

## QUALITY AND PATIENT SAFETY ACADEMY (QPSA) - LEARNING AND IMPROVEMENT MINUTES

<b>Date:</b>	Wednesday, 26 July 2023	<b>Time:</b>	14:00-16:30
<b>Venue:</b>	MS teams meeting	<b>Chair:</b>	Mr Mohammed Hussain (MH), Non-Executive Director/Chair
<b>Present:</b>	<ul style="list-style-type: none"> <li>- Mohammed Hussain (MH), Non-Executive Director/Chair</li> <li>- Sughra Nazir (SN), Non-Executive Director</li> <li>- Altaf Sadique (AS), Non-Executive Director</li> <li>- Professor Louise Bryant (LB), Non-Executive Director</li> <li>- John Bolton (JB), Deputy Chief Medical Officer</li> <li>- Judith Connor (JC), Associate Director of Quality</li> <li>- Dr Yaseen Muhammad (YM), Director of Infection Prevention and Control</li> <li>- David Smith (DS), Director of Pharmacy</li> <li>- Sarah Freeman (SF), Director of Nursing - Operations</li> <li>- Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary</li> <li>- Benjamin McKay (BM), Education Manager</li> <li>- Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes</li> <li>- Leah Richardson (LR), Patient Safety Specialist</li> <li>- Jane Kingsley (JK), Lead Allied Health Professional</li> <li>- Dr Robert Halstead (RH), Associate Medical Director, Quality Governance</li> <li>- Joanna Stedman (JS), Deputy Director of Nursing, Specialist Medicine CSU</li> <li>- Jill Clayton (JCI), Deputy Director of Nursing, Unplanned Care</li> <li>- Kay Rushforth (KR), Associate Director of Nursing for Children and Neonatal Services</li> <li>- Karen Bentley (KB), Assistant Chief Nurse, Patient Experience</li> <li>- Kay Pagan (KP), Assistant Chief Nurse, Informatics</li> <li>- Dr LeeAnne Elliott (LE), Patient Safety Specialist</li> <li>- Sara Hollins (SH), Director of Midwifery, for agenda item QA.7.23.10 only</li> </ul>		
<b>In attendance</b>	<ul style="list-style-type: none"> <li>- Adam Griffin (AG), Deputy Chief Information Officer</li> <li>- Grainne Eloi (GE), Associate Director of Nursing and Quality, Bradford District and Craven Health and Care Partnership</li> <li>- Abimbola Olusoga (AO), Clinical Pharmacist Team Leader</li> <li>- Jacqui Maurice (JM), Head of Corporate Governance</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Dr Farzana Khan, Staff Governor Medical and Dental</li> </ul>		

Agenda Ref	Agenda Item	Actions
QA.7.23.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Jon Prashar, Non-Executive Director</li> <li>- Dr Ray Smith, represented by John Bolton</li> <li>- Professor Karen Dawber, Chief Nurse, represented by Sarah Freeman</li> <li>- Dr Paul Rice, represented by Kay Pagan</li> <li>- Sally Scales, Director of Nursing: Programme Lead for Magnet</li> <li>- Amy Hunter, Quality Lead for Nursing Excellence</li> <li>- Kez Hayat, Head of Equality, Diversity and Inclusion</li> <li>- Sarah Turner, Assistant Chief Nurse, Vulnerable Adults</li> <li>- Louise Horsley, Senior Quality Governance Lead</li> </ul>	

	<b>Absent:</b> <ul style="list-style-type: none"> <li>- Dr Deborah Horner, Deputy Chief Medical Officer</li> <li>- Joanne Hilton, Deputy Chief Nurse</li> <li>- Adele Hartley-Spencer, Director of Nursing - Operations</li> <li>- Caroline Varley, General Manager, Chief Medical Officer's Team</li> <li>- Dr Padma Munjuluri, Associate Medical Director – Clinical Outcomes</li> <li>- Dr Michael McCooe, Associate Medical Director – Learning from Deaths</li> <li>- Dr Kavitha Nadesalingam, Associate Medical Director</li> <li>- Marianne Downey, Deputy Director of Nursing</li> <li>- Kelly Young, Deputy Director of Nursing</li> <li>- Sarah Wood, Quality Lead Nursing and Midwifery</li> <li>- Victoria Egan, Quality and Patient Safety Facilitator</li> </ul>	
<b>QA.7.23.2</b>	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
<b>QA.7.23.3</b>	<b>Minutes of the meeting held on 28 June 2023</b>	
	The minutes of the meeting held on 28 June 2023 were accepted as a true record.	
<b>QA.7.23.4</b>	<b>Matters arising</b>	
	There were no matters arising from the minutes that were not already on the agenda. Verbal updates were provided at the meeting on the outstanding actions and these are reflected in the action log.	
<b>QA.7.23.5</b>	<b>High Level Risks</b>	
	<p>SF provided an overview of the report, highlighting that there have been no significant changes since the last review of the High Level Risk Register. The following key points were shared with the Academy:</p> <ul style="list-style-type: none"> <li>- The risks have changed in score for lone workers, which is being discussed at the People Academy.</li> <li>- The risk regarding ReSPECT has been reviewed; there will be no change in the score until it goes on to EPR.</li> <li>- All High Level Risks remain unchanged.</li> </ul> <p>JC stated that the Trust is waiting for the lone worker devices for Maternity services. LP advised that an organisation wide risk will be added in relation to lone working devices. KP commented that lone worker devices were trialled in Maternity, with a view to expand out to the rest of the organisation, therefore it was noted that other areas of the Trust will need to receive devices. As a result, it was decided that Risk 3767 – Equipment for Lone Working, will be kept open.</p> <p>Regarding Risk 3469 – ReSPECT; MH queried how long the process would take. KP commented that the build time for putting this in to EPR is approximately 6 months. Considering current time</p>	

	<p>lines the completion date is estimated to be January 2024. SF confirmed that the review date on the risk had been updated to December 2023.</p> <p>The Academy was assured by the discussion and updates received on the High Level Risk Register.</p>	
<b>QA.7.23.6</b>	<b>Infection Prevention and Control (Quarter 1) Report 2023-24</b>	
	<p>YM provided an overview of the Quarter 1 Infection Prevention and Control (IPC) report, sharing the highlights on the slides circulated.</p> <p>YM shared some figures showing the Trusts performance in relation to various infection rates, explaining that the Trust was in a good position in comparison with other Trusts in the region.</p> <p>Various graphs depicting infection rates in the Trust were depicted for the following bacteria:</p> <ul style="list-style-type: none"> <li>- MRSA Bacteraemia</li> <li>- C. difficile Infection</li> <li>- Pseudomonas Bacteraemia</li> <li>- MSSA Bacteraemia</li> <li>- Klebsiella Bacteraemia</li> <li>- E. coli Bacteraemia</li> </ul> <p>YM explained that the IPC Board Assurance Framework (BAF) is showing as mostly compliant, and explained the reasons for some gaps in compliance, highlighting detail from the slides.</p> <p>With regards to improvement work, YM shared that there has been consistent improvement for E. coli rates at the Trust due to interventions such as the national Hydration Project introduced in April 2023. Additionally, YM shared some of the intervention work done regarding C. diff infections in May 2023.</p> <p>Finally, YM shared some assurances by providing information on the bacteraemia and CDI reduction measures that have been put in place, as well as the mitigating actions to assure compliance to the IPC BAF.</p> <p>SN commented on how helpful it was to see the intervention points assisting towards the downward trend in the infection rates discussed, and queried whether the action plan captures the ongoing work that is being done here. YM explained that the action plan was comprehensive and included all ongoing actions.</p> <p>There was a discussion regarding how data is portrayed in comparing with other Trusts, with YM explaining that data is taken from a regional website, but considered variances of acuity amongst different Trusts.</p> <p>YM confirmed that the Water Safety Group had given assurance that Estates department are working on providing water safety plan and will finalise it soon.</p> <p>It was also acknowledged that there was a need for another clinical</p>	

	<p>pharmacist for antimicrobial stewardship to fulfil the data collection requirement to meet IPC BAF standards.</p> <p>The Academy approved the IPC Report.</p>	
<b>QA.7.23.7</b>	<b>Serious Incidents Report (Focus on learning)</b>	
	<p>JC advised that whilst the organisation continues to work towards being compliant with PSIRF, at the moment the Trust remains to be contractually obliged to log incidents against the current serious incident framework.</p> <p>JC provided an overview of the Serious Incidents (SIs) Report distributed with the papers. It was shared that the position as of 30<sup>th</sup> June 2023 there are 13 SIs logged with the Strategic Executive Information System (StEIS). Three incidents had been logged between 1<sup>st</sup> and 30<sup>th</sup> June, which JC gave detail of.</p> <p>It was confirmed that the Trusts position in terms of how many open SIs there are is better, however, JC acknowledged that there are capacity challenges for clinical colleagues to be released to support the investigation process; therefore impacting on the length of time that it is taking to produce reports. However, JC assured the Academy that the early learning is fed back through the organisation to mitigate any risks.</p> <p>JC shared that the feedback from the Healthcare Partnership (HCP) Serious Incident Panel was that the Trusts reports are thorough and feedback is positive. JC explained that the HCP are working very hard to clear the backlog in order to close all of the investigation reports before the organisations transition to the new PSIRF framework later in the year.</p> <p>SN queried whether this would result in a delay feeding back to families. JC recognised that it does, and reaffirmed that in terms of capacity to investigate the difficulty is in releasing clinical staff. However it was noted that with PSIRF, the focus will be on getting a thorough investigation rather than meeting a deadline.</p> <p>There was a discussion for clarification regarding the breach of information involved in SI 2023/12517. KP shared that the team involved have requested access to an app rather than the use of paper, and is in discussion with them regarding best practice and what can be done to mitigate the use of paper.</p> <p>The Academy noted the Serious Incident Report.</p>	
<b>QA.7.23.8</b>	<b>Patient Safety Incident Response Framework</b>	
	<p>LR shared a presentation regarding the Patient Safety Incident Response Framework (PSIRF) implementation in to the Trust. It was noted what PSIRF is and how it will impact the organisation, as shown on the slides.</p> <p>LR advised that the transition is on track, with a view to be completed by November 2023, and explained in detail what work has been done to prepare for the transition.</p>	

	<p>LR highlighted the following areas as Patient Safety Priorities, explaining the learning and improvements as a result.</p> <ul style="list-style-type: none"> <li>- People admitted in a mental health crisis with medical or surgical needs.</li> <li>- Safe internal hospital movement of patients.</li> <li>- Emerging patient safety themes where learning and improvement can be gained.</li> </ul> <p>Regarding improvement efforts, the following incident types were identified as focus areas:</p> <ul style="list-style-type: none"> <li>- Falls</li> <li>- Pressure Ulcers</li> <li>- Medication Errors</li> <li>- Blood Transfusion</li> </ul> <p>LR shared that there has been vast engagement work across the Trust, speaking with staff and patients in all wards. This included stakeholder events, a concourse stand and networking. Additionally, LR gave detail on the training available for all staff and the specific training available to particular members of staff in varying roles.</p> <p>Finally, LR shared the work that will be done going forward to further develop the transition.</p> <p>In the event of local investigation by a partner organisation where incidents are reviewed, SN queried how the Trust will manage the impact of an investigation process on patients and their families. LR explained that the Trust is working with organisations across the Place to develop ways in which harm to patients and families can be mitigated.</p> <p>MH queried when an update would be available on the planned developments; LR advised by the November meeting of the Board of Directors there will be some additional data to feed back.</p> <p>The Academy noted the Patient Safety Incident Response Framework.</p>	
<b>QA.7.23.9</b>	<b>2022 Urgent and Emergency Care Survey - Pre-Publication Results</b>	
	<p>SF provided some background on the survey, in which 122 Trusts with a Type 1 Accident and Emergency Department participated. Data regarding the responses received for Bradford Teaching Hospitals was detailed on the slides circulated with the papers. SF stated that due to a small number of responses it could be construed that the results are not representative of the entire population seen by the Trust.</p> <p>Regarding the results, SF highlighted that BTHFT had somewhat better results than most Trusts when patients were asked about receiving medications. However, getting help whilst waiting to see a doctor and feeling threatened by other members of the public, were two questions in which BTHFT saw worse results than other Trusts. Additionally, SF shared some areas of score deterioration since the</p>	

	<p>2020 survey, noting that waiting times were rated as the lowest area of satisfaction.</p> <p>SF stated that a great deal of work was underway with regard to patient experience improvement in the Emergency Department. SF discussed some of the improvements that have been made and some future developments. SF referred to the issue of aggression and security in the department, including trialling the use of body worn cameras and continual involvement with the Police.</p> <p>There was a discussion regarding the idea of a self-triage system integrated with Cerner, where the department can assess priority patients quickly. AS shared that this had been effective in other Trusts in different areas of the country, and agreed to share any information available on this with the Academy. JCI stated that streaming at the front door is being developed to avoid overcrowding in the waiting areas, suggesting that digital support would be beneficial in the future.</p> <p>SN queried how it is ensured that representatives of all communities in Bradford are included on the survey. SF advised that a lot of work was done with the SPaRC and Patient Experience teams to ensure there was a wide range of representation. KB provided some detail of what is done from a Patient Experience perspective to ensure a wide range of patients are surveyed, including distribution in different languages.</p> <p>GE noted that the learning from the use of a body-cam would be beneficial to be shared across the Place. JCI commented that the Trusts security manager, William Hall, has looked in to organisations where this has been well established and would be happy to share findings with Bradford District Care Trust.</p> <p>There was a further discussion regarding an ongoing problem with the display screens in the patient area of the department not working, as well as the significance of providing waiting times.  <b>Action: Paul Rice and the Informatics team to look in to the reasons for the screens not working in the Emergency Department, and to work with the Estates Department to find a solution.</b></p> <p>The Academy noted the 2022 Urgent and Emergency Care Survey – Pre-Publication Results.</p>	<p>Chief Digital and Information Officer QA23030</p>
QA.7.23.10.1	<b>Maternity and Neonatal Services Update</b>	
QA.7.23.10.2	<b>Outstanding Maternity Services Programme Update</b>	
	<p>SH joined the meeting to provide an update on Maternity and Neonatal Services from June 2023. The June update was noted as read, with SH providing updates as depicted on the slides shared with the papers.</p> <p>SH shared that there will be a multidisciplinary ‘deep dive’ taking place in July 2023, following a review of Yorkshire and Humber regional data for cases of Hypoxic Ischaemic Encephalopathy</p>	



	<p>(HIE); the findings of which will be shared with the Academy in September. Further details of the need for the deep dive were discussed, noting some challenges in management of diabetic mothers and transferring women requiring instrumental birth from the labour ward.</p> <p>SH shared the case details of two incidents resulting in investigation. The learning and improvements following the incidents were discussed, including the safety recommendations for each.</p> <p>Regarding personalised care plans discussed in the paper shared, AS queried whether there were any plans to digitalise to allow for easier sharing across multi disciplines. SH confirmed that there is work being done to address a digital solution, though acknowledged challenges around finding a digital solution to work with the Cerner system. It was assured that the matter is well sighted and has been discussed with the Executive Team.</p> <p>There was a discussion regarding the use of a surname and birth date within Appendix 2a of the papers provided. SH confirmed that data is usually anonymised and this may be an oversight on this occasion.</p> <p>LB queried how BTHFT was an outlier in the HIE review discussed during the presentation. SH explained that this is due to the number of cases in ratio to births, and how this is compared to neighbouring Trusts who have a similar demographic. SH commented that the City of Bradford is unique in a number of ways and can sometimes appear as an outlier due to the demographic. It was assured that this is not a cause for concern due to a small number of cases, though it was acknowledged that this should be addressed to ensure nothing is missed.</p> <p>SN questioned whether there is diabetes awareness training, in response to some of the HSIB themes presented in the papers. SH clarified that this is a result of issues with capacity, which is being addressed through the Outstanding Maternity Services programme. SH also shared that a specialist Midwife for diabetes has been appointed and is demonstrating some positive changes for improvement.</p> <p>Additionally, MH highlighted family engagement as an issue within the HSIB reports and queried the reasons for this. SH explained that the majority of families do engage with HSIB, noting that the families that do not are usually those who have taken their baby home and are happy with the care they have received. SH noted that work is ongoing to ensure there are no missed opportunities for learning, but reemphasised that the process is extensive and families who are satisfied may not want to progress.</p> <p>There was a discussion regarding compliance with training amongst Consultant Anaesthetists, as depicted in Appendix 5. SH explained that due to a small staff base in this area the percentage shows low, though advised that as it is a smaller number there is</p>	
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	<p>opportunity to improve.</p> <p>There was some clarification regarding the app used by Maternity services for interpreting. SH explained that previously it had been determined that the provision for interpreting services in the community was sufficient, and so the app was not needed. However it had since been agreed that it would be reinstated as a priority, in the event that an interpreter is not available and would therefore be available as a backup.</p> <p>SH shared the OMS Highlight Report to give assurance that following the 2 year project period, Maternity is continuing to give the same approaches the themes focused on. Wellbeing, changes in clinical pathways, and building work were highlighted as ongoing projects.</p> <p>The Academy was assured by the Maternity and Neonatal Services update, and noted the Outstanding Maternity Services Programme update.</p>	
<b>QA.7.23.11</b>	<b>Draft Quality Strategy – Update</b>	
	JC advised that The Strategy will be brought to the September Quality and Patient Safety Academy for sign off. <i>(Action ID QA23007 updated to reflect this).</i>	
<b>QA.7.23.12</b>	<b>Nursing and Midwifery Leadership Council Update (Magnet4Europe)</b>	
	This item is deferred to the September meeting. <i>(Item is included on the workplan).</i>	
<b>QA.7.23.13</b>	<b>Any Other Business</b>	
	There was no other business to discuss.	
<b>QA.7.23.14</b>	<b>Matters to share with other Academies</b>	
	There were no matters to share with other Academies.	
<b>QA.7.23.15</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to share with the Board of Directors.	
<b>QA.7.23.16</b>	<b>Date and time of next meeting</b>	
	Wednesday 23 August 2023 - 14:00 16:00	
	<b>Annexes for the Quality and Patient Safety Academy</b>	
	<b>Annex 1 - Documents for Information</b>	
<b>QA.7.23.17</b>	<b>Quality and Patient Safety Academy Work Plan</b>	
	Noted for information.	
<b>QA.7.23.18</b>	<b>Patient Safety Group</b>	
	SN asked for assurance that Phlebotomy and Cannulation were included as part of Hospital at Night. LAE noted that the business case had been brought to the Executive Team meeting recently, but would feed back to the team regarding Phlebotomy and	



	<p>Cannulation.</p> <p>Further to this, SN shared some learning in relation to the Discharge Quality Improvement Project noted in the Patient Safety Group minutes. LAE noted that this will be fed back and agreed to contact SN outside of the Academy to discuss further learning.</p> <p>Noted for information.</p>	
<b>QA.7.23.19</b>	<b>Clinical Outcomes Group</b>	
	Deferred to the August meeting.	
<b>QA.7.23.20</b>	<b>Patient Experience Group</b>	
	Noted for information.	
<b>QA.7.23.21</b>	<b>Internal Audit Reports relevant to the Academy</b>	
	<b>BH/40/2023 – Internal Audit – Clinical Coding</b>	
	Noted for information.	



## ACTIONS FROM QUALITY AND PATIENT SAFETY ACADEMY – July 2023

### Assurance Meeting Actions

### Learning and Improvement Actions

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
QA23023	26.04.23	QA.4.23.11	<b>Bi-annual Digital Report</b> 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 and, what the implications might be for other priorities.	Chief Digital and Information Officer	August 2023	14.08.23: To be included within the digital report at agenda item QA.8.23.11. <b>Action closed.</b>
QA23007	22.02.23	QA.2.23.4	<b>Matters Arising</b> <b>Quality Strategy (Linked to Action ID – QA22035 (29.06.22) QA.6.22.14)</b> The Quality Strategy will be brought to the QPSA in due course with final comments.	Associate Director of Quality	September 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. 28.06.23: JC advised that the Quality Strategy was not yet approved, though meetings are ongoing to

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						discuss the content. <b>26.07.23: JC advised that the Strategy will be presented at the September QPSA.</b>
QA23010	22.02.23	QA.2.23.5	<b>Quality and Patient Safety Academy Dashboard</b> 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	September 2023	12.06.23: PR to provide an update at the June meeting. 28.06.23: PR noted that conversations were ongoing with other organisations in relation to Cerner. RS advised that new NICE guidance on Sepsis had been released on 28.06.23 and the Sepsis Dashboard will be released in due course. It was agreed that this will be reviewed over the course of the next cycle, and an update would be provided at the September meeting.
QA23017	26.03.23	QA.3.23.6	<b>Serious Incidents Report (Focus on learning)</b> 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	September 2023	26.07.23: Conversations have started with the Superintendent for partnerships re this. There are a number of key personnel changes within the Police and we have agreed to start work when the new staff are in post within the police. Currently we communicate or pick up on vulnerabilities with patients with the Police through the safeguarding police team who are able to provide information to us but also task other officers with specific actions where needed.



## Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						16.08.23: Update to be provided at the September Academy.
QA23030	26.07.23	QA.7.23.9	<b>2022 Urgent and Emergency Care Survey - Pre-Publication Results</b> Paul Rice and the Informatics team to look in to the reasons for the screens not working in the Emergency Department, and to work with the Estates Department to find a solution.	Chief Digital and Information Officer	September 2023	
QA23031						