

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

**EXECUTIVE SUMMARY**  
**REPORT TO THE HEALTHCARE GOVERNANCE COMMITTEE**

**HELD ON 24 APRIL 2017**

<b>Subject:</b>	Annual Report of the Healthcare Governance Committee, April 2016 – March 2017
<b>Supporting Director:</b>	Dr David Throssell, Medical Director
<b>Author:</b>	Sue Butler, Head of Patient and Healthcare Governance
<b>Status:</b>	A

**PURPOSE OF THE REPORT:**

The Annual Report provides a summary of attendance at Healthcare Governance Committee meetings along with Committee activities between April 2016 and March 2017. The report includes the updated Terms of Reference and the Work Plan for 2017/2018 for approval.

**KEY POINTS:**

- The Healthcare Governance Committee continues to function as a committee of the Board of Directors, overseeing the Trust's arrangements for Healthcare Governance.
- 11 out of 11 scheduled Committee meetings took place. All meetings were quorate.
- The agreed Work Plan for 2016/2017 has been completed with the exception of three scheduled reports which have been deferred to the next financial year.
- The committee has also received 16 additional unscheduled papers.
- The draft Terms of Reference (Appendix A), which incorporate an updated Work Plan for 2017/2018, are included for approval.

**IMPLICATIONS**

	<b>Aim of the STHFT Corporate Strategy 2012-2017</b>	<b>Tick as Appropriate</b>
1	Deliver the best clinical outcomes	✓
2	Provide Patient Centred Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

**RECOMMENDATION(S):**

The Healthcare Governance Committee is asked to comment on the Annual Report and approve the revised Terms of Reference and Work Plan for ratification by the Board of Directors.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
HCGC	Dr David Throssell		24 April 2017
Board of Directors	Dr David Throssell		

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

## HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT 2016/2017

### 1. Introduction

The Healthcare Governance Committee functions as a Committee of the Board of Directors. The overall purpose of the Committee is to assure the Board on issues related to quality.

The Committee sets the strategic direction in relation to healthcare-related governance and healthcare-related risk management and ensures that there are effective healthcare governance and risk management systems in place across the Trust.

The Annual Work Plan continues to form a major part of the Committee's activities to ensure systematic review of all elements of healthcare-related governance.

This report forms part of the monitoring of the functioning of the Healthcare Governance Committee, as outlined in its Terms of Reference (Appendix A).

### 2. Frequency of Committee meetings

11 Committee meetings were scheduled for 2016/2017. All of these took place as planned.

### 3. Committee activities: Papers on the annual Work Plan 2016 - 2017

The annual Work Plan is included as an appendix to the Terms of Reference.

The Committee requested the following additional updates:-

National Maternity Exception Report (three times per year)	Requested July 2016
Quarterly Care Quality Commission Action Plan Update	Requested October 2016

Taking these changes into account, all papers scheduled for April 2016 to March 2017 have been presented to the Committee with the exception of the three reports listed below:

Consent Policy	TEG requested clarification of one point raised by Dr Andrew Gibson in Section 6.5. This point has now been clarified and the subsequent amendment to the policy approved by TEG. The policy will now be presented to the Committee in May.
Hospital @ Night	The Hospital @ Night (Hospital out of Hours - HOOH) policy is in the process of been updated. A paper is being prepared for May BPT for the expansion of the service to weekends and evenings for surgical services, MSK and vascular. Following this, the policy will be finalised and will be presented to the Committee in July.
National Maternity Exception Report	There have been delays in finalising the report which, once finalised, will be presented to TEG. Following this, the report will be presented to the Committee by July 2017.

### 4. Committee activities: Unscheduled papers

The Committee has continued to strengthen and broaden its activities to develop its scope and role in overseeing healthcare governance activities and ensuring compliance with national standards. In addition to the scheduled papers on the work plan, a number of additional papers have been reviewed by the Committee:

April 2016	<ul style="list-style-type: none"> <li>• Department of Health Learning from Mistakes League</li> </ul>
July	<ul style="list-style-type: none"> <li>• Terms of Reference for the Thrombosis Committee</li> <li>• Specialised Commissioning Services Quality Surveillance</li> <li>• Preparing for the Goddard Inquiry and Learning from the Cambridge University Hospitals (Myles Bradbury (MB) Investigation)</li> <li>• The CQC Review of Health Services for Looked after Children and Children's Safeguarding in Sheffield (26-30 October 2015)</li> </ul>

September	<ul style="list-style-type: none"> <li>FALLS Update</li> <li>ERIC – Estates Return to the Information Centre</li> </ul>
October	<ul style="list-style-type: none"> <li>Yorkshire and Humber Clinical Research Network Plan</li> </ul>
November	<ul style="list-style-type: none"> <li>Healthcare Governance Arrangements Policy (including Terms of Reference for Safety and Risk Management Board)</li> <li>Specialised Commissioning Services – Self Declaration 2016/17</li> </ul>
December	<ul style="list-style-type: none"> <li>Medicine Code Policy</li> </ul>
January 2017	<ul style="list-style-type: none"> <li>End of Life Care Presentation</li> </ul>
February	<ul style="list-style-type: none"> <li>Revalidation for Nursing and Midwifery</li> </ul>
March	<ul style="list-style-type: none"> <li>Fractured Neck of Femur Mortality presentation</li> <li>Incident Action Plans and Learning (Surgical Care Groups): 360 Assurance Review</li> </ul>

## 5. Attendance at Committee meetings

All Healthcare Governance Committee meetings for 2016/2017 have been quorate.

The membership of the Committee has changed during the course of the year. The Terms of Reference reflect the changes in membership.

Taking these changes into account, all but two of the current members achieved the minimum 50% attendance rate. Attendance of individual members for the meetings held from April 2016 – March 2017 is as follows:

Member	Attendance rate	Deputy attendance
Ms Annette Laban Non-Executive Director	11/11	-
Ms Candice Imison Non-Executive Director (Deputy Chair)	10/11	-
Mr Tony Pedder Trust Chair	8/11	-
Sir Andrew Cash* Chief Executive	1/11	-
Dr David Throssell Medical Director	11/11	-
Professor Hilary Chapman Chief Nurse	8/11	3/11
Mr Mark Gwilliam Director of Human Resources	8/11	3/11
Mr Neil Riley Assistant Chief Executive	3/4 (until August 2016)	-
Mrs Sandi Carman Head of Patient & Healthcare Governance Assistant Chief Executive	4/4 (until August 2016) 5/7 (from September 2016)	-
Mrs Alison Fuller Interim Head of Patient & Healthcare Governance	5/5 (from September 2016 to January 2017)	-
Mrs Sue Butler Head of Patient & Healthcare Governance	2/2 (from February 2017)	-
Mr Paul Buckley Deputy Director of Strategy & Planning	10/11	-

In attendance	Attendance rate	Deputy attendance
Ms Jane Harriman Deputy Chief Nurse, Sheffield CCG	9/11	1/11
Mrs Diane Hallett DAC Beachcroft	8/11	-
Professor Chris Newman University Representative	6/6 (from October 2016)	-

\*Standing invitation to Committee meetings.

#### 6. Revised Terms of Reference for 2017/2018

The draft revised Terms of Reference for 2017/2018 are attached for approval.

#### 7. Proposed Work Plan for 2017/2018

The Work Plan for 2017/2018 has been amended to reflect the new reports requested by the Committee during the course of the year (see section 3).

#### 8. Conclusion

The Healthcare Governance Committee continues to function as a committee to the Board of Directors, overseeing the Trust's arrangements for quality, healthcare-related governance and healthcare-related risk management. The Terms of Reference for 2016/2017 have been fulfilled and the agreed Work Plan has been completed with the exception of three papers that have been deferred to the next financial year.

The revised Terms of Reference and Work Plan for 2017/2018 are presented for approval and ratification.

## TERMS OF REFERENCE

### HEALTHCARE GOVERNANCE COMMITTEE

#### 1. PURPOSE

- The Healthcare Governance Committee will provide assurance to the Board on the quality of healthcare services.
- The Healthcare Governance Committee will set the strategic direction in relation to healthcare quality, healthcare governance and healthcare risk management.
- The Healthcare Governance Committee will ensure that the Trust has effective systems of healthcare-related quality, healthcare-related governance and healthcare-related risk management across the Trust.

#### 2. DUTIES/RESPONSIBILITIES

- View the work of the Trust's governance committees, including their management of healthcare related risks and issues and response to assurance findings through the receipt of regular written reports or minutes. The frequency of reporting by the Trust's governance committees will be scheduled in a work plan, which will be reviewed and approved at least once a year by the Healthcare Governance Committee. The Trust committees and groups reporting to the Healthcare Governance Committee are included as Appendix 1. The Work Plan detailing the frequency of reports is included as Appendix 2.
- Receive reports of significant incidents, complaints, claims, coroner's inquests or other adverse events to ensure that appropriate action is being taken to manage the event and to prevent recurrence.
- Receive reports of external visits, accreditations and inspections.
- Receive reports of assurance and/or concern about compliance with Care Quality Commission standards and commission additional pieces of work if these are required to ensure continuing compliance.
- Provide strategic direction and leadership for healthcare governance.
- Monitor directorate healthcare governance arrangements and performance.
- Consider significant service development and business cases with regard to the broader non-financial risks and healthcare related governance issues.

#### 3. ACCOUNTABLE TO

- The Healthcare Governance Committee is a formal committee, established by and accountable to the Trust Board of Directors.
- The Trust Board of Directors will receive copies of the minutes of the Healthcare Governance Committee.
- The Healthcare Governance Committee will interface with the other Trust Board committees (Audit Committee, Finance, Performance & Workforce Committee) through receipt of minutes at the Board of Director meetings. In addition, the Healthcare Governance Committee may refer specific agenda items and papers for consideration by the Board of Directors. The Trust Executive Group will have sight of the Healthcare Governance Committee papers.

- It is recognised that each of the Trust Board committees has some responsibility for risk. The remit of the Healthcare Governance Committee is to ensure that the risks associated with the operational management of healthcare are adequately managed. The role of the Audit Committee is to oversee the risks to the achievement of all of the organisations objectives including those risks associated with the operational management of healthcare. As such the Healthcare Governance Committee will refer significant operational risks to the Audit Committee for further analysis, via the Chair of the Healthcare Governance Committee who is also a member of the Audit Committee.

#### **4. REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

The Committee reports to the Board of Directors through minutes of Healthcare Governance Committee meetings; summary reports including a summary report in the Integrated Performance Report which is presented at each Board meeting; papers of particular significance; and an annual performance review report.

##### **Circulation of minutes**

Committee membership and Board of Directors

#### **5. MEMBERSHIP – NAME/DESIGNATION/CHAIR OR DEPUTY**

##### Members

<b>NAME</b>	<b>DESIGNATION</b>	<b>CHAIR/DEPUTY</b>
Ms Annette Laban	Non-Executive Director	Chair
Ms Candace Imison	Non-Executive Director	Deputy Chair
Mr Tony Pedder	Trust Chair	
Sir Andrew Cash	Chief Executive	
Dr David Throssell	Medical Director	Deputy Medical Director
Professor Hilary Chapman	Chief Nurse	Deputy Chief Nurse
Mrs Sandi Carman	Assistant Chief Executive	Assurance Manager
Mr Mark Gwilliam	Director of Human Resources & Organisational Development	Deputy Director of Human Resources and Organisational Development
Mr Paul Buckley	Deputy Director of Strategy and Planning	
Mrs Sue Butler	Head of Patient and Healthcare Governance	

##### In attendance

<b>NAME</b>	<b>DESIGNATION</b>
Miss Jane Harriman	Deputy Chief Nurse, Sheffield CCG
Ms Diane Hallett	DAC Beachcroft Solicitors
Professor Chris Newman	University Representative

##### Serviced by

<b>NAME</b>	<b>DESIGNATION</b>
Miss Rachel Smith	Senior Clinical Effectiveness Facilitator
Mrs Jenny Price	PA to Head of Patient and Healthcare Governance

##### Lead Officer

<b>NAME</b>	<b>DESIGNATION</b>
Mrs Sue Butler	Head of Patient and Healthcare Governance

**6. QUORUM**

A quorum shall be five members, at least one of whom should be a Non-Executive Director

**7. MEETING FREQUENCY AND PROCEDURES**

Meetings will normally be held once a month, excluding August

Meetings will be scheduled for two hours.

Agendas and papers will be prepared and circulated one week in advance of the meeting.

Papers for submission to the Committee will be supported by a covering sheet explaining the purpose of the paper.

**8. DATE TERMS OF REFERENCE WERE APPROVED**

April 2017

**9. REVIEW DATE**

April 2018

**10. PROCESS FOR REVIEWING EFFECTIVENESS**

To ensure that the Healthcare Governance Committee is effective the following actions will be undertaken and included in a report to the Board of Directors at least once a year:

- Review the Terms of Reference and audit compliance, including attendance
- Audit of compliance with the annual work programme

ANNUAL WORK PLAN APRIL 2017 - MARCH 2018: ROUTINE REPORTS TO HEALTHCARE GOVERNANCE COMMITTEE

Appendix 2

	April	May	June	July	September	October	November	December	January	February	March
Quality	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance	CQC Compliance
	CQC Action Plan			CQC Action Plan		CQC Action Plan			CQC Action Plan		
	Final Draft Quality Report				Quality Report Timetable		e-CAT			Quality Report Objectives	
	HCGC Terms of Reference, Annual Report & Work Plan										
Patient Experience	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback	Complaints and Feedback
			Q 4 Patient Experience and Involvement		Q 1 Patient Experience and Involvement			Q 2 Patient Experience and Involvement			Q 3 Patient Experience and Involvement
				Equality and Human Rights Report	Complaints & Feedback Annual Report						
Patient Safety	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update	Infection Prevention & Control update
	Information Governance	Nutrition	Q 4 Infection Prevention & Control Programme	Clinical Records Committee Annual Report	Q 1 Infection Prevention & Control Programme	Safeguarding Adults (including Learning Disabilities)		Q 2 Infection Prevention & Control Programme	Hospital Transfusion Committee Annual Report		Annual and Q 3 Infection Prevention & Control Programme
	SIRO										
	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update & Quarterly Review	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update & Quarterly Review	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update & Quarterly Review	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update	Nursing and Midwifery Staffing Update & Quarterly Review	Nursing and Midwifery Staffing Update
	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report	Integrated Risk & Assurance Report
				Sign Up to Safety	Occupational Health Annual Report		Health & Safety Report			Sign Up to Safety	
	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events	SI & Never Events
		Medical Devices Management		Hospital@ Night Policy		Safeguarding Children	Medical Gases		Annual Report of Safe & Effective Management of Controlled Drugs	Decontamination	Dementia CQUIN
	Emergency Preparedness	Premises Assurance Model (PAMS) & asbestos	Patient Incidents, Concerns, Claims and Inquests	Resuscitation Annual Report	Staff Incidents and Personal Injury Claims		Security	Patient Incidents, Concerns, Claims and Inquests	Fire Safety	Moving and Handling	Staff Incidents and Personal Injury Claims
		Consent Policy	Mental Health	National Maternity Exception Report	Medicines Management Therapeutic Committee		National Maternity Exception Report		Thrombosis		National Maternity Exception Report
		Resuscitation Trolley Equipment Audit	Water Quality Report	Resuscitation Trolley Equipment Audit	Yorkshire & Humber Emergency Preparedness, Resilience & Response Assurance 2017/18	Radiation Report	Resuscitation Trolley Equipment Audit			Resuscitation Trolley Equipment Audit	
Effectiveness	Research Governance	NICE	External visits, accreditations & inspections	Organ donation	External visits, accreditations & inspections			External visits, accreditations & inspections	Central Alerting System	Workforce Monitoring	External visits, accreditations & inspections
	NCEPOD		Q 4 Hospital Mortality		Q 1 Hospital Mortality	PROMS	Mid-Year Position TCAP	Q 2 Hospital Mortality			Q 3 Hospital Mortality
			Cancer	Clinical Effectiveness Annual Report						Patient Transfers and Discharge Communication	
			TCAP Programme								
Minutes	SRMB PEC Info Governance	SRMB PEC	SRMB PEC Info Governance	SRMB	SRMB PEC Info Governance	SRMB PEC	SRMB PEC Info Governance	SRMB PEC	SRMB PEC Info Governance	SRMB PEC	SRMB PEC Info Governance
			After Action Review	Results from AAR			After Action Review	Results from AAR			

NO MEETING IN AUGUST



