

QUALITY AND PATIENT SAFETY ACADEMY (QPSA) - ASSURANCE MINUTES

Date:	Wednesday, 22 February 2023	Time:	14:00-16:00
Venue:	Microsoft Teams meeting	Chair:	Mr Mohammed Hussain (MH), Non-Executive Director/Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Mr Mohammed Hussain (MH), Non-Executive Director - Mr Altaf Sadique (AS), Non-Executive Director - Mr Jon Prashar (JP), Non-Executive Director - Ms Sughra Nazir (SN), Non-Executive Director <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Karen Dawber (KD), Chief Nurse - Dr Ray Smith (RS), Chief Medical Officer - Dr Paul Rice (PR), Chief Digital and Information Officer 		
Attendees:	<ul style="list-style-type: none"> - Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director - Ms Deborah Horner, Deputy Chief Medical Officer - Ms Judith Connor (JC), Associate Director of Quality - Ms Louise Horsley (LH), Senior Quality Governance Lead - Mrs Sara Hollins (SH), Head of Nursing, Midwifery - Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Ms Jacqueline Rigby (JR), Head of Patient Safety and Quality Improvement, Bradford District and Craven 		
In Attendance	<ul style="list-style-type: none"> - Mr Jonathan Hodgson (JHod), Internal Audit, in attendance for agenda item QA.2.23.15. - Mrs Adele Hartley-Spencer (AHS), Associate Director of Nursing, in attendance for agenda item QA.2.23.9. - Mrs Sarah Freeman (SF), Associate Director of Nursing - Ms Leah Richardson (LR), Patient Safety Specialist - Ms Julie Baker (JBa), Clinical Risk Manager - Ms Jacqui Maurice (JM), Head of Corporate Governance <p>(J Kitching Minute-taker)</p>		
Observers	<ul style="list-style-type: none"> - Mr Nazzar Butt, Moving to Outstanding Lead 		

Agenda Ref	Agenda Item	Actions
QA.2.23.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Dr LeeAnne Elliott (LAE), Deputy Chief Medical Officer - Mr David Smith (DS), Director of Pharmacy - Ms Gill Paxton (GP), Associate Director of Nursing and Quality, Bradford District and Craven represented by J Rigby 	

	- Ms Ruth Dunlop, Non-Executive Director Insight Placement (due to attend as an observer).	
QA.2.23.2	Declarations of Interest	
	There were no declarations of interest.	
QA.2.23.3	Minutes of the meeting held on 25 January 2023	
	<p>The minutes of the meeting held on 25 January 2023 were approved as a correct record.</p> <p>The Academy noted that the following actions had been concluded: QA22035 – QA.6.22.14 (29.06.22) – Serious Incident Report. QA22032 – QA.6.22.6 (29.06.22) – Urology Serious Incident. QA22050 – QA.10.22.5 (26.10.22) – Quality Oversight and Assurance Profile. QA22051/QA22054 – QA.10.22.5 (26.10.22) – Quality Oversight and Assurance Profile. QA22054/QA22051 – QA.10.22.9 (26.10.22) – High Level Risks. QA22066 – QA.12.22.12 (14.12.22) – Maternity and Neonatal Services Update. QA22067 – QA.12.22.14 (14.12.22) – Safeguarding Children – Six monthly report. QA23006 – QA.1.23.17 (25.01.23) – High Level Risks.</p>	
QA.2.23.4	Matters Arising	
	There were no matters arising from the Minutes that were not already on the agenda. Verbal updates were given at the meeting on the outstanding and closed actions and these were reflected in the action log.	
QA.2.23.5	Quality and Patient Safety Academy Dashboard	
	<p>RS and KD discussed the dashboard providing a single view of quality aligned to the Trust's strategic objectives.</p> <p>KD highlighted the following:</p> <ul style="list-style-type: none"> • MRSA bacteraemias have reduced with no new cases identified in the Trust for a number of months. Three ongoing initiatives to drive infection, prevention and control improvement forward were described with positive results to date noted. • Pressure ulcers – Work continues and the increase in pressure ulcers was noted with a Root Cause Analysis undertaken for each case. Gaps in presentation noted to be omitted may demonstrate a lapse in care, perhaps due to staffing pressures which would account for this, and although not desirable this was noted to be preferable to patient care not being delivered. A lack of documentation does not mean care has not been provided and often the care delivery has just not been documented. KD noted the work underway around pressure damage in the United Kingdom through community practice, with lessons now being shared and learnt. Comparative data available for pressure ulcers is provided through the Model Hospital, which is not sense checked to ensure all Trusts are 	

	<p>measuring the same issues in the same way and this has recently, through communication, become apparent.</p> <ul style="list-style-type: none"> • Falls – A Falls nurse is now in post and a falls collaborative has commenced. The Trust remains an outlier for falls with an increase in falls with harm noted in the last few months considered to be a direct consequence of reduced staffing on wards. A Root Cause Analysis is undertaken for each case and the areas with the highest frequency statistics are being targeted. Initiatives used previously are being renewed and introduced to reduce incidents. There has been an increased in falls with no harm, in the last month, as yet unreported. A staffing report was submitted to the People Academy providing assurance and reassurance. <p>Mortality - A focus on mortality was provided by RS with the current mortality graphs within expected boundaries, compared to the November 2022 QPSA Dashboard. The narrative on the previous Academy graphs described the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI) as a rolling twelve month indicator when this relates to monthly figures explaining the significant variation between the graph differences. The graphs have been updated against the narrative, in order to view on a run chart over the years/months. SHMI looks across a wider spectrum but excludes the Covid pandemic data/Covid related deaths, however, does include data thirty days post-discharge, not included in HSMR data.</p> <p>The data could also be presented in the way of a funnel plot demonstrating a comparison to other hospitals within the West Yorkshire Association of Acute Trusts' peer hospital organisations in the region rather than place, to provide additional comparative information. This welcomed change was noted by the Academy noting the addition to the depth of the future discussions and debate. KD noted it is often useful to be able to select peer groups from for example, the Model Hospital, when comparison data is required. Funnel plots can be used as a warning sign and will add value in terms of comparison data. The run charts over twelve months were noted demonstrating expected and predicted increases due to the Covid pandemic.</p> <p>There were 189 adult in-patient deaths in December 2022, compared to 134 adult in-patient deaths in December 2021. A deep dive has been undertaken by the Patient Safety Manager for Learning from Deaths looking at the care of those patients who had died and these results will be presented at the March QPSA.</p> <p>Increased frailty and deconditioning of patients has been an impact of the last two and a half years due to the pandemic. One hundred per cent of all deaths in the Trust continue to be scrutinised, generating Structured Judgement Reviews. A recent meeting has been held with H M Coroner and Dr Harry Ashurst, Lead Medical Examiner, regarding Patient Safety Incident Response Framework (PSIRF) and the new methods of investigating Serious Incidents (SI), and how these processes may assist the coronial process. Scrutiny by an independent Medical Examiner is in the</p>	<p>QA23009 Chief Medical Officer/Patient Safety Manager Learning from Deaths</p>
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	<p>process of being rolled out into Primary Care with Dr Ashurst having visited in excess of 85% of all General Practitioner practices within the Bradford District and Craven, however, it is recognised there is still work to do in order to obtain the same level of scrutiny in Primary Care deaths as currently in Secondary Care. Bradford, however, continues to recruit to this programme.</p> <p>Breast Feeding - The figures were discussed, noting the Academy had agreed at a previous meeting to remove the metric currently due to challenges with data collection. SH provided assurance that data quality remains a focus and the Unit continues to work towards Baby Friendly Status.</p> <p>Sepsis - The Academy discussed the continuing issues with the sepsis tile. PR agreed to provide an update going forward following the next scheduled meeting of the Cerner Special Interest Group where all Cerner using Trusts share intelligence and insight regarding their respective approaches to deriving benefits from using the system to best effect.</p> <p>A query was raised around SHMI and deaths within thirty days of discharge and data illustrating a lower length of stay in hospital. The lower length of stay relates to readmissions where the Trust rated highly during Covid when there was a significant reduction in elective work in the Trust.</p> <p>A key factor of the readmission rate of patients appears to be the relatively low length of stays and the safe discharge of patients.</p> <p>MH noted the thorough discussions and assurance provided to the Academy following review and the challenged elements of the dashboard presented relevant to the Academy's Terms of Reference.</p> <p>The Academy noted there were no items for escalation to the Board of Directors' meeting in March 2023.</p>	<p>QA23010 Chief Digital and Information Officer</p>
QA.2.23.6	Quality Oversight and Assurance Profile	
	<p>The comprehensive suite of papers were taken as read by LH and the report was presented with the following highlighted.</p> <ul style="list-style-type: none"> • Daily safety huddles remain suspended. • Clinical Service Units (CSUs) escalate to the Safety Event Group as required via the Quality and Patient Safety Facilitators. • Between 16 November 2022 and 31 January 2023, there were 42 safety events escalated to the Safety Event Group and 10 were escalated to the Quality of Care Panel (QuOC). During this period there were nine Serious Incidents (SI) declared. <p>Five themes were highlighted during the period:</p> <ul style="list-style-type: none"> • Flagging of safety events relating to infection control to the team. • Portering moving and handling. • Delayed diagnosis of appendicitis in children. 	

	<ul style="list-style-type: none"> • Delay in recognition of ectopic pregnancies. • Delayed critical medicines. <p>There were five externally reported events during the period detailed in Appendix 4. Two were reported under Serious Hazards of Transfusion (SHOT), one reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) and two were Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) reportable. Reports are currently being prepared for submission to the Care Quality Commission (CQC).</p> <ul style="list-style-type: none"> • The Serious Incidents (SIs) reported for the period 17 January 2023 to 31 January 2023 were described, with three new SIs, a delayed diagnosis of hip dysplasia above three months of age, a term baby requiring admission to the Neonatal Unit which is a Healthcare Safety Investigation Branch (HSIB) investigation. The third SI related to a Grade 4 pressure ulcer. • Four SIs have been concluded during the period detailed in Appendices 2-5. • Twenty SIs remain ongoing, five of which are HSIB investigations. • Between 16 November 2022 and 31 January 2023, there were twenty four alerts issued via the Central Alerting System nationally to the Trust. Two alerts required responses and were actioned with compliance declared within the timeframe relating to the use of Oxygen cylinders when there is no access to piped systems and the supply of licenced and unlicensed epidural infusion bags. The Trust was compliant against both alerts within the deadline. • The Trust made formal admissions in five claims between November 2022 and January 2023. Fifteen claims were referred to NHS Resolution on the basis of litigation risk. Seven claims were formally settled. • Three inquests have been held between November 2022 and January 2023, two resulting in narrative conclusions and one as misadventure. One inquest listed for February 2023 has now been held with a natural cause conclusion. • Organisational learning was noted from both internal and external sources. LH highlighted the wider organisational learning from the CQC Maternity inspection around disposal of infusions containing controlled drugs. This issue identified through the Maternity CQC inspection has led to systems now being shared throughout the Trust thus ensuring correct systems and processes are in place. In addition, an interim controlled drugs audit was reported to have been undertaken. An improvement plan was initiated and submitted to the CQC with no formal response as yet received. <p>SN commended the team on the alerts around organisational learning regarding fire doors and accessibility of the content, noting lessons learned could be easily shared.</p> <p>The Academy was assured following the detailed discussions by the immediate and comprehensive learning and the safety recommendations highlighted. The Academy noted the current</p>	
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	position and was assured the Trust has processes in place to identify, investigate, improve and learn from SIs.	
QA.2.23.7	Serious Incident (SI) Report	
	<p>LH presented the report to the Academy noting three SIs have been declared by Bradford Teaching Hospitals NHS Foundation Trust during the report period, 17 to 31 January 2023, one of which was an HSIB investigation:</p> <ul style="list-style-type: none"> • SI 2023/1478 – Delayed diagnosis of developmental dysplasia of the hip. • SI 2023/1319 – Hospital acquired category 4 pressure ulcer. • SI 2023/1447 – Term baby born in poor condition requiring transfer to Neonatal Unit for therapeutic cooling. <p>The immediate findings were noted for each case and the learning shared as appropriate.</p> <p>Four SIs have been concluded since 16 January 2023 and the lessons learned were noted:</p> <ul style="list-style-type: none"> • SI 2022/17613 – Retained dressing found in sinus wound of left thigh. • SI 2022/22253 – Lack of senior review at forceps delivery and report of 4th degree perineal tear. • SI 2022/23728 – Patient lost to follow-up resulting in delay in eye surgery. • SI 2023/1319 – Hospital acquired category 4 pressure ulcer. <p>There are currently twenty SI investigations in progress, five of which are being investigated by HSIB and three are in the process of transferring to Bradford District and Craven Health and Care Partnership for system investigation and response. Thirteen investigations are within the 60 day deadline within the current SI framework and seven have extensions to the original deadline in place.</p> <p>There have been no Never Events identified/declared in the period of this report, no de-log requests made and no Duty of Candour breaches during the reporting period or since August 2016.</p> <p>LH noted the information around the time taken to complete the investigations, with the longest time being 118 days and the shortest time being one day. The current average is around 64 days which is looking to be further improved.</p> <p>Clarification was provided around breaches and raising awareness of incidents that are reportable under Duty of Candour. Following discussion it was noted this related to the standard for the timeframe for communications following an investigation where the Trust had reported ‘no breaches’ rather than no breaches overall.</p> <p>This information will be documented in future reports with regard to the number of breaches and whether the Trust has met, or otherwise, the standard.</p>	<p>QA23011 Senior Quality Governance Lead</p>

	<p>Positive reassurance was provided to the Academy through the colour coded table of SI report status. LH noted that a national template has been provided with PSIRF guidance and that this may be used for all reports going forward, however, this may depend on the type of investigation; the reporting templates are quite similar. LH highlighted some shorter investigation reports are presented in a Situation, Background, Assessment, Recommendation format where appropriate but that these will all contain the same information, for example review of incident, outcomes, learning and actions.</p> <p>The Academy noted the various routes to disseminate and share learning from SIs and this is being further strengthened through work with the Quality Improvement team, exploring innovative ways to establish assurance that learning is embedded, in line with the Academy's ethos of learning, improvement and assurance.</p> <p>The Academy was assured by the immediate and comprehensive learning noting the current position and was assured the Trust has processes in place to identify, investigate, improve and learn from SIs.</p>	
QA.2.23.8	Complaints, Litigation, Incidents and Patient Experience (CLIP) Report (Quarter 3)	
	<p>LH presented the CLIP report demonstrating assurance on the management and triangulation of complaints, litigation, incidents and Patient Experience.</p> <p>Following a request from the Academy the patient safety events for this reporting period (Quarter 3) were illustrated by ethnicity of the person or people involved in the event. There were a total of 2840 patient safety events reported on Datix, with patients identified as White British constituting to 52.36% of all events, patients identified as being from a Pakistani origin were 12.39%.</p> <p>LH noted that further analysis is necessary to understand the barriers capturing the data within Datix due to the large number of cases where no ethnicity is stated. The Quality team will link with the Equality, Diversity and Inclusion team to consider further necessary work to look at 'levels of harm'.</p> <p>The Academy discussed the large number of 'open' Datix cases from the previous years with LH noting the work underway to address those unclosed incidents. Improvement has been made over the last month and the Quality Facilitators continue to work with the Clinical Service Units (CSU) to bring down the numbers further in line with the thirty day timeframe. The majority have been completed, however, have not been closed and improvements are underway to ensure full assurance can be provided at the earliest opportunity.</p> <p>The Academy noted the next steps and was assured following the discussions.</p>	

QA.2.23.9	Patient Experience Interpretation Services – Risks relating to Language/Communication	
	<p>AHS presented a complete review of the interpreting services following an HSIB investigation into local and strategic risks that were identified around language communication and access to interpreters, two specific areas identified.</p> <p>AHS thanked Alison Powell, Midwifery Lead for Outstanding Maternity Services (OMS), and Nazakat Hussain, Interpreting and Patient Communication Manager, who had both supported AHS to collate the information.</p> <p>AHS described an overview of the interpreting service with the aim of ensuring people not able to communicate in English are provided with appropriate support which is equitable and accessible to all through for example, face to face, live video, telephone conversations with 24 hour access.</p> <p>AHS described when an interpreter should be used and the risks and issues identified.</p> <p>The service is based at St Luke's Hospital and has had to be adapted during the recent Covid pandemic to consider the different ways of providing the service, for example face to face, on-line and telephone support to professionals as required including discussion of specific diagnosis and treatment options, obtaining consent, supporting the delivery of bad news and information conveyed in terms of treatment or changes in symptoms.</p> <p>AHS noted the majority of languages can be accessed through language line if services are not provided locally or if an interpreter is unavailable. The Trust also tries to dissuade the use of staff, even if they speak the language, however, this remains an option.</p> <p>A query was raised as to whether there were any areas where patients wish to have a preference of information in their own language but could be encouraged to read English and whether staff would be confident to address. AHS noted many patients who speak different languages are unable to read that language and the Trust has to be assured that patients understand the information provided.</p> <p>MH acknowledged the thorough slide set and the work undertaken. The references within some incidents have noted language as an issue when English is not the first language, however, in some reports there has been no mention of the specific language. The question of potentially missing data from some incidents or complaints including Maternity was highlighted, where language had been identified as an issue and whether ethnicity was a factor.</p> <p>PR noted following recent discussions with David Smith, Director of Pharmacy, on a similar matter of language and communications, linked to Pharmacy, the Outstanding Pharmacy Service programme will consider, as both language and cultures are complex.</p>	

	<p>Communication barriers may be identified as a risk with the Trust missing data on some incidents where it has not identified whether ethnicity or language was a factor. MH requested this information is provided in all reports to ensure there is no barrier identified in terms of communication and requested inequalities around some communities and data quality issues around recording communication barriers are addressed in a consistent way throughout all documentation.</p> <p>KD noted this patient experience risk around engagement and engaging with communities effectively would also link to language, death and other issues. KD agreed to form a risk around language/communication within the population.</p> <p>An update of the risk will be provided around language/communication within the population to the Academy every four months by KD.</p> <p>KD proposed a risk is set up on the Corporate Risk Register and monitored under the auspices of the QPSA to link in with the Equality, Diversity and Inclusion Council and strategy work.</p> <p>The Academy noted the report highlighting the risks and issues identified in areas of the Trust and will continue to monitor.</p>	<p>QA23012 Chief Nurse</p> <p>QA23013 Associate Director of Corporate Affairs/Board Secretary</p> <p>QA23014 Associate Director of Corporate Affairs/Board Secretary</p>
QA.2.23.10	High Level Risks	
	<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>There were 13 high level risks scoring 15 or above aligned to the QPSA.</p> <p>The key points from the Executive team meeting on 13 February 2023 were noted:</p> <ul style="list-style-type: none"> • Risk 3469 – Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) with particular reference to access within the Electronic Patient Record (EPR) and the difficulties currently to review the ReSPECT forms on EPR potentially impacting patients attending the Accident and Emergency Department. This issue has been on the Risk Register for around four years since October 2019, scoring 10 and due to the ongoing difficulties the risk has now increased to 15. • A second risk related to Nursing and Healthcare Assistant vacancies on specialist medicine wards and in departments. This risk was noted to relate to the overarching risk 3732 and the risk was therefore, not accepted on to the High Level Risk Register. <p>Two risks were noted to have changed in score:</p> <ul style="list-style-type: none"> • Risk 3411 – Significant risk to the Oncology service delivery due to two consultant vacancies. The score has decreased from 16 	

	<p>to 12 as the staffing position has improved. This risk is aligned to the People and the Quality and Patient Safety Academies.</p> <ul style="list-style-type: none"> • Risk 3816 – Obstetrics and Gynaecology Medical Staffing. The score has decreased from 15 to 12 as a Urogynaecology Lead is now in post. Prioritisation of work is still required due to capacity constraints. This risk is aligned to the People Academy. <p>A reduction was considered to Risk 3810 around the Haematology service, specifically the Haematology Consultant team and Haemophilia Service Delivery. Due to the ongoing pressures in the service, the Executive team did not agree that this risk should be reduced from 16 to 12 as the expected improvement in the consultant vacancy position had not materialised. This risk is aligned to the People and the Quality and Patient Safety Academies.</p> <p>No risks were beyond their review date and no risks had been closed since the last meeting.</p> <p>Risk 3808 – Industrial Action was beyond the target date for mitigation, this has now been updated to 31 March 2023 to reflect the ongoing situation.</p> <p>The Academy was content and assured that all the relevant risks were being reviewed and managed as appropriate, providing assurance. The Academy noted there were no issues relating to risks to highlight to the Board of Directors at its March 2023 meeting.</p>	
QA.2.23.11	Board Assurance Framework (BAF)	
	<p>LP discussed the paper setting out the strategic risks, those risks which could affect the achievement of the strategic objectives and prevent the achievement of the Corporate Strategy.</p> <p>LP noted there are two strategic objectives aligned to this Academy, Strategic Objective 1 relating 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 sit under each objective and these were discussed. LP noted the two risks regarding staffing had been merged following agreement by the Board of Directors due to the duplication resulting in one risk 3.1, the ability to recruit to our vacancies and the impact of that around patient safety, experience and staff experience. This was noted to be the highest scoring risk on the BAF relevant to the QPSA which scores 16. This risk is aligned to both the QPSA and the People Academy.</p> <p>MH noted the presentation of the strategic risks to the Academy and the new presentation of the report being clear to understand.</p> <p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the BAF, providing</p>	

	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.	
QA.2.23.12	Maternity and Neonatal Services Update – January 2023	
	<p>SH presented the QPSA with the February update of the January activity noting progress within the Maternity Improvement Plan including the Care Quality Commission (CQC) Action Plan, monthly stillbirth position and continuity of carer pathway.</p> <p>SH discussed the highlights from the report:</p> <ul style="list-style-type: none"> • Compliance with the Maternity Incentive Scheme (MIS) Year 4, declaring full compliance with all ten safety actions. • National Maternity team approved the Trust's exit from the Maternity Safety Support Programme brought about as a result of the 'Requires Improvement' rating, with the Trust committed to maintain its new position. • A sustainability plan is in place and regularly updated. • There was one still birth in January 2023, however, the pregnancy had been continued with, when a poor outcome had been predicted. A review is underway. • A focus on the Butterfly Pathway Baby service is to be undertaken of the last twelve months to ensure continued improvement. • Two babies required cooling for Hypoxic-ischaemic encephalopathy (HIE). Of note, the Trust had not had any input into the patient's care during pregnancy. • All maternal, neonatal and stillbirth deaths continue to be reviewed. • Internal investigation to commence of indirect maternal deaths or deaths in the community over the last twelve months. • Fail safe processes/procedures highlighted. • Seven on-going Serious Incident (SI)/Level 1 investigations relating to maternity events – Three are HSIB cases and four internal reviews. These cases will be presented at the next QPS Academy (Learning and Improvement). <p>Assurance measures were discussed:</p> <ul style="list-style-type: none"> • The report contained the Quarter 3 Avoiding Term Admissions into Neonatal units (ATAIN), a positive report noting Bradford consistently registers 3.44% (the national target rate being 5%). The learning from the Quarter 3 report was around improved documentation of Cardiotocography classification and vaginal examination findings with results having been fed back to the team. • Training compliance report demonstrated the improved safeguarding children position. • Target focus on Information Governance and Infection, Prevention and Control. • Compliance figures noted of training for Information Governance, Fire and Infection, Prevention and Control. • The provision of dedicated Fit testing is no longer an option within the Maternity Unit. 	QA23015 Director of Midwifery

	<p>SH noted Appendix 8 was the very detailed report from Chris Chandler, a retired Consultant in Obstetrics and Gynaecology, who had been sense-checking stillbirth work. A discussion followed addressing some of the emerging themes within the report.</p> <p>A recent meeting had been held to discuss scan capacity, particularly around the Early Pregnancy Assessment Unit (EPAU) and the actions are being addressed.</p> <p>SH discussed Maternity capacity as an issue for both early pregnancy and also for serial growth scans and for women, identified as requiring additional surveillance during pregnancy and the close working with sonographer colleagues to manage the risk. Challenge is about the provision of the sonographers and national shortage of colleagues with these skills. Mitigation is currently being considered, however, the provision does not sit with Maternity, it is the risk that sits with Maternity due to the number of increased scans being offered to women as a result of Saving Babies Lives. Bundle 3 of Saving Babies Lives is due to be published imminently and will be considered.</p> <p>SH assured the Academy around those appointments where patients' Did Not Attend (DNA), that the DNA policy and process are followed. Community midwives will door knock when they are out on community visits if necessary.</p> <p>The Outstanding Maternity Services (OMS) are continuing their improvement work around diabetes, looking at the diabetic pathway. A specialist midwife has been appointed for diabetes as a means of improving services, care and outcomes.</p> <p>KD and SH had met following the Board Development session in February 2023 where discussion was held on the relevant use of the papers submitted to Academies prior to their submission to Board. KD noted the proposed trial of reporting to the Board of Directors by way of a PowerPoint, focusing on a particular theme. A synopsis document will accompany this as part of the monthly report following discussions at the Academy. Healthcare Safety Investigation Branch (HSIB) and SI reports will continue to be presented to the Closed Board of Directors' meeting for transparency.</p> <p>MH noted this sounded very agreeable in terms of the way forward, however, raised the discrepancies in the percentage of mandatory training figures of some occupations. SH noted the MIS had provided a full twelve months of data demonstrating a figure of 90% training achieved of relevant staff grades. Tracking is underway with successful processes in place for ensuring midwifery and obstetric colleagues undertake their training. The Maternity Unit has Operating Department Practitioners who are part of the Maternity team and need to undertake maternal emergency training in order they can be part of that team in an emergency situation.</p>	
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	<p>SH informed the Academy Kelly Holroyd is the Trust's Digital Midwife and provides invaluable support to Maternity.</p> <p>The Academy was assured following the discussions.</p>	
QA.2.23.13	15 Steps Assurance Programme	
	<p>LH introduced a proposal for the implementation of the 15 steps challenge, previously received at a recent Moving to Outstanding meeting. The inspiration behind this challenge was a quote given by a parent at a family workshop whose daughter required frequent hospital stays. The parent stated, 'I can tell what kind of care my daughter is going to get within the first 15 steps of walking on to every new ward.'</p> <p>The 15 steps challenge consists of six toolkits that enable exploration of different healthcare settings through the eyes of patients and relatives, however, the challenge is not designed to be a performance management tool relating to quality, safety or otherwise.</p> <p>The purpose of the challenge was noted to assist staff, service users and others to work together and identify improvements and to enhance the service user's experience. This collaborative process will provide a way of understanding service user first impressions more clearly and how these impact the experiences of care, to support the sharing of good practice.</p> <p>Three of the tool kits that are applicable to the Trust include both in-patient and out-patient services and children and young persons. It is envisaged the team will consist of a patient representative, staff from a mix of clinical and non-clinical areas, potentially Governors, Executive and Non-Executive Directors.</p> <p>The methods and benefits were noted with feedback from the national programme showing this to be useful as an element of existing programmes, as part of regular patient experience review, prior to any formal Quality Assurance visit, as a healthcare aide and building relationships across the whole organisation.</p> <p>The Trust's Moving to Outstanding Lead Nazzar Butt, will link with the Leads of existing Trust processes to develop a core 15 steps challenge team and plan a schedule of visits to commence in April 2023. Feedback will be shared directly with the ward team at the end of each visit to celebrate successes and guide quality improvement activity. The effectiveness of the process via evaluation will be tested after Quarter 1, 2023/24 and quarterly updates will be presented to the Moving to Outstanding meeting with an evidence repository of visits and improvement actions to demonstrate completion of the successes and implementation of quality improvements.</p> <p>The programme was approved by the Academy with implementation from April 2023 and a request for areas not normally counted as wards to be included.</p>	

QA.2.23.14	Clinical Audit Policy including National Confidential Enquiries	
	<p>JC noted the Policy document for approval following minor amendments and reflecting the new structure and Chair of the Clinical Outcomes Group (COG), chaired by Dr Padma Munjuluri.</p> <p>The Clinical Audit Policy including the National Confidential Enquiries Policy is currently in date with a review date of 31 March 2023. The plan discussed and agreed at the COG meeting on 20 January 2023 is for approval of the Policy at the COG meeting on 28 March 2023 and sign off at the QPSA meeting on 29 March 2023.</p> <p>The Academy noted the information and the action.</p>	<p>QA23016 Head of Quality Improvement and Clinical Outcomes</p>
QA.2.23.15	Internal Audit Plan 2023/24	
	<p>Jonathan Hodgson (JHod), Internal Audit Manager, was welcomed to the meeting and presented an overview of the Internal Audit Planning process for 2023/24.</p> <p>The paper presented the audit plan for 2023/24 as part of a risk assessment process where key risks and issues are considered with Executive colleagues and other stakeholders in terms of looking at the wider NHS, West Yorkshire Integrated Care Board (ICB) and more locally Bradford District and Craven. The audit needs assessment assisted in compiling the internal audit plan and the robust risk-based planning exercise was noted by the Academy.</p> <p>A draft 2023/24 Operational Plan will be reviewed at an Executive team meeting in March 2023 prior to formal consideration and approval at the Audit and Assurance Committee on 18 April 2023.</p> <p>The thorough planning process underway was noted by the Academy which was content with the plan for next year with no additions.</p> <p>JHod thanked colleagues for their engagement, particularly Executive colleagues.</p>	
QA.2.23.16	Any Other Business	
QA.2.23.16.1	<p>SH raised the issue of whether a pacemaker in situ, would appear as a flag within the Electronic Patient Record (EPR) and whether this would be easily identifiable to referrers when requesting imaging investigations, for example MRI scans.</p> <p>RS noted this information would not have a specific flag, due to the number of possible fields required to cover all areas, but the information would be easily visible within the patient record. Patients/Visitors are required to complete a questionnaire to identify any implants or clips for example, prior to specific imaging investigations. JB noted prior to any MRI referral there is a specific checklist for completion to identify whether the patient has a contraindication to MRI.</p>	

QA.2.23.17	Matters to share with Other Academies	
	There were no matters to share with the other Academies.	
QA.2.23.18	Matters to escalate to the Board of Directors	
	There were no matters to escalate to the Board of Directors.	
QA.2.23.19	Date and time of next meeting	
	<p>Wednesday, 29 March 2023, 2 pm to 4.30 pm – Learning and Improvement meeting.</p> <p>This will be an on-site meeting and the venue will be confirmed.</p> <p>Post-meeting note: Due to the number of apologies and some staff only available via Teams on 29 March 2023, this meeting will now be via MS Teams.</p>	
	Annexes for the Quality and Patient Safety Academy	
	Annex 1 – Documents for Information	
QA.2.23.20	Bradford District and Craven Quality Committee Highlight Report	
	Noted for information.	
QA.2.23.21	Quality and Patient Safety Academy Work Plan	
	Noted for information.	
QA.2.23.22	Freedom to Speak Up Quarterly Report	
	Noted for information.	
QA.2.23.23	Nurse Staffing Data Publication Report	
	Noted for information.	
QA.2.23.24	Production of the Trust's Quality Account 2022/23	
	Noted for information.	
QA.2.23.25	Internal Audit Reports relevant to the Academy	
QA.2.23.25.1	Safeguarding – Domestic Violence	
	Noted for information.	
QA.2.23.25.2	Ionising Radiation Regulations	
	Noted for information.	
QA.2.23.25.3	Scan4Safety; Gateway Review	
	Noted for information.	

ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – February 2023

Assurance Meeting Actions

Learning and Improvement Actions

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22020 / QA23016	27.04.22 / 22.02.23	QA.4.22.13 QA.2.23.14	<p>Clinical Outcomes Group Two Policies due for renewal will be submitted to the June Academy.</p> <p>Clinical Audit Policy including National Confidential Enquiries The Clinical Audit Policy including the National Confidential Enquiries Policy is currently in date with a review date of 31 March 2023. The plan discussed and agreed at the COG meeting on 20 January 2023 is for approval of the Policy at the COG meeting on 28 March 2023 and sign off at the QPSA meeting on 29 March 2023.</p>	Associate Medical Director (PM)/ Head of Quality Improvement and Clinical Outcomes	March 2023	<p>16.06.22: Work in progress. Suggested timescale October 2022, owing to new Clinical Governance Framework due to be implemented from September 2022.</p> <p>29.06.22: Item deferred until the October meeting.</p> <p>Clinical Audit Policy including National Confidential Enquiries deferred until the January 2023 meeting.</p> <p>16.01.23: PM/LT - Clinical Audit Policy is due for member approval at Clinical Outcomes Group meeting on 20 January 2023.</p> <p>16.02.23: Clinical Audit Policy on the QPSA agenda QA.2.23.14.</p> <p>22.02.23: Final Policy to be submitted to the March meeting.</p> <p>16.03.23: Final Policy item on the March agenda QA.3.23.14.</p>

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA22056	30.11.22	QA.11.22.6	Quality Account – Progress Report PSo agreed to provide data to benchmark the Trust against other Cerner Trusts regarding sepsis screening and Time to Treat.	Chief Digital and Information Officer/ Associate Medical Director (PSo)	March 2023	09.12.22: Action update requested. 14.12.22: Action rolled over to the January meeting. 13.01.22: Contacted for update. 25.01.23: PR agreed to provide an update at the February meeting. 22.02.23: PR – No definitive answer. The Trust is working with other Cerner Trusts. There was no Cerner Special Interest Group in January 2023. PR has reached out to colleagues in other Trusts to understand whether they have a perspective on how this is undertaken. PR to update upon receipt of any response and the issue will be discussed at the Cerner Special Interest Group meeting.
QA23001	25.01.23	QA.1.23.5	Serious Incident (SI) Report (focus on learning) PR noted the whole Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) agenda, in relation to the EPR remains a high priority agenda item for both Bradford Teaching Hospitals and Airedale with full commitment from consultant colleagues. PR agreed to provide an update on the ReSPECT EPR agenda at the March QPSA.	Chief Digital and Information Officer	March 2023	
QA23004	25.01.23	QA.1.23.12	Patient Safety Incident Response Framework (PSIRF) In the interests of time the Patient Safety	Associate Director of Quality	March 2023	Item on QPSA March meeting agenda QA.3.23.7.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			<p>Incident Response Framework was deferred to the QPSA meeting scheduled for 22 February 2023.</p> <p>Post-meeting note: At the February QPSA agenda setting meeting this item was deferred to the QPSA March meeting.</p>			
QA23005	25.01.23	QA.1.23.13	<p>Quality Account – Quarterly Progress Report</p> <p>In the interests of time the Patient Safety Incident Response Framework was deferred to the QPSA meeting scheduled for 22 February 2023.</p> <p>Post-meeting note: At the February QPSA agenda setting meeting this item was deferred to the QPSA March meeting.</p>	Associate Director of Quality	March 2023	Item on QPSA March meeting agenda QA.3.23.8.
QA23007	22.02.23	QA.2.23.4	<p>Matters Arising Quality Strategy (Linked to Action ID – QA22035 (29.06.22) QA.6.22.14)</p> <p>The Quality Strategy will be brought to the QPSA in due course with final comments.</p>	Associate Director of Quality	March 2023	
QA23009	22.02.23	QA.2.23.5	<p>Quality and Patient Safety Academy Dashboard</p> <p>Mortality - There were 189 adult in-patient deaths in December 2022, compared to 134 adult in-patient deaths in December 2021. A deep dive has been undertaken by the Patient Safety Manager for Learning from Deaths looking at the care of those patients who had died and these results will be presented at the</p>	Chief Medical Officer/ Patient Safety Manager Learning from Deaths	March 2023	Agenda item QPSA March meeting – QA.3.23.9.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			March QPSA.			
QA23011	22.02.23	QA.2.23.7	<p>Serious Incident Report Clarification was provided around breaches and raising awareness of incidents that are reportable under Duty of Candour. Following discussion it was noted this related to the standard for the timeframe for communications following an investigation where the Trust had reported 'no breaches' rather than no breaches overall.</p> <p>This information will be documented in future reports with regard to the number of breaches and whether the Trust has met, or otherwise, the standard.</p>	Senior Quality Governance Lead	March 2023	16.03.23: Action completed by LH. CLOSED.
QA23012	22.02.23	QA.2.23.9	<p>Patient Experience Interpretation Services – Risks relating to Language/Communication KD noted this patient experience risk around engagement and engaging with communities effectively would also link to language, death and other issues. KD agreed to form a risk around language/communication within the population.</p>	Chief Nurse	March 2023	15.03.23: Risk added by KD to the Chief Nurse Risk Register number 3845 scoring a 12. Completed. CLOSED.
QA23013	22.02.23	QA.2.23.9	<p>Patient Experience Interpretation Services – Risks relating to Language/Communication An update of the risk will be provided around language/communication within the population to the Academy every four months.</p>	Associate Director of Corporate Affairs/Board Secretary	March 2023	22.03.23: Two options to be considered: To bring a separate support paper every four months to the QPSA or include as an update as part of the six monthly Patient Experience report to the QPSA. QPSA to decide.

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA23014	22.02.23	QA.2.23.9	Patient Experience Interpretation Services – Risks relating to Language/Communication KD proposed a risk is set up on the Corporate Risk Register and monitored under the auspices of the QPSA to link in with the Equality, Diversity and Inclusion (EDI) Council and strategy work.	Associate Director of Corporate Affairs/Board Secretary	March 2023	21.03.23: Risks already included on the BAF in relation to both EDI and understanding the needs of our population. To be considered as part of the annual BAF review in March/April 2023.
QA22065	14.12.22	QA.12.22.6	Quality and Patient Safety Academy Dashboard Sepsis – Sepsis screening is running around 55 to 60% as a result of the Electronic Patient Record (EPR) flow tool. Processes were described with a confidence that patients are receiving the appropriate treatment. The Academy agreed to retire the metric for three months in order to allow PSo and colleagues to look into this further, providing analysis on this key metric and in order a full review of sepsis screening can be measured (linked to Action QA22056).	Chief Digital and Information Officer/ Associate Medical Director (PSo)	April 2023 (Assurance meeting)	
QA23002	25.01.23	QA.1.23.6.2	Assurance from Neonatal Unit Serious Incidents Improvement of the Full Blood Count sample situation for the laboratory was queried. This work forms part of the overarching plan with other options being considered. An update on this issue will be provided to the April QPSA.	Senior Quality Governance Lead	April 2023	
QA23003	25.01.23	QA.1.23.8	Palliative Care Annual Report KD noted a recent discussion around an electronic version of ReSPECT across place believing this to be an EPR priority awaiting	Chief Digital and Information Officer	April 2023	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			special approval. A list of priorities was noted to be being presented to the Executive team meeting in the next two months. An update will, therefore, be provided to the April QPSA.			
QA23015	22.03.23	QA.2.23.12	Maternity and Neonatal Services Update – January 2023 Seven on-going Serious Incident (SI)/Level 1 investigations relating to maternity events – Three are HSIB cases and four internal reviews. These cases will be presented at the next QPS Academy (Learning and Improvement).	Director of Midwifery	April 2023	
QA22059	30.11.22	QA.11.22.9.1	Patient Experience – Six Monthly Report KB noted the difficulties sometimes experienced in retrieving information from the Trust's Datix system, due to limitations as how best to represent data. There have been previous discussions about how data could be improved as a large amount of data was reflected as "other". KB took as an action to revisit this again, to discuss and consider any options that would provide more meaningful data to this cluster. This system may be upgraded in time. Trust systems should, however, function fully.	Assistant Chief Nurse (KB)	May 2023	07.12.22 - KB has contacted the Complaints Lead and Datix team and is awaiting feedback. 13.01.23: KD has requested this update is included in the next six monthly report from KB (due May 2023).
QA23008	22.02.23	QA.2.23.4	Matters Arising Discussion of Bristol Insight Model (Linked to Action ID – QA22067 (14.12.22) QA.12.22.14) – Work to be linked in with the other Trust priorities around Electronic Patient Record development.	Chief Digital and Information Officer	May 2023	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA23010	22.02.23	QA.2.23.5	Quality and Patient Safety Academy Dashboard Sepsis - The Academy discussed the continuing issues with the sepsis tile. PR agreed to provide an update going forward following the next scheduled meeting of the Cerner Special Interest Group where all Cerner using Trusts share intelligence and insight regarding their respective approaches to deriving benefits from using the system to best effect.	Chief Digital and Information Officer	June 2023	
QA23017						