

Quality and Patient Safety Academy

Terms of Reference - DRAFT

Purpose	<p>Assurance Meeting:</p> <p>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.</p> <p>Learning & Improvement Meeting:</p> <p>To provide a space for our staff to share insight into the quality of our services and engender a culture of patient centred improvement where peer challenge and support is offered by all members.</p> <p>CSU Health Checks:</p> <p>In conjunction with the other Academies, oversee and review the quality, finance, performance and people metrics identified within the Clinical Service Units' Learning and Improvement Plans.</p> <p>Annual Quality & Patient Safety Review:</p> <p>An annual opportunity for CSUs to present their achievements around quality and patient safety to a wide ranging audience.</p>
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 that safety, clinical outcomes, patient

	<p>safety and patient experience across the Trust's services is compliant with national standards and the requirements of NHS regulators and commissioners of services.</p> <ul style="list-style-type: none"> • 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 improvement schemes that are evaluated as high risk. • Have oversight of the Trust's objectives relating to quality priorities for inclusion in the Trust's Annual Quality Account. • 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). • Review, challenge and assess the identification and management of risks within the Academy's remit on the High Level Risk Register and the BAF, to provide assurance to the Board that all relevant risks are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled. • In reviewing the assurances received, the Academy will
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	<p>take into consideration the quality of data presented and any associated issues.</p> <p>Learning & Improvement:</p> <ul style="list-style-type: none"> • Work and collaborate with partner organisations to identify and share system learning. • Oversee, endorse and facilitate multi-methods of identifying, cascading and embedding learning across services. • Actively seek out learning opportunities from other healthcare providers and industries and apply research and evidence based learning which will support a culture of continuous learning and improvement. • 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. • Receive highlight reports from the Patient Experience Sub-Committee, identifying learning from complaints and other sources of feedback. • 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. • Endorse and oversee the development of a basket of metrics to measure a culture of safety, quality and improvement. • Oversee and agree identified quality metrics that enable the development and maintenance of Quality Profiles at Clinical Service Unit level. • Oversee the development of a programme of work supporting
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	<p>the trust to be an outstanding provider of healthcare.</p> <ul style="list-style-type: none"> • Oversee the Nursing & Midwifery Leadership Council work programmes to ensure successful accreditation for care excellence. • Agree, review and monitor the delivery of the Trust's Quality Strategy and Annual Quality Improvement Plan.
Sub-Groups	<p>Patient Safety Group Clinical Outcomes Group Patient Experience Group Outstanding Maternity Services Programme Outstanding Theatres Programme Integrated Safeguarding Committee Digital & Data Transformation Committee Nursing & Midwifery Leadership Council</p>
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 Director) will act as Chair.</p>
Membership	<p>Assurance Meeting:</p> <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 • Deputy Chief Nurse • Directors of Nursing (Operations) • Associate Director of Quality • Senior Quality Governance Lead • Director of Midwifery • Director of Infection Prevention & Control • Director of Pharmacy • Associate Director of Corporate Governance/Board Secretary <p>Members are normally expected to attend at least 4 meetings during the year.</p> <p>Learning/Improvement Meeting:</p>

- Chief Medical Officer
- Chief Nurse
- Non-Executive Directors (including the Chair and Deputy Chair)
- Deputy Chief Medical Officers
- Associate Medical Directors
- Associate Director of Quality
- Head of Education
- Deputy Chief Nurse
- Director of Midwifery
- Directors of Nursing (Operations)
- Assistant Directors of Nursing
- Deputy Associate Directors of Nursing
- Quality Lead Nursing & Midwifery
- Director of Nursing – Programme Lead for Magnet
- Head of Equality, Diversity & Inclusion
- General Manager, Chief Medical Officer's Team
- Head of Quality Improvement and Clinical Outcomes
- Senior Quality Governance Lead
- Patient Safety Specialist
- Head of Non Clinical Risk
- Lead AHP
- Director of Infection Prevention and Control
- Director of Pharmacy
- Associate Director of Corporate Governance/Board Secretary
- Identified Patient Safety Partners

Members are normally expected to attend at least 4 meetings during the year.

CSU Health Checks:

- All members of Quality & Patient Safety Academy
- Operational triumvirate from each CSU (three or four at each meeting). Each CSU to attend at least on an annual basis.

Annual Quality & Patient Safety Review:

- All members of Quality & Patient Safety Academy
- Operational triumvirate from each CSU

	<ul style="list-style-type: none"> • NEDs • Governors • Members including staff • Patient representatives
In attendance	<ul style="list-style-type: none"> • CSU Quality and Patient Safety Facilitators • Associate Director of Nursing & Quality – Bradford District and Craven Health and Care Partnership • 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>12 times per year, alternating between assurance and learning/improvement.</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 September 2022
Date approved by the Trust Board:	
Review date:	July 2023

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