

## Council of Governors – Public

**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 16 October 2024

### Governors present in person:

Name	Designation	Name	Designation
Ben Duke (BD)	Public SW (Lead Governor)	Chin Maguire (CM)	Staff – central support Governor
John Malcolmson (JM)	Service User	Dave Swindlehurst (DS)	Appointed Sheffield MENCAP
Laura Wiltshire (LW)	Public SE	Celia Jackson Chambers (CJC)	Appointed SACMHA
Cllr Sophie Thornton (ST)	Appointed - Sheffield City Council		

### Governors present on MS Teams:

Name	Designation	Name	Designation
Jonathan Hall (JH)	Service User	David Palfreyman (DP)	Public Rest of England
Terry Proudfoot (TP)	Service User - left at 5pm	Billie Critchlow (BC)	Carer - left at 5pm
Ross Mallett (RM)	Appointed Sheffield Hallam University	Alick Bush (AB)	Public SW
Chris Digman (CD)	Public SE	Julie Marshland	Appointed - StaffSide
Chinyere (Chichi) Ehoim (CH)	Staff - Allied Health Professionals		

### In attendance in person:

Name	Designation	Name	Designation
Sharon Mays (SM)	Chair	Danielle Cooper (DC)	Corporate Assurance Officer (minutes)
Heather Smith (HS)	Non-Executive Director	Amber Wild (AW)	Head of Corporate Assurance
Olayinka Monisola Fadahunsi-Oluwole (OFO)	Non-Executive Director	Deborah Lawrenson (DL)	Director of Corporate Governance
Anne Dray (AD)	Non-Executive Director	Julian Young (JY)	EPR Programme Manager for item 9
Phillip Easthope (PE)	Executive Director of Finance and SRO for EPR for item 9	Chris Reynolds (CR)	Chief Digital information Officer for item 9

### In attendance on Teams:

Name	Designation	Name	Designation
Dawn Pearson (DP)	Associate Director of Communications and	Neil Robertson (NR)	Director of Operations for item 6

Name	Designation	Name	Designation
	Corporate Governance (Designate)		
Jason Rowlands (JR)	Deputy Director of Strategy and Planning for item 10		

#### Apologies:

Name	Designation	Name	Designation
Linda Duckenfield	Service User	Alistair Brash	Young Carer
Angelito Esguerra	Staff -Support worker	Andrea Fox	Appointed – Sheffield University
Mohammed Khawja Ziauddin	Public NE	Brendan Stone	Associate Non-Executive Director
Rebecca Lawlor	Service User	James Barlow	Appointed - Sheffield Carer Centre
Owen McLellan	Non-Executive Director	Kathleen Myrie	Staff - Nursing
Irfan Khan	Appointed PMC		

Minute	Item	Action
CoG 16/10/24 Item 1	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>The Chair welcomed governors to the meeting. Apologies were noted and there were no declarations of interest.</p>	
CoG 16/10/24 Item 2	<p><b>Minutes of the public Council of Governors meeting held on 20 June 2024</b></p> <p>The minutes from 20 June 2024 were <b>approved</b> as a true and accurate record from those governors who were present at the meeting.</p>	
CoG 16/10/24 Item 3	<p><b>Matters arising and action log</b></p> <p>The action log was received, and actions proposed for closure were agreed to be closed.</p> <p>The following additional updates were discussed at the meeting:</p> <p><b>Action 5</b> relating to an update in the board update report on the LeDeR report following receipt at Quality Assurance Committee (QAC). It was noted that this report was due at QAC in October 2024 and has been deferred to November 2024. It was agreed that an update will be included in the February board update report to CoG.</p> <p><b>Action 12</b> relating to the recording of safeguarding matters within the Electronic Patient Record (EPR) system and <b>Action 13</b> relating to the EPR update to CoG.</p> <p>BD requested confirmation on any outstanding issues requiring resolution in relation to the EPR. DL confirmed that the extract and email correspondence regarding the safeguarding query had been sent to BD. It was confirmed in the meeting that the EPR team will present an EPR update to the CoG and any questions relating to the EPR programme can be raised in item 9.</p> <p>There were no matters arising for discussion at the meeting.</p>	

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CoG 16/10/24 Item 4	<p><b>Chair Report to the Council of Governors</b></p> <p>The Chair provided an update on the following matters:</p> <ul style="list-style-type: none"> <li>• DL will be retiring at the end of October 2024 and Dawn Pearson (DP) will be joining the Trust as the Associate Director of Communications and Corporate Governance on 4 November 2024. DL was thanked for her contributions to the Trust and the Council of Governors.</li> <li>• New governors were welcomed to their first Council of Governors meeting. Long standing governors who have stepped down from their roles at the end of their term of office were thanked for their contributions to the Council.</li> <li>• It was noted that some newly elected governors have been unable to take up their posts and their time and efforts in standing in the recent governor elections were acknowledged.</li> <li>• It was noted that Terry Proudfoot has stepped down from her role as the Lead Governor after 4 1/2 years in the role. This was reported to the Annual Members Meeting (AMM) in September. The Chair and Chief Executive led a presentation thanking Terry for her outstanding contribution to the Trust during her tenure as Lead Governor.</li> <li>• Ben Duke, current Deputy Lead Governor was confirmed at the Annual members meeting as the new Lead Governor. The term of office is one year effective from 27 September 2024. Details of the new deputy lead governor process will be discussed in item 13 of the meeting.</li> <li>• Mark Dundon, Non-Executive Director has stood down from his role to focus on his business and this was reported to all governors via email in September 2024. The Chair has discussed and agreed cover for the committee meetings he chaired and attended, with the NED team and Heather Smith, Non-Executive Director will be interim Chair of the People Committee.</li> <li>• The AMM took place on 26 September with excellent attendance from staff across the Trust, partnership organisations and governors. Thanks were given to the Corporate Governance and the Communications teams for their contributions to the organisation of the day.</li> <li>• The Chair will continue as Chair for the South Yorkshire Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative for a further year, alongside Toby Lewis who will continue as lead Chief Executive.</li> </ul>	
CoG 16/10/24 Item 5	<p><b>Board Update Report</b></p> <p>The Board update report from July and September 2024 was received and noted.</p> <p>CJC asked for clarification on when the Data and Information Governance annual report will be received at Audit and Risk Committee (ARC), and the Board, with further assurance on arrangements around management of information and cyber security risk.</p> <p>AD confirmed that a report was received at Audit and Risk committee at its meeting in October 2024 which provided assurance and understanding of the cyber assessment framework and the technical responses to protect the Trust's critical assets. She added that the committee were assured that the digital team is registered with and actively participates in various groups and agencies that provide security, threat awareness, and detection services which ensures that the Trust stays informed about emerging threats and best practices. DL added that the new Information Governance and Cyber Security Group has been set up as a direct result of the challenge relating to</p>	

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	<p>cyber security received from the non-executives earlier in the year, and this group will be reporting to ARC regularly throughout the year.</p> <p>The Chair noted that the security risk cannot be eliminated particularly whilst the aging legacy IT software that underpins the Insight system is still being used, and the position will be improved following migration to the new RIO system which will be further discussed in item 9 at this meeting.</p> <p>CJC noted the suicide prevention strategy progress report received at Board and asked whether rates of suicide are benchmarked against other Trusts, and how Sheffield compares nationally.</p> <p>HS noted that the Trust is a key part of the broader Sheffield and South Yorkshire programmes on suicide prevention and is contributing to the development of a new city-wide Suicide Prevention Strategy with partners from across the city. The Chair added that it is reported that most people who die by suicide are not known to mental health services. In relation to a question from BD about benchmarking the number of deaths, it was confirmed that this is reported in the Mortality report to board, and it was agreed that this would be shared with governors. <b>Action AW</b></p> <p>JH highlighted that the terminology used to describe someone who has taken their life is changing and advised that 'taking their own life' or 'suicidality' is being used as an alternative to 'committed suicide' which is linked to relevant law and may be triggering for individuals. It was agreed to feed this back to the Clinical Risk &amp; Patient Safety Advisor, and it was agreed that the report that went to board would be shared with governors <b>Action AW</b></p> <p>CJC noted the updates from the assurance committees about the out of area (OOA) bed usages and inappropriate use of Health Based Place of Safety and the associated financial challenges as well as quality challenges in providing the right support and planning for someone to return to Sheffield from an out of area bed. She asked for additional information on the Home First programme.</p> <p>HS explained the new Home First programme aims to address the issue of OOA, patient flow and discharge with a focus on stopping the use of out of area beds; stabilising our bed base and delivering an effective adult inpatient bed model and utilising alternatives such as the Home Treatment services pathway alongside implementing our culture of care quality improvement work.</p> <p>BD asked for clarity on whether suicide risk assessments are completed prior to service users being placed in OOA beds and HS confirmed she will request further information from the appropriate executive lead on whether risk assessments for suicide are done for people moving out of area, and this will be shared with the governors. <b>Action HS</b></p> <p>CJC asked for clarification on what the manager self-service system is, in relation to the update received from People committee and it was confirmed that this relates to the staff electronic record and allows managers to see data about their team members, including appraisals, training compliance and absence.</p> <p>In relation to the report received at People Committee that there is a disproportionate number of ethnically diverse staff in formal processes, CJC noted that the messaging of this needs to be carefully considered to avoid concerns about institutional racism. HS agreed the importance of monitoring</p>	

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	<p>this concern and confirmed that a further update on this work will be received at the next committee meeting. It was clarified that the clinical disparity ratio relates to the proportion of ethnically diverse staff across the Agenda for Change pay bands, and is data that is reported as part of the NHS Workforce Race Equality Standard (WRES).</p> <p>In response to the report from Finance and Performance committee that aged debt has increased over the last year which has a negative impact on the cash position, it was confirmed by the Chair that this relates to any debt that is over 90 days old.</p> <p>The Chair drew attention to some additional items to note from the Board update report:</p> <ul style="list-style-type: none"> <li>• A neighbourhood national mental health centre pilot, for which the Trust is one of only six pilot sites, is an ambitious project to help people aged 18 and over with mental health needs in the Heeley, Gleadless Valley and Meersbrook areas of Sheffield and she referred governors to the link in the report containing further information.</li> <li>• The Use of Force Annual report which was approved by the Board for publication, and which highlights the positive progress made by the Trust.</li> </ul> <p>It was agreed that the link to the neighbourhood national mental health centre pilot and a copy of the Use of Force report would be circulated to governors <b>Action AW</b></p>	
<p>CoG 16/10/24 Item 6</p>	<p><b>Learning Disability Update</b></p> <p>Neil Robertson (NR) highlighted updates from the Learning Disability (LD) Programme noting the following:</p> <ul style="list-style-type: none"> <li>• Following concerns raised with the CQC by the Director of Nursing regarding the quality of care at Firshill Rise, admissions were suspended, and the unit was temporarily closed.</li> <li>• No concerns were raised by the CQC in relation to the Community Learning Disability service.</li> <li>• Development of a new Learning Disability Service programme commenced in December 2021</li> <li>• The national Transforming Care Programme underpins this development and emphasises the importance of improving people's lives and ensuring that the least restricted care is provided, ideally in the community and close to a person's home</li> <li>• NHS South Yorkshire Integrated Change Board (ICB) recommended a decrease in the inpatient provision and priority of an enhanced community offer, and the programme scope changed from an inpatient offer to a community offer</li> <li>• The programme has used a coproduced approach with people with lived experience using learning disability services, carers, SHSC staff and wider NHS and social care experts.</li> <li>• Clinical models have been reviewed by the NHS Clinical Senate and the new clinical, staffing and delivery models have been agreed</li> <li>• Staff consultation and organisational change activities were completed in September 2024 and has been a good example of working with staff to provide an improved model.</li> <li>• Psychology Service outcome measures have shown that service users have experienced higher satisfaction in terms of quality of life and decreased risk and distress at discharge than at assessment.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Currently there are no service users with a learning disability in out of area hospital placements, and this is in part due to the enhanced community and preventative work on offer.</li> </ul> <p>NR noted that the intended benefits of the new model are detailed in the slide pack and include</p> <ul style="list-style-type: none"> <li>a central point of access and reduced handovers of care</li> <li>family &amp; carers groups/workshops and education</li> <li>improved clarity around point of contact within the service</li> <li>reduced transition between teams/services</li> <li>equality of access based on needs.</li> </ul> <p>In terms of next steps for the delivery of the programme, NR highlighted:</p> <ul style="list-style-type: none"> <li>Existing staff will start in their new roles in October, with a pilot of on call/ weekend working starting from 1st Nov 24</li> <li>Partnership working with the Urgent and Crisis team to develop specific training which will support them in working with service users linked to communications needs, reasonable adjustments, and how mental health needs present differently in people with LD</li> <li>The programme will be presented to the Health Scrutiny Board in January 2025</li> </ul> <p>DP welcomed the new enhanced services in progress and asked for clarity on the whether the urgent and crisis teams or the new enhanced learning disability team would be picking up people with learning disability that are experiencing a mental health crisis.</p> <p>NR explained that the enhanced team will remain the primary service however as this is not a 24-hour service, the crisis teams will need to pick up care in those identified times, and as another point of access for people to get support.</p> <p>DS noted that there are no service users with learning disability in out of area hospital placements and asked whether this includes people with a primary diagnosis of autism. NR confirmed that we do not have anyone placed out of area with Learning Disability (LD) plus autism and it was agreed that the information relating to whether we have anyone with a primary diagnosis of autism in an out of area bed would be circulated to governors outside of the meeting <b>Action NR</b></p> <p>CE asked how much coproduction had been done within settings such as the voluntary sector impacting adult care and referred to an event taking place on 28 October called 'Homes not Hospitals led by the University of Sheffield, which aims to promote understanding and advocate for improved support for individuals with learning disabilities and autistic people within the community.</p> <p>NR confirmed that coproduction with voluntary services is something that the Trust is committed to in this programme and other transformation programmes and CM advised that a reports are available summarising all the co-production activities within the last 3 years led by Dr David Newman, Consultant Clinical Psychologist in Learning Disabilities.</p> <p>It was agreed that the details of the Homes not hospitals event would be shared by CE - <b>to note and take forward CE and CM.</b></p> <p>It was also agreed that the specific report summarising the coproduction activities would be shared with governors. <b>Action CM/AW</b></p>	

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	<p>BC commended the ongoing work with individuals outside of the inpatient setting and asked whether any monitoring of the impact of this on families and carers had been built into the programme.</p> <p>NR advised that feedback of quality measures will be built into parent and carer outcome measures and a deep dive has been requested by the Quality Assurance Committee on quality aspects of the programme. He added that at South Yorkshire Integrated Care Board (ICB) level, a provider is being sought as an alternative to admission specifically for people with learning disability and learning disability and autism, and will be a good opportunity for families to be able to have some time out in a setting that is not a restrictive inpatient environment. NR agreed to clarify the ongoing intention regarding collecting service user and carer feedback as the model is implemented and beyond, and it was agreed to share this with the governors  <b>Action NR</b></p> <p>BD asked about the need (from his perspective) to improve connectivity between ADHD, Autism, LD and neurodiversity and it was agreed that any specific feedback would be shared back with the Corporate Assurance team for onward sharing. <b>To note and take forward BD</b></p> <p>LW asked whether the planned date to start programme closure activities is still expected to be the end of January 2025, and whether this means that the teams will be expected to mobilise from February 2025. NR confirmed that the formal programme board will be ending on the 25th January.</p> <p>ST suggested it would be helpful to share the slides received at COG with the Health Scrutiny committee, and it was agreed that this discussion would be followed up outside of the meeting to agree the nuances around what needs to be shared where and in what order <b>to note and take forward NR and ST.</b></p>	
<p>CoG 16/10/24 Item 7</p>	<p><b>Feedback from Governors</b></p> <p>The Chair welcomed feedback from governors from any activities taking place within their communities and constituencies and it was explained to new governors that this is an area for governors to share experiences and information of importance.</p> <p>JH noted that he had not attended any research meetings recently due to staffing capacity of the lived experience research panel. He added that it has been confirmed that recruitment is taking place with interviews already undertaken. JH advised he is taking part in the interview process for a study in conjunction with Sheffield University and will follow up with updates to CoG accordingly.</p> <p>It was noted that the Research and Evidence Showcase is taking place in March 2025, and it was agreed that information would be circulated to governors <b>Action AW</b></p> <p>DP noted the change in government policy to zero hours contract and asked whether this might have an impact on bank staff.  HS confirmed that this will be discussed further with the Executive Director of People and feedback will be provided to governors outside of the meeting.  <b>Action HS</b></p> <p>Laura Wilshire (LW) advised of positive feedback received from a constituent relating to the support received from staff within the Decisions Unit and</p>	

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	<p>asked for clarification of which feedback mechanisms are being used for community and inpatient services. It was agreed that feedback mechanisms would be captured in a briefing that would be circulated to governors <b>Action DL</b></p> <p>The Council noted the challenges related to parking permits at Centre Court, and it was confirmed by the Chair that additional parking permits have been requested.</p>	
<p>CoG 16/10/24 Item 8</p>	<p><b>Nominations and Remuneration Committee Report.</b></p> <p>Governors received the update provided by the Nomination and Remuneration Committee for assurance on Non-Executive Director (NED) succession planning and noted that the update on the outcome of the NED appraisal process was provided in the confidential section of the meeting. No further questions were raised.</p> <p>Governors noted the presentation on the work of the committee which was received at the Council of Governors in June 2024 and attached to the report for information for the benefit of new governors.</p> <p>Governors were encouraged to consider putting their names forward to join the membership of the Nominations and Remuneration Committee which is the only formal subcommittee of the Council of Governors.</p>	
<p>CoG 16/10/24 Item 9</p>	<p><b>Electronic Patient Record EPR</b></p> <p>Phillip Easthope (PE), Executive Director of Finance and Senior Information Responsible Officer (the SIRO), and Executive lead for information governance, Julian Young, EPR Programme manager and Chris Reynolds (CR), Chief Digital Information Officer and lead for information governance presented an update, at the request of governors, on the improved governance and management in place for the Electronic Patient record programme and noted the following:</p> <ul style="list-style-type: none"> <li>• Implementation in older adult services took place in October 2023 with further work improving the governance programme with design groups in place to simplify standards and clarity.</li> <li>• The EPR team report regularly with updates to the Executive Management Team (EMT) and the Board.</li> <li>• A Chief Nursing Information Officer and Chief Clinical Information Officer are now in place.</li> <li>• The programme has completed the plan and discovery phase and is now in the design phase, working with clinical staff to build RIO.</li> <li>• The process of the removal of Insight to the platform of Rio will enable a single holistic record for each patient.</li> </ul> <p>In response to an earlier question about interoperability between GP records, CR confirmed that RIO will give staff the ability to view a GP record related to direct care of an individual through context management. He added that integration with the Shared Care records must take place for GP's to be able to view information based on the health and care of the individual, from RIO. He confirmed that this is work that is taking place across South Yorkshire and is not part of this iteration of the RIO programme.</p> <p>In response to a challenge from JH around sharing of clinical information if an individual has asked that their notes not to be shared which he felt was outside of the GDPR legislation, it was confirmed by CR and PE, that there</p>	



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	<p>is a requirement under legislation (the Health and Social Care Act 2012 and GDPR), that information will be shared between clinicians if it is deemed to be in the best clinical interests of the patient or the service user even if an individual has opted for the information not to be shared.</p> <p>JH asked for assurance that the security of the Rio system in relation to archiving and data back-up in the event of a cyberattack or an issue with the operation of the system, has been factored into the planning. He also asked for assurance about the use of Artificial Intelligence (AI) and data related to information owned by the individual that might be used by AI.</p> <p>CR confirmed, in relation to the resilience of the system, that the system is managed by a 3<sup>rd</sup> party supplier, and they are responsible within their contract to ensure the security and back up of the service and have a good track record for performance in this area. In relation to the Trust responsibility, he advised that there has been investment in the infrastructure and in the digital network. He confirmed that any outages that have occurred in the previous 6 months have not been related to RIO, they have been related to other technical issues and these have been addressed as the programme has progressed.</p> <p>CR confirmed that there is no AI within the EPR product and there are no plans to develop AI in relation to RIO.</p> <p>TP asked for assurance on the management of information relating to children who are in transitional services. CR confirmed that the legislation for handling children's data is different to that of adult data and any information would come in via referral. Any further detail about the child's record would need to be accessed via the GP, or the shared care record. PE added that currently the history of the child's records would not be available noting that for periods of planned care, children's services would liaise with adult care services. For periods of unplanned care, information would be sought from individual clinicians and only information that is relevant to the care of the individual.</p> <p>ST sought further assurance on the sharing of sensitive information in relation to sexual health services and protected characteristics. PE confirmed that NHS sexual health services keep patient records separate from other NHS services and information related to their treatment is not recorded in their shared NHS records.</p> <p>SM highlighted a previous concern raised by BD relating to whether safeguarding issues noted on Insight would be transferred to the new system. CR confirmed that all pertinent information relating to the individual will be transferred over to RIO, and that data migration will be completed just prior to the system going live.</p> <p>CM noted that it would be helpful to share the EPR progress with all teams across the organisation to support the programme in terms of organisational development and quality improvement. <b>CR to note and take forward.</b></p> <p>CJC noted that the design and implement phases of the programme delivery is scheduled to take place over a short period of time and asked for assurance that staff will be supported and trained in the implementation of the new Rio programme.</p> <p>CR confirmed that evidence based research on successful and effective implementation of the programme highlights the importance of support services and shared ownership of the programme and this is supported</p>	

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	<p>through the use of RIO champions, support from line managers, access to a service desk and with the support of communications across the organisation.</p> <p>SM thanked the team and noted that updates on the progress of the programme will be reported to the Board, and to the governors via the Board update report.</p>	
<p>CoG 16/10/24 Item 10</p>	<p><b>Operational Plan 2024/2025</b></p> <p>Jason Rowlands (JR), Deputy Director of Strategy and Planning referred to the slide pack which provided a progress update on the delivery of the priorities for 2024-25.</p> <p>He noted:</p> <ul style="list-style-type: none"> <li>• the ongoing challenges relating to improving patient flow to ensure people are admitted when it's needed and discharged when ready</li> <li>• the progress to reduce the use of out of area beds by November through a joint plan across acute, community and crisis services</li> <li>• longer waiting times in some services such as ADHD and memory service, and significant improvements in some teams through the waiting less programme</li> <li>• transformation of services such as community mental health and learning disability services</li> <li>• the launch of new services such as Mental Health 111 Crisis Line and the national pilot project in the Heeley area of Sheffield, offering 24/7 support</li> <li>• working in partnership across the system and positive engagement with staff and community groups</li> </ul> <p>CJC noted the positive improvements and commended the presentational format of the information.</p> <p>There were no further questions or comments.</p>	
<p>CoG Item 11</p>	<p><b>Quality Assurance Committee (QAC) Chair of the Committee Presentation</b></p> <p>It was agreed that this item will be deferred to the next CoG meeting, to ensure sufficient time for discussion.</p> <p><b>To note and take forward for the work programme - AW</b></p>	
<p>CoG Item 12</p>	<p><b>Mental Health legislation Committee (MHLC) Chair of the Committee Presentation</b></p> <p>It was agreed that this item will be deferred to the next CoG meeting, to ensure sufficient time for discussion.</p> <p><b>To note and take forward for the work programme - AW</b></p>	
<p>CoG Item 13</p>	<p><b>Governance Report</b></p> <p>Deborah Lawrenson (DL), Director of Corporate Governance drew attention to further amendments required to the constitution that is being proposed to be taken through to the Board in November which relate to:</p> <ul style="list-style-type: none"> <li>• Section 5 Annex 8 Board of Directors Standing Orders - to recommend inclusion of a paragraph related to our arrangements in respect of the Committee in Common of the Mental Health, Learning Disability and Autism Collaborative;</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Section 9 Annex 8 Board of Directors Standing Orders - to recommend it be noted that changes required by, and approved by, the Board of Directors to their Standing Orders, Standing Financial Instructions or Scheme of Delegation where these affect the Constitution, will be made as required and noted to the Council of Governors and Board of Directors in regular governance reporting</li> </ul> <p>Governors <b>confirmed</b> their support for the changes to the constitution in advance of discussion and approval at the November Board of Directors</p> <p>DL outlined additional key corporate governance matters for reporting to the Council of Governors:</p> <ul style="list-style-type: none"> <li>• Deputy Lead Governor role - a nominations and election process for the role of Deputy Lead Governor will be run and nominations from governors interested in standing, together with a short statement on why they are interested in the role and what they feel they can bring to it are requested to be sent into the Head of Corporate Assurance.</li> <li>• A strategic communications and engagement strategy is being finalised with expert support which will bring together a range of work and initiatives we have in place across the organisation to engage with our communities including our engagement with members. A further update on this is expected to be shared in the coming months and if any Governors are particularly interested in participating they should contact a member of the Corporate Assurance team.</li> <li>• The annual submission requirements related to the Fit and Proper Persons Test (FPPT) for Board members has taken place – for assurance and noting</li> <li>• Governors interested in taking part in the observation rota for the Board Assurance Committees should contact the corporate assurance team.</li> <li>• Governors are welcome to join the Nomination and Remuneration committee (NRC) which oversees our recruitment and annual review processes for the Chair and the Non-Executive directors.</li> </ul>	
CoG Item 14/15	<p><b>Any other business and meeting effectiveness</b></p> <p>There was no other business for discussion at the meeting.</p> <p>The Chair thanked DL for all her commitment and support and wished her well in her upcoming retirement.</p> <p>BD noted that there had been good discussion during the Board Update report and JM reflected that the meeting reports and topics had been very helpful for new governors learning about the business of the Trust.</p> <p>It was noted that many agenda items had been requested and influenced by governors and/or were follow ups to previously discussed topics.</p>	
	<b>CLOSE</b>	

The next meeting of the Council of Governors will be held on 25<sup>th</sup> February 2025.