

Council of Governors

Minutes of the 54th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 26 July 2018 from 2.45pm to 5.15pm in the Charles Street Building of Sheffield Hallam University

Present:

Name	Governor Constituency	Name	Governor Constituency
Jayne Brown OBE	Chair	Cllr Steve Ayris	Appointed (SCC)
Angela Barney	Carer	Joanna Bartlett left at 5.05pm	Staff (Social Work)
John Buston	Public	Adam Butcher left at 4.40pm	Service User
Liz Carthy	Staff (Psychology)	Tyrone Colley	Service User
Fay Colphon	Appointed (SACMHA)	Lee Coxon	Service User
Billie Critchlow	Carer	Mark Gamsu left at 4.50pm	Appointed (CCG)
Sylvia Hartley	Public	David Houlston	Public
Jules Jones	Public (Lead Governor)	Ann Le Sage left at 5.05pm	Appointed (Carers Centre)
Dr Nusrat Mir	Staff (Medical & Clinical)	Toby Morgan	Service User
Terry Proudfoot	Service User	Dr Abdul Rob	Appointed (PMC)
Sue Roe	Carer	Adam Rodgers left at 5.00pm	Staff (Clinical Support)
Antony Sharp	Staff (Support Work)	Kate Steele	Service User
Janet Sullivan	Appointed (Sheffield MENCAP)	Michael Thomas left at 4.35pm	Young Service User/Carer
Joan Toy	Service User	Scott Weich	Appointed (UoS)
Ellie Wildbore	Service User	Maggie Young	Staff (AHP)

In attendance:

Name	Designation	Name	Designation
Cllr Olivia Blake	Non-Executive Director	Nick Bell	Director of Research & Development
Sean Challis	Public Gallery	Clive Clarke	Deputy Chief Executive
Dr Helen Crimlisk	Deputy Medical Director	Phil Easthope	Executive Finance Director
Sandie Keene	Non-Executive Director	Richard Mills	Non-Executive Director
Margaret Saunders	Director of Corporate Governance (Board Secretary)	Ann Stanley	Non-Executive Director
Ben Smith	Public Gallery	Sam Stoddart	Deputy Board Secretary
Dean Wilson	Director of Human Resources		

Apologies:

Name	Designation	Name	Designation
Nick Hall	Service User	Cllr Adam Hurst	Appointed (SCC)
Vin Lewin	Staff (Nursing)	Cllr Josie Paszek	Appointed (SCC)
Julian Payne	Service User	Kevan Taylor	Chief Executive

Minute	Item	Action
54/01	<p>Welcome and Apologies</p> <p>The Chair welcomed new and re-elected governors to the meeting. Apologies were noted.</p>	
54/02	<p>Declarations of Interest</p> <p>NEDs declared an interest in item 9a for which they would leave the meeting. It was agreed NEDs should be present for item 9b relating to NED appraisals. No other declarations were made.</p>	Agreed
54/03	<p>Minutes of the Meeting held on 26 April 2018</p> <p>These were accepted as a true record subject to a small amendment to 53/09 (bottom of page 12) in relation to a question asked by Jules Jones and not the Chair.</p>	Accepted
54/04	<p>Matters Arising</p> <p>(a) Benchmarking Report: circulated 12/7/18</p> <p>(b) Sheffield Mental Health Guide: link circulated 27/4/18</p> <p>(c) Bod/CoG Development Session Report: recirculated 27/4/18</p> <p>(d) Community Hubs – Clive Clarke stated these are currently identified within the Trust Estate Strategy and a business case will be submitted by the end of the calendar year.</p> <p>(e) Performance Report Service User Feedback - Dr Helen Crimlisk informed CoG of a review currently being undertaken regarding the capturing of service user feedback. Three methodologies were being employed: firstly the Friends and Family Test which is a national requirement; secondly, the online platform known as Care Opinion which has been used for 12 months. Over time this allows the Trust to identify themes and provides 'free space' to enable service users and carers to express their views in their own words as well as enabling dialogue between the Trust and the person providing their view; thirdly, the Quality and Dignity surveys which have been utilised for a number of years and have now be digitised. These are led by the Quality Team and delivered by service user volunteers. All three methodologies are monitored regularly by the Service User Engagement Group (SUSEG) with reports submitted to the Quality Assurance Committee (QAC). No mechanism is currently available by which user views and engagement can be reported onto the performance dashboard however the Director of Quality, Andrea Wilson, is exploring how this could be achieved.</p>	

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	<p>The Chair invited questions. Dr Mir stated feedback is regularly received in the form of thank you cards and questioned how this information was captured. Dr Crimlisk responded services are requested to report these to the Complaints Department adding the Trust is good at reporting complaints however less good at reporting compliments. Nevertheless, whatever information is received is reported to services. The aim is to receive nuanced information which will feed into the quality improvement projects of the Trust. Toby Morgan questioned whether there is a cost associated with Care Opinion. Dr Crimlisk confirmed it was in the region of £8k per annum.</p> <p>Mark Gamsu suggested that it would be worthwhile to invite the Chief Executive of Care Opinion to a future CoG. The Chair confirmed this would be included in a future agenda item. It would also be helpful for CoG to receive a report on user engagement and feedback within the Trust. The Chair would speak to the Chair of the QAC for a future action point.</p> <p>Maggie Young stated Care Opinion had been promoted within the Eating Disorder Service resulting in an increase in service user feedback. Dr Crimlisk confirmed Care Opinion had been rolled out to all services.</p> <p>Adam Butcher suggested a more user friendly app for Care Opinion. Dr Crimlisk noted this.</p> <p>Dr Weich stated patient experience in isolation does not affect change in quality improvement as it requires triangulated and queried where triangulation takes place. Dr Crimlisk responded that this is part of the work being undertaken by the Director of Quality.</p> <p>Jules Jones stated the majority of Trust service users are found within primary care and queried how this methodology would be applied to that group. Dr Crimlisk stated Care Opinion is being promoted currently in primary care. Governors were reminded that anyone can log on to Care Opinion to leave their views regarding any health or dental service.</p> <p>The Chair suggested that the Trust might benefit from greater publicity of Care Opinion which Dr Crimlisk confirmed was underway.</p> <p>DNA analysis and Eating Disorders Targets – Phil Easthope stated the Trust is reviewing the performance framework and its development in 2018/19 including the</p>	<p>M Saunders M Hunter J Brown/ S Keene</p> <p>All to note</p>

Minute	Item	Action
	<p>performance dashboard. The focus is currently on data quality including timeliness and accuracy. A group has been initiated led by the Head of Information, Director of Quality and Clinical Directors considering bottom up Key Performance Indicators (KPIs) across services in order to provide a holistic view of performance. This group will report to the Finance Information & Performance Committee (FIPC) in early September which will then report to the Board of Directors (BoD). The Chair suggested progress could then be shared with CoG at its next meeting in October 2018. In relation to eating disorders targets Phil stated this would be fed into and considered as part of the development process.</p> <p>(f) CPA Query – two queries were confirmed: details regarding the co-production of CPA reviews and the number of overdue CPAs. The latter was answered in the Council meeting of 26 April 2018 and a response to the former question would be sought. Terry Proudfoot informed the Chair she was awaiting a response to queries raised following the December 2017 and February 2018 CoGs in relation to performance. The Chair asked for a response to be expedited.</p>	<p>P Easthope</p> <p>P Easthope</p> <p>P Easthope</p>
54/05	<p>Action Log</p> <p>All actions were covered in matters arising. Clive Clarke referred to page 4 of the CoG minutes from 26/4/18, minute 53/07 and informed CoG the Trust has appointed to the dedicated carers resource. The Chair stated this was evidence of the influence of CoG.</p> <p>Terry Proudfoot clarified Billie Critchlow had been omitted from the Task and Finish group representatives (page 4). Clarity was also sought regarding the reference to the Accountable Care Partnership (ACP) (page 3) and whether this should read as the Integrated Care System (ICS). The Chair clarified the ACP is an element of the ICS.</p> <p>Terry queried the NRC representatives item (page 4), as she was absent and informed the Chair this item would have been better placed earlier in the agenda which the Chair acknowledged. Finally Terry referred to transitions (page 2). It was clarified that the Chief Executive had provided a verbal update at the CoG meeting in April 2018, however the Chair requested that a paper be brought to the next meeting.</p>	<p>C Clarke</p>
54/06	<p>Governor Feedback</p> <p>(a) Governor Activities</p> <p>Adam Butcher spoke to his report and invited feedback from governors in relation to safeguard matters to be</p>	

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	<p>incorporated into a report.</p> <p>Jules Jones referenced page 6 of her report regarding the commissioning update and specifically the current position for 120 service users which had previously been cared for by the Trust. The Chair questioned whether Clive Clarke was aware of this who confirmed he was not. The Chair asked Clive to follow this up and provide an answer at the next meeting.</p> <p>Terry Proudfoot posed a question relating to the report from Sue Roe regarding the city-wide urgent care public consultation, specifically querying seeing a GP within a different practice. The Chair asked Mark Gamsu as the representative of NHS Sheffield Clinical Commissioning Group (NHSSCCG) to respond. He stated the first point of call should be a person's own GP however a neighbourhood approach enabling an accessible local GP service outside of normal hours but not 24 hours a day is being considered. Mark stated he would seek information from NHSSCCG and report back to CoG. The outcome of the public consultation will not be known until the end of the year at the earliest.</p> <p>(b) Governor Questions to Board</p> <p>Billie Critchlow stated having asked a series of questions regarding the CMHT reconfiguration the response provided was limited as the benchmarking figures available to the Trust were for a period prior to reconfiguration. The information had been discussed with the Care Quality Commission (CQC) who advised her to question NEDs at the next CoG in relation to their oversight and scrutiny of the answer. The Chair acknowledged the position and would speak with Billie following the meeting.</p> <p>Clive Clarke confirmed benchmarking takes place annually and is therefore always retrospective. Billie asked if available, could more timely information be provided. Clive added information relating to caseloads was correctly reported in the response.</p> <p>Terry Proudfoot stated the question received from a number of governors referred to allegations and should be concerns raised; this was duly noted. Regarding the question from Maggie Young, Terry queried whether an issue exists regarding the liaison between services. Maggie Young provided clarification and Clive Clarke responded allocated cases are being described in the question. In addition case management has been instituted to enable people to be seen on a regular basis as part of ongoing monitoring. This allows the Trust to</p>	<p>All to note</p> <p>C Clarke</p> <p>M Gamsu</p> <p>J Brown</p>

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	<p>support more people appropriately.</p> <p>Terry then queried Jules Jones' question relating to membership engagement. The Chair stated that membership levels remain static but that numbers of members are less important than membership engagement. She added that there would be a refresh of the Membership Strategy with a meeting scheduled for 15 August 2018.</p> <p>Jules Jones stated having read the response to her query believed it provided insufficient assurance NEDs had oversight of and scrutinised this issue. However, she was pleased the Chair had indicated an additional resource had been secured and queried how this would be utilised. The Chair stated the role will provide fresh impetus to membership engagement and assured CoG NEDs are aware of the issue. Margaret Saunders added a recruitment process was beginning and as part of the membership strategy refresh, the resource would be shaped.</p> <p>Finally Terry Proudfoot referred to the response to Adam Butcher's question regarding nursing associates. Clive Clarke stated nursing associates undertake a two year course and are registered posts to support qualified nurses. They will also provide support in specialist areas such as depot injections. The Trust is interested in these new roles and hopes for 16 in the next cohort.</p> <p>Angela Barney referred to comments made by Sandie Keene in the pre-meeting regarding a deep dive process being undertaken by the QAC in relation to CMHT services and queried was there an overlap with the question from Maggie Young regarding case management, adding there is a correlation between continuity of care and positive outcomes for service users. She queried whether one of the deep dive exercises could include the impact of case management on continuity of care. Sandie Keene responded that a number of elements impact on continuity including staff turnover. However this would be considered this as part of the deep dive process.</p> <p>Clive Clarke reminded CoG of the review of the outcome of the CMHT reconfiguration which will include the point raised by Angela Barney.</p> <p>Adam Butcher referred to the detailed response to his question and asked whether it would be helpful to meet with Michelle Fearon to discuss the matter. The Chair confirmed this could be a way forward if governors wished</p>	<p>S Keene</p> <p>All to note</p>

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	<p>and asked governors to identify themselves if interested.</p> <p>Scott Weich reminded CoG he had previously informed governors and the Executive Medical Director of established service redesign methodologies that allow evaluation and change whilst going through a process of reconfiguration. The Trust should use the expertise available locally during any reconfiguration. Clive Clarke stated he would discuss with Scott. However, the Chair reminded CoG of the previously mentioned CMHT review.</p>	<p>All to note</p> <p>C Clarke</p>
54/07	<p>Annual Report and External Auditor's report on the financial and quality accounts</p> <p>The Chair asked CoG to receive the Trust's Annual Report. Governors were informed summary reports are being produced for the Annual Members' Meeting (AMM) in September. Harriett Fisher from KPMG was introduced to present the Auditor's report.</p> <p>Harriett Fisher spoke to the presentation. The financial accounts of the Trust were summarised and found to be true and fair. An unqualified value for money conclusion was provided with no issues to raise with governors and no issues to raise in relation to quality indicators.</p> <p>Cllr Steve Ayris referred to recommendations in the Auditor's report and queries how governors can be assured these are actioned. Ann Stanley, NED and Chair of the Audit Committee (AC) explained that KPMG attend every AC with recommendations incorporated into the following year's plan. These are reviewed and addressed at every AC. If the Committee has concerns that recommendations are not being actioned, the matter is escalated to the BoD. Cllr Ayris stated he wished to ensure CoG is informed when recommendations are fully implemented. The Chair stated the Auditor's annual report provides assurance to governors that recommendations are actioned and implemented.</p> <p>Jules Jones questioned the healthy value for money opinion provided by KPMG and the underachievement of cost improvements of £636k for the full year 2018/19. Harriet Fisher explained that in May 2018 when the Auditor's opinion was provided, the Trust had not identified all its improvement programmes which is commonplace across Trusts. It was added that it is rare for Trusts to fully achieve their cost improvement targets. However, the Trust's position does not cause any concern. Jules then asked if the position of the Cost Improvement Programme (CIP) of the Trust has improved since May 2018. Phil Easthope responded negatively however provided assurance it is manageable within the financial targets of the Trust.</p>	<p>Received</p>

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	<p>The Chair informed CoG the BoD had requested detailed information relating to Quarter 1 CIPs as it wished to keep this under close scrutiny.</p> <p>Ann Stanley informed CoG that KPMG provide an opinion on whole year accounts. In terms of ongoing monitoring of CIPs within the current year, FIPC are responsible for this and the full year accounts are monitored by the Audit Committee.</p> <p>Adam Butcher queried whether CQC inspection reports inform KPMG's report. Harriet confirmed this adding other external reports and recommendations are considered in their final report.</p>	
54/08	<p>Annual Corporate Governance Statement CoG received the paper which Margaret Saunders explained formed part of the annual assurance process to governors the Trust is operating within the terms of its Provider Licence. It is also available to the public on the Trust website.</p>	Received
54/09	<p>Nomination & Remuneration Committee (NRC) Reports</p> <p>(a) Proposal to Amend the Process for NED Reappointment NEDs left the meeting for this item. The Chair clarified the item did not refer to the Chair. Margaret Saunders informed CoG the item was considered and discussed at length by NRC which is proposing the constitution is changed to provide the option to reappoint existing NEDs subject to satisfactory appraisal. It was added that this would provide an additional appointment option without removing any existing options. The Chair explained the decision is for CoG based on the NRC recommendation, where the proposal was agreed by a majority of five to one.</p> <p>Terry Proudfoot queried whether CoG would have the option to go against a recommendation to reappoint a NED and if this were to be the case, how much of a majority would be required to carry the vote. Margaret Saunders confirmed that a majority would be required. Terry stated that whilst the proposal raised concern to an extent, the value was also evident in terms of keeping skills and experience within the BoD and reducing recruitment costs. She believed a larger majority to approve reappointment should be a requirement.</p> <p>Billie Critchlow identified three issues; one related to NED appraisal and welcomed NRC's scrutiny of this and its work to improve the process. She suggested a</p>	

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	<p>moratorium on reappointments until the new appraisal process is embedded and evaluated and assurance can be provided that it is robust and effective, after which time consideration can be given to the proposal. Secondly she stated saving money on recruitment should not be a consideration and thirdly, if existing NEDs are the best people for the organisation they would be reappointed, but until an open recruitment process takes place this is an unknown. The Chair stated that, based on the comments, it could be interpreted Billie was not in favour of the proposal. Clarification was provided that revising the appraisal process was favoured and qualified the proposal was supported, however believed time should be allowed to embed the new appraisal process prior to making the decision.</p> <p>Scott Weich stated he did not support the recommendation from NRC and recommended CoG vote against it. He believed the proposal created a power which current CoG members may not be able to control in years to come. CoG was reminded that its first responsibility is to hold NEDs to account. Any change which affects this responsibility could be perceived as poor governance. The Chair asked Scott to explain this point, responding it will be assumed that NEDs would be re-appointed.</p> <p>Adam Butcher explained that as a member of NRC the discussion had been passionate and robust. The role of CoG is to ensure the best NEDs for the organisation and it should use every tool at its disposal to achieve this which the proposal provides.</p> <p>Mark Gamsu stated his support for the proposal. He did not believe the Trust should wait to enable the revised appraisal process to be embedded and evaluated and a recruitment process of sort would still be required after four years requiring a panel of people to make a decision.</p> <p>Angela Barney stated Terry Proudfoot was proposing an amendment to the voting requirements. The Chair suggested that a view is taken on the proposal before seeking an amendment to the voting requirements. She questioned whether this was possible. Margaret Saunders responded it was not. The Chair sought clarity from Terry Proudfoot regarding the proposed 75/25 majority requirement to approve reappointment.</p> <p>The process was clarified that a majority view was required in the meeting to carry the proposal for reappointment and a further recommendation would be brought before CoG to amend the voting requirements for NED reappointments.</p>	

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	<p>Jules Jones explained she was present at the NRC meeting and asked that her name as a dissenter should be in the minutes. It was confirmed that it was. She stated the main role of governors is to hold NEDs to account and anything that reduces their ability to do that should be avoided. Having an appointment system that allows a person to be in their role for eight years is unacceptable and she would like the Trust to be able to reaffirm every four years that existing NEDs remain the best for the organisation.</p> <p>Lee Coxon questioned how NEDs are evaluated. The Chair provided clarity explaining the question is asked regarding the NED role and activity.</p> <p>Toby Morgan stated a system of appraisal exists and questioned whether NEDs had a view regarding the process. The Chair explained Richard Mills had been invited to represent the NEDs on this matter and had fed into the revised process. Toby added if governors believe there is insufficient information available to vote that should not qualify them to vote against the proposal, rather governors should request more information.</p> <p>Antony Sharp stated that currently a NED can put themselves forward for reappointment through the open recruitment process. The Chair added this proposal provides an extra option. Antony questioned whether CoG could decide to go to open recruitment even if someone has a positive appraisal. The Chair confirmed this.</p> <p>Sylvia Hartley questioned whether the Trust can afford the cost of going through an open recruitment process when finances are challenging. Providing processes are robust and voting requirements are strengthened the proposal enables the Trust to save money.</p> <p>Kate Steele stated that she was now clear that the proposal was quite simple.</p> <p>Ann Le Sage agreed with the points made by Mark Gamsu adding she would accept the proposal as it enables the Trust to keep all options open. As a former NED she was aware that at different times there were different markets for people and there were no guarantees of the best people being available at times of recruitment. She stated a stand against the proposal should not be taken simply to make a point and at the time of appointment a position will be known on the current state of the market which will help inform the decision of CoG.</p>	

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	<p>Phil Easthope stated the proposal was an additional positive step that could be taken. He explained that it is a requirement to have a NED with financial experience and people with the required skill set are hard to find. If the Trust has a highly performing NED and an open recruitment process is chosen, there is a real risk that the NED may choose not to reapply and look elsewhere in order to secure more security and continuity.</p> <p>The Chair asked CoG to vote on the proposal as it stands.</p> <p>Twenty nine governors were present.</p> <p>For: 22 Against: 7 Abstentions: 0</p> <p>The Chair declared the proposal carried.</p> <p>(b) Revised NED Appraisal Process NEDs returned to the meeting for this and all subsequent items.</p> <p>The Chair introduced the item and asked if CoG was happy to accept the proposal. Scott Weich believed that due to the level of detail contained with the process, CoG required a greater amount of time to consider and debate it. The Chair reminded CoG that NRC acts on behalf of governors suggesting that prior to the next NRC meeting which has been scheduled for 3 August 2018, governors could forward their comments which would be considered at that meeting.</p> <p>Scott sought clarification on NRC members. These were confirmed as Jules Jones as Lead Governor, Michael Thomas representing young service users and carer governors, Sylvia Hartley and John Buston representing public governors, Cllr Adam Hurst representing appointed governors, Maggie Young representing staff governors and Adam Butcher representing service user governors with a vacancy for a carer governor representative which was advertised at the April 2018 CoG however no governor had yet come forward.</p> <p>Toby Morgan stated the NRC should be given autonomy to act on CoG's behalf. The Chair agreed to a point, however reminded governors decisions are made by CoG and not NRC. Toby added NRC members had clearly invested a great deal of time and effort into developing the NED appraisal process and to revisit this could undermined the</p>	<p>Carried</p>

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	<p>work done on behalf of CoG.</p> <p>The Chair summarised that governors will be asked to feed their comments to Sam Stoddart. They will be shared with NRC members and considered at the next NRC meeting.</p> <p>Ann Le Sage queried whether she could be considered for the carer governor representative, however it was explained that as an appointed governor, she could not.</p> <p>(c) Approval of Associate NED Dr Helen Crimlisk spoke to the paper summarising the advantages of becoming a member of the Association of UK University Hospitals (AUKUH) and the criteria required to meet the requirements, all of which the Trust has met with the exception of having a University NED. Dr Crimlisk explained the subject had been discussed and debated by NRC which is recommending the proposal for an Associate NED, in a non-voting role.</p> <p>Jules Jones explained she had spoken to the Executive Medical Director regarding this who was able to provide assurance to her questions, adding that she fully supported the proposal.</p> <p>Terry Proudfoot queried the additional benefits of membership of the AUKUH. Dr Crimlisk responded that membership would enhance the recognition and kudos of being a teaching and research institution allowing the Trust to promote itself and increase its teaching and research activities, the latter being income generating. In addition, the teaching commitments of the Trust have increased over the preceding years, which also brings income into the Trust.</p> <p>Toby Morgan queried if candidates would be sought from the University of Sheffield or Sheffield Hallam University. Dr Crimlisk responded that the requirement is to work with the medical school which is the University of Sheffield. Billie Critchlow offered her support for the proposal however questioned whether the Associate NED would be held to account by CoG in the same way as other NEDs. The Chair provided assurance explaining the process for ensuring the candidate is a correct fit for the organisation and meets the Fit and Proper Persons Requirement adding the candidate will be subject to appraisal in the same way as all other NEDs. The Associate NED would also be required to attend CoG to account for their activities akin to other NEDS.</p> <p>The Chair asked if CoG agreed to the proposal. It was</p>	<p>All to note</p>

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	unanimously agreed.	Agreed
54/10	<p>Acute Care Reconfiguration (ACR) Phase II Update Phil Easthope informed CoG the outline business case had been approved by the BoD and is supported by NHSSCCG. The Trust is currently waiting due diligence sign off from NHS Improvement which will inform the next stages and timescales including development of the full business case.</p> <p>The Psychiatric Decisions Unit which is currently underway is an additional project, but is part of the enabling works of the ACR.</p> <p>The design stages of the ACR are being set out taking into consideration feedback received regarding inclusion and engagement with governors and service users. It was stated that an initial site visit will be arranged. The Chair asked governors to inform Sam Stoddart if they wished to participate in a visit.</p> <p>Scott Weich asked for NED assurance regarding the ACR. Richard Mills, as Chair of FIPC, explained the Committee had scrutinised the ACR in detail on three separate occasions and held two special meetings. Additionally, a meeting was held with Ann Stanley as Chair of the Audit Committee to review the financial profile and impact on Trust finances to ensure it is affordable over the next 20 years. Assurance was provided that all NEDs believed the proposal is consistent with the strategy of the Trust, it is affordable and is one of the most important priorities.</p> <p>The Chair added the BoD is aware of four or five significant change projects in the pipeline and has therefore requested a detailed plan for an autumn BoD meeting identifying project leads, plus capacity and resource implications to ensure the projects can be delivered. Scott Weich thanked Richard Mills for his update and requested NEDs continue to provide assurance updates at future CoGs. The Chair asked Richard Mills to provide this.</p>	<p>All to note</p> <p>R Mills</p>
54/11	<p>Performance Report The Chair asked CoG to receive the performance report adding over the last year there had been increasingly detailed discussions regarding performance and therefore it was sensible to reinstate the Performance Overview Group (POG) to enable governors to have the level of detailed discussion they required outside of CoG. CoG and executive colleagues confirmed their agreement to the proposal and the Chair asked Sam Stoddart to make the necessary arrangements.</p> <p>The Chair invited questions. Jules Jones queried the Gender</p>	<p>S Stoddart</p>

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	<p>Identity Clinic waiting times and how NEDs are holding executives to account on the matter. The Chair informed Jules she had met with the Chief Executive following questions Jules had raised with him. The Gender Identity Clinic is a national service with referrals taken from a variety of sources. People also move into the city in order to access the service. The Trust receives excessive referrals and managing them and the associated waiting times is the biggest issue. The Chair thanked Jules for raising the issue and stated she has asked the Chief Executive to provide a report to the BoD. Discussions are taking place with the commissioners who are national rather than local. Phil Easthope stated the Trust is reviewing the service and whilst the waiting lists are very long across the country, the Trust waiting list is the shortest of all service providers. The Chair stated the evidence shows people in the service are happy with its quality. Jules agreed with this. The Chair informed CoG that HealthWatch in Sheffield will be reporting on gender services in general and she had met with its Chief Executive to discuss the issues.</p> <p>Jules Jones stated that people are reporting issues receiving hormones whilst on a waiting list as GPs appear to be unwilling to prescribe prior to them being seen by the consultant. Dr Helen Crimlisk acknowledged the prescribing issues and confirmed a Trust consultant is currently working on a protocol and training package for GPs. The Chair suggested the Trust could engage with Primary Care Sheffield regarding the issue.</p> <p>Lee Coxon asked how people access GP services out of hours. Clive Clarke informed CoG regarding the crisis helpline, 111 and liaison services and supporting mechanisms. Angela Barney referred to the value of the Sheffield Mental Health Guide which details all services available to the public.</p> <p>Terry Proudfoot confirmed she had asked questions regarding the Gender Identity Clinic waiting times and other queries following both the December 2017 and February 2018 CoGs and was still awaiting answers. The Chair confirmed that answers to the questions would be expedited.</p> <p>Terry stated her understanding is waiting times are set at 16 weeks and NHS England has money to support delivery of this target. The Chair confirmed this stating involvement with NHS England regarding this issue is on-going with a strategic approach being required. Jules Jones questioned whether the Trust should be engaging with the other providers in order to strengthen the conversation with NHS England.</p>	<p>All to note</p> <p>P Easthope</p>
54/12	<p>Board of Directors and Council of Governors Annual Development Session The Chair stated that she would like the session to be co-</p>	

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	<p>produced and invited governors to volunteer to help develop the next workshop.</p> <p>Janet Sullivan, Terry Proudfoot, Jules Jones, Lee Coxon and Joan Toy all agreed to participate.</p> <p>The Chair confirmed that dates would be forwarded in due course.</p>	<p>All to note</p> <p>S Stoddart</p>
54/13	<p>Chief Executive's Update Clive Clarke, in Kevan Taylor's absence provided the update.</p> <p>CMHT Reconfiguration Review: the Trust is in dialogue with an organisation, with the approval of Staffside, regarding a review of the change and HR processes to be undertaken over the next few months. A second review will consider the impact of the change and will be informed by the discussions which have taken place in CoG. Clive quantified that the review will look at the experience of people with regard to the reconfiguration and will take place next year in order to allow sufficient time for the new service to embed. The Chair questioned whether governors could feed their questions into the review. Clive confirmed this and stated that whoever undertakes the review will be invited to attend CoG to speak with governors.</p> <p>Clive informed CoG the Trust had recently been subject to a Well-Led CQC inspection which included site visits and three days when inspectors spoke to a variety of staff, governors and service users. The Trust should receive the full report within 90 days which it will be able to check for accuracy and a rating will be issued in due course. However, at the end of the inspection the CQC met with the Chief Executive and Chair to provide a brief overview of the findings, and this was followed up by letter.</p> <p>The main comments related to:</p> <ul style="list-style-type: none"> • Capacity within the organisation whilst going through major change • CMHT reconfiguration and the Trust response and learning • Being a service user focused and patient-centred organisation • The Trust estate and recognition of the challenges it presents • Having visible leadership • Having an open and honest culture • Having friendly and approachable staff • Improvements made in mandatory training and staff appraisals • Improvements to the Board Assurance Framework • Being an outward facing organisation playing a role in the wider community 	C Clarke

Minute	Item	Action
	<ul style="list-style-type: none"> • Having a register of people with learning disabilities • Low clinical supervision rates <p>The Chair added that the Trust's work in the Learning Disabilities Mortality Review (LeDeR) Programme was recognised as notable practice.</p> <p>The Chair informed CoG the feedback was considered balanced and fair.</p>	
54/14	<p>Any Other Business</p> <p>(a) Membership Strategy Refresh Margaret Saunders reminded governors of the opportunity to participate in the Membership Strategy refresh on 15 August 2018 and asked interested governors to inform Sam as soon as possible.</p> <p>Terry Proudfoot sought clarification regarding forthcoming meeting dates.</p> <p>Janet Sullivan queried the length of the meeting in light of exceeding the agenda timings. David Houlston suggested an earlier start time. The Chair explained large and sometimes emotive items had contributed to recent overruns. It was suggested the working group considers best use of the time assigned to CoG. There was a consensus that the meeting should start earlier. Ann Stanley suggested a conversation may be helpful to consider how best to use the pre-meeting time.</p> <p>The Chair asked governors for their view on the new venue which was primarily positive. Margaret Saunders stated that a review of the costs would take place as part of the evaluation and governors would be informed of future venues once booked.</p> <p>The Chair thanked everyone for their contributions and called the meeting to a close.</p>	<p>All to note</p> <p>All to note</p>
	<p>Date and time of next meeting Thursday 18 October 2018 at 2.45pm. Room 2.6.13, Charles Street Building, Sheffield Hallam University.</p>	