

## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

<b>Date:</b>	Wednesday, 29 June 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>- Mr Jon Prashar (JP), Non-Executive Director</li> <li>- Professor Janet Hirst (JH), Non-Executive Director/Joint Chair</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Karen Dawber (KD), Chief Nurse</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>- Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion</li> <li>- Ms Judith Connor (JC), Associate Director of Quality</li> <li>- Ms Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes</li> <li>- Mrs Adele Hartley-Spencer (AHS), 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>- Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Ms Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Mr Mark Holloway (MHo), Director of Estates and Facilities</li> <li>- Ms Melanie Johnson (MJ), Patient Safety Collaborative Programme Manager</li> <li>- Ms Abimbola Olusoga (AO), Clinical Pharmacist Team Leader</li> <li>- Dr Helen Jepps (HJ), Consultant/Clinical Director, Children's Services</li> <li>- Ms Sophia Hussain (SH), Effectiveness and Quality and Patient Safety Manager</li> </ul>		
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>- Mr Chidi Molokwu (CM), Consultant Urologist/Clinical Lead for Urology in attendance for Agenda item number QA.6.22.6</li> <li>- Faye Alexander (FA), Education Manager and Andrew Wagstaff (AW), Head of Clinical Engineering, in attendance for Agenda item number QA.6.22.7</li> <li>- Dr Rebecca Walford (RW), Anaesthetic Trainee, Dr Holly Davies (HD), Anaesthetic Trainee, Carol Close (CCI), Outstanding Theatre Service Programme Lead, and Liz Melsom (LM), Service Improvement Lead in attendance for Agenda item number QA.6.22.8</li> <li>- Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary</li> <li>- Ms Jacqui Maurice (JM), Head of Corporate Governance</li> <li>- Ms J Kitching, Minute-taker</li> </ul>		
<b>Observers</b>	There were no observers.		

Agenda Ref	Agenda Item	Actions
<b>QA.6.22.1</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Dr Debbie Horner, Consultant Anaesthetist/Deputy Operations Medical Director</li> <li>- Mrs Joanne Hilton, Deputy Chief Nurse/Director of Nursing</li> <li>- Mrs Sally Scales, Director of Nursing</li> <li>- Mr Altaf Sadique, Non-Executive Director</li> <li>- Ms Caroline Varley, Deputy General Manager, Chief Medical Officer's Office</li> <li>- Mr Mohammed Hussain, Non-Executive Director/Joint Chair</li> <li>- Dr Ray Smith, Chief Medical Officer, represented by Dr L A Elliott</li> <li>- Mrs Sarah Turner, Assistant Chief Nurse, Safeguarding</li> <li>- Mrs Sarah Freeman, Associate Director of Nursing</li> </ul>	
<b>QA.6.22.2</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
<b>QA.6.22.3</b>	<b>Minutes of the meeting held on 25 May 2022</b>	
	<p>The minutes of the meeting held on 25 May 2022 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded:  QA22015 – QA.3.22.8 (30.03.22) – Patient Safety Group.  QA22018 – QA.4.22.8 (27.04.22) – Quality Improvement Programme Update.  QA22021 – QA.4.22.14 (27.04.22) – Complaints, Litigation, Incidents, Patient Experience (CLIP) Report.  QA22025 – QA.5.22.9 (25.05.22) – Medicines Safety.  QA22026 – QA.5.22.10 (25.05.22) – Bi-Annual Digital Strategy Update.  QA22027 – QA.5.22.14 (25.05.22) – Patient Experience Annual Report.  QA22028 – QA.5.22.15C (25.05.22) – High Level Risks Relevant to the Academy.</p>	
<b>QA.6.22.4</b>	<b>Matters Arising</b>	
	There were no other matters arising from the Minutes that were not already on the agenda. Verbal updates were given at the meeting on the outstanding and closed actions and these were reflected in the action log.	
<b>QA.6.22.5</b>	<b>Estates and Facilities Quarterly Service Report (to include an update on catering)</b>	
	<p>The Catering Services update was deferred until a later meeting of the Academy due to unexpected circumstances, when it was suggested this be undertaken jointly with the clinical teams following all work around the in-patient survey.</p> <p>MHo provided a summary of activity for Quarter 1 2022/23 and the key sections were highlighted:</p> <ul style="list-style-type: none"> <li>• Work around the environment, major capital programme, completed projects and future programme of investment.</li> </ul>	QA22030 Interim Head of Facilities (KS)

	<ul style="list-style-type: none"> <li>Signed off financial accounts for Tilbury Douglas construction work.</li> <li>Planned bids.</li> <li>Workforce Improvement, Engagement reviews underway and apprenticeship programme.</li> <li>Medical device management improvements with dashboards, Key Performance Indicators and asset monitoring systems.</li> <li>Successful implementation of national cleaning standards completed in conjunction with the Infection, Prevention and Control Department.</li> </ul> <p>Governance and assurance was demonstrated through the premises assurance model and the mandatory assurance dashboard. High levels of assurance were received following capital projects (significant assurance) and sustainability (high assurance) audits undertaken by Internal Audit, May 2022.</p> <p>JH noted the amazing work including the apprenticeship programme and the strategic views for building a workforce for the future.</p> <p>The presentation was noted by the Academy and JH thanked MHo for the continuing work and investment underway.</p>	
<b>QA.6.22.6</b>	<b>Urology Serious Incident (SI)</b>	
	<p>CM was welcomed to the Academy to discuss a Serious Incident investigation into delayed treatment following a cancer diagnosis.</p> <p>The clinical summary described a patient who had undergone haematuria investigations in April 2019 by a Locum Consultant. Histology had shown a high grade superficial bladder cancer, however, results were not discussed at the Multi-disciplinary team (MDT) and the named consultant was not notified of the results.</p> <p>In November 2021 the patient was re-referred for investigations and appropriate treatment provided.</p> <p>CM noted neither paper nor electronic histology reports are received for Urology patients and manual checking is, therefore, required. Changes to practice were suggested, (a) histology reports linked to the Electronic Patient Record (EPR), and (b) all bladder biopsy results are submitted to the MDT.</p> <p>Potential harm was discussed and the missed opportunity to offer treatment.</p> <p>PSo noted histology was switched on into EPR a number of years ago, however, due to the age of the Laboratory Information Management System (LIMS), inherited from Airedale, this was unsuccessful. A replacement system for histology and microbiology is scheduled to be on line by the end of 2022 with all results being sent to individual clinician message centres.</p>	

	<p>PSo will look into whether the current paper report function has been disengaged and the Academy was assured a systematic plan is in place to replace the LIMS in order the issue will be resolved.</p> <p>JB noted all active cancers should be reported back to individual clinicians and a review of the criteria in the tracking system being inappropriate, insensitive and inaccurate will be undertaken.</p> <p>LAE noted this issue has been of focus for many years remaining unsolved, however, a working group of interested parties has been set up with the task of solving this problem both in the current environment and moving forward. An improvement plan is being compiled and will be monitored through the appropriate reporting mechanisms. Shared learning of systems is spread widely between specialties ensuring engagement from all relevant teams.</p> <p>JH noted the importance of an efficient process of communication and that clear learning had been identified with a solution for the specialist teams to work together to resolve any further errors from this process. JH noted that an improvement process will be devised outside of the meeting and the sharing of learning to appropriate areas. A report is expected to be presented to the Academy on the findings from the working group including learning and improvements.</p>	<p>QA22031 Associate Medical Director (PSo)</p> <p>QA22032 Deputy Chief Medical Officer (LAE)</p>
<b>QA.6.22.7</b>	<b>Managing the Risks Associated with User Training and Competency Assessment for Medical Devices</b>	
	<p>AW and FA were welcomed to the Academy. The use of medical devices is an essential part of the daily workings of the Trust and an integral part of the diagnosis, prevention, monitoring, treatment and care of patients and managing the risks associated with user training. Competency assessment is currently managed locally in clinical teams, with no standard process across the Trust. The Trust is currently not compliant with this training.</p> <p>The risks were highlighted particularly around external body requests for example the Care Quality Commission (CQC) who require Trusts to reduce risks associated with devices and equipment as a means of harm prevention. Currently there is no central mechanism or system in place to provide assurance to external agencies that staff have achieved medical device competence, representing a potential significant risk to patients and staff safety, and demonstrating a gap in the assurance framework.</p> <p>A proposed solution, e-Quip (from Integra used by many NHS Trusts in England and already used in Clinical Engineering for the management of medical devices, a central mechanism for capturing training, ensuring compliance), was discussed to provide medical device training, significant assurance of governance and transparency throughout the Trust to assist in the production of accurate data. Clinical staff will have access to view their own records where medical device usage will be recorded. The intensive care unit has agreed to pilot the system prior to rollout to the wider Trust. Educational resources are also embedded.</p>	

	<p>LAE congratulated the team on this work which will assist when risks relating to equipment are received and will provide assurance around safety.</p> <p>JC noted this is an area the CQC often focus on and will assist in providing the necessary assurance to external agencies.</p> <p>JH thanked AW and FA for identifying the risk and providing a solution. On delivery the information will be easily accessed and JH looked forward to the area of development and future progress.</p>	
<b>QA.6.22.8</b>	<b>Outstanding Theatre Programme (OTP)</b>	
	<p>RW/HD/CCI/LM were welcomed to the Academy to present on the Outstanding Theatre Programme launched to improve theatre efficiency, and the following were highlighted:</p> <ul style="list-style-type: none"> <li>• Theatres worked tirelessly throughout the pandemic and are now working with the backdrop of elective recovery and patient backlog with theatre staff and patients at the centre of the programme.</li> <li>• Launch event held on 13 October 2021.</li> <li>• Six individual workstreams created.</li> <li>• Improvements and outcomes delivered noted to date.</li> <li>• Mental health wellbeing event held on 12 May 2022 attended by 91 colleagues. Eleven wellbeing champions have been appointed.</li> <li>• Funding secured to upgrade the theatre estate.</li> <li>• Re-introduced the Golden Patient Initiative in Acute theatres. Multiple Plan, Do, Study, Act cycles conducted with an overall positive trend of improvement identified through initial results with new ways of learning described to date.</li> <li>• Collaborative approach by all members of the team being key to the overall success of the project.</li> <li>• Continuous engagement with all staff paramount.</li> <li>• Learning and developments being shared throughout the Trust.</li> <li>• The team expressed thanks to Dr Debbie Horner and Dr Catherine Farrow, Consultants in Anaesthesia, Liz Melsom, Liz Tomlin and Carol Close.</li> </ul> <p>JH noted the importance of shared learning and that every member of the team can make a difference. The team were wished well for the continuous improvement in reaching their goals and JH welcomed future progress reports and innovations with the same energy and inspiration.</p>	
<b>QA.6.22.9</b>	<b>Nursing and Midwifery Leadership Council – Proposal and Terms of Reference</b>	
	<p>KD noted the first round of shared governance Councils have been set up with the wider clinical teams. The six Council meetings are held throughout one day a month all reporting to the Nursing and Midwifery Leadership Council meeting which closes the day of meetings:</p> <ul style="list-style-type: none"> <li>• Advancing Practice Council.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Nursing and Midwifery Quality and Patient Safety Council.</li> <li>• Achieving Nursing and Midwifery Excellence Council.</li> <li>• New Knowledge, Innovation and Technology Council.</li> <li>• Nursing and Midwifery Professional Education and Practice Development Council.</li> <li>• Recruitment, Retention and Recognition Council.</li> </ul> <p>The Terms of Reference for the Nursing and Midwifery Leadership Council were presented with KD requesting this Council meeting reports as a sub-group to this Academy. The Academy approved this proposal. The Board of Directors will be informed.</p> <p>A number of meetings had been disbanded to streamline systems around achieving excellence in patient care, allowing a wider attendance at these Council meetings, a means of nurse development. Karen Stansfield, University of Bradford has agreed to become a member of the Nursing and Midwifery Leadership Council with senior faculty members being allocated to the other six Councils, creating partnership working. Other Health professionals were noted to be included in some groups' wider membership and JK is the link. KD reported on the Magnet4Europe progress to date.</p> <p>JH noted the excellent multi-professional working and assurances and thanked KD for the update.</p>	QA22033 Chief Nurse (KD)
<b>QA.6.22.10</b>	<b>Implementation of New Patient Safety Event Learning Platform</b>	
	<p>JC referenced the delayed implementation due to the pandemic of the new National NHS Patient Safety Strategy and new Patient Safety Incident Response Framework (PSIRF), a component of the national strategy being a response to a new approach to incident management and incident investigation, borne out of a number of consultations with patients, their families and the wider public in 2019.</p> <ul style="list-style-type: none"> <li>• Framework was expected to be fully published by July 2022 with a query start date of Summer 2023. This has been delayed again with no new published timetable.</li> <li>• The Trust continues to plan for transition to the new system.</li> <li>• The National Reporting Learning System set up by the National Patient Safety Agency has not delivered the requirements in terms of national learning and benchmarking against other organisations.</li> <li>• The new patient safety learning platform will be named the Learn from Patient Safety Events (LFPSE), demonstrating new ways of looking at patient safety events in order learning, review and investigation can be extracted by the reporting of incidents.</li> <li>• Investigations should average around three months but not exceed six months.</li> <li>• Governance and oversight will change with responsibility being passed to the Board of Directors' for sign-off of all investigations and work will be required with the Board of Directors to agree priorities in the local system. The Board of Directors will be informed once the new framework is published.</li> <li>• Duty of Candour and professional Duty of Candour remains at</li> </ul>	QA22034 Associate Director of Quality (JC)



	<p>the centre of how patient safety events are responded to.</p> <ul style="list-style-type: none"> <li>• A PSIRF Working group will be set up with subgroups. The process is expected to take up to 24 months to roll out and fully embed and will require some investment due to the resources, restructuring and training required to meet the requirements.</li> <li>• Upgrade of the Datix system.</li> <li>• The backlog of open incidents will need to be cleared over the next six months to support the transition.</li> </ul> <p>LAE described the change around culture and how safety events are reviewed and the learning identified. Training of staff will be required for the different approach with the move towards learning, improvement, just culture and psychological safety for staff. A working group will be set up to support the transition to the new system.</p> <p>JH thanked JC for the high level summary noting the deep routed change in the organisation and how this will be managed and delivered and the importance of dedicated staff for training and the welcome of more timely investigations.</p> <p>The report was noted by the Academy.</p>	
<b>QA.6.22.11</b>	<b>Patient Experience Annual Report</b>	
	<p>KD discussed the Patient Experience Annual Report, taken as read, concerning the work of the Patient Experience team over the last year which included the annual complaints report. The increase in complaints over the last year was referenced as expected following the height of the pandemic. The evidenced learning and future plans are focused on the transformational work.</p> <p>KD noted that MH raised a point at the last meeting in relation to the Ombudsman complaints where he had requested further details. Appendix 5, Upheld Parliamentary and Health Service Ombudsman (PHSO) Complaints summary and outcomes was referenced, illustrating the ten cases received, one partially upheld at the time of reporting with the findings and the actions to date.</p> <p>JH thanked KD for the detailed, comprehensive transparency of the report illustrated by the suite of papers presented.</p>	
<b>QA.6.22.12</b>	<b>Patient Safety Group Report</b>	
	<p>LAE presented the Patient Safety Group highlight report demonstrating the improvement and learning from the intelligence and events across the organisation.</p> <ul style="list-style-type: none"> <li>• Care Group Update mitigation is in place for the risks identified in the Therapy Service and the requirements to maintaining a high quality service for the Stroke Responder service.</li> <li>• Positive verbal feedback had been received from the CQC visit to Ward 20 and the inquiry was reported as closed.</li> <li>• Learning and improvement highlighted regarding pressure ulcers, wound care, falls and sepsis.</li> <li>• Training across Trusts noted for example, via e learning packages with opportunities to share learning wider through</li> </ul>	

	<p>planned events.</p> <ul style="list-style-type: none"> <li>Improved knowledge and visibility around responsibilities for high risk patients to include visibility within the Command Centre.</li> <li>System-wide improvement work including BTHFT staff to implement the National Wound Care Strategy.</li> <li>Consideration to be given to the incorporation of patient stories into learning.</li> <li>Safer procedure review work to be undertaken to understand where improvements are required.</li> <li>Mitigation is in place to avoid 'error trap' concerning Fresenius giving sets for blood and simple fluid, highlighted to the Medicines and Healthcare Products Regulatory Authority.</li> </ul> <p>JH noted the excellent, focused learning and training identified, demonstrating how the Trust can work with external organisations, companies and patients using multiple services where the Trust can 'Act As One'.</p> <p>LAE was thanked for the highlight report.</p>	
<b>QA.6.22.13</b>	<b>Clinical Outcomes Group Report</b>	
	<p>LT provided the updates from the last meeting noting the assurances and highlighted the following:</p> <ul style="list-style-type: none"> <li>Cardiology Consent and e-Consent.</li> <li>CQUINs Update 2022/23.</li> <li>GIRFT programme.</li> <li>Learning from Deaths (LFD) with particular reference to patients with learning disabilities and mental health issues, and the work underway with the LFD Patient Safety Manager in order to improve patient care.</li> <li>Local clinical audit – New governance framework implemented from September onwards, processes being reviewed and confidence demonstrated.</li> <li>National Emergency Laparotomy audit – To understand potential outlier status following a number of observed deaths. Systematic judgement reviews are conducted to identify learning from this cohort of patients.</li> <li>Learning discussed whereby the group has requested the filtration of information and engagement from the Academy to assist improvement work.</li> </ul> <p>JH noted the request for timely and tailored feedback from the Academy through existing mechanisms and communications, to better understand the information required in a timely fashion and useful format.</p> <p>LT was thanked for the report.</p>	
<b>QA.6.22.14</b>	<b>Quality Oversight and Assurance</b>	
	<p>JH referenced the detailed report consisting of twelve papers including the SI and High Level Risk report, with some papers for noting and some for discussion.</p>	



<b>A</b>	<b>Quality Oversight and Assurance Profile</b>	
<b>B</b>	<b>Serious Incident (SI) Report</b>	
	<p>JC noted the new presentation format and requested feedback on the display following the feedback previously received.</p> <p>The regular opportunities for safety events with themes and trends were highlighted.</p> <p>The standard monthly Serious Incident (SI) report was presented. In the last reporting period between 16 May and 15 June 2022 seven SIs had been declared by Bradford Teaching Hospitals NHS Foundation Trust:</p> <ul style="list-style-type: none"> <li>• SI 2022/12072 – Baby with severe jaundice.</li> <li>• SI 2022/12065 – Maternal death at 29 weeks gestation.</li> <li>• SI 2022/11872 – In-patient fall resulting in a severe head injury. Unexpected/potentially avoidable death, Elderly Care.</li> <li>• SI 2022/11758 – Delay in flow of radiology reports between systems.</li> <li>• SI 2022/11354 – Death of baby born in poor condition at 36 weeks gestation.</li> <li>• SI 2022/11341 – Baby collapsed at two hours old after a breast feed.</li> <li>• SI 2022/10294 – Retained tissue post-surgery. Avoidable anaesthetic (no harm to patient).</li> </ul> <p>19 ongoing SIs, including five maternity related incidents, and in accordance with the requirements of the Healthcare Safety Investigation Branch (HSIB) independent investigations will be carried out.</p> <p>Two SI investigations have been concluded and one delog request was submitted and accepted by the Clinical Commissioning Group (CCG) within the reporting period.</p> <p>The Academy noted the current SI position and was assured by the actions identified and the comprehensive learning noting the Trust has processes in place to identify, investigate, improve and learn from SIs.</p> <ul style="list-style-type: none"> <li>• Significant learning identified over the last month regarding Infection, Prevention and Control measures linked to patient travel history and concerning locum doctors requiring support in locating hospital protocols.</li> <li>• External reportable safety events have identified learning following update by the manufacturer.</li> <li>• Reporting of Injuries, Diseases and Dangerous Occurrences Regulator – One reportable safety event occurred in May 2022.</li> <li>• Eleven Central Alerting System alerts received of which only one requires a formal response relating to an insulin pump with the response being compiled by the team.</li> <li>• Eight claims received by the Trust during May, four not having been previously recorded or investigated by the Trust.</li> <li>• Six claims reported to NHS Resolution, three of which are</li> </ul>	

	<p>settled.</p> <ul style="list-style-type: none"> <li>• Three inquests – No issues or criticisms of the Trust and no concerns from H M Coroner.</li> <li>• Organisational learning – Quality Oversight system continues to be reviewed.</li> <li>• Immediate learning from safety events have been shared widely. Consideration being given to the formulation of a group to discuss learning from any patient safety event.</li> <li>• Learning regarding a Situation Background Assessment Recommendation report received around a Never Event. All learning received shared within the organisation.</li> <li>• Newsletter received from NHS Resolution regarding extravasation - Trust policies reviewed.</li> <li>• National Institute of Clinical Excellence Guidance – 95% compliance target of published guidance, hoping to achieve 100% compliance by March 2023 with technology appraisals.</li> <li>• Improvement work ongoing around sentinel stroke audit.</li> <li>• National Confidential Enquiry into Patient Outcome or Death – Data collection underway.</li> <li>• Clinical Audit Awareness group meeting held last month - One new risk identified to raise to the Academy relating to women's services of a significant reduction in the hysteroscopy service due to equipment failure.</li> <li>• Quality key performance indicators – Work continues with intelligence and performance around the Ward to Board quality metric. Currently in the testing phase within the organisation but this is being developed and refined.</li> <li>• There have been no breaches of Duty of Candour.</li> </ul> <p>JC noted the format of the documents had been updated following feedback received.</p> <p>JB raised an issue regarding the Trust's participation in the National Emergency Laparotomy Audit (NELA). LT confirmed the Trust scored 100% following submission for the last quarter.</p> <p>JH noted the comprehensiveness of quality assurance with the amount of information presented and the new approach providing assurance to the Academy.</p> <p>JB questioned whether the current governance structure was as robust as previously when SIs from other areas in the Trust were shared. Potential gaps in this area were considered due to the new Trust governance structure which may have been lost with the change of Trust structure from divisions to care groups. When the new quality governance framework is in place with the move to the new organisation structure it is envisaged this will be much improved. Completed reports, however, continue to be disseminated to all areas of the organisation and JH noted the importance of the operationalised shared learning being disseminated throughout the organisation to avoid repeated incidents.</p> <p>Learning must be presented in an easily accessible format and a</p>	
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	group has been set up to consider information flow and accessibility to all. Clear expectations are apparent in the new quality governance framework and this will be embedded/articulated in the Quality Strategy which it is envisaged will be presented in draft format to the Academy in October.	QA22035 Associate Director of Quality (JC)
<b>C</b>	<b>High Level Risks relevant to the Academy (including risk appetite)</b>	
	<p>The Academy reviewed the high level risks aligned to the Academy and movement log with LP highlighting the following:</p> <ul style="list-style-type: none"> <li>• New Risk 3779 – Risk to hysteroscopy service being significantly reduced due to equipment failure.</li> <li>• Existing Risk 3411 – Significant risk to Oncology service delivery due to two Consultant vacancies.</li> <li>• Risk 3481 – At times the qualified nurse staffing levels on the wards are not to planned numbers, reducing staff ability to care for sick children and the volume of children.</li> <li>• Risk 3732 – Risk of harm to patients, staff and visitors due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid 19 pandemic on reduced risk score since the last report.</li> <li>• Three risks have been reviewed and closed by the Executive team – Risks 3253, 3765 and 3357.</li> <li>• There were no risks beyond their review date and no risks to escalate to the Board of Directors relating to the high level risks. The Board receive details of the risks scoring 15 or above as routine.</li> <li>• The proposed risk appetite in relation to strategic objectives 1 and 4 was considered by the Academy, based on the Good Governance Institute's Risk Appetite Matrix.</li> </ul> <p>Following discussion, the Academy agreed the risk appetite should remain as 'open' in relation to both objectives. JH noted the Academy is supportive of the risk appetite and when it is applied we will be able to assess whether it serves our purpose as a Trust.</p>	
<b>QA.6.22.15</b>	<b>Quality and Patient Safety Academy Dashboard</b>	
	<p>JC noted the detailed dashboard is not fully complete with some indicators to be added.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Mortality – No change.</li> <li>• Pressure ulcers – Numbers are reducing following joint working with partners across the system, particularly with Bradford District Care Trust. Numbers were noted to be Covid related being attributed to non-invasive ventilation.</li> <li>• Medicine reconciliation – Numbers have dipped significantly due to the pressures in Pharmacy. A deep dive will be undertaken to understand how other medicine safety indicators can be added to the dashboard, for example omission of critical medicines was suggested to provide assurance around improvement and learning.</li> <li>• Falls - A quality improvement programme for falls prevention is underway.</li> </ul>	

	<ul style="list-style-type: none"> <li>Sepsis – Reduced average percentage of patients screened has been maintained throughout the year. The dashboard now separates between severe and uncomplicated sepsis. Work is underway with Business Intelligence to ensure an accurate reflection of the dashboard. Antibiotics given for severe sepsis within an hour stands above 80%.</li> </ul> <p>JC noted further Infection, Prevention and Control (IPC) and medicine measures indicators for maternity are to be added, particularly around the Quality Improvement platform Live QI.</p> <p>JH referenced the links through the detailed papers and the report was noted by the Academy.</p>	
<b>QA.6.22.16</b>	<b>Infection Prevention and Control (IPC) Report (Quarter 4 of the Annual Report)</b>	
	<p>JH noted the very detailed comprehensive report submitted to the Academy for approval.</p> <p>CC raised the key issues presented in the report:</p> <ul style="list-style-type: none"> <li>Healthcare equality data (HED) presented up to March 2022.</li> <li>High outlier for MRSA Blood stream infections with much work undertaken with the five areas of practice, assessment, decolonisation, effective isolation and antibiotic stewardship being the focus.</li> <li>BTH remains average from a peer review, regional and national position.</li> <li>MRSA and MSSA Improvement programme now forms part of the annual work programme. Protocols for central venous catheters being reviewed.</li> <li>Hand hygiene and glove use spot-checks implemented by the IPC team alongside ward audits.</li> <li>Follow-up by IPC team of any MRSA colonised patient to ensure appropriate screening for topical treatment.</li> <li>C Difficile and antibiotic stewardship work described in depth.</li> <li>Programme of audits being developed to demonstrate objectives to risk strategy.</li> <li>Innovative training packages developed for Infection Control Mandatory training with publication in the Nursing Times as an Improvement Methodology.</li> <li>Rollout underway of a competency booklet developed for linked practitioners with interest from NHS England to share regionally.</li> <li>Objectives for this year noted with regards C Difficile, E Coli, Pseudomonas and Klebsiella.</li> <li>Aseptic no touch will become part of mandatory training in October and ensuring sufficient assessors are trained is well underway with 93 train the trainers having been trained.</li> <li>Octenisan prescriptions – Barriers to be removed for ease of prescribing.</li> <li>Improvement programme to support antimicrobial stewardship remains a priority.</li> <li>Lessons learned continue to be drivers for improvements and actions implemented.</li> </ul>	

	JH thanked CC for the excellent feedback and comprehensive summary which reached across the city. The report was approved by the Academy.	
<b>QA.6.22.17</b>	<b>Maternity Services Update</b>	
	<p>JH suggested a full discussion on Maternity at the July meeting, due to the amount of activity reported to the Academy following the 2019 CQC report and to summarise the Maternity journey.</p> <p>KD noted the Ockenden regional assurance visit had taken place on 29 June 2022 and early feedback from the CQC was very positive with outstanding, exemplary practices being documented. Some recommendations had, however, been advised to enhance the service.</p> <p>The paper was taken as read with SH highlighting the key headlines:</p> <ul style="list-style-type: none"> <li>• Quarter 4 ATAIN Board report – May 2022 – As part of the Maternity Incentive Scheme this report demonstrates Maternity remains consistently lower than the national average for avoiding term admissions to the Neonatal Unit.</li> <li>• HSIB escalation letter dated May 2022, with the response, escalation of emerging concerns action plan and response to escalation letter. Full assurance noted with the action plan in place concerning interpreting services and growth ultrasound scans.</li> <li>• 2019 CQC action plan continues to be updated.</li> </ul> <p>The Academy discussed breast feeding, the induction of labours and 3<sup>rd</sup>/4<sup>th</sup> degree tears at assisted birth. SH noted the improvement work underway regarding the breast feeding initiation rate including the increase in staffing for midwives appointed with a special interest in breast feeding. Assurance was provided regarding induction of labour on the dashboard metrics being embedded into Cerner over the coming months. Third and fourth degree tears from assisted birth was noted to be a normal variant, however, these figures are being monitored. JH concluded that there is more learning and attention to be paid to all of these issues until we are assured that the assumptions stated come to fruition. Having anticipated outcomes based on the population we provide for (health and social demographics), and accepting them as the correct figures to use for benchmarking; our data is not yet reassuring if we are progressing towards the provision of an Outstanding Maternity Service.</p> <p>JH noted the reassurance provided by the sequence of the three HSIB letters. The feedback provided from the Ockenden visit is excellent news and all staff should be congratulated and immensely proud.</p> <p>KD noted maternity safety culture is one of the most embedded and widest spread nationally when consideration is given to safety of patients and harms. Any adverse outcome or potential adverse outcome is reviewed.</p>	QA22036 Head of Nursing, Midwifery (SH)

	<p>KD notified the Academy of an unfortunate recent maternity death. A 72 hour review has been undertaken and has been referred to the Police via HM Coroner. The case will be declared as an SI and will be an HSIB case. No immediate learning has been identified, however, the Trust awaits further news prior to any further investigation.</p> <p>JH noted the transparency and thoughts being with the hospital team.</p>	
<b>QA.6.22.18</b>	<b>Quality Account</b>	
	<p>LP presented the final version of the Quality Account approved by the Board of Directors on 21 June 2022. The Quality Account has now been published on the Trust and NHS Choices website.</p> <p>LP confirmed the action of quarterly updates being presented to the Academy regarding the improvement priorities set out in the Quality Account.</p> <p>The amount of work involved in the production of the report was acknowledged by JH.</p>	
<b>QA.6.22.19</b>	<b>Feedback from Quality and Patient Safety Academy Development session/Proposed Amendments to Terms of Reference</b>	
	<p>The documentation submitted including the suggested amendments to the Terms of Reference was referenced by JH. Unfortunately these had not been identified as tracked changes within the documentation.</p> <p>The proposed amendments were as follows:</p> <ul style="list-style-type: none"> <li>• Addition of the expected level of member attendance, which is seven meetings per year.</li> <li>• Clarification of the Academy's role in relation to risk, in line with the revised Risk Management Strategy.</li> </ul> <p>LP will review the referenced subgroup sections and ensure any updates are included prior to submission to the Board for sign-off.</p> <p>JH noted the further actions from the Academy Development session will be discussed as appropriate.</p>	
<b>QA.6.22.20</b>	<b>Research Activity in the Trust</b>	
	<p>The report was taken as read and the comprehensive document noted by JH who welcomed the importance for Trust staff to maintain critical appraisal skills if not used on a daily basis.</p> <p>The pipeline of doctoral training for applied health research feeding into workstreams was highlighted.</p> <p>The report was noted by the Academy.</p>	
<b>QA.6.22.21</b>	<b>Any Other Business</b>	
	There was no other business to discuss.	



<b>QA.6.22.22</b>	<b>Matters to share with Other Academies</b>	
	There were no matters to escalate to the other Academies.	
<b>QA.6.22.23</b>	<b>Matters to escalate to the Board of Directors</b>	
	<ul style="list-style-type: none"> <li>Changes in the PSIRF – Board of Directors to take responsibility for sign-off of SIs with the suggestion of the topic for a future Board Development session.</li> </ul>	
	<b>Date and time of next meeting</b>	
	Wednesday, 27 July 2022, 2 pm to 5 pm	
	<b>Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information</b>	
<b>QA.6.22.24</b>	<b>Quality and Patient Safety Academy Workplan</b>	
	Noted for information.	
<b>QA.6.22.25</b>	<b>Quality and Patient Safety Academy Structure Chart</b>	
	Noted for information.	
<b>QA.6.22.26</b>	<b>Infection Prevention and Control (IPC) Board Assurance Framework (BAF)</b>	
	Noted for information.	

## ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 29 JUNE 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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/ Associate Director of Corporate Governance/ Board Secretary	July 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. 28.06.22: Information to be available for the Academy. 19.07.22: JC – Education activity to be submitted to the People Academy. 20.07.22: The People Academy receives updates regarding education via the Education Annual Report. This was last presented to the People Academy in April 2022, therefore, the next report will be in April 2023. Complete. <b>CLOSED.</b>

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	July 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. 28.06.22: To be followed up by LP. 20.07.22: The People Academy receives updates regarding education via the Education Annual Report. This was last presented to the People Academy in April 2022, therefore the next report will be in April 2023. Complete. <b>CLOSED.</b>
QA22031	29.06.22	QA.6.22.6	<b>Urology Serious Incident (SI)</b> PSo will look into whether the current paper report function has been disengaged and the Academy was assured a systemic plan is in place to replace the LIMS in order the issue will be resolved.	Associate Medical Director (PSo)	July 2022	19.07.22: Update requested.
QA22033	29.06.22	QA.6.22.9	<b>Nursing and Midwifery Leadership Council – Proposal and Terms of Reference</b> The Terms of Reference for the Nursing and Midwifery Leadership Council were presented with KD requesting this Council meeting reports as a sub-group to this Academy. The Academy approved this proposal. The Board of Directors will be informed.	Chief Nurse	July 2022	18.07.22: KD Completed. <b>CLOSED.</b>
QA22036	29.06.22	QA.6.22.17	<b>Maternity Services Update</b> JH suggested a full discussion on Maternity at the July meeting, due to the amount of activity reported to the Academy following the 2019	Head of Nursing, Midwifery (SH)	July 2022	Item on the July Agenda QA.7.22.11. Complete. <b>CLOSED.</b>

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			CQC report and to summarise the Maternity journey.			
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	September 2022	19.05.22: SH to meet the BiBS team to discuss. 19.07.22: SH still to meet with the BiBS team to discuss. Update to be provided in September.
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	July 2022 – Jill Clayton contacted to present at the September Academy.
QA22030	29.06.22	QA.6.22.5	<b>Estates and Facilities Quarterly Service Report (to include an update on catering)</b> The Catering Services update was deferred until a later meeting of the Academy due to unexpected circumstances, when it was suggested this be undertaken jointly with the clinical teams following all work around the in-patient survey.	Interim Head of Facilities (KS)	September 2022	July 2022 – Karon Snape/Annette Binns/Jane Kingsley contacted to present at the September Academy.
QA22034	29.06.22	QA.6.22.10	<b>Implementation of New Patient Safety Event Learning Platform</b> Governance and oversight will change with responsibility being passed to the Board of Directors' for sign-off of all investigations and work will be required with the Board of Directors to agree priorities in the local system. The Board of Directors will be informed once the new framework is published.	Associate Director of Quality/ Associate Director of Corporate Governance/ Board Secretary	September 2022	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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)	October 2022	16.06.22: Work in progress. Suggested timescale October 2022, owing to new Clinical Governance Framework due to be implemented from September 2022. 29.06.22: Item deferred until the October meeting.
QA22035	29.06.22	QA.6.22.14	<b>Serious Incident Report</b> Clear expectations are apparent in the new quality governance framework and this will be embedded/articulated in the Quality Strategy which it is envisaged will be presented in draft format to the Academy in October.	Associate Director of Quality	October 2022	
QA22032	29.06.22	QA.6.22.6	<b>Urology Serious Incident</b> A report is expected to be presented to the Academy on the findings from the working group including learning and improvements.	Deputy Chief Medical Officer (LAE)	February 2023	
QA22037						



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