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| Summary Report – Trust Board Meeting (Part 1) | Date: 31 October 2012 |
| Report Title: Management Governance Arrangements | |
| Agenda Item: 17 | Enclosures: none |
| Sponsor: Executive Director Nursing, Compliance, Assurance and Standards | Presenter: Hazel Watson/Emma Roberts |
| Report Author: Company Secretary | |
| Report discussed previously at: | ET, Board Strategy Session and TWMG |

| Purpose of the Report and Action required | | |
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| To provide the Board with a further update in relation to plans to achieve compliance with Fit for the Future recommendations 2.6a and 2.6b. | Approval | |
| | Discussion | |
| | Information | |

Executive Summary of Key Issues

As part of the work to strengthen the Trust’s overall governance arrangements, in response to the Fit for the Future Plan (recommendations 2.6a and 2.6b) the Nursing, Compliance, Assurance and Standards Directorate is leading several streams of work to redesign the approach to assurance and the processes that support this. This includes:

- How assurance is provided to the Board
- Improving the process for managing risk registers and how they link to the Board Assurance Framework
- Using regulatory standards and accreditation as a means to improve quality, safety, and the management of risk

Earlier in the year, the Chair led a process of review and renewal of the Board Committee structure, and the Company Secretary is leading a review of the mechanics of governance support.

At the same time, the Chief Executive led a review of the Executive/Senior Management structures in the Trust, to ensure that decision making bodies are appropriately constituted and supported.

In reviewing how assurance is provided to the Board, it has become clear that the system of current ‘management groups’ is ineffective. The reporting lines between ‘ward’ and ‘board’ have become blurred through the incorrect classification of management groups as ‘assurance groups’ and therefore there has been a need to review the structures underpinning the Executive Management Team (as was), now the Trustwide Management Group.

This paper should be considered in conjunction with the next report on the agenda, and presents the result of a review of the systems and processes through which management

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accountability can be exercised (Management Groups).

Which Strategic Objective does this paper address

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| A sustainable value for money business | Y |
| Excellent service user access and experience | Y |
| Excellent partnership working with other organisations | Y |
| Effective engagement and improvement in staff satisfaction | Y |

Link to Fit for the Future Implementation Plan

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|------|------|
| 2.6a | 2.6b |
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Corporate Impact Assessment

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| Quality and Safety implications | none |
| Corporate Risk Register | none |
| FGEB (Trust ALE replacement) | none |
| IG Toolkit | none |
| Equality Impact Analysis | none |

Recommendations to other committees

Once accepted, the Trustwide Management Group, at its meeting on 7 November, will cascade the new structure and ensure its effective implementation.

Recommendation/Decision

The Board is recommended to **note** the report and **endorse** the approach.

Management Governance Arrangements

1. Overview

- 1.1. As the Board is aware from previous Board reports, the Trust has been leading a process of review and change in relation to its assurance and quality systems in processes. This focus followed a series of recommendations from the Independent Review of Governance published in July 2012.
- 1.2. Fit for the Future Action Plan recommendation 2.6a and 2.6b frames the requirements for the organisation to review its governance structures and quality assurance processes to ensure effectiveness.
- 1.3. The Board considered the proposed quality assurance framework in some detail at its Board Strategy Session held on 22 October 2012.
- 1.4. This paper sets out the proposals in relation to governance and management structures and should be considered alongside Report x later on the agenda.

2. Analysis and Discussion

- 2.1. It was felt important, in the course of the review phase, to ensure that a range of clinicians and managers contributed to the thinking around improvements in quality and governance systems.
- 2.2. An Assurance Workshop was held on 19 September 2012, with the purpose of engaging with the Trustwide Management Group and a significant number of members of NCAS and Operations Directorate, in a debate on governance and assurance structures and processes going forward.
- 2.3. Workshop members supported the streamlining of assurance meetings and agreed a framework for reporting on quality metrics which would provide an enhanced early warning system from ward to board.
- 2.4. At this point, the project has been split into two.
- 2.5. The first piece of work, and the focus of this report, is to review and recommend a new structure for the management groups underpinning the Trustwide Management Group and the Executive team.
- 2.6. The second, and larger piece of work, is to review and recommend a new approach to quality assurance. The action associated with this is set out in the Board Report x.

3. The Challenges

- 3.1. At the workshop referred to above, 92 management groups were identified.
- 3.2. This is an unsustainable number of meetings for any of our staff to attend, but moreover, without clear tasks and delegated authority, concern was expressed that many of these meetings or management groups were not able to deliver.
- 3.3. It was therefore agreed that there would be a smaller number of management groups identified which would each take on a specific focus, clear lines of accountability and delegation, and be held to account for their delivery by the Trustwide Management Group.
- 3.4. In addition, there will be a small framework of professional development groups, underpinning an enhanced role for the Professional Council.

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- 3.5. Executive Directors are to determine how best to lead and manage their own functions, and therefore which management meetings etc are required. However, it is agreed that where possible, meetings will be short, effective and informal.
- 3.6. The Trust will continue to promote the use of multi-disciplinary working groups, focus groups and development meetings. However, groups should only be continued if they are useful, and deliver a clear purpose. Working groups will be time limited, and disbanded at the end of their task. Senior Managers will be required to review and decide which working groups are required in the most effective use of resources and focus.

4. The proposals

- 4.1. As the Board is aware, the Chief Executive discharges his or her functions through the Trustwide Management Group. This Group comprises the Executive Team and Service and Clinical Directors. As such, this group is the body through which the organisation is led and managed.
- 4.2. Underpinning the Trustwide Management Group will be a smaller number of focused Management Groups. The proposed structure is set out at Appendix 1 and the old structure set out at Appendix 2. A summary of the proposed changes is highlighted in the next section of the report.
- 4.3. The detail of the functions of the groups is to be developed through the process of definition of terms of reference, and these will then be approved by the Trustwide Management Group, in accordance with its delegations.
- 4.4. The Scheme of Delegation will be amended to reflect changes in the function of these groups, and to enable appropriate decision making.
- 4.5. Trustwide Management Group will hold the groups to account for delivery.
- 4.6. It is intended that the rationalisation of management groups, and identification of appropriate reporting mechanisms, will form one element of achieving an effective framework of accountability and assurance.
- 4.7. The proposals will be implemented immediately on endorsement of the framework by the Board.

5. Conclusion

- 5.1. Through a rigorous process of review and rationalisation, a significantly refined framework of management governance has been identified, which, with revised scheme of delegation, will enable one element of achieving an effective framework of accountability and assurance.

6. Recommendation

- 6.1. The Board is invited to **endorse** the new framework, noting that it is for the Trustwide Management Group to approve the terms of reference of each new group.

7. Additional Report Contributors

- 7.1. Name – Emma Roberts Company Secretary, Linda Hutchings Head of Risk and Compliance

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| For the Part 1 Session sponsored by Executive Director Nursing, Compliance, Assurance and Standards | | |
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