

**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**

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

**HELD ON 27 APRIL 2015**

<b>Subject:</b>	Annual Report of the Healthcare Governance Committee
<b>Supporting Director:</b>	Dr David Throssell, Medical Director
<b>Author:</b>	Sandi Carman, Head of Patient and Healthcare Governance
<b>Status:</b>	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 2014 and March 2015. The report includes the updated Terms of Reference and Work Plan for 2015/2016 for approval.

**KEY POINTS:**

- The Healthcare Governance Committee continues to function as a committee of the Board of Directors overseeing the Trust arrangements for Healthcare Governance.
- 11 out of 11 scheduled committee meetings took place. All meetings were quorate.
- The agreed Work Plan for 2014/2015 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. Five scheduled reports have been deferred to the next financial year.
- The committee has also received 19 additional unscheduled papers.
- The draft Terms of Reference and amended Work Plan for 2015/2016 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	David Throssell		27/04/2015
Board of Directors	David Throssell		20/05/2015

# HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT 2013/2014

## 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 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 2014/2015. All of these took place as planned. In addition to the scheduled meetings a Dementia Friends training session was held in May 2014.

## 3. Committee Activities – Papers on the annual Work Plan 2014 - 2015

The annual Work Plan was included as an appendix to the Terms of Reference 2014/2015. During the course of the year the committee agreed that the following papers could be removed from the Work Plan:-

Patient Environment Group	<ul style="list-style-type: none"><li>• The initial HCGC workplan was constructed by looking at the regulatory framework in place at the time, Standards for Better Health.</li></ul>
Patient Information	<ul style="list-style-type: none"><li>• The Standards comprised 24 Core Standards and 13 Developmental Standards</li><li>• Core Standard 16 stated 'Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.'</li><li>• Core Standard 17 stated 'The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.'</li><li>• Core Standard 21 stated 'Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises.'</li><li>• A gap analysis therefore identified that these would be important areas for the HCGC to be aware of.</li><li>• Since then the regulatory framework has developed and whilst both Patient Information and the Patient Environment continue to be important areas they sit better under the umbrella of Patient Experience, reported as appropriate through the monthly, quarterly and annual reports. Often there is nothing to report beyond assurance that both areas continue to be scrutinised and managed appropriately.</li></ul>

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

Domestic Homicide	Integrated into the Adult Safeguarding paper or reported as an exception when required
Operations Cancelled on the Day	Performance figures included into the new integrated performance report
18 Week Waits	Requested March 14 now reported to Finance Planning and Workforce Committee

The committee requested the following additional updates:-

Hard Truths Action Plan Update	Requested May 2014
Monthly Nursing Staffing Report	Requested October 2014 (Board of Directors)

Taking these changes into account, all papers scheduled for April 2014 to March 2015 have been presented to the committee with the exception of the reports listed below; these will be presented to the Committee in 2015/2016.

PAM (including Asbestos)	Further work to be undertaken on this report due to developments in the national approach and update will be presented to HCGC in 2015/2016
Mental Health	Will be presented to the Committee in April 2015
Workforce Monitoring	Delayed due to being presented at TEG in April and will be presented to HCGC in May 2015
Patients Records Committee	Further work to be undertaken on this report and will be presented to HCGC in 2015/2016
Trauma and Orthopaedics	Further work to be undertaken on this report and will be presented to HCGC in 2015/2016

#### 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 specifically included on the work plan, a number of other papers have been reviewed by the committee:-

April	Moving and Handling Slings and Hoists Update
May	Review of the cluster of Maternal Deaths between 2007-2012 and Action Plan (RCOG) National Cancer Patient Experience Survey Handover Process (Internal Audit)
June	(Nil)
July	External Review Action Plan relating to Never Events (Toft Report) Major Incident Call Reminder Service Test
September	Patient Reported Outcome Measures (PROMS) Domestic Homicide Review Annual Report Antenatal New Born Screening Programme Update of Healthcare Governance Committee Terms of Reference
November	Patient Experience Reporting Architecture Improving Incident Reporting NHS England Emergency Preparedness, Resilience and Response (EPRR)
December	Resuscitation Trolley Audit
<b>January 2015</b>	An Assessment of Child Sexual Exploitation report recommendations and services
February	Discharge Safely by Mid-day (verbal update)
March	Dementia CQUINS Update Resuscitation Trolley Equipment re-audit update

## 5. Attendance at Committee Meetings

All Healthcare Governance Committee meetings for 2014/2015 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 one of the current members achieved the minimum 50% attendance rate. Individual attendance for the meetings held in April 2014 – March 2015 is as follows:-

	Attendance Rate	Deputy Attendance
Ms Vickie Ferres (Non-Executive Director - Chair)	4/4 (stood down in June)	
Ms Annette Laban (Non-Executive Director)	11/11 (took over Chair of the Committee in July)	
Professor Tony Weetman (Non-Executive Director - Deputy Chair)	9/11	
Mr Tony Pedder (Trust Chair)	6/11	
Ms Shirley Harrison (Non-Executive Director)	7/11*	
Sir Andrew Cash (Chief Executive)	3/11	
Dr David Throssell (Medical Director)	11/11	
Professor Hilary Chapman (Chief Nurse)	6/11	5
Mr Mark Gwilliam (Director of Human Resources)	9/11	2
Mr Neil Riley (Assistant Chief Executive)	10/11	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	
Paul Buckley, Deputy Director of Strategy and Planning	8/11	

\* Agreed absence due to ill health.

## 6. Revised Terms of Reference for 2015/2016

The draft Terms of Reference for 2015/2016 are attached for approval.

## 7. Proposed Work Plan for 2015/2016

The Work Plan for 2015/2016 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 notes	Information contained within the Water Quality Report
Sustainability (including Waste Management)	This item is reported to the Board of Governors and Finance Performance and Workforce Planning Committee

During the year 2015/16 it is anticipated that the Mental Health Report scope and format will change to reflect the increasing reporting requirements for the Mental Health Act. The proposed changes will be presented to the Healthcare Governance Committee in year for their consideration and approval.

## **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 2014/2015 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 2015/2016 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

<b>NAME</b>	<b>DESIGNATION</b>	<b>CHAIR/DEPUTY</b>
Ms A Laban	Non-Executive Director	(Chair)
Professor Tony Weetman	Non-Executive Director	(Deputy Chair)
Mr Tony Pedder	Board of Directors Chair	
Ms 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
Mr Paul Buckley	Deputy Director of Strategy and Planning	
Mrs Sandi Carman	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

##### 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 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 2015

**9. REVIEW DATE**

April 2016

**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