

EXECUTIVE SUMMARY
REPORT TO THE HEALTHCARE GOVERNANCE COMMITTEE

HELD ON 14 May 2018

Subject:	Annual Report of the Healthcare Governance Committee, April 2017 – March 2018
Supporting Director:	Dr David Throssell, Medical Director
Author:	Sue Butler, Head of Patient and Healthcare Governance
Status:	N

PURPOSE OF THE REPORT:

The Annual Report provides a summary of attendance at Healthcare Governance Committee meetings along with Committee activities between April 2017 and March 2018. The report was discussed at the Committee meeting in April when minor amendments were agreed. These have now been incorporated.

KEY POINTS:

At the Committee meeting in April 2018, the following amendments were agreed and these have now been incorporated within the report:

- The IT stabilisation risk has been removed from the table on page 4 and this risk has now been transferred to the Finance and Performance Committee for ongoing oversight.
- The following reports have been added to the table on page 4:
 - Premises Assurance Model (annual)
 - Update on the Nursing Workforce (six monthly)
 - Update on the Midwifery Workforce (six monthly)

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
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 note the amendments.

APPROVAL PROCESS

Meeting	Presented	Approved	Date
HCGC	Mrs Sue Butler		16 April 2018
Board of Directors	Dr David Throssell		

¹ Status: A = Approval
 A* = Approval & Requiring Board Approval
 D = Debate
 N = Note

HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT 2017/2018

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 2017/2018. All of these took place as planned.

3. Committee activities: Papers on the annual Work Plan 2017-2018

The annual work plan is included as an appendix to the Terms of Reference.

The Committee requested the following additional quarterly update which now forms part of the work plan:-

CQC Insights Update	Commenced November 2017
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In addition, the following report will be provided quarterly:

Learning from Deaths	To commence from June 2018
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The following reports were removed from the work plan as they are now included in the work plan of the new Human Resources and Organisational Development Committee:

Occupational Health Annual Report
Workforce Monitoring Report

Taking these changes into account, all papers scheduled for April 2017 to March 2018 have been presented to the Committee with the exception of the report below:

Sign up to Safety Update	The report was due in March 2018 and was deferred due to the clinical commitments of the Associate Medical Director for Safety. The report is scheduled to be presented to the Committee in May 2018.
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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 and ensuring compliance with national standards. In addition to the scheduled papers on the work plan, a number of additional, unscheduled papers have been reviewed by the Committee:

April 2017	<ul style="list-style-type: none"> CQC Action Plan Update: Presentation from Emergency Care
May	<ul style="list-style-type: none"> Presentation on the End of Life Care Strategy and implementation plan
July	<ul style="list-style-type: none"> CQC Action Plan Update: Presentation from Weston Park Hospital CQC Action Plan Update: Presentation on Management of Medical Outliers Update Mortality Report
September	<ul style="list-style-type: none"> Specialised Commissioning Services Quality Surveillance Programme 2017-18 Self-declaration and 2018-19 Approach

October	<ul style="list-style-type: none"> Review of NHS Property and Estates: Report by Sir Robert Naylor Urgent Care: Preparations for Winter
November	<ul style="list-style-type: none"> Update on Delayed Transfers of Care Medicines Code Updates
January 2018	<ul style="list-style-type: none"> Update on Urgent Care Over Christmas Period
February	<ul style="list-style-type: none"> Partnership Board Action Plan 2018-2019 Misplaced Nasogastric Tubes Position Statement
March	<ul style="list-style-type: none"> CQC Outstanding Actions Deep Dive

5. Attendance at Committee meetings

All Healthcare Governance Committee meetings for 2017/2018 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 members achieved the minimum 50% attendance rate. Attendance of individual members for the meetings held from April 2017 – March 2018 is as follows:

Member	Attendance rate	Deputy attendance
Ms Annette Laban Non-Executive Director	11/11	-
Ms Candice Imison Non-Executive Director (Deputy Chair)	8/11	-
Mr Tony Pedder Trust Chair	8/11	-
Dr David Throssell Medical Director	10/11	1/11
Professor Hilary Chapman Chief Nurse	9/11	2/11
Mrs Sandi Carman Assistant Chief Executive	10/11	-
Mrs Sue Butler Head of Patient & Healthcare Governance	11/11	-
Mr Paul Buckley Deputy Director of Strategy & Planning	8/11	-
Nicola Hartley Operations Director, Human Resources	4/5 Commenced November 17	
Ms Jane Harriman Deputy Chief Nurse, Sheffield CCG	10/11	-
Mrs Diane Hallett DAC Beachcroft	8/11	2/11
Professor Chris Newman University Representative (until 31/10/17) Non-Executive Director (from 1/11/17)	10/11 6/6 4/5	-

Standing invitation	Sir Andrew Cash, Chief Executive
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6. Revised Terms of Reference for 2018/2019

The draft revised Terms of Reference for 2018/2019 are attached for approval.

7. Proposed Work Plan for 2018/2019

The Work Plan for 2018/2019 has been amended to reflect the new reports requested by the Committee during the course of the year (see section 3).

The work plan continues to ensure appropriate reporting to the Committee in relation to the eight risks within the Integrated Risk and Assurance Report which are allocated to this Committee. The eight risks and their associated reports are summarised in the table below:

Risk	Reports received by the Committee	Frequency
Nurse staffing	Nursing and Midwifery Staffing Update Nursing and Midwifery Review Update on the Nursing Workforce	Monthly Quarterly Six monthly
Under delivery of planned maintenance and refurbishment of wards	The Committee does not receive reports specifically in relation to this risk, however this has been discussed by the Committee in the context of ward decants and closures.	
Healthcare associated infection	Infection Prevention and Control Update Infection Prevention and Control Report Annual IPC Report	Monthly Quarterly Annually
Midwifery staffing	Nursing and Midwifery Staffing Update Nursing and Midwifery Review National Maternity Exception Report Update on the Midwifery Workforce	Monthly Quarterly Quarterly Six monthly
Medicines management	Medicines Management Therapeutic Committee Report Medicines Safety Report Report of Safe and Effective Management of Controlled Drugs	Annual Annual Annual
Asbestos management	Premises Assurance Model	Annual
Care of patients with mental health needs in an acute setting	Mental Health Report	Annual
Care of patients in an inappropriate setting	The Committee does not receive reports specifically in relation to this risk, however this has been discussed at the Committee in the context of medical outliers and patient transfers and discharges.	

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 2017-2018 have been fulfilled and the agreed work plan has been completed with the exception of one paper that has been deferred to the next financial year.

The revised Terms of Reference and Annual Work Plan for 2018/2019 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 Learning from Deaths Reports and oversee mortality generally through receipt of Mortality Governance Committee minutes and Trust Mortality Reports.
- 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, Human Resources and Organisational Development Committee) through receipt of minutes at the Board of Director meetings. In addition, Committee Chairs attend meetings of other Trust Board committees periodically. 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 the organisation's 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

NAME	DESIGNATION	CHAIR/DEPUTY
Ms Annette Laban	Non-Executive Director	Chair
Ms Candace Imison	Non-Executive Director	Deputy Chair
Mr Tony Pedder	Trust Chair	
Dr David Throssell	Medical Director	Deputy Medical Director
Professor Hilary Chapman	Chief Nurse	Deputy Chief Nurse
Mrs Sandi Carman	Assistant Chief Executive	Assurance Manager
Ms Nicola Hartley	HR Operations Director	
Mr Paul Buckley	Deputy Director of Strategy and Planning	
Mrs Sue Butler	Head of Patient and Healthcare Governance	
Professor Chris Newman	Non-Executive Director	

In attendance

NAME	DESIGNATION
Miss Jane Harriman	Head of Quality, Sheffield Clinical Commissioning Group
Ms Diane Hallatt	DAC Beachcroft Solicitors

Standing invitation

NAME	DESIGNATION
Sir Andrew Cash	Chief Executive

Serviced by

NAME	DESIGNATION
Mrs Hannah Constantine-Smith	Compliance Manager
Mrs Jenny Price	PA to Head of Patient and Healthcare Governance

Lead Officer

NAME	DESIGNATION
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 and fifteen minutes.

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 2018

9. REVIEW DATE

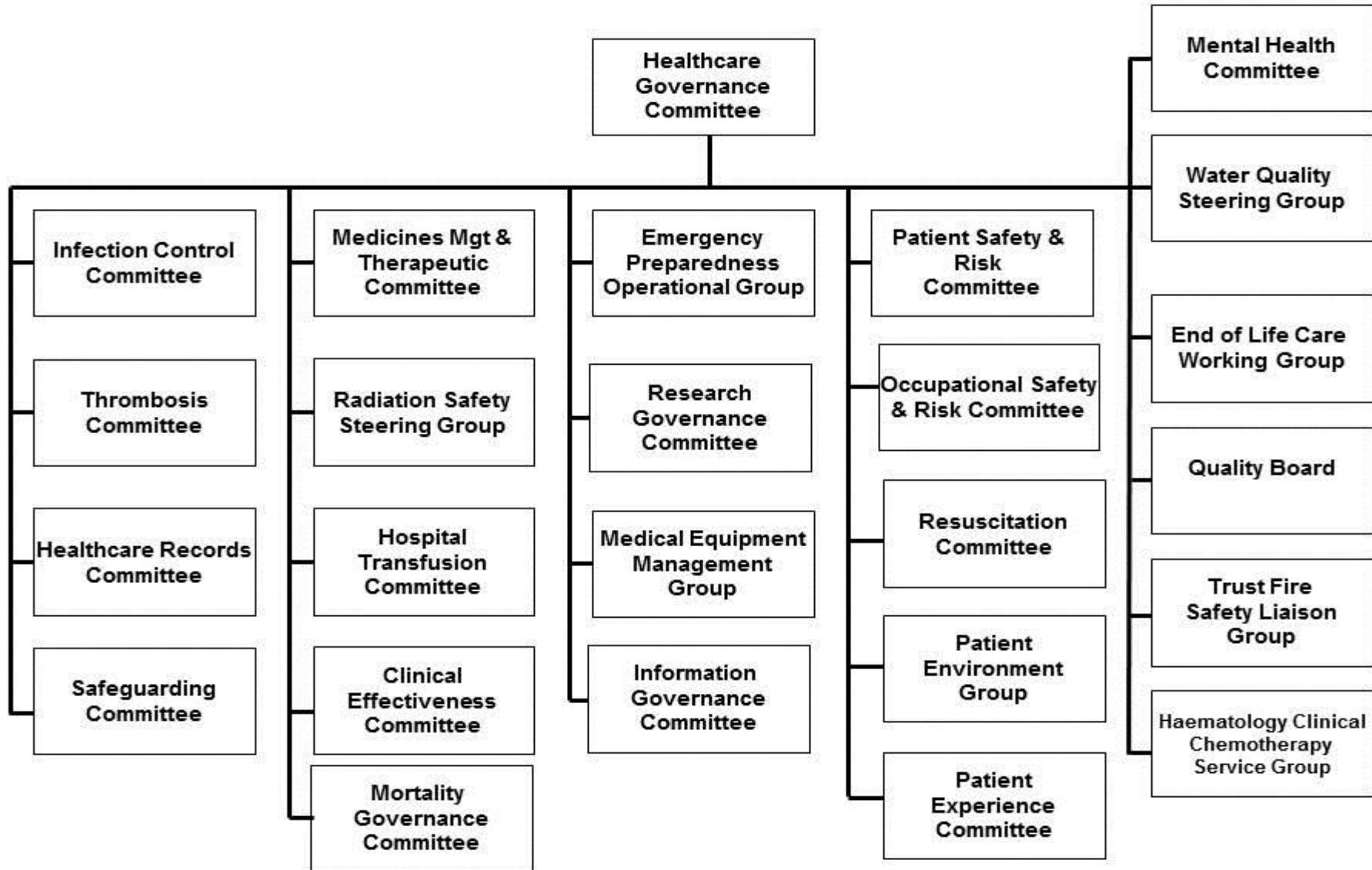
April 2019

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

Meetings Map



ITEM	MAPPED TO STRATEGIC AIMS (see key below)	EXECUTIVE DIRECTOR LEAD	BOARD OF DIRECTORS' MEETINGS													
			QUARTER 1			QUARTER 2		QUARTER 3			QUARTER 4					
			Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
ANNUAL																
HCGC Terms of Reference & Annual Report and Work Plan	All	DT	X													
Final Draft Quality Report	1,2,3,5	DT	X													
Information Governance	3,4,5	DT	X													
SIRO	3,4,5	DT	X													
Emergency Preparedness	1,2,3	KM	X													
Research Governance	15	DT	X													
Health and Safety Report	2,3,4,5	DT	X													
NCEPOD	12,4	DT	X													
Premises Assurance Model (PAMS) & Asbestos	2,3,4	HAC		X											X	
Nutrition Update	12,5	DT		X												
Medical Equipment Management	14,5	DT		X												
NICE	12,4	DT		X												
Mental Health	12	DT			X											
Cancer Services Improvement	12,4,5	KM			X											
TCAP Programme	12,4	DT			X											
Equality Diversity and Inclusion Report	12,3	KM				X										
Healthcare Records Committee	12,4,5	DT				X										
Resuscitation Annual Report	12,5	DT				X										
Organ Donation Report	12,4	DT				X										
Clinical Effectiveness Annual Report	12,4	DT				X										
Quality Report Timetable	12,3,5	DT														
Complaints Annual Report	2	HAC							X							
Water Quality Report	12,3,4	HAC							X							
ERIC	2,4	HAC							X							
Yorkshire & Humber Emergency Preparedness Resilience & Response	12,3	KM							X							
Medicines Management Therapeutic Committee	12,4,5	DT							X							
Medicines Safety Report	14	DT			X											
Safeguarding Adults (including learning disabilities)	12,3,4,5	HAC								X						
Safeguarding Children	12,3,4,5	HAC								X						
PROMS	12,4	DT								X						
Mid Year Position TCAP	12,4	DT									X					
e-CAT	12,3,4,5	HAC									X					
Medical Gases	12,4	DT									X					
Security	12,3,4	HAC									X					
Radiation Update	2,3	DT									X					
Hospital Transfusion Committee Report	2,3,4	DT										X				
Report of Safe & Effective Management of Controlled Drugs	12,4	DT										X				
Fire Safety	2,3,4	HAC										X				
Thrombosis Committee Update	12,3,4,5	DT										X				
Quality Report Objectives	12,3,5	DT											X			
Decontamination	12,3,4	KM												X		
Moving and Handling	12,3,4,5	DP												X		
Patient Transfers and Discharge Communication	12,3,4	HAC												X		
Dementia CQUIN	2,4	HDT														X

N O M E E T I N G I N A U G U S T

ITEM	MAPPED TO STRATEGIC AIMS (see key below)	EXECUTIVE DIRECTOR LEAD	BOARD OF DIRECTORS' MEETINGS														
			QUARTER 1			QUARTER 2		QUARTER 3			QUARTER 4						
			Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar			
PERIODIC																	
CQC Action Plan	12,3	DT	X			X					X			X			
CQC Insight Report	12,3	DT		X					X		X				X		
Quarterly Nursing and Midwifery Review	2	HAC		X					X		X				X		
Bi annually Nursing Workforce Report				X							X						
Bi annually Midwifery Staffing Report					X							X					
Quarter 1 2 3 4 Patient Experience and Involvement	2	HAC			X				X			X					X
Integrated Risk and Assurance Report	12,3,4,5	SC				X				X			X				
Patients Incidents Concerns Claims and Inquests	12	DT			X							X					
Quarterly Resuscitation Trolley Audits	12	DT	X				X			X				X			
Quarterly External Visits, Accreditations & Inspections	12,5	DT			X				X			X					X
Quarterly Hospital Mortality Reports	12,4	DT			X				X			X					X
Sign Up to Safety	12,3,4,5	DT					X								X		
Learning from Deaths	12,3	DT			X				X			X					X
National Maternity Exception Report	12,4,5	HAC					X						X				
Quarterly Infection, Prevention & Control	12,4	HAC			X				X			X					X
Staff, Student & Public Incidents, Public & Employers Liabilities Insurance Claims	2,3,4	DT							X			X					X
STANDING ITEMS																	
Care Quality Commission (CQC) Compliance	12,3	DT	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Monthly complaints and Feedback Dashboard	12	HAC	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Infection Prevention & Control Update	12,4	HAC	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Nursing and Midwifery Staffing Update	12,3,4	HAC	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Serious Incidents and Never Events	12	DT	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Minutes of Occupational Safety and Risk Committee			X	X	X	X	X		X	X	X	X	X	X	X	X	X
Minutes of Patient Safety and Risk committee			X	X	X	X	X		X	X	X	X	X	X	X	X	X
Minutes of the Patient Experience Committee			X	X	X	X	X		X	X	X	X	X	X	X	X	X
Minutes of Information Governance			X		X				X		X		X				X
Apologies																	
Feedback from the Board																	
Items to be forwarded to the Board																	
Declaration of Interests																	
Minutes of previous meeting																	
Items to Note																	
Date of Next Meeting																	
KEY - STRATEGIC AIMS		KEY -															
1 - DELIVER THE BEST CLINICAL OUTCOMES		KM - KIRSTEN MAJOR, DEPUTY CHIEF EXECUTIVE															
2 - PROVIDE PATIENT-CENTRED SERVICES		DT - DAVID THROSSELL, MEDICAL															
3 - EMPLOY CARING AND CARED FOR STAFF		HAC - HILARY CHAPMAN, CHIEF NURSE															
4 - SPEND PUBLIC MONEY WISELY		SC - SANDI CARMAN, ASSISTANT CHIEF EXECUTIVE															
5 - DELIVER EXCELLENT RESEARCH, EDUCATION AND INNOVATION																	