

Charter of the Health Service Executive Risk Committee

1.0 Introduction

This document sets out the Charter and Terms of Reference of the HSE Risk Committee (“the Committee”) established in accordance with Section 16M of the Health Act 2004 (as inserted by the Health Service Executive (Governance) Act 2013).

It should be read in conjunction with the HSE Code of Governance (August 2011).

2.0 Authority

The Committee is authorised by the HSE Directorate (“the Directorate”) to:

- ▶ examine any activity within the terms of reference set out in this document;
- ▶ seek any information or explanations that it requires from any employee of the HSE or any body totally or partially funded by the HSE and all employees and bodies funded are directed to co-operate with any request made by the Risk Committee;
- ▶ following agreement with the Director General, obtain independent legal or other independent professional advice, at the HSE’s expense and in accordance with the HSE’s procurement policy; and secure the attendance of persons with relevant experience and expertise if it considers this necessary; and,
- ▶ request an investigation of any matter it deems relevant, brought to its attention, including, but not limited to, good faith reports in relation to quality, safety and risk.

3.0 Scope

The scope of the Committee’s duties covers the following:

- ▶ the HSE and anything it directly controls, and,
- ▶ bodies totally or partially funded by the HSE.

4.0 Advisory Role

The Committee is not responsible for any executive functions and is not vested with any executive powers but will exercise an advisory role only in relation to its duties.

5.0 Duties

The Committee will focus principally on non-financial matters¹⁰, especially, the examination of:

- ▶ processes related to the identification, measurement, assessment and management of risk in the HSE¹¹
- ▶ how a risk management culture is promoted throughout the health system.

In particular, it will:

- ▶ Advise the Directorate on the robustness and comprehensiveness of the Health Service’s approach and processes for:
 - a) describing and communicating the risk accountability framework

¹⁰ The Committee will focus principally on the following risk types: service provision and both clinical and general risk issues including but not limited to the following; Strategic; Operational; Safety of staff and others (incl. resourcing, IR etc.); Infrastructural (plant/equipment, property/estates); ICT; Environmental; Compliance with statutory requirements; Reputational; Compliance and legal; Business continuity etc.

¹¹ The HSE Integrated Risk Management Policy is available on the HSE website (www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/riskmgmt.pdf)

- b) identifying risks
- c) reporting and escalating risks
- d) putting in place processes and actions to mitigate risk
- e) managing and reviewing risk registers
- f) responding to and implementing changes and recommendations following risk reviews or findings of the Risk Committee, Healthcare audit function, or other internal or external reviews.
 - ▶ Advise the Directorate on risk management in the context of healthcare reform and phased transition to new healthcare structures and services;
 - ▶ review arrangements in place by which employees may, in confidence, raise concerns and receive reports, on a timely basis, of concerns raised under the Policy on Good Faith Reporting, or Procedures on Protected Disclosures of Information and advise on appropriate action to maintain the highest standards of probity and honesty throughout the health services;
 - ▶ review the quarterly reports by the HSE's Confidential Recipient prepared for the Director General and Directorate and provide advice to the Directorate as appropriate.
 - ▶ review, at least annually, and if necessary propose changes to, the HSE's Governance Framework relating to risk management;

and, in relation to first line of defence:

- ▶ keep under continuing review HSE's procedures for identifying and reporting risks, especially in relation to:
 - ▼ Serious Reportable Events,
 - ▼ emerging risks,
 - ▼ healthcare-sector-wide risks;
- ▶ review and advise the Directorate on all HSE Divisional risk management plans and on the HSE corporate risk register;
- ▶ advise executive management about the maintenance and promotion of a culture that enables integrated management of all risks;
- ▶ review material risk incidents (major/extreme risks) and provide feedback on management's actions;
- ▶ review and monitor management's responsiveness to findings and recommendations from the Quality Assurance and Verification Division;
- ▶ Review the implementation on a timely basis, of internal recommendations arising from investigations and other incidents/reports internally.

and, in relation to second line of defence:

- ▶ receive all relevant internal Audit reports from the National Director Quality Assurance and Verification and review the effectiveness of Management's response to their findings;
- ▶ receive regularly the reports of the National Director of Quality Assurance and Verification on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks;

and, in relation to the third line of defence:

- ▶ review assurance provided by internal and external audit in relation to risk management and advise the Directorate accordingly; and,
- ▶ oversee periodic external review of the effectiveness of the risk management framework.

6.0 Independence

The Committee will be independent in the performance of its duties and will not be subject to direction or control from any other party in the exercise of its duties.

7.0 Membership and Quorum

The Directorate, on the nomination of the HSE Directorate Chairperson, will appoint members of the Committee.

The Committee will consist of:

- ▶ one of the members of the Directorate (appointed under section 16A of the Health Act 2004 as inserted by section 7 of the Health Services Executive (Governance) Act 2013), and,
- ▶ not fewer than 4 other persons who, in the opinion of the Directorate, have the relevant skills and experience to perform the functions of the committee, at least one of whom will be an experienced practitioner of risk management.

Employees of the HSE may be appointed to the Committee by the Directorate, subject to prior approval of the Chairperson, where specialist knowledge and expertise relating to operational aspects of the HSE is required from time to time.

When making appointments, the Directorate will ensure the Committee comprises a majority of non-executive directors.

The Committee will be chaired by an independent non-executive director.

The Directorate Chairperson will not be a member of this Committee.

The Director General will ensure that the Committee is provided with an officer to act as Secretary to the Committee and with other resources to enable it to perform its functions.

A quorum will be three members.

8.0 Tenure

The members of the Committee will hold office for the period determined by the Directorate when appointing that person.

A member of the Committee may resign from the committee by letter addressed to the Directorate or may at any time be removed as a member of the Committee by the Directorate for stated reasons.

Any external members of the Committee will hold office on such terms and conditions as determined by the Directorate, with the consent of the Minister for Health and the Minister for Public Expenditure and Reform.

9.0 Meetings

9.1 Frequency

The Committee will meet as required, determined at its own discretion, but not less than four times a year (to coincide with key dates in the HSE's reporting cycle). Additional meetings will be held as the work of the Committee demands.

The National Director of Quality Assurance and Verification may request a meeting if he considers that one is necessary.

The Directorate Secretary, or his/her nominee, at the request of the Chairperson of the Committee, will summon meetings of the Committee. Notice will be given to each member of the venue, time and date of the meeting normally one week in advance.

9.2 Agenda

The agenda will be finalised by the Chairperson of the Committee and circulated with appropriate briefing papers by the Secretary to the other members of the Committee (and other attendees, as appropriate) 5 working days in advance of each meeting.

9.3 Attendance

Only members of the Committee will be entitled to attend Committee meetings.

The HSE Directorate Chairperson, other Directorate members, Director General, the National Director of Quality Assurance and Verification, other National Directors, or any other employee will attend meetings at the request of the Committee.

The members of the Committee will meet separately with the National Director of Quality Assurance and Verification at least once a year.

9.4 Minutes

The Secretary will circulate the minutes of meetings of the Committee to all members of the Committee and of the Directorate.

10.0 Access

The Chairperson of the Committee or any member, acting with the authority of the Chairperson, will have the right of access to the Director General and any senior personnel of the Health Service Executive on any matter relating to the business of the Committee.

11.0 Reporting

At the beginning of each year the Committee will prepare a set of key performance indicators and measures for itself and for the HSE's Quality Assurance and Verification Division for the forthcoming year.

At the end of each year the Committee will prepare a report on its role and responsibilities and the actions it has taken to discharge those responsibilities for inclusion in the annual report. Such a report should specifically include:

- ▶ a summary of the role of the Committee;
- ▶ its performance against key performance indicators set for the year;
- ▶ the names and qualifications of all members of the Committee during the period;
- ▶ the number of Committee meetings and attendance by each member; and
- ▶ the way the Committee has discharged its responsibilities.

The Chairman of the Committee will attend, on a regular basis, meetings of the Directorate of the HSE, to report in relation to the matters under the Committee's remit.

12.0 Liaison with the Audit Committee

The Audit Committee and the Risk Committee will both have an involvement in risk management and internal control. Whereas the Audit Committee's primary focus will be on financial issues and that of the Risk Committee will be on non-financial issues, the Committee Chairpersons will meet, as often as is necessary, to ensure that:

- ▶ the HSE's overall approach to risk management and internal control is comprehensive and co-ordinated,
- ▶ work programmes of the two Committees is synchronised, and
- ▶ duplication (for example, in relation to investigations) is avoided.

Minutes of these meetings will be circulated to the Audit Committee and Risk Committee members and will be tabled as an agenda item at the next meeting of each Committee.

In the event of a matter arising where it is not possible for the Chairpersons to agree into which Committee's remit the matter falls to be dealt with, the Chairperson of the Directorate will assign the matter to one of the Committees.