Council of Governors General Meeting

10 November 2022
14:00 GMT Europe/London

Agenda

1. Agenda

Speaker: Ken Jarrold, Chair

References:

- COG General meeting November 2022.pdf

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Council of Governors General Meeting Agenda

Council of Governors General Meeting **Venue: Crowne Plaza, Newcastle upon Tyne (behind Central Station) in room: Locomotion 2** **People will also be able to join via Microsoft Teams**	**Date: Thursday 10 November 2022** **Time: 14:00pm – 16:00pm**

Agenda Item		Owner	
1	Welcome and Apologies for Absence	Ken Jarrold, Chair	verbal
2	Declaration of interest	Ken Jarrold, Chair	verbal
3	Minutes of the meeting held 14 July 2022	Ken Jarrold, Chair	verbal
4	Matters arising and action log	Ken Jarrold, Chair	Verbal
5	Chairs update	Ken Jarrold, Chair	verbal
6	Chief Executive update	James Duncan, Chief Executive	verbal
7	Terms of Reference for Council of Governors and Sub-Groups	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
8	Equality, Diversity and Inclusion Update	Lynne Shaw, Executive Director of Workforce and OD / Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director	Enc
9	Governor Election update	Ken Jarrold, Chair	verbal
10	Appointment of Deputy Lead Governor	Ken Jarrold, Chair	enc
11	Governor Service Visits Feedback	Ken Jarrold, Chair	enc
12	Governors' questions	Ken Jarrold, Chair	verbal
	Governor feedback		
13	Quality and Performance Board sub-committee	Margaret Adams and Anne Carlile	verbal
14	Audit Committee Board -Sub-Committee	Tom Bentley and Maria Hall	verbal
15	Resource and Business Assurance Board Sub-Committee	Revell Cornell and Leyton Rahman	verbal

16	**Mental Health Legislation Board Sub-Committee**	**Fiona Grant and Denise Porter**	**verbal**
17	**Provider Collaborative Board Sub-Committee**	**Fiona Regan**	**Verbal**
18	**People Board Sub-Committee**	**Anne Carlile and Danny Cain**	**verbal**
19	**Charitable Funds corporate Trustee Sub-Committee**	**Fiona Grant and Margaret Adams**	**Verbal**
20	**Governors Nomination Committee**	**Ken Jarrold and Margaret Adams, Co-Chairs**	**verbal**
21	**Governors Quality Group**	**Margaret Adams, Chair**	**verbal**
22	**Governors Steering Group**	**Ken Jarrold, Chair**	**verbal**
23	**Governors Governance group**	**Debbie Henderson, Chair**	**verbal**
24	**NHS Provider's Governor Advisory Committee**	**Anne Carlile**	**verbal**
25	**Feedback from Governor's meetings and events**	**All Governors**	**verbal**
26	**Board of Directors minutes for information**	**Ken Jarrold, Chair**	**verbal**
27	**Any Other Business**	**Ken Jarrold, Chair**	**verbal**
Key Issue for Discussion			
Panorama Report – Trust response		**James Duncan, Chief Executive / Ramona Duguid, Chief Operating Officer**	**Verbal**
Date and Time of Next Meeting **Thursday 12th January 2023– 2:00pm – 4:00pm**			

1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chair

2. Declaration of Interest

Speaker: Ken Jarrold, Chair

3. Minutes of previous meeting held 14 July 2022

Speaker: Ken Jarrold, Chair

References:

- 3. Draft Minutes CoG 14 July 2022.pdf

Draft Minutes of the Council of Governors Virtual Meeting held in public
Thursday 14th July 2022 from 2pm – 4pm
In person and via Microsoft Teams

Present:

Ken Jarrold	Chairman
Darren Best	Non-Executive Director (Chair)
Margaret Adams	Lead Governor/Public Governor for South Tyneside
Evelyn Bitcon	Public Governor for North Cumbria
Allan Brownrigg	Staff Governor – Clinical
Victoria Bullerwell	Staff Governor – Non-Clinical
Danny Cain	Staff Governor – Non-Clinical
Anne Carlile	Carer Governor for Older People's Services
Cllr Maria Hall	Appointed Governor for Gateshead Council
Cllr Paul Richardson	Appointed Governor for North Tyneside Council
Denise Porter	Governor - Community and Voluntary Sector
Tom Rebair	Service User Governor – Adult Services
Claire Keys	Staff Governor – Clinical
Tom Bentley	Public Governor – Gateshead
Jane Noble	Carer Governor – Adult Services
Kelly Chequer	Appointed Governor – Sunderland City Council
Karen Lane	Public Governor – Newcastle / Rest of England/Wales
Lara Ellis	Appointed Governor – Newcastle City Council
Russell Stronach	Service User Governor – Learning Disability Services
Annie Murphy	Governor - Community and Voluntary Sector
Fiona Regan	Carer Governor – Learning Disability and Autism
Thomas Lewis	Staff Clinical Governor
Fiona Grant	Service User Governor – Adult Services

In Attendance:

Kirsty Allan	Corporate Governance Manager (Minute Taker)
Jayne Simpson	Corporate Affairs Officer
Ramona Duguid	Chief Operating Officer
James Duncan	Chief Executive
Debbie Henderson	Director of Communications and Corporate Affairs
Rajesh Nadkarni	Executive Medical Director / Deputy Chief Executive
Louise Nelson	Non-Executive Director
Lisa Quinn	Executive Director of Finance, Commissioning and Quality Assurance
Lynne Shaw	Executive Director of Workforce and OD
Gary O'Hare	Chief Nurse
David Arthur	Non-Executive Director
Paula Breen	Non-Executive Director
Michael Robinson	Non-Executive Director

1. Welcome and apologies for absence

Darren Best welcomed everyone to the meeting. Apologies for absence were received from the following:

Cath Hepburn	Public Governor – North Tyneside
Brendan Hill	Non-Executive Director
Revell Cornell	Staff Governor – Non-Clinical
Leyton Rahman	Public Governor – Northumberland
Jacqui Rodgers	Governor – Newcastle University
Kim Holt	Governor – Northumbria University

2. Declaration of Interest
There no were declarations of interest to note.

3. Minutes for approval
The minutes of the meeting held on 12 May 2022 were considered.

Approved:
- **The minutes of the meeting held on 12 May 2022 were agreed as an accurate record.**

4. Matters arising not included on the agenda and Action Log

12.05.22 (7) Nomination Committee update. Debbie Henderson reported that the last Council of Governors meeting in May 2022 was not quorate and it was therefore necessary to ratify the decision to re-appoint Darren Best and Paula Breen as Non-Executive Directors. The Council ratified the decision at the meeting and the action was closed.

12.05.22 (26) The World we're in.. Ramona Duguid mentioned a briefing on current key challenges and three key workstreams has now been circulated to the Council and welcomed Governors feedback suggesting providing an in-depth review at a future Council of Governors Quality sub-group.

Business Items

5. Chair's Report
Ken Jarrold mentioned being extremely sorry not to be with the Governors in person at the first Council of Governors face to face meeting of the year due to testing positive with COVID.

Ken mentioned it was not easy to hear the discussion in the previous Closed Council of Governors session but what could be heard was a very serious and important discussion in which a lot of points were raised that the Council of Governors and the Board need to follow-up together and the time available did not allow for a fuller discussion and assured the Council that a way would be found of dealing with the important issues raised and to have a further discussion at a subsequent meeting.

Russell Stronach referred to the closed session and mentioned his view of the CQC Inspectors have somewhat inadequate training in relation to the needs of autistic people and asked for all to bear this in mind when reading CQC reports.

Resolved:
- **The Council of Governors received and noted the Chair's update**

6. Chief Executive's Report
James Duncan explained that we are living through unprecedent times and mentioned he has never seen the health and social care system stretched as it is now and is operating at the brink of its capacity and the need to recognise that it is a difficult environment we are working in and also to recognise the world is changing around us, going through a restructure of the NHS at the same time with the Trust recognising and actively working through the challenges

ahead and the need to radically change the whole system of how our community and inpatient services operate not just within CNTW but across partner organisations.

James referred to the CQC Roselodge report which was in response to a whistleblowing issue raised and assured the Council all the issues that were highlighted within the report, immediate actions were taken not just within Roselodge but also within other services. There has since been a comprehensive CQC inspection at Roselodge with a report to be published soon where it recognises the Trust has taken immediate actions on those issues.

James mentioned as the ICS is now in place, CCGs have now disappeared becoming one Integrated Care Board.

James explained over the summer conversations will be had leading to the completion of the work on strategy which will be discussed at November's Public Board and mentioned it is important to have Governor involvement in conversations where focus groups will be arranged to explore further at the October engagement session.

Annie Murphy acknowledged the positives that have always been achieved by the Trust and felt a communication campaign stressing the positives would be a good idea highlighting what the Trust is achieving daily.

7. Equality, Diversity and Inclusion update

Lynne Shaw mentioned the work the Trust has undertaken with Roger Kline is now ending. Roger has met with the members of the Council of Governors and Board of Directors, junior doctors, Network Chairs, Staff-Side and facilitated round table events as well as a number of sessions involving staff talking about their experiences across the organisation as well as a number of one-to-one sessions. Roger Kline will have one final debrief with Ken Jarrold, James Duncan and Lynne Shaw and Roger's observations will be fed back to the Governors at a future meeting.

Lynne mentioned that with Rajesh Nadkarni, she had visited over a number of months all the main hospital sites across the organisation talking to inpatient staff about their experiences working for the Trust and have also visited community teams with another programme of activity over the next couple of months arranged. Lynne mentioned learning a lot as part of those discussions and following a conversation with Ken Jarrold has suggested to provide a wider conversation sharing the outcomes at a Public Board of Directors meeting in the autumn time.

Inclusive recruitment had been paused due to the pandemic and Lynne explained a small group have reviewed the 120+ recommendations from the 'ideas for change' document and have now changed the advert template, headers and footers working closely with the Communications Team on several items including updating the recruitment brochure giving much more emphasis on Staff Networks and benefits for staff. Additional videos have been produced with talking heads to encourage people to come and work for the Trust along with messages from James Duncan. Lynne mentioned the work was originally started as inclusive recruitment however this is now about encouraging people to want to come and work for the Trust not necessarily because of a characteristic.

In conjunction with Communications, a new staff handbook had been developed with a working title of 'first day toolkit' with information about the Trust for the first few weeks in post. A support portal is in the development stages which will include information about equivalent qualifications, how to complete a good application form and how to do well in an interview. The IRS team will hold virtual live events at which they would answer questions. An offer of coaching support will also be available via the Trust coaching networks for people who may find this beneficial going through the process.

Lynne referred to stretch opportunities, talking to staff particular Black and Asian Minority Ethnic staff to look at getting additional skills that they need to put them in a better position for more career opportunities and there is a framework currently being developed hoping to be in place by the autumn to support staff.

Claire Keys thanked Lynne Shaw and Rajesh Nadkarni for their visits to teams which give a huge boost to the team in which Claire recently worked.

Resolved

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

8. Trust Constitution Review

Debbie Henderson referred to several discussions since the last round of Governor elections regarding the need to recognise Autism as a service and class within the service user and carer constituency for Governors.

The Governors Group met to discuss the amendments to the Constitution which are to split the service user and carer posts for Learning Disability and Autism into one for Learning Disability and one for Autism for both Service User and Carers. The second amendment is to reflect the composition of the Board of Directors following the changes to Executive Directors and Non-Executive Directors over the past year. The third amendment reflect the statutory requirement to have representation from university partners on the Council and the proposal to seek representation from University of Sunderland and Cumbria.

Debbie mentioned the Governance group is aware of the need to review the Constitution in greater detail and will do this following the current national review of guidance including the Code of Governance and the impact of the ICB/ICS.

Fiona Regan referred being a Governor over the last four years where it was originally titled Governor of Learning Disabilities and mentioned agreeing to have a Governor for Learning Disabilities and one for Autism. Fiona however mentioned the idea of having another Governor who understands both Learning Disabilities and Autism.

Russell Stronach mentioned being delighted to hear of the separation of both Learning Disabilities and Autism and hopes the division can be reflected in the future in terms of service provision. Russell suggested the Governor for Autism at some future point can become Governor for Autism and ADHD given the high level of comorbidities between both diagnoses.

Debbie Henderson mentioned the designation of Governors will not impede the opportunities for Governors to be involved in all areas of the Trust, the aim for the change in the constitution is to be as representative as possible as a Council of Governor and to have a collective voice.

Approved:

- **The Council of Governors noted and approved the Trust Constitution Review**

9. Deputy Lead Governor Appointment

Debbie Henderson mentioned following the appointment of Margaret Adams as Lead Governor last year the appointment for Deputy Lead Governor will now commence and highlighted this is not a statutory requirement however the Trust has chosen to go ahead in terms of providing support to the Lead Governor role on an ongoing basis as well as cover any periods of absence. Debbie explained if any Governor wishing to express an interest undertaking the Deputy Lead Governor role to submit their interest direct to Debbie Henderson by 31st August 2022. Following submissions there will be a ballot which will be ratified at the November meeting.

Resolved:

- **The Council of Governors noted the Deputy Lead Governor Appointment process.**

Action:

- **Governors wishing to express an interest in the position to email Debbie Henderson by 31st August 2022.**

10. Governors' Questions

Evelyn Bitcon referred to the Trust Constitution review and being a Governor for a couple of years felt the Council should have more Governors from Cumbria. Referring to the Lead Governor role being the last term of office for Margaret Adams with no option for an extension proposed as there is no public Non-Executive member on the Board and suggested that Margaret Adams should have the opportunity for this type of role when her term of office ends.

Ken Jarrold confirmed all appointments of Non-Executive Directors are made by the Nominations Committee which is composed of Governors. Ken mentioned therefore it is the Governors responsibility through the Nominations Committee to decide who the Non-Executive Directors will be and mentioned when there is a vacancy for the next Non-Executive Director the Committee would consider Evelyn's suggestion.

Governor Feedback

11. Feedback from Quality and Performance Committee

Margaret Adams mentioned the Quality Committee last met on the 29th June. It was Alexis Cleveland's last meeting before stepping down as Non-Executive Director and confirmed the Chair position has now been taken up by Darren Best.

A presentation from North CBU had been made where they provided an in-depth report looking at the challenges and positive practices. Some of the key points raised were issues around staffing, sickness and nurses from the community having to work on wards to ensure safer staffing provisions were in place. Margaret mentioned regular temporary staff were placed doing an in-depth induction process with those staff including the values and specialisms they will be working in on a regular basis and mentioned a lot of temporary staff have now applied for full-time positions working with the Trust. Margaret mentioned North CBU have trebled in peer supporters and have one on each ward which is really pleasing. One area of good practice which was shown is how they work with service users and carers finding out what really matters to them.

Margaret highlighted a Young Peoples College in North Tyneside. Allan Fairlamb shared with the Committee a new way of reporting quality showing the new dashboard where hotspots can easily be identified and mentioned this will be discussed at a future Council of Governors Quality Group.

The draft safer staffing strategy was presented to the Committee with the Non-Executive Directors providing advice on minor adjustments prior to Board which will also be highlighted with the Council of Governors Quality Group.

12. Feedback from Audit Committee

Tom Bentley fed back from Audit Committee which took place 7th June 2022 and mentioned as normal, a very comprehensive agenda and minutes had been provided to the committee. Mazars have been appointed as Auditors for the Trust for the next two years. Most of the meeting was reviewing findings of the audit year ending 31st March 2022 with no major issues to address.

13. Feedback from Resource and Business Assurance Committee (RABAC)
Nothing to report.

14. Feedback from Mental Health Legislation Committee
Nothing to report.

15. Feedback from Provider Collaborative Committee
Fiona Regan mentioned submitting questions to the Committee to enquire if there is a link to any ongoing issues on provision for hospitals for autism and learning disability which Fiona will raise at the next Committee.

Lisa Quinn mentioned in relation to the quality oversight this will be on the agenda at quarterly meetings and there will be opportunities at the next meeting for further discussions. Lisa explained this is the approach which has been adopted regarding areas of concern which have been raised by the CQC in relation to secure services within TEWV.

16. Feedback from People Committee
Danny Cain mentioned meeting with Darren Best and Anne Carlile as an induction prior to joining the Committee and looking forward to the first meeting. Danny mentioned Darren Best will be standing down as Chair with Brendan Hill taking up post 1st August 2022.

Darren Best mentioned the meeting has met twice with an up-and-coming meeting planned for the end of June 2022 and said he will be staying on the committee as a Health and Wellbeing Guardian.

17. Feedback from Charitable Funds Committee
Margaret Adams mentioned the last meeting took place on the 11th May 2022 with the next one planned for 20th July 2022. The committee has sight of all the applications for SHINE Fund on a regular basis. At the last meeting, a discussion took place around activity and the difficulties during the pandemic where most charities are experiencing similar issues.

18. Nominations Committee
Nothing to note.

19. Update from the Governors Steering Group
Margaret Adams mentioned the group last met 28th June 2022 where the group reviewed the agenda for todays meeting as well as future agendas until December 2022. Margaret mentioned at the Engagement Meeting, Rajesh Nadkarni will be presenting his biography with the Governors. The Annual Members Meeting which will have a focus on Primary Care has been arranged for 21st September due to take place at the Crowne Plaza Hotel, Newcastle as a hybrid meeting via Microsoft Teams which will also include stalls.

Margaret mentioned a discussion took place regarding the non-engagement of Governors not only attending meetings as the numbers of attendees have dropped but also the non-engagement of other opportunities the Trust offers to Governors for example attending focus groups for re-appointment of Directors and others etc. Margaret mentioned training for Governors through the Governor's Advisory Committee which is valuable to Governor's learning. Margaret asked Governors to fed back what would help going forward to encourage more to participate in Meetings and other events.

Claire Keys mentioned it would be helpful for the role of staff governors to be explained to senior staff within the organisation as sometimes it is not possible to attend meetings to be involved in additional aspects of the governor's portfolio. Debbie Henderson mentioned this will be actioned as it does not only relate to Governor's roles but for others within the organisation.

Jane Noble mentioned being part of the Involvement Bank with requests made to be part of an interview panel asked how a Governor would be able to be part of that interview panel if it needs to go through the involvement bank. Debbie Henderson confirmed for Board appointments there are various forums being service user and carer forums, reference group, peer support, involvement bank and also Governor focus groups.

20. Update from the Governors Quality Group
Anne Carlile mentioned the last meeting took place 28th May 2022. Anthony Deery, Deputy Chief Nurse was invited to the meeting and provided an update on long term segregation. Anne mentioned in response to the latest report the Trust have provided the CQC with the Trusts long term segregation plan.

21. Feedback from Governance Group
Discussed under item 8.

22. Feedback from Governor Advisory Committee (GAC)
Anne Carlile provided an update from the NHS Providers conference which was recently held where Anne Carlile, Margaret Adams and Karen Lane attended and mentioned Saffron Cordery being the new Interim CE and provided an update from the meeting. Anne mentioned Ambulance Trusts were explored with concerns raised regarding the Integrated Care Systems and how not all Ambulance Trusts were involved.

23. Feedback from Governor External Events and Meetings
Victoria Bullerwell thanked the team for arranging the recent Directors interviews and mentioned how important it is for Governors to have a voice on the focus groups.

James Duncan mentioned regarding the Executive Director of Finance Interviews, Kevin Scollay has been appointed and accepted the role with very good Governor feedback received.

24. Board of Directors meeting minutes (discussion by exception only)
Received for information.

25. Any Other Business
No issues to note.

Key Items

26. Provider Collaborative update
Lisa Quinn presented on the emerging collaborative for mental health, learning disabilities and autism for the Integrated Care System. The presentation shared was in relation to system working on the development of the proposal by the ICB which is in the early stages of engagement.

The ICB have requested the Trust to develop a collaborative for mental health, learning disability and autism as a way of engaging with the ICB, through to Place and communities and the neighbourhoods we are living and working in. Lisa explained the Trust is in a good place having had ways of working across the system, having an autism and learning disability board, workstreams for mental health which has been in place throughout the previous system organisation and building on what was good but also recognises there was some duplication also there was a lack of clarity where decisions were made, where reporting was taking place. Provider collaborative is to draw together strategic planning and what would add value.

Lisa advised the Trust was asked to develop a blueprint and working models with a timescale of 1st July 2022 however mentioned there is still a lot of engagement to do. The plan going forward is to implement in full through a gradual process throughout 2022/23.

Lisa mentioned the request was to agree for 2 reporting strands (North and South) that can be aggregated for ICB which means to try and cut the population into two as a partnership level which effectively will be Sunderland, South Tyneside, Gateshead, Newcastle, Northumberland, North Tyneside and Cumbria being one side of the ICB and Durham and Tees being the other. The Trust was also requested to development overarching and inclusive collaborative governance and delivery plan for mental health, learning disabilities and autism.

Lisa explained the Trust developed some rules of engagement and said the national agenda talks about provider collaborative and commissioning functions and as a collective aims to drop the commissioner and provider language and talk about partnerships and working together as one and being a collaborative. Lisa mentioned it will take time for the language and culture to change but there is a collective agreement across the ICS to endeavour to do this and to have focus conversations on planning, delivery, engagement, innovation, and involvement. Wanting genuine coproduction working with people with lived experience from people in the community and voluntary sector.

Lisa presented the blueprint which is the proposed NENC operating model and suggested that the slides should be circulated to the Governors through the weekly bulletin.

A question was asked what the role of the Governors through the ICS is. James Duncan mentioned the role of the Governors is to link to the Foundation Trust model within the ICB. The ICB does not have Governors or Membership structure what they do have is the Board and the Integrated Care Partnership which is representative of the health and social care system including Local Authorities and the Third Sector

Debbie Henderson mentioned there is guidance currently being reviewed at a national level in terms of the responsibilities and duties for Foundation Trusts to communicate and engage around the work of the ICS/ ICBs.

Resolved:

- **The Governors noted the Provider Collaborative update**

27. Any Other Business

There were no other issues raised.

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

Council of Governors meeting held in Public 10 November 2022, 2pm – 4pm.

4. Action Log and Matters Arising

Speaker: Ken Jarrold, Chair

References:

- 4. COG Action Log COG 14.07.22.pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Council of Governors Meeting
Action Log as at 14th July 2022

RED ACTIONS – Verbal updates required at the meeting
GREEN ACTIONS – Actions are on track for completion (no requirement for discussion at the meeting)

Item No.	Agenda item	Action	By Whom	By When	Update/Comments
Actions outstanding					
7/22	9	Expression of Interest for Deputy Lead Governor		31.08.22	To update at November's Council of Governors Meeting
Completed actions					

5. Chairs update

Speaker: Ken Jarrold, Chair

6. Chief Executive update

Speaker: James Duncan, Chief Executive

7. Terms of Reference for Council of Governors and Sub-Groups

Speaker: Debbie Henderson, Director Communications and Corporate Affairs

References:

- 7. Governor sub-group ToR review 2022.pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Report to the Council of Governor meeting
10th November 2022

Council of Governors' sub-group meetings – Terms of Reference Review

1. Introduction

This paper provides the outcome of the annual review of the Terms of Reference for Governor sub-groups. The reviewed Terms of Reference for the following groups are attached:

- Governors' Nomination Committee
- Governors' Steering Group
- Governors' Governance Group

The Terms of Reference for the Governors' Quality Group will be reviewed at its next meeting to be held on 24th November and will be submitted to the January 2023 meeting of the Council of Governors for ratification.

2. Amendments since the 2021 review

2.1 Governors' Nomination Committee

No proposed amendments.

2.2 Governors' Steering Group

Amendment to quoracy from *three members* to *four members.*

2.3 Governors' Governance Group

No proposed amendments.

3. Recommendation

The Council of Governors are asked to:

- Approve the annual review of the Terms of Reference for the Governor sub-groups for 2022.
- Note that the Quality Group Terms of Reference will be reviewed at its November meeting and submitted to the January 2023 Council of Governors' meeting for ratification.

Debbie Henderson
Director of Communications and Corporate Affairs
November 2022

Council of Governors: Nomination Committee Terms of Reference November 2022

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	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. The Governor Co-Chair, nominated by the Group and approved by the majority of the Group, will co-chair meetings.
Members	Chairman of the Council of Governors and Board of Directors One Public Governor Two Service User and/or Carer Governors One appointed Governor One staff Governor One additional Governor from any constituency Director of Communications and Corporate Affairs
Quorum	Four members to include the Chairman and a minimum of three Governor members
Purpose	
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'.	

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 2021

Review Date: November 2022

Council of Governors: Steering Group Terms of Reference October 2022

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	• 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 Governance Manager • Corporate Governance Officer
Quorum	Four 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.	
Officer Attendance and Support	
• Director of Communications and Corporate Affairs, Corporate Governance Manager and/or Corporate Governance Officer	
Key Responsibilities	
• To support the Chair on matters for inclusion in the agenda of Council of Governor	

General meetings and/or topics for discussion at Engagem • 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: October 2021 Review Date: October 2022

Council of Governors: Governance Group Terms of Reference November 2022

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	Membership of the Group will be comprised of: • A minimum of one Governor • Director of Communications and Corporate Affairs • Corporate Governance Manager • At least one other Governor from any constituency 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. Membership of the Group will be approved by the Council of Governors by approval of these Terms of Reference.
Quorum	Two members to include the Director of Communications and Corporate Affairs and one Governor
Purpose	
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.	
Key Responsibilities	
• 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 2022

8. Equality, Diversity and Inclusion update

Speaker: Lynne Shaw, Executive Director of Workforce and OD

9. Governor Election update

Speaker: Ken Jarrold, Chair

References:

- 9. Election paper.pdf

Governor Elections update
November 2022

1. Introduction

Following the Governor Election process undertaken October 2022, this paper provides a summary of the Election current status.

2. Communications and engagement plan

Posters highlighting the Governor Elections and signposting to the website and Corporate Affairs Team were created for display and distribution. Posters were available on the Trust's intranet and localities we encouraged to promote elections in all patient and staff areas, wards and departments as well as through membership engagement at partner events within each of the localities.

Governor Elections were promoted via key meetings including, Business Delivery Group and Locality Group meetings.

Awareness of Governor Elections were also be included in the following for the duration of the Election process:

- Weekly Trust bulletin
- Intranet (staff only)
- External website (staff and public)
- Service User and Carer Involvement Team
- Trust Networks
    - BAME Network
    - Disability Network
    - LGBT+ Network
    - Mental health and wellbeing Network

Governor Elections were promoted via social media using Facebook, Twitter, LinkedIn and Instagram. All content signposted to the Trust website with information about how to apply.

An email promoting the Elections was sent to all Foundation Trust members.

Information about the Governor Elections and how to become a member and Governor of the Trust was shared with key Trust stakeholders including Healthwatch, Recovery Colleges, Local Authorities, other Providers, CCGs, emergency services (fire and police), universities and third sector organisations.

We are aware that our existing Governors also supported the plan in promoting awareness of the Elections with friends and family.

3. Elections results breakdown

CNTW Governor elections – October 2022		
Constituency and class	**Current post holder**	**Vacancies**
Service user: Neuro-disabilities	Contested 3 nominations	1
Staff: Clinical	Elected unopposed	2
Carer: Older People's Services	Elected unopposed	1
Public Governor: North Tyneside	Elected unopposed	1
Public Governor: Sunderland	Elected unopposed	1
Staff: Non-Clinical	Contested 2 nominations	1
Public: Gateshead	Contested 2 nominations	1
Public: South Tyneside	Contested 2 nominations	1

Despite our best efforts, we received no nominations for the following vacancies and remain unfilled.

- Carer: Neuro-disabilities
- Carer: Autism Service
- Service User: Autism Service
- Service User: Older People's service
- Service User: Children and Young People's service

4. Election Stage

Notice of poll for elections are due to be published 18th November 2022 with declaration of results Friday 16th December 2022.

5. Governor Induction Plan

New Governors will commence in post 1st January 2023. In the meantime, we will undertake the necessary recruitment checks in-line with Governor appointments including DBS checks.

We are proposing an induction period over 2 – 3 days comprised of:

Day one (3 hours)

- Welcome to the Trust and about CNTW – Ken Jarrold
- Updates from Trust representatives on: NHS finance; performance and quality; and patient experience / service user and carer involvement.
- Governance of the Trust: role of the Board; role of the Council of Governors (Ken Jarrold and Debbie Henderson)
- Experience and personal stories about being a Governor (volunteers from the existing Council of Governors)

Day 2 (2 – 3 hours)

- Informal drop in coffee meeting with the Council of Governors
- Individual meetings with key members of the Council of Governors (Lead Governors, Deputy Lead Governor, Group Chairs)

Day 3 (2 – 3 hours)

- Meeting with the Chairman and Non-Executive Directors
- Individual meetings with key Trust representatives (i.e., Director of Communications and Corporate Affairs, Head of Service User and Carer involvement and Network Leads)

We are aware of the challenges relating to demands on time, particularly for our newly appointed clinical Staff Governors and will take this into consideration when planning for Day 2 and 3.

Individual meetings will also be arranged for each Governor to meet with Ken Jarrold, Chairman.

An induction pack will be provided to each new Governor along with a welcome letter confirming their successful election, start date and term of office which we will propose to end 31st December 2025, to align to current terms of office and election planning.

Recommendation

Governors whose term of office will end November 2022, we seek the approval from the Council for a one-month extension to their term of office until the Trust receive the declaration of results of the current election and therefore realign the Council election process.

Debbie Henderson
Director of Communications and Corporate Affairs
November 2022

10. Appointment of Deputy Lead Governor

Speaker: Ken Jarrold, Chair

References:

- 10. Deputy Lead Governor appointment.pdf

Report to the Council of Governor meeting
10th November 2022

Recommendation for the appointment of Deputy 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.

Although not a statutory requirement, some Trusts also appoint a **Deputy** Lead Governor to support the Lead Governor in their role, specifically providing support during periods of absence for the Lead Governor, and to help with succession planning for the Lead Governor role.

2. Nomination/appointment process

Expressions of interest were sought from the Council of Governors from 14th July 2022 with a closing date of 31st August 2022.

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

On that basis, there was no requirement to proceed to voting stage.

3. Recommendation

The Council of Governors are asked to approve the appointment of Anne Carlile, Carer Governor for Older People's Services as Deputy Lead Governor from 11th November 2022.

Ken Jarrold, CBE
Chairman of the Council of Governors and Board of Directors
November 2022

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).

11. Governor Service Visits Feedback

Speaker: Ken Jarrold, Chair

References:

- 11. Governor Service Visit 27.09.2022 NN Older Adult Team.pdf
- 11. North Cumbria LD 25 october 2022 FINAL KA.pdf
- 11. Service Visit Guidance for Governors Hadrian Ward Carlile.pdf

SERVICE VISIT REPORT

GOVERNORS NAME: • Denise Porter, Governor – Community and Voluntary Sector • Anne Carlile, Carer Governor	**DATE:** Tuesday 27 September 2022

SERVICE NAME: North Northumberland Older Adult Team

LOCATION: Alnwick

DIRECTORATE: North Locality Care Group

NAME OF CONTACT FOR VISIT / NAME OF GUIDE:
David Hughes, Clinical Lead for Working Age Team and Eddie Barrowman, Clinical Lead for Older Persons Team

KEY FINDINGS / IMPRESSIONS FROM VISIT

Key findings:

It is very well presented with a warm welcoming reception area a number of consultation rooms including the MDT room where triaging took place on the ground floor with staff working areas on the first floor.

The reception area had lots of relevant information about the trust in an attractive display of posters signposting support and care. A large eye catching 'You said… We did" board showed the areas that have been developed with service users and carers.

Staff at the service were based there, working into other areas, and into people's homes across North Northumberland.

Primary Care was a key point of contact bringing people into the services which included family therapy and all aspects of older people care needs including MH, dementia, LD and Parkinson's.

The visit went very well and staff were keen to share how their service worked and was being further developed. They were keen to learn more about the role and governors and how they fitted into the trust framework.

COMMENTS RECEIVED FROM SERVICE USERS / CARERS / FAMILIES DURING THE VISIT

Comments:

There was a friendly, open engaging atmosphere and all staff were keen to share the work of the services carried out there.

Relationships were key in providing the best level of care possible. This was reflected in the how GPs saw their role in engaging with the services. Some GP

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practices as in Alnwick and Rothbury set great value on the services, reflected in their engagement and signposting to people in benched.

Other GP practices were a bit combative at times as there was a wider range of services within their practice area, and they didn't always see the need to signpost the service to service users and carers.

Frameworks and processes developed to support service user and carers include family therapy, mental health support workers, a peer supporter. Staff develop WRAP and well-being though this has been offered online at the present time. Staff would like to see the service develop as a community hub where those in need can come and ask for help directly with all needs addressed such as social care, MH issues and organic illness including medication. There is a lot of expertise among the staff within the service and they have built relationships within LA, tertiary and Primary Care. This has helped to ameliorate signposting issues where people are directed back and forth to try to get the right support for them and the people they care for.

The staff are very clear about the holistic approach required to enable support to be the best it can be without repeated requests to enable the proper support and care. Fully integrated care that follows the person. Within the MDT any member can raise concerns is how the pathway is to be developed. The range of skills within the team, support and enrich the quality of data and level of care by interfacing in GP frailty meetings, with psych liaison and home visits to see how people are coping rather than accepting the social facade that maybe folks are hiding behind as they don't want to admit the level of support they require.

POINTS TO RAISE

Points to be raised :

A point of concern that the staff have found is that mental health has been seen as a trust issue rather than an ICS concern. A nurse consultant and CPNs have worked on this to build the links and develop the relationships between MH practitioners and GPs

GP practices links have been developed to get service users and carers to the service unit though it is out of the way and needs a bus stop to support those without their own transport to directly access the service base.

Sometimes it is difficult to access records when dealing with people who require care and support but live within the Scottish Borders. It can take time to get full notes about those referred to the service from this area. Liaison is very good otherwise with the use of the Great North Care Records. This has made a huge difference reducing workload and speeding access to patients to get the fullest picture of their needs quickly.

There were no service users or carers available to talk with due to the location and the way the service usually runs. It would be useful to be able to meet and talk with service user and carers to find out how they valued the service and how they would like it to develop particular with the current focus on community transformation of services nationally and in the Trust. Something to consider for another visit to this and similar services.

Accessing GPs is an issue when the staff may be in a queue with patients calling

their GP to make appointments. ‘Magic Numbers ’ to make direct contact with GPs was key to help access information about service users readily. Direct lines were not always given out by GPs to staff requiring the key information about people trying to access the service.

The visit highlighted how community services could truly be ‘hubs’ to allow a person to access support and care within a holistic service that liaised across the whole health and social care sector so they could get what they needed without the constant need to be referred back to say primary care for another appointment. It is frustrating and time wasting to say the least. MD Teams like those in this service are able to liaise across different sectors of health and social care. This helps to build a clearer picture of patient and need and supports holistic care. Processes and systems that enable this to happen will build stronger teams and lessen workload.

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CDT
SERVICE VISIT REPORT

NAME:	**DATE:**
Evelyn Bitcon, Public Governor, Cumbria Fiona Regan, Carer Governor, Learning Disability / Autism Services Jane Noble, Carer Governor, Adult Services Kirsty Allan, Corporate Governance Manager	25th October 2022

SERVICE NAME: Adult Community Learning Disability Service (East)

LOCATION: Carleton Clinic, Carlisle

CBU: North Cumbria

NAME OF CONTACT FOR VISIT / NAME OF GUIDE:

Susan Skirrow, Team Manager

Lynn, Clinical Nurse Specialist with behavioural speciality background

KEY FINDINGS / IMPRESSIONS FROM VISIT

Key findings:

- Two Teams East (Carleton Clinic) and West (Lillyhall Business Centre), 45 staff in total. Both teams work well together and work on pathways. Have regular team meetings via Microsoft Teams and have planned a face-to-face team away day where they have invited colleagues from ICB to explain about recent commissioning changes, senior and clinical managers will be in attendance and will also explore quality and improvement.
- Acorn ward, an inpatient ward which is currently not open for admissions, due to max capacity x4 beds which are long admissions.
- Recruitment shortages:
  - 3 nursing posts which have been advertised three times with no interest,
  - 2 peer support which has been advertised ten times through various avenues
  - Secondment Carer Employment Lead due to maternity cover
  - Band 5 vacancy
- It was noted since the transfer of services from CPFT LD people are still being classed as 'patients' and should be 'clients' the team have requested for this change, but the title still remains.
- Caseload is based on urgency with 95% of referrals are received via the GP class them as urgent.
- Adult social care to safeguarding takes up a lot of time chasing up referrals.
- It was noted that the team feel LD is somewhat lost in the Trust as they don't work to a Mental Health model. Support is needed to help raise the profile of LD as quite often there is a misunderstanding.
- The team has asked to have a LD strategy and are liaising with Caroline Wills, Associate Director.
- Communication that is highlighted from the Trust is more MH focussed and feel there should be a balance with LD and provided an example of the recent communications following mainstream media coverage of mental health and disability services primarily focusing on the mental health coverage as opposed to learning disabilities.

COMMENTS RECEIVED FROM SERVICE USERS / CAERS / FAMILIES DURING THE VISIT

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Comments:

No Service User/ Carer or families on site during the visit.

Pre-engagement with the team when planning future visits will be undertaken to be clear about expectations prior to any visits should access to service users, carers or families not be possible.

POINTS TO RAISE AT COUNCIL OF GOVERNORS MEETING

Comments:

Some Governors would have preferred to visit all areas of the environment including patient rooms for example. Consideration to be given to the impact on service users in this regard and acknowledgement that this may not always be appropriate.

Reminder to be issued to Governor regarding the opportunity to take part in PLACE visits which is specifically focussed on the environment.

PLEASE QUOTE ME

Please write here your comments on what you would like to appear in the Trust Bulletin:
Some Governors attending the visit felt that visits should be undertaken over the course of a whole day.

Currently visits are planned to take place for two hours given the current operational pressures and considering visiting schedules which are also in place for Executive and Non-Executive Directors.

Thank you

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COUNCIL OF GOVERNORS
SERVICE VISIT REPORT

GOVERNOR(S) NAME: DR THOMAS LEWIS	**DATE:** 26/4/2022
SERVICE NAME: HADRIAN UNIT, CARLETON CLINIC	
LOCATION: CARLETON CLINIC	
DIRECTORATE: CUMBRIA	
NAME OF CONTACT FOR VISIT / NAME OF GUIDE: Andrea Cox (associate director)	

KEY FINDINGS / IMPRESSIONS FROM VISIT

Key findings:

- Overall a positive visit with a clear sense of strong working teams and leadership that shows a clear trajectory towards improving the care of patients.
- Good cleanliness throughout site with all staff adhering to COVID-19 mask wearing policy and hand hygiene.
- For context, the Hadrian unit is currently undergoing refurbishment to make all bedrooms ensuite. It has gone from a mixed sex 22 bed ward to being split into two 10 bed male and female wards. The female 10 bed ward, known colloquially as H1, takes up half of the 'old' Hadrian unit ward whilst the other half undergoes refurbishment. The male 10 bed ward (known as H2) has been 'decanted' to Rowanwood, which was a PICU until being closed down a few years ago. Once one half of the ward is refurbished, the plan would be to move the females to this area and then update the rest of the unit.
- The overwhelming view from staff is that the change to single sex wards and having fewer beds per ward has reduced SUIs and staff burnout
- The use of former PICU for male 10 bed unit is universally praised as being a better environment for service users. If PICU is not to come back, staff would wish male unit to stay on PICU site. If PICU site does come back, staff would want the new Hadrian unit to be split into a male and female side and not go back to mixed sex.
- The new peer support worker on H2 was praised by both staff and service users for taking feedback and implementing changes e.g. service users had asked for more gym equipment and this was provided. These changes were presented on a display board so service users could see their requests and what was done about them.
- The current female Hadrian ward (H1) does appear bare and clinical but this is due to the ongoing refurbishments to modernize the unit making all bedrooms ensuite
- There is a clear problem with recruitment and retention of nursing, medical and AHP inpatient staff. Many Band 5 nurses are leaving for community jobs. Wards are more reliant on agency staff. No doctors in training as not enough consultant cover to provide supervision therefore locum medics used and they come, stay briefly then leave. At our visit, there was one locum SHO covering both H1 and H2. He is leaving his post on 29th April and there was no clear understanding on who would be replacing him.

COMMENTS RECEIVED FROM SERVICE USERS / CARERS / FAMILIES DURING THE VISIT

Comments:

Informal chats with service users were generally positive. One gentleman had been on the ward for many months and wanted to leave but there was nowhere for him to go. He is awaiting a possible community placement with Turning Point. Staff reiterated that up to half of patients are delayed discharges due to having no appropriate community placements.

POINTS TO RAISE AT COUNCIL OF GOVERNORS

Points to be raised at COG:

- Clarity on plan for Hadrian unit – will it go back to being mixed sex? Is PICU coming back and if not could male ward stay on former PICU site?
- Changes in overtime payments for staff has had a noticeable impact on part time staff willing to take on extra shifts – could changing this back for the Cumbria locality as an 'area of acute staff concern' be made to see if this helps fill nursing gaps?
- Is there a plan to get doctors in training within CNTW to rotate to Cumbria rather than rely on locum medics? Could supervision come remotely from a suitably trained consultant in CNTW if cannot recruit a substantive consultant to Cumbria?
- Staff asked about the prospect of 'experience on the job' leading to automatic progression in bands rather than having to apply for promotion
- Staff asked about a physical health Band 3 who is unable to get AP training via CNTW – could this be offered on a case by case basis?

PLEASE QUOTE ME

Please write here your comments on what you would like to appear in the Trust Bulletin.

- Despite clear challenges, staff are positive, very patient centered and feel part of a team. There is an approachable style to leadership and this is reflected by how open staff are with one another even when seniors are present.
- Ongoing improvements to the environment for service users is encouraging.
- Staff recruitment and retention remains a huge challenge particularly for this part of the Trust.

12. Governors' questions

Speaker: Ken Jarrold, Chair

13. Governors Feedback - Quality and Performance Board Sub-Committee update

Speaker: Margaret Adams and Anne Carlile

14. Governors Feedback - Audit Committee Board Sub-Committee

Speaker: Tom Bentley and Maria Hall

15. Governors Feedback - Resource and Business Assurance Board Sub-Committee

Speaker: Revell Cornell / Leyton Rahman

16. Governors Feedback - Mental Health Legislation Board Sub-Committee

Speaker: Fiona Grant / Denise Porter

17. Governors Feedback - Provider Collaborative Board Sub-Committee

Speaker: Fiona Regan

18. Governors Feedback - People Board Sub-Committee

Speaker: Anne Carlile / Danny Cain

19. Governors Feedback - Charitable Funds Board Sub-Committee

Speaker: Fiona Grant / Margaret Adams

20. Governors Feedback - Nomination Committee

Speaker: Ken Jarrold / Margaret Adams - Co Chairs

21. Governors Feedback - Governors Quality Group

Speaker: Margaret Adams, Chair

22. Governors Feedback - Governors' Steering Group

Speaker: Margaret Adams, Chair

23. Governors Feedback - Governors Governance Group

Speaker: Debbie Henderson, Chair

24. Governors Feedback - NHS Providers Governors Advisory Committee

Speaker: Anne Carlile

25. Other feedback from Governor meetings and events

Speaker: All Governors

26. Board Minutes for Information

Speaker: Ken Jarrold, Chair

References:

- 26. Mins Board PUBLIC 5 October 2022 FINAL.pdf

Minutes of the Board of Directors meeting held in Public
Held on 5 October 2022 1.30pm – 3.30pm
Crowne Plaza, Newcastle and via Microsoft Teams

Present:
Ken Jarrold, Chairman
David Arthur, Senior Independent Director/Non-Executive Director
Darren Best, Vice-Chair/Non-Executive Director
Brendan Hill, Non-Executive Director
Louise Nelson, Non-Executive Director
Michael Robinson, Non-Executive Director

James Duncan, Chief Executive
Rajesh Nadkarni, Executive Medical Director, and Deputy Chief Executive
Lynne Shaw, Executive Director of Workforce and Organisational Development
Ramona Duguid, Chief Operating Officer
Chris Cressey, Deputy Director of Finance & Business Development *(Deputising for Lisa Quinn)*
Anthony Deery, Deputy Chief Nurse *(Deputising for Gary O'Hare)*

In attendance:
Margaret Adams, Lead Governor and South Tyneside Public Governor (online)
Tom Bentley, Public Governor for Gateshead (online)
Allan Brownrigg, Clinical Governor (online)
Danny Cain, Non-Clinical Staff Governor
Janine Fish, Patient and Carer Involvement Facilitator *(patient story)*
Eilish Gilvarry, Deputy Medical Director *(Item 13)* (online)
Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary
David Muir, Group Nurse Director *(Item 13) (online)*
Jane Noble, Carer Governor for Adult Services
Margaret Orange, Associate Director, Addictions Governance *(Item 13) (online)*
Wendy Pattison, Local Authority Governor, Northumberland Council (online)
Tom Rebair, Service User Governor for Adult Services
Jacqui Rodgers, Governor, Newcastle University (online)
Kelly Simpson, patient story
Russell Stronach, Service User Governor for Learning Disabilities and Autism (online)
Claire Thomas, Deputy Director Safer Care *(Item 11)*
Jack Wilson, Membership and Engagement Officer

1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting. Apologies for absence were received from Gary O'Hare, Chief Nurse and Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance and Paula Breen, Non-Executive Director

2. Declarations of interest

Rajesh Nadkarni confirmed his role as a Partner Member of the North East and North Cumbria Integrated Care Board (NENC ICB) and member of the ICB Quality and Safety Committee.

3. Service User/Carer Story/ Staff Story

Ken Jarrold extended a warm welcome and thanks to Kelly for sharing her personal story.

4. Minutes of the meeting held 6 July 2022

The minutes of the meeting held on 3 August 2022 were considered and approved.

Approved:

- **The minutes of the meetings held 3 August 2022 were approved as an accurate record**

5. Action log and matters arising not included on the agenda

There were no outstanding actions to note.

6. Chairman's update

Ken Jarrold noted that the Trust will be exploring the issue of rising living costs and the impact on service users and staff.

With regard to the development of the NENC ICB, Ken reported continued progress with partnership arrangements beginning to form, bringing promise for the future.

7. Chief Executive's Report

James Duncan referred to the staff excellence awards being a fantastic event celebrating all the remarkable achievements across the organisation to improve the lives of those we serve.

James noted the Peer Support and Involvement Conference which took place on 19th September which celebrated the work that has been achieved over the last three years including the delivery of the Together Strategy and the role of peer support across the organisation.

James referred to the training session held on 28th September which focused on the importance of challenging Ableism. The event was attended by over 200 members of staff and extended thanks to the Staff Disability Network for highlighting such an important issue.

James referred to the Northern Health Alliance report which finds that people in the North of England experienced significantly worse mental health outcomes compared to those living elsewhere in the country during the course of the pandemic.

Regarding the developing NENC Integrated Care System (ICS), James advised that place-based Directors were now in post across all local authority areas representing a positive step in the delivery of services across the NENC footprint.

Resolved:

- **The Board received the Chief Executive's update.**

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance update

Ramona Duguid referred to the report which confirmed an increase in compliance with Information Governance Training, an improved position regarding out of area placements and

waiting times for Children and Young People Eating Disorders Services for routine referrals. Ramona noted challenges in access waiting times noting that a significant amount of work was taking place to understand how to improve on the current trajectories.

Regarding the financial position, Chris Cressey noted that the Trust has a £3.1m deficit position, £3.8m behind plan. The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan. Delivery of the Trust financial plan is dependent on a reduction in temporary staff costs.

Ken Jarrold referred to the report acknowledging some areas of improvement but noted that there remained a significant financial challenge ahead for the Trust and the wider system.

Resolved:

- **The Board received the Commissioning and Quality Assurance update**

9. COVID / National Enquiry update

Anthony Deery stated that the national enquiry commenced on 21st July 2022 with the investigation taking a modular approach. Detail of the three modules are highlighted within the report.

Resolved:

- **The Board received the COVID / National Enquiry update**

Workforce issues

10. Annual Medical Revalidation Report 2021/22

Rajesh Nadkarni referred to the report which forms part of the statutory annual submission to NHS England, requiring Board approval. The report highlighted compliance for medical appraisals at 100% for 2021/22. Rajesh noted the action to refresh the focus wellbeing in line with the recommendations highlighted in the Fair to Refer Report.

Ken Jarrold highlighted the importance of the process and acknowledged the assurance provided within the report.

Approved:

- **The Board received and approved the Annual Medical Revalidation Report 2021/22 with agreement for James Duncan to sign the statement of compliance on behalf of the Board.**

Regulatory / compliance issues

11. Annual Safeguarding Report 2021/22

Claire Thomas presented the Annual Safeguarding Report 2021/22 noting the action taken to review capacity and revise processes and approaches to ensure levels of demand can be met whilst maintaining quality of care.

Safeguarding activity continues to increase in volume and complexity, with the increase being consistent with other agencies across the system. Claire provided detail on activity relating to

safeguarding children that has been a key driver in the overall increase in activity and complexity. The report provided assurance that the Trust is fulfilling its safeguarding responsibilities.

Ken Jarrold mentioned some worrying and unsurprising increases in demand given the social and economic situation.

Darren Best acknowledged the increase in activity noting the number of Safeguarding Boards within the Trusts footprint and the added complexity in terms of differences in policies and procedures. Darren emphasised the importance of ensuring appropriate capacity, ability to managing risk, and the added complexity of the topic for such a large organisation operating across so many Safeguarding Boards.

Brendan Hill thanked Claire Thomas for the report being a great use of Statistical Process Charts (SPC) charts in supporting Non-Executive Directors to understand key issues and trends.

David Arthur referred to Safeguarding Children Level 3 training reported as below the 85% target and asked how compliance will be met. Claire advised that a trajectory was in place to introduce Safeguarding Level 3 training which has been impacted by the pandemic. Delivery of training commenced in April 2022 via face-to-face sessions and places have been increased per session with a target of achieving the trajectory by end of December 2022.

Resolved:

- **The Board received and noted the Annual Safeguarding Report 2021/22**

12. Annual Plan Q1

Ramona Duguid referred to the Annual Plan Quarter 1 report which provided an update of progress against the Trust 2022-23 Annual Plan priorities.

Resolved:

- **The Board received and noted the Annual Plan Quarter 1**

13. Addictions five-point plan update

Margaret Orange delivered a presentation following the review of addiction services and the Trust's approach to future service delivery and noted a rise of 20% in alcohol specific cause of deaths. This was also linked to social deprivation and is in-line with issues of inequalities within the North East of England.

Margaret provided a detailed overview of the three-year thematic review which was undertaken between 2019-2022 of all deaths in addiction services including the learning, after action reviews and serious incident investigations and advised once the review is completed it will be presented as a full report.

Margaret referred to Dame Carol Blacks report which focused on the impact of a decade of funding cuts alongside workforce challenges and an expectation of an increase in caseloads on average of 60-80%. Margaret referred to opportunities in terms of increasing staffing levels, reviewing staff skills to incorporate physical health, and attracting a more diverse workforce.

Ken Jarrold welcomed the change of policy and referred to the previous attitudes of not treating addiction until mental health is stabilised. Such attitudes remain deeply ingrained and Ken asked how difficult it will be to change this in practice. Margaret advised that a system was now in place where issues of addiction will be escalated if they cannot be addressed at a local level and emphasised the importance of raising awareness of and embedding the policy.

Eilish Gilvarry informed the Board of a new consultant following the recommendation made within the Dame Carol Black report. Addictions services is working with the NENC ICS on alcohol prevention, including allocation of funding from Health Education North East (HENE) to support the development of education across the NENC ICS in terms of management of drugs and alcohol. The service is also part of the community mental health transformation work to ensure improvements in the integration of addiction into other services.

David Muir also referred to work to address cultural issues associated with addiction and working with the Communications Team and Peer Supporters.

Danny Cain referred to funding for Newcastle alcohol and drug addiction services and hoped in the future it would be expanded to other areas across the NENC. Danny also highlighted the importance of 'Making Every Contact Count'.

Jane Noble referred to training for new nurses and asked if there would be an opportunity to train people on the new policy that has been developed for addiction services. Margaret advised that the strategic clinical networks would be best placed to be involved in this and a further area of review is the generic training for brief interventions for addictions.

Brendan Hill noted only three issues have been escalated to Margaret which demonstrates the potential for continuing change. Brendan referred to the cost-of-living crisis and suggested that training outside of the specialism may also add value to support people not working within the service to deal with issues in a more skilled way.

Ken Jarrold thanked the team on behalf of the Board for an interesting and important update.

Resolved:

- **The Board received the Guardian of Safe Working Quarter 1 report**

14. Integrated Care System/ Integrated Care Board update

James Duncan informed the Board of some key appointments being made across the NENC ICB including the appointment of Place-based Directors. The role of the ICB and role of the Integrated Care Partnerships (ICPs) are becoming clearer including clarity on the role of place, the role of Foundation Trusts and the role of the ICB and how they interrelate. The ICB are currently developing the strategy for the NENC ICS which is due for publication in December 2022.

James noted the development of a post of Director of Transformation for Mental Health, Learning Disability and Autism, with Kate O'Brien being appointed into the position.

Ken Jarrold recognised the challenges for the ICS/ICB in terms of their establishment at a very challenging time for health and care services. Ken reassured the Board that the Trust

was making every effort to contribute to its development with relationships with Place Directors being critical to its success.

Resolved:

- **The Board noted the Integrated Care System/ Integrated Care Board update**

Board sub-committee minutes and Governor issues for information

15. Quality and Performance Committee

Darren Best provided an update following the meeting held on 28th September which included an update on control drugs management, serious case reviews and independent investigations. There was a focussed discussion on access and waiting times.

16. Audit Committee

There have been no meetings since the previous Board meeting.

17. Resource and Business Assurance Committee

There have been no meetings since the previous Board meeting.

18. Mental Health Legislation Committee

There have been no meetings since the previous Board meeting.

19. Provider Collaborative Committee

Michael Robinson provided an update following the meeting held on 28th September which included confirmation that the Trust did not inherit into the organisation any employees when they were Tupe'd across.

20. People Committee

There have been no meetings since the previous Board meeting.

21. Charitable Funds Committee

There have been no meetings since the previous Board meeting.

22. Council of Governors issues

Ken Jarrold briefed the Board on the forthcoming Governor Elections.

Ken welcomed Tom Rebair, Service User Governor for Adult Services and Victoria Bullerwell, non-clinical Staff Governor to the Governors' Steering Group.

Ken advised that Sam Allen, NENC ICB Chief Executive can no longer attend the October meeting of the Council of Governors. This will provide an opportunity for the Board to brief Governors on current issues including the Trust Recovery Plan.

23. Any Other Business

Wendy Pattison, Appointed Governor for Northumberland County Council has organised a summit on 6th October 2022 regarding domestic abuse and extended an invitation to the Board of Directors and Council of Governors.

Debbie Henderson stated that the Trust will be celebrating World Mental Health Day on 10th October with an on-line event planned from 3pm – 5pm. Guest speakers include Sam Allen, NENC ICB Chief Executive and the boxer Frank Bruno.

Jane Noble highlighted FREED, an organisation for people with an eating disorder between the ages of 16-25 years and asked to highlight the service on the Trust website.

24. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 2 November 2022, 1:30pm at Royal Station Hotel and online via Microsoft Teams.

27. Any Other Business

Speaker: Ken Jarrold, Chair

28. Key Issues for Discussion - Panorama Report - Trust Response

Speaker: James Duncan, Chief Executive

References:

- 28. Panorama Response November Board of Directors FINAL.pdf

Report to the Board of Directors
Wednesday 2nd November 2022

Title of report	**Organisational response to care and treatment findings at The Edenfield Centre, Greater Manchester NHS Foundation Trust**
Purpose of the report	**For decision**
Executive Lead	**James Duncan, Chief Executive**
Report author(s) (if different from above)	**Ramona Duguid, Chief Operating Officer**

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	
To achieve "no health without mental health" and "joined up" services		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	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	X 17/10/2022
Trust Leadership Team (TLT)	X 18/10/2022
Trust Safety Group (TSG)	X 11/10/2022
Other: Group Director Away Day	X 30/09/2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

ORGANISATIONAL RESPONSE TO FINDINGS IDENTIFIED AT EDENFIELD CENTRE, GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST

Caring | Discovering | Growing | **Together**

ORGANISATIONAL RESPONSE TO FINDINGS IDENTIFIED AT EDENFIELD WARD, GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST

1. INTRODUCTION

Following the findings of patient abuse identified by panorama at Edenfield Ward, the National Director for Mental Health wrote to all NHS Trusts to request specific areas were reviewed by Trust Boards. In addition to this, the North East and North Cumbria Integrated Care System (NENC ICS) has also requested that we review the mitigations we have in place to prevent closed cultures developing.

This report outlines the Trust's response to these requests as well as identifies further reflections we have undertaken with the senior leadership team in developing our organisational response. Specifically we have reviewed some of the critical **policies** we have in place, how we review these in **practice**, the support and leadership considerations we have reflected on in relation to our **people** and the voice of **patients**.

It is important to outline that the Trust has in place existing and robust mechanisms as part of our core governance framework which provide assurance on some of the safeguards and practices, we have in place to ensure the provision of safe quality care. However, we have not listed these mechanisms as part of this report as they feature in our existing reports to the Board and its sub committees as part of our regular governance framework.

This report is focussed on where we feel we have areas for further continuous improvement to make in order to ensure every opportunity to learn, act and reflect on our safety culture is taken.

2. MATERIAL POINTS FOR THE BOARD TO NOTE

The areas identified for further improvement in this report can be summarised into four key areas:

- **Leadership –** the Trust has been working on updating its core leadership programme, which will be prioritised for clinical team managers as well as dedicated support for healthcare assistants across the Trust. As part of the existing Board visit programme, this will be enhanced and targeted to areas where inherent risk factors are present in relation to closed cultures. We will review how the various assessments of safety culture can help improve our understanding and build on the work we have done to date, which will directly involve the Board of Directors.
- **Patient & Carer voice –** progress has been made in strengthening the patient and family voice in the long term segregation panel, however we will ensure for all cases where the highest levels of restrictive practice are in place and care given in secure settings this will include the patient, carer and family voice in review of care and treatment plans. We will also continue to embed the triangle of care at all levels across the Trust.
- **Values and behaviours in clinical practice –** there are many policies and areas of practice which demonstrate our values and behaviours. One of the key policies reviewed as part of preparing this response is the Dignity in Care policy, which we will review and strengthen in terms of embedding this across the Trust. We will also continue to embed the raising concerns and Freedom to Speak Up process.
- **Intelligent data to support what we 'see, feel and hear' –** continue the work we have already commenced on triangulating key data to target where additional leadership visibility or support is needed.

3. POLICY & PRACTICE

The Trust has in place a number of critical policies which are set out to safeguard the delivery of safe care through clear standards of practice. We have asked the specific question of '**how do we know they are working and what could we do to continuously improve?'**

3.1 Freedom to Speak up and Raising Concerns Policies

The Trust has in place dedicated Freedom to Speak up resource to support staff with raising concerns and ensuring concerns are acted on. The raising concerns policy is used, promoted and reported on along with the Freedom to Speak up activity to the People Committee and Board of Directors. The Trust performs well in staff feedback about raising concerns and includes safety related concerns in the weekly Trust wide safety meeting. Whistle Blowing concerns raised externally are investigated thoroughly and also included in this report.

Further improvements we have identified:

- Continue to ensure open lines of communication with the Freedom to Speak up Guardians and the Board of Directors.
- Include greater detail on the outcomes and actions taken following concerns being raised, including feedback mechanisms to staff involved.
- Improve the triangulation of concerns with key patient safety data.
- Utilise both increases in concerns and where teams do not raise concerns to target collective Board visibility and peer reviews.

3.2 Patient Engagement and Observation Policy

We have recently reviewed and updated the policy for engagement and observation, this has resulted in a greater emphasis being placed on therapeutic engagement. We have strengthened the audit arrangements for this policy which will include live assessment of practice and team behaviours.

Further improvements we have identified:

- To support the new policy, we are revising the training materials for all staff with a key focus on engagement.
- Review the findings of the live review of engagement and observation clinical practice.

3.3 Dignity in Care Policy

The Dignity in care policy sets out the core safeguards to ensure dignity in care is evidenced in all patient interactions across the Trust with ten core standards; *High Quality care services that respect people's dignity should:*

1. *Have a zero tolerance to all forms of abuse*
2. *Support people with the same respect you would want for yourself or a member of your family*
3. *Treat each person as an individual by offering a personalised service*
4. *Enable people to maintain the maximum level of independence, choice and control*
5. *Listen and support people to express their needs and wants*
6. *Respect people's right to privacy*
7. *Ensure people feel able to complain without fear of retribution*
8. *Engage with family members and carers as care partners*
9. *Assist people to maintain confidence and a positive self-esteem*
10. *Act to alleviate people's loneliness and isolation*

Further improvements we have identified:

- The Dignity in Care Policy is scheduled for review in 2023, we will update this taking into account key publications in relation to professional standards and practice, for example the publication of the mental health nurse's handbook in October 2022.

3.4 Seclusion Policy & Long-Term Segregation

The seclusion policy sets out the Mental Health Act code of practice and how this is applied across the Trust. Regular reports on compliance with the policy are produced by the positive and safe care team with compliance reviewed at the Trust wide Safety Group. The safer care report for the Trust also reports on all components of restrictive practice and physical interventions. Outcomes from clinical audits are aligned to the Board Assurance Framework and Corporate Risk Register and reported to the Board.

3.4.1 Long Term Segregation (LTS)

The Trust has in place a weekly LTS panel which formally reviews all LTS cases. The panel includes patient, carer and or advocacy to be part of the review however this is not always consistent.

3.4.2 HOPEs

The Trust is rolling out the HOPEs model and has appointed a dedicated clinical lead to support and enhance the multi-disciplinary review of cases using the national HOPEs framework.

Further improvements we have identified:

- Increase patient/carer and family support input into all long-term segregation and prolonged seclusion cases.
- Triangulate positive and safe care practice interventions alongside safe staffing data and key safety measures.
- Roll out and embed the HOPEs model across CNTW.
- Review the quality of post intervention debriefs across the ward teams and identify where further support or facilitation is required.
- Review the effectiveness of the outcomes required to support people transitioning to a least restrictive environment within the Trust and broader system.
- Increase Board visibility to where care is being provided in the most restrictive settings, including long term segregation.

3.5 Positive and Safe

The Trust has an extensive framework for positive and safe care which targets restraint reduction and positive practice. This is underpinned by a range of supporting policies and practice guidance and is reported formally to the Quality and Performance Committee quarterly.

3.5.1 Use of Force Act

The Trust has taken a proactive approach to compliance with the 2018 Mental Health units use of force act, with a core focus on reducing restrictive interventions via its Talk 1st initiative. Several clinicians from the Trust have been involved in the development of the national guidance to support the act.

The Trust is identified within the guidance as an area of good practice for its use of data informed patient centred approaches to reducing restrictive interventions. We have developed and changed our policies to reflect the requirements of the act and was one of the first Trusts to develop in conjunction with service users and carers its use of force patient leaflet.

The Trust takes an active and ever developing approach to the work of reducing restrictive interventions and has introduced many innovative and educational initiatives to support this. The Trust is currently developing ways it can record and monitor the use of the leaflets across the Trust and better define which interventions are used within patient pathways (initially LD/A and CYPS). This includes how we support and protect human rights across care and treatment plans for all patients.

Further improvements we have identified:

- Review how the outcomes for restrictive interventions are reviewed alongside key safety data and staffing skill mix across ward teams.
- Refresh the safer wards programme within positive and safe in line with the national inpatient programme for safety and quality.
- Priority areas identified on how we record physical interventions and improvements we can make across three priority pathways: learning disabilities and autism and children and young people.

3.6 Safeguarding Policy

The Trust has in place robust safeguarding arrangements which are reported on as part of the core safer care report within the Trust. The weekly Trust wide Safety Group receives updates on safeguarding alerts and issues from both a patient and staff perspective. Plans are in place already to improve training compliance against the trajectories we have set across all localities. We will continue to review safeguarding reporting trends alongside key patient and staff safety data.

3.7 Peer Reviews

The internal ward quality peer review programme is in place along with PLACE assessments which have now fully recommenced. The outcomes from MHA monitoring visits are reviewed and shared across localities for learning through the CQC Compliance Group. Ongoing work to ensure we share good practice and learning from peer reviews will continue to be a core focus across the organisation.

Further improvements we have identified:

- Prioritise peer review schedule alongside key closed culture inherent risk factors and restrictive practice safety data.

3.8 Care and Treatment Reviews (CTR)

There is an extensive programme of care and treatment reviews in place as well as safe and wellbeing reviews which are carried out across patients being cared for across the Trust. Commissioner led visit programmes are also in place. Individual recommendations are identified; however, the Trust does not have collective oversight of issues and or themes being identified through these important reviews which could be strengthened.

Further improvements we have identified:

- Review how the outcomes from care and treatment reviews are reported and reviewed for individual actions and broader themes identified across the organisation.

4. PEOPLE

4.1 Leadership

The importance of collective leadership on what we see, feel and hear has been a core feature of the Trust's collective leadership programme for many years. The leadership programme is currently being updated and will be relaunched in early 2023 with a focus on compassionate leadership as the core thread. This will allow new managers and leaders appointed during the pandemic to complete the core leadership programme for the Trust as well as refresh and update leadership practice across front line leaders.

4.1.1 Ward Manager Leadership

A community of practice for ward managers has been set up, with the first meeting being held in early December 2022. This will be a key forum to harness the revised inpatient quality programme.

4.1.2 Healthcare Assistant Leadership Programme

There are various training and leadership offers for healthcare assistant staff, including ward team development. However, following the work implemented to strengthen the preceptorship programme, we have also identified how we can implement this on an annual basis for healthcare assistants and which areas we prioritise in 2023.

4.1.3 Board Visibility

Non-Executive and Executive Director visits are in place, as well as Governor visits to services. The feedback from these visits is shared with the local leadership teams for learning, identifying positive practice as well as areas for action.

Through the Mental Health Act (MHA) Legislation Committee we have input from Non-Executive Directors (NEDs), including NEDs who are panel members of MHA Tribunals.

4.1.4 24/7 Oversight

The Trust has in place night co-ordinators, point of contacts for sites and areas and a senior manager on call rota. Time to ensure we are attentive to staff who predominantly work out of hours, visibility of leadership during these times and including the issues which are escalated through on call out of hours and weekends will be reviewed to identify any additional actions we need to consider.

Further improvements we have identified:

- Relaunch of the Trust leadership and management development programmes.
- Review how the Healthcare Assistant leadership, supervision and support is taken forward.
- Review how the key leadership roles out of hours and weekends are supported, including leadership visibility.
- The protection and facilitation of team development.
- Establish the Ward Manager Community of Practice.
- Expand the Board and Council of Governor visit programme to target areas where there are inherent risks of closed cultures developing.

4.2 Emotional impact of work

The Trust has in place specific staff support and clinical networks which provide spaces for staff to come together. The Schwartz round programme also remains in place and is a key forum for staff to share personal experiences. However, we recognise the moral injury and compassion fatigue challenge across front line teams and will therefore continue to ensure team de-brief, supervision as well as staff reflection spaces are promoted and accessible.

Further improvements we have identified:

- Commit to undertaking some specific Schwartz rounds on the emotional impact of work and experiences.

4.3 Student Nursing Preceptorship & Junior Medical Staff

The preceptorship programme for the Trust has been strengthened and the Trust has supported an increase in experienced pastoral support nurses to support preceptors. There are existing forums to hear the experiences of student nurses, therapists and junior doctors which are supported by executive directors. This includes the report on Guardian of Safe Working report to the Board.

Further improvements we have identified:

- Ensure the forums we have for student nurses, therapists and junior doctors discuss and reflect on their experiences in the context of closed cultures, our values and human rights.

4.4 Professional standards and employee relations

There are robust processes in place for support and investigations in relation to maintaining professional standards for medical, nursing, therapies, and allied health professionals. The employee relations, specifically disciplinary process is reviewed by Executive Director of Workforce and Organisational Development and Chief Operating Officer. The reporting of cases and issues relating to suspensions and restrictions on practice is also in place.

Further improvements we have identified:

- As part of improving the triangulation of data, a review of the themes arising from the Trust fact find process will also be undertaken in order to strengthen how individual and team areas of practice are identified in the context of safe teams and culture.

4.5 Safe Staffing, Safe Teams and Workforce Data

Significant work to improve reporting against safe staffing, safe wards as well as triangulation of key workforce data has been taken forward this year and progress reported through the board sub committees. Further work to improve intelligent reporting and triangulation is being developed to support workforce data analysis alongside patient safety. This has included the development of workforce supply and demand as part of the work across recruitment and retention. The work on the inpatient staffing baselines has also provided greater analysis on workforce usage and gaps.

Further improvements we have identified:

- We will continue to identify wards where greater support is needed due to availability of staff, percentage of temporary staff being used and ward leadership capacity and capability.

5. PATIENT

5.1 Patient & carer voice

The Trust has extensive patient and carer mechanisms for feedback which are formally reported across the organisation and within local teams. This includes the patient stories which are told across various forums, including Board of Directors. Progress with the triangle of care and carers charter has also been made, which we will continue to build on to ensure they are embedded across all areas of practice and included in staff clinical supervision. The Trust is active in key patient and carer support groups across communities which it will continue to support and engage in.

Further improvements we have identified:

- Continue to embed the triangle of care in areas where inherent risks of closed cultures are identified.
- Review the effectiveness of patient and carer voice in MDTs where patients are cared for in the most restrictive settings.
- Board visits to review how family and carer feedback can be obtained and included as part of the visit programme.
- Continue to share with the Board feedback and participation in patient and carer support groups across our communities.

5.2 Advocacy

The views of advocates and engagement in care and treatment plans is in place across the Trust and can be demonstrated through various elements of practice and patient reviews.
The Trust is working with inclusion north to improve the network and support for patient advocates across the system. This includes professional development and learning which we are supporting.

Further improvements we have identified:

- Consideration to be given to including in the Board of Directors cycle of work, dedicated time to engage directly with a representative group of patient advocates.

5.3 Peer support and peer support workers

The trust has made extensive progress with the development of the peer support worker role across all localities, including a robust infrastructure which has been established. The trust also has a range of peer support mechanisms which are also in place as part of the core ward activities.

Further improvements we have identified:

- The engagement of peer support workers in areas where inherent risk factors of closed cultures is high will be prioritised.
- Ensure the voice of peer supporters is included in team debriefs and post interventions where restrictions and or use of restraint has been required.

5.4 Complaints and PALS

All complaints are included in the weekly Trust wide Safety Group meeting and complaints are included in the safer care report. The internal audit recently carried out identified further work on sharing the learning end following up on actions was required and work is progressing to improve this consistently. The service user and carer experience report includes a wide ranging set of metrics and feedback received on a quarterly basis.

The PALS service is fully in place across three of the four localities, with support being provided to North Cumbria whilst recruitment to a permanent position is made. The PALS activity is reported via the quarterly report in terms of volume of activity.

Further improvements we have identified:

- Continue to embed the work on learning from complaints.
- Share the positive feedback received from patients to promote sharing of good practice.
- Use the intelligence from negative feedback and PALS activity to support prioritisation of peer reviews and Board visits.

6. CLOSED CULTURES

The Care Quality Commission set out four key indicators where inherent risks are identified:

Indicators	Inherent Risk factors
• **People may experience poor care, including unlawful restrictions**	• People in a service are highly dependent on staff for their basic needs. • People in a service are less able to speak up for themselves without good support, for example, in learning disability or children's services or care homes for people with dementia. • Restrictive practices are used in a service. • People remain in a service such as a mental health unit for months or years.
• **Weak leadership and management**	• The service sometimes runs without a manager or leader. Reasons for this include frequent changes in management and management responsibility for more than one site. • The workforce comprises members of staff who are either related or friends, causing 'cliques' to form. • There is a lack of openness and transparency between managers, staff, people using the service and external professionals and organisations. • Managers do not lead by example and governance is poor.
• **Poor skills, training and supervision of staff**	• There is a high turnover of staff. • There are consistent staff shortages. • There is a lack of suitable induction, training, monitoring and supervision of staff.
• **Lack of external oversight**	• The service is in an isolated location resulting in people using the service having limited access to community services and facilities and less opportunities for friends and family to visit. • The provider is operating at scale and/or nationwide with regional managers covering large areas.

6.1 Assessment of Culture

There are various assessment tools in place across the NHS and internationally for assessing patient safety culture. The CQC indicators set out in the table above have also been developed by some organisations into an assessment tool for wards and teams to populate through existing data sources.

As part of the work to implement the new national Patient Safety Incident Response standards, this will focus on the implementation of a 'just culture' which will require consideration as to how this is embedded across the Trust.

It is recognised as good if not essential practice for organisations to review regularly an assessment of its safety culture. This should include the Board as well as wider organisation to ensure safety values, leadership, attitudes and performance are regularly assessed. The safer care team will review the tools and approach take forward a formal assessment in 2023.

6.2 Mitigations we have in place against the warning signs

Throughout this report we have identified where there are opportunities for further improvement. In reviewing the specific indicators of closed cultures we have also identified four main areas of work to be progressed, which are summarised below.

6.2.1 Leadership

- Leadership Programme for 'clinical team managers' to be updated and relaunched.
- Management skills development programme to be updated and relaunched.
- Strengthen Board and senior leadership visibility to target where inherent risk factors of closed cultures developing are identified.
- Update the healthcare assistant leadership and support programmes.
- Review how the various safety culture assessments can further inform and support the work on safety culture development across the Trust and within teams.

6.2.2 Patient & Carer voice

- Patient, carer, family and advocate voice in secure settings and where restrictive interventions are used to be included in all cases.
- Where patients have been cared for within inpatient settings for significant periods of time, family and advocacy feedback to be actively sought as part of the patient and carer feedback process.
- Continue to embed triangle of care at every level across the organisation.

6.2.3 Values and behaviours in clinical practice

- Core principles of dignity in care policy to be updated in accordance with professional standards and guidance.
- Continue to embed the raising concerns and Freedom to Speak Up process.

6.2.4 Intelligent data to support what we 'see, feel and hear'

- Continue the work on intelligent reporting to triangulate key staffing, safety, patient interventions, and experience information in order to target leadership visibility and where additional support needs for teams can be put in place.

7. GOVERNANCE AND OVERSIGHT OF IMPLEMENTATION

It is proposed that the Quality and Performance Committee and where appropriate the People Committee oversee the implementation of the areas identified for further improvement. It is not proposed that an additional action plan is developed, alternatively we will ensure the areas are linked into and where necessary updated as part of our core programmes of work across workforce, safety and quality.

8. RECOMMENDATION

The Board of Directors are asked to:

a) AGREE the areas identified in this report for further improvement and implementation.
b) NOTE that the areas identified in this report will evolve as we shape how they are implemented with staff, patients and carers.
c) NOTE that this report will be shared with key stakeholders.
d) AGREE that the Quality and Performance Committee will oversee the progress against delivery.

References and links for further information:

NHS England Patient Safety Incident Response Framework:

NHS England » Patient Safety Incident Response Framework and supporting guidance

CQC – Closed Cultures:

How CQC identifies and responds to closed cultures - Care Quality Commission

NCISH – Safer Wards References:

display.aspx (manchester.ac.uk)

HOPEs Model

HOPE(S) Model :: Mersey Care NHS Foundation Trust

29. Date and Time of Next Meeting

Speaker: Ken Jarrold, Chair

12th January 2023 2pm - 4pm