

QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

Date:	Wednesday, 28 September 2022	Time:	14:00-17:30
Venue:	Microsoft Teams meeting	Chair:	Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Janet Hirst (JH), Non-Executive Director/Joint Chair - Mr Mohammed Hussain (MH), Non-Executive Director - Mr Altaf Sadique (AS), Non-Executive Director <p>Executive Directors:</p> <ul style="list-style-type: none"> - Dr Ray Smith (RS), Chief Medical Officer 		
Attendees:	<ul style="list-style-type: none"> - Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer - Dr Paul Southern (PSO), Consultant Hepatologist/Associate Medical Director - Dr Padma Munjuluri (PM), Consultant Obstetrician and Gynaecologist/Associate Medical Director - Dr Kavitha Nadesalingam (KN), Consultant Rheumatologist/Clinical Lead, Getting It Right First Time (GIRFT) - Ms Amanda Hudson (AH), Head of Education - Mrs Sally Scales (SS), Director of Nursing - Mrs Karen Bentley (KB), Assistant Chief Nurse - Mr Kez Hayat (KH), Head of Equality, Diversity and Inclusion - Ms Judith Connor (JC), Associate Director of Quality - Ms Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes - 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 - Mrs Joanne Hilton (JHi), Deputy Chief Nurse - Mrs Claire Chadwick (CC), Nurse Consultant/Director of Infection, Prevention and Control - Ms Jane Kingsley (JK), Lead Allied Health Professional - Mr Chris Davies (CD), Deputy Director of Estates and Facilities - Ms Louise Horsley (LH), Senior Quality Governance Lead - Ms Abimbola Olusoga (AO), Clinical Pharmacist Team Leader - Ms Gill Paxton (GP), Associate Director of Nursing and Quality, Bradford District and Craven Health and Care Partnership - Dr Yaseen Muhammad (YM), Nurse Consultant/Director of Infection, Prevention and Control - Ms Lisa Falkingham (LF), Senior Organisational Development Manager - Dr Saman Khan, Consultant/Clinical Director, Urgent/Emergency Care 		

In Attendance	<ul style="list-style-type: none"> - Ms Jill Clayton (JCI), Deputy Associate Director of Nursing, in attendance for agenda item QA.9.22.5. - Ms Michelle Kerr (MK), Facilities Manager, in attendance for agenda item QA.9.22.6.1. - Ms Liz Melsom (LM), Outstanding Theatre Service Improvement Lead, Dr Ben Wetherell (BW), Consultant Anaesthetics, in attendance for agenda item QA.9.22.9. - 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.9.22.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Professor Karen Dawber, Chief Nurse, represented by Joanne Hilton, Deputy Chief Nurse. - Ms Karon Snape, Head of Facilities, BTHNHSFT - Mr John Bolton, Deputy Chief Medical Officer/Operations Medical Director - Dr Helen Jepps, Consultant/Clinical Director, Children's Services - Mr Jon Prashar (JP), Non-Executive Director 	
QA.9.22.2	Declarations of Interest	
	There were no declarations of interest.	
QA.9.22.3	Minutes of the meeting held on 27 July 2022	
	<p>The minutes of the meeting held on 27 July 2022 were approved as a correct record, however, it was agreed actions QA22037 and QA22042 would be merged.</p> <p>The Academy noted that the following actions had been concluded: QA22029 – QA.5.22.16 (25.05.22) - Quality and Patient Safety Academy Dashboard. QA22030 – QA.6.22.5 (29.06.22) - Estates and Facilities Quarterly Service Report (to include an update on catering). QA22031 – QA.6.22.6 (29.06.22) – Urology Serious Incident. QA22034 – QA.6.22.10 (29.06.22) - Implementation of New Patient Safety Event Learning Platform. QA22038 – QA.7.22.5 (27.07.22) - Quality Oversight and Assurance. QA22039 – QA.7.22.7 (27.07.22) - Claims, Litigation, Incidents and Patient Experience (CLIP) – Annual Report. QA22040 – QA.7.22.10 (27.07.22) - Progress update from Quality and Patient Safety Academy Development session. QA22041 – QA.7.22.12 (27.07.22) - Quality Improvement Programme Quarterly Update.</p>	
QA.9.22.4	Matters Arising	
	MH noted there were no matters arising from the Minutes that were not already on the agenda. Verbal updates were given at the	

	<p>meeting on the outstanding and closed actions and these reflected in the action log.</p> <p>The Academy was asked to note QA.9.22.19 – Introduction of New Clinical Procedures or Techniques Policy is now deferred until the November meeting as this still requires sign off at the Clinical Outcomes Group meeting.</p> <p>MH reported the Nursing and Midwifery Strategy discussed at an earlier QPS Academy had been noted, this was approved by the Board of Directors at their September meeting. LP noted all strategies should be approved by the Board of Directors; policies and procedures are ratified by the Academy.</p> <p>Two other items included within Annex 1 that required approval from the Academy were discussed:</p> <ul style="list-style-type: none"> • QA.9.22.22 – Clinical Outcomes Group Update – Appended document on Irradiated Blood and Blood Component Policy. LT is the lead and the policy was ratified by the Academy. • QA.9.22.23 – Patient Experience Sub Committee. JHi is the Lead and the Terms of Reference had been revised to reflect the new structure. The document was approved by the Academy. <p>There were no additional matters arising or further issues to escalate.</p>	
QA.9.22.5	Falls with Harm	
	<p>JCI presented the data of falls per 1000 bed days, following a recent request from the Academy, due to a recent increase in falls noted at the end of the last quarter. Although an increase in falls in general was displayed a decrease in those falls that resulted in either moderate or severe harm, and patients who fall with low or no harm is apparent.</p> <p>Causative factors are multi-factorial from the falls perspective and include staffing pressures, reduced number of eyes on the wards alerting staff to patient activity, patients having been displaced from the normal bed base as a result of the Covid pandemic and the Covid legacy of patients admitted in a deconditioned state.</p> <p>Falls data is reviewed on a monthly basis with the Quality Improvement (QI) project setting the high target/aim to reduce falls by up to 50%. The Academy noted an aim is aspirational, not a target. Planned visits to each individual ward discussed specific data with all ideas for improvement and feedback shared across the organisation. Ward assessment forms part of the ward accreditation process. Hot debriefs, as recommended by The Royal College of Physicians to address the impact are in place, along with roadshows, additional equipment, appropriate training/e learning and checks e.g. medication, tailored support and improvement packages. The use of the Electronic Patient Record (EPR) is being revisited and bay tagging has been introduced within wards areas where patients at risk are identified. The national falls e learning package has been moved into the local</p>	

	<p>Electronic Staff Record for ease of accessibility, currently not mandated but advised. A Falls Lead post for the organisation has been advertised.</p> <p>The Academy noted the challenges and problems along with the positive changes and the continued engagement within all areas. To assist in understanding the changes that are making a difference and to demonstrate the impact of the improvements, the Academy suggested hearing from the teams using their own data and shared learning at ward level would be beneficial in the future and this was acknowledged by JCI.</p> <p>JCI was thanked for the informative presentation.</p>	
QA.9.22.6.1	Estates and Facilities Update with a focus on the Catering Service and an update on the Nutritional Group	
	<p>MK/JK presented an update to the Academy on Catering Services and the Nutrition Steering group plans with the presentation requested as a result of in-patient survey results.</p> <p>The following key highlights were noted:</p> <ul style="list-style-type: none"> • MK provided the background and history of catering service models explaining the move from in-house catering to a cook-freeze service model and the West Yorkshire Association of Acute Trust's (WYAAT) procurement process. • Varied and specialist menus were described including vegan, gluten free and Afro-Caribbean. A standard halal menu is available. Diet chefs are on site at Bradford Royal Infirmary for specific food requested by dietitians and there is a separate children's menu. • Assurance methods were highlighted with positive learning noted through the National in-patient survey over the last five years and the Bradford Teaching Hospitals NHS Foundation Trust Patient Satisfaction Survey where scores are currently averaging 80%, with higher aspirations and technology to receive real-time results sought. In addition there is an in-house monthly in-patient survey and patient satisfaction survey. Internal policies and procedures are in place. Unannounced visits from external agencies are undertaken. • The ordering of meals is currently paper based with orders submitted electronically via the ward, however, electronic ordering is planned in order the meal can move with the patient and dietary requirements can be linked to a specific patient. • Workplans are devised to incorporate required actions as a result of the in-patient survey and internal audit results. • All catering contracts are tendered with suppliers on an NHS Framework. • JK explained the role of the Nutrition Steering Group linked to catering. Assurance was provided around national guidance and policies being translated into practice at ward level improving nutritional care across the Trust. Concerns are reported via the Patient Safety Group. • A Business Case has been submitted for a Catering/Nutrition Quality Improvement Dietitian to ensure full compliance with necessary legislation. 	

	<ul style="list-style-type: none"> • Staff training is currently under review. On completion of the reviewed training package around nutrition an improvement initiative/event will be planned for the future. • The national in-patient survey due out imminently will enable specific benchmarking against the region and specific food scores. • There have been reduced numbers of people on the ward to help assist with food due to Covid, however, patient facing volunteer roles are being reintroduced into the Trust and will be expanded in the months to come. • The WYAAT group is working with NHS Supply Chain on the retender of the delivered meals contract. <p>Considerable discussion took place on the WYAAT contract and the many different dietary requirements covering the diverse population and cohort of communities catered for by the Trust.</p> <p>The Nutritional Education Sub Group is being led by the Education team, to implement the training identified in the training needs analysis.</p> <p>Diversity implications were discussed around the preparation and handling of food and patients' religious cultural and dietary requirements and the availability of menus in different languages. The Patient-Led Assessment in the Care Environment (PLACE) programme portal is currently open having been on hold due to the Covid pandemic and assessment visits are now being arranged. Concerns arising from patients refusing food are identified by nursing staff. Where this may affect nutritional status there are mechanisms in place to screen the risk, monitor dietary intake and take action including referral to dietetics if indicated. Measurements of waste are also tracked by Catering per ward with results monitored through key performance indicators.</p> <p>The diversity of catering staff against the population served was queried and a written response will be supplied by MK for noting under Matters Arising at the next meeting.</p> <p>The Academy was assured following in-depth discussions.</p>	QA22043 Facilities Manager (MK)
QA.9.22.6.2	Estates and Facilities Management Quarter 2 Service Report – Summary of Activity 2022/23	
	The report was noted for information by CD.	
QA.9.22.7	Quality Improvement (QI) Programme Quarterly Update	
	<p>LT shared the work undertaken in the last quarter by the Quality team around quality and quality improvement ensuring the patient is at the centre of everything and considering the key elements of high quality healthcare around patient safety, clinical effectiveness and audit, patient experience and importantly staff experience, learning and improvement leading to assurance. The identification and embedding of the correct learning and improvement will ensure full assurance.</p> <p>The vision around improvement and Improving as One was</p>	

	<p>discussed; this ensures the Trust's approach to improvement with the aim to embed a culture of continuous improvement and learning across the Trust. Improvement is thinking about how services are continually monitored to support improvement through the use of data in order to deliver outstanding care.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> • Development of a QI and the Quality Strategy to ensure these are linked up to place based partnership and ICS priorities, linking through the organisation to ICS level. • Improvement programmes to support the enhancement of the quality, safety, efficiency, timeliness promoting person-centred pathways and systems within the organisation's care processes. • The principles of leadership and governance, infrastructure and resources, skills and workforce and culture and environment and the six steps to plan, deliver and sustain an organisational improvement programme. A new governance framework is coming into effect this month, building on skills, workforce and the cultural environment. • Board Development workshops held. • Ward usage of quality data to drive improvement at local level. • Small scale changes and coaching is underway with a focussed patient safety week planned. • Quality Improvement Plan 2022/23 outlining planned programmes as well as building capacity and capability within the workforce. • Objectives and baseline figures noted and the opportunities for these targets to be achieved. • LifeQI online platform. • Close working with transformation and Organisational Development colleagues. • Foundation Level QI training. • Clinical leaders to be trained as QI practitioners and consideration to work with patients, carers and families as partners in quality improvement. <p>MH noted the thoroughly comprehensive update since the April report.</p> <p>LT and the Quality team were commended on their achievements in the organisation over the short space of time noting the stepped changes over the last couple of years in terms of quality and QI, with the processes becoming more embedded, demonstrating the ambition and aspiration converted to ambition, enthusiasm and energy.</p> <p>RS noted the importance of non-clinical staff helping to facilitate change in clinical care and the opportunity to get all staff on board as part of the organisation.</p> <p>LT noted it is envisaged further impacts on metrics and patient care will be provided in the next update following the forthcoming transformational work. CSUs will have opportunities to present their QI plans and programmes in the future.</p>	
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	<p>An initial draft of the Quality Strategy has been circulated to key teams to ensure cohesiveness between education, leadership programmes and linkage to Thrive and organisational development.</p> <p>The report was noted by the Academy.</p>	
QA.9.22.8	Progress Update from Quality and Patient Safety Academy Development Session	
	<p>JC/LP discussed the proposals following the QPS Academy Development session held in May 2022 where the aims, metrics, Terms of Reference and workplan were discussed.</p> <p>The following were proposed:</p> <ul style="list-style-type: none"> • To increase the number of meetings to 12 per year (two hours per meeting). • Split the 12 meetings equally into six Assurance and six Learning and Improvement meetings per year. The Assurance meetings will take place in the months preceding the Board meetings enabling the assurance to feed into the Board in a timely way. The membership of the Assurance meetings will be smaller including the Non-Executive Directors, lead Executives and key senior managers only, to allow for focused discussion. The Learning and Improvement meetings will have a broader membership so that insight can be sought from, and shared with, a broader range of staff. • In addition to the regular Academy meetings two extraordinary meetings per year would be held inviting half of the Clinical Service Unit (CSU) triumvirates to each meeting to facilitate a deep dive of Quality within their CSU (as a Quality Health Check) to provide support and challenge. • To introduce an annual celebration event to facilitate showcasing of Quality Improvement within CSUs (linked to the Quality Health Check). This will support learning and improvement across CSUs. • Recruitment of a patient safety partner in line with the national patient safety strategy and PSIRF. A voluntary role. • As part of the extra-ordinary meetings and annual celebration consideration is being given as to whether these meetings could be extended to all Academies covering Finance, Performance and People as well as Quality and Patient Safety to provide a more rounded discussion, conversation and support for the CSUs. <p>The Academy Terms of Reference and work plan had been updated to reflect the proposed changes along with a table setting out the arrangements for the different meetings.</p> <p>The Academy hoped that the revised arrangements would help to manage the Academy's large workload in a more effective way; ensuring appropriate focus is given to assurance, learning and improvement at the relevant meetings, as opposed to trying to cover all elements in every meeting.</p> <p>The ambitious programme of change was noted by MH. LP</p>	

	<p>discussed the Non-Executive Director champion roles which have been reduced; however, LP confirmed all other areas are picked up through the Committee and Academy structures as described. Security issues will be covered through the People Academy.</p> <p>The Academy discussed the proposed changes to the format of the meetings, agreeing to the proposed amendments to the Academy Terms of Reference and work plan and the next steps were noted.</p> <p>The plan will be implemented with LP and JC leading this change.</p>	
QA.9.22.9	Outstanding Theatre Service (OTS) Programme – Quarterly Update	
	<p>Dr Ben Wetherell (BW), Consultant Anaesthetist, presented the quarterly OTS programme update referencing the further safety aspects being introduced in theatres to demonstrate good safety culture with the recent introduction of a formal structure of briefs prior to theatre sessions, and debriefs at the completion of lists to enable compliance against the World Health Organisation (WHO) safer surgery checklist and the five steps to safer surgery. Previous difficulties have been overcome to ensure the Anaesthetist is present with the Operating Department Practitioner for the sign-in. Difficulties with the guidance were acknowledged, which has been in place for a number of years.</p> <p>The WHO checklist has been proved to have a direct impact on patients and the briefs have been rolled out to all theatre areas including acute and elective work with improvements in safety culture noted to have a positive and quantifiable impact on the performance of healthcare organisations.</p> <p>The learning and improvement methods underway to deliver outstanding care were noted.</p> <p>BW provided assurance to the Academy that the five steps to safer surgery are being adhered to and improvement areas under review, regarding the WHO debrief to ensure improvement and assurance.</p> <p>The change of behaviours and culture was found both reassuring and encouraging by the Academy.</p> <p>The impact of the QI work and the work underway with the QI team was referenced. Learning is shared widely to influence and impact other specialist teams in the Trust.</p> <p>RS noted the assurance provided by the noticeable culture following a recent session undertaken in theatre with the processes now requiring embedding and sustaining.</p> <p>The results and discussions of this long-term project will be used for educational purposes both across the organisation and in the publication of results.</p>	

QA.9.22.10	Quality Oversight and Assurance	
A	Quality Oversight and Assurance Profile	
B	Serious Incident (SI) Report	
	<p>LH discussed the model for Quality Oversight introduced during Covid ensuring continuing assurance for patient safety during the pandemic and setting out a full range of safety indicators to ensure that quality of patient care is monitored and managed appropriately.</p> <p>The report covered the period 16 July to 15 September 2022.</p> <p>The process for the discussion of safety events was noted with the change from daily to bi-weekly meetings to align with the Safety Event Group (SEG) and the Quality of Care (QuOC) panel meetings. The themes and trends identified in the Trust's safety events were highlighted. The newly published Patient Safety Incident Framework (PSIRF) is currently being digested and task and finish groups are being set up to work through the various elements required.</p> <p>The standard monthly SI report was received. In the last reporting period there have been six Serious Incidents declared by Bradford Teaching Hospitals NHS Foundation Trust with one being a Never Event:</p> <ul style="list-style-type: none"> • SI 2022/15973 related to a patient who was booked into the Emergency Department at 8 pm and experienced a 12 hour delay before commencement of assessment and treatment. • SI 2022/15405 related to a delay in diagnosis. • SI 2022/17303 related to a patient with challenging behaviour and a Deprivation of Liberty safeguard in place who became more agitated and aggressive after the removal of Oxygen therapy. • SI 2022/18277 related to an intrauterine death at 40+4 weeks gestation. A Healthcare Safety Investigation Branch (HSIB) investigation is underway. • SI 2022/15397 related to a potentially avoidable death due to cardiopulmonary resuscitation not being undertaken as there was a do not attempt cardiopulmonary resuscitation status documented on a paper handover sheet which was incorrect. • SI 2022/17613 – Never Event relating to a retained dressing being identified from a previous above knee amputation in November 2020 during an incision and drainage procedure performed in July 2022. <p>The reports and action plans submitted to the Healthcare Partnership have been accepted with positivity and minimal information requests received highlighting good practice. Verbal positive feedback has been received reflecting that the reports are open and honest with good improvement measures highlighted.</p> <p>The Academy noted the current position and was assured the Trust has processes in place to identify, investigate, improve and learn from SIs.</p>	

	<p>The pool of investigators may need to be expanded as the Trust adapts to the new PSIRF framework. Free learning from the Healthcare Safety Investigation Branch (HSIB) has been shared within the CSUs.</p> <p>There have been no breaches in Duty of Candour since the last report and since August 2016.</p> <p>Six SIs have been concluded since the last report and the action plans were noted, nineteen remain ongoing, however, six are being led by the HSIB:</p> <ul style="list-style-type: none"> • SI 2021/25485 – Wrong side chest drain Never Event. • SI 2022/4265 – MRI scanner failure. • SI 2022/7312 – Fall resulting in subdural bleed requiring surgery at Leeds General Infirmary. • SI 2022/6077 – Misplaced naso-gastric tube Never Event. • SI 2021/19878 – Delay in diagnosis of lung cancer. • SI 2022/2814 – Intrauterine death at 38+5 weeks gestation, HSIB investigation. <p>Patient Experience information including compliments (which have shown an increase over July and August), complaints and Patient Advice and Liaison Service (PALS) issues were referenced. Care and treatment remains the top theme with appropriateness of the treatment remaining as a top sub theme for the period in both complaints and PALS issues. There was a reduction in the number of complaints and PALS issues responded to during July but these increased again in August. Work is ongoing to reduce the number of complaints taking over six months to conclude; the complexity of some complaints was referenced.</p> <p>Alerts, organisational learning, claims and inquest data was detailed with learning from internal and external risks referenced. Improvement work to address the number of open Datix incidents is underway.</p> <p>The large number of appendices attached to the report was acknowledged.</p> <p>Quality and Patient Safety facilitators are now working with CSUs to embed the Quality Governance Framework with the improvement work, when requested, presented to the Moving to Outstanding meeting. Each CSU has a Quality and Patient Safety Facilitator assigned.</p> <p>The Academy noted the openness and honesty in the narratives, identifying transparency and assurance of fair processes. Concerns were raised regarding the unclosed long-standing complaints. The Academy noted the Datix system is being completely refigured and will be performance monitored in the future.</p> <p>It was agreed that going forward any upheld claim would list the lessons learned.</p>	<p>QA22044 Senior Quality Governance Lead (LH)</p>
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	<p>Protected characteristics were requested where possible for incidents occurring in the Trust. Datix references WR125440 and WR11097 were discussed and the question raised as to how lessons learned within areas could be flagged across the Trust. EPR can flag if interpreters are required and in which language. Methodology to ensure right and proper learning was highlighted due to the Patient Safety Incident Response Framework (PSIRF) moving away from identifying root causes and maximising the potential for learning when fundamental errors are identified within some reports. The methodologies within PSIRF will allow the Trust to explore the whole situation and culture and will form part of the improvement work underway.</p> <p>The issues around interpreting were discussed and the policies and guidance around flagging those with additional needs through the accessible information standards referenced. It was suggested that the report should encompass this data and a review of what can be produced was requested.</p> <p>The Academy noted the comprehensive appendices accompanying the report and considered the approach to providing assurance which links into the work of the Quality and Patient Safety Academy and its three pillars of assurance, learning and improvement.</p>	<p>QA22045 Senior Quality Governance Lead (LH)</p>
C	High Level Risks relevant to the Academy	
	<p>The paper was presented by RS concerning all high level risks aligned to the Academy, noting the changes since the last report and the summary of the Executive team's discussion regarding the risks. In addition, the paper provided a summary of the strategic risks which are reported on the Board Assurance Framework for reference.</p> <p>No new risks have been aligned to the QPS Academy with no risks closed and no risks past their review date.</p> <p>Risk 3309 has reduced in score - Risk of harm to patients and the organisation from delays in processing histopathology samples, target date for mitigation was 30 September 2020.</p> <p>The conversations held at the Board of Directors on 22 September 2022 and the Executive team meeting on 26 September 2022 were noted, particularly around some of the risks having been on the Register for a considerable period of time. All risks are reviewed regularly, however, Risk 3309 is still considered a risk and a proper review will be conducted. RS confirmed the lead reviewers will be supported by the Quality and Patient Facilitators to consider the risk in detail, to update and refresh.</p> <p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the High Level Risk Register, noting there were no issues relating to risks to highlight to the Board of Directors at its meeting on 10 November 2022.</p>	

QA.9.22.11	Quality and Patient Safety Academy Dashboard	
	<p>RS provided an overview of the dashboard which had been provided to the Academy. Falls with harm were covered in detail earlier in the meeting with the Infection Prevention and Control (IPC) report presented later in the meeting.</p> <p>The following key highlights were noted:</p> <ul style="list-style-type: none"> • Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator remain within expected limits. • Falls in readmissions – Data is very encouraging. There was uncertainty as to whether the fall was due to elective activity having been significantly reduced during Covid. The fall in readmissions has been sustained despite the Trust operating at pre-Covid levels of elective activity. The Trust has one of the lowest length of stay rates in the region. • Learning from deaths – 100% of deaths by the Medical Examiner's Office (MEO) continue to be reviewed. Recruitment to the MEO's continues as in April 2023 there is a statutory requirement for all deaths, including community deaths, to be reviewed. • Category 3 pressure ulcers – The higher level was due to the use of non-invasive ventilation due to the Covid pandemic. The downward trend continues and is being supported by a QI project. A new pressure ulcer risk assessment tool is planned for introduction at the end of November and research into further prevention methods continues. • Sepsis screening – A functioning dashboard is now in use. The Trust currently operates at 30% sepsis screening, lower than required. A recent audit has suggested that the management seems appropriate with recording dependent on the junior doctors. IT issues have now been corrected and training and engagement with the junior doctors is underway to educate around sepsis screening and involvement in improvement projects to increase the awareness among colleagues. • Stillbirths – There were six stillbirths in August. These have all been discussed at the Board of Directors on 22 September 2022, raised with the Care Quality Commission, the Local Maternity Service and with the Trust's commissioners. All cases have received a review and an internal escalation process been enacted. • No common themes were noted, however, work is ongoing to understand any issues. • Medicine Reconciliation - The Academy discussed the continued issues around medicine reconciliation with staffing currently raised as a major factor and audits being undertaken manually. Work is in hand with the EPR team to identify how this can be automated. <p>The Academies high risks and grading were considered compared to the Board Assurance Framework (BAF) particularly with regard to staffing. The stillbirth trend was discussed with health geographers suggested to consider the outcomes further.</p> <p>The Academy noted no additional escalations to the Board of Directors, following the discussions held at the Board on 22</p>	

	September 2022.	
QA.9.22.12	Infection, Prevention and Control (IPC) Report – Quarter 1	
	<p>CC noted the extensive report requesting Academy approval previously approved at a recent IPC Committee. CC summarised progress against the IPC work plan for 2022/23 and set out the Trust's infection control activities and performance between April and July 2022, this being the Quarter 1 report for 2022/23, the first of four reports comprising the annual report. The report presented assurances for progress against the annual infection prevention work programme, highlighting and providing an escalation summary of key risks in systems and processes which impact on the prevention of healthcare associated infections.</p> <p>The Healthcare Evaluation DATA (HED) indicator dashboard was presented and discussed identifying the Trust's position for MRSA and MSSA Bacteraemia, Clostridioides difficile (CDI) and E coli in relation to the national distribution of these infections as at September 2022; key highlights were noted. BTH is equal to or below peers' median for CDI and E coli but above the median for MRSA, MSSA healthcare acquired infections, however, the reduction in MSSA cases since January 2022 was noted. The Trust's journey following an increase in June and July of CDI was described and the improvements put in place noted. A number of other Trusts had seen the same picture. Detailed individual post-infection review investigations were undertaken and samples sent for ribotyping to look for severe disease types and to identify any transmission events and outbreaks. The results revealed fifteen separate and unique ribotypes with two exceptions. These cases had been nursed in the same ward bay and there had been a delay in isolating the first case. Multi-disciplinary meetings were held and lessons shared. Other case results were discussed noting the routes of transmission; however, no further evidence of cross-transmission was identified.</p> <p>Full investigations of all cases were undertaken with lessons learned from post-infection reviews. A decline in the standards of environmental cleaning on some wards, a decline in commode cleaning and response times for moving cases into side rooms. All wards where a case of CDI had been identified during June and July have now undergone a deep clean, no cases were linked and work undertaken with Facilities to understand why standards had slipped with key individuals in the team that required additional support and training identified. Work with wards on glove use and hand hygiene and close working with the Antibiotic Pharmacist and the Microbiologists to consider an increase in antibiotic drug usage, a common risk factor for CDI. Cases have subsequently begun to decline immediately to normal levels for the year. The IPC team work closely with the Antimicrobial Stewardship group to understand the prescribing issues associated with this high risk antibiotic.</p> <p>There is an aim to reduce overall antimicrobial use by 15% this being part of 'watch' and 'reserve' and national guidance. The Antimicrobial Steering group works with WYAAT Trusts, Primary</p>	

	<p>Care organisations and commissioning groups to ensure a consistent approach and audits are in place.</p> <p>CC highlighted the following:</p> <ul style="list-style-type: none"> • Joint inspections have been completed with Facility managers. • Areas requiring improvement have received additional enhanced cleaning support. • Hand hygiene and correct use of Personal Protective Equipment audited with spot checks to ensure compliance from IPC team. An audit programme is in place. • CDI improvement programme now part of the annual work programme. • All cases of CDI are reported through clinical incident reporting. • Continued challenges including lack of effective isolation facilities have been escalated to the Executive team. The Trust's old estate was acknowledged to be a challenge; however, a phased piece of work is underway of gradual improvements to facilities. • Lesson learned have been a driver for improvement. • Monitoring on the improvement programme will continue as part of the annual programme and all actions have been implemented. • Yearly objectives are set nationally as part of the national contract. <p>The comprehensive update was noted by the Academy and the challenges faced were discussed.</p> <p>The WYAAT Antimicrobial Stewardship group works with Primary Care and prescribers in the community, ensuring a whole place approach to prescribing with antibiotic protocols agreed at WYAAT. All organisations work together as place including General Practitioners and community prescribers.</p> <p>The report was approved by the Academy.</p> <p>MH noted this was CC's last QPS Academy meeting as Nurse Consultant/Director of Infection, Prevention and Control prior to her retirement later next month. CC was thanked for her immense hard work and commitment to the Academy over the years. CC introduced YM, the Trust's new Nurse Consultant/Director of Infection, Prevention and Control who has both national and international experience and MH welcomed YM to the Academy.</p>	
QA.9.22.13	Internal Audit Update	
	<p>LP explained that the paper circulated informs of the audits that have been completed since the last update was presented to the Academy in March 2022 and the outcomes, three with significant assurance ratings and one with a high assurance rating. The positive report was noted with LP confirming that the recommendations from all of the reports are tracked through the Audit Committee.</p> <p>The Academy noted the paper and the positive assurances provided.</p>	

QA.9.22.14	Any Other Business	
	There was no other business to discuss.	
QA.9.22.15	Matters to share with Other Academies	
	Patient Discharge - MH highlighted the issue of discharge management following a discussion at the Finance and Performance Academy on 28 September 2022. The Academy noted the ongoing work within this area around medication requests and where possible early identification of patients for discharge to assist patient flow. The 'Perfect Week' was discussed with JC agreeing to link with Shaun Milburn, Deputy Director of Operations, JHi and LT following the event for further consideration.	QA22046 Associate Director of Quality (JC)
QA.9.22.16	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 October 2022, 2 pm to 4 pm	
	Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information	
QA.9.22.17	Quality and Patient Safety Academy Workplan	
	Noted for information.	
QA.9.22.18	Quality and Patient Safety Academy Structure Chart	
	Noted for information.	
QA.9.22.19	Introduction of New Clinical Procedures or Techniques Policy	
	MH agreed that this item be deferred until the November meeting due to recent reviews of the Policy and the document requiring sign-off by the Clinical Outcomes Group.	QA22047 Head of Quality Improvement and Clinical Outcomes (LT)
QA.9.22.20	Infection Prevention and Control (IPC) Board Assurance Framework (BAF)	
	Noted for information.	
QA.9.22.21	Patient Safety Group	
	Noted for information.	
QA.9.22.22	Clinical Outcomes Group	
	Report noted and approved.	
QA.9.22.23	Patient Experience Sub-Committee	
	Report noted and the Terms of Reference were approved.	
QA.9.22.24	Freedom to Speak Up Quarter 1 Report	
	Noted for information.	

ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 28 SEPTEMBER 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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.
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. 14.10.22: LT – Introduction of New Clinical Procedures or Techniques Policy and Clinical Audit Policy including National Confidential Enquiries to be submitted to the November 2022 meeting.
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	12.10.22: JC – First draft circulated to key individuals for comment and contribution. To move to December 2022 due to delay in responses.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22043	28.09.22	QA.9.22.6.1	Estates and Facilities Update with a focus on the Catering Service and an update on the Nutritional Group The diversity of catering staff against the population served was queried and a written response will be supplied by MK for noting under Matters Arising at the next meeting.	Facilities Manager (M Kerr)	October 2022	13.10.22: Information provided by MK - 36% of the local population are from an ethnic minority group. In terms of patient catering there are 21.74% from an ethnic minority group and for Ward Hospitality it is 63.10%. Completed. CLOSED.
QA22044	28.09.22	QA.9.22.10	Quality Oversight and Assurance A – Quality Oversight and Assurance Profile B – Serious Incident Report It was agreed that going forward any upheld claim would list the lessons learned.	Senior Quality Governance Lead	October 2022	11.10.22: LH will ensure this narrative is included in the next Complaints, Litigation, Incident and Patient Advice and Liaison Service Report. Complete. CLOSED.
QA22045	28.09.22	QA.9.22.10	Quality Oversight and Assurance A – Quality Oversight and Assurance Profile B – Serious Incident Report The issues around interpreting were discussed and the policies and guidance around flagging those with additional needs through the accessible information standards referenced. It was suggested that the report should encompass this data and a review of what can be produced was requested.	Senior Quality Governance Lead	October 2022	13.10.22: LH – Meeting to be held on 28 October 2022 to discuss with KH and will look to include this information where possible in future reports. Complete. CLOSED.
QA22046	28.09.22	QA.9.22.15	Matters to share with Other Academies Patient Discharge - MH highlighted the issue of discharge management following a discussion at the Finance and Performance Academy on 28 September 2022. The Academy noted the ongoing work within this area around medication requests and where possible early identification of patients for discharge to assist	Associate Director of Quality	November 2022	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			patient flow. The 'Perfect Week' was discussed with JC agreeing to link with Shaun Milburn, Deputy Director of Operations, JHi and LT following the event for further consideration.			
QA22047	28.09.22	QA.9.22.19	Introduction of New Clinical Procedures or Techniques Policy MH agreed that this item be deferred until the November meeting due to recent reviews of the Policy and the document requiring sign-off by the Clinical Outcomes Group.	Head of Quality Improvement and Clinical Outcomes	November 2022	
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 (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.	Associate Director of Quality	January 2023	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. 28.09.22: Work underway with the new Clinical Support Units (CSU) which were recently introduced. New Quality and Patient Facilitators have being aligned to the new CSUs. An update on the Ward to Board metrics will be available in a few months once these new roles are embedded and the new Quality and Safety meetings introduced.



Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22032	29.06.22	QA.6.22.6	Urology Serious Incident 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	
QA22048						