

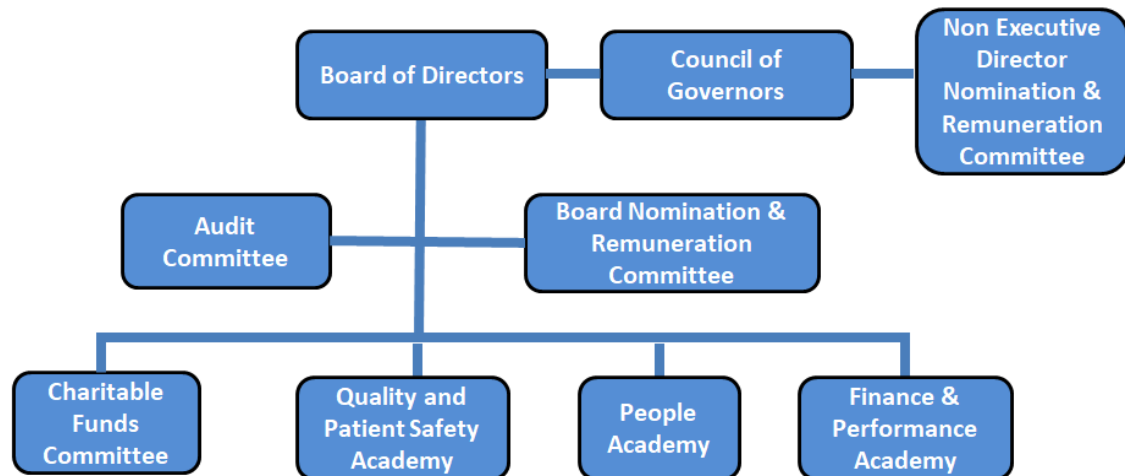
Quality & Patient Safety Academy Annual Report 2022/23

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 2022/23, 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 last approved by the Board in November 2022.

1.2 Scope of this Annual Report

This annual report incorporates a summary of the activities of the Quality and Patient Safety Academy during and in respect of 2022/23. The period reported on is from April 2022 to March 2023.

2. Quality and Patient Safety Academy Terms of Reference

The Quality and Patient Safety Academy reports directly to the Board.

The Terms of Reference of the Academy were last reviewed and approved by the Board in November 2022 and are attached at Appendix 1.

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.

- 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.
- (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.
- Provide an annual opportunity for CSUs to present their achievements around quality and patient safety to a wide ranging audience. 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. In February 2023 a Board Effectiveness Review was undertaken with an independent facilitator, and one of the recommendations was to refocus the Academy Chair reports to distinguish them from minutes and offer greater insight on how the meetings felt and the level of assurance gained. A new template has been developed (based on the 'Alert, Advise, Assure' model used by our partner organisations in Bradford District & Craven) and will be used for future reports.

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 an annual report to the Board summarising the Academy's activities and the assurance received, and outlining its work plan for the future year. This report will be presented to the Board in May 2023.

The Chair of the Academy is satisfied that the Academy fully complied with its reporting requirements during and in respect of 2022/23.

3. Membership and attendance record during and in respect of 2022/23

During 2022/23 the Academy met 11 times. In September the Academy determined, following the outcome of the Academy review (reported to the Board in November 2023) that to enable much more efficient meetings it would hold alternative Assurance and, Learning and Improvement meetings.

These alternate meetings commenced in September 2023.

Membership and attendance is recorded in the table below.

Name	Designation	Apr-22	May-22	Jun-22	Jul-22	Sep-22	Oct-22 A	Nov-22 L&I	Dec-22 A	Jan-23 L&I	Feb-23 A	Mar-23 L&I	Total
Mohammed Hussain	NED, Co-Chair / NED Chair	1	1	0	0	1	1	1	1	1	1	1	9 of 11
Janet Hirst	NED, Co-Chair	1	0	1	1	1	1	1	1	1	N/A	N/A	8 of 9
Altat Sadique	NED	0	1	0	1	1	1	1	1	1	1	0	8 of 11

Name	Designation	Apr-22	May-22	Jun-22	Jul-22	Sep-22	Oct-22 A	Nov-22 L&I	Dec-22 A	Jan-23 L&I	Feb-23 A	Mar-23 L&I	Total
Jon Prashar	NED	0	1	1	1	0	0	0	1	1	1	1	7 of 11
Sugra Nazir	NED	N/A	N/A	N/A	N/A	N/A	1	1	1	0	1	1	5 of 6
Ray Smith	Chief Medical Officer	1	1	0	1	1	1	1	1	1	1	1	10 of 11
Karen Dawber	Chief Nurse	1	1	1	0	0	1	1	1	1	1	1	9 of 11
Paul Rice	Chief Digital and Information Officer	1	1	0	0	0	1	1	1	1	1	0	7 of 11
Lee-Anne Elliott / Debbie Horner	Deputy Chief Medical Officer	1	1	1	1	1	1	0	1	1	1	1	10 of 11
John Bolton	Deputy Chief Medical Officer / Operations Medical Director	1	1	1	0	0	0	1	1	1	1	1	8 of 11
Jo Hilton	Deputy Chief Nurse	1	0	0	1	1	0	1	1	1	0	1	7 of 11
Judith Connor	Associate Director of Quality	0	1	1	1	1	0	1	0	1	1	1	8 of 11
Louise Horsley	Senior Quality Governance Lead	1	1	0	1	1	1	0	0	1	1	1	8 of 11
Sara Hollins	Director of Midwifery	1	1	1	1	1	1	1	1	1	1	1	11 of 11
Claire Chadwick / Yaseen Muhammad	Director of Infection Prevention and Control	1	0	1	1	1	1	1	1	1	1	0	9 of 11
David Smith	Director Of Pharmacy	0	0	0	0	0	1	1	0	0	0	0	2 of 11
Sarah Freeman	Director of Nursing – Operations	1	1	0	1	1	0	0	1	1	1	0	7 of 11
Adele Hartley-Spencer	Director of Nursing – Operations	1	1	1	0	0	1	1	0	1	1	1	8 of 11
Laura Parsons	Associate Director of Corporate Governance / Board Secretary	1	1	1	1	1	1	1	1	1	1	1	11 of 11
Amanda Hudson / Faye Alexander	Head of Education	1	1	0	1	1	N/A	0	N/A	1	N/A	1	6 of 8
Sally Scales	Director of Nursing: Programme Lead for Magnet	1	1	0	0	1	N/A	1	N/A	1	N/A	1	6 of 8
Kez Hayat	Head of Equality, Diversity & Inclusion / Assistant Director HR	1	0	1	0	1	N/A	1	N/A	0	N/A	0	4 of 8
Su Coultas / Caroline Varley	General Manager, CMO Office	1	1	0	0	0	N/A	1	N/A	0	N/A	0	3 of 7
Liz Tomlin	Head of Quality Improvement and Clinical Outcomes	1	1	1	0	1	N/A	1	1	0	N/A	1	7 of 9
Leah Richardson	Patient Safety Specialist	N/A	N/A	N/A	N/A	N/A	N/A	1	N/A	1	1	1	4 of 4
Caroline Nicholson	Head of Non-Clinical Risk	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	0	N/A	0	0 of 3
Jane Kingsley	Lead Allied Health Professional	1	1	1	1	1	N/A	0	N/A	1	N/A	1	7 of 8
Padma Munjuluri	Associate Medical Director-Clinical Outcomes	1	0	0	0	1	N/A	1	N/A	0	N/A	1	4 of 8
Robert Halstead	Associate Medical Director Quality Governance	0	N/A	N/A	N/A	N/A	N/A	0	N/A	0	N/A	1	1 of 4
Michael McCooe	Associate Medical Director, Learning from Deaths	1	0	0	1	0	N/A	1	N/A	0	N/A	1	4 of 8

Key

Attendance at 'Assurance' and 'Learning and Improvement' meetings	
Attendance at 'Learning and Improvement' meetings only	

Name	Designation	Apr-22	May-22	Jun-22	Jul-22	Sep-22	Oct-22 A	Nov-22 L&I	Dec-22 A	Jan-23 L&I	Feb-23 A	Mar-23 L&I	Total
Attendance at meetings indicated					1								
Apologies received or absent from meetings					0								
Not a member or, not required to attend meeting					N/A								

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 2022/23

4.1 Assurance

Infection Prevention and Control BAF: Up to January 2023 the Academy has reviewed the monthly IPC report or the bi-monthly IPC BAF. From January 2023 onwards the IPC BAF is included as an appendix to IPC Quarterly reports. Reporting to the Academy focussed on progress with regard to the annual infection prevention programme and in achieving compliance with:

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

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 remains 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. In February 2023 that Academy received confirmation from the National Maternity team, that BTHFT Maternity Service successfully exited the Maternity Safety Support Programme on 10 January 2023. The service has continued to improve the monthly review process and provides the Academy with a monthly stillbirth position. The Academy is also in receipt of all Health Services Safety Investigations Body (HSSIB) reports.

CQC Announced Maternity inspection of Safe and Well led domains: This took place on 4 January 2023. The draft inspection report has yet to be received however there is no indication of any pending enforcement action.

Quality Account: The Academy was in receipt of the production schedule in February 2023. The Academy is on schedule to present the final report to the Board for approval on 27 June 2023 to support publication (in line with the statutory requirement) by 30 June 2023.

Quality Academy Dashboard: The Academy has reviewed performance aligned to the trust strategic objectives as part of the Assurance agendas. A number of key elements remain under development.

Key metrics reviewed covered:

- Hospital Standardised Mortality Rate,
- Summary Hospital-level Mortality Indicator,
- Hospital Readmissions,
- % of deaths scrutinised by the Medical Examiner,
- Number of Structured Judgement Reviews,
- C.Difficile performance,
- MRSA performance,
- E.coli performance,

- Prevalence of category 3 Pressure Ulcers,
- Medicine Reconciliation,
- Falls with harm per 10,000 bed days,
- Falls with severe harm,
- Stillbirths
- Cooling Babies.

The Academy agreed to the temporary removal of the Breast Feeding metric (in October 2022). There have also been continuing issues with the Sepsis tile (EPR) which are now being investigated with the Cerner Special Interest Group.

Quality Oversight & Assurance Exception Profile: The model for Quality Oversight was introduced during the COVID pandemic (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 Annual reports were received in May 2022 with further updates provided in November 2022

Internal Audit Update: The Academy was sighted on all 8 reports under the purview of the Academy. One limited assurance report was received in March 2023 and an exception report was provided to the Audit Committee in April 2023. The Academy continues to monitor progress in relation to these areas.

Audit	Assurance Rating*
Quality Improvement and Oversight	High
Nursing Assessments and Care Plans (follow up report)	Significant
IPC Board Assurance Framework	Significant
Catering	Significant
Safeguarding – Domestic Violence	Significant
Ionising Radiation	Significant
Scan for Safety: Gateway Review	Significant
Safer Procedures; National Safety Standards for Invasive Procedures (NatSSIPs)	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.	

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 report has continued to be developed in year with the information streamlined to ensure clearer triangulation of the data to support a more effective review of themes.

High Level Risk: 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 all relevant key risks have been identified, reported to the Academy, and were being managed appropriately. High level risks are reported monthly and are therefore presented at the Learning & Improvement meetings, as well as the Assurance meetings.

Assurance has also been derived from reports received with regard to:

- Bi-Annual Digital Report
- Digital & Data Transformation Committee (highlight report / minutes)
- Bradford District & Craven Quality Committee (highlight report / minutes)
- Estates & Facilities Quarterly Service Report
- 15 Steps Assurance Programme
- Freedom to Speak Up Quarterly Update
- Nurse Staffing Data Publication Report

4.2 Learning and Improvement

At the bi-monthly Learning and Improvement meetings 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. Reports are also received with regard to the Patient Safety Group, Clinical Outcomes Group and the Patient Experience Group.

Regular reporting at each meeting also includes learning and improvements with regard to

- Serious incidents
- Learning from Maternity Health Services Safety Investigations Body (HSSIB) reports
- Patient Safety Incident Response Framework (here however one report was deferred from January 2023 to March 2023).

Service Presentations: Since May 2022 the Academy has had five in-depth service/specialty presentations usually at the request of the Academy in response to seeking additional assurance, learning or improvements for these areas.

- Health Care Professionals in Training: Ensuring a Quality Learning Environment
- Therapies: Achilles Tendon Ruptures
- The Catering Service and an update on the Nutritional Steering Group
- Falls with Harm
- Learning from Neonatal Unit Serious Incidents and Assurance from Neonatal Unit Serious Incidents

Going forward updates will be provided as part of the six monthly CSU to Academy engagement events.

Quarterly reports received on research activity in the Trust: The report from Bradford Institute of Health Research, describes their main areas of work and progress in relation to:

- Applied Health Research Activity.
- Clinical Research Activity.

This report is also shared with the Board of Directors.

Inpatient Survey: The Academy received the report in January 2023. The survey had been conducted in January 2022 to May 2022 and included patients discharged from November 2021 when our region was still responding to the pandemic. The survey results were disappointing and as expected given the situation. The Academy discussed the outcomes in detail, the lessons learned and the accompanying action plan to secure improvements. One key area of focus was on

communications and the need to look closely at whether there were any risks that should be identified and mitigated to support improvements.

Learning and improvements have also been discussed with regard to:

- Quality Strategy
- Palliative Care Annual Report
- Quality Account
- Infection Prevention and Control
- Children & Young People's Patient Experience Survey
- National Patient Safety Improvement Programme
- Learning from Deaths
- Clinical Audit High Priority Plan
- Clinical Audit Annual Report
- Outstanding Maternity Programme
- Nursing & Midwifery Leadership Council Update (M4E)
- Quality Improvement Programme
- Mortality Review Improvement Programme
- Mental Health Strategy
- Outstanding Theatres Programme
- Getting it Right First Time (GIRFT)
- Update on Health Inequalities
- WYAAT Quality and Safety Meeting

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

- LD Improvement Standards
- Clinical Service Strategy
- PLACE Annual Report
- Leadership Walk round updates (this has now been superseded by the 15 Step Programme which was approved by the Academy in January 2023)
- SIRO Report
- CBU Quality Profiles (the CBUs have been replaced by the CSUs). The first CSU (Quality Health Check) is scheduled for May 2023.

Annual Effectiveness Review:

The annual effectiveness review took place in May 2022. Following this, further work was undertaken to develop the Academy Terms of Reference and the outcomes reported to the Academy in September 2022 and the Board in November 2022. As a result of the review; the Academy implemented the following changes to the format of meetings.

- The number of meetings increased to 12 per year (2 hours per meeting) - on further review following this change the learning and improvement meetings were extended to 2 ½ hours per meeting.
- The 12 meetings are now split into 6 Assurance and 6 Learning and Improvement meetings per year. The Assurance meetings take place in the months preceding the Board meetings so that the assurance can feed into the Board in a timely way. The membership of the Assurance meetings is smaller, including the Non-Executive Directors, lead Executives and key senior managers only, to allow for a focused discussion. The Learning and Improvement meetings have a broader membership so that insight can be sought from, and shared with, a broader range of staff.

In addition to the regular Academy meetings:

- Two extraordinary meetings will take place in year inviting half of the CSU Triumvirates to each meeting to facilitate a deep dive of quality within the CSU (Quality Health Check). It has since been agreed that these meetings will also consider people, finance and performance impacts, and will be attended by members of all three Academies. The first of these sessions is scheduled for May 2023.
- The Academy will introduce an annual celebration event to facilitate showcasing of Quality Improvement within CSUs (linked to the Quality Health Check). This is intended to support learning and improvement across CSUs. The date for the first event is expected to be later in 2023/24.

The revised arrangements help to manage the Academy's large workload in a more effective way, and also ensure that appropriate focus is given to assurance, learning and improvement at the relevant meetings, rather than trying to cover all elements in every meeting.

From October 2022 the alternative 'Assurance' and 'Learning and Improvement' meetings have taken place.

5. Conclusion

The Academy believes that during 2022/23 it took reasonable steps to perform its duties as delegated by the Board and specified in its terms of reference.

Mr Mohammed Hussain
Chair Quality and Patient Safety Academy

April 2023

Appendix 1

Quality and Patient Safety Academy Terms of Reference

Purpose	<p>Assurance Meeting: 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: 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: 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: 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 safety and patient experience across the Trust's services is compliant with national standards and the requirements of NHS regulators and commissioners of services. • 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

	<p>internal control related to matters of quality and safety as well as the associated quality improvement plans.</p> <ul style="list-style-type: none"> • 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 take into consideration the quality of data presented and any associated issues.
	<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

	<p>development and maintenance of Quality Profiles at Clinical Service Unit level.</p> <ul style="list-style-type: none"> • Oversee the development of a programme of work supporting the trust to be an outstanding provider of healthcare. • 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. 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> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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 <p>Members are normally expected to attend at least 4 meetings during the year.</p> <p>CSU Health Checks:</p> <ul style="list-style-type: none"> • 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. <p>Annual Quality & Patient Safety Review:</p> <ul style="list-style-type: none"> • All members of Quality & Patient Safety Academy • Operational triumvirate from each CSU • 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	12 times per year, alternating between assurance and learning/improvement. 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.

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:	10 November 2022	
Review date:	July 2023	