

Council of Governors General Meeting in Public

Tue 13 July 2021, 14:00 - 16:00

Microsoft Teams

Agenda

1. Welcome and introductions

Ken Jarrold, Chairman

2. Apologies for absence

Ken Jarrold, Chairman

3. Declarations of Interest

Ken Jarrold, Chairman

4. Minutes of the previous meeting held 13 May 2021

Ken Jarrold, Chairman

 4. Draft Minutes CoG 13 May 2021.pdf (6 pages)

5. Matters arising not included on the agenda (including action log)

Ken Jarrold, Chairman

 5. Governors Board Action Log.pdf (1 pages)

Business Items

6. Chairman's Report

Ken Jarrold, Chairman

7. Chief Executive Report

John Lawlor, Chief Executive

 7. CEO Report July.pdf (4 pages)

8. Equality, Diversity and Inclusion update

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9. Nomination Committee update - Nomination Committee update

verbal

Ken Jarrold and Margaret Adams, Chairs of Nomination Committee

10. Lead Governor Appointment Process

Debbie Henderson, Director of Communications and Corporate Affairs 10. Process for the appointment of a Lead Governor.pdf (4 pages)

11. Governor Questions

Ken Jarrold, Chairman

Note: Questions relating to the agenda and papers may be asked at the meeting.

For issues not covered by this meeting, questions must be submitted at least 3 working days in advance by emailing corporateaffairs@cntw.nhs.uk

Governor feedback

12. Feedback from Resource and Business Assurance Committee

Bob Waddell, and Victoria Bullerwell, Governor representatives

13. Feedback from Audit Committee

Tom Bentley and Stephen Blair, Governor representatives

14. Feedback from Quality and Performance Committee

Margaret Adams and Anne Carlile, Governor representatives

15. Feedback from Mental Health Legislation Committee

Fiona Grant and Denise Porter, Governor representatives

16. Feedback from Provider Collaborative Committee

Fiona Regan and Cath Hepburn, Governor representatives

17. Update from Governors Nomination Committee

Ken Jarrold, and Margaret Adams, Co-Chairs

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18. Update from Governors Steering Group

Ken Jarrold, Chairman

19. Update from Governors Quality Group

Margaret Adams, Chair

20. Feedback from Governors Advisory Committee

Anne Carlile, Deputy Chair

21. Feedback from Governor External Events and Meetings

Governor attendees

22. Feedback from Governance Group

Debbie Henderson, Director Communications and Corporate Affairs & Trust Board Secretary

23. Board of Directors meeting minutes (discussion by exception only)

Ken Jarrold, Chairman

- 26th May 2021

24. Any Other Business

Ken Jarrold, Chairman

25. Date and Time of Next Meeting

Wednesday 15th September 2pm - 4pm via Microsoft Teams

TBC

Big Issue Items

26. Liaison and Diversion - Criminal Justice System

Presentation

Rajesh Nadkarni, Executive Medical Director

27. Support for Service Users and Carers while on waiting lists

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**Draft Minutes of the Council of Governors Virtual Meeting held in public
Wednesday, 13 May 2021 from 2pm – 4pm
via Microsoft Teams**

Present:

Ken Jarrold	Chair
Margaret Adams	Public Governor, South Tyneside
Stephen Blair	Public Governor, Newcastle, Rest of England and Wales
Russell Bowman	Service User Governor, Neuro Disability Services
Victoria Bullerwell	Staff Governor, Non-Clinical
Anne Carlile	Carer Governor, Adult Services
Cllr Kelly Chequer	Appointed Local Authority Governor, Sunderland
Revell Cornell	Staff Governor, Non-Clinical
Dr Uma Ruppa Geethanath	Staff Governor, Medical
Fiona Grant	Service User Governor, Adult Services (Lead Governor)
Cllr Maria Hall	Appointed Local Authority Governor, Gateshead Council
Cllr Paul Richardson	Local Authority Governor, North Tyneside
Claire Keys	Staff Governor, Clinical
Denise Porter	Voluntary Services Governor, Rethink Mental Illness
Fiona Regan	Carer Governor, Learning Disability Services
Janice Santos	Carer Governor, Children and Young People's Services
Bob Waddell	Non-Clinical Staff Governor
Tom Rebar	Service User Governor, Adult Services
Annie Murphy	Community and Voluntary Sector Governor
Allan Brownrigg	Clinical Staff Governor

In Attendance:

Alexis Cleveland	Non-Executive Director and Deputy Chair
David Arthur	Non-Executive Director
Dr Les Boobis	Non-Executive Director
Peter Studd	Non-Executive Director
Darren Best	Non-Executive Director
Paula Breen	Non-Executive Director
John Lawlor	Chief Executive
James Duncan	Deputy Chief Executive and Executive Finance Director
Dr Rajesh Nadkarni	Executive Medical Director
Gary O'Hare	Executive Director of Nursing and Operations
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Lynne Shaw	Executive Director of Workforce and Organisational Development
Ramona Duguid	Chief Operating Officer
Debbie Henderson	Director, Communications and Corporate Affairs
Kirsty Allan	Acting Corporate Affairs Manager (Minute Taker)
Jayne Simpson	Corporate Affairs Officer
Emma Shipley	Associated Director for Workforce and Organisational Development
Chris Rowlands	Equality and Diversity Lead

Apologies:

Tom Bentley	Public Governor, Gateshead
Mohammed Rahman	Clinical Staff Governor
Michael Robinson	Non-Executive Director

1. Welcome and Introductions

Ken Jarrold introduced the meeting and welcomed everyone joining virtually via Microsoft Teams.

2. Apologies for absence

Apologies received for absence were as recorded above.

3. Minutes for approval and Action Log

The minutes of the meeting held on 9 March 2021 were agreed to be a true and accurate record of the meeting.

Approved:

- **The minutes of the meeting held on 9 March 2021 were agreed as an accurate record.**

4. Matters arising not included on the agenda

None to note.

5. Declarations of Interest

There were no conflicts of interest declared for the meeting.

Business Items

6. Chair's Report

Ken Jarrold referred to the important focus on work related to Equality, Diversity and Inclusion within the Trust and noted that discussions had taken place at the Governors' Quality Group in this regard. Ken was pleased to note that an update on these issues would be provided under item 23 of the agenda. Acknowledging a potential conflict of interest, Margaret Adams had kindly agreed to Chair that item due to Ken's role as the Non-Executive Director Lead for Equality and Diversity.

Ken shared his concerns regarding the challenges for the NHS moving into the future including forthcoming legislative changes relating to structures and governance for Integrated Care Systems and new ways of working. Ken continues to work closely with John Lawlor to ensure the Board of Directors and Council of Governors are kept up to date with various discussions taking place across the North East and North Cumbria system.

Resolved:

- **The Council of Governors received and noted the Chair's Report**

7. Chief Executive's Report

John Lawlor welcomed and introduced Ramona Duguid, Chief Operating Officer of the Trust who commenced in post 5 April 2021.

John referred to the Children and Adolescent Mental Health Services (CAMHS) virtual stakeholder event which took place on 29 March 2021. The session was attended by a wide range of stakeholders including commissioners, local authority colleagues, local councillors, Directors of children services, Healthwatch, Police colleagues, staff from CNTW and TEWV,

NHS England / Improvement as well as family members with experience of using the CAMHS services. John advised that the service, Lotus Ward, was open to admissions and would take a phased approach to reaching the units full 10-bed capacity.

John Lawlor referred to delays with regard to national guidance on the implementation, structure and governance associated with Integrated Care Systems. He noted that Sir Simon Stevens, Chief Executive of the NHS would be standing down from his role at the end of July 2021 which may result in further delays associated with the proposals for legislative change.

John Lawlor provided an update on the complexities of the 2021/22 planning processes and noted that plans had been submitted at an ICS level. John advised a significant amount of work had taken place but acknowledged the challenges in the year-ahead for the Trust in terms of agreeing priorities for year.

8. Nomination Committee Update – Re-appointment and Appointment of Non-Executive Directors

Ken Jarrold referred to a closed Governor meeting held earlier in the day to discuss the recommendations of the Governors' Nomination Committee with regard to the re-appointment of Alexis Cleveland as Non-Executive Director and the appointment process to replace forthcoming vacancies when Les Boobis and Peter Studd stand down from their current terms of office on 30 June and 31 December respectively.

Ken confirmed Alexis Cleveland, Non-Executive Director (NED) had agreed to serve a further term of office of 12 months from 1 July 2021. Alexis Cleveland thanked Ken Jarrold and the Governors for the invitation to stand for a further term.

With regard to the forthcoming vacancies, and recognising the skills gap within the Board, Ken confirmed that a recruitment process would commence with the intention to welcome applications with a particular focus on clinical experience, commercial and business planning, workforce and people management and community and voluntary sector. Ken also noted that within the appointment process careful attention would be made to equality, diversity and inclusion and the process would include actively encouraging applications from people from a BAME background and people with other protected characteristics.

Given the importance of the recruitment process, Ken advised that the Nomination Committee would be appointing an external recruitment firm to support the search element of the process.

Ken noted that the meeting was Les Boobis' last meeting in his role as Non-Executive Director. On behalf of the Council of Governors, Ken thanked Les for his contribution to the Council of Governors which had been welcomed and valued during his term, particularly on the quality agenda and his support of the Governors' Quality Group.

Resolved

- **The Council of Council of Governors noted the Nomination Committee Update regarding the re-appointment and appointment of Non-Executive Directors**

9. Appointment of Vice Chair and Senior Independent Director

Ken Jarrold referred to a closed Governor meeting held earlier in the day to discuss proposals regarding the appointment of the Senior Independent Director and Vice Chair. The Council's views were sought and a recommendation regarding the appointment of both roles would be made at the May meeting of the Board of Directors.

10. Governor's Questions

None to note.

Governor Feedback

11. Feedback from Resource and Business Assurance Committee (RABAC)

Bob Waddell referred to the recent meeting and provided assurance to the Governors that the Committee continued to operate in accordance with the Terms of Reference.

12. Feedback from Audit Committee

David Arthur noted that the meeting of the Audit Committee had been rescheduled to align with the year-end reporting procedures.

13. Feedback from Quality and Performance Committee

Margaret Adams referred to the recent meeting of the Committee which included an in-depth review of the South Locality CBU with an excellent presentation from Anthony Deery, Group Director. The Committee also reviewed Safer Care and Safer Staffing as well as reviewing the Trust's disciplinary processes with Lynne Shaw, Executive Director of Workforce and Organisational Development and Michelle Evans, Deputy Director.

Alexis Cleveland referred to the South Locality CBU presentation and highlighted the focus on children and young people's waiting times and the review of Rose Lodge following the recent Mental Health Act Reviewer visit.

14. Feedback from Mental Health Legislation Committee

Denise Porter provided an update on the recent meeting of the Committee involving a detailed discussion regarding Terms of Reference, delegation of responsibility and training relating to the new liberty protection safeguard.

Les Boobis referred to a discussion regarding the potential impact of the judicial review on Community Treatment Orders.

15. Feedback from Provider Collaborative Committee

Fiona Regan provided feedback following the first meeting of the Committee which included an overview of the structure and arrangements for Provider Collaboratives. Fiona stated that the Committee was well structured and organised to achieve the objectives delegated to it, however noted acknowledgement of the Committee that further work was required with regard to engagement of service users and experts by experience.

Lisa Quinn noted that an engagement strategy had been developed across the Provider Collaborative Partnership which would be monitored via the Committee going forward.

16. Update from the Governors Steering Group

Ken Jarrold advised that the Group continued to focus on the business of the Council of Governors.

Ken Jarrold referred to the developments of the membership engagement strategy and conveyed thanks to Debbie Henderson, Kirsty Allan and Jayne Simpson who were working hard to continue to engage with members and local population, despite the challenges of the pandemic in terms of restrictions.

17. Update from the Governors Quality Group

Margaret Adams provided an update following the meeting held on 6th May and noted that the meeting was Les Boobis' final meeting prior his leaving the Trust at the end of June. On behalf of the Quality Group, Margaret thanked Les for his unwavering support to the Group during his term as Non-Executive Director and wished him well for the future.

A presentation regarding New Models of Care was provided to the Group by James Duncan and Kedar Kale, North Locality Group Medical Director. Margaret advised that it was a good visual model providing an example of the integrated working across the system.

A review of the new Points of View dashboard was given by Allan Fairlamb, Deputy Director of Commissioning and Quality Assurance and an increase in response rates was noted.

18. Feedback from Governor Advisory Committee (GAC)

Anne Carlile referred to a meeting of the new recently appointed Committee members and highlighted an interesting meeting comprised of workshops to discuss the remit and role of the GAC. Chris Hopson, Chief Executive of NHS Providers attended the meeting to discuss Integrated Care Systems, social prescribing and links to Primary Care.

19. Feedback from Governor External Events and Meetings

Fiona Regan provided an update following attendance at two conferences led by the National Autistic Society. The conferences discussed issues including: mental health and the impact of the COVID-19 pandemic; the Mental Health Act White Paper; offenders and the justice system, specifically those with a learning disability and/or autism.

20. Board of Directors meeting minutes (discussion by exception only)

None to note.

Big Issue Items

21. BAME and Equality, Diversity and Inclusion (EDI)

Margaret Adams chaired the meeting for this item

Margaret Adams introduced Lynne Shaw and Rajesh Nadkarni, Executive Medical Director who attended to provide a presentation which you can view [here](#).

Lynne Shaw made particular reference to the importance of the Equality Act and Public Sector Equality duties. Lynne noted that the Trust was required to publish information to demonstrate compliance to the public sector equality duty and prepare and publish equality objectives every four years.

In 2018, the Trust developed a new EDI strategy which was ratified by the Trust Board in November 2018. The strategy was developed with support and input from staff across the organisation. The refresh of the strategy, due for renewal in 2022, had been brought forward to be undertaken during 2021.

Rajesh Nadkarni referred to a number of important milestones during the past 12 – 18 months including: the tragic death of George Floyd; the Black Lives Matter and Social Justice movement; and the impact of COVID-19.

Les Boobis asked why performance metrics relating to Trust ethnic minority staff being less likely to succeed, has deteriorated. Rajesh advised that evidence taken from sources such as the Workforce Race Equality Standards demonstrated that from a recruitment perspective, the Trust was unable to demonstrate that people from black and minority ethnic backgrounds were not progressing through career pathways in the same way. Rajesh Nadkarni confirmed that specific work was planned to explore and review the Trust recruitment processes in this regard.

Annie Murphy referred to the latter part of the presentation regarding communities and highlighted a piece of work undertaken some 10 years ago regarding attitudes towards mental health and disability within certain communities. Annie stated that the work highlighted the cultural stigma within those communities around mental health and suggested that a specific piece of work was required regarding the cultural communities in this regard.

John Lawlor referred to discussions with some members of staff who had raised concerns and expressed disappointment to hear some of the issues raised including being excluded within teams; being treated differently because of their race; being frightened of the consequences raising issues to management. John emphasised the significant amount of work required to not only build confidence within the BAME workforce but also, to raise awareness within the whole workforce regarding the importance of values, behaviours.

Tom Rebar referred to service users and asked if they feel empowered to raise issues if there were similar issues. He asked if there was anything further the Trust could do to highlight how to raise concerns and any support which could be provided during the process. Rajesh referred to the proposed changes in the Mental Health Act which will focus on Human Rights and changing culture and advised that the Trust would be undertaking further work in this areas.

Victoria Bullerwell referred to the importance of retention as well as recruitment as part of the inclusion agenda and the ability for everyone to be their whole self, which includes the confidence to talk about, or raise issues.

Fiona Regan referred to the Freedom to Speak up service within the Trust for staff. As Non-Executive Director Lead, Les Boobis noted that a review had recently took place and there were no particular issues of any direct discrimination in the workplace relating to issues of race or colour.

John suggested a review of the Freedom to Speak up Champions, a role which has been encouraged and supported so staff have access to someone in their area should they wish to raise any concerns, in terms of ensuring the Champions represent the diversity of the workforce.

As NED Lead for EDI, Ken Jarrold thank everyone taking part in the very important discussion and noted that it was clear to all, having heard the presentation, a significant amount of work was required to address EDI issues systemically and culturally across the Trust.

Ken did note the work being undertaken by the Trust and suggested further updates on progress through the priority areas.

Action:

- **Include Equality, Diversity and Inclusion as a regular agenda item at future Council of Governor meeting to provide an update on progress against priority areas**

22. Any Other Business

None to note.

23. Date, Time and venue of the next meetings:

Council of Governors meeting held in Public 13 July 2021, 2pm – 4pm.

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Council of Governors Public Meeting 9th March 2021

Action Log as at 9th March 2021

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
13.05.21 (21)	Equality, Diversity and Inclusion	Add as a standing agenda item.	Debbie Henderson		
Completed Actions					
12.11.20 (05)	Great North Care Record	Presentation to future Council of Governors	Debbie Henderson	March	Discussed at Steering Group and will be planned into a future Council Governors Meeting.
12.11.20 (04)	Points of You	Briefing relating to Points of You feedback methods, in particular regarding Learning Disability and Autism.	Lisa Quinn		Provided to Governors via weekly bulletin April 2021.

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**Council of Governors Meeting
13 July 2021**

Title of report	Chief Executive' Report
Report author(s)	John Lawlor, Chief Executive
Executive Lead	John Lawlor, Chief Executive

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve “no health without mental health” and “joined up” services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Corporate Decisions Team (CDT)	N/A
CDT – Quality	N/A
CDT – Business	N/A
CDT – Workforce	N/A
CDT – Climate	N/A
CDT – Risk	N/A
Business Delivery Group (BDG)	N/A

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

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Council of Governors Meeting 13 July 2021

Trust updates

- **Annual Staff Excellence Awards**

The events of the last year have shown us all that we have a great deal to be proud of. Each year we hold our annual staff awards to celebrate the achievements of our staff. In May, Nominations opened for our 12th annual Staff Excellence Awards and we have received the largest number of nominations to date with 868 submissions.

Our Staff Excellence Awards celebrate the dedication, hard work and achievements of CNTW and NTW Solutions staff members who've made a real difference to service users, carers or work colleagues. We are hoping that our Awards ceremony will be held face to face on 3rd September however, if this is not possible, we will hold a virtual ceremony, as we did last year, enabling staff, their family and friends to join us the celebrations.

- **Annual Plan and Priorities 2021/22**

Work has commenced on setting out our annual plan for the year, recognising the context within which we have started 2021/22. In order to ensure our priorities are focussed on the key issues affecting our patients and staff, we have reviewed these considerably during June with the senior leadership team. The importance of recognising the stability and focus in relation to the COVID19 pandemic, including the learning we have gained in new ways of working will remain a constant feature in how we deliver services safely from a COVID19 perspective.

The priorities we have set focus on the front-line service delivery issues this year whilst also recognising the continued focus we need as the development of the integrated care system and placed based partnerships progress across the North East and North Cumbria continue to take shape and evolve.

- **Quarterly Staff Report**

A Quarterly Staff Survey (as outlined in the NHS People Plan) is to be rolled out across the NHS from July 2021. It will be carried out in April, July and January each year with the NHS Staff Survey held in Quarter 3. All staff will be given the opportunity to take part in each of the quarters and will be asked the nine engagement themed questions from the annual NHS Staff Survey which will be held online due to the time constraints and requirements around date submission.

The method of data collection is flexible and the Trust has decided to use the national People Pulse as the method of delivery initially with ongoing review. A communications plan is currently being developed to support the survey.

Nationally, the results will be available one month after submitting the data to allow for the data to be validated, quality assured and published nationally. The Quarterly Staff Survey will run alongside the annual NHS staff survey, providing a more regular insight into the working experience of our NHS people at a high level.

Results will be overseen by Corporate Decisions Team – Workforce Sub-Group and used alongside other data to support ongoing work across the Trust.

- **Armed Forces Network**

An Armed Forces Staff Network has recently been launched across the Trust. The Network aims to ensure the Trust provides sufficient support to staff who are connected with the armed forces. It will meet quarterly and be open to staff who are part of the reserves or cadets, who have served within any branch of the armed forces, and those with family or partners who are currently serving or veterans. Staff with responsibilities for the Trust's specialist services for veterans will also be involved.

The Network is co-chaired by Richard Lloyd and Dave Goldsmith (both ex armed forces) and is meeting quarterly. The first meeting on 7 June 2021 was well supported with representation from all three services, reservists, cadets and families of forces personnel. Feedback from Facebook communications and local news outlets (Cumbria Crack) has been really positive.

The Network will also be key to helping the organisation fulfil its duties under the Armed Forces Covenant and the requirements of being a Veterans Aware organisation. The Trust signed the Armed Forces Covenant in February this year and was accredited as a Veteran Aware Trust by the Veterans Covenant Healthcare Alliance (VCHA) in April. Currently a Bronze Award is held under the Defence Employer Recognition Scheme (ERS), and work has commenced to achieve a Silver Award.

Regional updates

- **Mental Health Medical Leadership post**

Following agreement between Medical Directors of CNTW and NUTH, a position has been created within Medical Leadership of Newcastle Acute Trust for a CNTW employed psychiatrist to lead on mental and physical health interface issues. This position will be directly answerable to the Medical Director within NUTH to improve services in the acute hospital trust from a mental health perspective. It is the first initiative of its kind nationally and will lead to further improvements in this area.

National update

- **Collaborating for Better Care**

Attached as 'Appendix A' is a publication from Providers Deliver: Collaborating for better care which focuses on ways in which providers are collaborating to address common challenges, provide more integrated care pathways and deliver more sustainable services.

- **ICS Design Framework**

NHS England and NHS Improvement has published a new integrated care system (ICS) design framework, to support progression and development. It sets out some of the ways NHS leaders and organisations will operate with their partners in ICSs from April 2022. It is subject to legislation, which is expected to begin passage through Parliament before the end of summer. Key elements that the framework seeks to describe are set out below:

- the functions of the ICS Partnership, involving all stakeholders including Local Authorities, to align the ambitions, purpose and strategies of partners across each system
- the functions of the ICS NHS body, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population
- the governance and management arrangements that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives

- the opportunity for partner organisations to work together as part of ICSs to agree and jointly deliver shared ambitions
- key elements of good practice that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight
- the key features of the financial framework that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level
- the roadmap to implement new arrangements for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

This is an ambitious and significant change for the NHS, and one which will be challenging to deliver, given that the necessary legislation has not yet passed through Parliament and we have a new Secretary of State. The Framework sets out a high degree of flexibility in design and implementation of the ICS and this is subject to significant discussion and debate across the North East and North Cumbria.

The Trust continues to advocate for primacy of place, allocation of resources to meet population needs, an inclusive governance structure and a federal rather than centralised ICS approach.

- **Disparity Ratios**

The National Workforce Race Equality Standard (WRES) programme has developed 'disparity ratios' which highlight how staff with minority ethnic backgrounds are represented at different levels in each Trust in a bid to tackle 'racist practice' in the NHS.

The data, which has been submitted by organisations as part of the WRES 2020 survey has been used to calculate the disparity ratio and has been created to indicate the differences in progression between white people and those from an ethnic minority background through the ranks of each organisation. The data is presented at three tiers:

- bands 5 and below ('lower')
- bands 6 and 7 ('middle')
- bands 8a and above ('upper')

Initial information has now been received by each organisation with additional analysis/interpretation expected through webinars and regional meetings. A further update will be provided for a future Board meeting.

- **Westminster Hall debate – Children and young people's mental health**

Attached as 'Appendix B' the NHS Providers June 2021 briefing which provides an update on current pressures in children and young people's mental health services as well as improving access to mental health services and highlights what Trusts are doing despite the challenges faced.

John Lawlor
Chief Executive
July 2021

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Report to the Council of Governor meeting 13th July 2021

Process for the appointment of a Lead Governor

1. Introduction

Foundation Trusts (FTs) are required by NHS England/NHS Improvement (formerly Monitor) to have in place a nominated 'Lead Governor'.

The role of the Lead Governor is to be a conduit for direct communication between NHSE/I and the Council of Governors in the limited number of circumstances in which it may not be appropriate to communicate through the normal channels of Trust Chairman and Company Secretary. The role description is outlined in Appendix 1.

2. Role of the Lead Governor

NHSE/I is clear in its expectation that such direct contact between itself and a Council of Governors will be rare. The main circumstances in which NHSE/I will contact a Lead Governor are when NHSE/I has concerns about the Board's leadership which could potentially lead to NHSE/I using its formal powers to remove the Chairman or Non-Executive Directors (NEDs). Given that the Council of Governors is responsible for appointing the Chair and NEDs, then NHSE/I is likely to want to discuss such action with the Governors.

NHSE/I does not expect direct communication with Governors until such time as there is a real risk that the FT may be in significant breach of its Provider Licence/Terms of Authorisation. Should individual Governors wish to contact NHSE/I with such concerns, then they expect this to be through the Lead Governor.

Other circumstances where NHSE/I may wish to contact a Lead Governor is where NHSE/I is aware that the process for the appointment of the Chair or other members of the Board; elections for Governors or other material decisions, may have not complied with the Trust's Constitution, or alternatively whilst complying with the Constitution, may be inappropriate.

In such circumstances, the Lead Governor may be a point of contact for NHSE/I if the Chairman, other Board members or the Company Secretary, have been involved in the process by which these appointments or other decisions were made.

In summary, the role of the Lead Governor is therefore: to act as a clearly identified point of contact between NHSE/I and the wider Council of Governors should particular issues in respect of the Trust's governance arise.

In the normal course of a well-governed Trust, contact between NHSE/I and the Lead Governor is unlikely to be required.

3. Additional responsibilities

In line with the NHS Act 2006 and Health and Social Care Act 2012 the Trust's Constitution states that the Trust Chairman will chair the Council of Governors (or in their absence, Vice-Chairman of the Trust). However, there will be certain occasions when it will not be appropriate for the Chairman or Vice-Chairman to preside at meetings of the Council of Governors.

The Constitution, therefore, states that the Lead Governor will preside at the part of a Council of Governors meeting that the Chairman and Vice-Chairman are either absent or disqualified from participating in. Again, this should only be in a limited number of circumstances.

4. Nomination/appointment process

Any Governor (either service user, carer, public or staff) who express an interest in becoming Lead Governor shall submit a short statement (300 words maximum) on how they are suited to the role (referencing the role description) to the Company Secretary.

- The Company Secretary shall circulate all statements to members of the Council of Governors (excluding those who have self-nominated as Lead Governor) together with a ballot/nomination paper bearing the names of all of the candidates and a stamped addressed envelope.
- Ballot returns will be opened in the presence of the Senior Independent Director, David Arthur, and the result of the ballot will be communicated to Governors at the meeting scheduled to take place 10th November.
- The above will be based on a 'first past the post' approach and the Governor with the highest number of votes will be appointed as Lead Governor.
- The meeting will also confirm that the role of Lead Governor will be reviewed every three years or when the term of office of the Governor holding the post of Lead Governor is due to expire.
- Nominations must be self-nominated. An individual cannot submit an expression of interest on behalf of another Governor.
- At any time during the process, people considering putting forward an expression of interest can arrange an informal discussion with the Chairman and/or Lead Governor regarding the expectations of the role.

It is also intended to propose the appointment of a Deputy Lead Governor on the same basis as that detailed above.

5. The ballot

- Expressions of interest in the role of Lead Governor will be submitted to Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary by **Tuesday 31 August 2021**

- Expressions of interest received will be circulated to the Council of Governors (excluding those who submitted an expression of interest) by **Friday 3rd September 2021**. Along with a ballot papers/voting forms and a stamped addressed envelope.
- Completed ballot papers should be returned to Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary by **Friday 24th September 2021**.
- A report on the outcome of the vote including the recommendation to appoint the successful candidate will be presented to the Council of Governors meeting to be held on Wednesday 10th November.

Debbie Henderson

**Director of Communications and Corporate Affairs/Company Secretary
July 2021**

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Person Specification and role for Lead Governor of the Council of Governors

The Role

The main duties of the Lead Governor will be to:

- Act as a point of contact for NHSE/I should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate.
- Be the conduit for raising with NHSE/I any Governor concerns that the FT is at risk of significantly breaching the Trust Provider Licence/Terms of Authorisation, having made every attempt to resolve any such concerns locally first and foremost.
- Chair such parts of meetings of the Council of Governors which cannot be chaired by the Chair or Vice-Chair due to a conflict of interest in relation to the business being discussed.
- Be the point of contact for any NHSE/I surveys/communications etc., specifically aimed at Lead Governors, and respond on the Council's behalf.
- Support any ad-hoc pieces of work as required by the Chairman and/or Company Secretary
- Lead ad-hoc pieces of work on as required by the Chairman and/or Company Secretary where it is appropriate to do so.

The Person

To be able to fulfil this role effectively the Lead Governor will:

- Have the confidence of Governor colleagues and of members of the Board of Directors
- Have a willingness to challenge and engage with Trust representatives including the Chair, Board of Directors and Director of Communications and Corporate Affairs/Company Secretary constructively
- Have the ability to influence and negotiate
- Be able to present well-reasoned argument
- Be committed to the success of the Trust
- Have the ability to Chair meetings showing leadership in areas where views may be divided
- Understand the role of NHSE/I and the basis on which NHSE/I may take regulatory action
- Be able to commit the time necessary to fulfil the role

Appointment as Lead Governor will be for a three-year term or until the current post-holders term of office comes to an end (whichever occurs first).

Cumbria, Northumberland Tyne and Wear
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