p>LT presented the Clinical Outcomes report providing assurance through learning and improvement to the Academy based on national standards and guidance and highlighted the key issues:</p> <ul style="list-style-type: none"> <li>• National Institute for Health and Care Excellence (NICE) guidance and levels of compliance – Response and implementation plan for recommendations with dissemination, implementation and embedding into practice of this guidance at specialty level.</li> <li>• Clinical Governance Officers in Planned and Unplanned Care and provision of support.</li> <li>• New Governance framework to be introduced in September</li> </ul>	

	<p>2022.</p> <ul style="list-style-type: none"> <li>• Key targets to achieve by March 2023 – National Standard contract to be 95% compliant with all relevant published NICE guidance within twelve months of publication and 100% compliant with technology appraisal within 90 days of publication.</li> <li>• Sentinel Stroke National Audit Programme audit – Variations and key learning noted along with proactivity by the team.</li> <li>• Reintroduction of Commissioning for Quality and Innovation (CQUINS) into the contract with oversight and management provision from the Clinical Outcomes team.</li> <li>• National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Data collection continues.</li> <li>• Epilepsy project completed.</li> <li>• Assurance requested by the Care Quality Commission (CQC) for outlier reports – Positive assurance has been provided around learning and improvement queries.</li> <li>• Parental consultation – Initiative published as an exemplar of Quality Improvement methodology.</li> <li>• An outstanding presentation from the tracheostomy group led by Cordy Gaubert, Extended Scope Physiotherapist, and Lisa Jamieson, Quality Improvement Manager, around improved care for adults with tracheostomy had been delivered to the group, and requested the team be invited to a future Academy to present on this outstanding service demonstrating shared learning.</li> </ul> <p>The positive assurance was noted by the Academy following the learning described and MH thanked LT for the interesting presentation.</p>	
<b>QA.5.22.14</b>	<b>Patient Experience Annual Report</b>	
	<p>In the absence of KB the report was deferred until a future meeting, however, MH noted the report and supporting documents highlighted varying issues of patient experience, depending on the data sources viewed in the report, and suggesting the report may be shared with the People Academy, following discussion at the Quality and Patient Safety Academy, for consideration around data sets.</p> <p>KD queried whether these issues refer to the Friends and Family test, the Care Quality Commission In-patient, the Accident and Emergency and the Maternity surveys. KD noted this being due to variation where experience is monitored more frequently.</p> <p>The report covers all of the patient experience activities providing a summary of all the surveys, with some areas demonstrating better results. MH requested context and further narrative around individual data sources would be of interest.</p>	<p>QA22027 Chief Nurse</p>

<b>QA.5.22.15</b>	<b>Quality Oversight and Assurance</b>	
<b>A</b>	<b>Quality Oversight and Assurance Profile</b>	
<b>B</b>	<b>Serious Incident (SI) Report</b>	
	<p>The papers were taken as read and the following highlighted by LH.</p> <ul style="list-style-type: none"> <li>Feedback provided last month following presentation of the data in the annual Claims, Litigation, Incidents and Patient Experience report has been actioned with work ongoing to replicate the tables in the Patient Experience section.</li> <li>Eleven ongoing SIs with one newly reported event in the last reporting period SI 2022/9603 - Power outage occurred in the Accident and Emergency Department.</li> <li>Two maternity related incidents were reported, however, in accordance with the requirements of the Healthcare Safety Investigation Branch (HSIB) independent investigations will be carried out: SI 2022/9236 – Instrumental delivery of a 38+5 gestation baby who required active cooling. SI 2022/9239 – Neonatal death at term gestation.</li> <li>Five CAS Alerts have been received in April, however, only one requires a response, the remainder for information.</li> <li>Clinical outcomes, Learning from deaths, areas of improvement, claims and inquests and organisation learning noted.</li> </ul> <p>RS stated three Never Events had been declared as reported at the April Academy, however, the ascetic tap event (SI 2022/7604) has been downgraded as it does not meet the criteria for a Never Event and a de-log request has been made to commissioners. There have been no Never Events declared between 18 April and 15 May 2022.</p> <p>RS and LH were thanked for the detailed reported noted by the Academy.</p>	
<b>C</b>	<b>High Level Risks relevant to the Academy</b>	
	<p>The key points within the high level risks were noted by RS:</p> <ul style="list-style-type: none"> <li>Learning from deaths – All Structured Judgement Reviews should now be completed going forward. One hundred per cent of deaths have been reviewed by the Trust's Independent Medical Examiners since implementation of the process.</li> <li>Two new risks have been elevated to the high level risk register: 3765: Patients who test positive for Covid 19 on asymptomatic in-patient testing may come to harm due to multiple moves and not being under the care of the specific specialty. 3767: Maternity staff working daily within the Bradford Community do not always carry or have access to a lone worker device as per Trust Policy. This risk is aligned to the People Academy and has been discussed by the Executive team. PR is working with the technology solutions to provide the devices to protect the loan workers.</li> <li>Three risks have changed in score and have a risk below 15 moving them off this risk register – 3651, 3711 and 3761.</li> </ul>	

	<p>KD noted details of all Parliamentary Health Service Ombudsman cases are included in the Complaints section of the Patient Experience report. Going forward MH requested that the cases upheld should be documented with details of the incident and learning outcomes.</p> <p>Following discussion, MH thanked RS for the updates provided.</p>	QA22028 Chief Nurse
<b>QA.5.22.16</b>	<b>Quality and Patient Safety Academy Dashboard</b>	
	<p>The Academy noted the dashboard will be discussed at the Quality and Patient Safety Development session on 27 May 2022.</p> <p>RS highlighted the following:</p> <ul style="list-style-type: none"> <li>• Mortality data – Currently within expected limits with no concerns regarding Hospital Standardised Mortality Ratio (HSMR) or Summary Hospital-level Mortality Indicator (SHIMI).</li> <li>• Readmissions data – Data is currently uncertain as the Trust is not in 'business as usual mode'. Reduction noted in rare admissions and it is hoped this decline will continue.</li> <li>• Category 3 pressure ulcers – Reduction in pressure ulcers, due to current reduced usage of Non-Invasive Ventilation (NIV) in the Trust and fewer Covid patients. Non-Covid patients who require NIV are at present low in number.</li> <li>• Falls with harm – Upward trend indicated. A new falls lead is being appointed to invigorate the falls prevention work. KD discussed issues around staffing, ward environments, ward configuration and increased frailty resulting from the effects of the pandemic. Falls collaborative and proactive action has now been resumed in order each falls episode will be reviewed. With the Care of the Elderly ward returning to its base and an improved staffing position, improvements are envisaged. A discussion paper is due to be presented to the Executive team meeting. An update from the Falls' team will be provided to the Academy in four months' time.</li> </ul> <p>The paper was noted by the Academy.</p>	QA22028 Chief Nurse
<b>QA.5.22.17</b>	<b>Any Other Business</b>	
	<p>1 – MH reminded colleagues of the planned Development session on 26 May 2022.</p> <p>2 – JK noted the title of agenda item QA.5.22.24 should read, Clinical Professions Strategy.</p> <p>3 – MH referenced all the papers, for information, circulated from agenda item 20 to 28.</p>	
<b>QA.5.22.18</b>	<b>Matters to share with Other Academies</b>	
	There were no matters to escalate to the other Academies.	
<b>QA.5.22.19</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, 28 June 2022, 2 pm to 5 pm	
	<b>Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information</b>	
<b>QA.5.22.20</b>	<b>Quality and Patient Safety Academy Workplan</b>	
	Noted for information.	
<b>QA.5.22.21</b>	<b>Quality and Patient Safety Academy Structure Chart</b>	
	Noted for information.	
<b>QA.5.22.22</b>	<b>Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</b>	
	Noted for information.	
<b>QA.5.22.23</b>	<b>Nursing and Midwifery Strategy 2022-2026</b>	
	Noted for information.	
<b>QA.5.22.24</b>	<b>Clinical Professions Strategy (Allied Health Professionals Strategy)</b>	
	Agenda title should read 'Clinical Professions Strategy'.  Noted for information.	
<b>QA.5.22.25</b>	<b>Freedom to Speak Up Annual Report</b>	
	Noted for information.	
<b>QA.5.22.26</b>	<b>Patient Safety Group Highlight Report May 2022</b>	
	Noted for information.	
<b>QA.5.22.27</b>	<b>Quality and Patient Safety Academy Annual Report</b>	
	Noted for information.	
<b>QA.5.22.28</b>	<b>Quality Account Update 2021/22</b>	
	Noted for information.	

## ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 25 MAY 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22015	30.03.22	QA.3.22.8	<b>Patient Safety Group</b> 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	May 2022	19.04.22: To be presented in May. On May agenda – Medicines Safety. <b>Complete. CLOSE.</b>
QA22018	27.04.22	QA.4.22.8	<b>Quality Improvement Programme Update</b> PR agreed to speak to LT outside of the meeting to discuss cohesion between the digital and transformation areas in the Trust around the opportunities available digitally noting the areas where huge differences may be possible.	Chief Digital and Information Officer/Head of Quality Improvement and Clinical Outcomes	May 2022	13.05.22: Meeting arranged with PR and LT to discuss. <b>Complete.</b>
QA22021	27.04.22	QA.4.22.14	<b>Complaints, Litigation, Incidents, Patient Experience (CLIP) Report</b> Datix has been noted to be producing data which is not 100% accurate which is due to reduced capacity to conduct data validation throughout the process. The Quality Governance team are considering the issues and seeking support and assistance to make and strengthen the system. There are also delays in conducting the reviews of Datix investigations conducted and subsequently	Senior Quality Governance Lead	May 2022	19.05.22: Risk in draft to be approved by 25 May 2022. 22.06.22: JC/LH – Risk Assessment complete. <b>Complete. CLOSE.</b>



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			closing them down; however, LH was unable to provide a percentage level of assurance. The Academy noted there is currently no corporate risk against this issue.			
QA22020	27.04.22	QA.4.22.13	<b>Clinical Outcomes Group</b> Two Policies due for renewal will be submitted to the June Academy.	Associate Medical Director (PM)	June 2022	16.06.22: Work in progress. Suggested timescale October 2022, owing to new Clinical Governance Framework due to be implemented from September 2022.
QA22022	27.04.22	QA.4.22.16	<b>Update on Education</b> JH suggested further discussions in order that the Trust can be assured due attention is provided to ensure the experience is good for the future workforce, as student experience may impact on patient experience essential to healthcare.	Head of Education	June 2022	19.05.22: AH held meeting on 18 May 2022 with Director of Education, Deputy Chief Nurse to discuss student experience and impact on quality and safety of patient care. Further clarity required and a meeting will be organised with Judith Connor. Further update to be provided. 21.06.22: A Hudson - After discussion with Judith Connor, the details regarding education activity will be submitted to the People Academy and be made available to the Quality and Patient Safety Academy.
QA22023	27.04.22	QA.4.22.16	<b>Update on Education</b> The sharing of this intelligence was suggested by JH and for the People Academy to take these issues forward.	Associate Director of Corporate Governance/ Board Secretary	June 2022	19.05.22: Associate Director of Corporate Governance to liaise with Quality and Patient Safety Academy Chairs and Chief Medical Officer regarding sharing this intelligence with the People Academy.

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QA22025	25.05.22	QA.5.22.9	<p><b>Medicines Safety</b> MH suggested that further input may be required in terms of the Quality and Patient Safety Academy dashboard as a means of assurance with plans and mitigations to address the challenges faced.</p> <p>The potential issue of the Omnicell Medicine cabinets was highlighted (and also raised at Open Board in May 2022) with reference to the feedback from other Trusts who had experienced some issues with regard to the integration with Cerner. This has not been seen as a risk on our BTHFT register however the Academy is keen to understand if there are risks to BTHFT and if there are any plans and mitigations in place to address them.</p>	Chief Digital and Information Officer/ Chief Medical Officer/ Clinical Pharmacist Team Leader	June 2022	<p>17.06.22: Issue discussed. AO has provided Michael Rooney with the current medicines reconciliation data that was requested for the Quality and Patient Safety Academy Dashboard. David Smith has contacted MH for clarity on the potential issue with Omnicell.</p> <p>23.06.22: AO - Omnicell update.</p> <ul style="list-style-type: none"> <li>• Omnicell will have an interface with EMIS to enable ordering and top-up of stocks (pharmacy dispensing system).</li> <li>• BTHFT eprescribe team have informed that advice from Newcastle and other Cerner Trusts is “to steer clear until the drug catalogue (Multum) can provide safe and accurate auto-product assigning from the order catalogue (ePMA order sentences) to the product catalogue for Omnicell”.</li> <li>• Cerner has been approached to address the EPR (ePMA) interface however there is no update on progress with this.</li> </ul>
QA22026	25.05.22	QA.5.22.10	<p><b>Bi-Annual Digital Strategy Update</b> MH thanked PR for the update querying no mention of the Virtual Hospital Strategy and the next steps, within this report.</p> <p>PR noted John Holden, Director of Strategy</p>	Chief Digital and Information Officer	June 2022	<p>09.06.22: PR has included a section in the forthcoming six month update. <b>Completed.</b></p>

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			and Integration, is the Executive Lead for the virtual hospital and that reporting of progress is consequently taking place via virtual hospital governance. PR is supporting John Holden and colleagues as required, however, agreed to provide a section on this subject in the next report in six months' time.			
QA22027	25.05.22	QA.5.22.14	<b>Patient Experience Annual Report</b> In the absence of KB the report was deferred until a future meeting.	Chief Nurse	June 2022	14.06.22: Agenda item on the June QPS Academy Agenda. <b>Complete. CLOSE.</b>
QA22028	25.05.22	QA.5.22.15C	<b>High Level Risks Relevant to the Academy</b> KD noted details of all Parliamentary Health Service Ombudsman cases are included in the Complaints section of the Patient Experience report. Going forward MH requested that the cases upheld should be documented with details of the incident and learning outcomes.	Chief Nurse	June 2022	14.06.22: Addendum provided to the Patient Experience Annual Report to be discussed at the June 2022 Academy meeting. <b>Complete. CLOSE.</b>
QA22019	27.04.22	QA.4.22.10	<b>Maternity and Neonatal Services Update</b> JH noted the excellent research facilities in the Trust. MH asked if the Bradford Institute for Health Research related to perinatal mental health was embedded into practice. SH said that she would follow this up.	Head of Nursing, Midwifery	July 2022	19.05.22: SH to meet the BiBS team to discuss.
QA22029	25.05.22	QA.5.22.16	<b>Quality and Patient Safety Academy Dashboard</b> An update from the Falls' team will be provided to the Academy in four months' time.	Chief Nurse	September 2022	
QA22030						



## Bradford Teaching Hospitals

NHS Foundation Trust

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