Bradford Teaching Hospitals
NHS Foundation Trust

QUALITY AND PATIENT SAFETY ACADEMY (QPSA) ASSURANCE MINUTES

Date:	Wednesday, 23 August 2023	**Time:**	14:00-16:00
Venue:	MS teams meeting	**Chair:**	Mr Mohammed Hussain (MH), Non-Executive Director/Chair
Present:	**Non-Executive Directors:** - Mohammed Hussain (MH), Non-Executive Director / Co-Chair - Louise Bryant (LB), Non-Executive Director / Co-Chair - Jon Prashar (JP), Non-Executive Director - Altaf Sadique (AS), Non-Executive Director **Executive Directors:** - Ray Smith (RS), Chief Medical Officer - Karen Dawber (KD), Chief Nurse		
Attendees:	- Joanne Hilton (JH), Deputy Chief Nurse - Judith Connor (JC), Associate Director of Quality - Louise Horsley (LH), Senior Quality Governance Lead - Liz Tomlin (LT), Head of Clinical Outcomes - Nick Rushton (NR), Patient Safety Manager - Learning from Deaths - Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Sara Hollins (SH), Director of Midwifery - David Smith (DS), Director of Pharmacy - Kay Pagan (KP), Assistant Chief Nurse Informatics - Grainne Eloi (GE), Associate Director of Nursing & Quality, BDC Health and Care Partnership - Jacqui Maurice (JM), Head of Corporate Governance		

Agenda Ref	Agenda Item	Actions
QA.8.23.1	**Apologies for Absence**	
	- Sughra Nazir, Non-Executive Director **Absent:** - Paul Rice, Chief Digital and Information Officer - Deborah Horner, Deputy Chief Medical Officer - John Bolton, Deputy Chief Medical Officer/Operations Medical Director - Yaseen Muhammad, Director of Infection Prevention and Contro - Sarah Freeman, Director of Nursing – Operations - Adele Hartley-Spencer, Director of Nursing - Operations - Ummara Saeed, Quality and Patient Safety Facilitator	
QA.8.23.2	**Declarations of Interest**	
	There were no declarations of interest.	
QA.8.23.3	**Minutes of the meeting held on 26 July 2023**	
	LB requested a clarification regarding a minute on page 7,	

	paragraph 5, of the minutes of the meeting held on 26 July 2023: *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.* SH clarified that there is going to be a deep dive into the Hypoxic Ischaemic Encephalopathy (HIE) cases. For academy assurance, SH explained that in order to identify any themes and trends which may require further attention, there will be a multidisciplinary team deep dive/tabletop review of all cases reported in 2022/23. SH confirmed that any findings from this review will be fed back into the Quality and Patient Safety Academy.	
QA.8.23.4	**Matters arising**	
	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.	
QA.8.23.5	**Quality and Patient Safety Dashboard**	
	From the Dashboard RS highlighted the following: - The SHMI position is unchanged and remains within expected limits, assuring that we are not an outlier. - The Trust remains in a good position for C. diff and MRSA. - There has been a downward trend in category 3 pressure ulcers in the last two years, noting that there has been some targeted work resulting in an improving position. - There has also been a gradual downward trend in Falls with Harm. RS noted that the Dashboard remains to be a work in progress between the Academy and Informatics, with meetings ongoing to develop improvements. LT noted that the Sepsis metrics have been removed from the Dashboard at present, sharing that the Quality Improvement team are working through to ensure that all the data is correct. Further to this, LT shared that whilst work is being done with Cerner to improve the trigger tool the team will be doing a monthly audit with Clare Nandha, Sepsis Nurse Specialist, to ensure there is an understanding of screening levels to provide assurance that the Trust is delivering the best care possible. MH noted that a review of the Sepsis Dashboard was due by the Informatics team at the September meeting of the Quality and Patient Safety Academy (action QA23010). MH commented that Length of Stay and Readmissions was	

	showing a positive trend on the Dashboard. RS explained that as a result of Covid-19 the amount of elective activity being done had dropped significantly. It was noted that this metric no longer needs to be greyed out as a result of returning back towards more normal activity following the pandemic. The Academy was assured by the Quality and Patient Safety Dashboard.	
QA.8.23.6	**Quality Oversight and Assurance Profile**	

	LH provided an overview of the Quality Oversight and Assurance Profile, sharing the slides circulated with the papers. Data was shared for the period between 1st June to 31st July 2023, with the following highlighted:
	
	• There have been 23 safety events that have been escalated, themes and trends included the following which link to the Trust's PSIRF priorities:
	  ○ Safety events involving patients with mental health issues.
	  ○ Issues arising from communication relating to patient transfers between wards and departments.
	• 16 safety events have been reported externally (detailed in Appendix 5).
	• 5 patient safety incidents were declared as serious incidents (SI); further details were displayed on the slides.
	• 1 SI closed, which was HSIB investigation.
	• 12 Central Alerting System (CAS) alerts issued in the time period, with 3 requiring responses. Detail found at Appendices 1 – 4.
	• Claims and Inquests information detailed in appendix 6.
	• The learning from internal and external sources was shared as part of the overall organisation learning. This is detailed in Appendices 7 – 12. LH highlighted to colleagues the Mental Capacity Act Masterclass running in September 2023.
	
	MH requested further information regarding the report of a patient falling on the Trust site, outlined in Appendix 5 (Datix reference WR136310). LH highlighted learning around staff responsibilities when an incident occurs on the hospital site, whether the injured party is a patient or not. There was a discussion about values and behaviours, in line with the Trusts own values. The observation was made that in wider society people may have a tendency to avoid this type of situation, though DS commented that staff may be unsure of where to get help from and therefore avoid incidents due to a lack of confidence. LB added that Universities have developed active bystander training and guidance, which may be helpful for Trust staff. It was agreed that developing some guidance for staff advising them of what to do if an incident occurred would be beneficial, noting that it is likely to be a lack of confidence rather than willingness to help, which prevents staff from assisting.
	
	Action: It was agreed that guidance would be developed to advise staff of what to do if an incident occurs on the Trust
		QA23031
		Senior Quality

	site. An update to be brought to the next meeting. In addition, there was a discussion regarding any possible learning taken from a safety event in relation to a break in at St Luke's Hospital (Datix reference WR137117). KD provided clarification as to why there was patient information printed rather than stored electronically. There was a suggestion that staff could use smaller electronic devices as a point of reference, rather than printing confidential information. KP explained some of the challenges from an informatics perspective but provided assurance that the issue is being addressed with all community teams to assess the different opportunities that are available. The Academy was assured by the Quality Oversight and Assurance Profile.	Governance Lead
QA.8.23.7	**Serious Incident Report**	
	LH shared the following highlights from the Serious Incident (SI) Report circulated with the papers: • SIs declared from August 2022 to July 2023 have remained within normal cause variation, except for January 2023 where there were more SIs declared than usual. • 2 SIs identified between 1st and 31st July 2023. Detail was provided which can be found in the report. • 14 SI investigations ongoing. • No Never Events between 1st and 31st July. • No Duty of Candour breaches between 1st and 31st July. • 4 SIs overdue that are working towards closing. • The HSIB Maternity report is included at Appendix 2. MH requested that detail of overdue SIs was included in future reports. The Academy was assured by the Serious Incident Report.	
QA.8.23.8	**High Level Risks**	
	RS drew attention to the High-Level Risks highlighted within the High Level Risk Register report. • 38001 – Increase in the cost of gas and power. The risk will be updated by Estates and Facilities as soon as possible. <u>Two new risks</u> • 3885 – Lack of operational security supervision. • 3881 – Unfilled Pharmacy vacancies. RS and KD noted that the three risks reported as beyond their review date had since been reviewed since the publication of the report (risks 3468, 3696 and 3711). There was a discussion regarding the wording of risk 3885, with LP confirming that the Director of Estates and Facilities agreed to	

	review the risk. LB requested further insight in to risk 3881 regarding vacancies in Pharmacy. KD gave an outline of the Outstanding Pharmacy Services (OPS) work, explaining that the programme had been introduced in recent months to look at sustained and manageable change throughout the department, including work around culture, workforce and behaviours. Regarding vacancies, DS clarified that this issue is not unique to Bradford, noting a significant number of vacancies seen across the region. It was explained that this is partly due to the creation of new roles for Pharmacists in Primary Care Network (PCN) but without a national workforce plan to support these new roles. This has manifested itself in vacancies in Trusts and Community Pharmacies due to the working hours of a PCN Pharmacist being more attractive. DS commented that the OPS work had been very beneficial, noting some staff had returned, as well as a cohort of new starters. Further to this, DS advised that Hadar Zaman, Deputy Director of Pharmacy, has undertaken a quality assurance check on the action plan that was provided in response to a CQC concern. Issues have been addressed and assurances provided that the action plan put in place is addressing the issues identified. However, DS explained that the risk should remain on the risk register whilst the medication reconciliation rate improves. MH commented that Appendix 3 – Changes to Target Mitigation Date was a helpful addition to the papers. LP assured the Academy that the Executive Team meeting have carried out a detailed review of the risks noted on Appendix 3. The Academy was assured by the High-Level Risk Register.	
QA.8.23.9	**Board Assurance Framework – Strategic risks relevant to the Academy**	
	LP identified that there are 6 risks aligned to the Quality and Patient Safety Academy, providing further explanation of each of the risks as detailed in the report circulated. It was noted that since the last report there has been a change in risk score to strategic risk 4.1, shown at Appendix 1. The Academy is asked to consider that they have assurance that all relevant risks have been included on the Board Assurance Framework, and that appropriate action is being taken to manage those risks. Regarding the strategic risk around Education and Training (4.1) RS gave some background regarding the GMC national training survey, noting that the Trust was not an outlier in any of the areas surveyed. RS shared that the Trust has seen some positive improvements in the areas highlighted in the previous year's report, though it was noted that full detail had not yet been released. This had informed a reduction in the overall risk score. KD noted that the most significant risk to Quality is around staffing	

	and the availability of staffing (strategic risk 3.1). KD explained that a cohort of newly qualified staff will be in place by October 2023, with higher numbers in post than previous years. For this reason, it was suggested that staffing will start to feel different in the latter end of the year. In addition to this, KD noted that the Trust is actively recruiting overseas nurses, as well as rolling out initiatives to recruit Healthcare Assistants to be in place for winter. JH added that although teams are conscious about bringing a lot of new people into the organisation, there are some good systems in place to support that. A conversation followed regarding the Trust's stance and system in place for managing clinicians within the workforce travelling, in particular regarding foundation years doctors. The Academy were assured by the Board Assurance Framework.	
QA.8.23.10	**Maternity and Neonatal Services Update**	
	SH provided an update on Maternity and Neonatal Services from July 2023. The July update was noted as read, with SH noting the highlights as depicted on the slides shared with the papers. The Academy was asked to note that from August 2023 the Perinatal Leadership Quad will join the existing bi-monthly Perinatal Safety Champion meetings, which will be added as part of the report to the Quality and Patient Safety Academy. SH gave detail of the cases in July depicted on the slides. Further detail of one closed case was summarised, and the recommendations and progress made as a result of the case were shared with the academy. MH requested further detail to be shared with the academy when issues that have arisen from the Bereavement Suite being in use have been actioned or addressed. RS queried whether the intrauterine death reported was avoidable and if there was any information on the cause. SH advised that there was nothing particular following the investigation of this case and explained that gestational diabetes in the patient was well controlled and she had frequent scans, according to the plan developed in line with guidance. It was noted that some appointments were missed meaning that some opportunities for monitoring were missed. SH commented that having a specialist midwife in place for diabetes has allowed the Trust to offer more personalised care to women with gestational diabetes. Regarding low training percentages for Anaesthetists in the Maternity unit, RS and SH acknowledged that the percentage appears low due to a small number of staff in that area, however RS offered assistance if required. LB queried whether women sent home following a first round of induction could have a midwife assigned to them to prevent	

	emergency ambulance attendance. SH explained that although there is a home birth team, there is not the community resource to have provisions in place for unplanned home attendance. SH added that coordinators on the unit are being encouraged to 'think outside the box' in these events, but more often than not midwives facilitate what the woman wants to do. KD commented that the maternity triage line is open 24 hours a day. <u>Trust update regarding the trial of Lucy Letby:</u> KD gave an update from the Trusts perspective regarding the recent court case concerning Lucy Letby. KD advised that NHSE wrote to all trusts on Monday 21st August, citing a number of recommendations encouraging and supporting staff to speak up. There are a number of Freedom to Speak UP (FTSU) Guardians across the organisation, including two midwives. Additionally, KD shared that the next issue of the Trust's *Let's Talk* bulletin will have the FTSU contact details within. KD added that provisions put in place with the Neonatal unit included a sensitive letter provided to families currently on the unit, addressing worries and offering of support; psychologist support available to staff and affected families; and written communication on the Trust website and Neonatal Facebook page. With regards to next steps, KD advised that there will likely to be assurance reports requested in the near future. KD commented that the culture in Maternity and Neonatal is very supportive with regards to reporting and investigating incidents. The Academy were assured by the Maternity and Neonatal Services Update, and noted the update regarding the current Neonatal case.	
QA.8.23.11	**Digital Report**	
	KP shared the slides circulated with the papers, providing the Bi-annual report for Informatics. The following headline achievements and successes were highlighted, with detail provided as depicted on the slides. • Upgrades to systems. • Ongoing work with Outstanding Pharmacy. • Niraj Mistry won Trust Employee of month award. • Adam Griffin joined as Deputy CDIO / Chief Technical Officer KP provided an update on functional achievements since April 2023 and work planned in the below areas. • Data, intelligence and insight • Change and clinical informatics • Technology management KP shared some information on how Informatics maintains Information Governance, ensuring effective and safe risk management. It was advised that a review by Audit Yorkshire confirmed Significant Assurance.	

	Some collaborative work was shared introducing web-based Patient Education, including the use of QR codes to view leaflets. KP explained that there has been a lot of work done with Virtual Services to ensure they can document, record and see patients safely; advising that this is working well and will be extended out to Endoscopy. The EPR Update July – September 2023 was displayed on the slides. KP noted that there had been a lot of work completed, though highlighted two items which are off trajectory and displayed in red. • CN 469: New Facility Site of ECH BTHFT to be available in a non-theatre OEF drop down option. • CN 438: Armed Forces Covenant - review of options available to record info in EPR. MH requested an update on ReSPECT forms which were mentioned at the last Digital presentation in April 2023. KP outlined the plan for Theatres, Anaesthesia and Airedale Hospital to go live in September 2024. It was explained that due to difficulties with resource the work regarding ReSPECT will be undertaken by a contractor, and is planned to take around six months. KP assured the Academy that when an exact time frame is established this will be brought back as an update. MH requested an assessment of backlog within the next update. MH recommended utilising feedback from staff using new Omnicell Cabinets before they are distributed across the Trust. DS commented that Ward 2 are very happy with their Omnicell Cabinets. There was a discussion regarding written medicines translations on medicines labels. MH and DS discussed some work done by the ICB and Trusts where this had been utilised. The Academy noted the Digital Report.	
QA.8.23.12	**Any other business**	
	There was no other business to discuss.	
QA.8.23.13	**Matters to share with other Academies**	
	There were no matters to share with other Academies.	
QA.8.23.14	**Matters to escalate to the Board of Directors**	
	There were no matters to escalate to the Board of Directors.	
QA.8.23.15	**Date and time of next meeting**	
	Date and time of next meeting 27 September 2023 14:00-16:30	
	Annexes for the Quality and Patient Safety Academy **Annex 1 - Documents for Information**	

QA.8.23.16	**Bradford District and Craven Quality Committee (highlight report/minutes)**	
	Noted for information.	
QA.8.23.17	**Quality and Patient Safety Academy Work Plan**	
	Noted for information.	
QA.8.23.18	**Freedom to Speak Up Quarterly Update**	
	Noted for information.	
QA.8.23.19	**Nursing and Midwifery Staffing Publication report**	
	Noted for information.	
QA.8.23.20	**Internal Audit Reports relevant to the Academy:** • CSU Governance Structures • Complaints Handling • Infection Prevention and Control; Blood Stream Infections	
	Noted for information.	

Bradford Teaching Hospitals
NHS Foundation Trust

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
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	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 discuss the content. 26.07.23: JC advised that the Strategy will be presented at the September QPSA. Included on the agenda. Action closed
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	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

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
			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.			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	**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	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. 16.08.23: Update to be provided at the September Academy. 21.09.23: Meetings undertaken with YAS and Police. Police shared their protocols and ST will pull some information together for Trust staff, providing a

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						copy to the Police and YAS.
QA23030	26.07.23	QA.7.23.9	**2022 Urgent and Emergency Care Survey - Pre-Publication Results** 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	23.08.23	QA.8.23.6	**Quality Oversight and Assurance Profile** It was agreed that guidance would be developed to advise staff of what to do if an incident occurs on the Trust site. An update to be brought to the October meeting.	Senior Quality Governance Lead	October 2023	