

EXECUTIVE SUMMARY
REPORT TO THE HEALTHCARE GOVERNANCE COMMITTEE

HELD ON 28 APRIL 2014

Subject:	Annual Report of the Healthcare Governance Committee
Supporting Director:	Dr David Throssell, Medical Director
Author:	Pauline Watson, Governance Improvement Manager
Status:	Approval and requiring Board of Director approval

PURPOSE OF THE REPORT:

The Annual Report provides a summary of the Healthcare Governance Committee attendance and activities between April 2013 and March 2014. The report includes the updated Terms of Reference and Work Plan for 2014/2015 for approval.

KEY POINTS:

- The Healthcare Governance Committee continues to function as a committee to the Board of Directors overseeing the Trust arrangements for Healthcare Governance.
- 11 out of 11 scheduled committee meetings took place. All meetings were quorate. A Time Out was held in May 2013.
- The agreed Work Plan for 2013/2014 has been completed with the exception of some scheduled reports which were removed from the Work Plan or integrated with other reports during the course of the year, 5 scheduled reports which have been deferred to the next financial year, and four sets of minutes.
- The committee has also received 26 additional unscheduled papers.
- The draft Terms of Reference and amended Work Plan for 2014/2015 are included for approval.

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 comment on the Annual Report and approve the revised Terms of Reference and Work Plan for ratification by the Board of Directors.

APPROVAL PROCESS

Meeting	Presented	Approved	Date
HCGC	Sandi Carman		28/04/2014
Board of Directors			21/05/2014

HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT 2013/2014

1. Introduction

The Healthcare Governance Committee functions as a committee to the Board of Directors. The overall purpose of the Committee is to assure the Board on 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 is part of the monitoring of the Healthcare Governance Committee as described in its Terms of Reference.

2. Frequency of Committee Meetings

Eleven Committee meetings were scheduled for 2013/2014. All of these took place as planned. In addition to the scheduled meetings a Time Out was held in May 2013.

3. Committee Activities – Papers on the annual Work Plan 2013 – 2014

The annual Work Plan was included as an appendix to the Terms of Reference 2013/2014. During the course of the year the committee agreed that the following papers could be removed from the Work Plan:-

Directorate Governance Performance	Removed in September 2013
CMACE	Removed in February 2014

The following papers were amalgamated. These have been removed from the Work Plan:-

Key Learning from Inquests and Claims	Integrated into the new Never Events & SUI report and also the Patient Incidents, Concerns, Claims and Inquests report
Patient Safety	Integrated into the new Never Events & SUI report and also the Patient Incidents, Concerns, Claims and Inquests report
Domestic Homicide	Integrated into the Adult Safeguarding paper

The committee requested the following additional regular paper Updates:-

Timetable for Quality Report (annually)	Requested April 13
C diff Performance Plan (monthly)	Requested June 13
SUI & Never Events (monthly)	Requested June 13
PEC Minutes (monthly)	Requested February 14
Complaints & Feedback (monthly)	Requested February 14
Operations Cancelled on the Day	Requested March 14
18 Week Wait	Requested March 14

Taking these changes into account, all papers scheduled for April 2013 to March 2014 have been presented to the committee with the exception of:-

PAM (including Asbestos)	January (Submission now May at the request of the Estates Director)
Patient Environment Group	January (Nothing of note that required consideration by the Committee, further report to HCGC in June)
Workforce Monitoring	February (Delayed due to being presented at TEG on 30 April – will be presented to HCGC in May)
Patients Records Committee	February (Further work to be undertaken on this report will be presented to HCGC in May)
Patient Information	February (Changed to June at the request of the Patient Information Manager)
WQSG Minutes	February (all available minutes have been submitted)
Information Governance Minutes	June, Oct, Feb (all available minutes have been submitted)
Waste Management	March (Due to agenda rationalisation it was noted that this report was no longer required at HCGC as the data is reported by other means both to TEG and Board)

The following deferred papers will be carried forward and presented in 2014/2015:-

PAM including Asbestos	May/June
Patient Environment Group	May/June
Workforce Monitoring	April/May
Patients Records Committee	April/May
Patient Information	May/June

4. Committee Activities – Unscheduled Papers

The committee has continued to strengthen and broaden its activities to develop the way it leads healthcare governance activities and ensure compliance with national standards.

As well as the papers included on the work plan, a number of other papers have been brought to the attention of the committee:-

April	CQC Mental Health Act Visit Recruitment and Supervision of Volunteers Never Events Improvement Plan Update HealthWatch Inpatient Survey After Action Review Results
May	Quality Report Cancer Service Improvement Never Events Methotrexate Review Update Patient Partnership Department Restructure
June	(Nil)
July	NICE Implementation Exception Report Immediate Risks and Serious Concerns resulting from Cancer Peer Review
September	Analysis of Incidents Categorised as 'Poor Staffing Levels' Dementia CQUIN update Mental Health Act Improvement Plan

October	Mandatory Training Report – Health & Safety Care Rounding Upheld complaint to the Ombudsman
November	CQC Inspection September 2013 Update on Peer Review Serious Concern
December	Emergency Preparedness, Resilience and Response Assurance Process Friends & Family Test Update
January	Complaints Management Hard Truths Update Audit Report on Bed Management & Discharge Arrangements
February	Dementia CQUIN update
March	(Nil)

5. Attendance at Committee Meetings

All Healthcare Governance Committee meetings for 2013/2014 have been quorate.

The membership of the Committee has changed during the course of the year. The Terms of Reference were updated in September 2013, and since then there has been one further change – in October it was agreed that the Director of Strategy and Operations would no longer be a member of the committee.

Taking these changes into account, all but one of the current members achieved the minimum 50% attendance rate. Individual attendance for the meetings held in April 2013 – March 2014 is as follows:-

	Attendance Rate	Deputy Attendance
Ms Vickie Ferres (Non-Executive Director - Chair)	11/11	
Professor Tony Weetman (Non-Executive Director - Deputy Chair)	6/11	
Mr Tony Pedder (Trust Chair)	10/11	
Ms Annette Laban (commenced September 2013) (Non-Executive Director)	5/7	
Mrs Shirley Harrison (Non-Executive Director)	7/11	
Sir Andrew Cash (Chief Executive)	4/11	
Dr David Throssell (Medical Director)	10/11	1
Professor Hilary Chapman (Chief Nurse)	9/11	2
Mr Mark Gwilliam (Director of Human Resources)	8/11	1
Mr Neil Riley (Assistant Chief Executive)	7/11	1
Mrs Sandi Carman (Head of Patient & Healthcare Governance)	11/11	
Miss Jane Harriman (Deputy Chief Nurse Sheffield CCG)	8/11	3
Mrs Diane Hallett (DAC Beachcroft)	8/11	

6. Revised Terms of Reference for 2014/2015

The draft Terms of Reference for 2014/2015 are attached for approval.

7. Proposed Work Plan for 2014/2015

The Work Plan for 2013/2014 has been amended to reflect the decisions made by the Committee during the course of the year (see section 3). The following additional changes are proposed:-

Water Quality Steering Group Minutes	Removed from the Work Plan
--------------------------------------	----------------------------

8. Conclusion

The Healthcare Governance Committee continues to function as a committee to the Board of Directors overseeing the Trust arrangements for quality, healthcare related governance and healthcare related risk management. The Terms of Reference for 2013/2014 have been fulfilled and the agreed Work Plan has been completed except for 5 papers that have been deferred to the next financial year.

The revised Terms of Reference and Work Plan for 2014/2015 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 from committees is included as Appendix 2.
- Receive reports of significant incidents, complaints, claims, coroner's inquest or other adverse event 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)**

Reports to the Board of Directors through minutes of Healthcare Governance Committee meetings; summary reports; papers of particular significance; and an annual performance review report.

Circulation

Committee Membership and Board of Directors

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

Members

NAME	DESIGNATION	CHAIR/DEPUTY
Ms Vickie Ferres	Non-Executive Director	(Chair, stepping down in June 2014)
Ms A Laban	Non-Executive Director	(Chair commencing in July 2014)
Professor Tony Weetman	Non-Executive Director	(Deputy Chair)
Mr Tony Pedder	Trust Chair	
Mrs Shirley Harrison	Non-Executive Director	
Sir Andrew Cash	Chief Executive	
Dr David Throssell	Medical Director	Deputy Medical Director
Professor Hilary Chapman	Chief Nurse	Deputy Chief Nurse
Mr Neil Riley	Assistant Deputy Chief Executive	Assurance Manager
Mr Mark Gwilliam	Director of Human Resources & Organisational Development	Deputy Director of Human Resources and Organisational Development
Mrs Sandi Carman	Head of Patient and Healthcare Governance	

In attendance

NAME	DESIGNATION
Miss Jane Harriman	Deputy Chief Nurse Sheffield CCG
Ms Diane Hallett	DAC Beachcroft Solicitors, or deputy Mr Ian Cooper

Serviced by

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

Lead Officer

NAME	DESIGNATION
Mrs Sandi Carman	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 2014

9. REVIEW DATE

April 2015

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

Compliance with these terms of reference is monitored through the Healthcare Governance Risk Management Audit Programme which will be launched and co-ordinated by the Patient and Healthcare Governance Department each year. The audit schedule, guidance and documentation are posted on the [Patient and Healthcare Governance intranet site](#). The Healthcare Governance Committee will review the audit results.