

Council of Governors General Meeting in Public

Wed 10 November 2021, 14:00 - 16:00

The Crowne Plaza and Microsoft Teams

Agenda

1. Welcome and apologies for absence

Ken Jarrold, Chairman

2. Declarations of Interest

Ken Jarrold, Chairman

3. Minutes of the meeting held 13 July 2021

Ken Jarrold, Chairman

 4. Draft Minutes CoG 13 July 2021 final checked.pdf (6 pages)

4. Action log and matters arising

Ken Jarrold, Chairman

Business Items

5. Chair's Update

Ken Jarrold, Chairman

6. Lead Governor Appointment for approval

Ken Jarrold, Chairman

 6. Lead Governor appointment.pdf (4 pages)

7. Chief Executive's Report

John Lawlor, Chief Executive

 7. CEO Report November.pdf (7 pages)

8. Equality, Diversity and Inclusion Update

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9. Governor sub-group Terms of Reference Review for approval

Debbie Henderson, Director of Communications and Corporate Affairs

9.1. Nomination Committee

Ken Jarrold and Margaret Adams, Co-Chairs

📄 9.1 - Nomination Committee Terms of Reference Review Oct 21.pdf (2 pages)

9.2. Quality Sub-Group

Margaret Adams, Chair

📄 9.2 - Quality Group Terms of Reference Review Jul 21.pdf (2 pages)

9.3. Steering Sub-Group

Ken Jarrold, Chair

📄 9.3 - Steering Group Terms of Reference Review Oct 21.pdf (2 pages)

9.4. Governance Sub-Group

Debbie Henderson, Director of Communications and Corporate Affairs

📄 9.4 - Governance Group Terms of Reference Review Nov 21.pdf (2 pages)

10. Governors 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

11. Governor election update

Debbie Henderson, Director of Communications and Corporate Affairs

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

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15. 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. Charitable Funds Committee

Fiona Grant, Governor representative

18. Update from Governors' Nomination Committee

Ken Jarrold and Margaret Adams, Co-Chairs

19. Update from Governors' Steering Group

Ken Jarrold, Chair

20. Update from Governors' Quality Group

Margaret Adams, Chair

21. Feedback from Governors' Governance Group

Fiona Grant, Governor representative

22. Update from Governors' Advisory Committee

Anne Carlile, Committee member

23. Feedback from Governor events and meetings

24. Board of Director meeting minutes for information

Ken Jarrold, Chairman

25. Any other business

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BIG ISSUE ITEMS

26. Empower Programme

Rajesh Nadkarni, Medical Director and Gary O'Hare, Chief Nurse

27. Great North Care Record (including demonstration)

TO BE CONFIRMED

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

Present:

Ken Jarrold	Chair
Margaret Adams	Deputy Lead Governor/Public Governor, South Tyneside
Stephen Blair	Public Governor, Newcastle, Rest of England and Wales
Anne Carlile	Carer Governor, Adult Services
Revell Cornell	Staff Governor, Non-Clinical
Dr Uma Ruppa Geethanath	Staff Governor, Medical
Fiona Grant	Lead Governor/Service User Governor, Adult Services
Cllr Maria Hall	Appointed Local Authority Governor, Gateshead Council
Cath Hepburn	Public Governor for North Tyneside
Tom Bentley	Public Governor for Gateshead
Denise Porter	Voluntary Services Governor, Rethink Mental Illness
Fiona Regan	Carer Governor, Learning Disability and Autism 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	Staff Governor, Clinical
Evelyn Bitcon	Public Governor for Cumbria
Kat Boulton	Service User Governor, Children and Young Peoples Services

In Attendance:

Kirsty Allan	Acting Corporate Affairs Manager (Minute Taker)
David Arthur	Non-Executive Director
Darren Best	Non-Executive Director
Michael Blakey	Team Manager, Criminal Justice and Liaison Service
Beverley Bowery	NE Regional Liaison and Diversion Lead
Paula Breen	Non-Executive Director
Alexis Cleveland	Non-Executive Director and Deputy Chair
David Goldsmith	Clinical Manager
Debbie Henderson	Director, Communications and Corporate Affairs
Clare Holland	Advanced Speech and language Therapist
Dr Rajesh Nadkarni	Executive Medical Director
Russell Paton	Deputy Chief Operating Officer
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Helen Reid	Crown Court Mental Health Practitioner
Michael Robinson	Non-Executive Director
Lynne Shaw	Executive Director of Workforce and Organisational Development
Jayne Simpson	Corporate Affairs Officer
Amii Soulsby	Clinical Lead, Criminal Justice and Liaison Service

1. Welcome and Introductions

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

2. Apologies for absence

Apologies for absence were received from:

Victoria Bullerwell	Staff Governor, Non-Clinical
Cllr Kelly Chequer	Appointed Local Authority Governor, Sunderland
Ramona Duguid	Chief Operating Officer
James Duncan	Deputy Chief Executive and Executive Finance Director
Claire Keys	Staff Governor - Clinical
John Lawlor	Chief Executive
Gary O'Hare	Chief Nurse
Raza Rahman	Staff Governor - Clinical
Cllr Paul Richardson	Local Authority Governor, North Tyneside
Peter Studd	Non-Executive Director

3. Minutes for approval and Action Log

The minutes of the meeting held on 13 May 2021 were considered.

Approved:

- The minutes of the meeting held on 13 May 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 introduction of the various COVID19 alerts via NHS Test and Trace and NHS App and the significant impact this has had on staffing levels across the Trust and the wider NHS. Ken reassured Governors that the Trust was taking all actions necessary to respond to the pressures.

Ken informed Governors that the Health and Social Care Bill had now been published.

Ken provided an update to Governors on the launch of the Trusts RESPECT Campaign, a new programme across the Trust, Give Respect. Get Respect, which underpins the Trust values of caring and compassionate, respectful, open and transparent. The programme raises awareness of the Trust's commitment to tackling discrimination, bullying or harassment of any kind.

Resolved:

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

7. Chief Executive's Report

Ken Jarrold referred to the Chief Executive's report and highlighted the Annual Staff Excellence Awards which was hoped to take place as a face-to-face ceremony on 3rd September 2021.

Ken referred to the Armed Forces Network which had been established to help the Trust fulfil its duties under the Armed Forces Covenant and the requirements of being a Veterans Aware organisation.

Ken was delighted to announce the newly established Mental Health Medical Leadership post. The post, the first of its kind, would see a senior mental health clinician, based in Newcastle Hospitals with responsibility for leading on mental and physical health issues reflecting the commitment to parity of esteem and the joining up of physical and mental health services.

8. Equality, Diversity and Inclusion update

Lynne Shaw delivered a presentation providing an update on the work relating to equality, diversity and inclusion.

Maria Hall asked if those staff not substantively employed by the Trust i.e., agency and bank staff would be provided with the same level of support in terms of training as substantively employed staff. Lynne Shaw confirmed the Trust did provide the same level of input to all staff including agency and bank staff. Lynne also stated that work was ongoing to review how best to increase communication and engagement with those members of staff, who perhaps do not have regular access to Trust IT equipment.

Tom Rebar queried how the information would be highlighted to service users as well as staff to ensure they are aware of how to raise concerns. Lynne Shaw agreed and noted that this would be looked at in further detail as the work continued. Rajesh Nadkarni advised that by raising awareness with our workforce of the importance of equality, diversity and inclusion, this would improve the quality of care provided for people who come from BAME backgrounds as the workforce would have a greater understanding of the issues being experienced. Having said that, the Trust would be undertaking work to understand the experiences of patients within the new Mental Health Act, particularly in terms of human rights.

Ken Jarrold thanked Lynne and Rajesh for the update and advised that this item would be a standing agenda item on all future general meetings of the Council of Governors General meeting going forward. Ken Jarrold thanked Tom Bentley who is Governor Lead within Equality, Diversity and Inclusion Network.

Resolved

- **The Council of Governors received the Equality, Diversity and Inclusion update**

9. Nomination Committee update

As Co-Chairs of the Governors' Nomination Committee, Ken Jarrold and Margaret Adams provided an update on the current recruitment process for the three Non-Executive Director posts. Ken advised that high level of interest was received with 99 applications being submitted. 16 applicants had been shortlisted for interview over a three-day period. Debbie Henderson would be contacting Governors to invite expressions of interest to take part in a Focus Group.

Resolved:

- **The Council of Governors received the Nomination Committee update**

10. Lead Governor Appointment Process

Debbie Henderson informed Governors that as a Foundation Trust, the Council of Governors had a responsibility to elect a Governor representative to undertake the role of Lead Governor. Debbie reminded Governors that Fiona Grant, the current Lead Governor, would be stepping down from the role on 30 November.

Debbie provided an overview of the report which described the proposed process for the election of a Lead Governor for the Trust. The paper also provided a role description.

Expressions of interest would be sought from any Governor wishing to be considered for the role. This would include the submission of a short statement on their suitability to the role referencing the role description.

Any expressions of interest received would be circulated to the Council of Governors with ballot papers, with completed ballot papers being returned to the Corporate Affairs Team. The ballot papers would be counted by both Debbie Henderson and David Arthur, Senior Independent Director and the report on the outcome of the vote and the recommendation to appoint the successful candidate will be presented to the Council of Governors meeting on 10th November 2021.

Fiona Grant took an opportunity to talk about the role, the value she has gained from it and the support she has received from Governors, Ken Jarrold and the Corporate Affairs Team. Fiona offered support for anyone interested in the role by having an informal discussion regarding expectations and the level of commitment required.

11. Governor's Questions

Denise Porter referred to an email previously sent to Gary O'Hare highlighting conflicting reports regarding challenges for some groups of people in access to COVID19 vaccinations. For example, people from hard-to-reach groups within the community. Denise asked if the Trust was providing support to vaccinate people from such groups in the community.

Debbie Henderson apologised for the lack of response and agreed to ensure a response is provided to Denise as quickly as possible.

Governor Feedback

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

Nothing to report.

13. Feedback from Audit Committee

Nothing to report.

14. Feedback from Quality and Performance Committee

Margaret Adams referred to the meeting held 23rd June 2021 and highlighted a comprehensive report provided from the North Locality which included current challenges, staffing pressures and actions put in place to mitigate the risks.

Margaret commended the work of the Involvement Team including the implementation of the reward and recognition policy, the career plan pathway for peer support and the excellent pilot of peer support training.

Janice Santos raised concern regarding the level of mental health support for people attending A&E departments. Ken Jarrold emphasised the importance of the interface between mental and physical health and referred to the recent appointment of a senior doctor working within Newcastle Hospitals referred to earlier in the meeting. Rajesh Nadkarni agreed to discuss Janice's concerns out-with the meeting in more detail and he would discuss this at the next meeting of the Medical Directors Group.

Rajesh also suggested that a presentation be delivered to a future meeting of the Council of Governors on the work of Liaison services.

Action

- **Liaison Services to provide a presentation to a future Council of Governors meeting**

15. Feedback from Mental Health Legislation Committee

Nothing to note.

16. Feedback from Provider Collaborative Committee

Cath Hepburn and Fiona Regan provided feedback from the first two meetings of the newly established Provider Collaborative Committee. The meetings reviewed the specialist services draft partnership agreement and the role of CNTW in leading and supporting Providers. Cath referred to assurance provided at the meeting that risks, and the rewards were based on population size.

Fiona Regan referred to examples of successful New Care Models and a good presentation focusing on learning disabilities and autism and the roll out of positive behavioural support. There was also a presentation provided on secure services and out of area placements.

Michael Robinson noted that Provider Collaboratives were now the direction of travel within the NHS with partnership arrangements. CNTW are currently the lead provider for three Provider Collaboratives and Michael advised that there may be opportunities to established Provider Collaborative arrangements in other areas of the Trust in the future reflecting expectations in terms of partnership working.

17. Update from Nominations Committee

Discussed under item 9.

18. Update from the Governors Steering Group

Nothing to note.

19. Update from the Governors Quality Group

Margaret Adams provided an update following the May meeting at which James Duncan, Deputy Chief Executive/Director of Finance and Kedar Kale, Group Medical Director, provided a comprehensive review of new models of care. The presentation included an update on the Community Mental Health Framework for Adults and Older Adults and how the Trust supports people with significant mental health needs in the community. This also focused on working in partnership and aligning the work of the Trust and the voluntary and community sector, Local Authorities, Primary Care and Primary Care Networks (PCNs).

20. Feedback from Governor Advisory Committee (GAC)

Anne Carlile provided an update following a three-day conference with attendance from 150 delegates from Trust across the country.

21. Feedback from Governor External Events and Meetings

Fiona Regan noted her involvement in an advocacy group 'Inclusion North'. One group was reviewing mortality rates for people with a learning disability and/or autism and noted that people with autism would be included in the data for the first time.

22. Feedback from Governance Group

Fiona Grant mentioned the last meeting reviewed the appointment process for Lead Governor as well as reviewing the supporting guidance of the Trust Constitution.

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

No issues to note.

24. Any Other Business

No issues to note.

Big Issue Items

25. Liaison and Diversion – Criminal Justice System

Dave Goldsmith introduced the presentation and provided a brief overview of the service. Ken thanked presenters for a very full and interesting presentation and noted the impact the service has on the lives of many vulnerable people.

Evelyn Bitcon referred to assessments and the impact of trauma evident while working with people going through the criminal justice system. Michael Blakey agreed noting that when someone is seen within custody this is often where the significant trauma is identified, and this is taken into consideration as part of the assessment process. The individual will also be referred to partner agencies for example the Richmond Fellowship, which can offer further support throughout the criminal justice process.

Bob Waddell commended the service and referred to being a magistrate before and after the service was widely introduced into the courts and noted the significant difference made by the service. The expertise provided to the court by the service in providing signposting and guidance was invaluable and Bob took an opportunity to personally thank the team.

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

Russell Patton provided a presentation and overview on support for service users and carers while on waiting lists. Russell highlighted the Trust currently has approximately 28,414 service users in receipt of community services. In addition, several services also have significant waiting times and levels of activity including Gender and Adult ADHD. Russell provided an update on community services activity which represented most of the Trusts clinical provision.

Ken Jarrold thanked Russell for providing the presentation and referred to the level of detailed information now available. Ken also commended the additional roles and reimbursement scheme with the potential of over 100 new workers, including the development of shared roles within Primary Care.

Ken noted that Russell would be leaving the Trust to undertake a secondment as Acting Chief Operating Officer at Tees, Esk and Wear Valley NHS Foundation Trust and wished Russell well and thanked Russell for the great contribution he had made to CNTW.

27. Any Other Business

None to note.

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

Council of Governors meeting held in Public 15 September 2021, 2pm – 4pm.

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**Report to the Council of Governor meeting
10th November 2021**

Recommendation for the appointment of 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.

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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

Expressions of interest were sought from the Council of Governors from 27th August 2021 with a closing date of 24th September 2021.

At that stage, only one nomination was received from Margaret Adams and there have been no further nominations received since that time.

On that basis, there was no requirement to proceed to voting stage. All Governors have been provided with the statement of interest from Margaret Adams.

5. Recommendation

The Council of Governors are asked to approve the appointment of Margaret Adams as Lead Governor from 1st December 2021.

Ken Jarrold, CBE
Chairman of the Council of Governors and Board of Directors
November 2021

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Appendix 1

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 is it 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).

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**Board of Directors Meeting
Chief Executive Report
3 November 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			

**Board of Directors Meeting
Chief Executive Report
3 November 2021**

Trust updates

Black History Month

Following the Trust's month-long programme of events to raise awareness of the enormous contribution black communities make to our society during October's Black History Month, the programme culminated in a virtual event held on 28th October, led by the BAME Staff Network, where members of staff from across the Trust heard from a range of inspirational speakers. The recording of the session is available on the Trust's website where you can hear from: Jenni Douglas-Todd, Director of Equality and Inclusion for NHS England and Improvement; Dr Suman Fernando, Emeritus Professor and Consultant Psychiatrist and Author; and Dr Neslyn Watson-Druee CBE, business psychologist, executive coach and renowned international speaker.

We recognise that issues of discrimination and ensuring support to our staff, patients and communities is an ongoing commitment and the Trust will continue to raise awareness of the importance of everyone doing everything they can to tackle racism among our staff, service users, carers, and families as well as our local communities.

Post Graduate Certificate / Advanced Diploma in Leading Positive Behavioural Support in Organisations

In 2019, the Trust was awarded Health Education England (HEE) CPD funding for a group of 30 qualified staff to complete a Post Graduate Certificate / Advanced Diploma in leading Positive Behavioural Support (PBS) in organisations. The course was run from Northumbria University with 30 colleagues from Tees Esk and Wear Valleys NHS Foundation Trust (TEVV) also in attendance.

Despite a cyber-attack at the University and the global pandemic, 27 out of 30 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) practitioners completed the course and will graduate in December 2021. This means that they are now qualified PBS practitioners in all adult and the majority of child learning disability community treatment teams across CNTW. A celebration event to show case the high quality of work completed is scheduled to take place in January 2022.

PBS is a values-based approach that seeks to enhance the system of support around a vulnerable person. As such, it complements other Trust initiatives aimed at promoting patient safety, reducing restrictive practice and promoting staff wellbeing.

CNTW has already made a huge contribution to the development of PBS across the UK regionally and locally. Next steps are to continue to invest in our workforce by bringing this course and others aimed at unqualified staff under the auspices of the CNTW Academy and develop a sustainable delivery plan.

Peer Support Education Programme Cohort 1: celebration day

On 20th October, peer supporters who had developed and experienced the first Peer Support Education Programme celebrated their success on completion of the project. This was run as a national pilot following a bidding process, and the CNTW version was developed entirely in house, by Peer Supporters, for Peer Supporters.

The involvement Team have developed, through hard work, innovation, and a bit of feeling their way through it, a truly excellent programme, and the event was truly inspirational. We heard how the cohort had grown and developed over the course of the programme, and how they had developed a real and lasting network to support each other in the amazing and vital work that they do. There was so much for us to learn from their work, both in developing the ongoing programme for Peer Support Workers, but also how we can learn, support, motivate and support each other in delivering truly great care and support.

I would like to say a huge thanks the Involvement Team and all the Peer Support Workers involved for their great work.

Operational delivery highlights

As part of the priorities we set for 2021/22 work is progressing with the groups on addressing the urgent care demand pressures across our adult acute pathway, including opportunities to work with partners at a place based level to address the challenges in supporting people to be discharged timely from hospital care.

Development of schemes to support winter pressures is also taking place with partners, which may include piloting alternative schemes with other sectors this winter to support the urgent health and social care needs across communities.

A review of the current position with the community mental health transformation requirements is planned for early November with CDT, which will include an update on where the respective placed based plans are across the system.

In addition to the CEDAR programme, work is progressing with the capital development at the Carleton Clinic site in terms of commencing the Hadrian Unit refurbishment works and also the upgrade to Monkwearmouth Hospital.

Regional updates

Third Joint Reducing Restrictive Interventions Conference

The third joint Reducing Restrictive Interventions Conference took place on Friday the 15th October 2021. This was facilitated jointly by TEWV and CNTW under the auspices of the North East and North Yorkshire Restraint Reduction Network.

This conference was held via MS Teams and the day commenced with an opening address by Gary O'Hare, Chief Nurse, CNTW and Anne Marshall, Deputy Director of Nursing, TEWV. They both sincerely thanked the service users, carers, and staff from both Trusts for their resilience, caring, compassion and sheer hard work during these unprecedented and austere times. They described some of the important national drivers and forthcoming events regarding reducing restrictive interventions.

The main Keynote session of the morning was Reducing Long-Term Segregation, The HOPE(s) Approach delivered by Dr Jennifer Kilcoyne Clinical Director for the Centre of Perfect Care, Mersey Care and the Director for the National HOPE(s) NHSE Collaborative, together with Danny Angus, the Associate Director for the National HOPE(s) NHSE Collaborative. They described the aetiology behind the HOPEs Model and included video footage of service users who described their experiences of long-term segregation. The remainder of the day also included:

- Presentations from people with lived experience of restrictive practice
- An update on the Post Graduate Certificate (PG Cert) in Reducing Restrictive Interventions. The PG Cert is delivered in partnership with TEWV and is accredited through the University of Cumbria.
- Presentations from student projects from the first cohort
- Presentation of the Gary O'Hare Award to Jane Rogers for her project to reduce the use of PRN ('when required') medication on an older adult organic ward.

The delegates posted incredibly positive feedback at the end of the day. Paul Johnson, Health Programme Lead from the Academic Health Science Network for the North East and North Cumbria described the conference as being 'brilliant' and said how much he had enjoyed the day.

Regional British Medical Association GP – Local Medical Committee

With Rajesh Nadkarni, Medical Director and Ramona Duguid, Chief Operating Officer, I attended the regional North East and North Cumbria Local Medical Committee (LMC) on 6th October 2021. The focus of the meeting was to discuss the findings of the GP survey into mental health services within the region. Feedback for older people's services was good, and adequate for crisis mental health services. Several issues were identified in relation to accessing services with regards to community mental health and children and young people's mental health services.

There was a general discussion about the pressures within primary care and mental health services in relation to demand for services and workforce capacity. A discussion ensued about actions being taken by the Trust in relation to engagement with primary care, and how this would be incorporated in future within the community mental health transformation framework.

We agreed to continue giving due care and scrutiny to this issue and attend future LMC regional meetings as required.

National updates

Better Together: a public health model for mentally healthier integrated care systems (ICS's)

The Centre for Mental Health has published a new policy briefing to support Integrated Care Systems to ensure better conditions for mental health.

Covering the whole of England, 42 Integrated Care Systems bring all NHS organisations and upper tier Local Authorities in a geographical area together to plan health and care. From April 2022 these systems will become statutory organisations with duties set out in the Health and Care Bill currently progressing through parliament. Integrated Care Systems can improve the mental health of their local communities by:

- Linking meaningfully with communities and councils
- Getting Living Wage Foundation accreditation
- Supporting social value procurement – buying more goods and services locally and from at-risk groups
- Improving the physical environment including access to genuinely affordable housing, active travel, and green spaces, like parks
- Screening for social needs, like poverty, and ensuring excellent socially prescribed support

- Assessing and reducing health inequalities, including the physical health outcomes of people with mental ill health
- Tackling discrimination
- Providing mentally healthier working conditions for health and care workers
- Delivering parity between mental and physical health services
- Supporting the delivery of the Patient and Carer Race Equality Framework
- Ensuring continuity of care for those leaving the criminal justice system.

The policy briefing is available [here](#)

Mental Health of Children and Young People in England, 2021

On 30 September, NHS Digital published a report examining the mental health of 6 to 23-year-olds living in England in 2021 which described their experiences of family life, education, and services during the Covid-19 pandemic. Comparisons are made with 2017 and 2020, where possible, to monitor changes over time. The key findings of the report highlight:

- Rates of probable mental disorder increased between 2017 and 2021; in 6 to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19-year-olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.
- Looking at individual-level change, 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
- The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16-year-olds and from 44.6% to 58.2% in 17 to 19-year-olds.
- In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10-year-olds, over a third (38.4%) of 11 to 16-year-olds, and over half (57.1%) of 17 to 23-year-olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).
- Overall, 10.6% of 6- to 16-year-olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).
- The proportion of 6 to 16-year-olds with a laptop or tablet they could work on at home, increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021

The report provides a stark insight into the impact of the pandemic on the mental wellbeing of children and young people across the country. The full report is available [here](#).

Overview of the 2021 party conferences and the recent Government reshuffle

NHS Providers have published a briefing on the 2021 political party conferences which have taken place against a backdrop of rising energy prices, a shortage of HGV drivers and the planned removal of the £20 uplift to universal credit, as well as the ongoing pandemic, as key national concerns. The briefing (appendix A) provides an overview of the key announcements at each conference, as well as setting out the new ministerial portfolios at the Department of Health and Social Care following the government's September reshuffle.

Briefing on the Care Quality Commission (CQC) draft strategy for 2021 and beyond

The CQC is approaching the completion of its 2016-2021 strategy, and on 1st October, published a draft strategy for 2021 and beyond for discussion ahead of the formal consultation period. In the draft strategy, the CQC sets out how it plans to develop its approach in line with a changing health and care landscape taking into account the context and learning from the pandemic, the development of system working and greater use of digital technologies. CQC has identified a need to transform and ensure its regulatory model is relevant and fit for purpose in an evolving system.

NHS Providers have published a briefing (Appendix B) summarising the main points set out in the draft strategy document along with their views. The Trust will be providing feedback to NHS Providers on draft strategy as part of this important engagement period before CQC opens a statutory consultation on its plans early next year for roll out from April 2022.

ICS Development: New statutory and policy requirements for NHS provider organisations

The Health and Care Bill is progressing through Parliament and intends to implement a new legal framework built around newly established Integrated Care Boards (ICBs). This framework includes the management of NHS resources by ICBs and changes for NHS Trusts and Foundation Trusts that are planned to take effect from 1st April 2022. Guidance on this has recently been published. Key points to note are as follows:

- Subject to legislation, NHS England/NHS Improvement (NHSE/I) will make funding allocations to ICBs from 1 April 2022, including the budgets for services currently commissioned by Clinical Commissioning Groups (CCGs), general practice and, where agreed with NHSE/I, other primary care services. Any additional costs of establishing ICBs and implementing legislative reform will need to be managed within existing budgets. Systems will have the flexibility to establish arrangements for the allocation of NHS resources to 'place'.
- Many providers will deliver services for, and receive income from, multiple ICBs. NHSE/I expects these providers to be a formal partner of multiple ICBs but intends to fully map each provider's revenue resources to only one ICB for the purpose of nationally assessing system balance. The final approach for capital resources will be agreed as part of a separate review into operational capital.
- NHSE/I identifies two key actions for system leaders:
 - identify the financial arrangements they will put in place to support collaboration between partners and
 - establish the necessary financial governance and processes to provide assurance on sound management of NHS resources.
- Model terms of reference for the Audit Committee and Remuneration Committee have been published alongside the guidance, and an ICB financial governance and reporting guide is expected to follow soon. Final policy decisions on the NHS financial framework will be confirmed alongside the 2022/23 NHS operational planning and contracting guidance.
- Most existing powers and duties of NHS Trusts and Foundation Trusts will stay the same, but there will be a new statutory duty for Trusts and the ICB to ensure that they are collectively responsible for not consuming more than their fair share of allocated NHS resources.

The relationships between provider organisations and the ICB will be complex, with several inter-related roles including stakeholder, formal partner, joint accountability for financial delivery, and board member (through provider representation on the ICB Board). These

changes represent a significant change to the way the NHS system works, and in the way NHS Foundation Trusts can operate.

The Trust will actively engage as these proposals are enacted across the North East and North Cumbria ICS, but fully recognises the challenges of implementing such fundamental change across the NHS system as we emerge from the pandemic.

Autumn Budget and Spending Review 2021

Chancellor Rishi Sunak delivered his Autumn Budget and Comprehensive Spending Review on 27th October. Much of the speech had been briefed in advance, including the announcement of £5.9bn extra, on top of funding previously announced for the next three years, to enable capital spending to support elective recovery and improve digital technology.

The overall economic position was better than previously reported with higher growth and lower unemployment, as well as a reduction in the expected long term harmful economic impact of the pandemic. This offered the Chancellor the opportunity for further investment

The Department of Health and Social Care will see funding increase from £147.1bn to £177.4bn in 2024/25, an average yearly increase of 4.1%. This is broadly in-line with the long term historical average growth. Within this the NHSE/I budget will grow by a slightly lower 3.8% a year. These funding increases are supported by the new 1.25% Health and Social Care Levy first announced in September that is expected to raise £13bn a year for Health and Social Care. The funding includes £8bn over the next three years to address the long waiting lists that have accumulated through the pandemic, £9.6bn to address the ongoing response to the pandemic, and funding, as yet unspecified to support education, training and expansion in the supply of the NHS workforce.

The capital budget will grow from £9.4bn to £11.2bn, an increase of 3.8% a year. This will include the £5.9bn over three years to invest in diagnostic services, surgical hubs and the use of digital technology to help address the long backlog in people waiting for care. There is also a £150m capital fund to invest in mental health facilities linked to A&E and to enhance patient safety in mental health units.

Local Government will receive a 3% increase in core funding as well as £4.8bn of new grant funding for all services. There was no ring-fenced amount for social care within these figures.

Among other measures £500m over three years was announced to support the early years of a child life, and the wider public sector pay freeze was lifted.

To view the on the day briefing from NHS Providers please click [here](#)

John Lawlor
Chief Executive
November 2021

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Council of Governors: Nomination Committee Terms of Reference November 2021

Group Name:	Governors' November Committee
Group Type:	Statutory Sub-Committee of the Council of Governors
Timing and frequency	Meetings will be held on a quarterly basis, however, further meetings can be called at the request of the Chair
Group secretary	Corporate Affairs Office
Reporting arrangements	Verbal updates will be provided to the Council of Governors General meetings via the Chair. Formal reports on formal business will be presented to meetings of the full Council of Governors in line with delegated authority set out in these terms of reference.
Membership	
Chair	<p>Meetings will be Co-Chaired by the Chairman of the Council of Governors and Board of Directors and one member of the Council of Governors.</p> <p>The Governor Co-Chair, nominated by the Group and approved by the majority of the Group, will co-chair meetings.</p>
Members	<p>Chairman of the Council of Governors and Board of Directors</p> <p>One Public Governor</p> <p>Two Service User and/or Carer Governors</p> <p>One appointed Governor</p> <p>One staff Governor</p> <p>One Governor from any constituency</p> <p>Director of Communications and Corporate Affairs</p>
Quorum	Three members to include the Chairman and a minimum of three Governor members
Purpose	
<p>As per the Trust Constitution, the Council of Governors shall establish a committee of its members to be called the Nominations Committee to discharge those functions in relation to the appointment and removal of the Trust Chair and Non-Executive Directors and their remuneration and allowances and other terms and conditions. The committee should comply with Monitor's 'Code of Governance' and Monitor's 'Your statutory duties: a reference guide for NHS FT Governors'.</p>	

The primary purpose of the Nominations Committee is to lead the process for appointments, ensure plans are in place for orderly succession to the Board and oversee the development of a diverse pipeline for succession.

NB: When discussing issues relating to the Chairman of the Council of Governors and Board of Directors, the Committee will seek the views and involvement of the Senior Independent Director

Key Responsibilities

- Regularly review the structure, size, and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board regarding any changes to be considered relating to the Non-Executive Director cohort.
- To identify any missing skills on the Board, and to incorporate them into the job descriptions and person specifications for Chair and Non-Executive Director posts.
- To review and agree job descriptions and person specifications for all Chair and Non-Executive Director vacancies, taking into consideration the view of the Board.
- Agree the criteria and process for the recruitment and appointment of the Chairman of the Council of Governors and Board of Directors and other Non-Executive Directors (NEDs), taking into consideration the views of the Chief Executive and Board of Directors.
- To agree and recommend to the Council of Governors, the recruitment and selection arrangements for the Chairman and Non-Executive Director posts.
- To decide if external consultants should be appointed to assist in the recruitment process, to interview suitable agencies and to select accordingly.
- To agree the composition of the Interview Panel and other arrangements for the interview process for the Chair and Non-Executive Director posts.
- To agree and recommend to the Council of Governors, the re-appointment process for the Chairman and Non-Executive Directors who wish to stand for further terms of office.
- To recommend the appointment/re-appointment of the Chair and Non-Executive Directors to the Council of Governors
- Contribute to plans for orderly succession to the Board and the development of a diverse pipeline for succession, considering the challenges and opportunities facing the organisation, and the skills and expertise needed on the Board in the future.
- Regularly review the remuneration and terms and conditions for the Chair and Non-Executive Directors taking into consideration national legislation, regulation and guidance.
- Agree the criteria and process for the removal of the Trust Chair and Non-Executive Directors including agreeing the process for investigating any allegations made against the Chair and other Non-Executive Directors.
- Annually review the appraisal process and appraisal outcomes of the Chair and Non-Executive Directors and as such, keep under review their performance.

Review date

Previous review date: November 2019

Review Date: November 2021

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Council of Governors: Quality Group Terms of Reference

Group Name:	Governors' Quality Group
Group Type:	Standing Group of the Council of Governors
Timing and frequency	Meetings will be held bi-monthly
Group secretary	Corporate Affairs Office
Reporting arrangements	Verbal updates will be provided to the Council of Governors General meetings via the Chair
Membership	
Chair	A Governor nominated by the Group and approved by the majority of the Group, will chair the meetings.
Members	<p>Membership of the Group will be comprised of:</p> <ul style="list-style-type: none"> • Two Public Governors • Two Service User Governors • Two Carer Governors • One Staff Governor <p>Whilst the core membership is shown above, all members of the Council of Governors are encouraged to attend meetings. Other members can be co-opted to the group for specific projects.</p> <p>Membership of the Group will be approved by the Council of Governors by approval of these Terms of Reference.</p> <p>Other officers in attendance at meetings are:</p> <ul style="list-style-type: none"> • Deputy Director, Commissioning and Quality Assurance (or nominated deputy) • Director, Communications and Corporate Affairs (or nominated deputy) • Other officers may attend at the request of the Chair
Quorum	A minimum of four members are required to be in attendance for the meeting to be deemed quorate. This must include at least one Public Governor, at least one Service User Governor and at least one Carer Governor.
Purpose	

The group provides a specific focus on quality of care and will add value to what already exists within the Trust, reporting directly to the Council of Governors on quality issues and making recommendations. Quality in this context explores the clinical effectiveness, safety, carer and patient experience of our services.

Key Responsibilities

1. **Quality Accounts** - Contribute to the development of the Trust Quality Account and ensure that the published Quality Account accurately reflects the experience of Trust service users and carers. The Group will also provide a statement for inclusion on the Quality Account on behalf of the full Council of Governors.
2. **Quality Priorities** - In recognition of the value of Governor involvement in Quality Accounts, it is felt that this could be strengthened by the group considering and supporting the annual Quality Priorities. The group would look to understand and be actively involved in selected priorities and could make recommendations to support leads to achieve the priorities.
3. Receive assurance from Trust representatives on progress of achieving the Trust's Quality Priorities.
4. Other specific quality agenda areas identified by the Council of Governors.
5. The Group will maintain a relationship with the Trust Quality and Performance Committee via representatives attending the Quality and Performance Committee.

NB: it should be noted that this Group is not an appropriate route to raise individual issues. For advice on highlighting issues please contact the Director of Communications and Corporate Affairs.

Review date

Previous review date: June 2019
Review Date: July 2021

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Council of Governors: Steering Group Terms of Reference

Group Name:	Governors' Steering Group
Group Type:	Standing Group of the Council of Governors
Timing and frequency	Meetings will be held bi-monthly
Group secretary	Corporate Affairs Office
Reporting arrangements	Verbal updates will be provided to the Council of Governors General meetings via the Chair
Membership	
Chair	Chairman of the Council of Governors and Board of Directors
Members	<ul style="list-style-type: none"> • Lead Governor • One representative from each of the Governor Committees and groups • One representative from each of the Governor Constituencies (if not covered within the above) • Director of Communications and Corporate Affairs • Corporate Affairs Manager • Corporate Affairs Officer
Quorum	Three members to include the Chairman and a minimum of three Governor members
Purpose	
To keep under review the work of the Council of Governors, ensuring that the Council of Governors continues to fulfil its statutory duties, and receive appropriate assurance on the organisations planning, development, and key risks.	
Key Responsibilities	
<ul style="list-style-type: none"> • To advise the Chair on matters for inclusion in the agenda of Council of Governor General meetings and/or topics for discussion at Engagement Sessions. • To coordinate and progress the work of Governor Committees and Groups established by the Council of Governors. • To be responsible for the membership engagement and Governor development strategy and ensure that the Council of Governors communicates appropriately with its membership. • To review any proposals from the Governors Governance Group in relation to good governance and internal controls associated with the Council of Governors and the Trust constitution. 	

Review date
Previous review date: May 2020 Review Date: October 2021

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Council of Governors: Governance Group Terms of Reference

Group Name:	Governors' Governance Group
Group Type:	Standing Group of the Council of Governors
Timing and frequency	Meetings will be held quarterly
Group secretary	Corporate Affairs Office
Reporting arrangements	Verbal updates will be provided to the Council of Governors General meetings via the Chair
Membership	
Chair	Director of Communications and Corporate Affairs
Members	<p>Membership of the Group will be comprised of:</p> <ul style="list-style-type: none"> • Lead Governor • Director of Communications and Corporate Affairs • Corporate Affairs Manager • At least one Governor from any constituency <p>Whilst the core membership is shown above, all members of the Council of Governors are encouraged to attend meetings.</p> <p>Other members can be co-opted to the group for specific projects.</p> <p>Membership of the Group will be approved by the Council of Governors by approval of these Terms of Reference.</p>
Quorum	Two members to include the Director of Communications and Corporate Affairs and one Governor
Purpose	
<p>Develop and recommend policies and procedures to ensure sound governance policies and practices are in place and recommend revisions as required, to assist the Council of Governors in fulfilling its oversight responsibilities. These practices should address transparency, accountability and management oversight.</p>	
Key Responsibilities	

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- To monitor and keep under review the Trust's Constitution and Standing Orders and recommend any changes to the Constitution to the Council of Governors for approval.
- To monitor and keep under review all policies and procedures aligned to the statutory duties and other functions of the Council of Governors and recommend any changes to documents, policies and guidance to the full Council of Governors for approval.

Review date

Review Date: November 2021

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