

## QUALITY AND PATIENT SAFETY (QPS) ACADEMY MINUTES

<b>Date:</b>	Wednesday, 26 October 2022	<b>Time:</b>	14:00-16:20
<b>Venue:</b>	Microsoft Teams meeting	<b>Chair:</b>	Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Mr Mohammed Hussain (MH), Non-Executive Director/Joint Chair</li> <li>- Professor Janet Hirst (JH), Non-Executive Director/Joint Chair</li> <li>- Mr Altaf Sadique (AS), Non-Executive Director</li> <li>- Ms Sughra Nazir (SN), Non-Executive Director</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Karen Dawber (KD), Chief Nurse</li> <li>- Dr Ray Smith (RS), Chief Medical Officer</li> <li>- Dr Paul Rice (PR), Chief Digital and Information Officer</li> </ul>		
<b>Members:</b>	<ul style="list-style-type: none"> <li>- Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer</li> <li>- Ms Louise Horsley (LH), Senior Quality Governance Lead</li> <li>- Mrs Sara Hollins (SH), Director of Midwifery</li> <li>- Dr Yaseen Muhammad (YM), Nurse Consultant/Director of Infection, Prevention and Control</li> <li>- Mr David Smith (DS), Director of Pharmacy</li> <li>- Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing</li> <li>- Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary</li> </ul>		
<b>Attendees</b>	<ul style="list-style-type: none"> <li>- Ms Jacqui Maurice (JM), Head of Corporate Governance</li> </ul>		
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>- Ms J Kitching, Minute-taker</li> </ul>		
<b>Observers</b>	<ul style="list-style-type: none"> <li>- Raquel Licas, Staff Governor, Nursing and Midwifery</li> </ul>		

Agenda Ref	Agenda Item	Actions
QA.10.22.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mr Jon Prashar (JP), Non-Executive Director</li> <li>- Mrs Joanne Hilton (JHi), Deputy Chief Nurse/Director of Nursing</li> <li>- Ms Judith Connor (JC), Associate Director of Quality</li> <li>- Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director</li> <li>- Ms Gill Paxton (GP), Associate Director of Nursing and Quality, Bradford District and Craven Health and Care Partnership</li> <li>- Mrs Sarah Freeman (SF), Associate Director of Nursing</li> </ul>	
QA.10.22.2	<b>Declarations of Interest</b>	
	There were no declarations of interest.	

<b>QA.10.22.3</b>	<b>Minutes of the meeting held on 27 July 2022</b>	
	<p>The minutes of the meeting held on 28 September 2022 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded:</p> <ul style="list-style-type: none"> <li>• QA22043 – QA.9.22.6.1 (28.09.22) – Estates and Facilities Update with a focus on the Catering Service and an update on the Nutritional Group.</li> <li>• QA22044 – QA.9.22.10 (28.09.22) – Quality Oversight and Assurance.</li> <li>• QA22045 – QA.9.22.10 (28.09.22) – Quality Oversight and Assurance.</li> </ul>	
<b>QA.10.22.4</b>	<b>Matters Arising</b>	
	<p>Verbal updates were given at the meeting on the outstanding and closed actions and these were reflected in the action log.</p> <p>The update to QA22043 was noted with 36% of the local population being 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%.</p> <p>There were no additional matters arising or further issues to escalate.</p>	
<b>QA.10.22.5</b>	<b>Quality Oversight and Assurance Profile</b>	
	<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, with information reported to the Quality of Care Panel (QuOC) meeting on a weekly basis.</p> <p>The profile was presented of the data between 16 September and 15 October 2022:</p> <ul style="list-style-type: none"> <li>• Safety events – Twelve out of a total of thirty-two required escalation to QuOC.</li> <li>• Four Serious Incidents (SI) had been declared, with one being a safeguarding issue which may transfer to Bradford District and Craven Healthcare Partnership (SI 2022/20031); the Academy noted no harm occurred as a result of treatment provided by the Trust in this case: <ul style="list-style-type: none"> <li>- SI 2022/20031 related to a GP referral to the Children's Assessment Unit and a child who gave birth to a healthy term baby.</li> <li>- SI 2022/20266 related to a patient who was receiving adjuvant chemotherapy with curative intent. Deteriorating patient developed neutropenic sepsis.</li> <li>- SI 2022/21824 related to a patient who had delayed follow up for an oral squamous cell carcinoma.</li> <li>- SI 2022/21822 related to a patient who attended the Emergency Department and had an x-ray which showed a minimally displaced trimalleolar fracture to the ankle which became an open fracture during transfer.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• One SI has been concluded since the last report with an improvement plan in place: <ul style="list-style-type: none"> <li>- SI 2022/11872 – Unexpected/potentially avoidable death.</li> </ul> </li> <li>• Twenty-two SIs are ongoing, six of which are being investigated by the Healthcare Safety Investigation Branch (HSIB) and the team are currently working with the Quality and Patient Safety Facilitators to update on timescales following transitioning into the new Clinical Support Unit (CSU) arrangements.</li> <li>• Themes and trends were described noting further work underway as appropriate: <ul style="list-style-type: none"> <li>- Radiology AC codes and follow-up.</li> <li>- Critical medicines (specifically epilepsy medication).</li> <li>- Portering issues - An SI has been declared in relation to a specific patient safety event and a wider ongoing review and improvement work is underway.</li> <li>- Electronic Patient Record (EPR) messaging centre.</li> <li>- Delay in recognition of imperforate anus, new-born physical examinations.</li> </ul> </li> </ul> <p>The number of existing routes of dissemination and shared learning from serious incidents were noted, however, the Quality team are further strengthening processes and exploring innovative ways to establish assurance and embed learning, in line with the Academy's ethos of learning, improvement and assurance.</p> <p>The Academy was assured by the immediate and comprehensive learning and the safety recommendations were highlighted. The Academy noted the current position and was assured the Trust has processes in place to identify, investigate, improve and learn from SIs.</p> <ul style="list-style-type: none"> <li>• Ten alerts had been received, one with a response required and action completed.</li> <li>• Daily Safety Huddles now bi-weekly.</li> <li>• There have been no breaches in Duty of Candour since the last report and since August 2016.</li> <li>• Patient Experience – Numbers of contacts to complaints and the Patient Advice and Liaison Service (PALS) have increased in September. Overall numbers, however, do remain lower than previously with care and treatment being the highest cause.</li> <li>• Claims and Inquests – Learning information and improvements are to be referenced in the Quarter 2 Claims, Litigation, Incident and Patient Experience (CLIP) report as per the Academy's previous request.</li> <li>• Organisational learning – The paper on Learning from Deaths has demonstrated 81% of Structured Judgement Reviews (SJR) have shown adequate to excellent care in Quarter 1 with positive learning points identified around communication, end of life and potential improvements to be made around waiting times, intravenous fluid prescribing and deteriorating patients. To facilitate this learning and to lead improvement, the Mortality Group links with the relevant subgroups.</li> <li>• Learning from two HSIB reports provided – WR121565 and WF119047 regarding language and communication issues/</li> </ul>	
--	--	--

	<p>barriers.</p> <p>SH noted that interpretation and the use of interpreters is a common theme. The HSIB wrote to the Trust in May 2022 to which a response was discussed at the July 2022 Board of Directors. These cases relate to the cases in the letter. Improvement work continues with use of interpreters and the language line. However, further work is required in order to improve documenting conversations held regarding interpreters offered. Confusion by members was noted in the length of time the HSIB reports take to reach the Academy with actions already taken. In future the dates of incidents/claims will be referenced in the papers to acknowledge the length of time some external reports take to be received.</p> <p>The streamlining of reporting Maternity cases through the different reports will be considered. The possibility of communication barriers having led to omissions, confusion or misunderstandings may be relevant and this issue will be escalated to the Board of Directors.</p> <p>KD noted the threshold due to the level of risk in Maternity cases, with small issues on occasions leading to high adverse outcomes, however, the Trust has robust and detailed risk processes in place. Patients not speaking or understanding English is Trust-wide throughout all areas and the Trust has a large number of employees who speak many languages. Recruitment in midwifery has targeted support workers who are multi-bilingual in Eastern European languages and South East Asian languages also. Access to equipment to assist is also improved. Other key points include the use of familial language and patients being offered the choice of an interpreter but insisting on a family member, with difficult conversations sometimes ensuing. Consultants also act on occasions as the interpreter. An accredited module with the University is under consideration for roll-out in the year.</p> <p>Documentation of conversations was noted to be key in providing evidence of use of interpreters and/or family members.</p> <p>AHS will work with Patient Experience and the Interpreting Services to consider direct risks (local/strategic) around language/communication/interpreters and will provide a review in four months.</p> <p>Learning from both external and internal sources and the sharing of learning was discussed around retained swabs. Tracking following investigations and learning was raised. LH noted all SI action plans are followed up and tracked as routine for evidence and assurance.</p> <p>LH also noted the numerous actions and input from the specialist midwives in reference to the Maternity incidents following a request to provide detail and insight for further assurance.</p> <p>The Executive team has recently received a presentation on the Patient Safety Incident Response Framework (PSIRF). An implementation group has been set up with various Task and Finish</p>	<p>QA22048 Senior Quality Governance Lead LH</p> <p>QA22049 Director of Midwifery SH</p> <p>QA22050 Associate Director of Corporate Governance/ Board Secretary LP</p> <p>QA22051 Associate Director of Nursing AHS</p>
--	---	---

	<p>groups focusing on specific aspects of the requirements of the framework.</p> <p>The head injury incident was discussed in relation to falls alarms, low profile bedding and bed side rails. Improvement plans written alongside SI investigations are centrally tracked and followed through for evidence and assurance. Data held centrally is being validated and will be included in the future CLIP reports.</p> <p>KD noted least restrictive practice measures are used in the Trust, however, specific details on this incident could not be provided. A post-meeting noted will be added.</p> <p><b>Post-meeting note</b> – Jill Clayton, Deputy Director of Nursing, to be invited to the Quality and Patient Safety Assurance meeting in December to present.</p> <p>LP will ensure the Falls Programme is scheduled on the deep dive list.</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>QA22052 Chief Nurse KD</p> <p>QA22053 Associate Director of Corporate Governance/ Board Secretary LP</p>
<b>QA.10.22.6</b>	<b>Quality and Patient Safety Academy Dashboard</b>	
	<p>RS provided an overview of the dashboard which had been provided to the Academy and the following key highlights were noted:</p> <ul style="list-style-type: none"> <li>• Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator – Remains in expected range.</li> <li>• Readmissions – Improvement has been maintained.</li> <li>• Learning from Deaths – Since October 2021 the Medical Examiner's team has scrutinised every single death. This becomes statutory in April 2023 and the team is in the process of extending to review all community deaths. The data displayed was noted to be slightly out of date. Challenges raised in ensuring compliance by April 2023, however, the Trust is well ahead of other organisations in terms of organisation both regionally and nationally.</li> <li>• SJR reviews – Reviews are currently up-to-date.</li> <li>• Infection Prevention and Control (IPC); C difficile and MRSA – A C difficile improvement plan is in place and performance continues to improve from an IPC perspective.</li> <li>• Category 3 pressure ulcers – It is envisaged the Pressure Ulcer Risk Assessment tool will be in place by the end of November 2022. New packages continue to be developed with Calderdale and Huddersfield Foundation Trust. The improvement trend continues following the high levels seen during 2021 related to the higher levels of Non-Invasive Ventilation, as a result of the Covid pandemic.</li> <li>• Falls with harm – Significant improvement noted over the last month continuing the improvement over the last year. Levels of falls with harm are as low as these have been over the last four</li> </ul>	

	<p>to five years. Falls meetings have commenced and it is expected all sites will have had a visit from the Falls Improvement Roadshow by December 2022 with this improvement work reflected in the data. Falls with harm have significantly decreased. RS noted that deaths related to falls are picked up elsewhere within the quality data. KD noted the Falls Lead, once in post, will consider available equipment and maintenance.</p> <ul style="list-style-type: none"> <li>• Sepsis screening – Following the recent Junior Doctor induction, further education is underway around the recording aspect of sepsis screening. The target of antibiotics being given in one hour is acceptable. The linking of patient harms to non-recording would be difficult; however, there have been no increases in deaths from sepsis. Sepsis is one of the flags from the Medical Examiner scrutiny of case notes, no areas have been identified for improvement around sepsis following the SJRs undertaken.</li> <li>• Stillbirths – There were two cases during September. Discussions have been held with emerging themes considered.</li> <li>• Breast feeding – A question over the data and accuracy of the graph was raised. A suggestion was made to remove the metric for the present time as data security is being corrected. PR noted the challenges in capturing, for example, validation and data warehouse solutions and offered to consult with colleagues. The Academy agreed the graph will be removed for the present time but that the narrative will remain.</li> </ul> <p>The Academy noted there were no items for escalation to the Board of Directors' meeting on 10 November 2022.</p>	
<b>QA.10.22.7</b>	<b>Serious Incident (SI) Report</b>	
	The SI report was discussed in Agenda item QA.10.22.5.	
<b>QA.10.22.8</b>	<b>Complaints, Litigation, Incidents and Patient Experience (CLIP) Report</b>	
	This item was deferred to the December meeting.	
<b>QA.10.22.9</b>	<b>High Level Risks</b>	
	<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 reported on the Board Assurance Framework.</p> <p>New Risk - Risk 3801 – Replacement of both endoscopy stack systems as unreliable and outside of the maintenance contract. The purpose of the replacement systems has been agreed by the end of October 2022.</p> <p>Risk 3627 – Wider backlog maintenance and critical infrastructure – The review date has past, however, the narrative is being updated with a new review date of January 2022.</p> <p>Risk 3686 – Antenatal Clinic waiting area – The score has reduced from 15 to 9. Plans are in place to move the Gynaecology out-</p>	



	<p>patient clinics by the end of the financial year which will improve waiting area capacity.</p> <p>Two risks remain a couple of years past their original target date:</p> <ul style="list-style-type: none"> <li>• Risk 3411 – Oncology Service delivery due to two Consultant vacancies. Significant work by the West Yorkshire Association of Acute Trusts (WYAAT) led by the Council Alliance to recruit to a joint post, 50% in Leeds and 50% in Bradford/Airedale is progressing. MH highlighted the two week cancer wait time to treatment situations discussed at the Finance and Performance Academy meeting on 26 October 2022 as being very favourable. Pat Campbell, Director of Human Resources, is working with her counterpart in Leeds to progress the recruitment process.</li> <li>• Risk 3591 – The Trust is non-compliant with ventilation requirements in Pathology Laboratories. The Executive team has proposed the risk is closed as it is reflected within the wider backlog maintenance and critical infrastructure risk (3627). The proposed closure will be considered by the Executive team as part of the next risk cycle in November.</li> </ul> <p>Both risks have been updated, however, as they are significantly past their original target date a full review is underway.</p> <p>MH raised the issue of language communications and any risks documented below the 'high risk' level for review. RS agreed to search the risk register in order to identify any risks to highlight.</p> <p>KD noted a previous risk scoring greater than 16 regarding face masks for deaf patients during the recent pandemic and this was reduced following clear face masks being provided.</p> <p>Risk 3473 – Increasing demands on the Child Development Service, particularly around staffing and long waiting times for children awaiting adoption. JH questioned whether this involved multi-agency working and whether the Trust could provide any influence. RS noted this challenging area in which to recruit. Conversations are being held to look at alternative models, however, additional resource, currently not available, would be required.</p> <p>No specific risks are currently aligned to obstetric and maternity staffing, however, risk assessments have been undertaken for listing on the Corporate Risk Register. SH agreed to add this documentation as an appendix to the November report being presented at the December QPS Academy once approved via the Maternity Governance group.</p> <p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the High Level Risk Register, noting the discussions by the Executive team and that there were no issues relating to risks to highlight to the Board of Directors at its meeting on 10 November 2022.</p>	<p>QA22054 Chief Medical Officer RS</p> <p>QA22055 Director of Midwifery SH</p>
--	---	---

QA.10.22.10	<b>Board Assurance Framework (BAF) – Strategic Risks relevant to the Academy</b>	
	<p>LP discussed the paper setting out the high level strategic risks, relevant to the QPS Academy, which could threaten the achievement of the strategic objectives.</p> <p>Strategic Objective 1 relates to providing outstanding care for patients delivered with kindness and Strategic Objective 4 to be a continually learning organisation and recognised as leaders in research, education and innovation.</p> <p>Three risks reported under Objective 1:</p> <ul style="list-style-type: none"> <li>• The need to understand our population and their needs to deliver appropriate services.</li> <li>• To have the right staff in the right place.</li> <li>• To maintain and develop our care environment – The highest score is 16 relating to staffing which aligns to the earlier discussions.</li> </ul> <p>Under Objective 4 there are three strategic risks:</p> <ul style="list-style-type: none"> <li>• To provide an appropriate learning experience for trainees, higher than target.</li> <li>• To attract research funding and researchers to the Bradford Institute for Health Research (BIHR), at target score.</li> <li>• To ensure robust processes for incident identification, escalation and learning, higher than target.</li> </ul> <p>There have been no changes in score since the previous BAF produced in August.</p> <p>The new format of the report and levels of assurance were noted by the Academy, noting the appropriate mitigations in place.</p> <p>The potential threat to the Trust of impending industrial action was raised with the need to reflect the potential impact and gap in control. Upon any notification of ballot results and following discussion, the risk will be identified and reflected within the BAF.</p> <p>The metric around research was discussed particularly with regards to the impact of the research on the Bradford population and linking this through engagement with practising clinicians, clinical teams and the assessment of evidence-based performance research in the community against the Trust's strategic objectives.</p> <p>RS informed the Academy BIHR's move is towards a wider footprint and a city of research to link to our patients and the population, engagement with patients and staff in research in the organisation. Research forms part of the Executive to CSU meetings along with Education.</p> <p>PR highlighted the ties between the institutions in relation to the infrastructure. Levels of collaboration and engagement between the Trust, partners, place and BIHR are improving on a daily basis and a secure data environment is crucial.</p>	



	<p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the BAF, providing assurance to the Board that all relevant risks are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p>	
<b>QA.10.22.11</b>	<p><b>Infection, Prevention and Control (IPC) Board Assurance Framework (BAF)</b></p>	
	<p>YM was welcomed to the meeting and the comprehensive paper was noted. YM provided a brief summary of the IPC BAF highlighting the key points:</p> <ul style="list-style-type: none"> <li>• The current COVID-19 position at the Trust was described, compared to the regional and national data.</li> <li>• The number of cases was noticed to be increasing within recent weeks, reflected over the region.</li> <li>• The number of cases were noted where the positive swab was within 3 to 7 days after admission to hospital, within 8 to 14 days of admission and more than 15 days of admission.</li> </ul> <p>An increase in hospital onset cases has been observed as numbers of admissions with confirmed COVID-19 increased relating to recently ceased asymptomatic testing with the exception of immunocompromised patients. Patients are currently only tested when they are symptomatic.</p> <p>National guidance for COVID-19 was updated on 6 September 2022 with no significant changes except background information and symptom sections.</p> <p>The highlights of revisions to the IPC BAF were noted:</p> <ul style="list-style-type: none"> <li>• Respiratory plan incorporating respiratory seasonal viruses including COVID-19 in order to minimise the transfer of patient infections between care areas.</li> <li>• Minimum transfers of infectious patients between care areas.</li> <li>• The gaps in compliance for the revised IPC BAF particularly the lack of a formal lead for antimicrobial stewardship, however, antimicrobial stewardship activities are carried out by the antimicrobial pharmacist, with responsibilities lying within groups.</li> <li>• Suboptimum ventilation in some areas not meeting the HTM 03-01 standards, however, all high risk areas are compliant with the standards including Intensive Care, operating theatres etc. Natural ventilation is provided in the suboptimum areas to mitigate the risk.</li> <li>• Lack of suitable side rooms.</li> <li>• Patient compliance with wearing face masks is unmonitored.</li> <li>• Current staffing in Pharmacy making audit data collection challenging.</li> </ul> <p>Assurance was provided through the Trust's COVID-19 Improvement programme and the following were highlighted:</p> <ul style="list-style-type: none"> <li>• Winter Operational Response plan 2022/23 – Approved and in place.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Vaccine campaigns.</li> <li>• Flagging system in the Electronic Patient Record (EPR) for patients who have had contact with a COVID-19 positive patient.</li> <li>• Reassurance provided through the Antimicrobial Prescribing and Medicines Optimisation report that the Trust is demonstrating good practice for antimicrobial stewardship.</li> </ul> <p>YM was thanked for the presentation and the assurances provided with particular reference to the winter plan. RS thanked YM for his assistance with the decision-making over the last few weeks noting the difficulties with positive cases identified in the Trust and patients with specific morbidities being cared for in their specialty bed base.</p> <p>The number of deaths from COVID-19 since the commencement of the pandemic was noted with a request to compare the excess deaths rather than the total deaths with COVID-19. Data around excess deaths would prove difficult to interpret due to those who might have died in hospital dying in the community.</p> <p>The QPS Academy were assured in terms of the BAF and IPC update and approved the progress for the BAF being cited on the learning identified from the outbreak investigation actions.</p>	
<b>QA.10.22.12</b>	<b>Maternity and Neonatal Services Update</b>	
	<p>SH provided a brief headline summary regarding the obstetric staffing challenges noting the emerging themes of concern with these resulting in a knock on effect of key agenda items around quality and safety.</p> <ul style="list-style-type: none"> <li>• Lack of capacity of obstetricians, however, clinical cover continues to be maintained as a priority.</li> <li>• Avoiding Term Admissions into Neonatal Units (ATAIN), Quarter 1 report required to demonstrate compliance with safety action 3 of the Maternity Incentive Scheme – Currently consistently below 5% national target – Increased rate thought to be due to improved recording of babies requiring a transient or non-clinical admission to the Neonatal Unit.</li> <li>• Number of babies admitted with hypothermia maintained at zero.</li> <li>• You Said/We Did feedback raised concerns at recent in-house maternity meetings, however, actions providing reassurance were noted.</li> <li>• Visiting arrangements to reduce daily verbal aggression encountered agreed and further work is underway around a behaviour code.</li> </ul> <p>MH and KD thanked SH for the update provided.</p> <p>KD noted the recent August spike in stillbirths, the downturn in September and an increase in stillbirths in October, assuring the Academy following an immediate piece of work considered. Social and economic reasons had been identified and SH and the team have now commenced a new piece of work around provision of food bank parcels/vouchers to be available to patients meeting set</p>	

	<p>criteria, identified by the midwives.</p> <p>Other inequalities are now being considered for example those patients who are struggling with transport costs. The economic crisis is of incredible concern and the impact this will have on vulnerable women. Considerable discussion ensued noting attention being provided to foetal movements, diet and nutrition. A retired obstetrician has been engaged to assist with governance around stillbirths. Obstetric colleagues are very receptive and welcoming to this support.</p> <p>The Academy was assured by the actions described.</p>	
<b>QA.10.22.13</b>	<b>Bi-Annual Digital Report</b>	
	<p>The Digital Strategy Update for 2022 to 2023 was presented by PR and the following discussed:</p> <ul style="list-style-type: none"> <li>• Information surrounding the delivery programme for the Virtual Royal Infirmary (VRI) is available at the Digital and Virtual Services Information Hub on Level 1 at Bradford Royal Infirmary. PR suggested any Non-Executive Directors wishing to visit the Hub contact LP.</li> <li>• Medicines optimisation was raised around the Omnicell machine. PR noted the Executive Directors will be presenting on capital expenditure via a presentation at the Trust's Annual General Meeting/Annual Members' meeting on 31 October 2022.</li> <li>• Following a recent presentation by Matthew Horner, Director of Finance, on capital expenditure projects, MH noted that a number of digital projects have slipped. PR discussed the reasons including supply chain challenges and the potential recovery on a number of these by the end of this financial year. The Executive Directors are kept fully apprised that the Trust is still under resourced in relative terms, to the scale of expectation around digital, and proposals continue to be presented to a future Planning Committee meeting.</li> </ul> <p>PR was thanked for the update.</p>	
<b>QA.10.22.14</b>	<b>Any Other Business</b>	
	There was no other business to discuss.	
<b>QA.10.22.15</b>	<b>Matters to share with Other Academies</b>	
	People Academy is the lead Academy for Maternity staffing, however, reporting to be shared with the QPS Academy for information only.	
<b>QA.10.22.16</b>	<b>Matters to escalate to the Board of Directors</b>	
	The Board to be made aware of the discussion regarding interpreting and language barriers. The Academy has requested a report to be presented to the Academy in three months that considers any direct local and strategic risks in relation to language/communication/interpreters.	
<b>QA.10.22.17</b>	<b>Date and time of next meeting</b>	
	Wednesday, 30 November 2022, 2 pm to 4 pm (Learning and	

	Improvement meeting).	
	<b>Annexes for the Quality and Patient Safety Academy Annex 1 – Documents for Information</b>	
QA.10.22.18	<b>Bradford District and Craven Quality Committee Highlight Report/Minutes</b>	
	Noted for information.	
QA.10.22.19	<b>Quality and Patient Safety Academy Work plan</b>	
	Noted for information.	
QA.10.22.20	<b>Internal Audit Report relevant to the Academy</b>	
	There were none to report.	

## ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – 26 OCTOBER 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22046	28.09.22	QA.9.22.15	<p><b>Matters to share with Other Academies</b></p> <p>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.</p>	Associate Director of Quality	November 2022	<p>23.11.22: JC – Update of the outputs from Shaun Milburn being sought of how the perfect week went and what the impact was on discharge, in order to incorporate any learning.</p> <p>24.22.22: JC update - Work as one week had a number of schemes designed to improve both accuracy of the estimated date of discharge (the patient is discharged on the date set after the ward round) and the time of the discharge (target for downstream wards is 85% before 4pm).</p> <p>We have worked with BI and developed a ward dashboard that is discussed weekly and shared with the CSUs and its clear there are significant challenges, most of which are not specific to Bradford and are across the whole NHS/acute hospitals providers. Eg Patients right to reside, patients requiring health needs assessments.</p> <p>Discharge metrics (LoS, EDD accuracy, timeliness of discharge) are benchmarked in the upper quartile against other providers.</p> <p>That said, post work as one week we</p>

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						have improved our EDD accuracy by 20% and increased the number of patients being discharged before 4pm by 8%. This work forms a significant part of our UEC transformation (ODM) project and will continue to be a major focus for the Trust.
QA22047	28.09.22	QA.9.22.19	<b>Introduction of New Clinical Procedures or Techniques Policy</b> 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	17.11.22: Item on the November agenda. Complete. <b>CLOSED.</b>
QA22048	26.10.22	QA.10.22.5	<b>Quality Oversight and Assurance Profile</b> Confusion by members was noted in the length of time the HSIB reports take to reach the Academy with actions already taken. In future the dates of incidents/claims will be referenced in the papers to acknowledge the length of time some external reports take to be received.	Senior Quality Governance Lead	November 2022	23.11.22: JC – The December SI and Quality Assurance slide deck will reflect these arrangements. Completed. <b>CLOSED.</b>
QA22049	26.10.22	QA.10.22.5	<b>Quality Oversight and Assurance Profile</b> The streamlining of reporting Maternity cases through the different reports will be considered.	Director of Midwifery	November 2022	23.11.22: SH - Agreed that Maternity update will be responsible for updating on maternity specific reports and not the corporate quality and safety team. Completed. <b>CLOSED.</b>
QA22052	26.10.22	QA.10.22.5	<b>Quality Oversight and Assurance Profile</b> The head injury incident was discussed in relation to falls alarms, low profile bedding and	Chief Nurse	November 2022	17.11.22: Post-meeting noted added. Item added to the December QPSA agenda. Jill Clayton invited to



Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			<p>bed side rails. Improvement plans written alongside SI investigations are centrally tracked and followed through for evidence and assurance. Data held centrally is being validated and will be included in the future CLIP report.</p> <p>KD noted least restrictive practice measures are used in the Trust, however, specific details on this incident could not be provided. A post-meeting note will be added.</p> <p><b>Post-meeting note</b> – Jill Clayton, Deputy Director of Nursing, to be invited to the Quality and Patient Safety Assurance meeting in December to present.</p>			the meeting. Completed. <b>CLOSED.</b>
QA22053	26.10.22	QA.10.22.5	<p><b>Quality Oversight and Assurance Profile</b> LP will ensure the Falls Programme is scheduled on the deep dive list.</p>	Associate Director of Corporate Governance/ Board Secretary	November 2022	17.11.22: LP: Falls presentation added to the Assurance agenda for December 2022. Completed. <b>CLOSED.</b>
QA22054	26.10.22	QA.10.22.9	<p><b>High Level Risks</b> MH raised the issue of language communications and any risks documented below the 'high risk' level for review. RS agreed to search the risk register in order to identify any risks to highlight.</p>	Chief Medical Officer	November 2022	18.11.22: RS: There are no currently open risks on the risk register relating to communication difficulties. Consideration is being given as to how to articulate this risk for escalation. JC meeting with KD and JHi to further discuss (29.11.22).
QA22035	29.06.22	QA.6.22.14	<p><b>Serious Incident Report</b> Clear expectations are apparent in the new quality governance framework and this will be</p>	Associate Director of Quality	December 2022	12.10.22: JC – First draft circulated to key individuals for comment and contribution. To move to December

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			embedded/articulated in the Quality Strategy which it is envisaged will be presented in draft format to the Academy in October.			2022 due to delay in responses.
QA22055	26.10.22	QA.10.22.9	<b>High Level Risks</b> No specific risks are currently aligned to obstetric and maternity staffing, however, risk assessments have been undertaken for listing on the Corporate Risk Register. SH agreed to add this documentation as an appendix to the November report being presented at the December QPS Academy once approved via the Maternity Governance group.	Director of Midwifery	December 2022	23.11.22: SH - Risk assessment included in the November update paper. Completed. <b>CLOSED.</b>
QA22019	27.04.22	QA.4.22.10	<b>Maternity and Neonatal Services Update</b> JH noted the excellent research facilities in the Trust. MH asked if the Bradford Institute for Health Research related to perinatal mental health was embedded into practice. SH said that she would follow this up.	Director of Midwifery	January 2023	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. 26.10.22: SH – No output following initial contact. Teams considering the conversations and outputs.
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)	January 2023	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

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						including National Confidential Enquiries to be submitted to the November 2022 meeting. 17.11.22: Introduction of New Clinical Procedures or Techniques Policy on November agenda. Clinical Audit Policy including National Confidential Enquiries deferred until the January 2023 meeting.
QA22037 QA22042	27.07.22	QA.7.22.5	<p><b>Quality Oversight and Assurance</b></p> <p><b>A – Quality Oversight and Assurance Profile</b></p> <p><b>B – Serious Incident (SI) Report</b></p> <p>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.</p> <p><b>Matters to Share with Other Academies</b></p> <p>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.</p>	Associate Director of Quality	January 2023	<p>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.</p> <p>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.</p>

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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	
QA22050	26.10.22	QA.10.22.5	<b>Quality Oversight and Assurance Profile</b> The possibility of communication barriers having led to omissions, confusion or misunderstandings may be relevant and this issue will be escalated to the Board of Directors.	Associate Director of Corporate Governance/ Board Secretary	February 2023	18.11.22: LP: Dependent on the outcome from the paper to be presented by Adele Hartley-Spencer in February with findings in relation to communications/interpreters. QPSA then to determine if this should be escalated to the Board of Directors.
QA22051	26.10.22	QA.10.22.5	<b>Quality Oversight and Assurance Profile</b> AHS will work with Patient Experience and the Interpreting Services to consider direct risks (local/strategic) around language/ communication/interpreters and will provide a review in four months.	Associate Director of Nursing (AHS)	February 2023	
QA22056						