

Quality and Outcomes Committee

Terms of Reference

1. Constitution

- 1.1. The Quality and Outcomes Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as “the Boards”). The Quality and Outcomes Committee (hereafter referred to as “the Committee”) operates as Committees in Common of both Boards.
- 1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within each Trust’s Standing Orders.

2. Purpose

- 2.1. The Committee is responsible for assuring the Boards on matters concerning all aspects of quality and performance, to ensure the delivery of safe, effective and timely treatment and that people have the best possible experience of being in our care.
- 2.2. The scope of the Committee covers:
 - **Patient safety, Clinical Effectiveness and Outcomes:** quality strategy and reporting, quality improvement, quality governance and escalation, clinical risk, clinical audit, clinical effectiveness, patient safety, safe staffing, Infection Prevention and Control (IPC), safeguarding, safe and effective prescribing and administration of medicines, health inequalities, NHS System Oversight Framework (SOF) – Quality of Care and Outcomes.
 - **Experience of Care:** patient and public engagement, complaints, local and national patient experience surveys and other feedback, Equality, Diversity and Inclusion (EDI - patient-focused).
 - **Performance:** target setting and action planning, operational performance monitoring (e.g., against care access standards), activity recovery, performance benchmarking and reporting, learning mechanisms, Emergency Planning Resilience and Response (EPRR), NHS SOF – Access.

3. Duties

3.1. Patient safety, Clinical Effectiveness and Outcomes

- Monitor progress and achievement of the trusts’ overall quality priorities and quality-related action plans and provide an informed opinion to the Boards on the sustainability of objectives.
- Receive and scrutinise the trusts’ annual quality accounts prior to submission to the trusts’ Boards for approval.
- Support the trusts’ objective to strive for continuous quality improvement and oversee the trusts’ approach to quality improvement is robust and embedded across the trusts.
- Monitor the impact of the trusts’ clinical strategy, transformation and cost improvement programmes on the quality and safety of patient care.
- Review the suitability and implementation of risk mitigation plans with regards to their potential impact on safety and care quality, utilising Quality and Equality Impact Assessment outputs.
- Receive and review details of never events, Coroner’s Prevention of Future Deaths (Regulation 28) reports and any other significant patient safety investigations.

- Oversee that the trusts have robust and effective quality governance arrangements in place to support compliance with regulatory standards and external sources of assurance, including the receipt of draft and final reports, oversight of action plans and other statutory undertakings.
- Oversee compliance with all relevant healthcare standards, including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of healthcare professionals.
- Receive assurance on processes to ensure safe and effective prescribing and administration of medicines.
- Receive, scrutinise and approve the clinical audit plan and receive assurance on progress against the plan and related programmes.
- Support the trusts' objective to reduce health inequalities amongst its patients and communities.
- Oversight of the NHS System Oversight Framework themes of Quality of Care and Outcomes.
- Consider and examine activity models to ensure consistency and to provide assurance on critical assumptions.
- Consider and examine operational performance and its potential impact on our patients.
- Receive Safer Staffing reports and assure the Trust Board of the fitness for purpose of Nurses, Midwives and Allied Health Professionals staffing levels.

3.2. Experience of Care

- Support the trusts to actively engage with patients, staff, carers, the public and other relevant stakeholders on care experiences, and take into account, as appropriate, views and information from these sources in guiding the trusts' quality priorities and in developing co-production as our default approach.
- Receive and scrutinise reports on patient, family, carer and public feedback (complaints, surveys and engagement, identifying key themes, trends and learning.
- Identify opportunities to improve outcomes and experiences for patients and carers through innovative practice and partnerships.
- Review the results and outcomes of local and national experience of care surveys.

3.3. Performance

- Oversight of target setting, as relates to quality, safety and experience KPIs, including ensuring a comprehensive suite of metrics is in place bringing together key national and local targets, and that due consideration is given to relevant regional and national benchmarking statistics.
- Undertake additional scrutiny and deep dives into performance where there is consistent non-delivery against plans.
- Oversee the trusts' performance around Emergency Care and Elective Care and seek assurance that the risks to delivery are known, robust action plans are in place to address these issues and that the implementation of these plans is resulting in intended outcomes.
- Oversight of the NHS System Oversight Framework theme - Access.
- Seek assurance on the robustness of the trusts' Emergency Planning Resilience and Response (EPRR) framework, including receiving the annual NHS England assurance report, and testing compliance of business continuity arrangements across the trusts.

3.4. Review and monitor strategic risks within the Committee's area of responsibility, as set out in the Board Assurance Framework (BAF).

3.5. The Committee shall collectively undertake the statutory duties of the Non-Executive Director Champion Role related to:

- Hip Fracture, Falls and Dementia
- Learning from Deaths
- Safety and Risk
- Palliative Care and End of Life
- Children and Young People
- Resuscitation
- Emergency Preparedness
- Safeguarding
- Maternity and Neonatal Care.

3.6. In carrying out these duties, the Committee will:

- Extend the Boards' monitoring and scrutiny of standards of patient safety, clinical effectiveness and outcomes, patient and carer experience and performance of services across both trusts, make recommendations to the Boards on opportunities for improvement and support these opportunities where identified;
- Seek sources of evidence from management groups at trust, divisional and sub-divisional level on which to base informed opinions regarding the standards detailed above;
- Work collaboratively with the other Committees and on behalf of the Board to test and seek assurance from a range of perspectives on the key risks affecting the trusts to ensure coordinated and comprehensive oversight of cross-cutting themes; and
- Work collaboratively with system partners to improve the quality and safety of clinical services, care experience and reduce health inequalities across BNSSG.

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise:

- At least two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Chair.
- The Group Chief Medical and Innovation Officer.
- The Group Chief Nursing and Improvement Officer.
- The Hospital Managing Director of North Bristol NHS Trust.
- The Hospital Managing Director of University Hospitals Bristol and Weston NHS Foundation Trust.

Other Group Executive Directors may attend meetings of the Committee on an ad hoc basis

4.2. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be;

- At least two Non-Executive Directors

- At least two Executive Directors.

5.2 The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair.

5.3 Regular attendees of the Committee may include:

- The Trust Medical Director from each of UHBW and NBT.
- The Trust Director of Nursing from each of UHBW and NBT.
- The Trust Chief Operating Officer from each of UHBW and NBT.
- The Trust Director of Quality Governance from each of UHBW and NBT.

6. Frequency

6.1. The Committee shall meet a minimum of 6 times per annum.

6.2. Additional meetings may be called at the request of the Chair.

7. Authority

7.1. The Committee is authorised:

- to investigate any activity within its terms of reference,
- to seek any information required from any employee of the Trusts in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee,
- to obtain, at the Trusts' expense, outside legal or other professional advice on any matter within its terms of reference
- to call any employee to be questioned at a meeting of the Committee as and when required, and
- to secure the attendance of people from outside either NBT or UHBW with relevant experience and expertise if it considers this necessary.

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee.

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members.

9. Reporting

9.1. An upward report will be provided to the Boards via the Committee Chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. The Committee will conduct an annual review of its effectiveness.

Version 1.1

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