

**Title: Strengthening Governance Arrangements**

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this Report is to describe and explain the ways in which it is intended to strengthen governance arrangements in the Trust and to seek the agreement of the Board on these proposals.

**2. BACKGROUND INFORMATION:**

- 2.1 When new leadership and management arrangements were introduced in the Trust from June 2011 it was recognised there would always be some degree of “tension” on how we could ensure a strong locality focus whilst retaining a strong focus on the development of the five major specialties that the Trust provides. In recognition of these complexities and the need to test out the extent to which they were working it was agreed at the time the new arrangements were introduced that there would be a review undertaken eighteen months after implementation. The Trust’s Internal Auditors, Audit North, were commissioned to undertake a review. Their final Report was received at the beginning of July. Whilst providing “significant assurance” the review nevertheless did reveal the need to strengthen governance arrangements by providing greater clarity of roles, reducing duplication and enhancing the understanding of the roles and inter dependencies. A Workshop took place on 1st August 2013 involving members of the Board’s Quality and Assurance Committee, to start addressing some of the recommendations.
- 2.2 The work to strengthen the governance arrangements, including the Workshop, also takes place in the context of the review of our quality governance arrangements being carried out by Deloitte at the request of Monitor.

**3. PROPOSALS:**

3.1 Definition of Terms:

One of the recommendations made by Audit North was for the Trust to have a clear definition of the terms used within the governance systems. Whilst this was not discussed at the Workshop that took place on 1st August, nevertheless members of the Board may find the Statement of Definitions attached as **Annex 1** helpful in understanding the rest of this Report.

The following sections outline the conclusions reached at the Workshop.

3.2 Key Principles:

Some key principles were proposed that informed the debate about the ways in which clinical governance arrangements should be strengthened. The Key Principles included:

- Integrating clinical governance as far as possible into the everyday functioning of the localities (recognising that clinical governance and operations are inextricably linked, especially with regard to assurance and implementation of standards etc).
- The process of assurance should be as direct as possible, with the fewest number of steps and clear lines of accountability.
- Individuals should have clearly defined and delineated roles.
- Groups and their meetings should have clearly defined and delineated functions.
- Wherever possible there should be a strong pairing between a managerial leader and a clinical leader symbolising the necessity for a strong inter-relationship with managerial and clinical professional leadership.
- To recognise that quality assurance and quality development whilst being connected are not the same.

### 3.3 Schematic Diagram:

The Schematic Diagrams shown as **Annex 2** sets out in very broad terms the inter-relationships between the Board, the Board sub-committee Quality and Assurance Committee (QuAC) and its existing direct report groups, the Divisional Quality and Assurance Groups (QuAGs), Directorate QuAGs and (new) Locality Management and Governance Boards.

### 3.4 Quality and Assurance Committee:

The Quality and Assurance Committee has the key purpose of providing assurance to the Board of Directors and Council of Governors on the quality and safety of the operational clinical services as outlined in the Quality Strategy. That assurance will be delivered by the Locality Management and Governance Boards, based on the clinical governance systems in the localities and reported to QuAC. The Director of Nursing & Governance will, through the QuAC, execute the responsibility for implementation of the clinical governance systems and hold the members of QuAC to account for the operation of those systems. This will ensure a clear 'line of sight' and accountability from Board to Ward through the governance arrangements.

### 3.5 Divisional Quality and Assurance Groups:

The prime purpose of the Divisional Quality and Assurance Groups will be development of quality within the specialty that is covered by the Divisional QuAG. A fuller description of the proposed role and functions of the Divisional QuAGs is attached as **Annex 3**. The main role of the Senior Clinical Director is therefore to develop and support the specialty's quality development agenda. The Divisional QuAG will be providing the "thought" leadership for the specialty promoting a positive, patient focused culture. The Divisional QuAGs will develop standards of best practise, informed for example by lessons learned by SUIs, patient experience reports, benchmarking etc. They will have responsibility for analysing new national policies and strategies that will be relevant, for example National Dementia Strategy, National Autism Strategy etc and to provide advice to the Trust on the implications of new national policies and strategies and what action the Trust should be taking. It is also proposed that the Clinical Audit Programme will be led at divisional level as it makes sense to have a common clinical audit programme for the same specialties in

the three different localities and similarly to take the lead on the implementation of relevant NICE guidelines as the various processes to put the national guidelines into practise through patient pathway re-design etc should only be done once in the Trust not three or four times in each of the localities.

In summary the Divisional QuAGs will have a reduced emphasis and responsibility on their assurance role (although they will still retain some assurance functions for example Clinical Audit and NICE guidelines) but with more of an emphasis on quality improvement and development.

These will be chaired by the Senior Clinical Director working alongside the Service Development Manager for that Division. The Senior Clinical Director will continue to be a member of QuAC.

### 3.6 Directorate Quality and Assurance Groups:

The four “localities” (Durham & Darlington, Tees, North Yorkshire and Forensic Services) will each have within them specialty-specific Quality and Assurance Groups. For each of the three geographical based localities these will be the four specialities of Adult Mental Health (AMH), Learning Disabilities (LD), Mental Health Services for Older People (MHSOP) and Children & Young People Services (CYPS). For Forensic Services there will be three service-specific directorates comprising Forensic Mental Health, Forensic Learning Disability and Offender Health/Community. These will be chaired by an Associate Clinical Director who will work alongside the Head of Service for the Directorate (or in the case of Offender Health/Community, the Service Manager for Offender Health). The primary function of the Forensic Directorate QuAGs is the same as described above.

These Directorate QuAGs will be chaired by a Clinical Director who will work alongside the Head of Service and the most senior Nurse for that Directorate. A primary function will be the monitoring of the services that are in the Directorate through reports following inspections, user feedback, performance data, audit, untoward incidents, complaints, CQC Reports etc. They will oversee the governance systems and appropriate delivery of action plans in their Directorate to ensure compliance with all relevant standards.

High level themes ie lessons learned from the Directorate QuAGs will be fed back into the Divisional QuAGs so that the Senior Clinical Director can incorporate these into the Quality Improvement and Development Work Programme for that division.

A more detailed statement of the roles and functions of the Directorate QuAGs is attached as **Annex 4**. Their particular responsibilities will include responsibility of compliance with CQC requirements and the requirements of Commissioners regarding quality that is within the contracts. They will also be responsible for the development and maintenance of the Directorate Risk Register, acting on patient experience information, patient safety information and sharing relevant information with other Directorate QuAGs of the same specialty via the Divisional QuAG. The Directorate QuAGs will have full accountability to their Locality Management and Governance Board.

In the North Yorkshire locality there will be a fifth QuAG which is the CAMHS Tier 4 QuAG.

### 3.7 Locality Management and Governance Board:

Building on the existing locality management arrangements, recognising the unambiguous new role they will have in providing assurance to the Quality and Assurance Committee, it is proposed to establish Locality Management and Governance Boards.

It is proposed that there will be four Locality Management and Governance Boards; Forensic Services Management and Governance Board, North Yorkshire Management and Governance Board, Durham & Darlington Management and Governance Board, Tees Management and Governance Board.

Present arrangements in the localities vary significantly in terms of membership and frequency of meetings and to some extent the role of the various Locality Management Groups. It is proposed to standardise the Terms of Reference of these groups, not only with regard to their role and function but also the timings of meetings, frequency of meetings and membership. A more detailed outline of their role and function is described in **Annex 5**. The content of this Annex has been developed since the Workshop held on 1st August but reflects and builds on the discussions that took place at that Workshop.

The Locality Management and Governance Boards have responsibilities beyond quality and assurance as shown in Annex 5, however they will be a crucial route for assurance to QuAC on a number of key issues.

The Board will be chaired by the Director of Operations for that locality, with the relevant Deputy Medical Director being the Deputy Chairman. The Clinical Directors and Heads of Service will be key members of the Board. The Board will receive assurance and exception reports from the Directorate QuAGs. The responsibility for assurance therefore rests ultimately with the Director of Operations and Deputy Medical Directors for the four localities. The Director of Operations and Deputy Medical Directors will provide assurance reports to QuAC as required and be full members of QuAC.

It is also proposed that membership of the Locality Management and Governance Board includes either the Deputy Director or an Associate Director of Nursing & Governance. Their role will not just be to attend meetings of the Board but also undertake the professional nurse leadership role for that locality. This will strengthen the professional nurse leadership arrangements at locality level including nurse leadership structures/networks and the implementation of National Nursing Strategy – the 6 'C's.

The role of the Deputy Medical Directors is expanded as a consequence of these proposals. Up until now their role has primarily been focused on medical management and external relations especially with GPs and Commissioners. The roles of the Deputy and Associate Directors of Nursing & Governance is also

expanded to strengthen the clinical leadership in the localities, and of the nursing profession in particular.

### 3.8 Timetable:

It is proposed that the new arrangements start from 1st October 2013. The Board should note, however, that the assurance routes and membership into QuAC will only change from 1st November 2013. This is in recognition that the new arrangements at directorate and locality level will only start on 1st October and therefore their reports and consequent revised membership of QuAC will only be possible from the November meeting of QuAC onwards (the date of which is 7th November 2013).

## 4. **NEXT STEPS:**

There is a considerable amount of work to do to ensure that the proposed arrangements are introduced effectively and in a timely manner. The most significant next steps are:

- To consider whether Divisional QuAGs should have a Risk Register.
- Undertake a detailed piece of work to double check the appropriateness of Divisional QuAGs having responsibility for leading on Clinical Audit for the specialty and implementation of NICE guidelines for that specialty.
- Undertake detailed work on Directorate governance arrangements for Substance Misuse Services.
- To do a detailed schedule of when the various meetings should take place to ensure that it is possible for Clinical Directors to attend the Locality Management and Governance Board, Directorate QuAG and Divisional QuAG (recognising that most Senior Clinical Directors are also Clinical Directors) and also QuAC.
- To develop communication arrangements and a briefing to ensure that everyone understands the respective roles of the various groups and how the arrangements fit with each other.
- To work through the implications of the additional responsibilities of Deputy Medical Directors.
- To review what changes, if any, are required to the Job Descriptions of the Service Development Managers and of the Senior Nursing team in the Directorate of Nursing & Governance.
- To review the arrangements for appropriate involvement of users of our services and their carers in these governance arrangements.
- To review and agree what the membership of QuAC should be, along with any changes to the Terms of Reference, from 1st November 2013.
- To review the names of the groups proposed in this paper. For example we may want to make a fresh start and abolish the term "QuAGs" and instead call the Divisional QuAGs for example Adult Mental Health Clinical Network or Adult Mental Health Quality Development Group etc.
- Deloitte and others think it important that only one type of group is called a QuAG, again to help avoid confusion.

- Brief Directors of Operations, Clinical Directors, Deputy Medical Directors about their new roles to help ensure a full understanding re assurance and accountability.
- Begin detailed work within Forensic Services regarding the impact of moving from a clinical leadership model involving a combined DMD/CD with three Associate Clinical Directors to one with a DMD/SCD and 2/3 Clinical Directors or other models, to report back to Board in January 2014 and following the award of the NE Prison Healthcare contract.
- To consider the appropriateness for Heads of Service to be core members of Divisional QuAGs.
- To review what changes are necessary to QuAC working groups in the context of these new arrangements.
- To develop a statement about what we in TEWV mean by “Assurance”.
- To consider how the Board signs off our annual governance statement for 2013/14 based on real time assurance from services supplemented by either Audit North or Mazars.
- Identify OD requirements of these new groups, and groups with new roles.
- The format of assurance reports needs to be defined.

## **5. CONCLUSION:**

- 5.1 The implementation of these arrangements will lead to changes in the way that assurance reports are received in QuAC from services as the bulk of the assurance reports will come from the Deputy Medical Directors and Directors of Operations for each locality. In presenting the assurance reports to QuAC, one of the roles of the Senior Clinical Directors is to support the QuAC in scrutinising reports against the agenda set by the division, and in particular looking for variation between directorates as well as ensuring that the functioning of any locality is not dominated by any one specialty.
- 5.2 The advantages of the proposed structure is that in providing assurance, there is a clear line of accountability within a directorate, and responsibility is jointly shared between a manager and a clinical leader. There are very few handoffs of information and there is a linear information flow from ward to Board and Board to ward.
- 5.3 The proposed structure provides a clear demarcation between the role of the Senior Clinical Director and Deputy Medical Director, and between the Divisional QuAG and the Directorate QuAG. It will improve the ability of QuAC to scrutinise, through a clearer distinction between the function of setting standards from that of providing assurance that the standards are being met.
- 5.4 The structure will lead to a reduction in the number of interfaces and provides more direct lines of accountability and information flow.
- 5.5 Advice from Deloitte has been sought on these proposals and very strong positive feedback has been received. At the Workshop there was also unanimity of view that these proposed changes will address many of the shortcomings that exist in the

present arrangements as identified by Audit North and indeed the proposals address many of the recommendations made by Audit North.

- 5.6 As one of the members of the Workshop said, 'though the leadership and management arrangements in the Trust being largely of a matrix nature do lead to ambiguities, the proposed arrangements, whilst not eliminating all ambiguities do reduce the number that presently exist'.
- 5.7 If it is agreed that these proposals are put into effect, it is suggested that Audit North are invited to carry out a re-audit of the arrangements commencing at the beginning of 2015 ie some fifteen months after they have been put into effect. By this time arrangements should have settled down effectively and have carried out a full year's business which should form the basis of identifying any further opportunities for improvement.

## **6. IMPLICATIONS / RISKS:**

### **6.1 Quality:**

It is believed that the adoption of these proposals will lead to an improvement in the quality of services provided along with the degree of assurance that the Board receives about the quality of those services.

### **6.2 Financial:**

None identified at present.

### **6.3 Legal and Constitutional:**

It is believed that the strengthening of our governance arrangements will increase our compliance with regulatory standards and expectations.

### **6.4 Equality and Diversity:**

None identified.

### **6.5 Other Risks:**

None identified.

## 7. RECOMMENDATIONS

The Board is therefore asked to consider and agree that further work should take place on developing these proposals with a view to their implementation from 1st October 2013,

- to agree that Audit North should carry out a re-audit of the revised arrangements at the beginning of 2015.

Martin Barkley  
Chief Executive

**Background Papers: Annex 1 – 5.**



## **TEWV GOVERNANCE AND MANAGEMENT ARRANGEMENTS**

### **DEFINITION OF TERMS**

#### **DIVISION**

The word “Division” refers to a major service specialty that is provided by the Trust. The word “Division” is only to be used where there is a Trust-wide perspective.

In TEWV there are 5 Divisions:

- Adult Mental Health and Substance Misuse
- Children and Young People
- Forensic
- Learning Disability
- Mental Health Services for Older People

This means that the Quality and Assurance Groups that have been established on a specialty only basis will be referred to as “Divisional Quality and Assurance Groups”.

#### **DIRECTORATE**

The term “Directorate” should be used when referring to the leadership of services or service specialties that are provided within one of the three main geographical areas and Forensic/Offender Health Services that are provided that are commissioned by NHS England i.e. the following are the Clinical Directorates within TEWV:

Durham and Darlington Locality has 4 Directorates:

- Adult Mental Health and Substance Misuse
- Learning Disability
- Mental Health Services for Older People
- Children & Young People Services

Tees Locality has 4 Directorates:

- Adult Mental Health and Substance Misuse
- Learning Disability
- Mental Health Services for Older People
- Children & Young People Services

North Yorkshire Locality has 5 Directorates:

- Adult Mental Health and Substance Misuse
- Learning Disability
- Mental Health Services for Older People
- Children & Young People Services AND
- Tier 4 CAMHS Services\*

Forensic Services Locality has 3 Directorates:

- Forensic Mental Health Services\*
- Forensic Learning Disability Services\*
- Offender Health/Community Services

This means that Quality and Assurance Groups that have been established on a geographical and specialty basis will be referred to only as “Directorate Quality and Assurance Groups”.

Each Directorate is led by a Clinical Director and Head of Service.

*\* At the time of this paper they are led by an “Associate Clinical Director” which is an issue that needs further consideration.*

## **LOCALITY**

The term “Locality” can be used in two contexts.

**The first context is localities based on natural communities** that are reflected in the management structure and structure and organisation of community services. This means that in TEVV we have the following localities:

### **Durham and Darlington**

In Durham the position is complex. Different services have different catchment areas. Darlington is of course a separate Local Authority. A lot, but not all services are organised on the basis of North Durham, South Durham and Darlington.

### **Tees**

- Middlesbrough
- Hartlepool
- Stockton
- Redcar & Cleveland

### **North Yorkshire**

- Scarborough, Whitby, Ryedale
- Hambleton & Richmondshire
- Harrogate

**The second context is when the term “locality” is used when referring to any of the four overarching localities** i.e. North Yorkshire, Tees, Durham and Darlington and Forensic, each of which is led by a Director of Operations and Deputy Medical Director.

Management Team meetings led by the Directors of Operations should be known as the

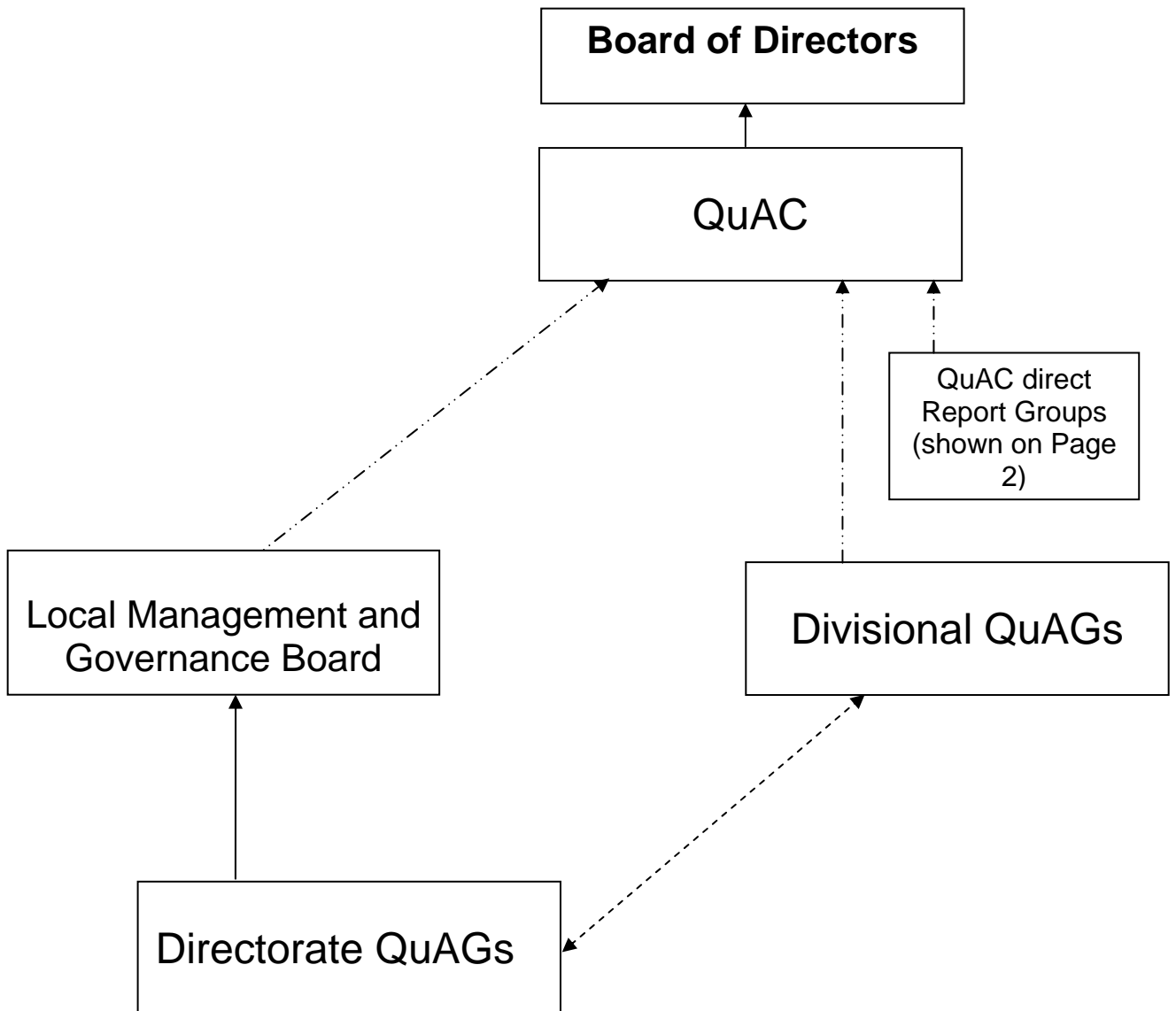
- Tees Locality Management Team.
- Durham and Darlington Locality Management Team.

- North Yorkshire Locality Management Team.
- Forensic Locality Management Team.

Management Team meetings led by a Locality Manager must be described by including the name of the area covered and the speciality ie Middlesbrough AMH Locality Management Team meeting or Harrogate MHSOP Locality Management Team meeting.

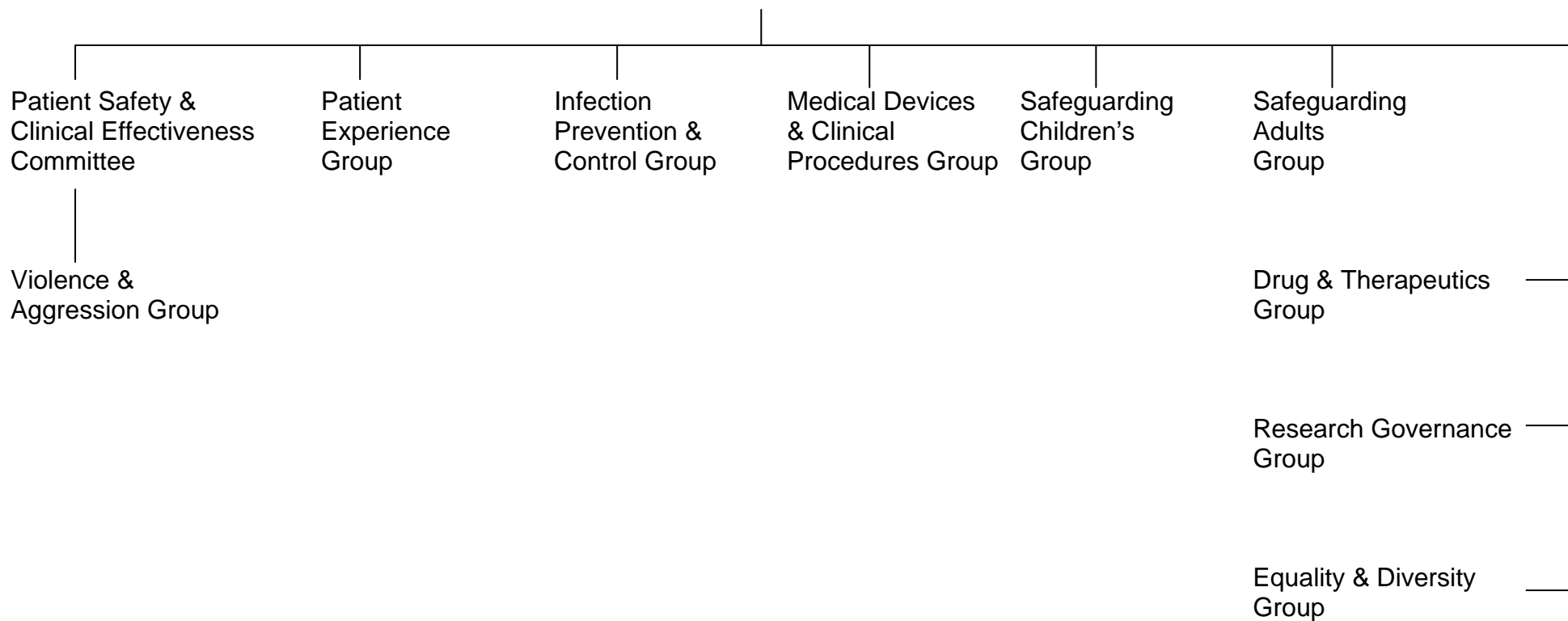
**Martin Barkley**  
**Chief Executive**

Clinical Governance Arrangements

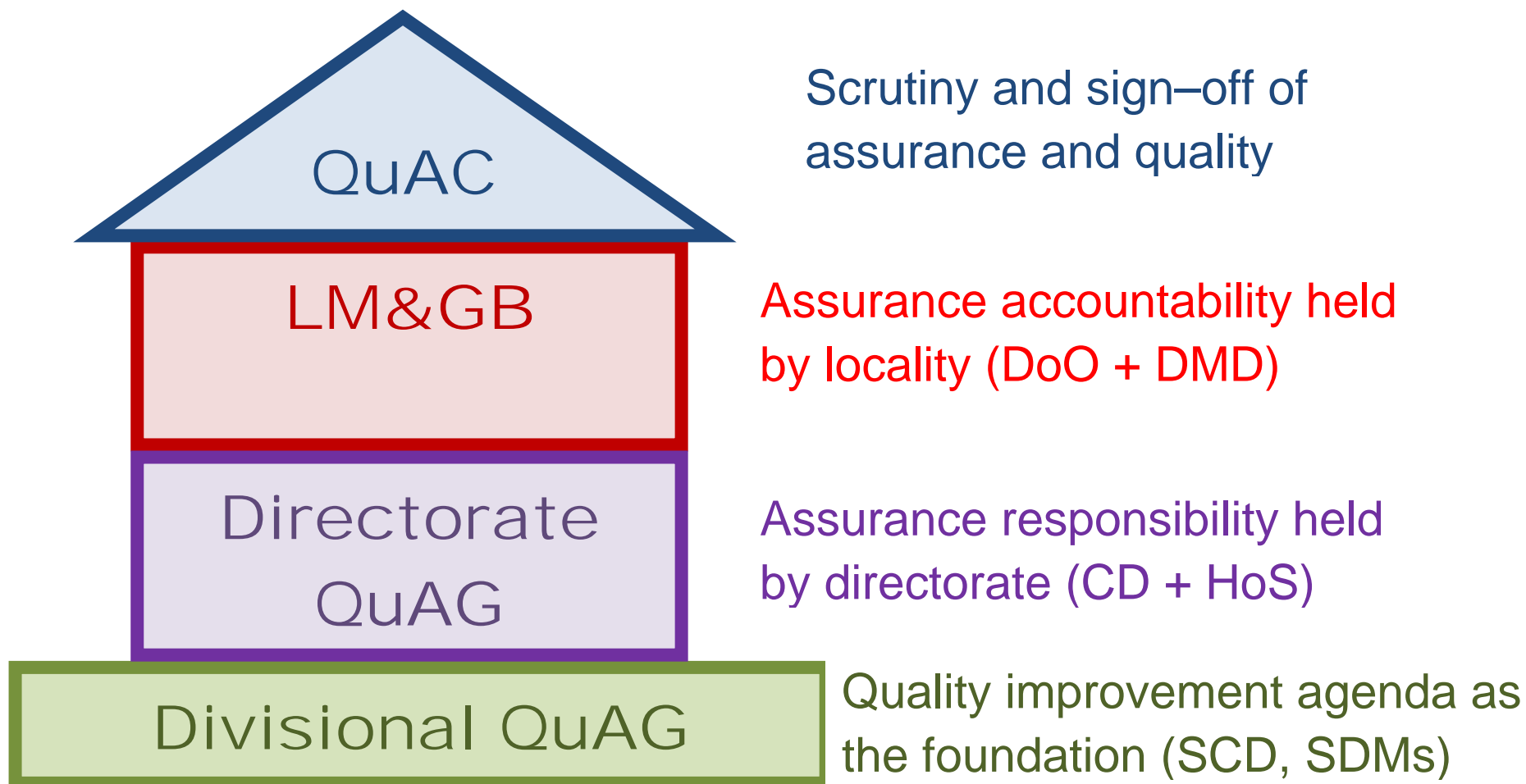


- Accountability of QuAC to Board primarily via Director of Nursing and Governance (noting other members of the Board are also members of QuAC)
- Full accountability via Clinical Directors and Heads of Service of Local Management and Governance Board (LMGB) to (QuAC)
- .-.->
  - Assurance accountability via Directors of Operations and Deputy Medical Directors re. LMTs
  - Assurance via Senior Clinical Directors re. role of Divisional QuAGs
- ←-.-.-> Sharing Learning, Division wide improvements and development and identifying Division wide improvement needs

# QuAC



# The Governance House



## DIVISIONAL QuAGs: KEY ROLES & FUNCTIONS

- 1 To provide thought leadership on the development of excellent quality services and standards of practice in the speciality of the Division.
- 2 To develop standards of practice / service informed by learning from experience, feedback, outcomes data, benchmarking, research etc, and advise QuAC or EMT as appropriate of those standards that should be adapted.
- 3 From the information received from Directorate QuAGs identify Division wide learning points from
  - CQC and other regulatory inspections
  - Serious and significant incidents
  - Complaints
  - Service case reviews
  - Claims and litigation

and advise QuAC either as part of the regular reporting mechanisms or when necessary, by exception report, as to the nature of the learning and the necessary actions being taken. For urgent or highly significant events, the Chief Operating Officer and Director of Nursing & Governance will be directly informed of the learning points and agreement reached with them as to the action/s to be taken.

- 4 To review internal benchmarking information to understand reasons for variance and commission work to improve performance to that of the best.
- 5 To review national policies / strategies, identify implications for TEWV and recommend Chief Executive (EMT) or QuAC, as appropriate, what the Trust should do.
- 6 To lead on the implementation strategy of NICE guidelines within the Division, working with operational and clinical professional leads for issues requiring service or practice change.
- 7 As appropriate to commission reviews of areas of practice, patient experience, clinical safety and effectiveness, service development, improvement and governance as indicated by local, regional or national drivers.
- 8 To contribute to the development of and leadership of implementation of agreed patient pathways and protocols.
- 9 To commission and monitor Division wide projects / programmes of work to assist the Trust to maintain CQC registration and / or discharge its duty of quality and safety.

- 10 To lead the development and implementation of the annual Clinical Audit Programme for the Division, and synthesise the results into the Division's quality improvement agenda.
- 11 To promote the adoption and use of the TEWV QIS methodology, make recommendations to the TEWV QIS Programme Board on the priorities for inclusion in the Annual Plan of improvement work and consider the learning and its implications for adopting new standard work / processes etc in the services in the Division.
- 12 To provide a forum that brings together clinical leaders with common interests to share experiences, accelerating and enabling widespread learning from that experience to improve the quality and value of what we do.
- 13 To promote a positive culture in the Division of person centred compassionate care that helps individuals gain control of their lives to lead a healthy lifestyle of their choosing, incorporating positive risk taking, harm minimisation, health and well being.
- 14 To promote appreciate enquiry, research and development supporting Division wide agreed research programmes and proposing new programmes for consideration by the Trust's R & D Group.
- 15 To receive reports and approve recommendations or an appropriate action / response to national surveys, QuAC working groups, internal or external audit reports, internal or external investigation reports relevant to the work of the Divisional QuAG.
- 16 To provide the QuAC with a bi-annual report of the work of the Division, escalating any risk to quality to the QuAC for its attention in accordance with the integrated governance strategy. The report should describe the work of the Division over the previous six months as well as that planned for the next six months.
- 17 To support the implementation of appropriate structures, systems and processes across the Division to deliver safe, high quality, effective care which is continuously improving.
- 18 To input into the development of the Quality Account as appropriate.

### **Core Membership**

Senior Clinical Director (Chair)  
Clinical Directors  
Service Development Manager  
Chief Pharmacist (or nominee)  
Divisional lead: Psychology  
Divisional lead: AHPs  
A Nurse Consultant  
Other staff may be co-opted as agreed.



- \* KPO Divisional Lead to attend for QIS part of the agenda.
- \* Clinical Effectiveness Lead to attend for Clinical Effectiveness part of the agenda.
- \* Chair of Acute Care Forum re AMH Division.

**Frequency:** Not less than every two months.

**Quorum:** One third of core members.

**Accountable:** QuAC and Chief Operating Officer as appropriate.

## DIRECTORATE QuAGs: KEY ROLES & FUNCTIONS

- 1 To provide assurance via the Locality Management and Governance Board (LMGB), that the Directorate is discharging its duty of quality and safety in compliance with the Health and Social Care Act 2008.
- 2 To ensure the services that make up the Directorate maintain registration with the Care Quality Commission to undertake regulated activities at each location as required by legislation, including provision of assurance to LMGB of compliance with all Essential Standards of Quality and Safety as set out in the Health and Social Care Act (Registration requirements) Regulations 2009.
- 3 To contribute as requested to the development of, achievement of and information reporting requirements for the annual Quality Account.
- 4 Evidence that lessons are learned, and good practice shared and that these are implemented across the Directorate.
- 5 Draw attention to Divisional QuAG and MHLC wider learning issues for consideration by the Groups / Committees.
- 6 To contribute to the development of and co-ordinate the implementation of actions plans following CQC and other regulatory inspections and reviews.
- 7 To commission and monitor projects / programmes of work including QIS work to assist the Trust to maintain CQC registration and / or discharge its duty of quality and safety.
- 8 To review patient experience and care experience information (e.g. complaints, PALS, surveys, etc.) to identify opportunities for improvement.
- 9 To review level 3-5 SUIs, drawing attention of Divisional QuAG to any issues or themes for wider consideration. **Note:** responsibility for performance managing completion of action plan rests with Director of Operations (or the EMT Director as appropriate).
- 10 To provide assurance to the LMGB that Patient and Carer Feedback is actively solicited, made easy to give and based on validated tools.
- 11 To review Datix information to identify areas for improvement and develop and implement programmes of work to address those issues identified.
- 12 To promote participation in approved research and development programmes, and put forward topics via the Divisional QuAG for further research for consideration / approval by the Trust's R & D Group.
- 13 To maintain, develop and regularly review the Directorate's Risk Register, providing regular updates to the LMGB.

- 14 Oversee and ensure services meet quality requirements of Commissioners that are stated in the contract, including CQUIN targets.
- 15 To develop and agree the Directorate's annual staff training and development plan.
- 16 To assure on levels of compliance and support and oversee the implementation of NICE guidelines, agreed Trust Patient Pathways, Clinical Audit action plans, Audit findings and action plans, and other appropriate ways of enhancing clinical effectiveness.
- 17 To provide assurance to the LMGB that systems are in place to ensure that the services in the Directorate are compliant with Level 2 of the NHS Litigation Authority Clinical Negligence Scheme for Trust Standards and facilitate progress to achieve Level 3 in accordance with the agreed timescale.
- 18 To receive reports and approve recommendations or appropriate action/s to national surveys, internal or external audit reports, internal or external investigation reports relevant to the work of the QuAG.
- 19 To ensure the implementation of appropriate structures, systems and processes across the Directorate on to deliver safe, high quality, effective care which is continuously improving.

### **Core Membership**

Clinical Director (Chair)  
Head of Service (Deputy Chair)  
Modern Matron/s  
Nurse Consultant/s  
Locality Manager/s  
Professional Leads  
Service Development Manager (Divisional)  
A Consultant Psychiatrist if the Clinical Director is not a Doctor

**Frequency:** Monthly.

**Quorum:** One third of core members.

**Accountable:** LMGB.

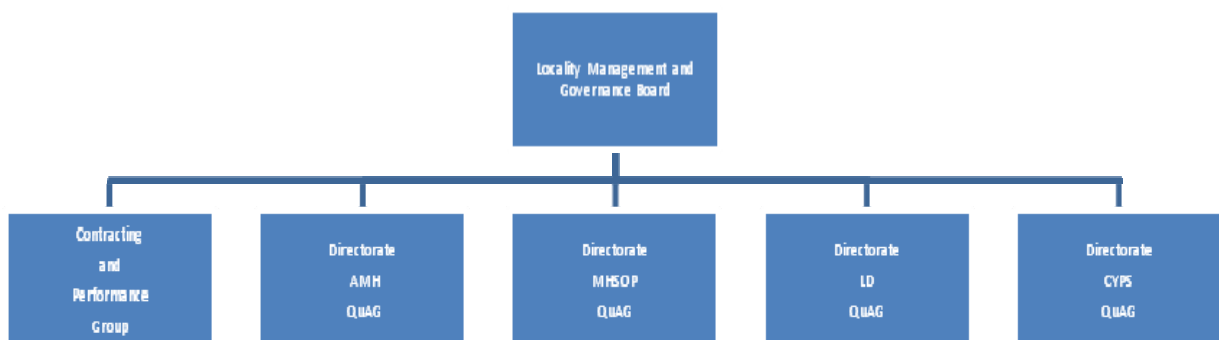
## Local Management & Governance Board Terms of Reference

### 1. Background

The Locality Management and Governance Board (LMGB) is to be established on 1<sup>st</sup> October 2013 to provide a focal point for ensuring the delivery of high quality services across specialties and across the locality, and provide assurance on the quality of service.

The LMGB brings together senior operational leaders and clinical leaders from the locality. The LMGB is a significant body within the overall governance arrangements of the Trust.

The LMGB will have a number of sub-committees. Typically there will be a Directorate Quality and Assurance Group (Directorate QuAG) for each of Adult Mental Health, Mental Health Services for Older People, Learning Disabilities Services and for Children and Young People's Services. In the Forensic locality there will be a Forensic Learning Disability QuAG, a Forensic Mental Health QuAG and probably an Offender Health/Community QuAG. There will also be a Contracting and Performance Group. Other sub-committees can be established from time to time at the direction of the LMGB.



## **2. Function of LMGB**

### **2.1 Key Objectives**

#### **Business Delivery**

- To ensure delivery of the relevant elements of the Trust Business Plan and the whole of the Locality Business Plan.
- To ensure services are delivered in accordance with contracts and customer expectations.
- To ensure the values of the Trust are embedded and that service delivery and operational management is consistent with them.
- To ensure compliance with CQC essential standards and all other legislative and regulatory frameworks that apply.
- To ensure that Trust standards and plans that relate to the locality are achieved.

#### **Governance and Assurance**

- To receive reports from Directorate QuAGs on issues connected to quality, clinical outcomes, compliance, opportunities for learning, issues associated with risks and incidents.
- To compile and regularly review the Locality Risk Register.
- To receive reports and review appropriate data to enable the LMGB to be assured on quality, safety and outcome of services.
- To provide a proportionate level of scrutiny to the work of the Directorate QuAGs to seek assurance and challenge performance.
- To review high level data on the themes and trends associated with patient and carer and staff experience, complaints, incidents (including SUIs) and other investigations and extract locality-wide learning.
- To direct Heads of Service and Clinical Directors to produce action plans and mitigation plans to address gaps in assurance, and escalate any gaps that could be addressed through quality improvement to Divisional QuAG.

#### **Quality Improvement**

- To champion a culture of continuous improvement in line with the Quality Improvement System.

- To support and participate in Divisional QuAGs improvement activities and advise on future programmes.
- To ensure that information is used to inform quality improvement and that decisions are supported by good quality clinical evidence where possible.

### **Strategic**

- To support the development of the Trust's strategic direction.
- To ensure that partnership arrangements are in place with key stakeholders to promote integration, improved outcomes and more efficient pathways.
- To ensure effective Service User and Carer involvement.

### **3. Core Membership**

Director of Operations (Chair)  
 Deputy Medical Director (Vice Chair)  
 Heads of Service  
 Clinical Directors  
 Deputy or Associate Director of Nursing  
 Locality Accountant  
 Locality Planning Manager  
 Locality Human Resources Manager  
 Locality Business Manager

Other senior staff or external advisers may be invited, as required.

### **4. Quorum**

A quorum should not be less than the Chair or Vice Chair, and one third of members which should include at least two CDs or ACDs.

### **5. Accountability**

- The LMGB will provide a quarterly portfolio report to QuAC.
- The LMGB will provide a monthly written exception report to QuAC.
- The LMGB will produce formal minutes.
- The LMGB will receive written reports from each of its approved sub-committees each month.
- The Chair (Director of Operations) will ensure regular reports and exception reports are made to the Board of Directors via QuAC on all assurance issues and any other issues via the Chief Operating Officer.

- The LMGB will produce formal minutes of its meetings within 7 working days.
- Action points will be sent out within 5 days of the meeting.

## **6. Frequency of Meetings**

- The LMGB will meet monthly on the **(to follow)** Thursday afternoon of the month.

## **7. Authority**

This group is (will be) recognised within the Trust's scheme of delegation. Decisions will be limited to those within the remit and authority of the most senior officer of the Committee (usually the Director of Operations).

## **8. Review**

These terms of reference will be reviewed annually at the October meeting of the LMGB and any proposed changes to be approved by QuAC and Chief Operating Officer.