

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

COUNCIL OF GOVERNORS GENERAL **MEETING**

COUNCIL OF GOVERNORS GENERAL MEETING

- ii 14 September 2023
- 14:00 GMT+1 Europe/London
- Trust Board Room and via Teams

AGENDA

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1. AGENDA



Ken Jarrold, Chair

REFERENCES

Only PDFs are attached



AGENDA COG General meeting 14 Sept 2023 FINAL.pdf



Council of Governors General Meeting Agenda

Council of Governors General Meeting Venue: Trust Board Room

People will also be able to join via Microsoft Teams

Date: Thursday 14th September 2023 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 13 th July 2023	Ken Jarrold, Chair	Enc
4	Matters arising and action log	Ken Jarrold, Chair	Enc
5	Chairs update	Ken Jarrold, Chair	verbal
6	Chief Executive update	James Duncan, Chief Executive	Verbal
7 Council of Governors Elections / Changes to the Council Composition Ken Jarrold, Chair		Ken Jarrold, Chair	Enc
8	External Auditor - Mazars	David Arthur, Chair of Audit Committee	Enc
9	Non-Executive Director Recruitment Process	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
10	10 Governor service visit feedback Ken Jarrold, Chair Sycamore Visit 25th July 2023		verbal
11	Governors' questions	Ken Jarrold, Chair	verbal
	Governor feedback		
12	Quality and Performance Board sub-committee	Anne Carlile and Jane Noble	verbal
13	Audit Committee Board -Sub-Committee	Maria Hall and Jamie Rickelton	verbal
14	Resource and Business Assurance Board Sub-Committee	Jessica Juchau-Scott and Tom Rebair	verbal
15	Mental Health Legislation Board Sub-Committee	Fiona Grant and Julia Clifford	verbal age 2 of 69

16	Provider Collaborative Board Sub-Committee Fiona Regan and Ian Palmer		Verbal
17	People Board Sub-Committee Anne Carlile and Danny Cain		verbal
18	Charitable Funds Corporate Trustee Sub-Committee	Fiona Grant and Emma Silver Price	Verbal
19	Governors Nomination Committee	Ken Jarrold and Anne Carlile, Co Chairs	verbal
20	Governors Quality Group	Anne Carlile, Chair	verbal
21	Governors Steering Group	Ken Jarrold, Chair	verbal
22 Governors Governance group Debbie Henderson, Chair		verbal	
23 NHS Provider's Governor Advisory Committee Anne Carlile		Anne Carlile	verbal
24	24 Feedback from Governor's meetings and events All Governors		verbal
25 Board of Directors minutes for information Ken Jarrold, Chair		Ken Jarrold, Chair	verbal
26 Any Other Business Ken Jarrold, Chair		Ken Jarrold, Chair	verbal
	Key Issue for Discuss	ion	
Transform	Transformation Programmes Update Ramona Duguid, Chief Operating Officer pres		
CQC Prepa	aration	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	Verbal
Date and 1	Fime of Next Meeting 9 th November 2023– 2:00pm – 4:00pm		

1.1 WELCOME AND APOLOGIES FOR ABSENCE



Ken Jarrold, Chair

2. DECLARATION OF INTEREST



Ken Jarrold, Chair

3. MINUTES OF PREVIOUS MEETING HELD 13 JULY 2023



Ken Jarrold, Chair

REFERENCES

Only PDFs are attached



3. FINAL DRAFT Minutes CoG 13 July 2023 JW v4.pdf



Final Draft Minutes of the Council of Governors hybrid Meeting held in public Thursday 13th July 2023 from 2pm – 4pm Trust Board Room and via Microsoft Teams

Present:

Ken Jarrold	Chair
Cllr Ruth Berkley	Appointed Governor North Tyneside Council (online)
Evelyn Bitcon	Public Governor Cumbria (North)
Russell Bowman	Service User Governor Neuro Disability Services (online)
Victoria Bullerwell	Staff Governor Non-Clinical
Danny Cain	Staff Governor Non-Clinical
Anne Carlile	Lead Governor / Carer Governor Adult Services
Julia Clifford	Appointed Governor Community and Voluntary Sector (online)
Jessica Juchau-Scott	Carer Governor Older People's Services (online)
Karen Lane	Public Governor Newcastle, rest of England and Wales (online)
Rosie Lawrence	Shadow Carer Governor Learning Disability Services (online)
Thomas Lewis	Staff Governor Medical (online)
Cllr Miriam Mafemba	Appointed Governor Newcastle City Council (online)
Daisy Mbwanda	Shadow Staff Governor Clinical (online)
Ian Palmer	Public Governor South Tyneside (online)
Tom Rebair	Deputy Lead Governor / Service User Governor Adult Services
Fiona Regan	Carer Governor Autism Services (online)
Cllr Jane Shaw	Appointed Governor South Tyneside Council
Emma Silver Price	Staff Governor Non-Clinical
Russell Stronach	Service User Governor Autism Services (online)

In Attendance:

James Duncan	Chief Executive
Kirsty Allan	Corporate Governance Manger
David Arthur	Senior Independent Director / Non-Executive Director
Daren Best	Non-Executive Director (after item 7)
Paula Breen	Non-Executive Director (online)
Kim Carter	Senior Workforce and OD Manager
Monica Dsouza	Clinical Nurse Educator International Recruitment
Ramona Duguid	Chief Operating Officer (online)
Chimdiadi Favour Ejim	Nursing Assistant International Recruitment
Dylan Goldsmith	Observer
Debbie Henderson	Director of Communications and Corporate Affairs
Brendan Hill	Non-Executive Director (online)
Sarah Kelly	Workforce Developments Manager
Anne-Marie Lamb	International Partnership Matron
Rajesh Nadkarni	Deputy Chief Executive / Executive Medical Director
Louise Nelson	Non-Executive Director (online)
Michael Robinson	Non-Executive Director (online)
Lynne Shaw	Executive Director of Workforce and OD
Kevin Scollay	Executive Director of Finance

Jack Wilson	Corporate Engagement Assistant (minute taker)
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1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting, and apologies for absence were received from:

Sarah Rushbrooke	Executive Director of Nursing, Therapies and Quality
	Assurance
Fiona Grant	Service User Governor Adult Services
Mary Laver	Public Governor North Tyneside
Cllr Maria Hall	Appointed Governor Gateshead Council
Cllr Wendy Pattison	Appointed Governor Northumberland County Council
Doreen Chananda	Staff Governor Clinical
Prof Jacqui Rodgers	Appointed Governor Newcastle University
Prof Yitka Graham	Appointed Governor Sunderland University
Michelle Garner	Appointed Governor Cumbria University
Shannon Fairhurst	Shadow Carer Governor Children and Young People's
	Services

2. Declaration of Interest

None to note

3. Minutes for approval

The minutes of the meeting held on 11th May 2023 were considered.

Approved:

 The minutes from the meeting held on the 11th May 2023 were approved as an accurate record

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

An update was provided regarding a Governor tour of St Nicholas Hospital. The Corporate Affairs team are currently looking at the logistics of the visit with an update to be provided at September's meeting.

Business Items

Note: Item 7 was agreed to be taken first by the Council due to the nature of the topic. Darren Best was then invited into the meeting following this item.

5. Chair's Update

Ken Jarrold discussed the current challenges within the Trust and the wider NHS, including the planned industrial action by medical colleagues. Ken understood the reasons for medical colleagues taking such action, and he noted his disappointment that more effort was not being t made to end the dispute quickly.

There are several reports being published regarding the demand and pressures on the NHS, including waiting times for Children and Young people and Neuro Diversity pathways. Ken expressed his thanks to everyone in the Trust who continue to deliver care and support to service users and carers through these difficult times.

Ken reported Cllr Martin Harris from Cumberland Council has stepped down from the Council of Governors and confirmation of a replacement is awaited.

Cllr Jane Shaw queried the impact relating to the previous, current, and upcoming industrial action had, or will have, on the Trust. Rajesh Nadkarni explained that there had been minimal impact resulting from previous industrial action, largely due to the support provided by medical and clinical colleagues. The Trust has been very proactive in securing support from GPs and other specialists where necessary and remains confident in planning for forthcoming action.

Resolved

• The Council of Governors received the Chairs update.

6. Chief Executive's Update

James Duncan highlighted confirmation from the Government that they will honour the outcome of the pay review bodies proposals, but noted the lack of clarity on how this will be funded.

James referred to the financial position of the Trust, which continues to be a significant challenge. Following agreement of the 2023-24 plan, the Trust has commenced development of its medium-term financial plan and an update will be provided at a future Governor meeting.

James referred to a recent Partnership Day held on 22nd June with Staff Side colleagues, including regional representatives. The day highlighted the strengths of partnership working and the importance of strong working relationships, particularly during challenging times.

Lynne Shaw explained that Staff Side are Union representatives. Partnership Days are an opportunity for Providers and Staff Side to come together to key issues. The most recent meeting discussed the North East and North Cumbria Integrated Care Board/System (NENC ICB/ICS), the Trust's new 'With You in Mind' strategy, and the Trust's annual plan and priorities.

James provided an update on the new Sycamore unit, the new secure facility in Northgate developed as part of the Trust's CEDAR Programme. A 'live in' period undertaken by staff members had been arranged to test the facility before the first patients arrive. The opening of the unit has experienced a slight delay, with the official opening expected to take place at the end of summer. An opportunity to visit the unit for Governors and Non-Executive Directors has been scheduled to take place on 25th July.

James provided an update following members of the Executive Team undertaking various shifts on wards across the organisation. James advised the Executive Team will provide feedback from these visits at a future Governor meeting.

James noted that reports referred to as part of the Chief Executive update are available in the Board meeting pack and Chief Executive's report circulated to Governors every month.

Resolved

• The Council of Governors received the Chief Executive's update Action:

 Medium-term financial plan update to be presented to a future Council of Governors meeting

- Update on the experiences of the Executive Team undertaking ward shifts to be presented to a future meeting
- 7. Nominations Committee Report recommendation on the Chairs Appointment (for approval) Tabled as first business item before the Chairs Update

David Arthur and Anne Carlile referred to the report, previously emailed to Governors in confidence, which outlined the process undertaken to recruit the new Chair of the Council of Governors and Board of Directors. The process involved a formal interview with a panel led by Anne and David, and members of the Nomination Committee. The process also involved focus groups for other Governors, service users and carers, members of staff, members of the Board and stakeholders, including Local Authority colleagues, Integrated Care Partnerships and third sector colleagues.

David Arthur advised that the feedback was unanimous from the interview panel and focus groups that a recommendation to appoint Darren Best as Chair be made to the Council of Governors.

Cllr Ruth Berkley clarified that the Stakeholder Focus Group did not make a unanimous recommendation as two of the candidates were considered to be of equal footing, one of which was Darren Best. David apologised and confirmed that the Stakeholder Focus Group were unable to reach a consensus. There was however no objection from the Group to recommend the appointment of Darren Best as one of the leading candidates.

Approved:

 The Council of Governors approved the Nomination Committees recommendation to appoint Darren Best as Chair of the Council of Governors and Board of Directors for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. His term of office will commence 1st October 2023 for a period of three years, subject to all recruitment checks.

Ken welcomed Darren to the meeting, congratulated him on his appointment, and said that he was delighted that Darren had been appointed as his successor by the Council of Governors.

8. Governor Service Visit Feedback

Shoredrift Ward, Hopewood Park

Tom Rebair and Fiona Regan referred to the service visit which took place on the 30th May 2023. Feedback from the visit was very positive with a high level of care and support being observed. Fiona suggested that more time to speak with more staff on the visits may help understand the challenges and key issues they feel the ward is facing.

The report referred to the number of instances of the use of restraint, rapid tranquilisation, and seclusion rooms. Increases in these cases appeared to link to times of anxiety and worry, for example, when preparing for multi-disciplinary team meeting. It was recognised that the team were exploring options to reduce these instances through the HOPEs model and training.

Service users fed back that having cameras (Oxevision) in their bedrooms can sometimes cause sleeplessness and impact on their rest.

Victoria Bullerwell pointed out it would be good for the Autism training to become available for non-clinical staff members, including domestic staff, who have daily contact with patients and this training would support them in this.

Gateshead East and West Community Treatment Team

Tom Rebair discussed the report highlighting the significant work undertaken to reduce waiting lists and the creativity of the team in their approach to care delivery detailed in the report.

Tom and Doreen met with a family and the feedback was very positive in terms of the support provided by family therapists. A discussion took place for this to be further explored to roll out wider across the Trust.

Ken thanked Tom and Fiona and assured them that their comments would be looked at and feedback provided at a future meeting.

Action:

- Feedback to NTW Solutions the suggestion of rolling out Autism training to Domestic staff.
- Explore options for improving the Governor visit process going forward

9. Governor Questions

There were no questions raised.

Governor Feedback

10. Feedback from Quality and Performance Committee

Darren Best provided an update following the June 2023 meeting where a refresh of a more useful safer staffing report was discussed.

Darren referred to the new Integrated Performance Report which clearly highlights the key issues that the Trust is facing and where focus is required. Darren commended the team on the development of the report.

The CQC 'must-do' report was discussed with one action closed. Sarah Rushbrooke is undertaking a review of the actions with a view to gaining more traction on addressing some of the more long-standing actions and issues.

The Research and Development Annual report 2022/23 was presented to the Committee with agreement for a quality focus on how research feeds into other Trust priorities at a future Committee meeting.

There continued to be a quality focus on waiting times which highlighted the continuing increase in Children and Young People's referrals across all pathways with 18 week waits also increasing. The Executive Team are gaining momentum in terms of discussions at system level and ensuring this is a key priority for the NENC ICB.

Darren noted the committee had highlighted concerns regarding the pace at which issues are being addressed in terms of access and waiting times.

11. Feedback from Audit Committee

David Arthur provided an update following the June meeting whereby the Committee reviewed the Annual Report and Accounts 2022/23 and various associated statutory reports prior to submission to the Board. The Head of Internal Audit Opinion provided good assurance in terms of internal control measures and the External Auditors provided a clean opinion on the Accounts. The Annual Report and Accounts were subsequently approved by the Board at the Extra-ordinary meeting held 29th June 2023.

David raised the issue of Governor Representation on the Audit Committee and the importance of Governor attendance at Board committees.

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

No meetings have been held during the period.

13. Feedback from Mental Health Legislation Committee

No meetings have been held during the period.

14. Feedback from Provider Collaborative Committee

Michael Robinson provided an update following the June meeting and noted that a refresh of the terms of reference for the Committee was required including its purpose, role, and remit. Michael advised that this would be deferred for a period of approximately 6 months to allow the wider national and local review of Provider Collaborative governance to take place.

Michael advised that discussions were taking place regarding the potential perinatal service provider collaborative and the Trust's role in that regard.

15. Feedback from People Committee

No meetings have been held during the period

16. Feedback from Charitable Funds Committee

No meetings have been held during the period.

17. Governors Nominations Committee

Discussed under item 7.

18. Group Update from the Governors Quality Group

Anne Carlile informed the Governors that the next Quality Group meeting will take place on 27th July and encouraged all Governors to attend.

19. Update from the Governors Steering Group

There were no issues to update the Council of Governors from the steering group.

20. Update from NHS Providers Governor Advisory Committee (GAC)

Anne Carlile informed the Council that the GAC is due to be disbanded as NHS Providers look at widening the involvement from Foundation Trust Governors. Anne encouraged Governors to attend any training provided by NHS Providers which are highlighted in the weekly bulletin.

21. Feedback from Governor External Events and Meetings

None to note.

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

Received for information.

23. Any Other Business

Fiona Regan informed the Governors that she has joined the Weight off Your Mind group and has also engaged in meetings with Jo Brackley, HOPEs Lead, regarding the HOPEs training and having more involvement from Governors to support the wider rollout and aims of the training to improve the experiences of service users in the trust.

Key Issues for discussion

Staff Survey Results

Ken Jarrold welcomed Sarah Kelly and Kim Carter to the meeting who delivered a presentation on the results of the 2022 staff survey. The staff survey took place between September and November 2022. The Trust opted for a mixed route delivery of hard copies and digital.

The presentation took the Council of Governors through the national statistics and how the Trust's results compared to national trends. The staff survey is based on the NHS People Promise and all questions are included in one of the seven people promise areas.

Overall CNTW performed higher than the national average in each of the people promise elements. Some questions related to the Workforce Race Equality and Workforce Disability Equality Standard questions (WRES/WDES). CNTW were below the benchmark group relating to people reporting they feel discriminated against for their gender, sexual orientation, disability and age.

The presentation also covered the next steps to be taken by the Trust to collate and respond to the feedback and a useful animated video was circulated to the Governors in the weekly bulletin.

Ken thanked Sarah and Kim and highlighted that there are some positive results points despite the current challenges faced by the workforce. However, he was concerned regarding the results relating to feeling discriminated against.

Lynne Shaw highlighted that one concern from previous years has been the lack of response to the feedback from staff surveys and the Trust has made significant changes in communicating the actions taken to improve working conditions resulting from the survey outcomes.

As Chair of the People Committee, Brendan Hill wanted to record the incredible amount of work undertaken by the Trust to address issues arising from the survey.

David Arthur noted the importance of appraisal training to support managers to have crucial wellbeing conversations with their teams.

Tom Rebair asked for clarification if there was feedback received regarding ideas to support those staff reporting physical assaults and injuries. Lynne advised that a piece of work had commenced to look into violence towards staff and it was also a key issue of focus for the Health and Wellbeing Steering Group to ensure we are doing everything possible to keep staff safe.

International Recruitment Update

Ken Jarrold welcomed colleagues to the meeting paying tribute to the importance of international recruits to the Trust and the wider NHS. The Trust are grateful for their contribution to services.

Anne-Marie Lamb, International Partnership Matron and International Recruitment and Relocation Lead delivered a presentation which included the trajectory of doctor and nurses who had relocated and joined the Trust since 2020 with the Trust securing 255 international colleagues to date. Anne-Marie provided detail of the on-boarding process to support individual recruits.

CNTW have been awarded the NHS Pastoral Care Quality Award, the first mental health Trust nationally and the first Trust in the region to be given the award.

Monica Dsouza and Chimdiadi Favour Ejim provided the Council with their own personal experience and journey on the international recruitment process, with Monica now a Band 7 Clinical Nurse Educator within the International Recruitment Team.

Anne-Marie explained the team supports a range of additional projects throughout the Trust in addition to the recruitment and relocation of international doctors, nurses, and allied health professionals.

Ken Jarrold thanked everyone for all they are doing for the Trust and the people we serve which is hugely appreciated.

Ruth Berkley commended the team for the work they have done and asked what percentage of the workforce is now from overseas and what areas they are coming from. Approximately 3% of the overall workforce are represented by international colleagues with a high proportion from India, Nigeria, Ghana, Qatar, Egypt, Nepal, and Turkey.

24. Date, Time, and venue of the next meeting:

Thursday 14th September 2023, 2pm – 4pm.

Trust Board Room, St Nicholas Hospital and also via Microsoft Teams.

4. ACTION LOG AND MATTERS ARISING



Ken Jarrold, Chair

No action log

REFERENCES

Only PDFs are attached



4. COG Action Log COG 14.09.23.pdf



Council of Governors Meeting Action Log as at 14th September 2023

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

Date/ Item Agenda item Action **Update/Comments** By Whom By When No. **Actions outstanding** Audit 13.07.2023 Steering group to review governor representation Debbie Update to be provided at September (8) Committee on committees at August meeting Henderson 2023 Septembers general meeting 11.05.2023 Verbal update to be provided Changes to Explore arrangements for a tour of St Nicholas Kirsty Allan July 2023 Council of Hospital site at the September meeting (8) Governors under action log (item 4 13/07/2023) EDI update 09.03.2023 Summary of the EDI activity and involvement Lynne Shaw 14 September To be discussed under within localities to be included in the next EDI item??? (7) 2023 update **Completed actions** 11.05.2023 Jack Wilson Ordered Changes to Hearing loop to be sourced for future meetings Complete Council of (8) Governors



Ken Jarrold, Chair



James Duncan, Chief Executive

7. COUNCIL OF GOVERNORS ELECTIONS / CHANGES TO THE COUNCIL

CONSTITUTION



Ken Jarrold, Chair

REFERENCES

Only PDFs are attached



7. COG Election update paper DH.pdf



Council of Governors General Meeting 14 September 2023

Council of Governors Elections and Changes to the Council Composition

1. Introduction

A Governor election process will be undertaken in October 2023 for 10 vacancies. It is beneficial to the Trust and the Council aligning the elections for cost efficiency that the Service User Governor for Adult Services position is also included in the election process, bringing this forward from January 2024. A Governor can hold office for a period of up to 3 years.

2. Communications and Engagement Plan

Posters highlighting the Governor election and signposting to the website and Corporate Affairs Team will be created for display and distribution trust-wide. Information will be highlighted on the Trust's intranet and localities will be encouraged to promote elections in all patient and staff areas, wards and departments and wherever possible in communities and community services.

Governor elections will also be promoted via key meetings including Council of Governor, Board of Directors, Executive Management Group, Business Delivery Group and Locality Group meetings.

Awareness of Governor elections will also be promoted in the following ways for the duration of the process:

- Weekly Trust bulletin
- Intranet (staff only)
- External website (staff and public)
- Service User and Carer Involvement Team
- Membership monthly e-newsletter
- Trust Networks
- Social media platforms

Regular emails promoting the elections will also be circulated to all Foundation Trust Members.

Information about the elections and how to become a member and Governor of the Trust will be shared with key Trust stakeholders including Healthwatch, Recovery Colleges, Local Authorities, other Providers, emergency services (fire and police), universities and other community and voluntary sector organisations.

We would also welcome existing Governors to support the plan in promoting awareness of the forthcoming elections throughout their constituency as well as with friends and family.

3. Notice of October Elections

Constituency and Class	Current Governor	Term(s) in post
Service User: Adult Services	Tom Rebair, Deputy Lead Governor	1 st term
Service User: Learning Disability Services	Vacant seat	N/A
Service User: Children and Young People's Services	Vacant seat	N/A
Service User: Older People's Services	Vacant seat	N/A
Carer: Children and Young People's Services	Current Shadow Governor, Shannon Fairhurst	N/A
Carer: Learning Disability Services	Current Shadow Governor, Rosie Lawrence	N/A
Carer: Neuro Disability Services	Vacant seat	N/A
Public Governor - Cumbria	Evelyn Bitcon	1 st term
Staff Non-Clinical	Victoria Bullerwell	2 nd term
Staff Clinical	Current Shadow Governor, Daisy Mbwanda	3 years

4. Election Stage Timetable

It is proposed the following timetable is followed:

Notice of Election / nomination open	Thursday, 5 Oct 2023
Nominations deadline	Friday, 20 Oct 2023
Summary of valid nominated candidates published	Monday, 23 Oct 2023
Final date for candidate withdrawal	Wednesday, 25 Oct 2023
Electoral data to be provided by Trust	Friday, 27 Oct 2023
Notice of Poll published	Wednesday, 8 Nov 2023
Voting packs despatched	Thursday, 9 Nov 2023
Close of election	Wednesday, 29 Nov 2023
Declaration of results	Thursday, 30 Nov 2023

5. Public Governor Northumberland

It is with regret that we have received no contact from our Northumberland Public Governor representative, Leyton Rahman. The Governors' Steering Group undertook the annual review of Governors attendance at Governor meetings, a requirement of the Trust constitution, and it was acknowledged that the Northumberland Public Governor representative has not attended any meetings during the past 12 months, nor submitted apologies in advance of any Governor meetings offering reasons for non-attendance.

Due to this dis-engagement and lack of attendance, the Governors' Steering Group would like to propose the recommendation to the Council of Governors to stand down Leyton Rahman from the role of Public Governor for Northumberland with immediate effect, so that the post can be included in the October election process.

6. Recommendation

The Council of Governors is asked to:

- Note the forthcoming Governor vacancies which will be included in the October Governor election process.
- 2. Approve the Governors' Steering Group proposal to stand down Leyton Rahman, Public Governor for Northumberland from the Council with immediate effect and include the vacancy within the October Election.

Ken Jarrold
Chair of the Council of
Governors and Board
Of Directors

Debbie Henderson

Director of Communications
and Corporate Affairs

Kirsty Allan
Corporate Governance
Manager

September 2023

8. EXTERNAL AUDITOR - MAZARS



Ken Jarrold, Chair

REFERENCES

Only PDFs are attached



8. External Auditor Process FINAL DRAFT.pdf



Name of meeting	Council of Governors Meeting
Date of Meeting	Thursday 14 th September 2023
Title of report	Extension of External Audit Contract and Proposal for new
	External Audit Tender process
Lead	David Arthur, Senior Independent Director and Chair of Audit
	Committee
Report author	Kirsty Allan, Corporate Governance Manager

Purpose of the report	
To note	
For assurance	x
For discussion	
For decision	X

Strategic ambitions this paper supports (please check the appropriate box)				
1. Quality care, every day				
2. Person-led care, when and where it is needed				
3. A great place to work				
4. Sustainable for the long term, innovating every day	Х			
5. Working with and for our communities				

Meetings where this item has been considered			Management meetings where this item has been considered		
Quality and Performance			Executive Management Group		
Audit	х		Business Delivery Group		
Mental Health Legislation			Trust Safety Group		
Remuneration Committee		1	Locality Operational Management Group		
Resource and Business Assurance		1			
Charitable Funds Committee		1			
Provider Collaborative/Lead Provider		1			
People		1			
CEDAR Programme Board					
Other/external (please specify)					

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

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

Council of Governors Meeting

Thursday 14th September 2023

Extension of External Audit Contract and Proposal for a new External Audit Tender Process

Background

One of the important duties of the Council of Governors is to appoint the Trust's External Auditors. To do this, they are encouraged to use the skills and experience of the Trusts Audit Committee. The Audit Committee is chaired by David Arthur, Non-Executive Director/Senior Independent Director and includes representation on behalf of the Council of Governors from Maria Hall, Appointed Governor and Jamie Rickleton, Public Governor.

Mazars LLP was appointed as the Trust External Auditor on completion of a tender for Audit services in 2018. The Council of Governors Audit Working Group led the tender process for the appointment and agreed a specification which defined the role of the Auditors and capabilities required.

The Council of Governors, on 20th December 2018, ratified the decision to award the External Audit contract to Mazars to commence 1st June 2019, for a period of three years with an option to extend for a further 24 months.

In March 2022, the Council of Governors ratified the decision to award the External Auditors contract to Mazars for a further 24 months to commence 1st June 2022 with a further review of performance after 12 months.

The contract for External Audit services provided by Mazars, including the two-year extension period, will expire on 31st May 2024.

2. External Audit Services

Since their appointment, Mazars have provided external audit services for CNTW, NTW Solutions and the Trusts Charitable Funds. The Trust has a policy in place for non-audit services provided by External Audit, which was approved by the Council of Governors.

The role of the external auditors is to ensure that:

- The Trust and Groups Accounts (including NTW Solutions) are prepared in accordance with all relevant directions set by Monitor and any other statutory prevision.
- Proper practices have been observed in the compilation of the accounts.
- The Trust has made proper arrangements for securing economy and efficiency.

3. Consideration

At its meeting held 26th July 2023, the Audit Committee considered the performance of the External Audit service and the scope of the work being requested from Mazars in terms of quality of service and value for money.

After careful consideration, the Audit Committee, which is comprised of Trust, NTW Solutions Limited and Charity representatives, agreed that Mazars continued to provide high quality services within the scope of agreed work and that there were no issues of concern in terms of their performance or quality of work undertaken to date.

4. Recommendation

It is recommended good practice for NHS Foundations Trusts to undertake a markettesting exercise for the appointment of an external auditor once every five years. This does not preclude the re-appointment of the same external auditor.

It is therefore proposed that:

- The Council of Governors agree to extend Mazars contact for a further 12 months based on the assurances provided from the Audit Committee 26th July 2023
- Governors undertake a tender process for external audit commencing in October 2023 with a view to awarding a new contract from 1st June 2024.

David Arthur
Senior Independent Director
/ Chair of Audit Committee

Maria Hall
Governor representative
Audit Committee

9. NON-EXECUTIVE DIRECTOR RECRUITMENT PROCESS



Lebbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached



9. Appt process for NEDs 2023.pdf



Process for appointment of the Non-Executive Directors 2023 Report to the Council of Governors 14th September 2023

1. Introduction

Following the appointment of Darren Best (current Vice-Chair and Non-Executive Director), as of Chair of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), the Nomination Committee has considered and approved the appointment process for a replacement Non-Executive Director to the Board. This included the proposal to appoint two Non-Executive Directors (one additional NED post to the current Board composition), the rationale of which is outlined below.

This paper provides an overview of the process to be undertaken during 2023 to successfully recruit to the role of Non-Executive Director(s).

2. Board composition – proposed increase in Non-Executive Directors

Darren Best was successfully appointed as Chair of CNTW on 13th July following unanimous decision by the Council of Governors. Darren will commence in the role on 1st October 2023 for an initial term of office of three years. It is therefore important that the Trust commence the process to appoint into the vacant NED role as soon as possible to ensure continued balance on the Board of Directors.

Following confirmation of the appointment, Darren has reflected on the Trust's future journey in the context of the implementation of the Trust's new Strategy, 'With you in Mind', the challenges facing the NHS and wider health and care sector nationally, regionally and locally, the current challenges facing the Trust and mental health and disability services particularly in terms of the Trust's financial position, continual demand, workforce challenges and the need to reframe our care and support model as an organisation.

As well as the need to appoint a replacement NED for the vacancy left by Darren, it has been agreed by the Board of Directors and supported by the Governors" Nomination Committee that an additional NED be appointed to the Board to represent the voice of service users and carers.

The agreement of this proposal has resulted in a change to the Trust's Constitution outlined in section 3 below relating to the composition of the Board of Directors. This amendment was approved by the Board of Directors at its meeting held 6th September 2023.

3. Trust Constitution - Board composition

It is proposed that the section relating to the Board composition outlined in the Trust Constitution be revised to state:

23. Board of Directors- composition

- 23.1 The Trust is to have a Board of Directors, which shall comprise both executive and non-executive directors'
- 23.2 The Board of Directors is to comprise:
 - 23.2.1 A non-executive Chair
 - 23.2.2 A minimum of 7 other non-executive directors
 - 23.2.3 A maximum of 7 executive directors
 - 23.3 One of the executive directors shall be The Chief Executive
 - 23.4 The Chief Executive shall be The Accounting Officer
 - 23.5 One of the executive directors shall be The Finance Director
 - 23.6 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of The Dentists Act 1984)
 - 23.7 One of the executive directors is to be a registered nurse or a registered midwife
 - 23.8 The Board of Directors shall at all times be constituted so that at least half of the board excluding the chair, shall be independent non-executive directors

4. Non-Executive Director(s) recruitment process

The timeline and actions to be taken to successfully appoint into the NED roles is provided in Appendix 1.

The Nomination Committee has reviewed the application pack for the recruitment process including the job description and person specification for each post to ensure the skills, expertise and experience required for the role(s), in the context of the current and future health and care landscape.

4.1 Non-Executive Director post (1) – replacement post

When recruiting to this role, the Committee considered the skills gap which will be left within the Non-Executive Director cohort, not only as a result of Darren's move into the Chair's role, but also as a result of the absence of Ken Jarrold as current Chair. It is recognised that the Board will lack knowledge and experience from a Local Authority / Social Care / Public Sector background. We will be seeking to appoint an individual with the right values, attributes and interest that can be translated into robust scrutiny and support to the Board.

4.2 Non-Executive Director post (2) – service user and carer voice

Whilst it is recognised that the Trust is perceived as a leader in terms of its approach to involvement, it is important that involvement is reflected within the Trust systems of governance, decision-making and setting the strategic direction, particularly within such a challenging internal and external environment. This has been recognised when receiving patient journey updates at Board meetings and the sharing of personal experiences through the Service User and Carer Reference Group.

As well as lived experience, the successful candidate will also be required to be aware of and be able to describe their awareness of the role of a unitary Board including aspects of accountability, responsibilities both as individual Board members and collectively, and the importance of decision-making in a large, complex organisation such as an NHS Provider Trust.

4.3 Equality, Diversity and Inclusion

As part of the recruitment and appointment process, the Nomination Committee will consider Board diversity. There is evidence that diverse Boards make the best decisions. We want to take positive action to increase the diversity of our workforce, including the Board of Directors.

The advertisement for the role, job description and person specification will focus on the importance of being values-driven and supporting people from culturally diverse communities, disabled people, and applications from those people with other protected characteristics. This also includes ensuring that our Board continues to maintain a strong gender-balance.

4.4 Recruitment agency

We have utilised the resources of external recruitment firms in some of our key board-level appointments including Chief Executive, Director of Finance, Executive Director of Nursing and most recently, the Chair. This has particularly been the case when internal candidates have applied for such roles.

The Committee is asked to consider the costs associated with utilising external firms against the value added from such activity. It is recognised that the Trust has in place strong relationships with third sector colleagues, the service user and carer reference group and the Council of Governors to support our recruitment efforts and ensure we recruit the right person in terms of values as well as the technical skills required for the role. In relation to the replacement NED post, those people with a genuine interest in working for the NHS, and indeed CNTW will be actively seeking employment and our widespread communications plan to support the recruitment process is deemed to be more than sufficient in this regard.

On this basis, and in the context of no internal applicants applying for the proposed NED vacancies, it is proposed that on this occasion, we do not seek additional support from an external partner.

4.5 Advertising

It is proposed that the posts be advertised externally to include:

- NHS Jobs
- NHS England/NHS Improvement national and regional platforms
- Health and care publications (including HSJ etc)
- Via regional stakeholder communications including third sector and partners
- LinkedIn
- Social Media (twitter, Facebook, and others)
- Paid for media publications and online

The agreed interview panel comprised of members of the Governors' Nomination Committee will undertake the shortlisting process.

3.6 Interview process

It is proposed that the appointment process includes the following:

Interview panel

A one-hour formal interview comprised of the following panel members:

- Darren Best, Chair
- Vice-Chair, to be confirmed
- Anne Carlile, Lead Governor/Carer Governor
- Tom Rebair, Deputy Lead Governor/Service User Governor
- Fiona Grant, Service User Governor
- Victoria Bullerwell, Non-Clinical Staff Governor
- Yitka Graham, Appointed Governor for Sunderland University
- James Duncan, Chief Executive (advisory)
- Debbie Henderson, Director of Communications and Corporate Affairs (advisory)
- · Staff Network Chair, to be confirmed

Focus Groups

- Service users and carers
- Council of Governors
- Board of Directors (Executive and remaining Non-Executive Directors)
- Stakeholders Group 1 (local authorities, ICP Chairs, ICB representative
- Stakeholder Group 2 (third sector partner representatives)

Presentation (including question and answer session)

Cross section of staff from across the Trust including NTW Solutions Limited, Staff Network Chairs and representatives and Staff Side representatives

5. Final summary and recommendations

The Council of Governors is asked to:

- Note the content of the report and the decision to appoint an additional Non-Executive Director with a focus on lived experience.
- Approve the amendment to the Trust Constitution relating to the composition of the Board of Directors.
- Support the Governors' Nomination Committee process for the recruitment and appointment of Non-Executive Directors

Ken Jarrold
Chair of the Council of
Governors and Board of
Directors

Darren Best
Chair Designate

Anne Carlile Lead Governor

September 2023

Appendix 1

Draft Non-Executive Director appointment process timeline

Date	Activity	Responsible Officer	Status
Tuesday 18 th July 2023	Pre-meet with James Duncan to discuss initial proposals	Darren Best	Complete
Wednesday 26 th July 2023	Pre-meet with Darren Best, Anne Carlile and Debbie Henderson to discuss initial proposals	Darren Best	Complete
Monday 31st July 2023	Pre-meet with Non-Executive Directors to discuss initial proposals	Darren Best	Complete
Wednesday 2 nd August 2023	Discussion on initial proposals to August Closed Board meeting	Darren Best	Complete
w/c Monday 14 th August 2023	Meeting of the Governors' Nomination Committee to agree proposals and recruitment process	Debbie Henderson	Complete
Tuesday 5 th September 2023	Meeting of the Nomination Committee to approve the recruitment process, job description and person specification for the role(s)	Darren Best / Debbie Henderson	Complete
Wednesday 6 th September 2023	Subject to agreement – approval of amendment to Board composition (Trust Constitution) to Board	Debbie Henderson	Complete
Thursday 14 th September 2023	Subject to agreement – approval of amendment to Board composition (Trust Constitution) to Council of Governors	Debbie Henderson	
Monday 18 th September 2023	Post advertised (4-week period)	Debbie Henderson	
Sunday 15 th October 2023	Closing date for applications	Debbie Henderson	
w/c Monday 16 th October 2023	Nomination Committee interview panel to shortlist and agree candidates	Debbie Henderson	

	for interview. Candidates to be contacted.	
w/c Monday 16 th October 2023 – Friday 27 th October 2023	Shortlisted candidates' informal meetings with the Chair, Chief Executive and other Trust representatives	Debbie Henderson
w/c 30 th October 2023	Interviews and focus groups	Debbie Henderson
Thursday 9 th November 2023	Recommendation submitted to Council of Governors (for approval)	Debbie Henderson
Thursday 9 th November 2023 (via email)	Recommendation submitted to Board of Directors (for endorsement)	Debbie Henderson

10. GOVERNOR SERVICE VISIT FEEDBACK



Ken Jarrold, Chair

Sycamore Visit update - 25th July

11. GOVERNORS QUESTIONS



12. GOVERNORS FEEDBACK - QUALITY AND PERFORMANCE BOARD

SUB-COMMITTEE UPDATE

Anne Carlile and Jane Noble

13. GOVERNORS FEEDBACK - AUDIT COMMITTEE BOARD SUB-COMMITTEE

Amaia Hall and Jamie Rickelton

14. GOVERNORS FEEDBACK - RESOURCE AND BUSINESS ASSURANCE

BOARD SUB-COMMITTEE

Tom Rebair and Jessica Juchau-Scott

15. GOVERNORS FEEDBACK - MENTAL HEALTH LEGISLATION BOARD

SUB-COMMITTEE

💄 Fiona Grant and Julia Clifford

16. GOVERNORS FEEDBACK - PROVIDER COLLABORATIVE BOARD

SUB-COMMITTEE

Fiona Regan and Ian Palmer

17. GOVERNORS FEEDBACK - PEOPLE BOARD SUB-COMMITTEE

Anne Carlile / Danny Cain

18. GOVERNORS FEEDBACK - CHARITABLE FUNDS BOARD

SUB-COMMITTEE

Fiona Grant and Emma Silver-Price

19. GOVERNORS FEEDBACK - NOMINATION COMMITTEE



Ken Jarrold / Anne Carlile - Co Chairs

20. GOVERNORS FEEDBACK - GOVERNORS QUALITY GROUP



Anne Carlile, Chair

21. GOVERNORS FEEDBACK - GOVERNORS' STEERING GROUP

22. GOVERNORS FEEDBACK - NHS PROVIDERS GOVERNORS ADVISORY

COMMITTEE



Anne Carlile

23. OTHER FEEDBACK FROM GOVERNOR MEETINGS AND EVENTS



All Governors

24. BOARD MINUTES FOR INFORMATION





26. KEY ITEMS FOR DISCUSSION



26.1 TRANSFORMATION PROGRAMME UPDATE



Ramona Duguid, Chief Operating Officer

Presentation

26.2 CQC PREPARATION



Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

REFERENCES

Only PDFs are attached

- Key Item 2. CQC Presentation for COG 140923.pptx
- Key item 2. CQC staff handbook 2023.pdf
- Key item 2. New CNTW Team Presentation.pptx



CQC Inspections

Information for staff

Safe	
Effective	
Caring	
Responsive	
Well-led	

Inspections

This document is designed to support you to feel confident and prepared for future Care Quality Commission (CQC) inspections.

The CQC monitors and inspects NHS trusts. Core service line inspections (services that people use the most), are usually unannounced inspections, meaning that we do not know when these will take place.

At the same time, the CQC may also announce the date of the Board level Well-led inspection, should they deem it appropriate to carry this out. The CQC inspectors would interview CNTW's Board of Directors, senior managers but they would also want to talk to staff.

As yet we do not know what type of inspection we are likely to face, but we are expecting to be visited. Below is a reminder of the process:

- Inspections to services will be unannounced
- Not all services will be inspected but all services should expect to be inspected
- ▶ The CQC will be looking for evidence of improvements in response to previous inspection findings
- ▶ There will be a scheduled "well-led" inspection incorporating focus groups for staff to attend and share their views with inspectors

This handbook will:

- ▶ Help you to understand the CQC's approach
- Explain the five key questions the CQC will ask
- Suggest how best to prepare
- Provide you with contacts for further support and where to get additional information

Reading this handbook should not only help you think about CQC inspection visits, but also offers best practice suggestions for business as usual.



Being prepared for a CQC inspection shouldn't be something that is a one off process. We should always be proud and honest about our services, sharing what we do well every day to support and care for our service users, carers and their families, and show how we make improvements when there are things we can do better. Every day is a 'quality' day and I know your compassion, care and commitment will be clear who ever comes to see us.

Sarah Rushbrooke Executive Director of Nursing, Therapies and Quality Assurance

Our approach

We welcome the CQC's inspection visits. The CQC doesn't expect services to all be tip-top perfect, as long as we can:

- ▶ Showcase our good work, and the improvements we have made.
- Demonstrate that we know where our improvement areas are and what we are doing about them.
- ▶ Demonstrate how we gain feedback about the care we provide, how we learn and share lessons to make changes for the better for our patients.

We know that our services cannot always be perfect, but we need to be able to tell the story of what we are doing well, where we are making improvements and where our services are aiming to be.

If your service is visited by the CQC, please remember:

- ▶ Patients' needs come first at all times this will be expected and understood by the inspection team.
- Be honest, polite and helpful answer any questions you are asked to the best of your ability.
- ▶ Be **proud** and **positive** you should be proud of the excellent work you do.
- ▶ Be **ready** and **able** familiarise yourself with your environment and working practices so that you are able to provide the inspectors with evidence to demonstrate the good work you do (see also 'How best can I prepare?' on **page 4**).
- ▶ Be **prompt** and **responsive** if an issue is raised, rectify it as soon as you can, or where this isn't possible log it and report it to your line manager as soon as possible; provide additional information requested as promptly as you can.
- ▶ Feedback problem areas as soon as you notice them with your line manager. Where possible, issues should be rectified before the inspection team leaves the service. It is important that patient care and staff wellbeing are not compromised.
- Act in line with our values of Caring and Compassionate, Respectful, Honest and Transparent.

What will happen

As the CQC's inspections are unannounced, the exact timescales for all routine inspections are unknown.

The **CQC** inspection team will include peers from other trusts around the country, and represent a variety of relevant disciplines/specialties, alongside experts by experience and CQC employed inspectors.

Inspectors will be **well-informed about CNTW services**: we will be asked to provide a lot of data and information before and during their visit, as they follow key lines of enquiry/questioning and triangulate information.

CQC will visit teams, talk to all types of staff e.g. managers, clinicians, administrators, receptionists, domestics, porters as well as patients and carers. They will observe care and interactions with patients and will review patient notes.

The CQC will ask questions about the quality of services based on what matters most to patients.

Are they safe?

People are protected from abuse and avoidable harm.

Are they **effective?**

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Are they caring?

Staff involve and treat people with compassion, kindness, dignity and respect.

Are they responsive to people's needs?

Services meet people's needs.

Are they well-led?

The leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

To understand these five key questions further and for practical prompts in preparation, see **Appendix A**.

Once satisfied, they will write a report based on their findings and will rate the Trust and its services as 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'.

How best can I prepare?

There is a lot you can do to ensure you are prepared for the CQC's visits, probably things you already do and know!

- ▶ **Keep informed:** Attend briefing sessions, talk to your team/manager, look out for CQC related emails and updates.
- Review Appendix A: This will give you a good overview of the five key questions and useful prompts for you to consider personally and as a team.
- ▶ Share best practice and learning with your team and other colleagues.

General house-keeping for everyone:

- Wear your name badge at all times and remind colleagues to do the same.
- Is alcohol hand gel/hand sanitiser available to use on entering the premises?
- ▶ Make sure all areas including offices/reception areas are **clean** and **tidy**. Replace broken furniture and remove items no longer used.
- Is it clear how to gain entry to your ward?
- Make sure your appraisal, statutory and mandatory training is up to date.
- Are your **supervision** sessions recorded on the Trust electronic recording system?
- ▶ Know how to find **Trust policies** that are applicable to your role.
- ▶ Know how to raise a concern who are the Freedom to Speak up Guardians?
- ▶ Know who your **safeguarding** leads are.

- Check that your noticeboards are up to date and information leaflet stands are stocked.
 CQC may ask you about information that is displayed.
- ▶ Know your team's **strengths** and **less strong points**, and **know what is being done** to address these.
- ▶ Can you describe how **lessons** are shared and learned in your team, especially from incidents and complaints.
- ▶ Share any **best practice** with colleagues in your team and wider trust.
- ▶ Familiarise yourself with the comments the CQC made about your service when they last visited, either as part of a previous inspection or as part of a MHA Reviewer visit.
- Ensure you are aware of any actions being taken to address areas for improvement previously identified by the CQC.

During an inspection

The inspecting team will want to talk to patients, carers, and staff (at all levels) about their experiences of care provided, and will also observe everyday activities and the environment. They will visit during the day or night, weekdays or weekends, and will want to review a selection of patient notes to check they are accurate and up-to-date. They will assess if systems and processes operate as laid out in policy, and follow the patient pathway through the service.

If the CQC arrive, what should you do?

- ▶ Welcome the inspection team and ask to see their identification badges. Do not allow anyone access without the proper authorisation/identification (if in any doubt, contact the CNTW CQC Compliance Team on 07790 804 050 who will contact the CQC).
- ▶ Explain the use of face masks, and ask them to decontaminate their hands. You may need to inform CQC of COVID safe working and where they can change their PPE, wash their hands and the location of hand gels/sanitisers.
- ▶ Sign them in and ensure the most senior member of your team is called to meet and accompany the inspection team, to introduce them to the service area and facilitate their visit. You do not need to prevent the CQC from having access whilst waiting on the manager to arrive, offer a place to wait and ask how you can help.
- Notify the CNTW CQC Compliance Team on 07790 804 050 or via email on CQC2023@cntw. nhs.uk and your local Associate Director (at weekends or overnight please inform your point of contact).

How to interact with the inspection team

- ▶ Remember, patients and their carers/families come first the inspection team will know this. If you are busy with a patient, let the inspector know and that you will be with them as soon as you are able to when your appointment is over. Together, try to keep disruption to the service to a minimum.
- Inspectors are not allowed to take away any patient notes (or photocopies) or documents such as policies. They should formally request these via their lead inspector.
- Inspectors are allowed to see and review patient notes on RiO. (See 'What if an inspector wants to access patient notes?' on page 11.)

What if an inspector asks to talk to you?

- ▶ Be **open** and **honest** and as helpful as you can.
- ▶ Be **proud** and **positive** of the excellent work you do this is an opportunity to demonstrate how you meet patients' individual care needs in partnership with them and their families/ carers.
- Be mindful that you keep conversations away from public areas to avoid disruption or breaching confidentiality; and encourage patient/carer participation where appropriate/ possible.

- ▶ Respect patient privacy and dignity: always check with patients first if the inspectors want to observe your interactions with patients.
- Be mindful of where you know improvements are needed and what is being done about it. In preparing, make sure you know both the positives and where improvements are taking place before the visit, and have evidence to demonstrate these.
- ▶ If you don't understand the question or don't know the answer, don't panic ask for clarification or state where you will go for the information.

What if an inspector asks for some additional information or documentation?

- ▶ Familiarise yourself with where your team's documentation is held e.g. staff rota access, policies, procedures and protocols, information leaflets, close observation monitoring sheets etc.
- Act promptly: Any local information that is requested should be provided via the CNTW CQC Compliance Officer e.g. information on service waiting times, minutes from team meetings, Trust policies.
- Inspectors are not allowed to take away any patient notes (or photocopies) or documents such as policies. The inspector should know to request information via the lead inspector. For further information or support, contact the CNTW CQC Compliance Officer on 07790 804 050.

What if an inspector wants to access patient notes?

- During the visit the inspecting team will want to review patient notes. They are allowed to 'view only', and no patient information can be taken away with them.
 - Inspectors are allowed to access patient notes via your staff log-in and access is to be strictly supervised at all times. Ask to see their ID prior; lock your screen if you get called away.
 - > When viewing a record during an inspection visit please choose "CQC inspection" when prompted from the drop down list. Make an entry in the requested patient's RiO progress notes, stating: "The health record has been accessed in accordance with Section 64 of the Health and Social Care Act 2008 by CQC inspector, [INSERT NAME OF CQC INSPECTOR] for the purposes of discharging regulatory functions. Navigate the RiO system for the CQC inspector as requested.

What if the inspecting team pick up an issue?

- ▶ We need to act **promptly** and **responsively**.
- ▶ Where issues are raised, these need to be logged by the ward/team manager.
- **Issues should be rectified before the inspecting team leave**, or where possible before the inspection visit is complete. Where this isn't possible, actions need to be put in place.
- Issues raised need to be fed back to your local Associate Director directly after the visit (See 'After the inspection' below).

After an inspection visit

Immediately:

- Where possible, have a team de-brief and pull all the key messages together, issues raised and documentation provided.
- Submit feedback from the inspection visit using the on-line feedback form in the CQC toolbox on the Trust intranet.
- On the same day, the team manager has the responsibility of forwarding this information (by phone or email) to their Clinical Business Unit (CBU) or Associate Director and CNTW CQC Compliance Team.
- Feeding back will directly inform our daily update messages to all services, and will help support those still expecting a possible visit.

Later:

- ▶ Once the CQC has completed their inspection, they will analyse the information they have been provided with, messages they have heard from CNTW colleagues and what they have observed during their visit. This may **prompt further unannounced inspections** in the 10 days following the initial inspection.
- ▶ The CQC will then decide on ratings for both services and the Trust as a whole (including: "Outstanding", "Good", "Requires Improvement" or "Inadequate" for each of the five areas of Safe, Effective, Caring, Responsive and Well-led).
- A final inspection report is presented to CNTW for a 'factual accuracy check' before a final version is published on the CQC's website. Action plans will be developed for any areas that eed to be addressed following the inspection.
- Our ratings get published on the CQC website.
- Note: Although the CQC will have regular updates on our action plans, they may return unannounced to assess progress for themselves.

Don't worry!

Prepare as far as you can:

- ▶ Review the tools/prompts enclosed which give you a good idea of what the inspecting team will look out for/what you will be asked (it represents business as usual and things you will already be doing).
- ▶ Talk to your team and line manager for support. If you still feel anxious contact your CBU/ team for further information or support.
- Look out for updates published on the intranet, bulletin and via email updates. These will contain useful information to help you prepare. If you feel you need further support about anything in the handbook please discuss this with your manager.

Appendix A

The CQC's key focus is good patient care.

Ask 'Is my service Safe, Effective, Caring, Responsive, and Well-led?'

The following provides you with additional practical prompts to consider within each of these five key questions. They are not exhaustive; add to them and follow up with your team or manager for where you feel improvements are needed, or for more information.

Safe

People are protected from abuse and avoidable harm.

- Is patient safety my main concern?
- Are patients kept safe in my team/on my ward because we maintain the correct staffing levels, do not rely heavily on bank staff and have effective handovers?
- Do I use eRostering effectively?
- Where bank staff are used, are they properly inducted and trained?
- Have I been trained in safeguarding specific to the area I work in (e.g. older people, children or adult services)?
- Do I know how to report an incident, near miss or allegation of abuse/safeguarding issue? Do I act promptly and act on concerns in a timely way?
- Do I make sure the clinical environment is safe before seeing a patient?
- Are medical devices I use well maintained before use? Are they decontaminated before and after use? Am I trained and competent to use them?
- Do I know:
 - where to locate resuscitation equipment?
 - how to obtain advice on medicines?
 - the procedures for controlled drugs? And safe handling/securing of drugs?
- Do I always follow the hand hygiene procedures before and after touching a patient?
- Are hand washing posters available?
- Do I know who to contact for advice on infection, prevention and control? (IPC)?
- Have I completed mandatory infection prevention and control training?
- Have I had my flu/Covid-19 jab?
- Do I continually risk assess and monitor my patients (for both physical and mental health), ensure notes, care plans and alerts are updated accordingly and act promptly to changes?
- Have I have been trained in control and restraint? Do I report incidents and update the multidisciplinary team notes and have a staff debrief?
- Do I know how to raise day to day concerns or make a complaint or whistleblow internally?
- Is data from audit reports, safety incidents and patient feedback (complaints, surveys etc.)
 discussed at our local team meetings, with lessons shared with colleagues and improvement
 actions decided and acted upon?
- Am I aware of the Trust policy describing the process for reporting, recording, escalating and reviewing of blanket restrictions?
- Do I know how to ensure medicines are ordered, transported, labelled, stored and disposed of safely?
- Am I recording the reasons for why the administration of rapid tranquilisation was necessary?
- Am I following Trust Rapid Tranquilisation (RT) policy guidance on documenting the monitoring of physical health after administering RT?
- Do I know how to check and record the temperatures of the clinical room and refrigerator where medicines are kept?

- Can I demonstrate that I understand the physical health monitoring requirements for higherrisk medicines (e.g. clozapine, lithium, high dose antipsychotic therapy (HDAT))? Do I know which patients under my care are prescribed these medicines?
- Do I always check a patient's allergy status Do I know how it should be recorded?
- Do I know what to do if a patient has an adverse drug reaction or if their health deteriorates? Do I know what to do in an emergency?
- Am I regularly reviewing the need for PRN medication with the patient and recording why it is needed?
- Do I check treatment and Community Treatment Order forms before prescribing and administering medicines?

Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Am I aware of NICE guidance relevant to my work; do I follow it?
- Do I get involved in clinical audits and can I show resulting improvements?
- Do I assess the patient holistically and consider all their care needs? Are these reflected in care/treatment plans and regularly reviewed?
- Do I undertake the necessary risk assessments, keep them current and reflect them in care/ treatment plans?
- Do I involve patients to design their own care/treatment plan? Are they person-centred? Do I offer them a copy?
- Do I involve and support carers to best be able to care for their loved one?
- Do I ensure multi-disciplinary involvement in patient care and participate in handover and multi-disciplinary meetings?
- Do I ensure people who are approaching end of life are identified and care delivered according to their care plan?
- Do I know how to access IPC Practice Guidance Notes (PGNs) for the management of infections? Are patients with an infection managed in accordance with IPC PGNs and do care plans reflect IPC guidance?
- Do I ensure all patients are managed in accordance with the IPC Covid information pack for inpatients/community?
- Are patients supported with smoking cessation?
- Do I ensure patients' nutrition and hydration are met?
- Do I support pain management in a timely way?
- Do I maintain my personal knowledge by attending training/conferences or reading guidance and journals?
- Do I attend regular meaningful clinical supervision (group or individual) and feel supported in personal development? Are these sessions recorded appropriately via the Trust electronic recording system?
- Have all my competencies been assessed and signed-off this year?
- Do I provide sufficient information to gain valid consent about the proposed treatment, its purpose, benefits and risks and any alternatives to it?
- Do I know how to document consent including for detained patients and those subject to a Community Treatment Order?
- Am I able to test for capacity (under the Mental Capacity Act) and do I understand Deprivation of Liberty Safeguards (DoLS)?
- If a patient lacks capacity, do I know how to ensure their best interests are assessed and recorded?
- Do I ensure the rights of people subject to the Mental Health Act 1983 are protected.

Caring

Staff involve and treat people with compassion, kindness, dignity and respect.

- Do I always introduce myself and wear my NHS ID badge at all times?
- Do I always give my service's contact details to patients/carers, and where to get support outof-hours?
- Do I give patients/carers information about the services available to them, about their treatment and where to gain further support?
- Are notice boards and information leaflets up-to-date and stocked?
- Do I always involve patients/carers in decisions about their care or treatment and take a personalised, co-productive approach?
- Do I promote self-management and independence?
- Do I always consider the patient's personal, cultural, social, religious needs?
- Do I understand discrimination and equality and diversity?
- Do I always treat patients/carers with dignity, respect and kindness, provide privacy and confidentiality at all times?
- Do I report any disrespectful, discriminatory or abusive behaviour towards patients?
- Do patients/carers know how to make a complaint/compliment?
- Is the environment clean and comfortable? Is the equipment clean that is used with patients?

Responsive

Services meet people's needs.

- Do I always take a personalised approach to care?
- Do I prioritise patients according to their need?
- Do I make appropriate arrangements to support special needs like a learning disability?
- Do I know how to contact an advocate or interpreter for the patient?
- Do I gain the appropriate consent before proceeding?
- Are patients' waiting times kept to a minimum and are these managed?
- If I cancel an appointment, do I give an explanation and provide a follow-up?
- Do I ensure patients are seen as close to their home as possible?
- Are patients kept in hospital for the minimum amount of time needed?
- Are call bells answered promptly?
- Are inpatients able to go outside and not prevented for long periods from doing so?
- Do I encourage patients to feedback their experiences of the service and provide means to do this? e.g. Points of You.
- Do I know what patients are feeding back about the service, and do I act on patient/carer feedback? Do I know what improvements are being made?
- Are patients informed about how to make a complaint/compliment? Are complaints dealt with within timescales?
- Does the team share lessons and learn from clinical audits, incidents or complaints? Can I think of some examples?
- Am I aware of any previous CQC inspections to my service? Do I know the issues raised and what actions are in place and progress? And how the team manages its compliance against CQC standards and outcomes?

Well-led

The leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Do I know the Trust's vision, values, quality goals and strategic ambitions?
- Do I see and spend enough time with my line manager. Do I know who the CBU for my team is? Do I know the members of the Board of Directors?
- Do I know and understand the Trust's strategy, and my role in achieving it?
- Am I clear on how progress against the delivery of the strategy and local plans are monitored and reviewed within my team/service?
- Am I clear about my role within the team and on what I am accountable for and to whom?
- Do I and staff within my team work collaboratively, share responsibility and resolve conflict quickly and constructively?
- Do I feel encouraged to raise problems and concerns without fear of being penalised, bullied or harassed?
- Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
- Are people who use services, their carers and families actively engaged and involved in decision-making to shape services and culture? i.e. changes to shift patterns, is the impact on patients considered prior to making any changes?
- Am I actively engaged in the planning and delivery of services and in shaping the culture?
- Am I clear about my role within the team in providing evidence that quality and safety of services is continuously assessed, monitored and improved?
- Do I know what the current risks are for my team or service? Are lessons shared and learned from incidents, complaints, audits and patient feedback? Do I know what actions are in place?
- Do I apologise to patients when things go wrong?
- Do I know how to escalate performance issues appropriately through management structures and Trust processes?
- Do I and my wider team seek out and embed new and more sustainable models of care?
- Am I aware of structures and processes to support escalation of issues and accountability to support good quality care?
- Can I give examples of effective partnership working in my service?
- Do I know how patients/carers are selected to take part in research studies? Do I approach patients about research?
- Do I know what governance arrangements are in place for ensuring research is done in line with all requirements?
- Can I give examples of specific research studies I am involved in and how this will impact on patient care?
- Do I know how research projects are managed locally?
- Do I know what research is happening in my team and across the Trust?
- Do I know where to find information about research?

Our commitments

Commitment to our service users:

- Understand me, my story, my strengths, needs and risks. Work with me and others, so I
 can keep healthy and safe;
- Protect my rights, choices and freedom;
- Respect me and earn my trust by being honest, helpful and explaining things clearly;
- Support me, my family and carers in an effective, joined-up way that considers all my needs, and
- Respond quickly if I am unwell or in crisis, arranging support from people with the right expertise. Make sure I don't have to keep repeating my story.

Commitment to our families and carers (also known as our 'Carer Promise'):

- Recognise, value and involve me;
- Work with me to ensure you're aware of my needs as a carer;
- Listen to me, share information with me, and be honest with me when there is information you can't share;
- Talk with me about where I can get further help and information, and about what I can expect from you.

Commitment to our staff:

- Respect me for who I am, trust me, value me and treat me fairly;
- Allow me freedom to act, to use my judgement and innovate in line with our shared values;
- Protect my time by making systems and processes as simple as possible so I can deliver the work I aspire to, learn, progress and get a balance between work and home;
- Offer me safe, meaningful work and give me a voice, working as part of a team that includes other professions and services, and
- Support me with compassionate managers who communicate clearly and understand what it's like to do my job.

Commitment to our partners and communities:

- Explain what to expect from CNTW;
- Help us to fight illness, unfairness and stigma;
- Make sure that organisations talk to each other and put the needs of people's before their own. Share responsibility for getting things right;
- Get to know local communities. Respect their wisdom and history;
- Be responsible with public funds;
- Share our buildings, grounds and land; and
- Protect the planet.

Our vision
To work together,
with compassion and
care, to keep you
well over the whole
of your life.

Our values:

We are caring and compassionate
We are respectful
We are honest and transparent

Our strategic ambitions

- Quality care, every day We will aspire to deliver expert, compassionate, person-led care every day, in every team. We will value research and learning.
- Person-led care, when and where it is needed We will work with partners and communities to support the changing needs of people over their whole lives.
- A great place to work We want to be a great place to work. We will make sure that our workforce has the right values, skills, diversity and experience to meet the changing needs of our service users and carers.
- Sustainable for the long term, innovating every day We will be a sustainable, high performing organisation, use our resources well and be digitally enabled. We will be accountable for the money we spend; we will live within our means, and we will work in a way that is kind to the planet.
- Working with and for our communities We will create trusted, long-term partnerships that work well together to help people and communities.

Our Board



Darren Best Chair



James Duncan
Chief Executive



Dr Rajesh Nadkarni Executive Medical Director and Deputy Chief Executive



Ramona Duguid Chief Operating Officer



Sarah Rushbrooke Executive Director of Nursing, Therapies and Quality Assurance



Kevin Scollay
Executive Director
of Finance



Lynne Shaw Executive Director of Workforce and Organisational Development

Non-Executive Directors



David Arthur Senior Independent Director



Paula Breen



Brendan Hill



Louise Nelson



Michael Robinson



Director of Communications and Corporate Affairs (non-voting)

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Ken Jarrold, Chair

9th November 2023, 2pm - 4pm Trust Board Room, St Nicholas Hospital

Please note Governors have the opportunity to meet for an informal catch up with lunch provided from 1pm