

Council of Governors

CONFIRMED Minutes of the 75th meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held virtually on Tuesday, 15 February 2022 and in 7th Floor Meeting Room, Tower Block, Fulwood House, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Terry Proudfoot	Service User/ Lead Governor	Ben Duke <i>(in person)</i>	Public South West/Deputy Lead governor
Billie Critchlow	Carer	Mark Gamsu	NHS Sheffield CCG
Celia Jackson- Chambers	SACMHA	Rebecca Lawlor	Service User
Adam Butcher	Service User	Steve Hible	Public North East
Catherine Draper	Psychology	Cllr Steve Ayris	Appointed (Sheffield City Council)
Nev Wheeler OBE <i>(in person)</i>	Service User	Scott Weich (Prof)	Appointed (UoS)
Chris Digman	Public South East	Dave Swindlehurst	Appointed (Sheffield MENCAP)
Julie Kitlowski	Public South West	Sylvia Hartley <i>(in person)</i>	Public North West
Julie Marsland	Staff Side	Josie Paszek	Appointed (Sheffield City Councillor)
Nicola Hodson	Service User		
Jonathon Hall	Service User		
Susan Wakefield	Appointed (SHU)		

In attendance:

Name	Designation	Name	Designation
Jan Ditheridge	Chief Executive	Sharon Mays	Chair
Susan Rudd	Director of Corporate Governance	Amber Wild	Corporate Assurance Manager
Francesca O'Brine	Corporate Assurance Officer	Richard Mills	Non-Executive Director
Pat Keeling	Substantive Director of Strategy	Olayinka Monisola Fadahunsi-Oluwole	Non-Executive Director
Heather Smith	Non-Executive Director	Anne Dray	Non-Executive Director
Helen Crimslik	Consultant		
Tania Baxter	Head of Clinical Governance		

Apologies:

Name	Designation	Name	Designation
Brendan Stone (Prof)	Associate Non-Executive Director	James Barlow	Governor
Liz Friend MBE	Governor	Steve Ayris	Governor
Sue Roe	Governor	Bradley Wass	Staff Governor

Minute	Item	Action
CoG 75/01	<p>Welcome and Apologies The Chair welcomed members to the Council of Governors (CoG) meeting.</p> <p>Apologies have been received and noted above</p>	
CoG 75/02	<p>Declarations of Interest The Chair asked for Governors to inform Amber Wild of any changes to their previously declared interests.</p> <p>Olayinka Monisola Fadahunsi-Oluwole declared an interest in Item 7 – Non-Executive Director Remuneration</p> <p>Adam Butcher declared a possible conflict of interest in the Back to Good item as Co-Chair of the Learning Disability Program Board.</p> <p>Josie Pazsek declared an interest as a Councillor with Sheffield City Council</p>	
CoG 75/03	<p>Minutes of the Meeting held on 14 December 2021 Olayinka Monisola Fadahunsi-Oluwole noted that they were listed as present on the minutes when they had sent their apologies.</p> <p>The Minutes of the Council of Governors held on 14th December 2021 were APPROVED as a true and accurate record pending the amendment to the attendance list.</p>	Approved
CoG 75/04	<p>Matters Arising from Minutes of 14 December 2021 and Action Log No matters arising from the Action Log.</p>	
CoG 75/05	<p>Chair's Report to the Council of Governors The Chair visited Endcliffe Ward last week. During this visit the Chair was able to speak to service users.</p> <p>The Board of Directors (BoD) are recruiting for two Non-Executive Directors (NED) and this is being discussed further later in the meeting.</p> <p>The Chair congratulated Pat Keeling on their appointment to the role of substantive Director of Strategy.</p> <p>Board of Directors had an Equality and Diversity development session in December, which will lead into another session</p> <p>The Chair attends external meetings at a local, regional, and national level. The Chair has had a meeting with the Regional Director for NHS Improvement, has attended the Health & Wellbeing Board and has also met with Chairs of other Trusts such as RDASH, SWYFT,</p>	

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	<p>The Sheffield Children's Trust and the Sheffield Teaching Hospitals Trust with a view to exploring collaboration and improving partnerships and relations.</p> <p>The Chair has attended the Health and Care Partnership Chair's meetings and the Chair and Jan Ditheridge attended the Shadow Alliance Board meeting last week. There will be a Governor session with regards to the partnerships that the Trust is involved in later in the year.</p> <p>The Chair had the opportunity to visit Flourish last week, meeting with the Chair and Chief Executive and explored the Trust's relationship with Flourish and the work that Trust does with them.</p> <p>A Governor Calendar has been introduced to inform Governors of events planned for the year and this will be updated regularly.</p> <p>There have been sessions on</p> <ul style="list-style-type: none"> • raising the profile of carers • improving service user engagement & experience • human rights workshops <p>all of which have offered opportunity for Governors to give feedback from their constituencies and the public on the Trust's services and to help influence the Trust's strategies and priorities going forward. The Chair invited the Governors to make suggestions for any activities they would like to be involved in.</p> <p>Drop-in sessions with the Chair and Governor constituent groups have been planned, dates are detailed on the Governor calendar.</p> <p>There is a Governor development day (led by Charis Consultants Ltd) which has been confirmed as 16th March, covering topics agreed by Governors at a previous Council meeting.</p> <p>An election timetable for Governors is being finalised. It is a big election for governors at SHSC - almost half of the governor seats are up for election this year. The Chair asked for the help of the Governors in promoting the elections.</p> <p>The Trust is looking at ways to improve engagement with the membership. A meeting has been set up with Holly Cubitt, Head of Communications and the Chair to look at how Governors can be involved in communication with members, and Governors will be updated as these progresses.</p> <p>The Chair provided an update on services. The CQC visited the Trust's acute wards for Adult Working Age and Psychiatric Intensive Care Unit in December 2021. This is under embargo so cannot be discussed. The report is due to be published on 16th February 2022 and a letter will be sent to Governors following the meeting today.</p> <p>Changes are planned to the management of Mental Health Social Care functions in 2022-2023 and updates have been sent out to Governors. Sheffield City Council have indicated their intention to take direct management control of Social Workers who are on secondment</p>	

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	<p>from Sheffield City Council (SCC) to work for SHSC. The Trust will continue to work with SCC to ensure a seamless transition and to minimise disruption to service users to ensure that service users are not disadvantaged. Jan Ditheridge explained that the social care functions (the care management as well as the people) are returning to the direct management control of SCC, this will include Approved Mental Health Practitioners and Recovery teams where social workers, care support workers and care staff are embedded within that team.</p> <p>Scott Weich stated that this appeared to be a sudden change and asked whether there was any background to this. He commented that the Trust is synonymous with being a Health and Social Care Trust and wondered whether the Trust would need to change its name. Jan Ditheridge agreed that it has happened quickly and there has been limited opportunity to discuss this in detail with Board members although they are aware of it. It was explained that the section 75 (the formal agreement) was reviewed a few years ago and it was a rolling contract, like a service-level agreement. In view of the challenges ahead for SCC relating to their transformation and the way that they are regulated by the CQC, SCC have decided to take back control to give them a better line of sight and to be able to optimise that function. Jan Ditheridge explained that the Trust first became aware of the changes on 27th January 2022 and the changes will be discussed at the Board of Directors at the end of February. There haven't been any discussions around the Trust changing its name yet.</p> <p>Mark Gamsu advised that he was in the service user engagement and experience workshop prior to this meeting and that it had been a good session. There was honest recognition that there is plenty to do but the session felt exciting and strong and included a wide range of people. Mark Gamsu requested a calendar invitation for the development workshop.</p> <p>The Chair explained that Governors had been canvassed for availability and that the date had only recently been confirmed. Action: An invitation will be sent out after the meeting</p> <p>The Chair explained that in the future diary invites will be sent out as soon as possible and the Governor's calendar will be kept up to date. The Chair thanked Mark Gamsu for the feedback.</p> <p>Celia Jackson Chambers asked whether SCC were planning to have a Mental Health service to meet the needs of assessment, care management and care planning.</p> <p>Jan Ditheridge explained that detailed plans haven't been released but that SCC expect to deliver their statutory functions. How SCC would want to do this and how they would transform has yet to be set out. Jan Ditheridge stated that it is expected that SCC will work with the Trust to establish how they intend to deliver these functions.</p> <p>Celia Jackson-Chambers wondered whether the mental health specialists will be added to the generic social work teams rather than remaining as specialists. Jan Ditheridge explained that the Trust does not have this information, however it is one of the concerns for some of that staff group and explained that the teams have a variety of views about how this may affect them.</p>	<p>Amber Wild</p>

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	<p>Adam Butcher explained that Learning Disability Services have previously had Social Workers removed and moved to localities. He advised that a lot of worry will be caused to service users as well as staff and there will be a need to keep service users and staff updated of the changes. The Chair thanked Adam for raising this important point and explained that the changes are due to be discussed at the next Board of Directors meeting and emphasised that service user experience should be at the centre of these discussions.</p> <p>Dave Swindlehurst suggested that the move is a retrograde step in the current climate of widening integration of services. Four to five years ago the successful specialist learning disability social work provision was disbanded and returned to localities and their generic teams. SCC are now hopefully trying to re-establish this as a specialist function in the Local Authority (LA). David Swindlehurst advised that he hopes that the staff who have been working in that specialist mental health function for the Trust would be moved back as a specialist mental health team within the Local Authority, and if not, there are concerns that this may significantly affect service users and continuity of care.</p> <p>Nicola Hodson echoed the points raised by Adam Butcher and Dave Swindlehurst and believes there are substantial risks even if all looks alright in the perception of service users. Nicola Hodson explained that as a trade union representative with previous experience of an extensive TUPE transfer there is the possibility that the trust will have all the concerns of the staff to deal with as well as from service users.</p> <p>Jan Ditheridge reiterated that the Trust will work closely with SCC but reminded CoG that SCC is leading on this - they are the employer of the staff affected and there remains a year on the contract which gives opportunity to address all the issues that governors have raised today. SCC are very clear that this change is to improve and enhance the experience of service users and SHSC will work closely with them to ensure that the quality impact assessments are done around that. They are also very clear that they have a challenging financial position and that there are going to be different ways of monitoring this in the future. SCC has a new Director of Adult Social Care in post which provides the opportunity for review and that there might be a different way of doing things that might strengthen the quality of service. SHSC staff will stay sighted on the care of service users and staff as SCC does this. There will not TUPE for these staff as most staff are employed by the Local Authority and so they will be leading on the change and any consultation that goes with that.</p> <p>Julie Marsland sought clarification and assurance that there would be no TUPE of Trust employees to SCC. Jan Ditheridge explained that at present there is no reason to believe this will be the case.</p>	
CoG 75/06	<p>Governor Story Public Governor Experience – Ben Duke Ben Duke had been held up due to transport and was not able to present his Governor Story. It was agreed, if it was convenient for Ben Duke, that he would present the Governor’s story at the next meeting instead.</p>	
CoG 75/07	<p>Non-Executive Director Remuneration</p>	

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	<p>Susan Rudd Due to a declared interest in this item Olayinka Monisola Fadahunsi-Oluwole left the meeting.</p> <p>Susan Rudd explained that it has been identified that an administrative error occurred in the contract of Olayinka Monisola Fadahunsi-Oluwole when appointed in 2021. To bring the remuneration in line with national NHS guidance and other Non-Executive Directors, the Nomination and Remuneration Committee approved the recommendation to CoG that an amendment in pay from £12,688 pa to a single base rate £13,000 pa for Olayinka Monisola Fadahunsi-Oluwole be approved and for this to be backdated to the start date.</p> <p>CoG unanimously approved the recommendation.</p>	Approved
CoG 75/08	<p>Objective 1 – Covid19: Recovering Effectively Richard Mills Olayinka Monisola Fadahunsi-Oluwole re-joined the meeting.</p> <p>Richard Mills explained that the Omicron variant had impacted the Trust’s services but that all services have remained open. Richard Mills also explained that although services had remained open, there were some instances where safe staffing levels could not be met. The recovery plan is now about managing the situation going forwards and to reflect on the effectiveness of methods which could be reimplemented if needed whilst concentrating on the challenges facing the Trust for the next year which are:</p> <ul style="list-style-type: none"> • Access and waiting times, • Service demand, • Winter plans <p>Where the Trust is aware of challenges in specific areas, e.g. Single Point of Access, the Trust has recovery plans in place to drive through improvements, which are scrutinised at the various key sub-committees. In some areas demand for services is greater than pre-pandemic levels.</p> <p>The Trust has high percentages of vaccinated staff. There were covid related absences at the Trust in December and January. There is an expectation that there will be a long-term impact on NHS services from the coronavirus pandemic.</p> <p>Richard Mills advised that next year’s financial settlement for the NHS will be more challenging yet there will remain a public expectation for services to improve.</p> <p>Richard Mills explained that the first draft of the annual operation plan has been produced and the Trust continues to review how services are delivered, developed and how the workforce is expanded, to work towards integrated care and reduce staff turnover.</p> <p>Richard Mills explained that the pandemic has exposed systemic inequality in access to services for people from socio-economically disadvantaged backgrounds and the Black and Minority Ethnic (BAME) communities.</p>	

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	<p>Scott Weich commented that it is reassuring that there is joined up thinking and workforce is front and centre. Scott Weich has concerns that the Government has declared the pandemic over and are removing restrictions. Scott Weich and asked if the Trust may need to implement strategies that are out of sync with national policy due its healthcare setting.</p> <p>Richard Mills explained that the scientific advice is to have a measured move away from restrictions yet still be able to monitor the virus and take sensible precautions to protect staff and service users and reminded CoG that the Trust is governed by NHS policy.</p> <p>Jan Ditheridge explained this is a question that has been raised by the Non-Executive Directors (NEDs) and that although the Government is proposing to remove societal restrictions from the 24th February 2022, NHS restrictions remain in force until at least 31st March 2022. The Trust is bound by the guidance of NHS England and will continue to support its staff by carrying out risk assessments. The Trust is also minded that it has a small number of unvaccinated employees and unvaccinated service users.</p> <p>Terry Proudfoot asked a question about access to services and high demand vs unmet need and asked what the Trust is doing to improve access to services for the BAME and socio-economically deprived communities.</p> <p>Richard Mills explained that this question is discussed on a regular basis amongst the NEDs as there is awareness of the socio-economic demographic of Sheffield.</p> <p>Richard Mills explained there is a health component as part of the Government’s levelling up strategy which is due to be published next month, which may include more targets and information which could further inform NED discussions. The Trust is trying to increase its networks amongst staff and communities to increase empowerment and awareness in addition to reaching out to different groups and appropriately tailoring services.</p> <p>Heather Smith explained that this is something that is high on the Board of Directors agenda. There is a new Equality & Inclusion Strategy which has been recently approved by Board of Directors, which does explicitly reference this point. Data collection is underway to understand and pinpoint where the access issues are in Sheffield.</p> <p>Jan Ditheridge explained that the Public Board meeting in March will look at inequality across the organisation and to ensure priorities remain focused. Jan Ditheridge explained that the Race Observatory issued its report yesterday (14 February 2022) and included important information about the challenge faced by the NHS to address this issue.</p> <p>Terry Proudfoot asked about the vaccine mandate and stated they were aware that the government had withdrawn the mandate close to the first vaccination deadline.</p> <p>Jan Ditheridge explained that the mandate had not yet been withdrawn but had been paused for consultation and that a legislative process is required for the mandate to be reversed. A very small number of staff left very early on as they decided they didn’t want to work in an environment where vaccination was mandated.</p>	

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	<p>Nicola Hodson asked about service recovery and how overall activity levels compare to pre-pandemic levels. Richard Mills explained that activity levels are at pre-pandemic levels and in some cases higher. In some areas demand is higher than it was before the pandemic and in others it is lower. It is a mixed picture but the impacts on service demand following the pandemic are not yet clear and goes hand in hand with the service recovery and redesign work currently being undertaken by the Trust.</p> <p>Nicola Hodson commented that the report included IAPT maintaining high levels of online contact and commented that a lot of the services of the Gender Identity Clinic (GIC) have gone online and to a greater or lesser degree some of that works well.</p> <p>Richard Mills commented that some of the biggest increases in demand have been in some of the more specialist services such as the Gender Services and has been raised strongly as NEDs.</p> <p>Nicola Hodson reported that some of the demand in Gender Services may be longstanding, pre-pandemic and wondered whether some of this is attributed to models of working, such as waiting lists being process-driven rather than patient-centred.; and suggested that there needs to be a wider debate in healthcare regarding whether Gender services sits in Mental Health or Physical health services. The Chair invited Nicola Hodson to be part of the Patient and Carer Experience work to feedback on personal experience of the Trust's services and explained that there was a detailed report regarding the impact of covid on demand for services presented to the last Board, which can be accessed via the website.</p> <p>Celia Jackson-Chambers questioned whether all services would be online, face to face or a mix. Richard Mills confirmed that it was a mix of access methods.</p> <p>Jan Ditheridge confirmed that it was a mix and that it was the client's choice. During the height of the pandemic there was less opportunity for a choice but there should always be a discussion between the client and the clinician on preference.</p> <p>The Chair stated that this question had been discussed at Board and the Trust is focussed on ensuring appropriate choice.</p> <p>Adam Butcher questioned whether staff burnout and sickness were still a concern for the Trust.</p> <p>Richard Mills responded that there are the long-term effects of the pandemic that need to be considered and the Trust has a history of high staff turnover for various reasons and that Recruitment and Retention is a top risk and top priority for the Trust.</p> <p>Heather Smith responded that there are high levels of staff sickness, and that data has now been split out into different categories, so it is clearer where staff absence is covid related. It is an area that the Trust is actively seeking to address and the Trust is implementing strategies such as the Health & Wellbeing Strategy to try to prevent staff burn out and support staff as much as possible.</p>	

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	<p>The Chair stated that this was an issue that is not unique to the Trust and that the Trust is looking to work in partnership to address the issue.</p> <p>Catherine Draper sought reassurances that face-to-face access vs online access has equity of provision for waiting times, and, therefore, that good clinical decisions are made as opposed to opting for the shorter waiting time.</p> <p>Richard Mills stated that the Trust is proud of the IAPT Service and what it has become and the scale of the care it provides and that there is an impression that IAPT are constantly looking at ways to improve and refine the service to offer the best care that it can.</p> <p>Richard Mills stated that there probably is an equitable offer for people who do want face to face but that as the information was not available at present, it would need to be gathered and reported back.</p> <p>Catherine Draper thanked Richard Mills for his offer to feedback and explained that the experiences that have been relayed is not necessarily one of choice.</p> <p>The Chair thanked Catherine Draper for the question and stated that the matter would be picked up and responded to.</p>	
CoG 75/09	<p>Objective 2 – Back to Good: Continuing to Improve Heather Smith</p> <p>Heather Smith explained that the Quality Assurance Committee (QAC) looks at all aspects of Quality across the Trust. However, the Back to Good programme is explicitly focused on matters raised by the CQC and the Trust's progress in addressing these points on its journey back to good.</p> <p>Following the CQC visit in April 2020 the Trust has been implementing changes to improve its services, the matters raised in this report were completed in Year 1. The Trust is now in Year 2 of the programme and is currently halfway through implementing the necessary changes to meet CQC requirements raised in the August 2021 report. Heather Smith explained where staffing levels are highlighted this relates to safe staffing levels and not overall staffing levels at the Trust and that overall staffing levels are part of the Recruitment Plan. There is a body of work ongoing to remove ligature anchor points which requires a lot of estates work. All rooms are now single occupancy rooms and work is ongoing to continue to reduce seclusion.</p> <p>For the Trust to ascertain improvements are being made, a number of activities have been undertaken:</p> <ul style="list-style-type: none"> • Culture and Quality Visits: <ul style="list-style-type: none"> ○ A pilot has been carried out at Wainwright Crescent • Out of area assessment process: <ul style="list-style-type: none"> ○ The Trust now has more rigorous assessments in place to ensure that service users who require treatment out of area receive quality care. • Board visits <ul style="list-style-type: none"> ○ Have given the opportunity for triangulation and canvas staff opinion on the initiatives in place. • Compliance with Care Standards 	

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	<ul style="list-style-type: none"> ○ There is a new audit system in place at a tactical level and concerns immediate actions. It is still new and being embedded. ● Team performance <ul style="list-style-type: none"> ○ Each team now receives more refined data about their performance. <p>The Trust is currently working with NHSE/I to agree a process of early risk indicators so that the Trust is in a better place to pre-empt incidents occurring.</p> <p>Service user feedback is improving and is part of the Board Visits. The new strategy of Service User Engagement and employing people with lived experience is enabling the Trust to obtain this feedback at the beginning of processes such as the Clinical and Social Care Strategy.</p> <p>There are still some areas of risk, namely incidents review times and staff supervision rates on acute wards. Things are improving day by day. The latest CQC report is due to be published tomorrow (16 February 2022) and the next Back to Good Report will include new actions because of any matters raised by the CQC.</p> <p>Celia Jackson-Chambers referred to a previous target to bring service users back into the city for treatment rather than send them out of area and requested clarification on the Trust's position of seeking to bring service users back.</p> <p>Heather Smith responded that it is the Trust's aspiration for service users to be cared for as close to home as possible and it is closely monitored. There are some instances, particularly with specialist services, where it is appropriate to treat service users out of area and the report highlights appropriately placed out of area cases as well as others.</p> <p>Celia Jackson-Chambers asked if the Trust is experiencing a particular difficult episode in terms of provision of beds.</p> <p>Richard Mills responded that the CQC inspection recommended a raft of physical changes to the wards which has led to beds being closed whilst the remedial works are carried out which has therefore resulted in service users having to be treated out of area and this will continue for this year and next year, until the ward upgrades are complete. The Finance and Performance Committee reviews this regularly and the Trust has not moved away from the policy of treating service users as close to home as possible.</p> <p>Jan Ditheridge added that there are a few reasons that the Trust has service users being treated out of the area. The Trust has one of the lowest bed bases in the North-East and Yorkshire, and some beds have been closed in the Trust to carry out the building works. The Trust also has 36 beds currently occupied by service users who could be treated in a different setting and therefore the Trust is often at 100% capacity where ideally it should be 92-95% to be effective so there are delays in beds becoming available.</p>	

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	<p>The Chair stated that they had witnessed this on their visit last week and it is a complex picture relating to bed numbers.</p> <p>Scott Weich commented that it is disappointing to introduce the item as purely focussing on the CQC findings and asked what the Trust can do when things aren't improving. Scott asked if feedback on improvements reaches teams.</p> <p>Heather Smith explained that QAC look at all aspects of quality across the Trust but the Back to Good Programme agenda item is specifically focussed on the outcomes of the CQC inspection, which is a small part of the quality assurance.</p> <p>Heather Smith reported being aware that feedback is sent back to staff themselves but added that this may need to be more rigorous and reviewed whether service users receive this feedback too.</p> <p>Jan Ditheridge responded to Scott Weich that the Trust isn't closing the feedback loops as effectively as it could be, and this is being worked on. Feedback is a two-way conversation.</p> <p>Action: The Trust needs to look at where feedback goes once it has been returned.</p> <p>Billie Critchlow commented that the range of voices being heard to obtain assurances that things are improving is impressive and asked if the views of friends and family of service users are included.</p> <p>Heather Smith confirmed that service user and carer views are included, and it is on the radar of the feedback loop and confirmed, on further questioning that friends and family of service users feedback were heard on the Culture and Quality Visit.</p> <p>Mark Gamsu raised a conflict of interest as Chair of Citizen's Advice Sheffield which provides the advocacy service in Sheffield, and that advocacy is a useful tool to the Trust to establish people's experience of the Quality of services.</p> <p>The Chair thanked Mark Gamsu for the comments and explained that Dr Mike Hunter, the Trust's Medical Director, is leading on quality improvement work in the Trust and suggested speaking with Dr Mike Hunter to gauge when would be a good time to hold a development session on the Trust's quality improvement work.</p> <p>Mark Gamsu said that the approach the Trust is taking to address the matters arising from the CQC report is welcomed and that the Trust needs to address these matters before it can autonomously look at improving quality in other areas and focus with confidence in becoming better than Good. Mark Gamsu was heartened by the conversations in the service user engagement & experience workshop with regards to the voice of Service Users, including carers and friends.</p> <p>Jan Ditheridge explained that the Back to Good programme isn't solely about the CQC compliance but is much wider although the CQC compliance is a key part of the programme. The quality improvement work is ongoing and Sally Midgley is working on embedding service user engagement throughout the Trust which is critical to the Trust's continuous improvement.</p>	<p>Corporate Governance</p>

Minute	Item	Action
	<p>Jan Ditheridge suggested that there be a more broader quality improvement scope presented to CoG. Action: Dr Mike Hunter, Sally Midgley, Beverley Murphy work together with the Chair and Heather Smith to put a development session in place for the Governors. The Chair asked for agreement from the Governors.</p> <p>Scott Weich welcomed the opportunity to check and challenge and asked if it would be possible to formally build in challenge. The Chair commented that it would need to be commensurate to and fall within scope of the Governor role.</p>	<p>Chair Agreed</p>
CoG 75/10	<p>Transformation: Electronic Patient Record (EPR) Richard Mills The Trust has tendered for a new EPR and the chosen product is from a Sheffield based computer software company.</p> <p>Richard Mills explained that one of the reasons the software was chosen was due to its ability to integrate and communicate with other systems. The Trust current system has been in place for the past 17 years, and there have been some issues with stability.</p> <p>Adam Butcher asked if there will be a test-based switch over to ensure it is clinically suitable and that is it would be in plain English to make it easier for Service Users to understand. Richard Mills confirmed that there had been staff and other user engagement. Adam Butcher further clarified that some service users have difficulty understanding the letters received due to the language used. Action: The Chair assured Adam Butcher that this would be fed back to the patient experience team about the language used in letters sent to service users</p> <p>Celia Jackson-Chambers asked whether mitigations are being put in place regarding potential loss of productivity whilst users become accustomed to the new system.</p> <p>Richard Mills responded that the phased implementation would take this into account. The new EPR has been implemented in other organisations and the Trust is learning from this to mitigate the risks. The Trust will have technical support for implementing the system.</p> <p>Jonathan Hall asked about the aspirations aspect of the software, particularly with Artificial Intelligence (AI) and explained the need to be conscious of the language used currently in notes as if AI is trained in the wrong way it can give biased results. Future AI would draw on past information so the Trust needs to consider the impacts now should this avenue be explored in the future.</p> <p>Richard Mills commented that the procurement is about purchasing a robust, sustainable platform that is designed to overcome future technicalities and that AI may be an option if those technologies mature but isn't something that the Trust is currently considering. Richard Mills explained that data governance within the NHS is very stringent and therefore it is not likely that the aspirational aspects from the 2018 SOC would be implemented in the foreseeable future.</p>	<p>Corporate Governance</p>

Minute	Item	Action
	<p>Catherine Draper asked whether there were any further staff consultations planned specifically in relation to the capacity and limitations of the new system.</p> <p>Jan Ditheridge asked Catherine Draper to clarify what was meant by consultation. Catherine Draper clarified that if there would be further discussion with clinical teams with regards to what they would like to see included in the system and what does and doesn't need to be included.</p> <p>Jan Ditheridge confirmed that there will be a planned engagement and involvement programme alongside the roll out. Each service will be writing their own scripts around certain things, for example letters. Areas will be supported with trainers and coaches to work alongside staff. The roll out will require a detailed engagement and involvement programme to ensure that the roll out is done safely and effectively.</p> <p>The Chair informed CoG that key dates would be communicated for the implementation of the new system.</p>	Corporate Governance
CoG 75/11	<p>Transformation: Leaving Fulwood Pat Keeling Pat Keeling explained that the Trust will be moving Headquarters to two buildings on the same site at Atlas Way in Sheffield – Distington House and Centre Court. The Trust is also looking at flexible provision of meeting and training facilities in Sheffield City Centre. The Trust aims to have completed the move by the end of June but there is a degree of flexibility around this date.</p> <p>The Chair added that this was part of the Trust's Green Plan and sustainability.</p>	
CoG 75/12	<p>2022/2023 Planning Guidance and Priorities Pat Keeling Pat Keeling explained that Trust has 10 priority areas for 2022/2023 which are:</p> <ol style="list-style-type: none"> 1. Workforce 2. Respond to COVID 19 more effectively 3. Deliver significantly more elective care, 4. Improve responsiveness of urgent and emergency care (UEC) and community care capacity 5. Improve access to primary care 6. Improve mental health services and services for people with a learning disability and/or autistic people 7. Population health management 8. Digital technologies 9. Effective use of our resources pre pandemic levels of productivity 10. Establishment of ICBs and collaborative system working <p>The Trust continues to increase its capacity and resilience to deliver safe, high-quality services that meet the full range of people's health and care needs, despite COVID 19 uncertainty and continues to establish effective partnerships & relationships across the wider South Yorkshire and Bassetlaw region.</p>	
CoG 75/13	PLACE Report	

Minute	Item	Action
	<p>Anne Dray Anne Dray explained that a Patient Led Assessment of the Clinical Environment (PLACE) had not been undertaken nationally, due to Covid pandemic, for over 18 months and that the Nutrition & Hydration Steering Group agreed to follow national guidance to undertake a PLACE Lite assessment of Inpatient areas in the domain of 'Food', during 2021.</p> <p>The assessment looked at areas of good practice as well improvements that could be made such as buying local produce and if KPIs were being met. The outcome of the report has been fed back to staff teams on the wards.</p> <p>Adam Butcher asked if it would be possible for service users to also receive the feedback from the report as they have an input as well.</p> <p>Anne Dray responded that there are community meetings for patient feedback.</p> <p>Adam Butcher clarified that it would be useful to have a mini-debrief on the wards. Action: inpatients to be made aware of the outcomes of the PLACE reports.</p>	Pat Keeling
CoG 75/14	<p>NED Recruitment and Succession Planning The Chair & Terry Proudfoot The Trust is currently recruiting for two Non-Executive Directors with a focus on Quality and Finance & Commercial, with Gatenby Sanderson acting as the recruitment consultants. The adverts for the two roles will be published imminently with interviews planned in early May.</p> <p>The Trust is seeking volunteers from the Governors to be part of the stakeholder sessions.</p> <p>The Chair suggested that the Nominations and Remuneration Committee could present information about the work that the NRC undertakes at the next Council of Governors meeting to support the recruitment of new governor members to the committee.</p> <p>Billie Critchlow commented that it may be best to present this after the governor elections. The Chair agreed that this was a good course of action Action: presentation will take place at the first CoG meeting after the Governor elections have taken place.</p>	NRC members
CoG 75/15	<p>Quality Objectives Tania Baxter Tania Baxter explained that the Trust has a three-year time span in place to complete its Quality Objectives, which are aligned to the Strategic Objectives and Operational Priorities.</p> <p>The Trust's Quality Objectives are:</p> <ol style="list-style-type: none"> 1. Over a three-year period demonstrate a measurable and equitable reduction in the use of seclusion and restraint. 2. Over a three-year period demonstrate improvements in the number of people from BAME communities accessing community based mental health services. 	

Minute	Item	Action
	<p>3. Over a three-year period, embed co-production with service users and carers in how we deliver and govern clinical services.</p> <p>The Trust will consult with Governors for feedback on priority areas and ascertain if the Governors believe the strategy is heading in the right direction.</p> <p>There were no comments and questions from the Governors.</p>	
CoG 75/16	<p>Non-Executive Directors: NED Committee & Champion Role Update The Chair & Susan Rudd Susan Rudd explained that there has been a change in guidance regarding the role of NEDs and that NHSEI published guidance “A new approach to non-executive director champion roles” for Trusts in December 2021 around enhancing board oversight.</p> <p>NHSE/I reviewed the roles that were originally established and are recommending a limited number of areas for NEDs to champion and drive change at Board level, whilst highlighting the issues which would be best managed through the Committees that are in place. This approach should sit alongside other effective governance tools such as walkarounds. There are five NED champion roles that should be retained although only four are applicable to the Trust.</p> <ol style="list-style-type: none"> 1. Maternity Board Safety Champion (N/A) 2. Wellbeing Guardian 3. Freedom to Speak-Up Guardian (FTSU) 4. Doctors’ Disciplinary 5. Security management NED champion <p>The other areas which previously had NED champions, should be overseen through committee structures.</p>	
CoG 75/17	<p>Any Other Business None.</p> <p>The chair thanked the members for their input and attendance and closed the meeting.</p>	
	CLOSE	

Dates of next Council of Governors meetings:

Tuesday 26th April 2022, 2:30pm to 5pm

Tuesday 14th June 2022, 2:30pm to 5pm

Tuesday 11th October 2022, 2:30pm to 5pm

Tuesday 13th December 2022, 2:30pm to 5pm

Tuesday 07th February 2023, 2:30pm to 5pm