



Terms of Reference – Quality and Outcomes Committee

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Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision (Major/Minor)	Description of Revisions
16/03/2011	1	Trust Secretary	Major	Initial draft for comment
26/04/2011	2	Trust Secretary	Major	Incorporated committee Chair's comments
27/04/2011	3	Trust Secretary	Minor	Revisions following initial meeting of committee members
25/05/2011	4	Trust Secretary	Minor	Final consideration by the Quality and Outcomes Committee
26/05/2011	5	Trust Secretary	Minor	For approval by the Trust Board of Directors
27/03/2012	6	Trust Secretary	Minor	Revisions recommended by Quality and Outcomes Committee for approval by the Trust Board of Directors
27/09/2012	7	Trust Secretary	Minor	Revision to meeting regularity from bi-monthly to monthly (in months where there is a meeting of the Board of Directors) in accordance with the purpose of scrutinising the Quality and Performance report prior to each meeting of the Board of Directors
21/04/2015	8	Trust Secretary	Major	Complete review
18/05/2015	9	Trust Secretary	Minor	Incorporation of comments from Quality and Outcomes Committee held 30/04/15
17/05/2016	10	Trust Secretary	Minor	Change from 'Monitor' to 'NHS Improvement'; Section 2.1.1.
11/05/18	11	Deputy Trust Secretary	Minor besides change of quorum	Change of quorum from three members to two. This reflects agreement by the Chair of the Board that the quora for all Committees of the Board should be appropriately aligned. Update to attendee titles to reflect updated roles in the Trust. <u>Minor changes for clarity and consistency of wording.</u>
18/09/2018	12	Deputy Trust Secretary	Changes to remit to reflect the creation of a new People Committee to review workforce and people issues within the Trust.	Deletion of references to workforce overview which will now sit with the People Committee

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1. Constitution of the Committee

- 1.1 The Quality and Outcomes Committee is a non-statutory Committee established by the Trust Board of Directors to support the discharge of the Board's responsibilities ensuring the quality of care provided by the Trust.

2. Purpose and function

- 2.1 The purpose of the Quality and Outcomes Committee is to ensure:
- 2.1.1 That the Board establishes and maintains compliance with health care standards including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professionals (including NHS Improvement);
 - 2.1.3 To support the Trust to actively engage on quality of care with patients, staff and other relevant stakeholders and take into account as appropriate views and information from these sources;
 - 2.1.4 That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and processes for escalating and resolving quality issues including escalating them to the Board where appropriate;
 - 2.1.5 To support the Trust's objective to strive for continuous quality improvement and outcomes;
 - 2.1.6 To support the objective that every member of staff that has contact with patients, or whose actions directly affect patient care, is motivated and enabled to deliver effective, safe, and person centred care in line with the NHS Constitution; and
 - 2.1.7 To consider the operational and quality risks to the Trust's ability to achieve high quality care and continuous quality improvement.
 - 2.1.8 To seek assurance that the Trust is effectively delivering against the strategic objectives set out in the Trust Strategy, and in particular is delivering against the enabling strategy which is relevant to the remit of the Committee (the Quality Strategy).
- 2.2 To achieve this, the Committee shall:
- 2.2.1 Extend the Board's monitoring and scrutiny of the standards of quality, compliance and performance of Trust services and the workforce strategy which supports this;
 - 2.2.2 Make recommendations to the Board on opportunities for improvement in the quality of services;
 - 2.2.3 Support and encourage quality improvement where opportunities are identified.
- 2.3 The Committee shall discharge this function on behalf of the Board of Directors by:
- ;

- 2.3.2 Seeking and considering such additional sources of evidence upon which to base its opinion on the robustness of Board Assurance with regards to ‘quality governance’; and
- 2.3.3 Working in consultation with the Audit Committee, People Committee and the Finance Committee, cross-referencing data and ensuring alignment of the Board assurances derived from the activities of each Committee.

3. Authority

- 3.1 The Quality and Outcomes Committee will:
 - 3.1.1 Monitor, scrutinise and where appropriate, investigate any quality or outcome activity considered to be within its terms of reference;
 - 3.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny; and
 - 3.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (as advised by the Trust Secretary) and may require Directors or other officers to attend meetings to provide such advice
- 3.2 The Quality and Outcomes Committee is a Non-Executive Committee and has no executive powers.
- 3.4 Unless expressly provided for in Trust Standing Orders, Trust Scheme of Delegation or Standing Financial Instructions the Quality and Outcomes Committee shall have no further powers or authority to exercise on behalf of the Trust Board of Directors.

4. Membership and attendance

- 4.1 The Quality and Outcomes Committee is appointed by the Trust Board of Directors from amongst the Non-Executive Directors of the Board and shall consist of not less than three members. The quorum necessary for the transaction of business shall be not less than two members.
- 4.2 The following officers shall be required to attend meetings of the Quality and Outcomes Committee on a standing invitation by the Chair:
 - 4.2.1 Chief Nurse
 - 4.2.2 Medical Director
 - 4.2.3 Chief Operating Officer
- 4.3 Duly nominated deputies may attend in their Director’s stead.
- 4.4 The following officers are expected to attend meetings of the Committee at the invitation of the Chair:
 - 4.4.1 Deputy Chief Operating Officer

4.4.2 Head of Quality (Patient Experience and Clinical Effectiveness)

4.4.3 Head of Quality (Patient Safety)

4.4 The Trust Secretary shall attend from time-to-time to provide advice to the Directors and to facilitate the formal evaluation of the Committee's performance. Other officers shall be required to attend meetings of the Committee from time to time at the invitation of the Chair also.

5. Quorum

5.1 The quorum necessary for the transaction of business shall be two members, all of whom must be independent Non-Executive Directors.

5.2 Committee members may be represented at meetings of the Committee by a duly nominated delegate on no more than two successive occasions. Nominated delegates must be independent Non-Executive Directors.

5.2 A duly convened meeting of the Quality and Outcomes Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable as set out in these Terms of Reference.

6. Duties

The Quality and Outcomes Committee shall discharge the following duties on behalf of the Trust Board of Directors:

6.1 Quality Strategy

6.1.1 Receive and assess the Board's Quality Strategy and provide an informed opinion to the Board on the suitability of the associated objectives; and

6.1.2 Monitor progress and achievement of the Board's Quality Strategy.

6.2 Annual Plan and Quality Report

6.2.1 Monitor the status of compliance with Care Quality Commission's Fundamental Standards of Care and Quality Objectives as set out in the Annual Plan; and

6.2.2 Review the Trust's Annual Quality Report prior to submission to the Trust's Board of Directors for approval.

6.3 Clinical and Service Quality, Compliance and Performance

6.3.1 Seek sources of evidence from existing Management Groups at divisional and sub-divisional level and Board Committees on which to base informed opinions regarding the standards of:

6.3.1.1 Clinical and service quality;

6.3.1.2 Organisational compliance with the CQC Fundamental Standards of Care and National targets and indicators as determined by the Risk Assessment Framework; and

6.3.1.3 Organisational performance measured against specified standards and targets.

6.3.2 Review the Trust's declaration against the Single Oversight Framework (excluding financial information) prior to submission to the Board of Directors for approval;

6.3.3 Review the Board Quality and Performance Report; and

6.4 Action Plan Monitoring

6.4.1 Monitor progress of the quality-related action plans.

6.5 Benchmarking, Learning and Quality Improvement

6.5.1 Consider relevant regional and national benchmarking statistics when assessing the performance of the Trust;

6.5.2 Review the Annual Clinical Audit report;

6.5.3 Receive quarterly reports on complaints and patient experience;

6.5.4 Receive reports to monitor against action plans arising from Serious Untoward Incidents, complaints and never events to ensure: Trust-wide learning; actions have been completed; and ensure divisional intelligence and oversight;

6.5.5 To receive reports about patient experience and review the results and outcomes of local and national patient and staff surveys;

6.5.6 Receive and review quarterly reports on Infection Control;

6.5.7 Receive and review the annual report on Safeguarding;

6.5.8 Receive and review the annual report on Children's Services;

6.5.9 Receive and review the Equality and Diversity Annual Report;

6.5.10 Receive the monthly Nurse Staffing report on the information contained in the NHS national staffing return to ensure Trust-wide staffing levels remain safe;

6.5.11 Receive Quality Impact Assessment reviews for significant cost improvement schemes and their potential impact on quality, patient experience, patient safety and staff. The definition of significant will be determined by the Chief Nurse and Medical Director; and

6.5.12 Receive assurance regarding data quality assessment against the six national domains of data quality outlined in the Audit Commission's National Framework.

6.6 Risk

6.6.1 Receive the Corporate Risk Register and review the suitability and implementation of risk mitigation plans with regard to their potential impact on patient outcomes.

6.7 Quality Governance

6.7.1 Identify any gaps in evidence or measures of quality utilised by the Board of Directors

6.8 Procedural Documents and Corporate Record Keeping

6.8.1 Assess the suitability of Trust-wide relevant Procedural Documents in accordance with the Trust Procedural Document Framework (i.e., Board Quality Strategy);

6.8.2 Maintain and monitor a schedule of matters arising of agreed actions (for the Committee only) and performance-manage each action to completion; and

6.8.3 Maintain the corporate records and evidence required to support the Board Assurance Framework document.

7. Reporting and Accountability

7.1 The Chair of the Quality and Outcomes Committee shall report to the Board of Directors on the activities of the Committee.

7.2 The Chair of the Quality and Outcomes Committee shall make whatever recommendations to the Board deemed by the Committee to be appropriate (on any area within the Committee's remit where disclosure, action or improvement is needed).

7.3 Outside of the written reporting mechanism, the Committee Chair should attend the Council of Governors General meeting including the Annual Members Meeting, and be prepared to respond to any questions on the Committee's area of responsibility to provide an additional level of accountability to members.

7.4 Outside of the formal reporting procedures, the Governors' Quality Focus Group shall be informed by the Quality and Outcomes Committee via the Chair and Executive Leads, supported by the Trust Secretariat.

8. Administration

8.1 The Trust Secretariat shall provide administrative support to the Committee.

8.2 Meetings of the Quality and Outcomes Committee shall be called by the Trust Secretary at the request of the Committee Chair.

8.3 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

8.4 Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.

8.5 A member of the Trust Secretariat shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and those in attendance.

8.6 Draft Minutes of meetings shall be made available promptly to all members of the Committee.

9. Frequency of Meetings

9.1 The Committee shall meet on a monthly basis, in advance of each meeting of the Board of Directors at which the Quality and Performance Report is to be considered, and at such other times as the Chair of the Committee shall require.

10. Review of Terms of Reference

10.1 The Committee shall, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness.