Bradford Teaching Hospitals
NHS Foundation Trust

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

Date:	Wednesday, 27 September 2023	**Time:**	14:00-16:30
Venue:	Microsoft Teams Meeting	**Chair:**	Professor Louise Bryant, Non-Executive Director/Chair
Present:	**Non-Executive Directors:** - Professor Louise Bryant (LB), Non-Executive Director/co-Chair - Sughra Nazir (SN), Non-Executive Director - Altaf Siddique (AS), Non-Executive Director - Mohammed Hussain (MH), Non-Executive Director/co-Chair **Executive Directors:** - Karen Dawber (KD), Chief Nurse - Ray Smith (RS), Chief Medical Officer - Paul Rice (PR), Chief Digital and Information Officer		
Attendees:	- Sally Scales (SS), Director of Nursing: Programme Lead for Magnet - Judith Connor (JC), Associate Director of Quality - Laura Parsons (LP), Associate Director of Corporate Governance/Board Secretary - Liz Tomlin (LT), Head of Quality Improvement and Clinical Outcomes - Joanne Hilton (JH), Deputy Chief Nurse - Sara Hollins (SH), Director of Midwifery - Nick Rushton (NR), Patient Safety Manager - Learning From Deaths - Kez Hayat (KH), Head of Equality, Diversity & Inclusion/Assistant Director HR - Sarah Wood (SW), Quality Lead Nursing & Midwifery - Kelly Young (KY), Deputy Director of Nursing, Surgery and Digestive Diseases CSU - Leah Richardson (LR), Patient Safety Specialist - Ben McKay (BM), Education Manager - Jane Kingsley (JK), Lead Allied Health Professional - David Smith (DS), Director of Pharmacy - Jill Clayton (JCl), Deputy Director of Nursing, Unplanned Care - John Bolton (JB), Deputy Chief Medical Officer/Operations Medical Director - Liz Melsom (LM) and Carol Close (CC), Outstanding Theatre Service Leads, and Jade Stephenson (JS), Matron, Theatres, Critical Care and Day Case, in attendance for agenda item QA.9.23.14 - Jacqui Maurice (JM), Head of Corporate Governance - Abimbola Olusoga (AO), Clinical Pharmacist Team Leader		
Observers:	- Helen Wilson (HW), Staff Governor		

Agenda Ref	Agenda Item	Actions
QA.9.23.1	**Apologies for Absence**	

	- Karen Bentley, Assistant Chief Nurse, Patient Experience - Kay Pagan, Assistant Chief Nurse Informatics - LeeAnne Elliott, Patient Safety Specialist - Adele Hartley-Spencer, Director of Nursing – Operations - Louise Horsley, Senior Quality Governance Lead - Sarah Turner, Assistant Chief Nurse Vulnerable Adults, Safeguarding Adults **Absent** - Caroline Varley - Caroline Nicholson, Head of Non-Clinical Risk - Padma Munjuluri, Associate Medical Director-Clinical Outcomes - Rebecca Kidd, Clinical Site Matron - Marianne Downey, Deputy Director of Nursing\Critical care, Theatres, day case and MSK, Planned Care - Michael McCooe, Associate Medical Director, Learning from Deaths - Nazzar Butt, Moving to Outstanding Lead - Grainne Eloi, Associate Director of Nursing and Quality, Bradford District and Craven Health and Care Partnership - Kavitha Nadesalingam, Rheumatology Consultant\Honorary Senior Lecturer - Julie Baker, Quality & Patient Safety Facilitators (on a rotational basis) - Yaseen Muhammed, Director of Infection Prevention and Control - Sarah Freeman, Director of Nursing – Operations - Deborah Horner, Deputy Chief Medical Officer - Robert Halstead, Associate Medical Director Quality Governance, Emergency Department - Kay Rushforth, Associate Director of Nursing for Children and Neonatal Services, Children's Clinical Business Unit	
QA.9.23.2	**Declarations of Interest**	
	There were no declarations of interest.	
QA.9.23.3	**Minutes of the meeting held on 23 August 2023**	
	The minutes of the meeting held on 23 August 2023 were accepted as an accurate record. Actions were updated and closed as per the action log. The following actions were closed: - QA23007 - QA23010 There was a discussion regarding QA23031, in which it was agreed to hold the action whilst an investigation is ongoing.	
QA.9.23.4	**Matters arising**	
	RS summarised the latest period of industrial action, noting that the first joint Consultant and Junior Doctor strike took place on 20th September, with more taking place in early October. It was shared that there were no safety incidents directly attributable to industrial action over this period, and that with ongoing planning the Trust is confident about the position for the next strike period. Further to	

	this RS discussed the difficulties potential industrial action will bring in the winter months. PR shared that Airedale is 12 months away from going live with EPR. Highlighting how this will affect BTHFT strategically and operationally. LB drew the Academies attention to a document in the annex: QA.9.23.27 - CSU to Academy Sessions / Annual Quality and Patient Safety Review, requesting that Academy members encourage attendance from all staff at the annual event on 10th November 2023.	
QA.9.23.5	**Quality Academy Effectiveness Review**	
	The interactive survey took place with Academy members recording answers in real time. LB advised that responses will be collated and shared at a future meeting.	
QA.9.23.6	**Improvement Strategy**	
	JC provided a summary of the Improvement Strategy circulated with the papers, advising that the strategy is a culmination of a collaboration of work over the last 12 months with stakeholders and teams who facilitate the improvement work in the Trust. JC explained that the strategy sets out the ambitions of the Trust for the next 5 years, noting that the Improvement Strategy builds on the existing model. Furthermore, it was observed that the strategy is reflective of current national thinking. Whilst being mindful of the NHS long-term plan, the National Quality Board's shared single view of quality, the NHS Patient Safety Strategy, and the newly published NHS Impact approach to improvement. RS commended JC and the Quality team for the work that has been put into developing of the Improvement Strategy. MH queried how the strategy will drive the Trust's quality work. JC confirmed that a workshop is planned with teams across the Trust to assist on developing a workplan, which will drive the strategy and be reviewed annually. PR commented that he would wish to collaborate with JC regarding including some further reflections on digital data, intelligence, and insight. The Academy approved the Improvement Strategy.	
QA.9.23.7	**Quality Account – Quarterly Progress Update**	
	JC reminded the Academy of the four priorities that were identified for the Quality Account, and JC provided the following progress updates. **1. Improving the management of deteriorating patients** - The new deteriorating patients' tile has been relaunched, but the Trust is not meeting the required targets regarding patient observation standards. JC acknowledged that there may be	

	some data entry issues and advised that there is a working group to address this. - The Sepsis Dashboard is ongoing and JC explained the work being progressed to assist the development, giving assurance to the Academy. **2. New: Implementing Saving Babies Lives Care bundle (Version 3)** - There are six elements to this, depicted on the slides shared. - JC highlighted that awareness is currently being raised concerning reduced foetal movements, noting full action plans monitoring the progress of projects. There was clarification that where some of the targets were showing to be unmet, that this is an additional gold standard and not a safety requirement. **3. New: Improving patient experience by advancing equality, diversity and inclusion** - Two new strategies have been launched in 2023: Equality, Diversity and Inclusion (EDI) strategy, and Patient Experience strategy, noting there has been significant progress made in public engagement. LB queried how the EDI strategy integrated in to improving care. KH explained that the focus of the strategy was to empower managers and leaders in terms of their responsibility to their teams. In addition, KH indicated that a focus on cultural competency recognises the diversity of the organisation and local community, which EDI and Patient Experience teams have been working on together to understand how to engage with communities in a meaningful way. Further to this, there was a discussion regarding labelling medications in different languages, in which PR confirmed that the ICS had decided not to move forward with this. SN queried what the tools were to support people with additional needs, with regards to the Mental Capacity Act (MCA). KD explained that the Trust is looking at ways in which capacity assessments can be commented by nursing staff in addition to doctors. **4. New: Implementation of Patient Safety Response Framework** To be discussed at agenda item QA.9.23.16. The Academy noted the Quarterly Progress update.	
QA.9.23.8	**High Level Risks**	
	RS highlighted that there are 16 risks aligned to the Quality and Patient Safety Academy. It was noted that Appendix 1 lists these risks in detail, with Appendix 2 detailing all risks at Bradford Teaching Hospitals. RS noted the following highlights from the report:	

	- There is 1 risk showing as past its target mitigation date, though this has since been reviewed and updated. - There are 3 new risks aligned to the Academy. - No risks have been closed. - No risks have changed score. - There are 2 risks beyond their review date (3877 and 3711). There was a discussion regarding risk 3598, in which it was shared that the risk had been reviewed recently due to a recent incident. KD provided detail of this topic, which is currently being discussed at a regional level. MH asked for an update regarding risk 3767, which KD gave background on some difficulties with procurement affecting the timeline the supply of equipment. PR confirmed that there had been delays but that this had been resolved from a procurement perspective. The Academy were assured that all relevant key risks have been identified, reported to the academy, and were being managed appropriately.	
QA.9.23.9	**Research Activity in the Trust – update (Month/Year)**	
	RS gave the following updates from the Research Activity in the Trust report: - A focus on applied health research. - Features some information on the redeployment study and the learning taken from that. - Research Dashboard is being finalised. - The Yorkshire Audit on Research Governance will be initiated soon. - The tender has been agreed for the new front entrance for Bradford Institute of Health Research (BIHR), to be completed before the end of March 2024. There was some clarification regarding 'De-cluttering (Safely) for Safety' mentioned in the report. AO confirmed that this is being discussed across the ICS with other medication safety officers (MSOs), commenting that this research is still in the preliminary stages. The Academy noted the Research Activity in the Trust update.	
QA.9.23.10	**Serious Incident Report (Focus on learning)**	
	JC presented the Serious Incident (SI) report, outlining the Trust's position from 1st August – 31st August 2023. JC highlighted that the run chart within the report demonstrates that SIs remain in the control limits and have been since February 2023. JC shared the Trust's updated position as of the date of the meeting: - 1 SI declared in August 2023. - 12 SIs logged on The Strategic Executive Information System (STEIS). - 4 of these are HSIB investigations.	

	- 1 never event. - The following 4 reports have concluded since the report was written: 2023/12517, 2022/17303, 2023/3178, 2023/9513. JC noted that the transition to PSIRF is upcoming, therefore all current SIs are being completed as quickly as possible. KD thanked JC and her team for the work that is being done to clear the SIs. KD queried whether there is a timescale for the transition. JC confirmed that the deadline set by NHSE is for the end of September 2023. With regards to transitioning to PSIRF, JC outlined that this will be signed off by the Board or Directors, and then approved by the ICB. The Academy were assured by the Serious Incident Report.	
QA.9.23.11	**Learning from Deaths / Mortality Review Improvement Programme**	
	NR gave an overview of the Mortality Data Deep-dive, noting that there was a large amount of data available within the presentation shared. NR explained the various ways in which data is interpreted and presented. NR commented that though the Academy can be assured by the crude mortality rates in the Trust, a change in how mortality data is assessed would see a proactive benefit. SN queried how information regarding deaths in the community is gathered by the Trust. NR confirmed that this data is supplied to NHS Digital and the Office of National Statistics, adding that GP Surgeries are beginning to supply Medical Examiner Services with information. There was a further discussion regarding how this would affect people who die in the community who are not registered with GPs. Following a query regarding gaps in depth of coding in, NR gave a detailed explanation of the SHMI process. It was noted that following a deep dive, research found that the data is dependent on what the primary diagnosis is, but that it is linear. There was a further question regarding why coding may have declined, to which NR explained that the coding department cannot code queries in EPR. A detailed discussion followed regarding the possibility of providing education on what is being inputted in to EPR, as well as the overall complexities of the depths of coding. JC added that the HED data licence is being transferred to Quality and suggested that Specialty Leads have access to their own mortality data, as well as coders, to improve the quality of the data entered into the patient record. JC confirmed that there will be some sessions provided for staff to help them understand the impact that coding has on mortality data. The Academy were assured by the update on Learning from Deaths / Mortality Review Improvement Programme.	

QA.9.23.12	**Maternity and Neonatal Services Update**	
	SH provided an update on Maternity and Neonatal Services from August 2023. The August update was noted as read, with SH noting the highlights as depicted on the slides shared with the papers. The Academy was also asked to note the initial narrative headlines from the SCORE cultural survey; and that the Perinatal Leadership Quad joined the August bi-monthly perinatal safety Champion meeting, with no escalations requiring support from the Board. The following information was highlighted from the report: • There are 7 ongoing SIs/Level 1 investigations, 4 HSIB and 3 Trust level. • There are no completed HSIB/Internal SI reports to share. • There were no reportable SIs declared in August. • There will be a system wide thematic review of 4 indirect maternal deaths by suicide and 1 attempted suicide in 2020-2023. • There were 3 occasions in August where the unit was assessed as needing to divert services due to capacity and staffing challenges, but neighbouring units were unable to accept. • 1:1 care in labour was below the 90% target. • PROMPT training continues to be managed to meet the 90% compliance rate. • There is a concern than Consultant Anaesthetic compliance will not meet the trajectory. SH summarised the August cases as depicted on the slides shared. With regards to the 1 stillbirth reported, SH assured the Academy that messaging around reduced foetal movements are being recirculated. SN requested further clarity on the issue around the emergency call system detailed in Appendix 1. SH explained that the issue raised is concerning the audible tone of the alarm, which is too quiet, and it was assured that estates are working on this to ensure it can be heard on the main labour ward. SH added that at least two midwives were now required to be in the birthing centre at any time. SN had a further query regarding the cut off point for babies returning to hospital after birth. SH confirmed that all babies who have been discharged from maternity, gone home and then require re-admission, are routinely admitted to Paediatrics. It was assured that readmitted babies are reported to Maternity on a regular basis. The Academy noted the Maternity and Neonatal Services Update and were assured by its contents.	
QA.9.23.13	**Quality Improvement Programme Update**	
	LT gave an update on the Quality Improvement work, noting further detail on the slides shared with the papers. The following information was highlighted to the Academy.	

	- Priorities of work for 2023/2024
	- NHS England Worries and Concern Pilot
	  ○ BTHFT is involved in some national work regarding avoidable deaths due to clinical deterioration.
	  ○ There are 7 acute trusts including BTHFT involved.
	  ○ The key aims are to develop, test, implement and evaluate reliable methods for patients to escalate worries and concerns, and to routinely input their views regarding their wellness/illness.
	  ○ Detail of the work being done on BTHFT wards and the learning that can be taken from the testing was shared; LT noted that patients appear to be happy with having these conversations, with staff also finding questionnaires easy to use.
	
	The Academy were assured by the Quality Improvement Programme Update.	

QA.9.23.14	**Outstanding Theatres Programme**	
	Jade Stephenson (JS) presented some information on the Patient Journey Workstream, as part of the Outstanding Theatres Programme. JS shared that the initiative was about gathering patient feedback in Theatres, with a focus on 4 specific areas capturing the key elements throughout the journey. JS explained the outcome of the pilot and shared the overall score and some examples of comments given by patients. Following this JS shared the next steps, looking into ways in which data can be captured. LT asked for this presentation to be shared at the Annual Quality Showcase Event on 10th November.	
QA.9.23.15	**Bradford Nursing and Midwifery Professional Practice Model**	
	SS reminded academy members what a professional practice model (PPM) is as shown on the slides, and explained the process of how the PPM has been created at BTHFT. The Bradford Model of Nursing and Midwifery Care was shared, depicting how trust values underpin nursing and midwifery values. SS outlined the next steps for how this will be used in practice. Following a task and finish group, where clinical staff were invited to be involved in determining how the model will be used in practice, four areas were identified, including recruitment, induction and education, development, and recognition. SS commented that the model is a representation of what excellence in nursing and midwifery care looks like, and how this is used to attract and retain staff. The Academy noted the Bradford Nursing and Midwifery Professional Practice Model.	
QA.9.23.16	**Patient Safety Incident Response Framework**	

	LR explained that during the 12 month transition the current position is at month 11, with the patient incident response plan out for comment, and the policy being worked on. LR confirmed that both will be brought to the Quality and Patient Safety Academy in November 2023. Further to this, LR gave detail of the improvement profile, in which in the case of identified incident types, resources should be directed towards improvement efforts. LR provided further detail of what has already been done to improve Falls and Pressure injuries, and what will be done next as shown on the slides. There was a further discussion on assurances regarding falls and ways in which learning is developed. The Academy noted the Patient Safety Incident Response Framework.	
QA.9.23.17	**Any other business**	
	MH raised the following matters to be discussed at a further meeting. • An update on the ongoing issue of action point 342: Moving and Handling assessment in EPR, raised in the Patient Safety Group minutes. • There were two internal audits which raised some issues: one on Sepsis and the other on Data Quality. LT commented that there had been some issues regarding administrative support for the Clinical Outcomes Group, which has now been resolved.	
QA.9.23.18	**Matters to share with other Academies**	
	There were no matters to share with other Academies.	
QA.9.23.19	**Matters to escalate to the Board of Directors**	
	There were no matters to escalate to the Board of Directors.	
QA.9.23.20	**Date and time of next meeting**	
	1 November 2023 14:00-17:00	
	Annexes for the Quality and Patient Safety Academy **Annex 1 - Documents for Information**	
QA.9.23.21	**Patient Safety Group**	
	Noted for information.	
QA.9.23.22	**Clinical Outcomes Group**	
	Document not brought to this Academy.	
QA.9.23.23	**Patient Experience Group**	
	Noted for information.	
QA.9.23.24	**West Yorkshire Association of Acute Trusts Quality and Safety Meeting Update**	

	Noted for information.	
QA.9.23.25	**Quality and Patient Safety Academy Work Plan**	
	Noted for information.	
QA.9.23.26	**Internal Audit Reports relevant to the Academy** • **BH042024 - Clinical Audit Stage 1 Control Improvement Audit** • **BH062024 – Patient Safety: Sepsis Management** • **BH052024 – Data Quality**	
	Noted for information.	
QA.9.23.27	**CSU to Academy Sessions / Annual Quality and Patient Safety Review**	
	Noted for information.	

Assurance Meeting Actions

Learning and Improvement Actions

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
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	October 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 copy to the Police and YAS. 19.10.23: ST advised that BTHFT is also involved in the districtwide Mental Health and Criminal Justice

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
						meetings which undertaking a piece of work titled 'Right Care / Right Person'.
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	October 2023	27.09.23: PR gave an update advising that this work is ongoing. A further update to be provided at the October meeting. 19.10.23: Ian Scott, Head of Information Technology, advised that all screens will be replaced in 2023/2024.
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.	LB	Ongoing	27.09.23: There was a discussion regarding addressing one particular incident as a wider issue. It was noted that there is an investigation ongoing, the outcome of which will be brought back to a future meeting once the investigation has been concluded. It will then be decided whether guidance would be produced. 18.10.23: Emails exchanged between NED LB to NED KW regarding this action. KW advised that this can be picked up at the People Academy. 25.10.23: A meeting has been arranged to discuss for 27 November between LB, KD, JC and Susan Franklin, Freedom to Speak Up Guardian.