

**EXECUTIVE SUMMARY**  
**REPORT TO THE BOARD OF DIRECTORS**

**HELD ON 18 SEPTEMBER 2013**

<b>Subject:</b>	Revised Terms of Reference for the Healthcare Governance Committee
<b>Supporting Director:</b>	Dr David Throssell, Medical Director
<b>Author:</b>	Pauline Watson, Governance Improvement Manager
<b>Status:</b>	Approval

**PURPOSE OF THE REPORT:**

The updated Terms of Reference for the Healthcare Governance Committee are provided for approval.

**KEY POINTS:**

Section 5 of the Terms of Reference (membership) has been amended to reflect the new management structure and other changes requested.

**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	✓
	CQC Outcome	16 Assessing and Monitoring the Quality of Service Provision

**RECOMMENDATION(S):**

The Board of Directors is asked to approve the updated Terms of Reference.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
Board of Directors	David Throssell		18 Sept 2013

## **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 Essential Standards and commission additional pieces of work if these are required to ensure continuing compliance.
- To provide strategic direction and leadership for Healthcare Governance.
- To monitor Directorate healthcare governance arrangements and performance.
- To 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 through receipt of minutes at the Board of Director meetings, (Finance, Human Resources, Audit and Remuneration). 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, providing minutes of Healthcare Governance Committee meetings together with papers of particular significance as a matter of routine, as well as a performance review report at least once a year.

##### **Circulation**

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 Vickie Ferres	Non-Executive Director	(Chair)
Professor Tony Weetman	Non-Executive Director	(Deputy Chair)
Mr Tony Pedder	Trust Chair	
Ms Annette Laban	Non-Executive Director	
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
Ms Kirsten Major	Director of Strategy and Operations	Deputy Director of Strategy and Planning or Chief Operating Officer
Mr Neil Riley	Assistant Chief Executive Officer	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	Governance Improvement Manager

##### **In attendance**

<b>NAME</b>	<b>DESIGNATION</b>
Mrs Jane Harriman	Deputy Chief Nurse Sheffield CCG
Ms Diane Hallett	DAC Beachcroft Solicitors

##### **Serviced by**

<b>NAME</b>	<b>DESIGNATION</b>
Mrs Jenny Price	PA to Head of Patient and Healthcare Governance

##### **Lead Officer**

<b>NAME</b>	<b>DESIGNATION</b>
Mrs Sandi Carman	Head of Patient and Healthcare Governance

It is expected that members of the Healthcare Governance Committee or their deputy will attend fifty percent of the meetings in a calendar year.

**6. QUORUM**

A quorum shall be five members at least one of which 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**

September 2013

**9. REVIEW DATE**

April 2014

**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.

## Healthcare Governance Committee Reporting Arrangements

Board of Directors

Healthcare Governance Committee

Infection Prevention & Control Committee	Medicines Safety Committee	Clinical Effectiveness Committee	Patient Record Committee	Transfusion Committee	Resuscitation Committee	Sustainable Development Committee	Thrombosis Committee	Medical Gases Committee
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Children and Young People's Board	Safety and Risk Management Board	Management of Controlled Drugs Committee	Clinical Assurance Toolkit Strategy Group	Adults at Risk Strategic Group	Water Quality Steering Group	Radiation Safety Steering Group	Cancer Services Steering Group	Information Governance Executive
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Patient Environment Group	Medical Equipment Management Group	Emergency Preparedness Operational Group	Nutrition Group	Claims Conference	Decontamination Taskforce	Medicines Management & Therapeutic Group	Patient Experience Group	Quality Board
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**Clinical and Corporate Leads for:** Patient Transfer, Discharge, Consent, Mental Capacity, Restraint, Moving and Handling, Fire Safety, Security, Health and Safety, Waste Management, Estates, Hospital Mortality, CAS, Incidents, Complaints, Claims, Inquests, Patient Information, Equality & Human Rights, Research Governance, HR, NCEPOD, NCEMACH, NICE, Directorate Governance Performance, External Agency Inspections, CQC Compliance, Domestic Homicide, Quality improvement, Trauma and Orthopaedics

Mental Health Committee

