

Council of Governors – Public

UNCONFIRMED Minutes of the meeting of the extraordinary Council of Governors held in a hybrid format (in-person at Centre Court and on MS Teams) on 4 December 2024

Governors present in person:

Name	Designation	Name	Designation
Ben Duke (BD)	Public SW (Lead Governor)	Chin Maguire (CM)	Staff – central support Governor
John Malcomson (JM)	Service User	Chinyere (Chichi) Ehoseim (CE)	Staff - Allied Health Professionals
Billie Critchlow (BC)	Carer	Celia Jackson Chambers (CJC)	Appointed SACMHA
David Palfreyman (DP)	Public Rest of England	Julie Marshland	Appointed - StaffSide
Kathleen Myrie (KM)	Staff - Nursing	Andrea Fox (AF)	Appointed – Sheffield University

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	Alick Bush (AB)	Public SW
Linda Duckenfield (LD)	Service User	Laura Wiltshire (LW)	Public SE
Rebecca Lawlor (RL)	Service User	James Barlow (JB)	Appointed - Sheffield Carer Centre
Chris Digman (CD)	Public SE		

In attendance in person:

Name	Designation	Name	Designation
Sharon Mays (SM)	Chair	Olayinka Monisola Fadahunsi-Oluwole (OFO)	Non-Executive Director
Heather Smith (HS)	Non-Executive Director	Amber Wild (AW)	Head of Corporate Assurance
Dawn Pearson (DP)	Associate Director of Communications and Corporate Governance	Bethan Devonald (BD)	Executive Assistant (minutes)

Apologies:

Name	Designation	Name	Designation
Angelito Esguerra (AE)	Staff -Support worker	Ross Mallett (RM)	Appointed Sheffield Hallam University
Mohammed Khawja Ziauddin (MKZ)	Public NE	Dave Swindlehurst (DS)	Appointed Sheffield MENCAP
Irfan Khan (IK)	Appointed PMC	Anne Dray (AD)	Non-Executive Director
Cllr Sophie Thornton (ST)	Appointed - Sheffield City Council	Owen McLellan (OMcL)	Non-Executive Director

Name	Designation	Name	Designation
Ross Mallett (RM)	Appointed Sheffield Hallam University	Brendan Stone (BS)	Associate Non-Executive Director

Minute	Item
CoG 04/12/24 Item 1	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair welcomed governors to the meeting. Apologies were noted and there were no declarations of interest.</p>
CoG 04/12/24 Item 2	<p>Minutes of the public Council of Governors meeting held on 16 October</p> <p>It was noted that John Malcomson's name was spelt incorrectly, and this would be corrected. Following this change, the minutes from 16 October 2024 were approved as a true and accurate record from those governors who were present at the meeting.</p> <p>Ben Duke (BD) requested an update on the following items noted in the minutes:</p> <ul style="list-style-type: none"> In relation to item 9, electronic patient record (EPR) he asked for confirmation that the EPR programme remains on track. The Chair confirmed that the implementation of the RIO programme remains a key focus for the organisation and is currently on track to go live in March 2025, and at the previous Board meeting, the Board heard from staff working on the successful refresh of RIO for older adult services and the impact of the changes. In relation to item 5, Board update report, BD asked for the confirmation that the mortality report had been circulated to the Governors and it was confirmed that it had. The details of this had been noted in the action log.
CoG 04/12/24 Item 3	<p>Matters arising and action log</p> <p>The action log was received, and actions proposed for closure were agreed to be closed.</p> <p>The following additional update was discussed at the meeting:</p> <ul style="list-style-type: none"> Action 30 relating to clarification of which feedback mechanisms are being used for community and inpatient services. It was agreed that a briefing would be circulated to governors prior to the meeting in February.
CoG 04/12/24 Item 4	<p>Chair Report to the Council of Governors</p> <p>The Chair noted that it was lovely to see so many governors in attendance and provided an update on the following matters:</p> <ul style="list-style-type: none"> It has been agreed following feedback from the governors and the non-executive directors that the Council of Governor meetings would return to taking place 5 times a year. Drop-in sessions, both with the Chair and the corporate assurance team have continued and there is a standing open offer to meet with team or the Chair whenever governors feel this would be useful. The nominations and remuneration committee (NRC) meeting in December was deferred to January where further updates on non-executive director (NED) terms and succession planning will be considered. An update and any recommendation will be shared with the CoG at the meeting in February. Regarding the deputy lead governor process, it was confirmed that no nominations were received. The governors were reminded that statutorily, there is no requirement for a deputy lead governor to be in place. It has been agreed to review this again with the lead governor role when the current term

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	<p>of office for the lead governor concludes in September 2025, and this will be noted on the work programme.</p> <ul style="list-style-type: none"> • The South Yorkshire Mental Health Learning Disability Provider Collaborative (SY MHLDA PC) have agreed to hold another governor development session. The details and dates for this will be circulated to the governors when available. • The Chair noted that the engagement process to inform the NHS ten-year plan is underway and contributions have been invited from the public and organisations via the Change NHS online portal. A governor workshop on the ten-year plan will follow the formal meeting, allowing governors to contribute and have a voice on what the next ten years of the NHS should look like. • It was noted that work is taking place to develop the engagement approach across the Trust in line with the Trust strategy refresh and the governors will be invited to contribute to this piece of work. It was agreed that details will be shared with the governors. Action: DP <p>On behalf of the Board and the Trust, the Chair thanked the governors for their ongoing contributions.</p>
<p>CoG Item 5</p>	<p>Mental Health legislation Committee (MHLC) Chair of the Committee Presentation</p> <p>Olayinka Fadahunsi-Oluwole (OFO) presented an update on the work of the Mental Health Legislation Committee to the Council of Governors during the previous year:</p> <ul style="list-style-type: none"> • Dr Helen Crimlisk has replaced Dr Mike Hunter in the role of executive medical director • Caroline Johnson has replaced Salli Midgley in the role of executive director of nursing, professions and quality. • Maple Ward has moved to Dovedale 2 to support refurbishment work taking place • Future training for human rights training will move from being within RESPECT training and discussions are taking place to ensure human rights training is continued across the organisation and this will continue to be monitored by the MHLC committee. <p>Challenge and assurances have been sought by the committee in the following areas:</p> <ul style="list-style-type: none"> • There has been an increase in the number of pregnant service users being admitted over the last 6-8 months which brings complexity and challenge related to restrictive practice and care planning. This is being included on the Least Restrictive Practice Oversight Group work plan and learning events are being organised alongside engagement with the perinatal service. • The Health Based Place of Safety (HBPoS) continues to be used on a regular basis as a place of admission. The prolonged use will be minimised by the Standard Operating Procedure that has been put in place and additional narrative around any such admissions will be provided within the quarterly update reports to committee. • Compliance with Section 132/132A, which is the provision of information to patients, has been variable. It was noted that a task and finish group has been established and there are proposed changes to the scheme of delegation which should aim to improve providing information on rights to detained patients. <p>Positive progress noted in the committee include:</p>

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	<ul style="list-style-type: none"> • The committee praised the vast amount of work that has been invested into the Use of Force annual report and data has shown that data shows there has been a significant reduction in the use of restrictive practice • There was a recent visit to the Trust by Human Rights Watch who will be using the Trust as a case study of good practice in human rights. • The Trust has recently recruited 3 more associate mental health act managers, whose purpose is to who hear applications for discharge from detention or community treatment orders (CTO) under the Mental Health Act 2005. However, there is still a risk associate with the issues in recruitment for Associate Mental Health Act Managers (AMHAMs) and the Trust is keen to diversify number and recruit local people into these roles. <p>Chin Maguire (CM) noted that the trauma informed work stream (within the clinical and social care strategy) also looked at human rights training and felt it would be good to discuss this with the MHLC Chair. It was agreed that this would be taken forward outside of the meeting to note and take forward CM.</p> <p>Billie Critchlow (BC) asked why the human rights element is being taken out of RESPECT training and it was confirmed that the training will be offered to all staff in the organisation which is aligned to the Trusts commitment to being a human rights-centric organisation.</p> <p>Cecilia Jackson Chambers (CJC) noted that there were no seclusion beds at the Micheal Carlise Centre, and she asked where the seclusion beds were in the Trust. It was confirmed there are still some seclusion beds, in the psychiatric intensive care unit (PICU), but the overall number of seclusions beds has been reduced across the Trust as a part of the reducing restrictive practice work. Ben Duke (BD) asked for confirmation of the number of seclusion beds across the trust currently and it was confirmed that there are three in total.</p> <p>CJC asked for clarity about the rules for level of RESPECT training undertaken by staff on wards. Heather Smith (HS) confirmed that RESPECT training is monitored at Quality Assurance Committee (QAC) to ensure the wards are complaint with staff RESPECT training at the right level.</p> <p>Laura Wiltshire (LW) noted that there is a third suite opening up at the HBPoS as a recourse for South Yorkshire and she asked whether there were plans in place to ensure that this does not become a blocked resource for the region. The Chair explained that the third suite has not yet been opened and that the Trust is working with partners to ensure the suite is used for its purpose.</p>
CoG Item 6	<p>Quality Assurance Committee (QAC) Chair of the Committee Presentation</p> <p>Heather Smith (HS) presented an update on the work of the Quality Assurance Committee to the Council of Governors during the previous year noting that there are two key alerts that are consistent risks monitored by the committee:</p> <ul style="list-style-type: none"> • Long waiting lists particularly in specialised services such as eating disorders, attention deficit hyperactivity disorder service (ADHD) and the gender identity service, which is also a national issue. She added that the gender identity service was recently visited by the gender commissioner and were praised for peer support workers and waiting well initiatives. She noted that assessments for ADHD had started again. • Access to crisis services is having an impact on beds, the use of 136 suite, and adding pressure on liaison psychiatry. This is also impacting on the number of people in out of area of beds. Delayed discharges are impacted by a number of people who are ready for discharge who have no housing or social work in place. It has been noted that there is significant work taking place to address this through the home first programme, culture and care

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	<p>programme, working with home treatment team and looking at step down beds.</p> <p>Further alerts noted by the committee were:</p> <ul style="list-style-type: none"> • Concerns were raised regarding the persistent issues with medication management of controlled drugs. QAC had asked for more reporting to ensure additional oversight, and this is now almost at a stage where it is ready to be de-escalated. • There has been continued challenge in the recording of demographic data for service users. The implementation of the electronic patient record (EPR) system will help with this and work is being done with staff to understand the barriers to collecting this information. <p>Positive alerts noted by the committee include:</p> <ul style="list-style-type: none"> • Access to community services (e.g waiting lists) has improved significantly as a result of service reorganisation/transformation and more responsive intervention. • There has been a reduction in Community Mental Health Services waiting times due to service transformation • There are significant reductions in the waiting times for Long Term Neurological Conditions (LTNC). Also, Autism, Health inclusion team, Relationship and Sexual team and Perinatal team <p>HS advised the governors that these areas have been previous areas of concern, so it is positive to see the improvement.</p> <p>Additional further positive alerts include:</p> <ul style="list-style-type: none"> • There has been an increase in the reporting of sexual safety incidents, which the committee took as evidence of a positive impact from the raised profile of this area of work. • There has been a reduction in falls due to the huddling up for safer health Care (HUSH) project having a significant impact. • The Trust is leading the way in lived experience and co-production • There is progress with the clinical and social care strategy with plans for this to become business as usual and the committee have requested assurance on how this will work and be monitored. • Quality improvement (QI) work has taken place with a focus on the waiting well programme <p>HS reminded the governors that a key part of the non-executive director (NED) role is to hold Board colleagues to account, and she outlined some of the areas where this has taken place in the committee:</p> <ul style="list-style-type: none"> • Integrated performance and quality report (IPQR): pace and focus with recovery plans • Progress of the action plan within the PLACE report • Impact of transformation programmes eg focus on service user and staff experience within the Community Mental Health Services transformation Equality and inclusion • Learning lessons: impact of this and changes made to practice <p>BD asked if GP practices will have access to EPR and it was confirmed 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 and this is work that is taking place across South Yorkshire. RIO will give staff the ability to view a GP record related to direct care of an individual through context management.</p>

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	<p>BC commended the reduction in waiting times and asked if this data referred to people who were on a pathway or who have just been triaged. HS noted that this is a challenge given by the NEDs in QAC and there is a focus by committee on the impact of the waiting well programmes. The Chair noted that feedback on this issue from carer and service user governors is welcomed and is helpful in triangulating this. LW echoed that she was pleased to hear about the reduction in waits and noted that the quality improvement (QI) team should be commended in their support of this work.</p> <p>Alick Bush (AB) asked if the inappropriate use of the health-based place of safety (HBPOS) beds is having an impact on other services such as police, and if services are working together to resolve this. It was confirmed that the police are involved in discussions at Sheffield Place to ensure that people are waiting in the most appropriate place.</p> <p>CJC asked if the reduction in waiting lists is due to the re-shaping of community teams. HS confirmed that this case for community waiting lists, but in the specialist services, the improvement is due to the QI work that has been done and looking at different staffing models.</p> <p>Chinyere Ehoseim (CE) highlighted feedback from staff in the home treatment team and community mental health teams who are feeling under increased pressure with increased referrals into their service. She noted the importance of supporting staff with their wellbeing. Julie Marsland (JM) noted that staff side are working with staff on wellbeing and picking up where staff are feeling under a lot of pressure in these services. The Chair confirmed that the transformation of the primary care mental health team has impacted on referrals to other services, and the Trust are working with primary care colleagues to understand this. She added that staff wellbeing is paramount to the Board and there are several wellbeing initiatives for staff that have been implemented across the organisation. She added that the Board meet with staff during their Board visits which is opportunity to gauge how staff are feeling, and the Chair and the CEO maintain regular links with staffside and the staff network groups.</p> <p>BD asked about alerts and health passports for people with autism and HS agreed to seek further information on this and come back with some detail. Action: HS</p> <p>CM highlighted that a piece of work is taking place in the Trust to provide intensive input for teams on protected characteristics, starting in January 2025. This will include a pilot working with teams to up-skill staff in collecting information on this.</p>
<p>CoG Item 7</p>	<p>Feedback from Governors from constituencies and any key meetings attended</p> <p>The Chair welcomed feedback from governors their communities and constituencies.</p> <p>JM noted that she has started a piece of work linking in with the Integrated Care Board related to unpaid carers.</p> <p>CE noted that the triangle of care is being rolled out into community services and the Chair noted that that the Triangle of Care is a three-stage process for organisations to work through, with stars awarded at each stage that highlight good practice in building a carer inclusive approach to care, and the Trust have received triangle of care accreditation for inpatient services.</p>

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	<p>OFO noted the excellent work of the peer support workers, and it was highlighted that three of the team were nominated for the NHS peer worker of the year award at the South Yorkshire peer support worker event which was a regional celebration and learning event.</p> <p>Linda Duckenfield (LD) expressed hope that under the new government, stigmatisation and under funding of mentally ill people will improve. She felt that the government often only recognised economic productivity of people. She also expressed the need for depression and anxiety to be prioritised, particularly for young people in the community. The Chair thanked LD for her feedback and noted that this feedback would be fed into the discussions at the ten-year strategy workshop, following the meeting.</p> <p>CE added that she was beginning a piece of work on a young person’s pathway for those who are transitioning into adult services. It was noted that governors would be updated on this as it progresses and any opportunities to influence or co-produce this work would be offered to governors. To note and take forward - CE.</p> <p>BD gave an overview of the meetings he had recently attended some of which were part of his governor role:</p> <ul style="list-style-type: none"> • Complex needs workshop looking at the impact of on dual diagnosis. • Synergy alliance meeting partnership board • Observing the Finance and Performance Committee • Co-chairing the carers open door meeting • Sheffield autism partnership meeting – where the need for joined up working between ADHD and Autism, Neurodivergence and Mental Health together was recognised. <p>The Chair thanked the governors for their feedback.</p>
CoG Item 8	<p>Any other business and meeting effectiveness</p> <p>There was no other business for discussion at the meeting.</p> <p>Regarding unconscious bias, BD noted that he hopes that joined up working around autism, ADHD and mental health will improve, and that people may have unconscious bias in this area.</p>
	CLOSE

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