

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, safety, experience and performance, to ensure the delivery of safe and effective care to patients.
- 2.2. The scope of the Committee covers:
 - **Quality and safety:** quality strategy and reporting, quality improvement, clinical governance and escalation, clinical risk, clinical audit, patient safety, safe staffing, Infection Prevention and Control (IPC), safeguarding, clinical effectiveness, safe and effective prescribing and administration of medicines, health inequalities, NHS SOF – Quality of Care and Outcomes.
 - **Patient experience:** patient and public engagement, complaints (and compliments), serious incidents and never events, local and national patient experience surveys, 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. Quality and safety

- Receive, scrutinise, shape and approve the trusts’ quality strategy(s)
- Monitor progress and achievement of the trusts’ quality strategy, 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 reports 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.
- Oversee that the trusts have robust and effective clinical 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.
- Be assured of 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 community.
- 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.

3.2. Patient experience

- Support the trusts to actively engage with patients, staff, the public and other relevant stakeholders on care experiences, and take into account, as appropriate, views and information from these sources in guiding trusts' quality strategy(s) and priorities.
- Receive and scrutinise reports on complaints and patient experience, identifying key themes, trends and learnings – including oversight of actions plans arising from serious incidents, complaints and never events.
- Identify opportunities to improve outcomes and experiences for patients through innovative practice and partnerships.
- Review the results and outcomes of local and national patient experience surveys.
- Receive and review the Equality and Diversity Annual Report, with a particular focus on patient experience and quality of care.

3.3. Performance

- Oversight of target setting, as relates to quality, safety and experience KPIs, including ensuring a comprehensive suite of metrics are in place bringing together key national and local targets, and 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 are 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
- Health and Safety
- Children and Young People
- Resuscitation
- Emergency Preparedness
- Safeguarding

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

- Extend the Boards' monitoring and scrutiny of standards of quality, safety, 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:

- Two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Co-Chair
- At least two Executive Directors from each Board.

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 one Non-Executive Director
- At least two Executive Directors

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 Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and

- to call any employee to be questioned at a meeting of the Committee as and when required
- to secure the attendance of outsiders 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 exception 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 1.0

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