

Health Governance Committee: Terms of reference

Constitution

1. The NHS Health Scotland Board has established a Committee to be known as the Health Governance Committee.

Role

2. The role of the Health Governance Committee is to review the evidence that NHS Health Scotland's activities make an effective contribution to tackling health inequalities and improving health. This is to ensure the alignment of work with the ten agreed principles; do good, do no harm; fairness; sustainability; respect; participation; empowerment; social responsibility; openness; and accountability
3. The Health Governance Committee will, on behalf of the Board, examine and comment on the quality (including the dimension of impact) of work in each of the Strategic Priorities that support the Strategy of the organisation. This will be themed under Knowledge into Action to reflect the Board's purpose.
4. The Health Governance Committee will do this through a Programme of business that includes the proper sampling of the work undertaken by the Board.

Membership

5. The Committee is appointed by the Board from amongst the non-executive members and consists of not less than 4 members. A quorum shall be 3 members. Arrangements for ensuring a quorum are set out in the Board's Standing Orders.
6. The Chair of the Health Governance Committee will be a non-executive Board Member, appointed by the Board. Arrangements to deal with the absence of the Chair are set out in the Board's Standing Orders.
7. The Chair of the Board and other NHS Health Scotland non-executive Board Members have the right to participate in meetings.
8. The Board or Committee will ensure the appointment of a Secretary to the Committee.

Frequency of meetings

9. Routine meetings shall normally be held quarterly, and at a minimum not less than twice per year. The Health Governance Committee Chair may call meetings more frequently if deemed necessary.

Authority

10. The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee.
11. The Committee is authorised by the Board to obtain independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Committee shall have delegated authority to act on behalf of the Health Scotland Board to assure, recommend and report to the Board on the quality and impact of Health Scotland's improving health and reducing health inequalities programmes.
12. The Committee will receive written and oral evidence from senior staff and other partners, as appropriate.
13. The Committee will seek to ensure there is an acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.
14. The Committee will ensure good communication and relationships with other standing Committees of the Board.

Duties

15. The Committee will ascertain whether there is consistent evidence that Health Scotland's activities are achieving outcomes which provide the greatest opportunity to make a positive impact and promote action to reduce inequalities and improve health.
16. The Committee will consider specific illustrations from each of the Strategic Priorities within the organisational strategy. The scrutiny questions in Appendix 1 of the ToR will be used to assist members.
17. This is to ensure that these activities and illustrations:
 - a) are consistent with NHS Scotland Quality Ambitions of:
 - being safe
 - person-centred and
 - effective

- b) meet the three Health Governance Committee quality assurance standards of “Knowledge into Action”:
 - Standard 1 – Knowledge generation
 - Standard 2 – Knowledge management
 - Standard 3 – Knowledge application

- c) meet the Boards role in quality assurance, embracing the European Foundation of Quality Management (EFQM) standards of:
 - Leadership
 - Strategy
 - People
 - Partnership and Resources
 - Processes, Products and Services
 - And the results for: People, Customer, Society and Business.

This will embrace members considering the scrutiny questions framed around these EFQM standards in Appendix 1 when scrutinising the Strategic Priority work.

- 18. The Committee will review illustrations of work that have made positive contributions, as well as evidence of work that have encountered challenge, generated learning and necessitated improvement measures.

- 19. Papers to the Health Governance Committee will indicate their purpose, either for decision, discussion or noting.

- 20. In addition to the Strategic Priority illustrations, the Health Governance Committee will receive items as follows:
 - Reports on the risks assigned to the Health Governance Committee from the Corporate Risk Register, at each meeting
 - An annual report on the equality outcomes assigned to the Health Governance Committee
 - An annual report on Significant or Catastrophic Events
 - A bi-annual review of Health Governance effectiveness
 - Annual Assurance Statement and Report
 - Annual Review of Terms of Reference
 - Forward planner of business

Reporting procedures

- 21. Accurate minutes of each Committee meeting will be kept and submitted to the Board for approval of all decisions taken by the Committee.

22. Additional reports will be provided to the Board as required to ensure it is informed of current issues.

Review

23. The terms of reference, remit and effective working of the Health Governance Committee will be reviewed annually.

24. *Recognising that 2018/19 is a transition year for Health Scotland, the Committee's agenda and schedule of business will pay due regard to the establishment of the new public health body for Scotland and the National Boards Collaborative Delivery Plan.*

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Appendix 1

Health Governance Committee (HGC) scrutiny and assurance questions

These questions have been aligned to the EFQM standards outlined in paragraph number 16 of the ToR. They are offered as prompts for HGC members in relation to Strategic Priority agenda items:

- Does the Strategic Priority illustration have a clear alignment to the Health Scotland vision and the Strategic Priority?
- Are you satisfied that the Strategic Priority illustrations carries out and provides evidence on quality improvement in a way which promotes equality, tackles discrimination and addresses health inequalities?
- Is there good definition of performance and impact measures and do they relate closely to specific actions described?
- Is there evidence of stakeholder analysis and engagement, feedback, demand (for the product/service) and participation?
- Is there evidence of the application of the three Knowledge into Action (KIA) standards in a cyclical way? For example is the learning from applying action being integrated to knowledge generation and knowledge management (continuous improvement)?
- Have there been resource issues in relation to staff and budgets?
- Have the Strategic Priority illustrations identified and managed specific risks, as well as corporate risks?
- Is there satisfactory evidence of achieving impact and being on track with expected outcomes?
- Have the authors drawn out improvement lessons and clearly identified actions resulting from lessons? To what extent are these lessons relevant to other parts of Health Scotland?