


## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES


<b>Date:</b>	Wednesday, 27 April 2022	<b>Time:</b>	14:00-17:00
<b>Venue:</b>	Microsoft Teams meeting	<b>Chair:</b>	Professor Janet Hirst (JH), 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 Mohammed Hussain (MH), 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>- Dr Padma Munjuluri (PM), Consultant Obstetrician and Gynaecologist/Associate Medical Director</li> <li>- Dr David Robinson (DR), Director of Education/Consultant in Emergency Medicine</li> <li>- Dr Michael McCooe (MM), Consultant in Anaesthesia/Associate Medical Director</li> <li>- Ms Amanda Hudson (AH), Head of Education</li> <li>- Mrs Sally Scales (SS), Director of Nursing</li> <li>- Mrs Karen Bentley (KB), Assistant Chief Nurse</li> <li>- Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion</li> <li>- Mrs Su Coultas (SC), General Manager, Chief Medical Officer's Office</li> <li>- Ms Liz Tomlin (LT), Head of Quality Improvement (QI) 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 Joanne Hilton (JHi), Assistant Chief Nurse</li> <li>- Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Ms Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Mrs Sarah Turner (ST), Assistant Chief Nurse, Safeguarding</li> <li>- Ms 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 Elizabeth Price (EP), Lead Nurse for Palliative Care and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and Dr Clare Rayment (CR), Consultant in Palliative Medicine, for agenda item QA.4.22.5.</li> <li>- Ms Alison Powell, Midwifery Lead – Outstanding Maternity Services for agenda item QA.4.22.9.</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>- Mr David Wilmshurst, Governor</li> </ul>

<b>Agenda Ref</b>	<b>Agenda Item</b>	<b>Actions</b>
<b>QA.4.22.1</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mrs Kay Rushforth (KR), Head of Nursing, Children's Services</li> <li>- Ms Melanie Johnson (MJ), Patient Safety Collaborative Programme Manager</li> <li>- Dr Robert Halstead (RH), Consultant in Emergency Medicine/Associate Medical Director</li> <li>- Mr Jon Prashar (JP), Non-Executive Director</li> <li>- Ms Judith Connor (JC), Associate Director of Quality</li> <li>- Ms Sarah Wood (SW), Quality Lead Nursing and Midwifery</li> <li>- Mr Rob Gardiner, Consultant Clinical Psychologist</li> <li>- Mr Tim Gold (TG), Director of Operations</li> </ul>	
<b>QA.4.22.2</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
<b>QA.4.22.3</b>	<b>Minutes of the meeting held on 30 March 2022</b>	
	<p>The minutes of the meeting held on 30 March 2022 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded:  QA22012 – QA.2.22.13 (23.02.22) – Update on Introducing the Electronic Patient Record (EPR) into Maternity Services.  QA22014 – QA.2.22.14 (23.03.22) – Any Other Business – Medicine Policy and Policy for the Safe Management of Controlled Drugs.  QA22016 – QA.3.22.9 (30.03.22) – Quality Oversight and Assurance.  QA22017 – QA.3.22.14 (30.03.22) – Infection Prevention and Control Board Assurance Framework.</p>	
<b>QA.4.22.4</b>	<b>Matters Arising</b>	
	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.4.22.5	Palliative Care (Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) update)	
	<div data-bbox="405 275 469 336" data-label="Image"> </div> <p data-bbox="336 338 544 389">QA.4.22.5 - Palliative Care (ReSPI</p> <p data-bbox="336 439 1214 640">EP and CR were welcomed to the meeting to discuss the results of the Annual National Audit for Care at the End of Life (NACEL) undertaken in 2019 and 2021 with data submitted from the acute and community hospitals, Bradford Royal Infirmary (BRI), St Luke's Hospital, Westbourne Green (WBG) and Westwood Park (WWP), and to provide an update on ReSPECT and the team's activity.</p> <p data-bbox="336 674 759 736">The key points were highlighted: NACEL:</p> <ul data-bbox="379 741 1214 1868" style="list-style-type: none"> <li>• A business case had been developed to support a 7 day service in line with national recommendations which was subsequently approved. All staff are in post and the 7 day service will commence in summer 2022.</li> <li>• Development and implementation of the last days of life guidance on the Electronic Patient Record (EPR) continues to be rolled out throughout all areas of the Trust and includes the provision of formal end of life education to appropriate areas/groups in the Trust.</li> <li>• The number of deaths in WWP and WBG were low during the audit period and therefore submitted data was unable to be analysed. For NACEL 2022 all 3 community hospitals (SLH, WBG and WWP) will be submitted as one organisation.</li> <li>• The 2021 NACEL results illustrated improved results in comparison to the 2019 results from both BRI and SLH which illustrated results in the majority of areas to be above the national summary score in all eleven categories. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) took part in all 4 audit elements despite the pandemic as many Trusts abstained from completing the staff survey and Quality Survey for bereaved carers. Results were very positive despite BTHFT having a large number of deaths related to covid.</li> <li>• Face to face education allows the improved use of individualised plans of care.</li> <li>• The return rate for the quality survey for bereaved carers in 2021 was improved from 2019 due to a focus on ethnic minorities with the involvement of the chaplaincy service although further work needs to be undertaken to improve.</li> <li>• The staff survey results were also positive. Further improvement for 2022 is needed focussing on improving the return rate to include all roles and ethnicities.</li> </ul> <p data-bbox="336 1906 751 1935">The challenges were described:</p> <ul data-bbox="379 1939 1166 2063" style="list-style-type: none"> <li>• Lack of face to face palliative care in the community hospitals. This service was withdrawn by the community palliative care team (Bradford District Care Foundation Trust) in August 2021.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The action plan following the 2020/21 annual report was noted.</li> <li>• Increased number of referrals up by 40%, with 95% of referrals seen on the same day.</li> <li>• Increased awareness of service due to the Covid pandemic.</li> <li>• Team see 45% of all deaths in BRI, approximately 50% have non-malignant disease, 41% of the group had suffered from Covid.</li> <li>• Focus on patients' equity of access.</li> <li>• Positive attempts made to improve provision to ethnic minority groups.</li> <li>• End of life operational group relaunched, the Trust monitors all areas.</li> <li>• Consultant appointed with links to research.</li> </ul> <p>ReSPECT:</p> <ul style="list-style-type: none"> <li>• Learning noted from ReSPECT was described with the Lead for ReSPECT post funded for one day a week for a year, further funding to be secured for this role.</li> <li>• ReSPECT audits underway through the ReSPECT Steering Group.</li> <li>• Development of an electronic form for EPR is under discussion through Cerner, however, Calderdale first need to adopt the ReSPECT process. Discussions are currently underway and they have appointed a project lead.</li> <li>• There continue to be challenges with sharing ReSPECT information between primary and secondary care and there have been some incidents relating to this. Work to mitigate these risks is ongoing.</li> <li>• ReSPECT webinars to be held across the District on 10 and 12 May. An End of Life Community Engagement Event has also been arranged for 17 May 2022.</li> <li>• Governance and sustainability aspects noted.</li> </ul> <p>JH and KD, as Executive Lead for ReSPECT, thanked EP and CR for summarising the service so succinctly, congratulating them on the astounding progress to date.</p> <p>JH looked forward to the further results following the implementation of the work described with particular reference to diversity.</p>	
<b>QA.4.22.6</b>	<b>Clinical Audit High Priority Plan 2022/23</b>	
	 <p>QA.4.22.6 - Clinical Audit High Priority Pla</p> <p>LT described the Foundation Trusts' High Priority Audit Programme for 2022/23, this being a requirement of the standard NHS Contract. There are 30 eligible national and local audits with identified audit leads reporting to the Clinical Outcomes Group. LT provided a list of 52 clinical audits for this coming year and described the national patient outcomes programme.</p>	

	<p>The contractual clinical audits, as part of the NHS Standard Contract, are not yet signed off however this is expected to be undertaken in the next few months, with these audits providing assurance of the Trust meeting the necessary requirements. LT noted local clinical audit work will link into other quality improvement priorities.</p> <p>Changes to the management of governance may result, owing to the forthcoming remodelling of the Clinical Business Units.</p> <p>LAE noted in the past results of national audits have unfortunately followed at much later dates. The Trust is endeavouring for inputted data to be understood at the time in order this can be linked to local quality improvement work thus ensuring the use of this added intelligence to assist in the care provided.</p> <p>JH noted the huge amount of work underway and the more regular insight into the cyclical nature of the audits - understanding data, learning, improvement and working with internal data more fluidly for the national audits.</p>	
<b>QA.4.22.7</b>	<b>Standard Operating Procedure for Bradford Accreditation process</b>	
	<div data-bbox="405 1012 469 1075" data-label="Image">  </div> <p>QA.4.22.7 - Standard Operating F</p> <p>JHi explained ward accreditation had been in place in BTHFT for the last four and a half years, based on the Salford model, the best practice at the time. The in-patient wards and other areas of paediatrics and maternity were rated as red, amber and green as part of the Bradford Accreditation Scheme.</p> <p>In January 2020, there were 29 green and 7 amber wards when the scheme was paused due to the Covid pandemic. A full review was undertaken to broaden the process using national guidance, to reflect changes in the Care Quality Commission (CQC) regulation approach and to achieve a higher standard. Quality statements, the Nursing and Midwifery Strategy and Magnet accreditation are now all taken into account and transitioning to bronze, silver and gold standards.</p> <p>JHi discussed the criteria and methods in place to expand and develop the process with staff engagement, for example assurance tools and assessment standards. A key issue is the working together and the focus around leadership to help leaders to understand their situation and to know how to improve, setting out clear standards and expectations. The sharing of good practice both internally and externally is key. Assessment standards are also in place for day case, out-patients, Intensive Care Unit, theatres, paediatrics and maternity to ensure assurance of high quality patient care and safety is provided. All results will be recorded electronically.</p>	


	<p>Unannounced inspections of these areas will be undertaken, where this will provide an opportunity of conversations with leaders in the areas and to receive feedback from patients, enabling a broader view of the process.</p> <p>On achievement of 'green' status, quality panels will be held to consider areas being accredited on to the bronze, silver and gold pathways. The makeup of the panels is currently being considered with potential external scrutiny.</p> <p>The first panel is expected to be held in the Autumn with approximately fifty internal visits envisaged each year. JHi noted staff are hugely engaged in the process.</p> <p>Supportive measures will be in place for areas struggling to achieve 'green' status including deployment of staff where appropriate.</p> <p>AP discussed external scrutiny in terms of the maternity accreditation and offered to share the learning gained from this process.</p> <p>JH noted the necessity to share good learning and thanked JHi for the informative presentation noting the incentives for staff to bring passion into their working area whilst continually striving for further improvement.</p>	
<b>QA.4.22.8</b>	<b>Quality Improvement (QI) Programme Update</b>	
	 <p>QA.4.22.8 - Quality Improvement Update</p> <p>LT reflected on the Trust's journey for quality improvement over the years noting the Covid pandemic and the Quality team who have moved to become part of a wider quality agenda and quality team. The team are in the process of developing and finalizing the work plan to support the quality improvement activity across the organisation, ensuring full support for the continued development of the quality strategy and the implementation of the Trust's quality governance framework, noting the patient is at the heart and centre. Areas of learning and improvement will assure the NHS Patient Safety Framework.</p> <p>LT described the 'Improve as One' challenge to be taken forward by the organisation at the request of the Chief Executive Officer to support the large and small scale changes described and the capacity and capability building.</p> <p>LT discussed the areas in detail ensuring the organisation has the skills and knowledge, through delivery of training and development of the QI coaching network, whilst providing support and learning across the place based partnership.</p> <p>LT described the use of internal and external resources for example patients and families, NHS Quest and facilitated coaching</p>	

	<p>in order to bring improvement to every day.</p> <p>LT highlighted the massive improvements following the Outstanding Maternity Service programme and noted the aims for 2022/23 including training and support to be provided by both the Quality Improvement and Organisational Development teams.</p> <p>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.</p> <p>JH noted the exciting/crosscutting suggestions describing some of the improvement measures and the metrics which will link to other activities.</p>	<p>Chief Digital and Information Officer/Head of Quality Improvement and Clinical Outcomes (PR/LT) QA22018</p>
<b>QA.4.22.9</b>	<b>Outstanding Maternity Services (OMS) Programme Update</b>	
	<p>AP reported much OMS work had been paused over the last six to eight weeks due to the EPR Go-live project in maternity in order to support this project. AP explained the importance of supporting shared learning and seeking to capture the OMS framework of successes in order to share learning so others can experience the same journey.</p> <ul style="list-style-type: none"> <li>• Maternity EPR is in the early stages being a significant change project for the service with much opportunity for continued change and improvement.</li> <li>• Maternity 15 steps tool used throughout the last year and completed in all areas. This tool has been shared with Airedale and OMS has participated in their review to assist on their improvement journey.</li> <li>• Quality Improvement (QI) learning pages created.</li> <li>• Key work now resuming with a massive work plan in place focusing on key clinical priorities, for example induction of labour, caesarean section.</li> <li>• There is a growing list of service users who wish to become part of the subgroups.</li> <li>• Building fit for future project – Feasibility work completed. Options provided by Estates in terms of work required around the building site. The Maternity Assessment Centre was raised as a priority area.</li> </ul> <p>JH thanked AP noting the building concerns around the maternity site, with particular reference to privacy and dignity aspects for patients and highlighted the feasibility study looking at building improvements across the whole service.</p> <p>KD acknowledged the concerns noting the Maternity Assessment Centre now operates 24/7, the increased work around reduced foetal movement and growth charts resulting in additional scanning.</p> <p>Birmingham Specific Obstetric Triage Score (BSOTS) has been introduced in mitigation and the allocation of some clinics is under consideration in order to assist in this area.</p>	




	JH noted the helpful update.	
<b>QA.4.22.10</b>	<b>Maternity and Neonatal Services Update</b>	
	<p>JH noted the very detailed paper compiled by SH concerning Maternity and Neonatal Services. SH referenced the update paper and the bi-annual maternity and midwifery staffing paper, a requirement for CNST. KD noted the paper will be presented to the May Board of Directors.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Two Health Service Investigation Branch (HSIB) reports.</li> <li>• Second Ockenden report published recently has been referenced and Maternity is currently reviewing the second Ockenden report in detail. The Trust priority at present remains to ensure that the original seven immediate and essential actions are completed and embedded. SH presented to the Board of Directors in March indicating progress to date. Fifteen additional immediate and essential actions have been provided, however, no instruction has yet been received to provide any immediate feedback.</li> <li>• An East Kent report is due to be published in June 2022.</li> <li>• Ockenden 2 Benchmarking exercise underway.</li> <li>• Staffing paper written in a formal way to meet the requirements of the Maternity Incentive Scheme safety standard.</li> <li>• Focus on Birthrate Plus with a figure identified that is needed for safe staffing levels. The current vacancies stand at 7.7 WTE midwives to ensure safe staffing.</li> <li>• On consideration of these figures Maternity will look at the management of short-term sickness. Staffing vacancies are expected to rise between now and October.</li> <li>• Maternity theatre build almost at handover phase.</li> <li>• Cerner/Maternity go live in March 2022 noted, which has been a success with very grateful thanks to PR, PS and Kay Pagan, for the excellent support provided. Problems identified are continuing to be managed and monitored.</li> <li>• Concern noted around data quality - Two data quality midwives have recently been appointed.</li> <li>• Yorkshire Midwives on-call production - Massive uplift for unit and for the midwifery profession as a whole. Midwives are seen to be continuously risk assessing and making decisions with patients about whether the care being provided is appropriate and referrals required monitored every step of the way. The team has been approached nationally to share their learning.</li> <li>• All the key recommendations have been worked on over the last twelve months and specialist midwife roles developed to address these.</li> </ul> <p>JH congratulated SH on the timing of the programme and the excellent example of services working well.</p> <p>KD expressed huge congratulations to the consultants, labour ward staff, the home birth team and SH on this successful documentary.</p>	





	<p>Continuity of care was discussed around the excellent model of care, the latest Ockenden report and a letter from NHS England/Improvement suggesting if a significant shortfall of registered midwives is left, this should be reduced. Going forward the Trust will provide 35% continuity of care between now and October; this was noted to not be a massive vacancy. It is envisaged newly qualified midwives will be appointed in October. In April 2022, 100% of continuity of care is envisaged.</p> <p>JH acknowledged this as the right and proper process at this time due to current staffing challenges with consideration for the future workforce.</p> <p>KD discussed the use of international recruitment for midwives, noting it is important to be part of any pilot study. International recruitment in other areas of the Trust has been hugely successful. Concerns around transferrable skills need to be tested with safeguards in place.</p> <p>MH raised the issue of perinatal health cares in ethnic minorities and migrants and research within these areas. SH noted the Born in Bradford team access women and conduct the research and prior to the pandemic met with the relevant teams. KD suggested this process will be strengthened going forwards.</p> <p>JH noted the excellent research facilities available 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.</p>	<p>Head of Nursing and Midwifery (SH) QA22019</p>
<b>QA.4.22.11</b>	<b>Update on Infection, Prevention and Control (IPC) Board Assurance Framework (BAF)</b>	
	 <p>QA.4.22.11 - Infection, Prevention</p> <p>CC provided an update on the IPC BAF noting the report reflects all aspect of IPC but primarily Covid. CC presented the data from NHS England/Improvement up to 13 March 2022.</p> <ul style="list-style-type: none"> <li>Percentage cases diagnosed on day 8 following admission, called probable health care acquired Covid, was 23.7%, the regional North East and Yorkshire data was 24.7%.</li> <li>National percentage cases diagnosed after day 15 of admission was 13.9%, regional North East and Yorkshire data was reported as 15.7%.</li> <li>Bradford – Percentage diagnosed 8 days after admission was 9.4% and for day 15 was 14.1% indicating BTH is significantly below the national and regional data.</li> <li>Silver and Gold Clinical Reference Groups and Silver tactical were thanked for all the collaborative work undertaken to ensure safe patient pathways wherever possible through good screening and isolation protocols and infection preventing strategies.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Covid national guidance updates were described in depth.</li> <li>• Protocols and exceptions introduced were noted.</li> <li>• Publication of revised UK Infection Prevention and Control Guidance and an IPC Manual for England was published on 15 April 2022, which included the stepping down of infection prevention Covid 19 isolation precautions and the stepping down of Covid 19 precautions for exposed patient contacts. The mandatory guidance will become part of the Care Quality Commissions regulations.</li> <li>• Gaps in compliance for the revised IPC BAF were described which included the lessons learnt from Covid outbreaks, staff being trained in safe systems of working and hierarchy of controls risk assessments.</li> <li>• Lessons learnt were highlighted and the Trust Covid Improvement Programme updated was noted, based on national, regional and local learning.</li> <li>• With the provision of the National guidance the situation is heading in the right direction so that the reduction in restructured bay areas and restricted isolated patients is helping with patient flow, however, close monitoring continues to ensure no outbreaks as a consequence.</li> <li>• Close liaison with the Estates Department has been essential through the pandemic to mitigate the risks.</li> </ul> <p>RS noted the huge challenge throughout the last two and a half years noting Covid has never been more of a challenge than it has over the last 2 to 3 months. The speed and scale of change the national guidance has brought at challenging times has been incredibly difficult and CC and the team have worked phenomenally all the way through with micro-management required of the situation on a daily basis.</p> <p>JH and KD thanked CC for the detailed update provided and her continued work over the years.</p> <p>The issue of some organisations changing their rules on attending work if Covid positive, were discussed. RS noted the discussions held throughout the pandemic at the Board of Directors and at the Gold and Silver Clinical Reference Groups and Executive Director meetings noting this is not something the Trust would feel appropriate at this stage due to the transmissibility of the new variant.</p> <p>CC provided a word of caution noting Omicron has been milder in terms of patients requiring intensive care and patients requiring non-invasive ventilation, however, staffing has been a particular issue with this variant.</p> <p>JH acknowledged the staff sickness situation and the words of caution provided.</p>	
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QA.4.22.12	Patient Safety Group Highlight Report – April 2022	
	<div data-bbox="405 241 469 302" data-label="Image"> </div> <p data-bbox="336 309 542 358">QA.4.22.12 - Patient Safety Group Highlight</p> <p data-bbox="336 405 1177 472">LAE highlighted the areas of work from April 2022 describing the learning, improvement and assurance.</p> <ul data-bbox="336 510 1217 1290" style="list-style-type: none"> <li>• Internal and external learning is shared across the organisation noting in particular a risk highlighted regarding choking events. Work is ongoing to improve communication channels between patients, staff and visitors and how this risk can be reduced and improve the patient experience at mealtimes.</li> <li>• A patient story from Accident and Emergency presented with associated learning around communication of information between all parties including the ambulance service and families.</li> <li>• Issues described regarding the sepsis dashboard - Colleagues in Business Intelligence are working to resolve and consequently improve data.</li> <li>• Significant work underway around the internal and external management and raising of awareness, of adolescents with behavioural issues awaiting appropriate placement.</li> <li>• Falls prevention – Review in line with the new Patient Safety Incident Response Framework (PSIRF) linked to the national Patient Safety Strategy.</li> <li>• Update on patient safety and human factors training for the National Patient Safety Strategy. Level 1 and level 2 Patient safety training is now available on ESR and the numbers trained are being monitored. Level 1 training is high priority training for all staff.</li> </ul> <p data-bbox="336 1328 956 1361">JH thanked LAE for the comprehensive update.</p>	
QA.4.22.13	Clinical Outcomes Group	
	<div data-bbox="405 1429 469 1489" data-label="Image"> </div> <p data-bbox="336 1496 542 1545">QA.4.22.13 - Clinical Outcomes Group Upd</p> <p data-bbox="336 1597 1203 1664">PM updated the Academy on the key highlights noting the learning improvement and assurances.</p> <ul data-bbox="336 1702 1217 2033" style="list-style-type: none"> <li>• The framework and reporting structures are now in place and subgroups of the Clinical Outcomes Group are all up and running.</li> <li>• Action log noted.</li> <li>• Recently approved improvements in practice around sigmoidoscopy, used in the national screening programme, benefitting both the patient from a privacy and dignity point of view and for BTH improvements in waiting times and notification of cancellations.</li> <li>• Consent audit.</li> </ul>	

	<ul style="list-style-type: none"> <li>National Institute for Health and Care Excellence Advisory Group.</li> <li>National Confidential Enquiry into Patient Outcome and Death update.</li> <li>Still births 2021/22.</li> <li>Education – Training of theatre staff to maintain accreditation.</li> <li>Two Policies due for renewal will be submitted to the June Academy.</li> <li>E-Consent Module for EPR – Liaison with Calderdale and awaiting demonstration from Informatics.</li> <li>Easy read patient information leaflets for a patient portal.</li> <li>Reduction in still births in Maternity.</li> </ul> <p>JH thanked PM for the informative summary provided.</p>	Associate Medical Director (PM) QA22020
<b>QA.4.22.14</b>	<b>Quality Oversight and Assurance:</b>	
	<b>Quality Oversight and Assurance Profile</b>	
	 <p>QA.4.22.14 - Quality Oversight and Assura</p> <p>The detailed papers presented were noted by JH.</p>	
	<b>Complaints, Litigation, Incidents, Patient Experience (CLIP) Report</b>	
	<p>LH presented the Quarter 3 CLIP report intended to provide an overview of the Trust's key sources of intelligence and the learning identified through quality governance processes providing assurance of actions undertaken to prevent recurrence. This is the first such report covering Quarter 3, 2021/22 and an annual report will be now be produced taking into account feedback received.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>The Trust's Datix incident reporting and management system – Datix is being implemented by Airedale who will be sharing the BTHFT platform. System updates are scheduled and we will ultimately be moving to a cloud based system.</li> <li>Learn from patient safety events service (LFPSE) is replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System used to log serious incidents and will require the cloud based Datix system. This fits with the full roll out of the Patient Safety Incident Response Framework in 2023.</li> <li>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 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</li> </ul>	Senior Quality Governance Lead (LH) QA22021

	<p>issue.</p> <p>JH noted the information packed dense paper and noted the team are considering an easier way to present the key messages and still meet contractual requirements.</p> <p>RS noted the huge amount of data provided from these areas within one reference document. Going forwards the provision of a monthly dashboard may be possible in order to note day to day learning and improvement for wider dissemination.</p> <p>LAE noted the challenges of identifying the learning from within these areas to share whilst providing assurance, improvement and learning at Academy level.</p> <p>Discussion on how this information/report could be refined, developed and streamlined was considered by the Academy and the team were praised for their report efforts. This will be developed with the support of the Academy.</p>	
	<b>Serious Incident Report</b>	
	<p>RS noted twelve ongoing incident investigations with four incidents declared, three of which were Never Events and all unrelated.</p> <ul style="list-style-type: none"> <li>• SI 2022/7313 – A fall resulting in a subarachnoid bleed requiring surgery at Leeds Teaching Hospitals.</li> <li>• SI 2022/6077 – Never Event, misplaced naso-gastric tube.</li> <li>• SI 2022/7604 – Never Event, ascetic tap performed on wrong patient.</li> <li>• SI 2021/25485 - Never Event, Wrong side chest drain.</li> </ul> <p>Investigations are ongoing and the completed reports will be submitted to the Academy.</p>	
	<b>High Level Risk relevant to the Academy</b>	
	<p>RS and KD noted:</p> <ul style="list-style-type: none"> <li>• The addition of one new risk added to the Register over the last month around Retinopathy at Prematurity. A retired Ophthalmologist will continue to provide sessions post-retirement. Colleagues are in training to provide the service and an unsuccessful Advisory Appointments Committee had been held. A remote option for the service is under consideration with Airedale. The new risk on the register is scored at 15.</li> <li>• The operational risk caused by Covid reduced from 20 to 16 but unfortunately has increased again to 20 due to the impact of Covid.</li> <li>• One closed risk – Risk consolidated around the impact of staffing caused by the pandemic and ongoing sickness.</li> <li>• The ophthalmic risk has been downgraded and mitigated down so that will not appear going forward.</li> <li>• Mental Health risk – Ongoing issue relating to the need to find placements for children on discharge. Close working underway with the Local Authority and a new system has been implemented whereby when a child is admitted who is likely to</li> </ul>	

	<p>require a specialist long-term placement, a strategy meeting is held on day 5. Closer working with children's social care should assist the process.</p> <p>JH thanked KD and RS for the transparency provided and that solutions are being sought to these issues.</p>	
<b>QA.4.22.15</b>	<b>Quality and Patient Safety Academy Dashboard including update on development of new dashboard</b>	
	 <p>QA.4.22.15 - Quality Dashboard - Mar-22.i</p> <p>RS noted the key items:</p> <ul style="list-style-type: none"> <li>• The Academy were assured Hospital Standard Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) indicators have both shown an improved picture with coding issues resolved on the former and the latter now within expected levels, this is not illustrated as such.</li> <li>• Readmissions – Difficult position at present due to elective activity. This data will become more meaningful during the next six months. Data is accurate but is uncertain due to the increase and differences in elective activity.</li> <li>• Pressure ulcers – There continues to be a higher incidence of pressure ulcers compared to previous levels due to the significant use of CPAP and BPAP and tight fitting face masks. The increase in Category 3 pressure ulcers are facial ulcers. RS reported there is only one person on non-invasive ventilation in the Trust as of 27 April 2022. Improvements in Category 3 pressure ulcers should therefore continue to improve.</li> <li>• Falls with Harm – Levels remain high due to patients being displaced within the Trust and due to staffing levels, for example care of the elderly patients are not within their normal bed base. Half of care of elderly patients have now, however, been returned back to their specific areas.</li> <li>• Falls – Focused targeted piece of work commenced looking at falls within the Trust.</li> <li>• Mortality structured judgement review (SJRs) – This is a new category on the dashboard looking at SJR review. 100% of deaths in the Trust continue to be reviewed by the Medical Examiner team up to a month ago, however, due to clinicians being deployed elsewhere during the pandemic this has proved difficult to sustain. 100% of mortality SJRs are planned going forward.</li> </ul> <p>The Academy were assured following the discussions.</p>	
<b>QA.4.22.16</b>	<b>Update on Education – Healthcare Professionals in Training – Ensuring a Quality Learning Environment</b>	
	 <p>QA.4.22.16 - Update on Education.Healthc</p>	

	<p>JH noted within teaching hospital education it is essential to understand the way students influence the quality of the service provided and the quality of their experience and thanked AH for the high level summary provided.</p> <p>AH provided the background noting Health Education England (HEE) and partners work together to plan, recruit, educate and train the future healthcare workforce. Governed by the HEE Quality Strategy and the HEE Quality Framework, HEE work with the Trust as placement providers, ensuring clear standards for placements safeguarded by the Education Contract and monitoring the learning environment.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Endeavour to provide an appropriate learning environment and good experience for all students. Having a poor experience is a proxy to poor quality and possible identification of poor patient safety.</li> <li>• National requirements considered to increase the number of registered healthcare professionals both prior to and during Covid, however, this has been affected by the numbers leaving the profession during the pandemic. The Trust has, however, increased the number of students at a time when placement circuits have been most pressurised.</li> <li>• Ward changes – Staff redeployment.</li> <li>• Recognised the impact on students as the future workforce throughout the pandemic noting issues with interrupted training.</li> <li>• Student feedback of paramount importance.</li> <li>• Numerous improvements described including the balance between workload and learning and the benefits of being in the practice placement area.</li> <li>• Numerous innovative measures to help and support the learners including new models of coaching, increased supervisor and assessor training provision and rewards for students and supervisors.</li> <li>• Motivation for supervisor assessors – Feedback to placement areas.</li> <li>• Concerns are dealt with and where necessary are escalated to HEE through ongoing monitoring. Systems in place to identify problem areas.</li> <li>• Student feedback has indicated good learning experiences are being provided, however, recent feedback does indicate there are some issues emerging around workloads and tasks. Action plans have been developed to address these locally in the Trust along with increased monitoring and review of student feedback.</li> </ul> <p>JH thanked AH for the detail provided noting the real opportunity to enhance patient experience, the risks and the assurances provided. The numbers of students across the professions were not included and JH questioned whether the areas of student concern reflected on the non-green areas in the Trust. AH noted some correlations but that this was not always a pattern. Consideration will, however, be given to staff and student experience linked to the patient experience.</p>	
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	<p>MH queried student numbers and the breakdown of students between nursing and Allied Healthcare Professionals and medics. AH noted one thousand placements have been provided for student nurses in the last twelve months with other professions in addition.</p> <p>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.</p> <p>The sharing of this intelligence was suggested by JH and for the People Academy to take these issues forward.</p> <p>AH welcomed a discussion on coaching outside of the meeting with LT.</p>	<p>Head of Education (AH) QA22022</p> <p>Associate Director of Corporate Governance/ Board Secretary (LP) QA22023</p>
<b>QA.4.22.17</b>	<b>Research Activity in the Trust</b>	
	<p>The paper was taken as read by RS. RS noted the excellent and hard work underway with the Research team to develop a Trust-wide research dashboard, in order all ongoing research in the Trust can be visible to all areas including ward level to illustrate how patients and staff can become involved in research.</p> <p>The Trust Research Committee is being relaunched to drive clinical involvement with research. The team have submitted a bid for £7 million of funding to assist research supporting patient safety, both in hospital and at home, with the interviews scheduled in early May.</p> <p>Engagement between the Trust, the Bradford Institute of Health Research, clinicians and patients is hugely supported.</p> <p>JH noted the importance for a multi-professional organisational collaborative approach with the research team. The team were wished well for the submitted application.</p>	
<b>QA.4.22.18</b>	<b>Any Other Business</b>	
	<p>MH advised that NHS Digital would be switching off Windows 10 access to NHS mail and Microsoft Teams. BTHFT is listed as using these soon to be unsupported devices. MH queried the Trust's mitigations and plans to address this action.</p> <p>It was agreed that the query would be forwarded to PS and PR to be addressed outside of the meeting. An update on this action would be provided at the next Academy meeting.</p>	<p>Head of Corporate Governance (JM) QA22024</p>
<b>QA.4.22.19</b>	<b>Matters to share with other Academies</b>	
	Update on Education, student experiences – To be shared with the People Academy.	

<b>QA.4.22.20</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to escalate to the Board of Directors.	
<b>QA.4.22.21</b>	<b>Date and time of next meeting</b>	
	Wednesday, 25 May 2022, 2 pm to 5 pm Wednesday, 26 May 2022, 9 am to 12 noon – Listening for Life Lecture Theatre	
	<b>Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information</b>	
<b>QA.4.22.22</b>	<b>Quality and Patient Safety Academy Work Plan</b>	
	Noted for information.	
<b>QA.4.22.23</b>	<b>Quality and Patient Safety Academy Structure Chart</b>	
	Noted for information.	

## ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 27 APRIL 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. Complete.
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. Complete.
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.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			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.			
QA22024	27.04.22	QA.4.22.18	<p><b>Any Other Business</b></p> <p>MH advised that NHS Digital would be switching off Windows 10 access to NHS mail and Microsoft Teams. BTHFT is listed as using these soon to be unsupported devices. MH queried the Trust's mitigations and plans to address this action.</p> <p>It was agreed that the query would be forwarded to PS and PR to be addressed outside of the meeting. An update on this action would be provided at the next Academy meeting.</p>	Head of Corporate Governance	May 2022	
QA22020	27.04.22	QA.4.22.13	<p><b>Clinical Outcomes Group</b></p> <p>Two Policies due for renewal will be submitted to the June Academy.</p>	Associate Medical Director (PM)	June 2022	
QA22022	27.04.22	QA.4.22.16	<p><b>Update on Education</b></p> <p>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.</p>	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.



## Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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.
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.
QA22025						