

Board of Directors			
Date	19 January 2023	Agenda item:	Bo.1.23.11

Report from the Chair of the Quality and Patient Safety Academy (QPSA) held 14 December 2022

Presented by	Janet Hirst, Non-Executive Director, Academy Joint-Chair		
Author	Katie Shepherd, Corporate Governance Manager		
Lead Directors	Karen Dawber, Chief Nurse / Dr Ray Smith, Chief Medical Officer		
Purpose of the paper	To provide a summary of the discussions and outcomes from the QPSA held 14 December 2022		
Key control	This report is relevant to Strategic Objectives 1: To provide outstanding care for our patients, delivered with kindness and 4: To be a continually learning organisation and recognised as leaders in research, education and innovation		
Action required	To note		
Previously discussed at/ informed by	QPSA held 14 December 2022		
Previously approved at:	Committee/Group	Date	
	N/A		
Key Matters Discussed			
A summary of the key items discussed at the meeting held in December 2022 is presented below. The confirmed minutes from the meeting will be available at Board in March 2023. The next meeting of the QPSA is scheduled for 25 January 2023.			
This meeting was the third of the new style meetings where alternate months would cover assurance, or learning and improvement. This meeting covered assurance.			
Overview of the QPSA Assurance meeting held 14 December 2022: Key items discussed.			
• Quality Oversight and Assurance Profile			
The Academy received an update against the safety indicators to ensure that quality of patient care was monitored and managed appropriately. The highlights of the report were:			
• Daily safety huddles within the Quality Team had ceased following the introduction of a trust-wide safety huddle that previously took place with a limited attendance twice weekly. The new Trust Wide Safety huddle meets daily with a wider targeted participation including the Executive on-call in attendance. This had improved the escalation and reporting process.			
• Incidents were escalated through a weekly safety event group which allowed for information to be reported and shared more efficiently.			
• Complaints increased in October 2022 for the fourth consecutive month relating to common themes that were being addressed. Complaints remained lower than the peak seen in March 2022.			
• The Trust made formal admissions in five claims in October 2022. Nine claims were referred to NHS Resolution (3 on the basis of litigation risk).			
• Assurance was sought on the improvement of transfer of information between neighbouring Trusts following an incident in Maternity Services. It was advised that the Trust had a positive working relationship with Airedale NHSFT and the investigation process would help to identify where steps needed to be taken to improve the transfer of information.			

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- **Quality and Patient Safety Academy Dashboard**

The Academy reviewed the dashboard. The highlights were:

- The 12-month rolling hospital standardised mortality ratio up to 31 October 2022 was reported in the expected range at 101.76.
- The summary hospital-level mortality indicator up to 31 October 2022 was reported within the expected range at 107.94.
- There had been a sustained decrease in the number of positive C. Difficile cases for two-months, and no cases of MRSA for the previous three-months.
- There had been a decrease in the total number of falls with and without harm per 10,000 bed days during September 2022, the lowest it had been since April 2018.
- Following a comprehensive discussion regarding the complexity and ambiguity attributed to the metric that shows the percentage of patients screened for sepsis, it was agreed that this metric should be removed from the dashboard for a period of three-months to allow time to review how sepsis screening was measured and reported to provide an accurate representation of sepsis screening requirements.

- **Serious Incident Report**

The highlights from the report were:

- There were eight serious incidents (SI) declared between 16 October and 7 December 2022. One SI was raised as a never-event and three were reportable to the Healthcare Safety Investigation Branch (HSIB).
- While eight SIs were closed during the period 16 October - 7 December 2022, twenty remained open, six of which were with the HSIB for independent investigation. During the same period there were seven alerts issued, two of which required responses. One was reported compliant and one 'not relevant to organisation'.
- There were a number of SIs that had exceeded their target date for completion, however extensions had been agreed with the Health and Care Partnership. The average time for completion of the investigation of an SI was 104-days. Work was underway to improve this position.
- Feedback had been provided from the Health and Care Partnership that SI reports had improved in quality.
- Sessions would be held with trust colleagues to support them with SI investigations.
- From April 2023 the Health and Care Partnership would no longer have oversight of SIs. The responsibility and accountability would be placed on the Trust.
- It was requested that clear tracking detail be included in the report to the Q&PSA, including when ongoing investigations were expected to conclude.
- **Update relating to Serious Incident (SI) – Fall resulting in severe head injury which led to a patient's death**

The highlights of the report were:

- Information pertaining to the SI had been shared with the wider Trust through the delivery of roadshows to each ward via the Chief Nurse Team. There was a focus on learning from incidents to identify where improvements could be made on a ward-by-ward basis. There had been good staff engagement.
- The Trust had set a target to reduce the number of falls by 50% during the financial year, and had reached that target. Efforts would be made to maintain this during the remainder of 2022/23.
- Interviews would take place during December 2022 for a Lead Falls Practitioner.
- Sughra Nazir, Non-Executive Director had raised some specific queries in relation to this

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SI and the learning from it, and it was agreed that this would be followed up outside of the meeting and the learning reported back in due course.

• **Complaints, Litigation, Incidents and Patient Experience (CLIP) Q2 2022/23 Report**

The highlights of the report were:

- Whilst improvements had been made with the analysis of CLIP, work would be undertaken to triangulate information further. Support would be sought from the Bradford Institute for Health Research on the thematic analysis of the report.

• **High Level Risks relevant to the Academy**

The Academy reviewed the high level risks relevant to the Academy. These were:

- Risk ID 3627: A risk relating to business continuity, failure of estates infrastructure/ engineering systems/ building fabric was there was not significant capital investment into the identified backlog maintenance.
- Risk ID 3810: A risk to the continuity of Haematology Service due to long-term sickness of Speciality Lead. Assurance was provided as to why the target data needed to be extended.
- Risk ID 3671: Risk of major or catastrophic harm to patients due to COVID-19 drive operational pressures.
- Risk ID 3598: A risk that the CYP admitted to children and adult wards in mental health crisis have variation in their practice/care.
- Risk ID 3696: A number of significant risks to the organisation arising from the age and condition of the pharmacy aseptic unit.
- Risk ID 3815: A risk relating to the provision on inaccurate Trust maternity data if the Trust was unable to validate maternity data extracted from Cerner.
- Risk ID 3748: A risk that as the demand for haemodialysis had reached capacity, that some patients may not receive timely dialysis.
- Risk ID 3411: A significant risk to Oncology Service delivery due to two consultant vacancies. Further discussion ensued to assure mitigation and progress.
- Risk ID 3660: A risk due to the rapid increase in paediatric attendance in the Emergency Department, which may compromise the delivery of safety and flow.
- Risk ID 3630: A risk relating to staffing shortages in the Children's Community Team impacting the Trust's ability to provide the level of respite care required.
- Risk ID 3732: A risk of harm to patients, staff and visitors within planned and unplanned care due to staffing levels.
- Risk ID 3468: A risk that staff were not following or being able to follow the correct process for recording activity or patient pathway steps in the electronic patient record (EPR) system.
- Risk ID 3404: A risk that optimal staffing levels within all areas of maternity services were not achieve due to vacancies, maternity leave, COVID-19 isolation rules and sickness absence.
- Risk ID 3473: A risk relating to increased demand on Child Development Services.
- Risk ID 3808: A risk relating to the planned industrial action by RCN. Additional assurance and clarification was provided to assure mitigation.

The Academy was assured that all relevant key risks had been identified and reported to the academy, and were being managed appropriately.

• **Infection Prevention and Control (IPC) Board Assurance Framework (BAF)**

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The highlights of the report were:

- The number of COVID-19 positive patients continued to decrease nationally, regionally and locally.
- In total there had been 40 reported COVID-19 outbreak investigations. Thirty-nine were closed; one remained open which was more recent at St Luke's Hospital. This investigation was expected to close on 12 December 2022 if no further cases were identified.

- **Maternity and Neonatal Services Update**

The highlights of the report were:

- The Academy received the Obstetric Staffing Risk Assessment as requested during the October 2022 meeting, which had been scored at 15. It would be reviewed in the New Year.
- The People Academy approved the Neonatal Medical and Nursing updated action plans as part of the Maternity Incentive Scheme in November 2022.
- The maternity and neonatal service had met the required Safety Action 8 standard of 90% of all staff groups trained in obstetric emergencies and neonatal life support by the 5 December 2022 deadline.
- There were five closed SIs/HSIB cases, eleven were ongoing, six of which were HSIB cases and five were at Trust level. Two of the Trust cases had been downgraded from HSIB due to a lack of family engagement.
- Four completed HSIB reports and 1 internal SI report was presented to the Academy, providing assurance on key areas of learning and improvement.

- **Safeguarding Adults**

The highlights of the report were:

- Efforts had been made to devise and improve the training programme for 2023, and matron supervision/training had been re-established.
- There was an ongoing commitment to multi-agency partnership working. There had been positive feedback from partners regarding ongoing joint work.
- There had been an increase in referrals. It was expected that this was due to staff engagement around recognising where referrals should be made.
- Work continued to identify areas for learning and improvement.
- Funding for the role of the Hospital Independent Domestic Violence Advocate, which the Trust hosted, would cease in July 2023, and therefore discussions were underway to identify if the post could be maintained.

- **Safeguarding Children**

The highlights of the report were:

- Training compliance for safeguarding children had increased and efforts would be made to introduce a new self-declaration via eLearning.
- There continued to be increases seen in mental health attendance and improvements had been made such as with the introduction of huddles and a crisis pathway, however further work was required.
- The national review for Star Hobson was complete and a shared action plan was being managed.
- Learning from the thematic safeguarding review into child sexual exploitation training had been delivered by an external provider.

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- Safeguarding Champion meetings had recommenced.
- Communication had improved between Trust staff and other agencies.
- A discussion took place regarding the interface between SystmOne and the EPR system. Work was required to link the two systems together effectively. This would be discussed with the Chief Digital & Information Officer.

- **Estates and Facilities Quarterly Service Report**

A presentation was received on Portering Transformation. The highlights of the report were:

- A Project Officer and Head of Portering had been appointed.
- A working group had commenced.
- In addition to environmental improvements, efforts had been made to improve processes and included the introduction of standard operating procedures and safe methods of work.

- **Learning from Lives and Deaths Annual Report**

The Academy received a presentation. The highlights were:

- There would be a continued focus on learning in areas such as discharge planning, communication with families/patients and staff, DNACPR decision, quality of documentation and reducing delays in care.
- Key priorities include the identification of a person with a learning disability on admission, timely referral to the safeguarding team, involvement in additional needs health care assistants and promotion of red bags, which remains with a patient and includes information pertaining to how a patient with a learning disability prefers to receive care.

Items of Positive Assurance, Learning and/or Improvement

As Chair of the Academy, I would like to highlight from this month's meeting the following two key items:

- There had been a decrease in the total number of falls with and without harm per 10,000 bed days during September 2022, the lowest it had been since April 2018.
- The Trust had set a target to reduce the number of falls by 50% during the financial year, and had reached that target. Efforts would be made to maintain this during the remainder of 2022/23.
- The maternity and neonatal service had met the required Safety Action 8 standard of 90% of all staff groups trained in obstetric emergencies and neonatal life support by the 5 December 2022 deadline.

Matters escalated to the Academies or Board of Directors for consideration

There were no matters for escalation to the Board or other Academies.

New/emerging risks

There were no new or emerging risks.

Strategic Commitments considered at this meeting

The reports presented at this meeting were relevant to the following strategic commitments and key areas of work:

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Individual strategic commitments	Key areas of work
Patients Our ambition - We are committed to making a difference to everyone who needs our care. We recognise that that we will best do this by developing high quality, innovative services and by continuing to develop and embed a culture of kindness to ensure a positive patient experience.	
Pat1 - The delivery of outstanding nursing and midwifery care	Pat1a - Implement Nursing & Midwifery, AHP and Clinical Risk Management strategies with focus on Leadership, Education & Development, Patient Experience, Staff Experience, Partnership Working and Quality & Safety of Care
Pat 5 - Development of Digital technology and data: transforming how we deliver care	Pat 5a - Focus on the “brilliant basics”, right devices, right tools in the right numbers – ensure that we are “always on”
	Pat 5b - Supporting digital transformation through the creation of a consistent digital and data architecture across our ICP to allow the development of digital working and support for Population Health Management
	Pat 5c - Support digital and data capacity so that our people and our population can access and use digital services with confidence. Supporting and enabling digital inclusion and ensuring that our patients become educated consumers of data and insight
People Our ambition - We will continue to develop and nurture our people to create an environment where they can thrive and deliver outstanding care. We will value diversity and create a culture which is inclusive of all.	
Pe3 - New ways of working and delivering care	Pe3e - Ensuring staff working remotely can do so effectively and safely, develop flexible working hubs
Place Our ambition - We are committed to making a difference for everyone who needs our care, meeting them where they are, wherever possible, and helping them to live longer in good health	
PI2 - Tackling Health Inequalities	PI2a - Develop (through the Population Health Management Enabling Project, Connected Bradford and Act as One) a Bradford District and Craven approach to Population Health Management (PHM).
	PI2b - Design and develop new models of preventative and interventional care as a result of our findings in relation to PHM.
PI3 - Research for all: Building on our international reputation as a City of Research and using data to become and anchor institution for population health	PI3a - Support the Connected Bradford programme and use linked data sets to develop a comprehensive view of the health needs of the people of Bradford
PI4 - Strategic Estate: Fit for purpose health and care facilities for Bradford	PI4a - Support the development of an Estates strategy for Bradford District and Craven
	PI4b - Explore the potential to build a new teaching hospital in Bradford to replace BRI and St Luke's whilst optimising our current estate.
Recommendation	

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The Board is asked to note the discussions and outcomes from the Quality and Patient Safety Academy held on 14 December 2022.