Council of Governors

UNCONFIRMED Minutes of the meeting of the Council of Governors held in a hybrid format (in-person at Centre Court and on MS Teams) on 25th April 2024

Governors present in person:

Name	Designation	Name	Designation
Ben Duke	Public Governor (Deputy Lead)	Cecelia Jackson-Chambers	Appointed Governor (SACMHA)
Billie Critchlow	Carer Governor	Dave Swindlehurst	Appointed Governor (Sheffield MENCAP) until item 12
Julie Marsland	Appointed Governor (Staff Side)		

Governors present on MS Teams:

Name	Designation	Name	Designation
Jonathan Hall	Service User Governor	Scott Weich	Appointed Governor (Sheffield University)
Terry Proudfoot	Service User governor (Lead)	Chris Digman	Public Governor
Ross Mallett	Appointed Governor (Sheffield Hallam University) until item 12	James Barlow	Appointed Governor (Sheffield Carer Centre)
Rebecca Lawlor	Service User Governor		

In attendance in person:

Name	Designation	Name	Designation
Sharon Mays	Chair	Olayinka Monisola Fadahunsi-Oluwole	Non-Executive director
Jason Rowlands	Deputy Director of Strategy and Planning for item 9	Deborah Lawrenson	Director of Corporate Governance
Teresa Clayton	Head of Experience for item 10	Amber Wild	Head of Corporate Assurance
Jenny Hall	PCREF and Carer Lead for item 10	Bethan Devonald	Executive Assistant (minutes)
James Drury	Director of Strategy for item 12		

In attendance on Teams:

Name	Designation	Name	Designation
Owen McLellan	Non-Executive Director until item 9	Heather Smith	Non-Executive Director
Caroline Parry	Executive Director of People for item 13		

Apologies:

Name	Designation	Name	Designation
Nicola Hodson	Service User Governor	Kathleen Myrie	Staff Governor
Julie Kitlowski	Public Governor	Vyvyan Hopkinson	Staff Governor
Angelito Esguerra	Staff Governor	Alistair Brash	Young Service User
Mohammed Khawja Ziauddin	Public Governor	Irene Nakamatte	Public Governor
Mark Dundon	Non-Executive Director	Anne Dray	Non-Executive Director
Brendan Stone	Associate Non-Executive Director		

Minute	Item	Action
CoG 15/04/24 Item 1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed Governors to the meeting. Apologies were noted and there were no declarations of interest.	
CoG 15/04/24 Item 2	**Minutes of the Council of Governors meeting held on 22 February** The minutes from 22 February 2024 were **approved** as a true and accurate record.	
CoG 15/04/24 Item 3	**Matters arising and action log** The action log was received, and actions proposed for closure were agreed to be closed. The following additional updates were discussed at the meeting: **Action 31** relating to whether benchmarking and whether comparative data could be included in future presentations from the Chair of the People Committee. Ceclia Jackson-Chambers (CJC) noted the update to take this forward for reporting to People Committee and it was confirmed that that this would be included in future reports. It was agreed that the wording on the action log would be updated to clarify that this had been completed. **Action: AW** **Action 26** relating to data on the uptake of vaccinations from minority ethnic groups. Terry Proudfoot (TP) queried if this action was complete, and it was confirmed that the vaccination data had been circulated to governors. It was agreed to recirculate the information to Governors. **Action:** AW/BD TP queried whether there had been an action to give an EPR update. It was confirmed that there was no formal action about EPR updates in the meeting held on 22nd February. It was agreed that the minutes would be reviewed to confirm whether there should be an action on this, and an update on EPR will be provided as part of the Board update. **Action: DL** Regarding the discussion at the at the meeting relating to supervision percentages being below target as reported in the Chair of People Committee presentation, CJC asked if there has been any improvement. DL noted that although the data has not yet improved, there is an expectation that the new Electronic Staff record (ESR) which was implemented in April should support supervision reporting, and there is expected to be a change in the figures for future reporting.	

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CoG 15/04/24 Item 4	**Chair Report to the Council of Governors** The Chair provided an update on the following matters: • Dave Palfreyman, Staff governor and Fozia Nadeem, Public governor have left their roles, and they were thanked for their contributions. • A well-attended governor development session on the Learning Disability Team and the Community Mental Health Team transformation programmes took place in January. • The Chair has undertaken meetings with the lead governor and the deputy lead governor. • Chair drop-in sessions with governors have been well attended • The Nomination and Renumeration Committee (NRC) have met to discuss non-executive director succession planning and appraisals for the Chair and Non-Executives. • Governor elections will be taking place in the spring and there are 22 seats up for election. • Ben Duke and Jonathan Hall were thanked for their support with the elections promotion and governors were requested to continue to support the promotion to their constituencies. • The Chair has attended Board visits, and this has been extended to corporate services as well as clinical services. • The Chair opened the Staff Network conference and the Research and Evidence showcase • The Chair has continued to work with external partners • The Mental Health Learning Disability and Autism Provider Collaborative (MHLDA PC) has been moving forward with new priorities and objectives and it was noted that further a governor event will hopefully be planned for later in the year. • Sheffield Place and the Integrated Care System have been finalising the year end, slighter later than usual due to NHS England guidance being released at a later date, and planning is taking place for the new financial year.	
CoG 15/04/24 Item 5	**CEO introduction** It was noted that Salma Yasmeen (SY) Chief Executive, has sent her apologies. It has been agreed she will attend alternative Council of Governors meetings to give an update.	
CoG 15/04/24 Item 6	**Board Update Report** The Board update report from March 2024 was received and noted. CJC asked for an update on the plan to address delayed discharges, as detailed in the Operational Resilience report update. The Chair explained that funding had been received from the Better Care fund to enable the Trust and Sheffield City Council to work together specifically on delayed discharges for mental health and there has been a positive trajectory on this work. Ben Duke (BD) asked whether there are any national key performance indicators (KPI's) for delayed discharges in mental health. It was noted that there are national KPI's for delayed discharges, but not specifically for mental health and it was agreed that further information would be given	

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	explaining the trajectory of the delayed discharge progress in the next board report **Action: DL**	

TP noted in relation to the LeDeR Report that there is limited data available regarding Autism and therefore recommendations are preliminary, but excess of deaths associated with suicide had been noted in the report uodate. She asked whether the Non-Executive directors were aware of any planned follow up and whether reporting relating to autism was being considered separately from learning disability.

HS advised that the NEDs had asked this when the report was presented at Quality Assurance Committee (QAC) and it was noted that this report to board was the first time that Learning Disability (LD) specific learning was drawn out from the Mortality Reports. She added that the Trust has updated its mandatory training on autism to include LeDeR information and how to reduce barriers to access to health that result in increased health vulnerabilities. QAC have requested that the report comes back in three months' time when some measurable outcomes on areas such as Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) could be included in the report, and assurance could be given on progress. It was agreed that this would be reflected in the Board report, when the report received at committees and Board. **Action**: HS/ DL

Scott Weich (SW) noted 2 key areas of concern - recovery plans for addressing waiting lists and the year- end financial position and requested to hear the NED's views on these and any other areas of concern that the Council of Governors should be aware of.

The Chair reminded governors that there will be a finance workshop on 20th May which will include detail of the year-end position and planning for the next financial year.

Owen McLellan (OM) noted that the year-end deficit is £4.9 million against the planned £3.3 million deficit. He explained that the risks and issues came late in the year and noted key contributing issues such as the management of annual leave and training and budget owners finding ways to work around the grip and control measures.

He explained that measures have been put in place to address this
- FPC meets formally each month with an additional pre-FPC meeting in place for discussion on the latest financial position in more depth.
- EMT meet formally twice a month, with weekly finance focussed meetings in place to track progress on delivery of the savings plans.
- Third party specialist support has been brought in to help with cost management.
- Discussion on finance planning for the year ahead is taking place, focussing on getting back to break even whilst balancing quality care.

HS confirmed that the use of out of area beds is a key area of focus at Quality Assurance Committee (QAC) and the Board and this is reducing significantly with some consequences which are:
- The beds at the new Health Based Place of Safety are being used as hospital beds for short periods of time when there is no space on the wards, which means the site cannot be used for its purpose.
- Increased breaches for people waiting for a bed in A&E. There were 9 breaches in February and the target is 3.

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	SW noted that from his experience that this has not improved and advised that there are lengthy waiting lists in the community, in addition to A&E and the Health Based Place of Safety. He queried whether the number of inpatient beds might be contributing to the issue. HS confirmed that the Board had a discussion at its meeting in April regarding the number of inpatient beds, and SM added that it is recognised that the Trust has a low bed base, partly due to the ongoing impact of the Therapeutics Environment work which involves the decanting of wards to improve them, but it is something that is very much front and focus for the Board. It was noted that the flow coordinators escalate and record an incident when there is a significant delay and SM advised Scott to escalate his concerns separately, outside of the meeting. The Chair agreed to take this forward with the Director of Operations **To note and take forward.** Olayinka Fadahunsi (OFO) highlighted that this is also being discussed at Mental Health Legislation Committee (MHLC), with specific discussions on making sure that there are enough Associate Mental Health Act Managers (AMHAMs) and ensuring service users are well informed. CJC asked whether the Trust is working with partners to resolve the issue of bed availability. The Chair noted that some discussions are taking place through the Mental Health Provider Collaborative There are proposals, for example to look at the provision of an additional Health Based Place of Safety beds across South Yorkshire and teams are working together from different Trusts. It was highlighted that out of area beds are not necessarily more expensive, but they do impact on service user experience and quality of care. Julie Marsland (JM) asked if the reintroduction of the vacancy control panel was having an impact on recruitment time. It was agreed that this would be picked up with the Executive Director of People who would be in attendance for item 13, later in the meeting.	
CoG-15/04/24 Item 7	**Feedback from Governors from constituencies and any key meetings** The Chair welcomed feedback from governors from any activities taking place within their communities and constituencies. CJC provided feedback on a positive meeting that she had with Salli Midgley (SMi), Executive Director of Nursing, Professions and Quality relating to the Use of Force report. She noted that it was helpful and encouraging to see the breadth of work being done with community groups. CJC added that it is still a concern to her that the Trust is poor at measuring ethnicity and gender of service users, and this had been raised in the meeting with SMi who had confirmed that work is ongoing to support and promote the recording of data with frontline staff. The Chair noted that this had been discussed at the previous Board meeting and advised that Board members are committed to improving this. They are asking specifically about the recording of data on board visits to services. Jonathan Hall (JH) noted that he had not attended any research meetings recently and advised that he will be able to give more feedback at the next CoG meeting on the research he will be conducting in his new volunteer role in the Trust. He added that he has started receiving invitations again to attend SUN:RISE meeting. The Chair reminded governors that dates for all of the various opportunities are on the governor calendar for governors to choose what they would like to attend.	

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CoG 15/04/24 Item 8	**Nominations and Remuneration Committee Report** The Chair provided an update on matters discussed at the Nominations and Remuneration Committee (NRC) held in April 2024 and reminded Governors that the NRC is a committee made up of governors that looks at the appointment, terms and conditions and appraisals for the Chair and Non-Executives. She noted that although this was the paper that was deferred from the February meeting, the decision relating to the Non-Executive Director (NED) appointment was approved at the meeting in February. The following updates from the meeting held in April were discussed: • To support effective succession planning there is a need for the Nomination and Remuneration Committee to consider planning required for the roles of Chair and Non-Executive and Associate Non-Executive Directors to ensure sufficient time is built in for reviews to take place where required. • A further report is expected to be received at NRC in September with recommendations then received in October 2024 at the Council of Governors in respect of roles which are up for review in the next two years. • Recommendations were received in respect of the annual appraisal process for the Chair which will be conducted in line with a new national Leadership Competency Framework launched in February 2024. The Council of Governors were asked to approve the questionnaires in the appraisal paperwork for completion by the governors and on the recommendation of the NRC. DL noted that in the questionnaire, there is a list of what each of the NEDs do to remind governors of each NED role, and an additional section has been added to the beginning of the form, to allow governors to make comments, if unable to answer the question specifically. She added that the forms will be made available electronically and in paper form. Billie Critchlow (BC) noted that the NRC supported the addition of neutral, supporting information to help governors with the questionnaires. SW noted that the questions are long and multi-component and can therefore be difficult to answer, and he queried whether the questions could be simplified. He gave the example of question 2 which asks whether the Chair has a strong level of understanding of the strategic issues and challenges facing the trust and whether these are properly discussed at Council of Governors. It was agreed that this could be separated out and simplified in the questionnaire. It was noted that following confirmation at the NRC the outcomes of appraisals will be presented to the Council of Governors in June for the Chair and later in the year for the rest of the Non-Executives. It was agreed that governors should provide any further feedback on the governor questionnaire to DL via email. **Action: governors** The Council of Governors **approved** the process and associated questionnaires for governor input into the appraisal of the Chair and the Non-Executive Directors, subject to any amendment to simplify the wording where this was possible. The Chair reminded governors of the need for more governors to join NRC and asked governors for any expressions of interest. [Owen McLellan left the meeting]	

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CoG 15/04/24 Item 9	**Strategic priorities 2024/25** Jason Rowland (JR), Deputy Director of Strategy and Planning provided a briefing describing the organisational priorities for 2024-25 and the key actions that will be taken over the following year. He noted that the full plan for 2024 25 will be available publicly following the May Board of Directors meeting and will be shared with Governors. SW noted the attention to quality but was disappointed to see no mention of research and clinical effectiveness led work underpinning the priorities. JR advised that there is a vibrant programme of research across the Trust, which is key to delivering the Clinical and Social Care strategy. He added that the priorities do not attempt to cover everything that is important but instead focuses on the challenging and difficult areas for the coming year. TP offered feedback on 3 areas: • She noted that the focus on waiting well is not specific and asked what this would encompass. HS explained that this is a priority for discussion at QAC with a focus on the experience of people who are waiting and how this is being monitored. She added that a piece of work has been commissioned to identify what waiting well looks like. • TP asked what specifically the Board are looking at in relation to neurodiversity which is a complex area. The Chair noted that historically this has not been given enough focus but for example now there is opportunity through the Therapeutics Environment Programme to consider the sensory requirements. In the recently refurbished Health-Based Place of Safety consideration has been given to the flooring and lighting to support individuals with sensory requirements. HS added that Oliver McGowan training is now mandated for all staff and that the Learning Disability and Autism teams are working on the wards to support person centred care. • TP noted that the importance of addressing cultural needs and queried why there is no mention of this within the priorities. The Chair advised that cultural needs is addressed within the Patient and Carer Race Equality Framework (PCREF), which are in the priorities, and noted that an update will be presented to governors later in the meeting. She suggested that that this be further discussed under this item 10. Ross Mallett (RM) asked whether there are any long-term plans for workforce particularly for increasing numbers. The Chair noted that there is a lot of work happening behind the priorities on this within the organisation but also at a national level, at NHS Providers and in the Mental Health Provider Collaborative. DL provided additional assurance explaining that workforce plans are being developed for the next three years and are a significant priority for the Trust. Chris Digman (CD) noted the work taking place supporting improvements across services focussed on reducing waits and 'waiting well' and he queried, given the discussion held previously in the meeting, why this was not a specific delivery action. The Chair thanked Chris for his feedback and said this would be noted. CJC asked if the plan for Older Adult Community Mental Health services would be available, and it was confirmed that this was developing piece of work over the next 12 months. The Chair advised that the priorities listed do	

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	not reflect service plans, and the information has been condensed to be presented in a summary user-friendly format.	
CoG 15/04/24 Item 10	**Patient Carer Race Equality Framework (PCREF)** Jenny Hall (JH), PCREF and Carer Lead and Teresa Clayton (TC), Head of Experience presented an update on the Patient and Carer Race Equality Framework highlighting that it is a framework to improve on the interaction with patients, carers from racialised and ethnically and culturally diverse communities. They noted that SHSC became an early adopter of the PCREF during 2022 and it is split into three core components: • Leadership & Governance • Organisational Competences • Feedback Mechanism Governors were informed that a series of videos have been developed for staff and community members and two of these were shown during the session. It was agreed that a link to all the videos would be emailed to governors **Action: AW/BD** The following feedback was discussed: • BD noted that it was good to see a focus on protected characteristics • DL felt the videos were thought provoking about how to ask questions in a respectful way • CJC noted that it is a difficult area for white people to step into for fear of being perceived as racist when asking questions about race. She acknowledged that the video was positive about progress in this area but felt there has not been much progress in talking about race in mental health settings and the wider world. • TC noted that it is early days for PCREF, and the team are working hard to move things on in a sustainable way. • It was noted that co-production in the community is at the heart of PCREF. • Dave Swindlehurst (DS) noted the input from the broader community is positive. • BC asked if front line staff, who are the initial points of contact, are being trained on asking the right questions and it was confirmed that there has been a large range of training on PCREF in the Trust. It has been included in the refresher for RESPECT training and culturally appropriate care training has also been offered to all staff. • TC and JC explained that the PCREF will be a public document and will be part of CQC inspection in order to ensure organisations are accountable to ensure the work is done. • OFO gave assurance that the Board are asking similar questions about training and unconscious bias with a focus on pushing to gather data. • TP asked if training has been organised for managers so that asking questions about ethnicity could be added into supervisions and PDRs to allow staff time to reflect on this. It was confirmed this has been discussed and is looking to be added in future. The Chair noted that there have been a number of sessions on PCREF with the Board and thanked the Engagement and Experience team for all their hard work.	
CoG 15/04/24	**Governance Report**	

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Item 11	DL presented the governance report and drew attention to the following key areas: • Declaration of interests, gifts and hospitality register 2024/25 for the Council of Governors - there are a few outstanding declarations of interest and fit and proper persons forms from governors which are being followed up. Governors who have not submitted these have been requested to do so that week to support onward assurance to Audit and Risk committee in May. • Governor Election update - detail on the upcoming elections was provided in the report. • Planning for election to the lead governor role is required - the term of office of the current lead governor concludes at the end of June 2024 and governors are asked to contact the Director of Corporate Governance in confidence to express an interest. Current SHSC requirements are for prospective lead governors to have two years of their term of office left. It was therefore suggested the process should be held back until after the elections to allow for a broader pool of governors to be eligible. • The Council of Governors review of effectiveness - feedback was included in the report with suggested actions identified as follows by the Chair and Lead Governor: ○ Alphabetical glossary to be added to agendas ○ Authors to be reminded to keep papers succinct ○ Consideration to be given to having more, but shorter meetings. ○ Agenda for Board meetings to be shared with the link for the meetings. ○ Minutes to be shared with Governors post approval. ○ More detail to be included on challenge in NED presentations ○ Consideration to be given to putting in place drop-in sessions with lead and deputy lead governor DL asked Governors to share any observations on these suggested actions. The Chair thanked TP for her time discussing the review of effectiveness.	
15/04/24 Item 12	**Patient Led Assessment of the Care Environment (PLACE)** James Drury (JD) Director of Strategy presented the PLACE assessment results (2023) and explained that the scheme is an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs. He explained that the results were worse than the year before which was disappointing. He emphasised that the Trust takes the results very seriously and will use the information from the results for learning and to drive forward improvements. He advised that an action plan has been created, led by the Estates and Facilities team which will address most of the issues identified at each of the sites, utilising the PLACE budget which the Trust makes available for this purpose. He added that where major refurbishment schemes are required, they will be addressed as funding becomes available in future years. The process of recruiting and training PLACE assessors for 2024 programme of reviews is about to begin and training will be provided. Governors are requested to volunteer if they are interested. JM noted the particularly low score for Birch Avenue and asked how Governors can be assured that improvements will be made without seeing	

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	the action plan. The Chair noted that an update regarding the action plan will be presented to the Board again in May and HS confirmed that the plan has has been requested to be presented back to Quality Assurance Committee (QAC) as part of the governance route. It was agreed that reference to the PLACE report updates would be detailed in the Board Update report to the Council of Governors **Action HS** TP noted the significant drop for almost all of the categories, and particularly for privacy, dignity and wellbeing and queried whether there was a known rationale for the changes, such as refurbishment work to the environments. JD confirmed that there is nothing obvious within the results and this could be due to variety of factors such as different people doing the assessments which may have some bearing on the results. He acknowledged that this is a significant change, and this is an important issue that will need to be monitored. Chris Digman (CD) asked whether there were correlations with other areas of work and processes in place for highlighting any concerns, other than the annual PLACE assessment and it was confirmed that reviews take place throughout the year. HS added that QAC has asked for triangulation of the work to be done to ensure assessments are compared and this is work is ongoing. CJC acknowledged the challenge of improving environments within the financial constraints, and asked if the Trust has the funds to undergo improvements. JD noted that there are areas such as cleaning and catering which are already within the Trusts control to improve and will not have extra costs associated with improvement. He added that capital is a limited pot nationally, so there is prioritisation of funds, but the PLACE assessment will influence this. He confirmed that teams are working on training and leadership in these areas so that people are supported to deliver these improvements. The Chair summarised that there will be assurance from QAC via the chair of the committee in the next Board Update report, and that the PLACE assessment results will be received at a Council of Governors meeting in 2025-2026 next year. Governors can take part in the assessments if they wish to, and DL noted that the process for recruitment will start earlier in the financial year and a request for governor involvement would be sent out in June 2024.	
15/04/24 Item 13	**STAFF SURVEY** Caroline Parry (CP), Executive Director of People provided an update on the staff survey results and highlighted the following areas: • There has been an improved response rate with a target of 52% for the substantive survey being achieved • There has been a significant increase in participation from bank staff • There has been an increase in advocacy scores- which recommends SHSC as place to work and a place to care which has been a positive shift in the right direction • Work has been done with managers and leaders during the embargo stage to decide on key areas of focus including health and wellbeing • There has been a particular shift in the number of staff who have experienced discrimination due to their ethnic background and due to disability.	

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	• Further analysis is taking place to understand these results, and work is ongoing with the staff network groups, PCREF and the Equality objectives. HS reiterated that the Board were pleased to see that there have been improved response rates and recognise that the results are still not where the Trust wants to be. There is a lot of work and initiatives being implemented around this and work is being done with teams to identify issues and any actions to be able to make this a better place to be cared for, making it a better place to work and making it a better place for people to feel that values and behaviours are all aligned, and that leadership is strong. BC noted that although the advocacy scores have improved, they had not improved significantly and asked for further thoughts on this. CP accepted this was a concern and noted the importance of engaging with managers so that they can plan and get into conversations on a local level with their teams to understand the results. JB provided some feedback on the statistics presented. He noted that in some of the areas only partial figures are given and there is no indication of the proportion which only gives an element of the picture. It was agreed that further detail on some of the partial results would be shared **Action: CP** In relation to JB's query about how to target areas of the Trust with lower response rates, CP explained that services are being encouraged to work with their teams to help give tangible actions which can be demonstrated across the Trust to encourage people to participate in the future and see that it is worthwhile. The staff survey is discussed at board visits and Staff Side support the process. TP asked a question in relation to the recent development that as she understood it, GPs will not be able to write mental health sick notes and queried how this might impact on staff and service users if they are unwell. It was agreed that further information on this would be obtained outside of the meeting and circulated to all governors. **Action: CP** SW suggested that it would be useful to see the data separated into clinical and corporate areas as there may be varying levels of satisfaction in different areas. CP advised that heat maps have been used with managers to help them understand the data in a user-friendly way. BD suggested that ensuring results are anonymous would encourage people to participate. The Chair confirmed that the results are anonymous and that the Board worked with Staff Side to ensure staff were aware of this. OFO explained that the Non-Executive Directors were pleased about the increase in responses but noted there is still a lot of work to be done. The Chair asked CP to answer JM's earlier question about vacancy control panel and whether it would lengthen the time taken to recruit. CP advised that there are weekly meetings in place and processes have been improved so this should not impact on any delay.	
CoG 15/04/24 Item 12	**Any other business** It was agreed that the confidential minutes would be deferred to the next meeting.	

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	Governors were reminded that there is a Finance workshop taking place on 20th May, via MS teams.	
CoG 15/04/24 Item 13	**Reflections on the meeting effectiveness and unconscious bias** The good discussions on PCREF and cultural awareness were noted.	
	CLOSE	

The next meeting of the Council of Governors will be held on
20th June from 14.30-17.00