Bradford Teaching Hospitals
NHS Foundation Trust

QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

Date:	Wednesday, 27 July 2022	**Time:**	14:00-17:00
Venue:	Microsoft Teams meeting	**Chair:**	Professor Janet Hirst (JH), Non-Executive Director/Joint Chair
Present:	**Non-Executive Directors:** - Mr Jon Prashar (JP), Non-Executive Director - Professor Janet Hirst (JH), Non-Executive Director/Joint Chair - Mr Altaf Sadique (AS), Non-Executive Director **Executive Director:** - Dr Ray Smith (RS), Chief Medical Officer		
Attendees:	- Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer - Dr Paul Southern (PSo), Consultant Hepatologist/Associate Medical Director - Dr Michael McCooe (MM), Consultant in Anaesthesia/Associate Medical Director - Mrs Joanne Hilton (JHi), Deputy Chief Nurse - Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control - Ms Amanda Hudson (AH), Head of Education - Ms Judith Connor (JC), Associate Director of Quality - Mrs Sarah Freeman (SF), Associate Director of Nursing - Mrs Sara Hollins (SH), Head of Nursing, Midwifery - Mrs Kay Rushforth (KR), Head of Nursing, Children's Services - Ms Jane Kingsley (JK), Lead Allied Health Professional - Ms Louise Horsley (LH), Senior Quality Governance Lead - Ms Gill Paxton (GP), Associate Director of Nursing and Quality, Bradford District and Craven Health and Care Partnership		
In Attendance	- Mr Nicholas Rushton (NR), Patient Safety Manager, Learning from Deaths in attendance for Agenda item QA.7.22.13 - Ms Alison Powell (AP), Midwifery Lead, Outstanding Maternity Services and Ms Amanda Hardaker, Matron, Midwifery in attendance for Agenda item QA.7.22.11 - Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Ms Jacqui Maurice (JM), Head of Corporate Governance - Ms J Kitching, Minute-taker		
Observers	There were no observers.		

Agenda Ref	Agenda Item	Actions
QA.7.22.1	**Apologies for Absence**	
	- Professor Karen Dawber (KD), Chief Nurse represented by Joanne Hilton (JHi). - Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director - Mr Mohammed Hussain (MH), Non-Executive Director - Ms Karen Bentley (KB), Assistant Chief Nurse	

	- Ms Rachael Waddington (RW), Deputy Director of Operations - Ms Caroline Varley (CV), General Manager, Chief Medical Officer's Office - Ms Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes - Dr Paul Rice (PR), Chief Digital and Information Officer	
QA.7.22.2	**Declarations of Interest**	
	There were no declarations of interest.	
QA.7.22.3	**Minutes of the meeting held on 29 June 2022**	
	The minutes of the meeting held on 29 June 2022 were approved as a correct record, subject to the correction of QA.6.22.10, page 6, bullet point 4, which should read, '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.' The Academy noted that the following actions had been concluded: QA22022 – QA.4.22.16 (27.04.22) – Update on Education. QA22023 – QA.4.22.16 (27.04.22) – Update on Education. QA22033 – QA.6.22.9 (29.06.22) – Nursing and Midwifery Leadership Council – Proposal and Terms of Reference. QA22036 - QA.6.22.17 (29.06.22) – Maternity Services Update.	
QA.7.22.4	**Matters Arising**	
	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.	
QA.7.22.5	**Quality Oversight and Assurance**	
	A – Quality Oversight and Assurance Profile	
	B – Serious Incident (SI) Report	
	The Academy received a broad and comprehensive overview of the current position with regard to oversight and exception reporting and the following were highlighted: • Breakdown of incidents discussed within the period 16 June to 15 July 2022 – Fifty six incidents in total discussed, 18 escalated to the Safety Event Group and 7 escalated to the Quality of Care Panel. • Key themes highlighted as being continual pressures - The Accident and Emergency Department and a lack of follow-up around laboratory results. • Five safety events required external reporting. • One SI has been declared by Bradford Teaching Hospitals NHS Foundation Trust, SI 2022/13525 – A maternity death of a woman at 26 weeks' gestation. A comprehensive investigation is being carried out by the Healthcare Safety Investigation Branch (HSIB). • There are nineteen ongoing SI investigations; six of these are with the HSIB. • There have been no Never Events declared between 16 June	

	and 15 July 2022. • One SI investigation has been concluded since the last report, SI 2021/22853 – Abuse/alleged abuse of adult patient by third party. • The number of complaints, Patient Advice and Liaison Service (PALS) enquiries and compliments have reduced in June 2022 with care and treatment remaining the top themes and appropriateness of treatment remaining as the top sub-theme for both complaints and PALS. • There has been a reduction in the number of complaints and PALS issues responded to during the period due to capacity in the team. Actions are, however, being picked up as required. • Claims and inquest information noted. • Positive quality improvement update reported concerning Live Qi with an increase in both the number of projects and users. JP queried how the learning and understanding captured from events is shared and remains at the forefront of skills for use in the longer term. LH described the clear and concise bite-sized learning illustrated in Appendix 5, identifying key priorities. Some learning is Trust-wide; some specific to clinical groups and learning needs to be targeted appropriately. Sustained learning may take the form of a change in Policy or Standard Operating Procedure. New, additional or supportive training and learning needs to be embedded. Each SI has an action plan attached to it. All action plans are checked for closure and the plans are revisited to provide assurance and improvement. All learning is targeted at the appropriate people. JH noted the challenge of retaining newly learnt skills with JC aware that all learning must be held within a central organisational memory to ensure this is readily accessible to all. As a means of assurance the Trust's intranet quality pages are in the process of being refreshed for all learning to be archived. Executive walkrounds are being re-introduced on the 15 step principle. Appropriate learning has been shared within the organisation. The Academy was assured of shared comprehensive learning by the actions identified noting the Trust has processes in place to identify, investigate, improve and learn from SIs. A piece of work is currently underway around the enduring standards that any alerts received via the Patient Safety Specialist will be implemented ensuring evidence is available to provide the assurance in the future. The amount of time spent to date on embedding and sustaining learning and the work underway with education around delivery was noted, thus ensuring learning from safety events feeds into multi-disciplinary simulation. GP noted initial conversations across the wider system are underway concerning harm and harm attributed to system pressures and the collation of this information will be overseen at	

	the System Quality Committee, in order data can be captured across place. JC raised the issue of the necessity of data available to support and noted that following initial discussions with PR, PSo, Sajid Azeb (Chief Operating Officer) and Carl Stephenson (Associate Director of Performance) this matter will be passed to the Finance and Performance Academy in order further quality metrics may be added to the dashboard. The issue regarding the loss of valuables and possessions brought into the organisation, particularly when received by the Accident and Emergency Department was raised as a concern. JHi noted a test of change is currently in place around patient property with the Patient Experience team. Service concerns identified are linked to metrics and pressures. Regarding WR12412, JH queried the reassurance and whether this complied with the escalation policy to the University, Health Education England and the regulator if necessary. AH will confirm the actions comply with the Policy. The report was noted by the Academy.	QA22037 Associate Director of Quality (JC) QA22038 Head of Education (AH)
	C – High Level Risks relevant to the Academy	
	The Academy reviewed the high level risks aligned to the Academy and movement log. JH noted assurance received regarding Risk 3779 regarding a risk of the hysteroscopy service being significantly reduced due to equipment failure, following discussion in the Finance and Performance Academy on 27 July 2022. With regards Risk 3792 – 'Women and babies will not receive essential postnatal care as there is no reliable maternity and baby discharge report available post go-live with the Cerner Electronic Patient Record (EPR) on 26 March 2022' - SH noted this risk is under review and provided assurance that the current challenges are safe within the current workload but that this is not sustainable. Daily manual checks are currently required by Community Managers and progress is being made towards a full electronic system report. A Digital Quality Summit has recently provided an overview of any outstanding issues following implementation of the newly installed Cerner system. The Academy noted the assurance provided with this workaround for women and infants discharged using a paper based system whilst the Cerner system becomes up and running. Following discussion the Academy confirmed it supported the statement presented.	
QA.7.22.6	**Quality and Patient Safety Academy Dashboard**	
	A summary of the key updates was provided by RS describing the work underway in this fuller dashboard noting the continued work in	

	progress around the metrics: • Mortality – Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) are within expected ranges. • Percentage of deaths scrutinised by the Medical Examiner – Since October 2022, the Medical Examiner team has inspected one hundred per cent of adult deaths at Bradford Teaching Hospitals NHS Foundation Trust. This service will be rolled out to community deaths from April 2023. Successful progress continues through recruitment in Medical Examiner provision. • Structured Judgement Reviews (SJRs) – Seven have been requested via the Medical Examiner's Office in June and are awaiting completion. The mandatory requirements of onsite Covid deaths, patients with disability and unexpected deaths were noted. Good progress is being made with the backlog of SJRs associated with hospital onset Covid infection deaths over the last few years with the identification of any learning. • C Difficile and MRSA – Performance remains good. Post-infection reviews are undertaken for all these infections and the Trust is performing well when compared to regional data. • Category 3 pressure ulcers – A downwards trend continues with Category 3 pressure ulcers as expected due to the reduction in the number of non-invasive patients treated and the target work undertaken by the Tissue Viability Team. • Medicine Reconciliation – Concern remains regarding interpreting data, as data in some areas is collected manually. Data collection is under review. • Falls with Harm – The downward trend was noted to continue as per earlier conversations. A Quality Improvement programme has now been implemented by the Chief Nurse team as an additional benefit. Death is sometimes unavoidable and a detailed discussion was held on the positive learning from deaths for example, through SJRs considering all aspects of care, that is, omissions, good practice, and communication both with patients and families and end of life care. JH referenced item QA.7.22.13 on the agenda. PSo provided assurance to the Academy that as a reviewer with the Medical Examiner's Office, evidence of great practice, to be proud of, is noted regularly within records reviewed by the team. JH recognised this as a highly emotional area, noting the importance of learning and understanding all aspects of patient care reviewed. Following the discussions the Academy expressed assurance by the report.	
QA.7.22.7	**Claims, Litigation, Incidents and Patient Experience (CLIP) – Annual Report**	
	LH reported work is underway with the Performance team on the new presentation and style of the document and it is envisaged this will be finalized for the Quarter 1 report due in September 2022 and the following were highlighted: • The annual report was presented to provide assurance on the management and triangulation of complaints, litigation, incidents	

	and patient experience and following investigation, any learning identified. • During 2021/22 there were 13,070 safety events reported on Datix with 12,791 safety events reported as no or low harm and 279 safety events reported as moderate harm or above. Twenty-eight SIs were reported with twenty being Trust investigations, seven HSIB investigations and one a system investigation. • The data demonstrated a positive reporting culture where the majority of safety events reported fell within the 'no' and 'low' harm categories, enabling learning to prevent more serious safety events. The top theme identified across all safety events during 2021/22 was staffing, with a total of 2,205 safety events identified. The main themes apparent from 2021/22 included delay in prescribing and administration of critical medications, care of patients with mental health needs and delays in follow-up of laboratory results. • Within the patient safety events, the highest category of safety event reported was blood transfusion related, particularly relating to sampling issues followed by patient falls and infection control issues. • Within the staff safety events violence and aggression towards staff, moving and handling and slip or trip on the same level made up the top three categories. The report highlights issues with data cleansing and safety event management, namely safety events remaining open for extended periods of time on Datix, with actions identified for improvement. Learning has taken place with events not having been closed down. • 497 complaints were received by the Trust, a 19% increase on 2021/22. The Patient Advice and Liaison Service (PALS) received 2044 issues, an increase on the previous year. • Claims and inquest cases were described. • No breaches in Duty of Candour. • Sixty concerns have been raised through the Freedom to Speak Up process or via the App. • Learning within all areas has been noted and this will be strengthened in Quarter 1. RS noted any incident concerning violence and aggression is recorded. Staff are advised and educated on ways to protect themselves when dealing with patient challenges. A full discussion was held on violence and aggression against staff and tolerance ratings, understanding the mitigation against and the complex medical needs of some patients. Risks are constantly identified and where possible mitigation enacted. RS commended the team on this reference document and the work underway in the Trust, presented in detail by themes. In the future compliments will be recorded within the report and consideration given for a patient story. JHi noted compliments are received through ward accreditation visits and speaking to patients about their care. JHi will speak to the team to action this request. JC noted future developments through the patient measure of	QA22039 Deputy Chief Nurse/Director of Nursing (JHi)

	safety (PMOS), a research based tool to capture patients' perception of care provided, included in the accreditation process. JH praised the team on this report welcoming the positivity and the future evolving report. The Academy noted the annual position drawing conclusions on the assurance provided by the report.	
QA.7.22.8	**Infection, Prevention and Control (IPC) Board Assurance Framework (BAF)**	
	JH noted the extensive report requesting Academy approval previously approved at the IPC Committee. CC provided an overview of the national current and regional position of Covid compared to Bradford. The national picture reports 50% of patients admitted identified with Covid are admitted because of Covid and 50% are admitted with other conditions with Covid being an incidental finding. Bradford remains on an upward peak for Covid with in-patient activity noted and hospital acquired Covid remaining of concern, however, this is no different to the national picture. Update on Covid guidance from NHS England was published in June 2022. Covid national guidance updates have been provided for health and care staff, for inpatients, for outpatients, those with respiratory symptoms, primary care and for visitors. Good communications continue with patients. A robust flu vaccination programme will be implemented in the Autumn in the Trust, following data received from Australia. Covid Improvement Programme continues to be supported by the Board Assurance Framework, currently being audited by Internal Audit. JH thanked CC for the comprehensive and detailed report providing assurance by the Trust's Covid 19 Improvement Programme. A discussion was held on mask wearing by patients/visitors and assertiveness skills required by staff with CC noting mask wearing is supported and promoted throughout the Trust, however, national guidance is not really assisting in a robust universal way. A further discussion took place on the expected Trust situation in winter in view of the flu virus. CC provided assurance that as with the earlier Covid planning enacted by Bradford, operational planning is always at the forefront of the equation. JH thanked CC and her team for the leadership and monitoring of the direction of travel, visible within the report. Assurance and reassurance was noted by the Academy.	

QA.7.22.9	**Bradford Insight Quality Review Data pack**	
	JHi highlighted the nationally produced data pack providing a review of the Trust describing a range of performance indicators that regulators and commissioners use for oversight of the Trust. In April 2004 Bradford Teaching Hospitals NHS Foundation Trust became an NHS Foundation Trust, responsible for providing hospital services for the people of Bradford and communities across Yorkshire. The documentation has been discussed at the Executive Director meeting which requested all Academies view the pack. Issues around data accuracy are being considered with every element of the pack already being reported in the organisation, the data analysed and relevant conversations taking place. JHi noted learning is being analysed from the dashboards across the system in order to identify whether the Trust can learn further. The System Quality Committee is looking at other quality dashboards to identify if further improvements can be made. Developmental work around the dashboard was raised. GP reported system discussions for a dashboard across place is underway with initial work being presented on 28 July 2022 at the System Quality Committee. The key metrics are slightly altered to those of the Care Quality Commission (CQC), however, a discussion and development continues prior to agreement with a potential start date of October 2023. JC noted robust conversations on 26 July 2022 at place on the development of common metrics to use at the System Quality Committee and conversations with Carl Stephenson regarding 'Public View', which would assist in pre-empting an organisational pack under discussion with PR and PSo. JH welcomed the further updates and noted the review of the indicators by the Academy.	
QA.7.22.10	**Progress update from Quality and Patient Safety Academy Development Session**	
	JC thanked all those who attended the development session in May 2022 with the aim of the session to revisit the function and purpose of the Academy linked to the Terms of Reference. The slides presented to the Academy provided an outcome of the discussion regarding the purpose and aims of the QPS Academy, however, further developments are required due to improving metrics, these will evolve, iterate and develop over the coming months. The following were highlighted: • Key quality metrics for the dashboard – Discussion, debate and challenge continues demonstrating positivity. • Terms of Reference and work plan considered with regards care and services provided. • Learning, improvement and assurance methods considered. • Three options were raised – To keep the existing format, undertake extraordinary meetings with the CSUs or hold an annual event. The consensus of the meeting was to currently consider Option 2 with Option 3 for discussion at a later date.	

	• There is currently no patient's voice. • The session provided challenging discussions noting the importance of in depth discussion and ideas were generated when considering both patient and staff insight rather than focussing on data aspects. • Clear direction must be provided if service presentations are requested ensuring progressive learning going forward. • The question of the huge amount of effort with papers prepared versus the value was raised. • Careful engagement highlighted patients and public following the introduction of the Patient Safety Incident Response framework. These individuals will act as 'critical friends' and their view will be of a learning and improvement perspective. • The Academy's function is to provide assurance to the Board of Directors. • CSUs need to demonstrate continuous improvement as an organisation in the quality of services delivered. • Supportive and development of learning and improvement. JH noted the interesting observations forthcoming on the length of the meeting, the jargon used and intimidation with the following noted: • The new style agenda was welcomed by the Academy with the assurance section being undertaken at the start of the meeting and the learning and improvement development items following. • Functional aspects need to be described as these are a major part of regulatory processes and a major part of the meeting work plan providing opportunities for creative learning. • Members commented on the volume of papers submitted close to the meeting and the time available to read these thoroughly prior to the meeting in order to provide assurance and reassurance. • Presentations were noted to be useful selecting the key messages to note each month. • Paper layout structure discussed. GP, attending her first meeting with the Academy, noted the Academy appears very open, transparent, communicative and with the feeling of a safe environment. JH thanked GP for the positive feedback, particularly sensing the positivity of the meeting by MS Teams. MH and JH will discuss further with JC, LAE and LP and bring back a further summary to aide discussions considering the regulatory function, creative learning, improvement and innovation aspects at the September meeting. JH thanked the Academy members for their openness and honesty in assisting to create a function and ethos.	QA22040 Associate Director of Quality (JC)

QA.7.22.11	**Maternity and Neonatal Presentation (to include Outstanding Maternity Services (OMS) Programme Quarterly Update)**	
	SH provided the Academy with a 'Spotlight on Maternity', explaining the background to this high profile service with clear national direction as to the information the Board of Directors and the Academies are required to note in this embedded process. JH described the journey to date from 2016 following a cluster of maternity safety incidents resulting in the Maternity Quality Summit, deep dive into the service. The 2018 Care Quality Commission (CQC) report required improvement which triggered entrance on to the Maternity Support Programme facilitated by NHS Improvement for which the service was commenced on particular areas to be addressed. The following key highlights were presented: • Maternal factors and the national agenda. • Annual Maternity Incentive Scheme process. • The Outstanding Maternity Services (OMS) programme was launched in 2020, following Executive support, sponsorship and permission, now a live and well engaged process which continued throughout the pandemic. • CQC Maternity Improvement Plan - Action plans from 2018 and 2019 now sit within the Maternity Support Programme with Board oversight. The service is currently awaiting a further inspection. • National Maternity agenda is complex and work continues. Transformation work is almost complete. • Escalation guideline remains an ongoing action – Numerous changes have been made due to the regional and national development agendas. • Maternity Support Programme – Expecting to exit from this programme in August 2022 following the progress to date. • Ockenden Assurance visit – A reassuring and positive visit from the regional team. • Plans in place for the issues requiring attention including digital. • Benchmarking of 15 further safety actions, however, these may alter. • Maternity Incentive Scheme Year 4 – Full compliance declared with 10 safety actions in years 1 to 3. Year 4 submission date is 5 January 2023, currently ensuring compliance with everything in the scheme. • Progress and risks highlighted to the Academy for example stillbirths, reported to each Closed Board meeting with a positive downward trajectory continuing. • Consideration of indices and deprivation will inform further improvement. • Midwifery and obstetric staffing remains a challenge nationally. Recruitment processes are in place for both the obstetric and midwifery workforce with positive responses. • Sickness levels noted the impact on clinical care, which is currently managed, and also the quality and safety agenda. • Progress to the midwifery continuity of care plans is now a	

	national recommendation following Ockenden. • The OMS programme was reported as the main driver for transformation with this model now being replicated across the Trust. The Academy was assured by the presentation and JH thanked the team for their work in this difficult environment. **Outstanding Maternity Services Update:** AP described the learning to date noting the programme now concerns sharing learning across the service, Trust and system with the OMS about people, place, population and partners. AP highlighted the work and topics undertaken in the last quarter and the engagement work currently underway with the Improvement Academy and the Quality Improvement team. Improvements on the ongoing journey and progress made over the last quarter were highlighted noting the sharing of learning Trust-wide and the funding recently received to assist ground floor renovations required to provide privacy and dignity for patients. Assurances were discussed which included completed KPIs embedding change, the planned first obstetric theatre accreditation, completion of the 15 step review, the positive Ockenden Assurance visit and the team having been shortlisted at the Health Service Journal awards for Maternity or Midwifery Initiative of the Year category being held on 28 July 2022. JH noted the comprehensive update on the continuing journey and AP and the team were thanked for the services being provided.	
QA.7.22.12	**Quality Improvement Programme Quarterly Update**	
	This item was deferred to the September meeting in the absence of LT.	QA22041 Head of Quality Improvement and Clinical Outcomes (LT)
QA.7.22.13	**Mortality Review Improvement Programme/Learning from Deaths Quarterly Update**	
	A comprehensive quarterly presentation was delivered by MM and NR on the Mortality Review Improvement Programme and learning from deaths with particular reference to the SJR process over Quarter 1. SJRs are used for case record reviews following a death where there is an opportunity for learning. Medical Examiners have scrutinised one hundred per cent of all adult deaths at the Trust since October 2021, and escalate cases for SJR review to the mortality team. The numbers of referrals received during quarter one were noted: 14 requests for April, 17 for May and 7 for June with the top three reasons being bereaved carers or staff having raised concerns, patients not expected to have died and elective admission cases to the Trust. Other areas include learning disability and mental	

health.

The following were highlighted:

- 81% of SJRs found that overall care given to patients prior to death were graded as adequate to excellent. A couple of cases have been referred to H M Coroner requiring the SJR to be placed on hold until after the coronial review.
- Completion rate for the quarter is 50 to 55%.
- Massive improvement noted in the numbers of reviews completed and analysed.
- Care scores for phases of care – Only one case had been identified to score poorly for overall care, four scored poor with 81% scoring adequate to excellent (the expected level of practice).
- Successful engagement noted from clinicians with now over 30 reviewers, with particular reference being consideration of the initial and first 24 hours of care the patient receives (excellent standards of care noted), their on-going care, any care received during the procedure, peri-operative care and end of life care (showing the largest area of excellence of care).
- Areas noted requiring improvements are around delays in diagnostic procedures, in Accident and Emergency and documentation errors, often the result of systems in place.
- MM noted the above issues are highlighted from cases submitted by the Medical Examiners where the Medical Examiner identifies lessons to learn/further scrutiny. These cases do not require referral to H M Coroner.
- Monthly Trust-wide Mortality Improvement Group meetings are now implemented.
- Bespoke learning links to the EPR allowing review by the Medical Examiners.
- Feedback is provided following improvements and to practising clinicians on the great care having been identified.
- Preventing future death report now produced with information fed back in order to drive improvement.
- The SJR process avoids duplication of health and quality issues through case record reviews in order better working relationships are forged with the risk team, the legal department, education and the Medical Examiners. Consideration given to disseminating learning received to include junior doctors and nursing staff.
- Close working with the Deteriorating Patient Group.

JH noted the improvements highlighted streamlining positive feedback of systems describing the challenges for the reviewers, and MM and NR were acknowledged for the positive data presented.

RS thanked NR and MM noting the Trust has a process for reviewing every single death within the organisation, enabling learning to be considered for each case. Review is a powerful tool linking SHMI and HSMR data, identifying wider learning from the prevention of future deaths. The Trust, previously, has never received this level of completeness.

	MM described a recent case discussed at a multi-disciplinary meeting which received immediate and very positive engagement from the team on the way the service could be improved. SJRs undertaken locally are reported to the wider system regulatory leader reviews. JP noted this discussion provided full assurance around the earlier dashboard discussions with particular reference to learning from deaths in agenda item QA.7.22.6. JH noted the assurances received, with particular reference to the learning, and the appropriate processes and systems in place for dissemination.	
QA.7.22.14	**Any Other Business**	
	There was no other business to discuss.	
QA.7.22.15	**Matters to Share with Other Academies**	
	QA.7.22.5 – Collation of information systems concerning learning from harm – Following JC's initial discussions with PR, PSo, Sajid Azeb (Chief Operating Officer) and Carl Stephenson (Associate Director of Performance) this matter will be passed to the Finance and Performance Academy in order further quality metrics may be added to the dashboard.	QA22042 Associate Director of Quality (JC)
QA.7.22.16	**Matters to Escalate to the Board of Directors**	
	There were no matters to escalate to the Board of Directors.	
	Date and time of next meeting	
	Wednesday, 28 September 2022, 2 pm to 5 pm	
	Annexes for the Quality and Patient Safety Academy **Annex 1 – Documents for Information**	
QA.7.22.17	**Patient Safety Group Update**	
	Noted for information.	
QA.7.22.18	**Clinical Outcomes Group Update**	
	Noted for information.	
QA.7.22.19	**Quality and Patient Safety Academy Workplan**	
	Noted for information.	
QA.7.22.20	**Quality and Patient Safety Academy Structure Chart**	
	Noted for information.	

Bradford Teaching Hospitals
NHS Foundation Trust

ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 27 JULY 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22029	25.05.22	QA.5.22.16	**Quality and Patient Safety Academy Dashboard** 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. 30.08.22: Item on September Academy agenda. Complete. **CLOSED.**
QA22030	29.06.22	QA.6.22.5	**Estates and Facilities Quarterly Service Report (to include an update on catering)** 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. 30.08.22: Item on September Academy agenda. Complete. **CLOSED.**
QA22031	29.06.22	QA.6.22.6	**Urology Serious Incident (SI)** 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)	September 2022	19.07.22: Update requested. 27.07.22: JP requested learning from SIs be circulated in a timely way at the earliest opportunity. RS and JC noted a 72 hour review is held and any learning is put in place immediately due to the current SI process. SIs are a continual process of learning and change associated with the incident. The weekly Quality of Care Panel meeting follows up actions that need to be completed quickly. JP requested the effectiveness of learning is identified in the SI report for assurance purposes. RS noted any learning is

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						not held back until the SI report is published and the learning is published in the SI report. 05.09.22: RS – This is being picked up outside of the Academy – work is ongoing in the Trust around cancer tracking. **CLOSED.**
QA22034	29.06.22	QA.6.22.10	**Implementation of New Patient Safety Event Learning Platform** 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	24.08.22: LP - This matter was highlighted in the QPS Academy Chair report at the Board meeting on 14 July 2022. For probable discussion at a future Board Development session. Completed. **CLOSED.**
QA22037 QA22042	27.07.22	QA.7.22.5	**Quality Oversight and Assurance** **A – Quality Oversight and Assurance Profile** **B – Serious Incident (SI) Report** JC raised the issue of the necessity of data available to support and noted that following initial discussions with PR, PSo, Sajid Azeb (Chief Operating Officer) and Carl Stephenson (Associate Director of Performance) this matter will be passed to the Finance and Performance Academy in order further quality metrics may be added to the dashboard. **Matters to Share with Other Academies** QA.7.22.5 – Collation of information systems concerning learning from harm – Following initial discussions with PR, PSo, Sajid Azeb	Associate Director of Quality	September 2022	31.08.22: JC has discussed with Carl S the balance score card to ensure the CSUs have the appropriate metrics to monitor quality at CSU level.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			(Chief Operating Officer) and Carl Stephenson (Associate Director of Performance) this matter will be passed to the Finance and Performance Academy in order further quality metrics may be added to the dashboard.			
QA22038	27.07.22	QA.7.22.5	**Quality Oversight and Assurance** **A – Quality Oversight and Assurance Profile** **B – Serious Incident (SI) Report** Service concerns identified are linked to metrics and pressures. Regarding WR12412, JH queried the reassurance and whether this complied with the escalation policy to the University, Health Education England and the regulator if necessary. AH will confirm the actions comply with the Policy.	Head of Education	September 2022	30.08.22: AH - Discussion held with individual student and supervising midwife. Student's personal tutor informed as was the practice educator for midwives as support and for specific learning. This was according to our process for escalation for students, in collaboration with University of Bradford. The response followed the correct escalation process for when a student is involved in an error. Referral to Health Education England was not necessary or appropriate in this instance. Completed. **CLOSED.**
QA22039	27.07.22	QA.7.22.7	**Claims, Litigation, Incidents and Patient Experience (CLIP) – Annual Report** JHi noted compliments are received through ward accreditation visits and speaking to patients about their care. JHi will speak to the team to action this request.	Deputy Chief Nurse/ Director of Nursing	September 2022	24.08.22: JHi has spoken with the Patient Experience and Ward Accreditation leads to enable the sharing of this information in the report. Completed. **CLOSED.**
QA22040	27.07.22	QA.7.22.10	**Progress update from Quality and Patient Safety Academy Development Session** MH and JH will discuss further with JC, LAE and LP and bring back a further summary to	Associate Director of Quality	September 2022	For September agenda. 30.08.22: Item on September Academy agenda. Complete. **CLOSED.**

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			aide discussions considering the regulatory function, creative learning, improvement and innovation aspects at the September meeting.			
QA22041	27.07.22	QA.7.22.12	**Quality Improvement Programme Quarterly Update** This item was deferred to the September meeting in the absence of LT.	Head of Quality Improvement and Clinical Outcomes	September 2022	For September agenda. 30.08.22: Item on September Academy agenda. Complete. **CLOSED.**
QA22020	27.04.22	QA.4.22.13	**Clinical Outcomes Group** 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.
QA22019	27.04.22	QA.4.22.10	**Maternity and Neonatal Services Update** 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	October 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. 30.08.22: Deferred at SH request, update to be provided in October 2022.
QA22035	29.06.22	QA.6.22.14	**Serious Incident Report** 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	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22043						