

## Appendix 2 - Monitor meeting agenda and list of invitees



Norfolk and Suffolk NHS FT

Stakeholder Assurance Meeting

Sponsors' Room – Ipswich Town Football Club, Portman Road, Ipswich, IP1 2DA\*

12.30 – 13.30pm 29<sup>th</sup> April 2015

### AGENDA

1. Welcome, apologies and purpose of the meeting
2. Minutes from the previous meeting (19<sup>th</sup> March 2015)
3. Trust presentations on:
  - 3.1. High level progress report (including QIP and CIP, Buddy Trust, and PMO) (10 mins)
  - 3.2. Detailed review of thematic improvement area: Staffing (10 mins)
4. Questions and challenge by stakeholders, and consideration of whether wider support is needed (20 minutes)
5. New quality issues and other matters as arising
6. Agreement of next thematic area and any specific agenda items for next meeting
7. Any other business
8. Closing remarks
9. Date and time of next meeting:

2:00pm to 3:00pm  
Wednesday 13<sup>th</sup> May 2015  
Board Room,  
Hellesdon Hospital,  
Drayton High Road,  
Norwich  
NR6 5BE

\*ITFC is 5 – 10 minutes' walk from Ipswich Rail Station

### The following organisations were represented at this meeting:

Care Quality Commission	Norfolk County Council
Health East CCG	Norfolk Drug & Alcohol Action Team
HealthWatch Norfolk	North Norfolk CCG
HealthWatch Suffolk	Norwich CCG
Heron NHS	South Norfolk CCG
Ipswich and East Suffolk CCG	Unique Health Solutions Ltd
Monitor	West Norfolk CCG
NHS England East Anglia Area Team	West Suffolk CCG
Norfolk & Suffolk NHS Foundation Trust	

## Appendix 3 - Locality Governance Committee Terms of Reference

Date:		
Item:		



### Locality Governance Meeting Terms of Reference

#### 1. Purpose

The purpose of the Locality Governance Committee is to provide dialog within the locality and to disseminate learning both local and trust wide. A key function is also to provide assurance to the Quality Governance Committee that high standards of care are provided by the Locality to service users and carers, and in particular, that adequate and appropriate governance structures, processes and controls are in place within the locality.

Its key function will therefore be on the quality and effectiveness of care provided to service users and carers by NSFT services providing a forum of learning and information from across NSFT to services within the locality related to the key quality domains of

- Patient Safety
- Service User and Carer Experience
- Clinical Effectiveness

#### 2.0 Duties of the Locality Governance Meetings

##### 2.1 Key Objectives:

- Oversee the development of the Localities performance in relation to the Trusts strategy for service and clinical quality, ensuring resources and processes to deliver quality improvement & governance are effectively deployed and monitored via functions such as:
- Monitor progress against the quality goals within the Locality, against those set out within NSFT strategic quality goals and the quality priorities as published in the annual Quality Account and Quality Improvement.
- Monitor service performance within the Locality against the Care Quality Commission's essential standards of quality.
- Examine where improvement in service quality is required, and monitor progress against action plans to address them.
- To identify, investigate and manage risk profiles within the locality via the Risk Register and feedback from services any risks related to service and clinical quality. Providing assurance to the Quality Governance Committee that the principal risks threatening quality are being managed appropriately at all levels within the Trust.

- Identify and share good practice and points of learning for the Locality, using systems and processes in place to disseminate and monitor practice improvement.
- To provide evidence of compliance with standards as laid down by National regularity bodies e.g. Monitor, HSE and CQC.
- To consider compliance against National standards and best practice e.g. NICE guidelines, National legislation and enquiries
- To consider matters referred/reported to the Quality Governance committee by the Locality Governance Meeting;
- Ensure that effective channels exist for Service Users and Carers to raise quality concerns;
- To identify areas of improvement in respect of incident themes and complaint themes from the results of national patient survey/PALS and ensure appropriate action is taken.
- Ensure that senior clinical staff play a key role in quality strategy development and monitoring.
- Promote an organisational culture that enables high quality and compassionate care, using the Trust's Vision and Values to guide behaviour and decision making.
- To foster quality and clinical governance links with primary care, commissioners and other relevant statutory and third sector providers
- To monitor progress & performance against quality standards set by Commissioners, e.g. CQUINS

## **2.2 Accountability and Reporting**

- The Locality Governance Meeting (LGM) is directly responsible to the Trust Quality Governance Committee (QGC)
- The Locality Governance meeting will review its own performance and terms of reference annually or more frequently if necessary, to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Quality Governance Committee for its approval.
- The minutes of all meetings of the Committee shall be formally recorded and ratified at the following meeting, in accordance with Trust standards and submitted to the Quality Governance Meeting .
- The Locality Governance Meeting (LGM) is directly responsible to the Trust Quality Governance Committee (QGC)
- The agenda will be set by the Chair, in consultation with the Vice Chair and circulated seven days prior to the meeting. Items for inclusion or queries must be informed to the Chair at least fourteen days before the circulation of the agenda. This is in accordance with Trust standards.
- Decisions made within the LGM will be referred where necessary to the QGC for ratification, once ratified the information and communication of decisions and changes will be cascaded locally via the LGM systematically to services via members of the LGM.
- Implementation of agreed actions, and processes arising out of the LGM will take place within agreed timescales and reported back to the LGM within the agreed timeframes.

### **3.0 Membership**

Membership will be representative of the locality and services and be reviewed after 12 months

- Chair - Locality Manager or Lead clinician
- Vice Chair – Lead Clinician or Locality Manger
- Modern Matron
- Clinical Service Managers from each service line within the locality
- Service User/ Carer Representative (Chair of local Forum)
- Representative from Clinical Governance Department.
- Locality Health and Safety Representative
- Governor/NED representation
- Nominated Clinical Leaders e.g. Consultant Psychiatrist/Psychologist
- HR business partner
- Finance business partner

In attendance as invited

- Safeguarding representative
- Governor/NED representation
- Facilities and Estates representative
- CCG Representative
- Partnership agency/voluntary secure representative

### **4.0 Quorum**

- A quorum will exist of 6 members being present or deputies. Named deputies will be allowed provided they have full authority to act
- Chair – Locality Manager or Vice Chair Lead Clinician (should be in attendance for a minimum of 10 out of the 12 meetings)

### **5.0 Meeting Schedule**

The Locality Governance meeting will meet on a monthly basis.