Council of Governors

Minutes of the 53rd Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 26 April 2018 from 2.45pm to 5.05pm in the Conference Suite of Fulwood House, Old Fulwood Road, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Jayne Brown OBE	Chair	Cllr Steve Ayris	Appointed (SCC)
John Buston	Public	Adam Butcher	Service User
Billie Critchlow	Carer	Mark Gamsu	Appointed (CCG)
Sylvia Hartley	Public	Jules Jones	Public (Lead Governor)
Mohammed Khawja Ziauddin	Public	Vin Lewin	Staff (Nursing)
Julian Payne	Service User	Terry Proudfoot	Service User
Dr Abdul Rob	Appointed (PMC)	Sue Roe	Carer
Adam Rodgers	Staff (Clinical Support)	Antony Sharp	Staff (Support Work)
Rivka Smith	Young Service User/Carer	Janet Sullivan	Appointed (Sheffield MENCAP)
Michael Thomas	Young Service User/Carer	Joan Toy	Service User
Susan Wakefield	Appointed (SHU)	Maggie Young	Staff (AHP)

In attendance:

Name	Designation	Name	Designation
Cllr Olivia Blake	Non-Executive Director	Clive Clarke	Deputy Chief Executive
Dr Helen Crimlisk	Deputy Medical Director	Phil Easthope	Executive Finance Director
Lisa Johnson	Deputy Director	Ann Le Sage	Carers Centre
Richard Mills	Non-Executive Director	Geoff Rawlings	Head of Capital Development
Margaret Saunders	Director of Corporate Governance (Board Secretary)	Ann Stanley	Non-Executive Director
Sam Stoddart	Deputy Board Secretary	Kevan Taylor	Chief Executive
Dean Wilson	Director of Human Resources	Sean & Ben	Public Gallery

Apologies:

Name	Designation	Name	Designation
Tyrone Colley	Service User	Fay Colphon	Appointed (SACMHA)
Liz Donaghy	Public	Sue Highton	Appointed (Staffside)
David Houlston	Public	Sandie Keene	Non-Executive Director
Cllr Josie Paszek	Appointed (SCC)	Laura Serrant	Non-Executive Director
Prof Scott Weich	Appointed (UoS)		

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53/01	**Welcome and Apologies** Welcome to guests, including Ann Le Sage from the Carers Centre which will take a view on who to nominate onto the Council as an appointed governor. **Post meeting note**: Ann Le Sage was confirmed as the appointed governor for Sheffield Carers Centre.	S Stoddart
53/02	**Declarations of Interest** No Declarations of Interests were made.	
53/03	**Minutes of the Meeting held on 15 February 2018** These were accepted as a true record.	Accepted
53/04	**Action Log** CoG 49/11 – Transitions: A meeting took place in January 2018 regarding transitions and an incident which is being jointly managed. An annual plan item for 2018/19 is additional resource for transitions. The Trust is seeking to fund an additional post to develop services across the system. CoG 51/12 CMHT Reconfiguration and Carers Support will be discussed at Item 7	
53/05	**Matters Arising** **(a) Benchmarking Report** The most recent report has been received and will be circulated to governors prior to next meeting on 26 July 2018. **Post meeting note:** circulated on 12/7/18 (**b) Feedback from CoG Task Group held 9/4/18** A small task group met to discuss the content and organisation of Council meetings. Ann Stanley informed Council of a helpful discussion regarding the informal meeting between Governors and Non-Executive Directors (NEDs) prior to the Council meeting and whether the Chair should be present for this. It was agreed the status quo should remain. A theme of the discussion was feedback from committees attended by NEDs. It was agreed the Significant Issues Report (SIR) which is presented to the Board may provide governors with a focused overview on the work of the committees in one consolidated summary document. This would provide	S Stoddart

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	structure for both the informal and main Council meeting and raise awareness of the work of NEDs in Board Committees. Additionally, it will provide assurance in relation to governor questions. The Chair added further discussion would be taking place with a view to bringing a proposal to a future meeting, specifically in relation performance monitoring.	All to note
53/06	**Governor Feedback** **(a) Governor Activities** Report from Sue Roe: Mark Gamsu, as Chair of the City-wide Patient Participation Group, welcomed the reference in the report. Clarity was sought regarding a point made in relation to feedback people received advising this related to only some people in the meeting. Sue Roe concurred with this. Reports from Terry Proudfoot: Jules Jones queried if a Trust representative could attend future Sheffield Mental Health Strategy meetings. Kevan Taylor responded the Trust was not aware of the meeting organised by the Sheffield City Council (SCC) with Clive Clarke adding this had been raised with Lead Officers from SCC and the Trust would be attend future meetings. The Chair clarified whether governors were aware of the Sheffield Mental Health Guide. It was agreed the link would be forwarded to all governors. **(b) Governor Questions to Board** No questions. Paper received. **(c) Governor & Board Development Session January 2018** A number of governors queried receipt of the write up of the development session from January 2018. Sam Stoddart confirmed distribution by email in February 2018 however the paper would be re-circulated. The Chair suggested it may be an agenda item for the July 2018 meeting to discuss the use and function of development sessions going forward. Scope for in-depth discussions can be helpful as was the case in January 2018. However, this might be a topic the task group may want to consider. The Chair invited any governors who were interested to join the task group and confirm via governors@shsc.nhs.uk.	C Clarke S Stoddart Received S Stoddart S Stoddart All to note

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	Post meeting note: the Task group was scheduled to take place on 22 June 2018 but was cancelled due to governor unavailability. A further will be scheduled to take place prior to the next Council meeting.	All to note
53/07	**CMHT Reconfiguration Update** Clive Clarke addressed the issue raised by governors of reinvigorating carers groups. The Council was informed Tania Baxter, Head of Clinical Governance and Anita Winter, Associate Director of Patient Safety have written to all carer group members to arrange dates for meetings in May 2018. The Trust is advertising for a dedicated carer resource to ensure a physical presence within the city focused upon carers' issues. The Chair added this was a result of direct feedback from governors which the Trust has actioned. Clive Clarke continued with the CMHT reconfiguration update of which there are four main areas: • SPA/Emotional Wellbeing Service • Home treatment • Recovery • Early Intervention in Psychosis (EIP) The Trust is reviewing management of workloads in conjunction with the increased demands on the service. Two additional telephonists have been appointment to the SPA/Emotional Wellbeing Service to support the increased demand and provide additional capacity. In addition Associate and Clinical Service Managers are overseeing extra temporary staff into SPA. New referrals are now routinely being seen within seven weeks. The aim is for new routine referrals to be seen within two weeks and emergencies sooner. Approved Mental Health Practitioners continue to respond to referrals within 24 hours in line with Mental Health Act guidelines. Home Treatment is divided between the north and south of Sheffield. It is an alternative to hospital care, offering rapid assessment and provided highly intensive support. Operational improvements have included appointments of senior practitioners and additional nurse consultant posts. However, there is high acuity and high activity in the service at the moment. Recovery is also distributed across the north and south of Sheffield. The service provides support to service users with potentially longer stay needs and includes active recovery	All to note

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	and case management. There are unallocated cases for the Recovery Service in the north. The Executive are reviewing and plan to increase staff to support the recovery team in the short term. In addition a report will be forwarded to the Board of Directors (BoD) detailing the management of the unallocated cases. EIP is based at the Limbrick Centre and offers a service for 400 people. The Trust is meeting its national target to see 53% of referrals within two weeks. The priority is to see people and start treatment as soon as possible and this will be explored further with commissioners. The Chair asked if there were any questions. Adam Butcher stated that often service users do not like to talk to professionals and queried how this is being addressed within the reconfiguration and made particular mention of peer support workers. Kevan Taylor clarified the preferred environment for Peer Support Workers was within the Recovery or Home Treatment Service. Adam Butcher highlighted the work of peer support workers in the mental health football team which had recently come second in the league, which was congratulated. Clive Clarke continued and referenced the drop-in sessions for service users and carers with eight having taken place since December 2017. These had resulted in excellent feedback which the Trust will use for 'You Said We Did' purposes. The emphasis has been on the importance of listening to feedback and the Trust held a meeting with Health Watch to discuss working collaboratively on a joint session in the summer 2018 for service users, carers and the public. Also there has also been team development/building and listening to the staff in terms of hearing their needs. Again the Trust will undertake a 'You Said We Did' with all Trust staff. Key messages from service user feedback: • Transition between children and adults services • Communication and information Clive Clarke stated the Trust recognises there is further work to undertake with a review to take place to ascertain if the service is meeting the objectives. It will also be designed to identify lessons in order to apply learning from the process in the future. Billie Critchlow queried progress in relation to the	

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	establishment of community hubs. Clive Clarke responded community hubs are linked to the estates strategy. The Trust will publicise opportunities for drop ins at Argyll House and the Michael Carlisle site enabling increased choice for service users and carers to meet their care coordinators. Kevan Taylor asked for a timescale for the establishment of the community hubs. Clive Clarke agreed to provide this. Clive summarised the key points made in the presentation. No further questions were received. The Chair thanked Clive and confirmed the CMHT reconfiguration would continue as an agenda item at future meetings.	C Clarke
53/08	**Board Appointments: Senior Independent Director** The Chair asked governors to note the appointment of Richard Mills for a six month period as Senior Independent Director (SID), a position previously held by Mervyn Thomas. The rationale for the tenure was to take the opportunity to review the skills of the NEDs given two new NEDs had recently joined the Board. The Chair added the Vice Chair position would be appointed following the review.	Noted All to note
53/09	**Acute Care Reconfiguration (ACR) Phase II** The Chair introduced the item stating it was one of the most important items to be brought before the Council in terms of cost and magnitude. It has been considered for an extensive period of time by the Board of Directors (BoD) and is important in terms of quality of care and outcomes for service users. The ACR is defined as a significant transaction which is anything involving investment of 10% or more of Trust income. The Chair clarified the Outline Business Case (OBC) will be considered by the Finance, Information and Planning Committee (FIPC) and Board in May 2018 after which it will be developed into a Full Business Case (FBC) which Council will be required to approve. The Board is keen to engage governors in the process to enable a comprehensive understanding of the proposal prior to the presentation of the FBC. Plans were displayed on tables around the room which are available for all governors to peruse. The Chair invited Phil Easthope, Executive Director of Finance to present the item to governors. Phil Easthope expressed his enthusiasm for this key project adding it was important for governors to fully understand the content of the proposal in the hope they share the	

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	enthusiasm of the Board. Governors were provided with assurance of the financial viability of the proposal. The process now began to identify information needs of governors to enable them to undertake their statutory duty in relation to significant transactions.
	
	Michelle Fearon, Director of Operations and Transformation, Lisa Johnson, Deputy Director for Acute Bedded Based Services and Geoff Rawlings, Head of Capital and Strategic Development were introduced. Michelle Fearon also introduced Tony Bainbridge, Deputy Director of Nursing, present to provide a clinical assurance perspective.
	
	The ACR has been developed over a long period. It is a carefully considered scheme which began in 2010 following a recommendation by the Trust for a viability study into its estate. Various iterations have been considered finally moving toward a single-site solution for delivering acute care. The Trust agreed the Longley Centre as its preferred choice for a single site. Work began with the development of the Psychiatric Intensive Care Unit, Endcliffe Ward at the Longley Centre costing £6m. This investment has greatly improved services and outcomes for service users and the Trust wishes to replicate this across all acute services.
	
	In 2017 the Board gave approval to develop a single site option which includes:
	
	• three 18 bedded adult acute wards made up of
	  ○ 49 adult acute beds
	  ○ 5 inpatient detox beds, and
	  ○ 14 beds for age-related frailty associated with mental health.
	
	In the interim the Trust has been working with experts by experience in developing the model and, through co-production, has developed a range of objectives which were formed alongside the improvement outcomes already mentioned, together with objectives of those who have had a lived experience of using Trust services.
	
	This proposal includes meeting regulatory standards, e.g. single-sex accommodation and legislative and codes of practice requirements ensuring the Trust is fully compliant. While acknowledging the focus on adult acute services the Trust is also seeking to provide alternatives to inpatient care. A psychiatric decisions unit will be developed in conjunction with community crisis alternatives on site to complement beds as community crisis care is integral to the proposal.	

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	The benefits of the proposal are: • Fully compliant environment • A safe, modern and healing environment for our service users • Supporting our staff to provide excellent care • Integrated systems • Reducing hand-offs The development of the proposal has been fully inclusive with a range of events to engage with people over the years. This has been coupled with learning from the quality and dignity surveys which take place on the wards and provide useful feedback regarding the challenges for service users in current environments. A working group which included a service user visited Kingfisher Court in Hertfordshire including the Place of Safety 136 Suite. The service user highlighted open courtyard space as inspiring compared to the space available at the Trust which is enclosed, commenting on the difference this would make to service users if it were available. Open space was therefore included in the design for Sheffield. At the next large stakeholder event, the service user attended and expressed pride that service users' aspirations were being included into the design which has been at the heart of the work undertaken by the Trust. The Trust has also learned from the work of Endcliffe Ward where the design was driven by service user needs and experiences. The richness of feedback in conjunction with the clinical challenge has resulted in a collaborative and co-produced offer based on shared objectives. The shortlisted options were presented to governors. There was a very long list which, over the past year, has been reduced to six. Each option increases incrementally with the exception of options D and E which are identical; however, D takes a phased approach over two years which would incur a cost of approximately £2m. **Option A – do minimum** This is based on re-utilising basic layouts at the Longley Centre. There would be a complete refit with new electrics, sanitary ware, mechanical equipment, windows etc., however the building layout would remain the same and no external work would be done. The negatives relate to compliance issues, small bedrooms and a poor exterior in comparison with the Endcliffe Ward which is sited next to the Longley	

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	Centre entrance and which is new and modern. **Option B** This builds on Option A. The internal structures would all be removed and the building would be redesigned within the confines of the existing footprint. There would however be two small extensions: one to extend the kitchen and the other to join the building to Endcliffe Ward. Again, this option does not include any external work. **Option C** Building on option B by including external building work, including cladding and pipework. This will improve energy efficiency and heating systems leading to reduced costs in the long term. **Options D and E** These options are identical; however, option D takes a two stage approach. Option E includes a complete new interior and new layout, all the external enveloping works matching Endcliffe Ward plus a number of ground floor extensions to Maple Ward to provide more flexibility to meet Elimination of Mixed Sex Accommodation (EMSA) requirements. There will be specific facilities for females and the option to move boundaries between them to reflect the male/female split on the wards at any given time. Option E is the best practice option at a cost of £36.8m. The cost of other options is high in comparison to what they will achieve. **Option F** The floor plan of the building will be considered to maximise space and consider how best it could be used. This option includes more two storey extensions to provide extra floor space. The cost of the extensions would be an additional £2m and come at the cost of external space which is at a premium at the Longley Centre. There is an intention to level the courtyards to improve spaces for service users and the extensions will significantly reduce the size of the courtyards; however, natural light and ventilation would be reduced having a negative impact on the internal environment. The Trust does not therefore believe Option F is value for money. It was concluded that, based on a clinical appraisal and the involvement of service users and operational staff, Option E is recommended at a cost of £36.8m. The option has received a qualitative score of 82.6%.	

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	The difference a new Longley Centre would make to people at the most vulnerable time in their lives was illustrated; service users would be supported in their own therapeutic space in a modern environment compared to the current environment. The next steps will be a financial and quality discussion at the FIPC followed by presentation to the Trust Board in May 2018, and returned to the Council of Governors (CoG) in July 2018. The Trust will mobilise a programme board to oversee the work and progression to a full business case, with a full site mobilisation in 2021. The Chair gave the opportunity to study the plans provided for each option and to view the accompanying drawings followed by questions and comments. Adam Butcher stated the importance of ensuring governors were informed and service users, e.g. via Sun:Rise. Michelle Fearon provided this commitment and the Chair confirmed the item as a standing agenda item for Council. Sylvia Hartley questioned the availability of parking and transport. Michelle Fearon stated patient and carer transport options run between the Royal Hallamshire Hospital (RHH) and Longley Centre with on-site parking which will be updated with dedicated visitor parking. The Trust is also considering leasing additional parking from the Northern General Hospital (NGH). The issue of staff parking in adjacent residential areas was raised. Kevan Taylor responded this was predominately a problem for Sheffield Teaching Hospitals which charges its staff for parking. SHSC does not charge its staff for parking on site, but does operate a scheme whereby people are required to display a pass. This ensures staff who do not work for the Trust cannot park in SHSC spaces. It was confirmed the new scheme does not reduce the number of parking spaces. Julian Payne queried the five detox beds. Michelle Fearon confirmed the inpatient detox provision is integral to Trust services and are supported by community substance misuse services. With the crisis hub at the Longley Centre, there will be critical community services and in-reach to support service users return home all in one place. The flexibility to provide recovery groups on site was raised. Lisa Johnson responded there will be shared therapy space enabling the service to respond to a range of requests. Billie Critchlow stated this was an ambitious and laudable	

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	option, but expressed concern it will divert the Trust's attention from improving community teams. She added it could go ahead but it may never meet the demand due to failing community teams. Michelle Fearon explained clinical operations have completed a major reorganisation to ensure adequate clinical and operational leadership to give attention to all of the business of the Trust including mental health, learning disabilities and specialist services. Billie queried whether the ACR would take priority over community teams and was assured both elements were of equal priority. Michelle Fearon explained under Clinical Operations there is a main governance group which is a change and improvement group. This monitors all the major change programmes including the CMHT reconfiguration which has a director level responsible lead, as will the ACR. The Board has accountability for any major change and there is the identical level of accountability irrespective of the financial value of any change programme. Billie queried whether progress could be expected in relation to community teams. Kevan Taylor interjected, referring to Billie's use of the word "failing" with regards to the community teams which was considered unfair. The CMHTs were not "failing", informing governors he had undertaken shifts at community services in the last week speaking to many staff who are discussing improvements and areas for development. In addition Staffside have confirmed the Trust is listening. The Trust understands there are elements for improvement however stressed the challenge of the word "failing". Kevan reminded governors the Trust has agreed to review the reconfiguration process and additionally, the CQC will be reviewing services shortly as part of the well-led inspection. The Chair stated the Board is interested in all services, acknowledging at times some areas require greater scrutiny. However the ACR will not supersede anything else and welcomed governor challenge of the Board on this point. Phil Easthope stated the Board recognises the scale of the transformation striving to achieve. As a consequence the Board has reviewed its objectives for 2018/19 to ensure the Trust can achieve all its priorities. Jules Jones raised a technical question on the paper under paragraph 4, actions, clarifying governors are being asked to approve in principle the ACR outline business case phase II or to request further information. Phil Easthope confirmed	All to note

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	this was correct. Joan Toy, who regularly visits Burbage ward recognised the problems encountered due to the environment. The Trust had obviously listened to service users and staff resulting in outstanding plans. Joan was thanked for her comments. John Buston noted the ACR was subject to £14m long-term loan, querying the source of the loan and specifically whether it would be obtained through a private finance initiative (PFI). Phil Easthope explained it will be a publically driven loan through the NHS with low interest rates and preferable terms and conditions. Assurance was provided the loan will not be via PFI. It is the responsibility of the Director of Finance to recommend to Board the financing of the ACR and to provide assurance it is financially viable. With that amount of loan and the cash resources the Trust has diligently accrued, the scheme is affordable. Mark Gamsu stated the ACR increases the financial commitments of the Trust and queried whether NHS Sheffield CCG (NHSSCCG) understands the potential additional obligations acquired by the Trust. There is constant pressure to reduce costs and reduce funds, and queried if the Trust is assured NHSSCCG understands this higher level of risk over the coming years. Phil Easthope responded numerous conversations with NHSSCCG had taken place and assurance provided plus within the South Yorkshire and Bassetlaw integrated care system capital schemes are being prioritised. SHSC has put forward the ACR as part of this process and it was supported as a priority by NHSSCCG thus providing an inherent level of commitment. Ann Stanley provided additional assurance to governors the scheme had been discussed in great detail in Board and its Committees. The Chair asked Jules Jones to confirm what was being asked of the Council. She clarified that: (a) Council was being asked to approve in principle the outline business case, or (b) to seek further information. The Chair proposed a vote on (a). The vote resulted in 15 governors voting to approve in principle the outline business case. The Chair confirmed the majority had voted to approve	Approved

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	in principle the outline business case. The Chair queried if governors would like further information. Three governors requested this. The Chair asked if the three people requiring more information could provide specific details of their requirements. Three governors left the meeting prior to the vote. Maggie Young and Adam Butcher questioned whether it would be possible to arrange a site visit. The Chair responded the Board had also requested to visit the site and so both requests would be incorporated into the programme. Any addition queries for information can be forwarded to governors@shsc.nhs.uk .	All to note
53/10	**Developments in IAPT** Item deferred	
53/11	**Physician Associates** Dr Helen Crimlisk informed governors of new roles which are being developed in the UK and the value and appropriateness of incorporating these within the Trust workforce. One new role is a physician associate. Since 2016 the Trust has provided clinical placements for this role in parallel with medical student placements. Physician Associates are people who completed a first degree in a science-related subject and achieved a 2:1 and wish to work in a caring profession other than medical and nursing. The University of Sheffield or Sheffield Hallam University provide a two year intensive course, which is the equivalent of a masters' degree. This provides a clinical programme of teaching and placements in all clinical areas of clinical practice: for example medical, surgical, urology, primary care, psychology and psychiatry. It is considered Physician Associates would be an asset to the workforce working alongside doctors in a medical model with the ability to diagnose and conduct physical and mental examinations. However duties under the Mental Health Act e.g. sectioning of service users cannot be undertaken or prescribing of medication; however, this may change in the future. The role is overseen by the Royal College of Physicians and recognised by the General Medical Council (GMC). The Trust is considering employing a first cohort in the Autumn of this year. The Chair invited questions. Antony Sharp queried the	

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	benefits to the organisation of physician associates. Helen Crimlisk clarified the role is one example of a number of workforce developments. Currently the workforce is too professionally divided and movement into the centre-ground is helpful. Doctors are expensive and in short supply nationally. Junior doctors state much of the work undertaken in this role could be carried out by the physician associates enabling them to concentrate on psychiatry to the benefit of service users. Adam Butcher questioned whether training in autism and learning disabilities is included and if so, to what extent. Physician associates have a three week psychiatry placement during the two years' training which limits their skill set when entering the service. The programme and employment will include extended induction, supervision and professional development opportunities. A current area of strength of the Trust is its development of staff from which physician associates will benefit. Susan Wakefield queried whether physician associates will be more expensive than support workers querying the added value given the limitations of the role. It was confirmed the role operates at a higher level than a support worker as the individuals are graduates with a two year masters' equivalent. They have broad, generic medically-orientated training and work under the supervision of consultant psychiatrists undertaking tasks akin to those conducted by junior doctors and senior nurses. It is a well-qualified group of professionals focussed on the physical healthcare of service users. Jules Jones questioned whether there would be the opportunity to progress to different roles in the medical profession and if so would additional degree qualifications be necessary plus queried plans for associate physicians in primary care. Currently the opportunities to progress are unclear. However it was emphasised the role is not a route to becoming a doctor and the career pathway for physician associates is yet to be defined. The role will be developing in primary care. Maggie Young stated a group of physician associates had worked in the eating disorders service adding it could be very useful because of the shortage of psychiatrists and medical staff. The Chair thanked Helen.	

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53/12	**Safety Huddles** Vin Lewin stated it was at a conference in Leeds that safety huddles were first mentioned in acute care rather than mental health care. In a Bradford Mental Health Trust the huddles had been modified to focus on reducing assaults occurring on the wards including service user to service user assaults and service user to staff assaults. Assaults had been reduced by over half and showed incremental change as a result of huddles. Huddles include everyone on the ward irrespective of role. All involved stand and the group horizon scan and consider what lies ahead during the day, where the issues and pressures might be and how to address those. Huddles are being slowly rolled out across inpatient areas with a view to including them in community care in the future. Woodland View Nursing Home is currently using huddles to help reduce falls. A flagging system can be created during huddles, e.g. a service user on certain medication may be at higher risk of falls so huddles can discuss how risk of falls for individual service users can be minimised. Huddles are based on a single topic for a ward. One inpatient area is focusing on reducing restrictive practices, another ward on reducing assaults. The topic is determined by issues facing individual wards. The Trust is encouraging a competitive element as a reward scheme as teams tackle the issues, targets are set i.e. how many days since the negative issue occurred. This should reduce the problem area identified following which huddles can move onto another issue. The Trust has developed a certifying scheme where teams receive a congratulatory certificate once the targets are met. At the Trust's Safer Care Conference in 2017, Bradford NHS Trust presented on safety huddles following which staff approached management asking to adopt the process in their clinical areas. The Chair thanked Vin and suggested this is an improvement tool which could be applied to different scenarios. Vin confirmed this and added it is one of a number of patient safety tools being implemented. The Chair added it would be helpful to bring the topic back to a future Council meeting to discuss its application and outcomes.	V Lewin

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53/13	**Nomination & Remuneration Committee Vacancies** There are three vacant roles, one each in the service user, public and carer constituency. The Chair offered the opportunity to volunteer to join the nomination committee. Adam Butcher volunteered as a service user representative. Governors were invited to contact Sam Stoddart regarding volunteering for the public and carer constituencies.	A Butcher All to note
53/14	**Performance Report** Phil Easthope provided a summary of the key issues. Mark Gamsu highlighted the lack of patient experience data within the report and questioned how this would be addressed adding this had been discussed with NEDs prior to the meeting. The complexity of this, particularly when considering how to capture qualitative, lived experience was acknowledged. Helen Crimlisk stated there are a number of quantitative methods utilised by the Trust; however the Trust is interested in acquiring additional qualitative data. A method will be to develop the quality and dignity surveys which the Trust has been using for a number of years, both of which have recently been digitised and are delivered by service users. Another method is utilisation of Care Opinion which is an enhanced technique in receiving meaningful stories from users and carers. The Chair confirmed there would be a formal response to the question at the July Council 2018 meeting. Billie Critchlow stated there was discussion with NEDs regarding the lack of recording or analysis of did not attends (DNAs). The Chair questioned whether it was possible to include this data in the performance report. Jules Jones queried bed occupancy seeking clarity regarding the utilisation of mothballed beds and raised, on behalf of Terry Proudfoot, the overdue Care Programme Approaches (CPAs) and their co-production. Phil Easthope was unsure of the meaning of the second question adding additional resource has been put in place to address the CPA backlog. Billie Critchlow believed the CPA issue was related to the co-production of CPAs rather than the co-production of overdue CPAs. The Chair suggested clarity is sought from Terry Proudfoot. Phil Easthope explained the Michael Carlisle and Longley Centres had an interim 19th bed to manage need and increased demand and confirmed these were not mothballed beds. John Buston questioned whether the Performance Overview	M Hunter P Easthope S Stoddart

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	Group is to be phased out understanding this was not to be debated in the meeting. The Chair stated this was part of the Task Group conversation. Ann Stanley responded the Task Group considered performance was better addressed in the Council meeting itself and its pre-meetings. The Chair stated the Task Group would consider this and bring a proposal to Council for discussion and consideration. The Chair invited John to feed into the task group. Maggie Young informed Council of the national targets in Eating Disorders for seeing people under the age of 18 and queried why this data was not included on the dashboard. The Chair suggested it should be included and asked for this to be addressed.	J Buston P Easthope
53/15	**Chief Executive's Update** No update given and no questions asked.	
	Date and time of next meeting Thursday 26 July 2018 at 2.45pm. To be held in Sheffield Hallam University, Charles Street building, Room 12.6.06	