

South Tees Hospitals

NHS Foundation Trust

Meeting:	Board of Directors	Meeting Date:	29 th October 2013
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Title:	Final Proposal for a Revised Governance Committee Structure
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This paper is for:	Action/Decision X	Assurance	Information
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Purpose:	The purpose of this report is to seek approval from the Board for the implementation of a revised governance committee structure
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Summary:	<p>.Key points</p> <p>A number of recent national reports describe the required components and functions of the quality governance arrangements in NHS trusts.</p> <p>The revised structure reflects these best practice recommendations; it has had extensive consultation within the Trust and has been shared for comments with commissioners, the regulators and internal audit.</p> <p>The proposal for the revised structure was supported by Integrated Governance Committee on the 9th of October 2013</p>
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Prepared By:	Ruth James Deputy Director Quality Assurance	To be Presented By:	Ruth Holt Director of Nursing and Quality Assurance
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Required from IGC:	The Board is asked to approve the revised committee structure.
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Revision to the Governance Committee Structure

1. Introduction

A proposal to revise the trust's committee structure has been consulted on extensively during the last 6 months. The proposal to revise the structure demonstrated how the new approach would meet best practice guidance from the Francis recommendations, the National Quality Board's publication¹; Monitor's Quality Governance Guide² and the Principles for Good Governance published by the National Leadership Council³.

Feedback was received from the Risk and Assurance Committee, the Patient Safety Programme Board, Integrated Governance Committee, Audit Committee, corporate directors, divisions, corporate directorates and Internal Audit. The proposal also formed part of a Board development session reviewing assurance processes.

Integrated Governance Committee reviewed the final revised structure in October and recommended approval by the Board.

2. Summary of changes to the committee structure

The current committee structure is shown in appendix 1; the revised structure is shown in appendix 2. The main changes are:

- Integrated Governance Committee becomes the Quality Assurance Committee (QAC) and reviews its terms of reference and annual work plan to pick up the risk related duties of Risk and Assurance Sub Group and the triangulation of incidents, complaints and claims.
- The Patient Safety Programme Board becomes the Patient Safety Sub group and revises its terms of reference to include the review of themes and trends in incidents, Serious Untoward Incidents and Never Events:
 - to identify patient safety concerns and escalate these to the Quality Assurance Committee,
 - to ensure that lessons are learnt and disseminated
 - as necessary, to instigate new patient safety initiatives to address issues identified by the incident review.
- A multidisciplinary Serious Untoward Incident review group is established to review the root cause analysis from Serious Untoward Incidents to ensure cross-trust and cross-divisional issues are identified and addressed. This group would also follow up action plans to ensure these are completed and will recommend relevant assurance processes to check that learning and changes of practice are embedded. The findings of this review process would feed into the Patient Safety Sub group. The trust should consider inviting a commissioner representative.
- A Patient Experience Sub-group is established to review patient experience feedback, complaints and PALs. This group will report to the Quality Assurance Committee.
- The Organisational Capability Sub Group will become the Workforce Sub-Group. Its remit will be workforce development (HENE, education & training, mandatory

¹ Quality Governance in the NHS a guide for provider boards. National Quality Board 2011

² Quality Governance; Guidance for Boards of NHS provider Organisations. Monitor. 2013

³ The Healthy NHS Board 2013, Principles for Good Governance, National Leadership Council

training), workforce planning, health & wellbeing. Delivery of the terms of reference of this group will be supported by a number of multi-professional steering groups.

- The action points from performance reviews will be presented to Formal Management Group.
- The Patient Safety walkabouts will be revised to become the Quality Assurance walkabouts. Non-Executive Director and exec director involvement will continue but will include CQC type spot checks of documentation, staff records and patient and visitor feedback. A summary of the outcomes of patient safety walkabouts will be reported to the Quality Assurance Committee
- The existing Risk and Assurance Sub group is disbanded and it's duties covered in the following way:

Duty	Group
Risk registers	Quality Assurance Committee
Incidents	Patient Safety Sub-Group
Complaints	Patient Experience Sub-Group
Claims	Quality Assurance Committee
Triangulation of complaints, incidents and claims	Quality Assurance Committee supported by the Patient Experience Sub-Group and the Patient Safety Sub-Group
Risk alerts	Quality Assurance Committee via the Governance Report
Emergency planning and business continuity arrangements	Quality Assurance Committee
Mandatory training applications	Workforce Sub Group
Review and monitor H&S legislation	Patients Safety Sub Group and Quality Committee by exception
Information governance	Quality Assurance Committee
Risk registers	Performance Reviews and Quality Assurance Committee

- A new professional advisory group has been established - Clinical Support Professional Practice Group
- Professional advisory groups will not have a formal reporting line into the committee structure but the professional lead for these staff groups (Nursing and Medical Directors and Chief of Service for Clinical Support Services) will escalate issues to the quality assurance or decision making groups as appropriate.
- JPC & JLNC (staff forums) do not appear on the structural chart, these groups report to Formal Management Group on an as necessary basis. Policies agreed via the JPC go through Formal Management Group for approval.
- Service improvement work – an annual report to be provided to the Quality Committee, service improvement initiatives relating the patients safety are overseen by the Patients Safety Sub Group
- Medical training to report to the Workforce Sub group

3. Monitoring of strategic objectives

The committee structure should support the Board by providing a clear framework for the monitoring of the delivery of the strategic objectives. Mapping of the terms of reference of the groups within the proposed committee structure with the monitoring of strategic objectives was demonstrated in the report to Audit Committee and Integrated Governance

Committee during the consultation process. The terms of reference for the groups in the revised committee structure will include the duty to monitor delivery of the work streams which underpin relevant strategic objectives.

4. The membership of Non-Executive Directors and Governors in committees

There has been considerable discussion during the consultation process about the involvement of governors and non-executive directors as chairs and members of the sub-groups within the committee structure, The Healthy NHS Board: Principles for Good Governance specifies that “non-executive directors are appointed by the NHS to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability. Non-executive directors also have a key role in a small number of permanent board committees such as the Audit Committee, Remuneration and Committee, the Clinical Governance Committee and Risk Management Committee” Chairing of other sub groups which are involved in decision making would potentially compromise the ability of the non-executive to bring independent challenge.

Francis recommended that a non-executive director chairs the group which scrutinises and provides assurance in relation to patient experience.

It is proposed that non-executive directors continue to chair Audit Committee and the Quality Assurance Committee. Discussion at IGC concluded that non-executive directors should also be members of the new Patient Experience Sub-Group, but should not be formal members of the other sub-groups of the Quality Assurance Committee. There should however be a standing invitation to non-executives to attend these sub-groups as part of their assurance role should they wish to do so. The role of Governors is defined in the Health and Social Care Act, that is they should not play an operational role within the trust.

The Board are asked to consider the conclusions of IGC, and advise on the specific recommendation from the Francis report relating to a non-executive director chairing the new Patient Experience Sub-Group.

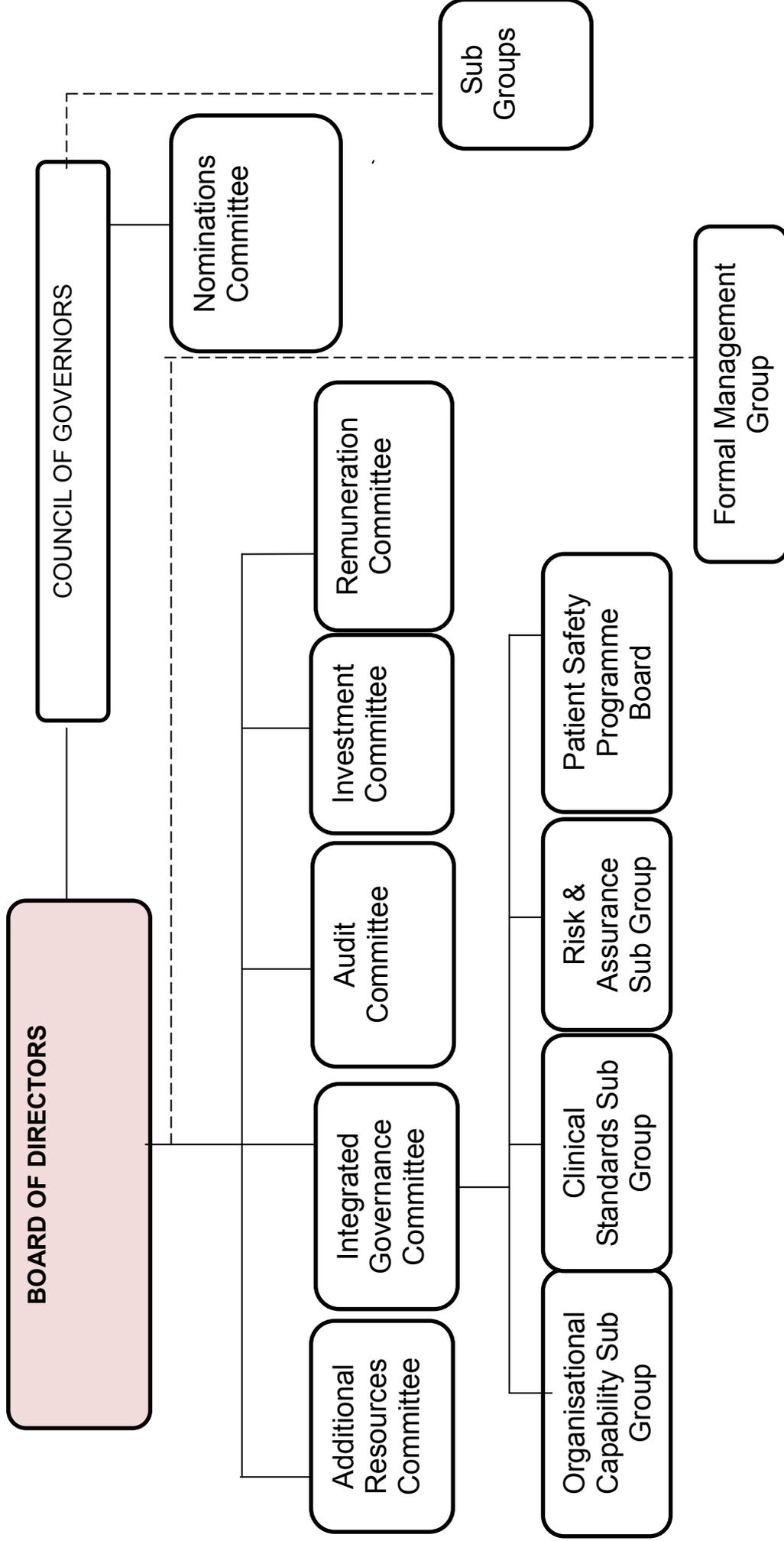
5. Next steps

Subject to Board approval the terms of reference of the groups within the revised committee structure will be produced /updated. Terms of reference for the Quality Assurance Committee will be presented to Integrated Governance Committee in November.

It is proposed that the revised structure takes effect from January 2014.

Ruth James
Deputy Director Quality Assurance
October 2013

Appendix 1 - COMMITTEE STRUCTURE



Appendix 2 - Proposal - Revised Quality Governance Structure

