

QUALITY AND PATIENT SAFETY ACADEMY (QPSA) - ASSURANCE MINUTES

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| Date: | Wednesday, 26 April 2023 | Time: | 14:00-16:30 |
| Venue: | Microsoft Teams meeting | Chair: | Mr Mohammed Hussain (MH), Non-Executive Director/Chair |
| Present: | <ul style="list-style-type: none"> - Mr Mohammed Hussain (MH), Non-Executive Director - Mr Altaf Sadique (AS), Non-Executive Director - Ms Sughra Nazir (SN), Non-Executive Director - Professor Karen Dawber (KD), Chief Nurse - Dr Ray Smith (RS), Chief Medical Officer - Dr Paul Rice (PR), Chief Digital and Information Officer - Mr John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director - Ms Deborah Horner (DH), Deputy Chief Medical Officer - Ms Judith Connor (JC), Associate Director of Quality - Ms Sara Hollins (SH), Director of Midwifery - Ms Adele Hartley-Spencer (AHS), Director of Nursing (Operations) - Mr David Smith (DS), Director of Pharmacy - Ms Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary | | |
| In Attendance: | <ul style="list-style-type: none"> - Mr Mark Holloway (MHo), Director of Estates and Facilities, in attendance for agenda item QA.4.23.13 - Dr LeeAnne Elliott (LAE), Consultant Paediatric Radiologist - Ms Sarah Wood (SW), Quality Lead, Nursing and Midwifery, in attendance for agenda item QA.4.23.15 - Mr Sean Willis (SWi), Associate Chief Nurse for Quality and Workforce - Ms Denise Stewart (DSt), Quality and Patient Safety Facilitator - Ms Jacqui Maurice (JM), Head of Corporate Governance - Ms Kay Pagan (KP), Assistant Chief Nurse, Informatics - Ms Juliet Kitching, Executive Assistant (minutes) | | |
| Observers: | <ul style="list-style-type: none"> - Mr David Wilmshurst, Governor | | |

| Agenda Ref | Agenda Item | Actions |
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| QA.4.23.1 | Apologies for Absence | |
| | <ul style="list-style-type: none"> - Mr Jon Prashar, Non-Executive Director - Ms Sarah Freeman, Director of Nursing (Operations) - Ms Louise Horsley, Senior Quality Governance Lead <p>Absent:</p> <ul style="list-style-type: none"> - Dr Yaseen Muhammad, Nurse Consultant/Director of Infection, Prevention and Control - Ms Joanne Hilton, Deputy Chief Nurse/Director of Nursing | |
| QA.4.23.2 | Declarations of Interest | |
| | There were no declarations of interest. | |

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| QA.4.23.3 | Minutes of the meeting held on 29 March 2023 | |
| | <p>The minutes of the meeting held on 29 March 2023 were approved subject to the correction of an amendment required to the Action log date which should read, 'March 2023' and not 'February 2023'.</p> <p>The Academy noted that the following actions had been concluded: QA22056 – QA.11.22.6 (30.11.23) – Quality Account – Progress Report. QA23001 – QA.1.23.5 (25.02.23) – Serious Incident Report (focus on learning). QA23014 – QA.2.23.9 (22.02.23) – Patient Experience Interpreting Services – Risks relating to Language/Communication. QA22065 – QA.12.22.6 (14.12.22) – Quality and Patient Safety Academy Dashboard. QA23002 – QA.1.23.6.2 (25.01.23) – Assurance from Neonatal Unit Serious Incidents. QA23003 – QA.1.23.8 (25.01.23) – Palliative Care Annual Report. QA23015 – QA.2.23.12 (22.03.23) – Maternity and Neonatal Service Update – January 2023. QA23018 – QA.3.23.13 (26.03.23) – High Level Risks.</p> | |
| QA.4.23.4 | 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.4.23.5 | Quality and Patient Safety Academy Dashboard | |
| | <p>RS presented the Academy dashboard providing a single view of the Quality and Patient Safety Academy indicators aligned to the Trust's strategic objectives.</p> <p>The ongoing work to improve the metrics, particularly around the sepsis tile, and the clarity of the dashboard was noted and seconded by MH. The following were highlighted:</p> <ul style="list-style-type: none"> • Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) – The numbers remain within the expected range and a funnel plot will be displayed going forward. The Academy noted the numbers appear to be increasing, however, the only way to identify if a death is avoidable is to review the case notes individually and RS provided the assurance that following scrutiny of each individual case that patients are not suffering avoidable deaths. • Deaths/Medical Examiner's Office – The team continue to meet 100% scrutiny for all hospital deaths demonstrating significant assurance. • Clostridium difficile and MRSA – The number of cases are low but variable. There is good oversight by the Infection, Prevention and Control team. • Pressure ulcers – The numbers of cases have stabilised. Patient Safety Incident Response Framework (PSIRF) will provide an opportunity for thematic analysis/identification of clusters, rather than considering individual cases. Any learning | QA23019 Chief Digital and Information Officer (PR) |

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| | <p>will automatically be identified.</p> <ul style="list-style-type: none"> • Falls – The situation remains stable as figures move to pre-Covid levels. A quality improvement plan for falls is being devised. • Sepsis – The changes previously agreed by the QPSA to the presentation format were noted around trigger levels. Work is ongoing with Calderdale and Huddersfield to consider how the system can be improved. RS assured the Academy sepsis cases are being picked up, being treated promptly and that the current recording format is a data quality issue. Sepsis screening chart to be 'greyed out' until data issue resolved. • Stillbirths – Numbers were noted to have stabilised from the end of 2022. SH noted an update to the commentary described had been provided for stillbirths and assured the QPSA that the Clinical Service Unit (CSU) continues to monitor and report stillbirths with each death subject to a 72 hour review, with onward referral to the Quality of Care Panel meeting. Any stillbirth occurring to a baby born at term gestation is referred to the Healthcare Safety Investigation Branch (HSIB), for an independent investigation. The graph includes babies on the Butterfly pathway who have anomalies and who are not expected to survive pregnancy and birth. <p>SN noted the helpful narrative regarding MRSA and C. difficile, however, noted pressure ulcers remain of concern due to multifactorial elements, for example staffing. JC described the very robust systems which are overseen by SW, Quality Lead for the Chief Nurse team, and these form part of the ward accreditation programme. SW explained the governance around falls with harm and pressure ulcers in the Trust, investigated by the Leads with the Trust working towards the PSIRF model. All learning is shared across the Trust through governance meetings including themes between the CSUs. Much work is underway in the Trust through individual groups and over the next year improvements in patient numbers are expected as the Trust moves to embed the PSIRF model.</p> <p>Following review and challenge of the elements of the dashboard, presented to the Academy and noting there were no items for escalation to the Board of Directors' meeting in May 2023, the Academy was assured following the discussions.</p> | QA23020 Chief Digital and Information Officer (PR) |
| QA.4.23.6 | Quality Oversight and Assurance Profile – February to March 2023 | |
| | <p>The comprehensive suite of papers provided to the Academy accompanying the report were noted and JC highlighted the following:</p> <ul style="list-style-type: none"> • Full assurance and quality oversight system in place. • Safety events escalated from the Clinical Service Unit (CSU) to the Safety Event group on a weekly basis. • Five incidents discussed at the Quality of Care Panel between 1 February and 31 March 2023 were declared as SIs with one an HSIB investigation. • Nine SIs have been closed and nine SIs completed. From 31 March to date a further six SIs have been closed demonstrating | |

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| | <p>a good turnaround of reports. There are ten remaining SIs ongoing, six of which are under the current SI framework and three HSIB reports; one SI is being investigated by Bradford District and Craven Healthcare Partnership.</p> <ul style="list-style-type: none"> • Sixteen alerts have been received through the central alerting system within the reporting period. Two alerts required a response. • Two safety reports have been externally reported under the Ionising Radiation (Medical Exposure) Regulations (IR(ME) R) reports. These reports are now submitted to the Care Quality Commission (CQC). • One safety incident has been reported under Safety and Quality Assessment for Sustainability (SQAS). • One safety incident has been reported under screening regulations. • There has been formal admission of eleven claims and seven formally settled. • One new theme highlighted regarding the overcrowding of the Accident and Emergency Department. Phases 1 and 2 of the Urgent Care Centre, to relieve congestion in the Department opened in early April 2023. • One inquest has been held with a conclusion of death due to natural causes, as the patient was unsuitable for further surgery. • Three further inquests are listed for June 2023. • Appendices referenced and from the learning prospective demonstrate how learning is shared across the organisation through various different means, for example HSIB reports, newsletters and the Situation, Background, Assessment and Recommendation approach. • CQC enquires continue to be received, reviewed and responded to in a timely manner. <p>MH noted the assurance and learning and that interestingly the HSIB reports now reference ethnicity in any maternity or neonatal incidents, highlighting this positive change in light of the health inequalities and poor outcomes. JC confirmed that incident reporting also captures these facts, referencing Cerner to ensure these fields are completed.</p> <p>SN noted the positive reference to heritage and ethnicity. With reference to the falls scenario shared from NHS Highland, Appendix 14 of the report, SN suggested any learning received by the Trust is reviewed considering best/Trust practices and the relevance and likelihood of an incident of the type occurring in the Trust.</p> <p>The Academy was assured of the approach to providing assurance linked into the work of the Quality and Patient Safety Academy and its three pillars of assurance, learning and improvement and was assured following the discussions.</p> | <p>QA23021 Associate Director of Quality (JC)</p> |
| QA.4.23.7 | Serious Incident (SI) Report – March 2023 | |
| | The Academy noted the report reflects a key control for the strategic objectives, to provide outstanding care for patients and to | |

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| | <p>be a continually learning organisation and noted the numerous appendices accompanying the report. JC provided an oversight of the SIs including those declared, ongoing and concluded between 1 and 31 March 2023.</p> <p>Two SIs had been declared in the month of March, the cases reviewed and any immediate identified learning circulated to the teams:</p> <ul style="list-style-type: none"> • SI 2023/6110 – HSIB investigation. Three day old infant readmitted to the Unit. Actions are in place to address the issues concerning feeding, due to a surge and overcrowding in the Accident and Emergency Department. • SI 2023/4585 – Delay in triage and doctor review of patient with an intracranial bleed. Good practice had been identified and the patient had been placed by the nurses' station allowing the patient to be visually observed and the deterioration noted. <p>Five SIs have been concluded between 1 and 31 March 2023:</p> <ul style="list-style-type: none"> • SI 2022/23579 – Never Event – Surgical/invasive procedure meeting SI criteria. • SI 2022/20266 – Sub-optimal care of the deteriorating patient meeting SI criteria. • SI 2022/24763 – HSIB investigation. • SI 2022/26957 – Slips/Trips/Falls meeting SI criteria. • SI 2022/21824 – Diagnostic incident including failure to act on test results. <p>The lessons learned and safety recommendations were noted.</p> <p>JC noted a further six SIs had been closed by the Trust since the publication of the March SI report to the Academy: SI 2023/632, SI 2023/633, SI 2023/760, SI 2023/2397, SI 2022/22153 and SI 2022/23056. The learning from these cases will be documented in the next report to the Academy. JC noted the Healthcare Partnership, the reviewers of the SIs following completion by the Trust, have now resumed their monthly meetings in an attempt to resolve the backlog of cases for review.</p> <p>SI 2021/24499 was referenced with completion noted to be dependent on an external agency. JC highlighted this had been a difficult investigation but was now near completion. The Police had been involved initially and the challenges were described.</p> <ul style="list-style-type: none"> • There were no Never Events declared in the month of March 2023. • There were no Duty of Candour breaches during the month of March 2023 or since August 2016. • There has been one de-log request made in the month of March 2023, an HSIB investigation, due to the family not engaging with HSIB who have declined to undertake the investigation. The Trust will, therefore, undertake an internal investigation to identify any learning. <p>RS discussed the recent theme highlighted around overcrowding of the Accident and Emergency Department noting patients continue</p> | |
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| | <p>to be streamed through the Department, however, the aim is for all patients to be assessed through the Urgent Care Centre, for example specialist minor injuries or an enhanced General Practitioner stream with only certain categories of patients to be admitted to the Emergency Department.</p> <p>Phase 1 of a 3 phase process is due to commence in the next few weeks.</p> <p>MH queried following a Non-Executive site visit to Accident and Emergency, whether the TV monitors displaying waiting times were now functioning. RS assured the Academy the issues had been resolved, information leaflets have also been produced around the industrial action describing the likely impact on patient stay.</p> <p>The Academy noted the various routes to disseminate and share learning from SIs 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 noted the current position confirming there was sufficient assurance that the Trust has processes in place to identify, investigate and learn from SIs.</p> | |
| QA.4.23.8 | High Level Risks | |
| | <p>RS presented the report of the high level risks aligned to the Academy, noting the changes since the last report and the summary of the Executive team's discussions regarding the risks.</p> <p>Thirteen active risks match to the QPSA and have been discussed at the Executive team meeting with one additional risk accepted.</p> <ul style="list-style-type: none"> • Risk 3850 - Pharmacy accommodation – This has been added to the High Level Risk Register. The risk scored 15 and is aligned to both the People and Finance and Performance Academies. • No risks had changed in score since the last report. • No risks had been closed since the last report. • There were three risks noted to be beyond their review date: <ul style="list-style-type: none"> - Risk 3808 – Risk of Industrial Action. More extensive review underway. - Risk 3671 – Emergency Department Covid/Winter driven operational pressures. The risk is under consideration for de-escalation due to winter/Covid pressures not now being seen in the Accident and Emergency Department and there now being alternative pressures. - Risk 3732 – Nursing and Midwifery Staffing Levels – This risk has been updated from 17 April 2023 and has now been removed from the Movement Log. <p>The ongoing risks were noted.</p> <p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the High Level Risk</p> | |

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| | Register, providing assurance to the Board that all relevant risks are being managed appropriately. There were no issues in relation to the high level risks to highlight to the Board. | |
| QA.4.23.9 | Board Assurance Framework (BAF) – Strategic risks relevant to the Academy | |
| | <p>LP noted the BAF records the strategic risks aligned to the Academy's strategic objectives being the risks which could prevent the Academy from achieving the strategic objectives. The distinctions between the BAF and high level risk register were noted by the Academy.</p> <p>In line with the Risk Management Strategy the BAF risks are reviewed on an annual basis to ensure the risks remain relevant and whether any risks should be amended or closed or new risks require adding. Following review and agreement by the Executive Directors for each area no risks have been closed and no new risks added. In relation to this Academy, Risk 1.1 has been amended to read, 'If we fail to understand and address the needs of our population then we won't be able to deliver appropriate services resulting in worsening health inequalities.' The score of this risk has increased from 8 to 12.</p> <p>The Risk appetite statement reviewed on an annual basis, pertaining to the amount of risk that an organisation is willing to take in pursuit of the objectives, represents a balance between opportunities of innovation and the threats that change may bring, guiding the Academy's decision-making. There have been no proposed changes to the risk appetite level, compared to last year. The full BAF and Risk appetite were reviewed at the Board Development session on 20 April 2023 with the Board supportive of the proposed changes.</p> <p>The Academy reviewed, challenged and assessed the identification and management of risks within their remit on the BAF, including the proposed changes discussed, considered that the Board was assured that all relevant risks had been appropriately recognised and recorded and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled. The risk appetite statement was reviewed relating to strategic objective 1 (To provide outstanding care for our 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>The Academy agreed to the detail in the documentation, the approach and noted the positive and negative assurance.</p> | |
| QA.4.23.10 | Maternity and Neonatal Services Update – March 2023 | |
| | SH presented the Academy with the monthly update, noting initially the very positive visit from Donna Ockenden, Naz Shah MP and Duncan Barton, Deputy Director of Nursing for England on 25 April 2023. The Academy noted the visit was not an inspection but came about following a conversation between Naz Shah and Donna Ockenden in Parliament when Naz Shah had alluded to the | |

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| | <p>excellent projects underway in Bradford. Donna Ockenden was noted to have been hugely impressed at the visit with the energy and engagement from staff in the Unit, looking at the positive sustained changes. Following the visit, the Unit may now be expected to share this information at regional and national level.</p> <p>SH highlighted the key points of the report:</p> <ul style="list-style-type: none"> • The content of the March 2023 paper and appendices were noted. • Monthly stillbirth position and immediate actions/lessons learned. • There are seven ongoing Maternity SIs/Level 1 investigations, three of these being HSIB investigations. • There was one HSIB reportable SI declared in March. • The Perinatal Mortality Review Tool (PMRT) quarterly report was discussed with discussion of the learning required to demonstrate compliance with safety action 1 of the Maternity Incentive Scheme. The Unit continues to work to Year 4 standards where all standards have been met or are within the timescale for completion by the relevant deadlines. Safety action one also requires learning from the PMRT cases to be shared with the Board of Directors' for sign off. • The completed investigation was discussed noting the Trust identified learning, HSIB recommendations and progress on actions including the Homebirth team and community mangers reviewing the current 90 minute timeframe from the patient's call for assistance to a member of the team arriving and the information currently provided to women and their families. • The introduction of a LanguageLine App is currently being trialled until the end of April 2023, and it is hoped this will change the Trust's ability to communicate effectively with women whose first language is not English. Financial implications will then need to be considered. • Bereavement support midwife is redesigning the bereavement checklist and this will become an Electronic Patient Record (EPR) solution. • A Stillbirth and Neonatal Death (SAND) accreditation document is being compiled. • The SCORE safety culture survey was launched in March and is open for six weeks. • Dashboard improvements noted regarding bookings. • Born Before Arrival numbers improved in February. The cases have been reviewed with no themes or trends identified and the improvement ideas will be shared with the Maternity Assessment Centre. • The Outstanding Maternity Services is transitioning to 'business as usual' as the two year programme has now come to an end. <p>Following HSIB report number MI-016095, MH queried the pregnancy checklist. SH noted the checklist is being updated by the bereavement midwife to ensure this is well embedded in Cerner for consistent use, it is easy to access and clear to complete. Fewer incidents should be apparent as this becomes more embedded.</p> | |
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| | <p>MH noted this piece of work sits within PR's timeframe and the need to recognise EPR is a critical tool. SH referenced the Three Year Plan for Maternity, noting the digital element which is a risk for the organisation at present. The Three Year Plan is being submitted to the Executive team meeting on 2 May 2023 and will be presented to the Board of Directors in May 2023 in order a full discussion is held on the approach to this 'must do' plan. SH assured the Academy that digital colleagues are working to identify a solution and approach. The EPR Maternity work is for the Bradford site only and the specific Maternity EPR team is currently working on these prioritisation issues.</p> <p>SN noted the incredibly positive visit around the broader determinant impacting on health inequalities, poverty and provision of food parcels and suggested an alternative to 'Ask Betty', in the form of for example, 'Ask Bushra', with signage in other languages and raised the consideration of a portable LanguageLine machine, ensuring awareness amongst the Trust's patients and population around this facility and the numerous language options.</p> <p>SN referenced the management of sepsis, following the recommendation of an earlier incident report, querying whether protocols and pathways had been updated and embedded into practice. SH noted that a Multi-Disciplinary team (MDT) meeting is being held to discuss this high agenda item and identified the actions and recommendations.</p> <p>The six recommendations within the report were noted by the Academy and the Academy was assured following the discussions.</p> <p>Post-meeting note: An updated presentation was circulated to the Academy immediately following the meeting (26.04.23).</p> | |
| QA.4.23.11 | Bi-Annual Digital Report – April 2023 | |
| | <p>PR presented the Bi-Annual Digital, Data Intelligence and Insight report to the Academy and discussed the digital journey achievements and improvements pre-2017 to date and the digital plan for 2023/24, with the input of KP. The highlights were noted:</p> <ul style="list-style-type: none"> • Sickness absence/recruitment of new appointments in the team. • Future clinical informatics structure to be percolated throughout the CSU teams within the organisation and sponsored explicitly by the offices of the Chief Nurse and Chief Medical Officer due to the range of relationships which are business critical. • EPR currently shared with Calderdale and Huddersfield. Development plans are prioritised, projects resourced and delivery assured together, with an impact on pace, scale and range of projects completed. • Calderdale and Huddersfield have appointed a new Chief Digital Information Officer. • Airedale to become a third partner in the EPR relationship following an approved Business Case by NHS England. • Delivery and optimisation of some key applications within Cerner will now be done in full collaboration with Airedale, for | |

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| | <p>example theatres, anaesthetics and critical care.</p> <ul style="list-style-type: none"> • Opportunity for consistency of approach and common learning. • Bradford has been very successful in attracting external funding from NHS England over the years to the extent that Bradford is regarded as a digitally mature organisation. It is envisaged those less digitally mature organisations will be favoured with the result that securing funding for Bradford exclusively will become more challenging going forward. • Scale of work engaged is substantial with a number of initiatives relating to the Virtual Royal Infirmary and elective recovery demonstrating the span of work. • Informatics Delivery Plan 2023/24 – An updated slide pack will be distributed to the Academy. • Current infrastructure, new and ongoing initiatives noted highlighting the benefits of working more closely with colleagues in Bradford, Airedale and Calderdale and Huddersfield, with the common opportunities and challenges. • EPR change programme summary January to March 2023 - The completed projects from the main work streams were described with some items in progress taking longer than anticipated, often due to stakeholder engagement challenges regarding testing for completeness. These projects are prioritised each month with each item discussed and the current position reviewed. • Current position with regards to the Sepsis timeline, March to December 2023, described along with the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) timeline and the difficulties and challenges were noted by the Academy, for example the gathering of compliance data. • The build of model content is planned for September 2023. Sepsis is a large build and implementation will involve a large resource along with extensive testing. Resource and logistical issues noted. Improvement of the elements relies on the building of model content and design requirements. • The ReSPECT tool is in place across the organisation and Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) in place within the EPR, however, this electronic tool is being prioritised as high priority and it is envisaged this will commence in September/October. Work will then be necessary with partners across place regarding installation and communication across Primary and Secondary care. ReSPECT is patient owned and requires safe communication. The Palliative Care team are fully aware of the timeline for ReSPECT as all ReSPECT information is fed back through the ReSPECT Working Group which consists of representatives from all of the appropriate organisations. • The Business Intelligence (BI) journey is now complete and consideration is being given as to how BI tools are made available to colleagues. <p>MH thanked PR and KP for the helpful baseline update on the digital landscape for Bradford Teaching Hospitals NHS Foundation Trust and the plans going forward. MH requested quarterly digital updates going forward.</p> | <p>QA23022 Board Secretary (LP)</p> |
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| | <p>PR discussed future consideration of third party vendors who are producing Cerner relevant/compatible content, an opportunity which has only recently emerged.</p> <p>MH queried a recent Parliamentary report into NHS Digitisation and NHS App targets where Bradford Clinical Commissioning group was quoted as having the lowest NHS App uptake in the country.</p> <p>MH requested that the next digital report considers what this low take up may mean for the Trust in terms of virtual wards and digital inclusion. MH also requested that the next update includes reference to the Electronic Prescription Service (EPS), to understand if that is something that is on our road map, and if so, whether we can achieve it and, what the implications might be for other priorities.</p> <p>PR noted digital inclusion work is currently in train at Place with a Local Authority lead. A business case will be submitted by the first week of May to enable the Trust to pursue a patient portal bid submission to NHS England.</p> <p>MH thanked PR for this update.</p> <p>Post-meeting note: An updated presentation was circulated to the Academy immediately following the meeting (26.04.23).</p> | <p>QA23023 Chief Digital and Information Officer (PR)</p> |
| QA.4.23.12 | Digital and Data Transformation Committee | |
| | <p>PR presented the paper, 'Digital and Data Transformation Committee' to the Academy for information, which included the minutes of the last meeting.</p> | |
| QA.4.23.13 | Estates and Facilities Quarterly Service Report | |
| | <p>MHo presented the Estates and Facilities Quarter 4 Service report, summary of activity for 2022/23, discussing the initiatives and updating on progress.</p> <p>The key points were highlighted with the report broken down in terms of the CQC elements of improving the environment, governance, workforce improvement and engagement and improving and enhancing operational services:</p> <ul style="list-style-type: none"> • Background and context discussed. • Major Capital Improvement schemes with £56.73 million of capital issued to improve the environment including room 6 Radiology, outstanding maternity services, CT scanner, Bradford Institute for Health Research, plastics hand unit, endoscopy unit, neonatal unit and works to enhance/improve the environment. • The Trust has committed £4 million to backlog maintenance for important schemes, for example fire, asbestos, duct cleans, leaking rooves, emergency lighting etc, all challenging areas but now with committed capital. Business continuity is essential. • Projects already undertaken around improving the environment. • External ground works and the measures being implemented for staff welfare. • Initiatives and statuses were discussed of the governance | |

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| | <p>projects with some complete and others in progress.</p> <ul style="list-style-type: none"> • The annual fire report will be discussed at the May Board of Directors along with the fire and fire compliance audit which has received significant compliance. • Signage, maps and accessibility issues on Trust sites are under consideration for improvement. • Estates Return Information Collection has been re-opened by NHS England and data intelligence is now being gathered to submit. This will form the model hospital view of the estate and help support both the Trust and NHS England to determine the amount of capital which will be received to improve the estate, governance and data work and will see an outcome in September. • Recent sign-off for phase 4 Salix fund regarding governance around energy. • The Trust has applied for a £400,000 improvement grant for capital funding. • Significant work underway around capital environmental improvements and governance. • Concerns and pressures around the numbers of agency staff currently employed discussed with an action plan for Estates and Facilities now being compiled to reduce this and it is hoped the Trust will be in a better position in three months' time with the introduction of substantive roles and the discussion of budgets with the Executive team on 29 April 2023. • Recent managerial appointments to the team. • Improvements to enhance the Trust's security service over the last three months were alluded to with an improvement plan now in place. • The work undertaken with the medical technical services including asset tagging and medical devices was successfully reported and will continue alongside scan for safety and bar coding. <p>MH thanked MHo for the thorough presentation and questioned the position of the availability of the provision of hot food to staff out-of-hours. MHo noted the discussions currently taking place, the good progress underway in the interim and confirmed the continued commitment to improve staff welfare.</p> | |
| QA.4.23.14 | 15 Steps Challenge Implementation Update | |
| | <p>JC presented the 15 Steps Challenge implementation update to the Academy to assist with the Trust improvement journey noting the fantastic outputs in Maternity following implementation. This provides opportunities for patients to put their thoughts and views forward regarding, for example, culture and safety. The current position was noted with a Multi-Disciplinary team being established to conduct the visits. Information is being shared with Non-Executive Directors and Governors and a patient representative being identified. Visits are due to commence in May 2023 with one visit a month to be planned.</p> <p>Evaluation of initial visits will be undertaken and feedback shared directly with the ward team at the conclusion of each visit to</p> | |

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| | <p>celebrate successes and guide them in accessing further quality improvement activity with support from the Quality Improvement team.</p> <p>Quarterly updates will be provided to the Moving To Outstanding meeting as part of the improvement work and updates provided to the Quality and Patient Safety Academy. An evidence repository of visits and improvement actions to demonstrate completion of the challenge will be compiled.</p> <p>The presentation was noted by the Academy.</p> | |
| QA.4.23.15 | Update on Ward Accreditation | |
| | <p>SW provided an updated overview of the process to date of the Bradford Accreditation scheme embracing excellence in care.</p> <p>As of April 2023 the current position was noted that all in patient wards at Bradford Teaching Hospitals NHS Foundation Trust had been rated as part of the scheme and this process has identified 12 green wards, 15 amber wards and 2 red wards. The scheme was paused during Covid and now includes Day Case Unit assessments.</p> <p>The Day Case Unit assessments have commenced with F4 achieving an excellent rating of Green, however, the results indicate a predicted decline in areas rated Green from 2021-22, due to the Trust requiring greater assurance and providing stretched targets. In order the Trust can be greater assured when an area is Green, additional ratings of bronze, silver and gold have been added, confirming absolute assurance. SW explained the targets are achievable but difficult covering all essential aspects of patient care. Dedicated support is provided to wards when improvement measures are required and peer support has been introduced through Band 7 and Ward Managers encouraged to support and share experiences. Matrons are now shadowing accreditation visits providing a greater understanding and to enable them to support their teams ensuring both a greater understanding and staff engagement.</p> <p>The learning identified to date was discussed from the full review of accreditation processes undertaken in 2022, broadened to include all wards and departments across the organisation. When this accreditation is fully rolled out, it is expected the Trust will be the first organisation in the county to undertake this process. Every area within Bradford Teaching Hospitals NHS Foundation Trust estate will be accredited by the end of March 2024. The team is endeavouring to provide a greater MDT focus looking to involve all groups of staff, for example Physiotherapists, Occupational Therapists and medical staff. Red flag questions have been introduced around essential aspects of care. In order to achieve Green status an area has to achieve thirteen essential aspects, ensuring the key lines of enquiry for the CQC are met (patient experience, falls, pressure ulcers, nutrition, medicine management, pain, infection, prevention and control, safeguarding, end of life, leadership, stock cupboards, EPR/case notes along with other</p> | |

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| | <p>additional accreditations for example baby friendly initiative, World Health Organisation checklists and safer surgery as appropriate). These aspects are discussed with both patients and staff, as appropriate, and audit data considered.</p> <p>Assurance was provided to the Academy around the internal and external governance and audit structures. A draft Internal Audit report has recently been rated as Significant Assurance. Further work is required in closing the governance loop to ensure action plans are being completed resulting in greater assurance. There is a robust structure in place to support any struggling area including external support from specialist nurses and teams.</p> <p>MH thanked SW for the presentation and noted the raised goals, raising quality in the Trust which is very positive. SW described the ten step approach provide as support to red areas and the timeframe considered to achieve the goals and noted that some standards, particular to specific areas, have to be met from an external peer review setting for example, Intensive Care Unit.</p> <p>A new audit platform is being devised for this information to be available electronically in approximately two months' time, which will enable provision of a dashboard in order more complex reports on accreditation can be provided in a more timely fashion.</p> <p>SW was thanked for the informative presentation noted by the Academy</p> | |
| QA.4.23.16 | Draft Engagement Strategy | |
| | <p>A request has been received for the Draft Engagement Strategy to be deferred. The Academy will review the strategy at the June meeting.</p> | <p>QA23024 Deputy Chief Nurse (JH)</p> |
| QA.4.23.17 | Quality and Patient Safety Academy Annual Report 2022/23 | |
| | <p>MH presented the positive Quality and Patient Safety Academy's Annual Report, April 2022 to March 2023, which described the Academy's journey over the last year noting the vision and objectives and the different dimensions of assurance and learning undertaken over the last year. MH requested any comments, questions or input regarding the report. LP noted the changes to be made to the Chair's report format, to ensure consistency throughout the Academies, will be referenced. The report is one of the key elements of the Board of Directors' review.</p> <p>SN acknowledged the very comprehensive report demonstrating the huge amount of work undertaken by the Academy in 2022/23. SN congratulated all those who had provided information. JM was thanked for her assistance.</p> <p>The report will be presented to the Board of Directors on 11 May 2023 followed by the Audit Committee on 23 May 2023, as part of the suite of assurances supporting the Annual Governance Statement.</p> <p>The Academy noted the Terms of Reference and the annual</p> | |

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| | effectiveness review are scheduled for review by the Academy on 26 July 2023. | |
| | The report was approved by the Academy. | |
| QA.4.23.18 | Any Other Business | |
| | There was no other business to discuss. | |
| QA.4.23.19 | Matters to share with Other Academies | |
| | There were no matters to share with the other Academies. | |
| QA.4.23.20 | Matters to escalate to the Board of Directors | |
| | There were no matters to escalate to the Board of Directors. | |
| QA.4.23.21 | Date and time of next meeting | |
| | Wednesday, 24 May 2023, 2 pm to 4.30 pm (Learning and Improvement). | |
| | MH noted that either AS or SN will be Chairing the Academy meeting on 24 May 2023 in his absence. | |
| | <u>Post-meeting note:</u> SN will be Chairing the Academy meeting on 24 May at 2 pm. | |
| | Annexes for the Quality and Patient Safety Academy | |
| | Annex 1 – Documents for Information | |
| QA.4.23.22 | Bradford District and Craven Quality Committee Highlight Report/Minutes | |
| | Noted for information. | |
| QA.4.23.23 | Nursing and Midwifery Staffing Data Publication Report | |
| | Noted for information. | |
| QA.4.23.24 | Quality and Patient Safety Academy Work Plan | |
| | Noted for information. | |
| QA.4.23.25 | Internal Audit Reports relevant to the Academy | |
| QA.4.23.25.1 | Board Assurance Framework and Risk Management Framework report | |
| | Noted for information. | |
| QA.4.23.25.2 | Visiting Arrangements | |
| | Noted for information. | |

ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – April 2023

Assurance Meeting Actions

Learning and Improvement Actions

| Action ID | Date of meeting | Agenda item | Required Action | Lead | Timescale | Comments/Progress |
|-----------|-----------------|--------------|---|---------------------------------------|-----------|--|
| 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 | |
| QA23019 | 26.04.23 | QA.4.23.5 | Quality and Patient Safety Academy Dashboard Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) – The numbers remain within the expected range and a funnel plot will be displayed going forward. | Chief Digital and Information Officer | May 2023 | 09.05.23: Action completed by PR. CLOSED. |

| Action ID | Date of meeting | Agenda item | Required Action | Lead | Timescale | Comments/Progress |
|-----------|-----------------|-------------|---|---------------------------------------|-----------|---|
| QA23020 | 26.04.23 | QA.4.23.5 | Quality and Patient Safety Academy Dashboard Sepsis – The changes previously agreed by the QPSA to the presentation format were noted around trigger levels. Work is ongoing with Calderdale and Huddersfield to consider how the system can be improved. RS assured the Academy sepsis cases are being picked up, being treated promptly and that the current recording format is a data quality issue. Sepsis screening chart to be 'greyed out' until data issue resolved. | Chief Digital and Information Officer | May 2023 | 09.05.23: Action completed by PR. CLOSED. |
| QA23021 | 26.04.23 | QA.4.23.6 | Quality Oversight and Assurance Profile With reference to the falls scenario shared from NHS Highland, Appendix 14 of the report, SN suggested any learning received by the Trust is reviewed considering best/Trust practices and the relevance and likelihood of an incident of the type occurring in the Trust. | Associate Director of Quality | May 2023 | 09.05.23: Action completed by JC. CLOSED. |
| QA23022 | 26.04.23 | QA.4.23.11 | Bi-annual Digital Report MH requested quarterly digital updates going forward. | Board Secretary | May 2023 | 19.05.23: Added to work plan three times per year (April, August and December) to align with the QPSA meeting frequency. CLOSED. |
| QA23007 | 22.02.23 | QA.2.23.4 | Matters Arising Quality Strategy (Linked to Action ID – QA22035 (29.06.22) QA.6.22.14) The Quality Strategy will be brought to the QPSA in due course with final comments. | Associate Director of Quality | June 2023 | 29.03.23: JC advised that work was ongoing on the Quality Strategy. To update at the next meeting. 26.04.23: In progress. Conversations continue with organisational development and transformation colleagues. Meeting scheduled for the beginning of May to meet with the Executives to identify the direction of travel. |

| 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 | |
| QA23024 | 26.04.23 | QA.4.23.16 | Draft Engagement Strategy A request has been received for the Draft Engagement Strategy to be deferred. The Academy will review the strategy at the June meeting. | Deputy Chief Nurse | June 2023 | |
| QA23017 | 26.03.23 | QA.3.23.6 | Serious Incidents Report (Focus on learning) ST to do some work with the local police on how the Trust can make improvements to their communication regarding vulnerable patients, bringing a report to the Academy in four months' time. | Assistant Chief Nurse Vulnerable Adults | July 2023 | |
| QA23023 | 26.04.23 | QA.4.23.11 | Bi-annual Digital Report MH requested that the next digital report considers what the low NHS App take up may mean for the Trust in terms of virtual wards and digital inclusion. MH also requested that the next update includes reference to the Electronic Prescription Service (EPS), to understand if that is something that is on our road map, and if so, whether we can achieve it | Chief Digital and Information Officer | August 2023 | |



Bradford Teaching Hospitals

NHS Foundation Trust

| Action ID | Date of meeting | Agenda item | Required Action | Lead | Timescale | Comments/Progress |
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| | | | and, what the implications might be for other priorities. | | | |