

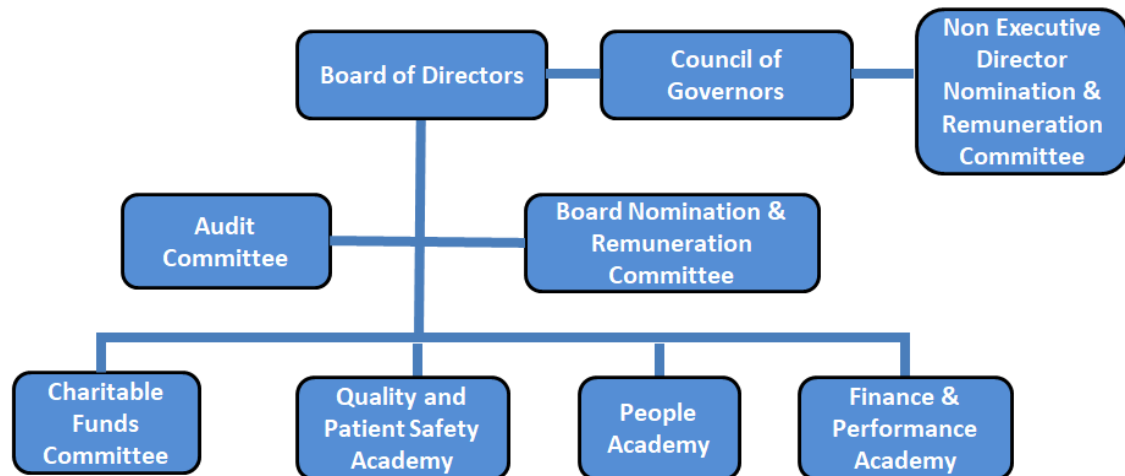
Quality & Patient Safety Academy Annual Report 2021/22

1. Introduction

Good practice requires that the Trust's Board of Directors ('the Board') should review the performance of its Academies annually to determine whether they have been effective, and whether further development work is required.

1.1 Board Governance Structure

The current governance structure is outlined below:



During 2021/22, the Trust has continued to embed its Academy governance model, which was developed and introduced in the latter half of 2020/21. Academies were introduced to focus on learning, improvement and assurance in relation to quality and patient safety; people; and finance and performance. The Terms of Reference and work plans were approved in March 2021.

A Regulation & Assurance (R&A) Committee was also introduced as an interim measure during 2020, to mitigate the governance risks at a time when we were unable to have regular Board and Committee meetings due to the pressure of the pandemic, and it was subsequently included in the revised governance structure. As we resumed "normal business" with a full suite of Academies and Board meetings, it was agreed to disestablish the R&A Committee and revert to using the Board as the cornerstone of our governance model with a clear line of sight to academies responsible for learning, improvement and assurance. As they were now reporting directly to the Board rather than the R&A Committee, it was agreed that all academies would be chaired by a Non-Executive Director (although it should be noted that the F&P Academy was chaired by a NED throughout). This change was implemented from September 2021.

1.2 Scope of this Annual Report

This annual report incorporates a summary of the activities of the Quality Academy/Quality and Patient Safety Academy during and in respect of 2021/22. The period reported on is from April 2021 to March 2022.

2. Quality and Patient Safety Academy Terms of Reference

As noted above the Quality and Patient Safety Academy reports directly to the Board. The Terms of Reference of the Quality Academy were last reviewed and approved by the Board in September 2021

and are attached at Appendix 1. The Terms of Reference will be reviewed at the Academy's Development Session in May 2022, and will be presented to the Board for approval in July 2022.

2.1 The role of the Quality and Patient Safety Academy

The purpose of the Academy is to seek assurance, learn and drive improvement in relation to all aspects of quality within the Trust in line with the NHS Patient Safety Strategy and national quality standards.

2.2 Reporting requirements

It is the duty of the Academy Chair to report to the Board on the Academy's activities on a timely basis.

Reports from the Academy Chair are presented at the public meetings of the Board of Directors. These reports highlight the key items discussed and draw attention to any issues that require disclosure, or may require executive action.

The minutes from meetings of the Academy are also presented to the Board once approved, for information and assurance.

The Academy is also required to present to the Board an annual report summarising the Academy's activities and the assurance received and provided, and outlining its work plan for the future year. This report will be presented to the Board in July 2022.

The Chair of the Academy is satisfied that the Academy fully complied with its reporting requirements during and in respect of 2021/22.

3. Membership and attendance record during and in respect of 2021/22

During 2021/22 the Academy met 10 times. In January 2022, due to operational pressures being experienced at the time and in line with the 'reducing burden' guidance received from NHS England and Improvement, the Academy held a briefing meeting with a shortened agenda.

Membership and attendance is recorded in the table below.

Name	Designation	28-Apr	26-May	20-Jun	28-Jul	29-Sep	27-Oct	24-Nov	26-Jan	23-Feb	30-Mar	total
Mohammed Hussain	Joint Chair / Non-Executive Director	1	1	1	0	1	1	0	1	1	1	8 of 10
Janet Hirst	Joint Chair/Non-Executive Director	N/A	N/A	N/A	N/A	1	1	1	1	1	1	6 of 6
Altaf Saddique	Non-Executive Director	1	1	1	1	1	0	1	1	1	0	8 of 10
Jon Prashar	Non-Executive Director	1	1	1	1	1	1	1	1	1	0	9 of 10
Dr Ray Smith	Chief Medical Officer	1	1	0	1	1	1	1	0	1	1	8 of 10
Karen Dawber	Chief Nurse	1	1	1	1	0	1	1	1	1	0	8 of 10
Paul Rice	Chief Digital and Information Officer	1	1	1	1	0	1	1	0	0	1	7 of 10
LeeAnne Elliott	Deputy CMO	1	1	1	1	0	1	0	1	1	0	7 of 10
Paul Southern	Associate Medical Director	1	1	0	1	0	1	1	N/A	1	1	7 of 9
John Bolton	Deputy CMO/Operations Medical Director	1	1	1	1	1	0	1	N/A	0	0	6 of 9
Rob Halstead	Associate Medical Director, Risk	1	1	1	0	1	1	0	N/A	1	1	7 of 9

Name	Designation	28-Apr	26-May	20-Jun	28-Jul	29-Sep	27-Oct	24-Nov	26-Jan	23-Feb	30-Mar	total
Paul Smith	Associate Medical Director	1	0	0	0	0	0	0	N/A	0	0	1 of 9
Padma Munjuluri	Associate Medical Director	N/A	N/A	N/A	N/A	N/A	1	0	N/A	1	0	2 of 4
Steven Lindsay	Deputy Operations Medical Director	1	0	0	0	0	0	0	N/A	0	0	1 of 9
David Robinson	Director of Education	0	0	0	0	0	0	0	N/A	0	0	0 of 9
Amanda Hudson	Head of Education	1	1	0	1	0	0	0	N/A	0	1	4 of 9
Sally Scales	Deputy Director of Nursing	1	1	1	0	0	1	1	N/A	1	0	6 of 9
Karen Bentley	Assistant Chief Nurse	1	1	1	0	1	1	1	N/A	0	1	7 of 9
Judith Connor	Associate Director of Quality	1	1	0	1	1	1	1	N/A	1	1	8 of 9
Su Coultas	Gen' Man', Chief Medical Officer's Office	1	1	1	0	1	1	1	N/A	0	1	7 of 9
Liz Tomlin	Improvement and Clinical Outcomes Lead	1	1	1	1	1	1	1	1	1	0	9 of 10
Caroline Nicholson	Senior Governance and Risk Lead	1	1	0	0	0	0	0	N/A	1	0	3 of 9
Sarah Freeman	Associate Director of Nursing	1	1	0	0	1	0	0	N/A	0	0	3 of 9
Adele Hartley-Spencer	Associate Director of Nursing	0	0	1	0	0	0	0	N/A	1	1	3 of 9
Jo Hilton	Assistant Chief Nurse	1	0	0	0	0	0	0	N/A	0	0	1 of 9
Sarah Turner	Assistant Chief Nurse	1	0	0	0	0	0	1	N/A	0	1	3 of 9
Claire Chadwick	Nurse Consultant/Director of IPC	1	0	1	1	1	1	1	1	0	1	8 of 10
Jane Kingsley	Lead AHP	1	1	1	1	0	1	1	N/A	1	1	8 of 9
Kez Hayat	Head of Equality, Diversity & Inclusion	0	0	1	0	1	0	1	N/A	0	0	3 of 9
Tim Gold	Director of Operations, Unplanned Care	0	0	0	0	0	0	0	N/A	0	1	1 of 9
Nadine Boczkowski	Head of Business Intelligence	1	1	0	0	N/A	N/A	N/A	N/A	N/A	N/A	2 of 4
Neil Scott	Head of Business Intelligence	N/A	N/A	N/A	N/A	1	0	0	N/A	0	0	1 of 5
✓ = Attended												
Denotes period when not a member of the Academy / attendance not required												

Meetings are also attended by the Associate Director of Corporate Governance/Board Secretary. Other members of staff are invited to attend meetings when appropriate to discuss specific matters related to their roles.

4. Summary of the work of the Academy 2021/22

4.1 Assurance

Infection Prevention and Control BAF: The Academy has reviewed either the monthly IPC report or the bi-monthly IPC BAF. The focus was particularly on 19 outbreaks notified to NHSE/I ensuring compliance with:

- Regulation 12(2) (h) and 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

Maternity Services & Neonatal Updates: Monthly updates have been provided on progress with the Maternity Improvement Plan, including CQC Action Plan, monthly stillbirth position and continuity of

carer. Bradford is a regional and national outlier for stillbirths and concerns were raised by the CQC in November 2019 that the service had failed to identify a rising trend during 2019. The service has improved the monthly review process and provides the Academy with a monthly stillbirth position. The Academy was also in receipt of HSIB reports.

- CQC Maternity Survey Report: In March 2022 the Academy received the outcomes from the CQC Survey. Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2021. 319 women were eligible to receive the survey and 108 responded, giving a response rate of 34% an increase on the 23% who responded in the last survey conducted in 2019. The results are being analysed and so the Academy has yet to hear how the trust will respond.
- Maternity Cerner EPR: The Academy has received updates on the implementation of EPR within maternity, which went live in March 2022.

Quality Account: The Academy signed off the development plan and production schedule in February 2022. The Academy is on schedule to present the final report to the Board for approval on 21 June to support publication (in line with the statutory requirement) by 30 June 2022.

Quality Academy Dashboard: The Academy has reviewed performance aligned to the trust strategic objectives on a monthly basis. The dashboard has been under development over the past year however the key metrics reviewed cover the Hospital Standardised Mortality Rate, Summary Hospital-level Mortality Indicator, Hospital Readmissions, C.Difficile, MRSA, Prevalence of category 3 pressure ulcers, Falls with harm per 10,000 bed days, Falls with severe harm and, the number of Mortality Structured Judgment Reviews.

Quality Oversight & Assurance Exception Profile: The model for Quality Oversight was introduced during COVID (2020) to ensure the provision of continuing assurance for Patient Safety during the pandemic. This model continues to be used. The monthly reporting covers a range of safety indicators, to ensure that quality of patient care is monitored and managed appropriately. This includes compliance with regulators, outcomes from claims and inquests and learning to be derived from investigations. This report now includes Serious Incidents, Safety Events reported to external agencies and the Trust response to national patient Safety Alerts.

Safeguarding Adults and Safeguarding Children's reports: In May and November each year the Academy is provided with the safeguarding Adults and Safeguarding Children's reports. The Academy also noted the Internal Audit 'High Assurance'.

Bi-monthly reports on research activity in the Trust: The report form research, describing their main areas of work and progress over the last few months in relation to:

- Applied Health Research Activity.
- Clinical Research Activity.

This report is also shared with the Board of Directors.

Internal Audit Update: The Academy was sighted on all 12 reports under the purview of the Academy and received exception reports in relation to those three areas with limited assurance reports. The Academy continues to monitor progress in relation to these areas.

Audit	Assurance Rating*
Infection Control – PPE (Availability and Compliance)	High
Ockenden Report	High
Safeguarding Children	High
Freedom to Speak Up	Significant
Claims Management	Significant

End of Life Care – Patients with Learning Disabilities	Significant
Incident Reporting	Significant
Hospital Acquired Infections	Significant
Patient Safety – Pressure Ulcers	Significant
Quality & Patient Safety Academy	Significant
Records Management	Significant
CQC Compliance – Maternity	Significant
Consent	Limited
Recommended Summary Plan for Care and Treatment (ReSPECT) Process	Limited
Harm Free Care – Nutrition & Hydration	Limited
*Definitions: High - High assurance can be given that there is a strong system of internal control which is designed and operating effectively to ensure that the system's objectives are met. Significant - Significant assurance can be given that there is a good system of internal control which is designed and operating effectively to ensure that the system's objectives are met and that this is operating in the majority of core areas. Limited - Limited assurance can be given as whilst some elements of the system of internal control are operating, improvements are required in the system's design and/or operation in core areas to effectively meet the system's objectives.	

The Academy itself was also subject to an internal audit in January of 2022 and as can be seen from the table above, the audit derived significant assurance. The Audit concluded that the Academy had “effectively transitioned from the former Quality Committee to a Quality & Patient Safety Academy. Internal Audit confirmed that the Quality & Patient Safety Academy is working effectively and in line with its Terms of Reference (ToR) and Work Plan”.

CLIP Report (Complaints, Litigation, Incidents, Patient Experience) The Academy was in receipt of the Patient Experience Annual Report and has received updates on the position with regard to complaints, litigation and patient experience as part of the overview report provided under the Quality Oversight & Assurance Exception Profile. The team has recently received a new stand-alone CLIP report and have requested that this information is further streamlined to ensure clearer triangulation of the data to support a more effective review of themes.

Strategic / High Level Risk: Up to October 2021, the Academy reviewed all risks within its remit which were included on the Strategic Risk Register at each meeting. Following the introduction of a revised escalation process in November 2021, the Academy has reviewed all risks within its remit scoring 15 and above, alongside an overview of the Executive Team's discussion in relation to the risks and any issues raised. The Academy has sought assurance that the risks are being managed appropriately and that the risks recorded are appropriate in the context of the information being presented.

4.2 Learning and Improvement

Every month the Academy receives updates from sub-groups of the Academy. In particular the Academy has discussed how learning is devolved and how improvements are embedded. The reporting template was developed in-year and includes specific reference to Assurance, Learning and Improvement to ensure that all areas are clearly delineated and responded to. Monthly reports are received with regard to the Patient Safety Group and the Clinical Outcomes Group.

- Service Presentations: Since May 2021 the Academy has had seven in-depth service presentations usually at the request of the Academy in response to seeking additional assurance, learning or improvements for these areas.
 - Haemoglobinopathy Team
 - IPC with focus on Sepsis
 - Neonatal deaths

- Quality in Urgent and Emergency Care
- Dietetics
- Medical Examiner Role
- Cardio Physiology

The Academy has also had one Patient story which covered the learning and lessons learned with regard to a Missed Diabetic ketoacidosis (DKA) and Sepsis.

- Serious Incidents Report: Learning and improvement is covered within the report received as part of the Quality Oversight & Assurance Exception Profile.
- Inpatient Survey: The Academy received the report in November 2021. The survey had been conducted in January 2021 to May 2021 and involved patients discharged in November 2020 when our region was at the height of the second Covid pandemic. The survey results were disappointing and as expected to a degree given the situation. The Academy discussed the outcomes in detail, the lessons learned and the accompanying action plan to secure improvements.

Learning and improvements have also been shared with regard to:

- Patient Involvement in Serious Incidents
- National Patient Safety Improvement Programme:
- Learning from Deaths
- Learning from Maternity HSIB reports
- Clinical Audit High Priority Plan
- Clinical Audit Annual Report

Improvements in particular have been derived from reports received with regard to:

- Outstanding Maternity Programme
- Magnet4Europe
- Quality Improvement Programme
- Mortality Review Improvement Programme
- Patient Experience
- Estates & Facilities Quarterly Service Report
- ResPECT Update
- Outstanding Theatres Programme

4.3 Governance

- Work plan: The Academy receives its work plan at each meeting and agrees any changes as appropriate.

The items included on the Academy work plan that have not been considered in year primarily as a consequence of the pandemic and the restructuring of the CBUs.

- LD Improvement Standards
- Mental Health Strategy
- Clinical Service Strategy
- Leadership Walkround Update
- PLACE Annual Report
- Digital & Data Transformation Committee
- CBU Quality Profiles

Interim Effectiveness Review: An interim effectiveness review was undertaken in July 2021. Academy members were asked to consider the following - is the membership appropriate, what works well, what could be improved and any other feedback.

In early 2022, it was agreed that the Academy would be co-chaired by two Non-Executive Directors, rather than having separate Chair and Deputy Chair roles. The meetings are therefore chaired by one of the Co-Chairs, on a rotational basis. This was introduced to ensure appropriate succession and continuity planning, to provide development for an incoming Non-Executive Director and to share the workload.

The Academy has planned a development session scheduled for May 2022 (deferred from January 2022 as a result of the pandemic). The Academy will include a review of the:

- Quality & Patient Safety Academy Dashboard
- Quality & Patient Safety Academy – Terms of Reference and Work Plan

5. Conclusion

The Academy believes that during 2021/22 it took reasonable steps to perform its duties as delegated by the Board and specified in its terms of reference. The Academy has reviewed all relevant items in line with its Terms of Reference and work plan.

Mr Mohammed Hussain
Joint Chair Quality and Patient Safety Academy

Professor Janet Hirst
Joint Chair Quality and Patient Safety Academy

May 2022

Appendix 1

Quality Patient and Safety Academy

Terms of Reference

Purpose	To seek assurance, learn and drive improvement in relation to all aspects of quality within the Trust in line with the NHS Patient Safety Strategy and national quality standards.
Responsible to	Board of Directors
Delegated authority	<p>The Academy is authorised to investigate any activity within its terms of reference. It is further authorised to seek any information it requires from any employee of the Trust and invite them to attend the Academy to contribute to a discussion or to enable the 'lived experience' to be captured as part of the debate.</p> <p>The Academy may make a request to the executive management team for legal or independent professional advice. The Academy may request the attendance of external advisers with relevant experience and expertise if it considers this necessary to either contribute to an agenda item or to run development sessions for its members.</p> <p>The Academy will receive mandated highlight reports from the clinical working groups according to the reporting structure and annual work plan.</p>
Duties	<p>Assurance:</p> <ul style="list-style-type: none"> • Will receive assurance from clinical working groups that safety, clinical outcomes, patient safety and patient experience across the Trust's services is compliant with national standards and the requirements of NHS regulators and commissioners of services. • The Quality Academy will review and provide feedback on quality related submissions required by NHSE/I or other external organisations, prior to approval through the Trust Board as required. • Make recommendations to the Audit Committee concerning the annual programme of Internal Audit, inviting the trust's appointed internal auditors as an external partner twice yearly to give an overview of progress and effective scrutiny of the risks and systems of internal control related to matters of quality and safety as well as the associated quality improvement plans. • Consideration of relevant internal audit reports. • Oversee the process for impact assessment (quality and equality) and receive assessments of any Trust developments and cost

	<p>improvement schemes that are evaluated as high risk.</p> <ul style="list-style-type: none"> • Have oversight of the Trust's objectives relating to quality priorities for inclusion in the Trust's Annual Quality Account, contributing to and overseeing the development of the Trust's annual Quality Report as well as Clinical Business Units' Annual Quality Improvement Plans. • The Quality Academy will have oversight of progress towards the Trust's digital and data related objectives through regular reports from the Digital and Data Transformation Committee, and review and provide feedback on Information Governance related submissions required by legislation prior to approval through the Trust Board as required. • Oversight of the Estates & Facilities service reports (also relevant to the Learning and Improvement aspects of the Academy). • The Quality Academy will receive and scrutinise Strategic Risks (with a risk score of 12 or more) which may impact on the quality of service the trust provides or any other risks identified or being managed by the Trust allocated to it by the Board of Directors, monitoring progress made in mitigating those risks and identifying any areas where additional assurance is required. • The chair of the Quality Academy will invite representation from our commissioning bodies on a quarterly basis as partners to augment discussions about quality matters, learning and further opportunities for system learning. • In reviewing the assurances received, the Academy will take into consideration the quality of data presented and any associated issues.
	<p>Learning:</p> <ul style="list-style-type: none"> • The Quality Academy will work and collaborate with partner organisations to identify and share system learning. • The Quality Academy will oversee, endorse and facilitate multi-methods of identifying, cascading and embedding learning across services. • The Quality Academy will actively seek out learning opportunities from other healthcare providers and industries and apply research and

	<p>evidence based learning which will support a culture of continuous learning and improvement.</p> <ul style="list-style-type: none"> • Receive highlight reports from the Clinical Outcomes Group about compliance with internal and external quality standards including benchmarking data, learning from deaths and mortality, receive the Trusts Annual Audit Plan and have oversight of the associated improvement plans. • Receive highlight reports from the Patient Safety Group, identifying learning from patient safety incidents and have oversight of the quality improvement programmes associated with a positive patient safety culture.
	<p>Improvement:</p> <ul style="list-style-type: none"> • The Quality Academy will support and facilitate a culture of safety and improvement in line with the NHS Patient Safety Strategy by adopting the principles of Insight, Involvement and Improvement. • The Quality Academy will endorse and oversee the development of a basket of metrics to measure a culture of safety, quality and improvement. • The Quality Academy will oversee and agree identified quality metrics that enable the development and maintenance of Quality Profiles at Clinical Business Unit level. • The Quality Academy will oversee the development of a programme of work supporting the trust to be an outstanding provider of healthcare. • The Quality Academy will oversee the Magnet4Europe work programmes to ensure successful accreditation for care excellence. • The Quality Academy will agree, review and monitor the delivery of the Trust's Quality Improvement Strategy, Annual Quality Improvement Plan and any supporting implementation plans.
Sub-Groups	Patient Safety Group Clinical Outcomes Group NICE Advisory Group Embracing Kindness Group Safeguarding Adults & Children Infection Prevention & Control Committee Digital & Data Transformation Committee
Chairing arrangements	<p>The Academy will be chaired by a Non-Executive Director.</p> <p>In the absence of the Chair, Deputy Chair (who is also a Non-Executive</p>

	Director) will act as Chair.
Membership	<ul style="list-style-type: none"> • Chief Medical Officer • Chief Nurse • Chief Digital and Information Officer • Non-Executive Directors (including the Chair and Deputy Chair) • Deputy Chief Medical Officers • Associate Medical Directors • Deputy Operations Medical Directors • Associate Director of Quality • Director of Education • Head of Education • Deputy Director of Nursing • Assistant Chief Nurses • Associate Directors of Nursing • Head of Equality, Diversity & Inclusion • Director of Finance • Director of Operations, Unplanned Care • Director of Operations, Planned Care • General Manager, Chief Medical Officer's Team • Improvement and Quality Outcomes Lead • Senior Governance & Risk Lead • Non- Clinical Risk Manager • Head of Business Intelligence • Lead AHP • Director of Infection Prevention and Control • Director of Pharmacy

	<ul style="list-style-type: none"> Identified Patient Safety Partners Research
In attendance	<ul style="list-style-type: none"> Associate Director of Corporate Governance/Board Secretary. Head of Corporate Governance. The Academy may invite other employees or external advisors to attend as appropriate. Any member of staff seeking development opportunities in relation to their role and portfolio. Any non-member NED.
Secretary	Secretarial support will be provided by the Executive Assistant or PA to the Chief Nurse/Chief Medical Officer.
Quorum	A minimum of five members, including the Chair or Deputy Chair at least one Executive Director.
Frequency of meetings	<p>10 times per year.</p> <p>At the request of the Chair, the Committee may hold meetings by telephone, video link or by email exchange. Normal rules relating to quoracy will apply to such meetings. These meetings will be deemed as standard meetings of the Committee.</p>
Circulation of papers	Papers will be distributed a minimum of three clear working days in advance of the meeting.
Reporting	The Chair of the Academy is responsible for reporting to the Trust Board on those matters covered by these terms of reference through a regular written report. The minutes of the Academy shall also be submitted to the Trust Board for information and assurance. The Chair of the Academy shall draw to the attention of the Trust Board any issues that require disclosure, or may require executive action. The Academy will present a written annual report to the Trust Board summarising the work carried out during the financial year and outlining its work plan for the future year.
Date agreed by the Academy:	28 July 2021
Date approved by the Trust Board:	23 September 2021
Review date:	March 2022