

## Terms of Reference – Quality and Outcomes Committee

---

<b>Document Data</b>	
<b>Corporate Entity</b>	Quality and Outcomes Committee
<b>Document Type</b>	Terms of Reference
<b>Document Status</b>	Draft
<b>Executive Lead</b>	Chief Nurse and Midwife Medical Director Deputy Chief Executive and Chief Operating Officer
<b>Document Owner</b>	Director of Corporate Governance
<b>Approval Authority</b>	Board of Directors
<b>Review Cycle</b>	12 months
<b>Next Review Date</b>	January 2023

<b>Document Change Control</b>				
<b>Date of Version</b>	<b>Version Number</b>	<b>Lead for Revisions</b>	<b>Type of Revision (Major/Minor)</b>	<b>Description of Revisions</b>
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. Minor changes for clarity and consistency of wording.
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
17/09/2020	13	Head of Corporate Governance	Moderate	New Stakeholder analysis section added. Also updated for grammar and to reflect changes of titles.
20/10/2021	14	Head of Corporate Governance	Minor	Names removed from executive lead section and minor formatting undertake for visual ease.
28/01/2022	15	Head of Corporate Governance	Moderate	Change to Committee membership to include executive directors Increase of quorum from two to four Addition of NED champion responsibilities Addition to purpose and function in relation to Health Inequalities

## **Table of Contents**

## **Page No**

1. Constitution of the Committee
2. Purpose and function
3. Stakeholder Community
4. Authority
5. Membership and Attendance
6. Quorum
7. Duties
8. Reporting
9. Administration
10. Frequency of Meetings
11. Review of Terms of Reference

## **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);
  - 2.1.2 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;
  - 2.1.3 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;
  - 2.1.4 To support the Trust's objective to strive for continuous quality improvement and outcomes;
  - 2.1.5 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
  - 2.1.6 To consider the operational and quality risks to the Trust's ability to achieve high quality care and continuous quality improvement.
  - 2.1.7 To support the Trust's objective to reduce health inequalities amongst its patients and the community
- 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:
  - 2.3.1 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
  - 2.3.2 Working in consultation with the Audit Committee, People Committee and the Finance & Digital Committee, cross-referencing data and ensuring alignment of the Board assurances derived from the activities of each Committee.

### 3. Stakeholder Community

3.1 The Committee’s primary responsibility is to the Board of Directors, as detailed above. However, in order to discharge these responsibilities appropriately the Committee must work in close partnership with a number of internal and external Stakeholders. These Stakeholders influence the work of the Committee by:

- establishing external benchmark standards and requirements
- providing insights on current and emerging risks
- providing / receiving assurance on the suitability and efficacy of the Trust’s approach.

3.2 The Stakeholders of the Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors

External

- NHS England and Improvement
- Care Quality Commission

**Stakeholder Analysis**

3.3 The Terms of Reference and the responsibilities of the Committee (QOC) are critically dependent on an accurate understanding of the Stakeholder community and their associated requirements, especially any deliverables that are required.

3.4 The following table provides an analysis of the requirements and dependencies associated with the Committee’s Stakeholder Community.

3.5 **Requirements for QOC** - Explains what the Committee is required to do based on the requirements of the stakeholder.

3.6 **Inputs into QOC** - Explains what needs to be provided into the Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	Requirements for QOC		Inputs into QOC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	To advise on status, risks, opportunities associated with the key parameters listed in 2.1	Chair Report (after each meeting)	Approve Terms of Reference	None	7
Council of Governors	Updates at Governors Quality Focus Group and Council of Governors meetings	None	None	None	8.3, 8.4

External Stakeholder Community					
Stakeholder	Requirements for QOC		Inputs into QOC		Section Reference
	General	Formal Deliverables	General	Formal Deliverables	
NHS England and Improvement	None	Oversight of the Quality Report and Quality Account prior to Trust Board sign off.	None		7.2
	Emergency Preparedness, Resilience and Response (EPRR) Framework	Review of Annual Report prior to Trust Board sign off.			7.35.8
	NHS Long Term Plan			Equality and Diversity Annual Report	2.1.7, 7.17
Care Quality Commission		Organisational compliance with the CQC Fundamental Standards of Care.	None		7.1, 7.3, 7.35.3, 7.35.6
	Compliance with Learning, Candour and Accountability: A review of the way NHS trusts review and investigate the deaths of patients in England 2006			Learning from Death regular reporting into the Committee	7.35.2
Royal College of Physicians	Compliance with National Audit of Inpatient Falls Audit (NAIF) Report 2020)	None	None	Regular reporting into the Committee	7.7, 7.35.1
National Palliative and End of Life Care Partnership	Compliance with Ambitions for Palliative and End of Life Care National Framework 2021-26	None	None	Regular reporting into the Committee	7.35.4
Resuscitation Council	Compliance with May 2020 Resuscitation Council Quality Standards in	None	None	Regular reporting into the Committee	7.35.7

External Stakeholder Community					
	relation to acute, mental health and community trusts				
Royal College of Nursing	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff	None	None	Regular reporting into the Committee	7.15, 7.16, 7.35.9

#### 4. Authority

4.1 The Quality and Outcomes Committee will:

4.1.1 Monitor, scrutinise and where appropriate, investigate any quality or outcome activity considered to be within its terms of reference;

4.1.2 Seek such information as it requires to facilitate this monitoring and scrutiny; and

4.1.3 Obtain whatever advice it requires, including external professional advice if deemed necessary (as advised by the Director of Corporate Governance) and may require Directors or other officers to attend meetings to provide such advice

4.2 The Quality and Outcomes Committee is a Non-Executive Committee and has no executive powers.

4.3 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.

#### 5. Membership and attendance

5.1 The Quality and Outcomes Committee is appointed by the Trust Board of Directors and includes:

- One Non-Executive Director (who shall be the Committee Chair)
- Two further Non-Executive Directors
- Chief Nurse and Midwife
- Medical Director
- Deputy Chief Executive and Chief Operating Officer

5.2 Duly nominated deputies may attend in their Director's stead with the permission of the Committee Chair.

5.3 The following officers are expected to attend meetings of the Committee at the invitation of the Chair:

- Deputy Chief Operating Officer
- Head of Quality (Patient Experience and Clinical Effectiveness)
- Head of Quality (Patient Safety)

5.4 The Director of Corporate Governance 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.

## **6. Quorum**

- 6.1 The quorum necessary for the transaction of business shall be not less than four members, two Non-Executive Directors and two Executive Directors.
- 6.2 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.
- 6.3 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.

## **7. Duties**

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

### **Quality Strategy**

- 7.1 Receive and assess the Board's Quality Strategy and provide an informed opinion to the Board on the suitability of the associated objectives; and
- 7.2 Monitor progress and achievement of the Board's Quality Strategy.

### **Annual Plan and Quality Report**

- 7.3 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
- 7.4 Review the Trust's Annual Quality Report prior to submission to the Trust's Board of Directors for approval.

### **Clinical and Service Quality, Compliance and Performance**

- 7.5 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:
  - Clinical and service quality;
  - Organisational compliance with the CQC Fundamental Standards of Care and National targets and indicators as determined by the Risk Assessment Framework; and
  - Organisational performance measured against specified standards and targets;
- 7.6 Review the Trust's declaration against the Single Oversight Framework (excluding financial information) prior to submission to the Board of Directors for approval;
- 7.7 Review the Board Integrated Performance Report;

### **Action Plan Monitoring**

- 7.8 Monitor progress of the quality-related action plans.

### **Benchmarking, Learning and Quality Improvement**



- 7.9 Consider relevant regional and national benchmarking statistics when assessing the performance of the Trust;
- 7.10 Review the Annual Clinical Audit report;
- 7.11 Receive quarterly reports on complaints and patient experience;
- 7.12 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;
- 7.13 To receive reports about patient experience and review the results and outcomes of local and national patient and staff surveys;
- 7.14 Receive and review quarterly reports on Infection Control;
- 7.15 Receive and review the annual report on Safeguarding;
- 7.16 Receive and review the annual report on Children's Services;
- 7.17 Receive and review the Equality and Diversity Annual Report;
- 7.18 Receive the monthly Nurse Staffing report on the information contained in the NHS national staffing return to ensure Trust-wide staffing levels remain safe;
- 7.19 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
- 7.20 Receive assurance regarding data quality assessment against the six national domains of data quality outlined in the Audit Commission's National Framework.

### **Risk**

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

### **Quality Governance**

- 7.31 Identify any gaps in evidence or measures of quality utilised by the Board of Directors.

### **Procedural Documents and Corporate Record Keeping**

- 7.32 Assess the suitability of Trust-wide relevant Procedural Documents in accordance with the Trust Procedural Document Framework (i.e., Board Quality Strategy);
- 7.33 Maintain and monitor a schedule of matters arising from agreed actions (for the Committee only) and performance-manage each action to completion; and
- 7.34 Maintain the corporate records and evidence required to support the Board Assurance Framework document.

### **Non-Executive Director Champion Roles**

- 7.35 Following the release of NHS England/Improvement's publication entitled "*Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles*" in December 2021

the following Non-Executive Director Champion Roles have been aligned with Committee:

- 7.35.1 Hip Fracture, Falls and Dementia NED Champion
- 7.35.2 Leading from Deaths NED Champion
- 7.35.3 Safety and Risk NED Champion
- 7.35.4 Palliative Care and End of Life NED Champion
- 7.35.5 Health and Safety NED Champion
- 7.35.6 Children and Young People NED Champion
- 7.35.7 Resuscitation NED Champion
- 7.35.8 Emergency Preparedness NED Champion
- 7.35.9 Safeguarding NED Champion

The Committee shall collectively undertake the statutory duties of these former roles.

## **8. Reporting and Accountability**

- 8.1 The Chair of the Quality and Outcomes Committee shall report to the Board of Directors on the activities of the Committee.
- 8.2 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).
- 8.3 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.
- 8.4 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.

## **9. Administration**

- 9.1 The Director of Corporate Governance shall provide administrative support to the Committee.
- 9.2 Meetings of the Quality and Outcomes Committee shall be called by the Director of Corporate Governance at the request of the Committee Chair.
- 9.3 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.
- 9.4 Supporting papers shall be made available to Committee members no later than five working days before the date of the meeting.
- 9.5 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.
- 9.6 Draft Minutes of meetings shall be made available promptly to all members of the Committee.

## **10. Frequency of Meetings**

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

**11. Review of Terms of Reference**

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