

Council of Governors

SUMMARY REPORT

Meeting Date: 18 October 2023

Agenda Item: 09

Report Title:	Governance Report	
Author(s):	Deborah Lawrenson, Director of Corporate Governance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	Annual Members Meeting (Constitution)
	Date:	September 2023
Key Points recommendations to or previously agreed at:	The Annual Members Meeting received and approved changes to the Constitution post receipt at Board of Directors and Council of Governors. There were additional changes presented in respect of the areas covered in constituencies.	

Summary of key points in report

Key areas covered in this report are outlined in full below:

- Annual Members Meeting and the Constitution** –The Annual Members Meeting was held on 19 September 2023. We heard about the context in which we are continuing to provide services and detail on a wide range of improvements and transformation over the last year and planned for the year ahead and detail on how our governors have been involved over the last year as well as plans for engagement in the year ahead including further developing our engagement with our members. An inspiring video was shared celebrating 2022/23 and our transformation programme and the achievements of our staff. We also heard a powerful story from a service user who now works for the Trust who spoke eloquently about his journey and the impact the support he has received from the Trust and partner organisations has made on his journey to a position where he now describes himself as ‘thriving with bi-polar’. There were a wide range of market stalls from representatives from our services and from partner organisations which were very well received as was the wonderful entertainment from steel drum band ‘Pantasy’. The meeting formally received the annual report and accounts for 2022/23 and the external auditors report and formally approved changes to the Constitution following agreement at the Council of Governors in June and the Board of Directors in July. This is being finalised for publication and will made available to Governors and on our website.
- Elections** – a slide outlining the outcome of the summer Governor elections is attached at **appendix 1**.
- Deputy Lead Governor** - as notified to Governors via email – Ben Duke has been re-appointed in the role following open competition.
- Patient Led Assessment of the Clinical Environment (PLACE) assessments** – Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment.

Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. PLACE assessments can provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

The Patient Led Assessments of the Care Environment PLACE programme is an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).

PLACE assessments provide a framework for assessing quality against common guidelines and standards to quantify the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The PLACE process relates closely to the National Standards of Cleanliness 2021 but also includes a wider range of assessments. PLACE is not intended to be a technical or professional assessment but is a generic assessment based on what is seen/found on a given day, and what would be viewed by any visitor/member of the general public who might visit an inpatient ward. Visits began in September 2023 and reporting on the outcome of the visits will go through the Quality Assurance Committee and the Board of Directors and an update provided through the report from the Board to Governors in February 2024.

- **Governor annual review of effectiveness** – an update on progress against actions identified in the annual review are attached at **appendix 2**.
- **Governor development session on role of governors and engagement** – a successful event was held on 25 September on the role and responsibilities of governors, and to discuss and hear about the ways in which the Trust is engaging internally and with our communities. The discussions held will support us to develop a refreshed Membership Engagement Strategy and a further session to look at this as it develops will be put in place for March 2024 with external facilitation before finalising the strategy early in the new financial year. Slides used at the event are attached at **appendix 3**.

Recommendation for the Council of Governors to consider:

Consider for Action		Approval		Assurance	✓	Information	✓
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The Council of Governors is asked to receive and note updates provided.

Please identify which strategic priorities will be impacted by this report:

Recover Services and Improve Efficiency	Yes	✓	No	
Continuous Quality Improvement	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes	✓	No	
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission	Yes	✓	No		Health and Social Care Act 2022 Code of Governance 2022
Data Security Protection Toolkit	Yes		No		

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes		No	✓	Not required for this purpose
Financial (revenue & capital)	Yes		No	✓	
OD/Workforce	Yes		No	✓	
Equality, Diversity & Inclusion	Yes		No	✓	
Legal	Yes		No	✓	
Environmental sustainability	Yes		No	✓	



▶ Governors in post as of September 2023



Sheffield Health
and Social Care
NHS Foundation Trust

▶ Once approved the updated Constitution will have 43 seats in total having removed the CCG seat. Two elections were held in 2022/23 and one in 2023/24 this resulted in 28 seats currently filled and 15 vacancies split as follows:

- 7 Elected seats (2 vacancies)
- 5 Staff elected seats (3 vacancies)
- 7 Service user and carer seats (9 vacancies)
- 9 Appointed seats (1 vacancy)



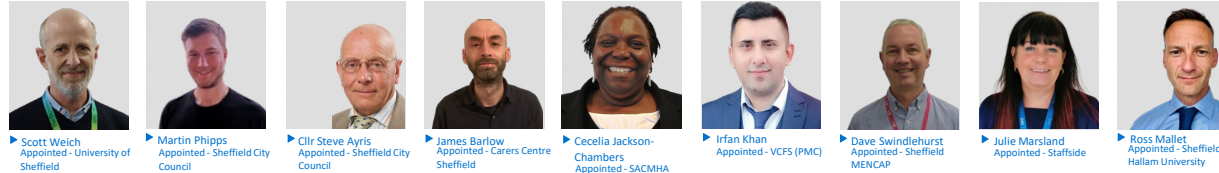
Proud to care in Sheffield



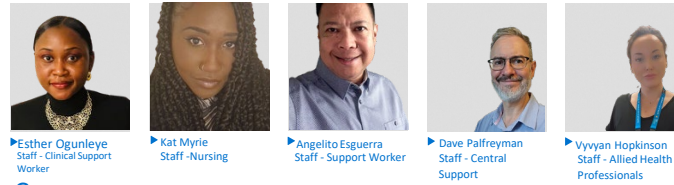
Sheffield Health and Social Care NHS Foundation Trust

▶ Our current Governors

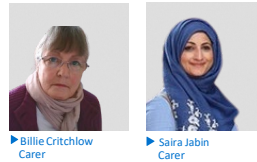
Appointed



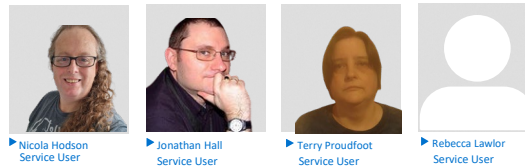
Staff



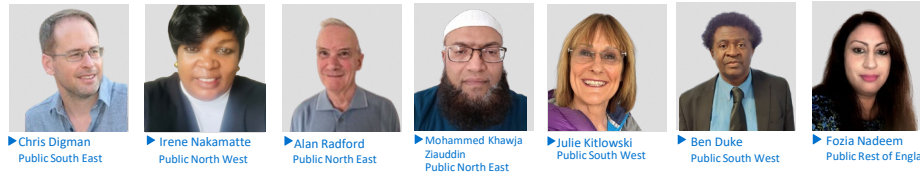
Carer



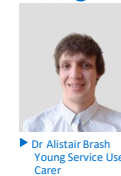
Service User



Public



Young Service User/Carer



Appendix 2 to the Governance Report to Governors – October 2023

Council of Governors self-assessment summary

The self-assessment was reported to Council of Governors in December 2022. It was updated post discussion with the Chair and Lead Governor for receipt at the 22 June 2023 Council of Governors meeting. Below is an update on progress with identified actions.

Governors Review of Effectiveness amalgamated form – 2022						
<i>Proposed actions received at Council of Governors April 2023</i>						
1	Chairing of the Council of Governors is effective and everyone has the opportunity to ‘have a voice’ and contribute to the debate					
	Strongly agree – 4	Agree	Unable to say	Disagree	Strongly disagree	Progress update – October 2023
Comments from the survey			Response / Proposed actions			
<ul style="list-style-type: none"> Our Chair of the Council of Governors (CoG) ensures that all the major issues concerning NHS Sheffield are discussed. Any CoG member is able to raise their hand and discuss an issue if they so wish. 			No further action required at this time Opportunities for Governors to have their voice heard will continue in 2023: <ul style="list-style-type: none"> Chair drop-in sessions Chair 1:1 meetings with Governors 			No further action was required however drop in sessions are now also in place with the Director of Corporate Governance and the Head of Corporate Assurance.

				<ul style="list-style-type: none"> Governor feedback as a standing item on the agenda 	
2	The Chair and Non-Executive Directors effectively engage with the Council of Governors				
	Strongly agree - 2	Agree - 2	Unable to say	Disagree	Strongly disagree
	Progress update – October 2023				
Comments from the survey		Response			Action and progress
<ul style="list-style-type: none"> There are numerous opportunities to engage with the CoG Chair or any of the Non-Executive Directors (NEDs), if CoG members so choose. The Chair definitely engages, as do 2 or 3 of the NEDS. However, one or two are consistently absent from CoG. Do not work for the trust and no contact outside of formal meetings 		<ul style="list-style-type: none"> Non- Executive Directors (NEDs) for the most part are attending some/all formal Council of Governor meetings and where possible the additional meetings that are put in place as well as engagement opportunities where appropriate. Sometimes NEDs are unable to attend all meetings due to other commitments. NEDs attend Governor workshops, Governor lunches and present updates on their committee work to the Council of Governors at meetings. Engagement with the Chair includes: <ul style="list-style-type: none"> 1:1 meeting with Governors Chair drop-in sessions by constituency 			<p>Action: Consideration is being given to a range of other ways in which Governors may be given the opportunity to visit services and teams (with NED/Execs) potentially for example through PLACE visits - Governors were invited to participate in PLACE visits and the Deputy Lead Governor has participated in one of these and will provide verbal feedback to the meeting.</p>

				<ul style="list-style-type: none"> ○ Staff Governor meetings with Freedom to Speak Up Guardian ○ Governor lunches ○ Carer and Service user meetings ○ Nominations and Remuneration committee (Chair and Senior Independent Director (SID)) ○ Governor Development Workshops ○ Buddying System (SID and Deputy Lead Governor) ● In our forward planning - we liaise with NEDs to ensure they are available for example for presenting on the work of the committees they chair. ● Opportunity for Governors to observe board committees. 		
3	I am assured by the NED reports/presentations on their leadership of Board sub-committees					
	Strongly agree - 2	Agree - 3	Unable to say	Disagree	Strongly disagree	Progress update – October 2023
Comments from the survey			Response			Action and progress
<ul style="list-style-type: none"> ● I attend a couple of the Board sub-committees myself and they are fine. CoG members are also able to get a 			<ul style="list-style-type: none"> ● Governors are offered the opportunity to act as an Observer of Board sub committees. 			Action – Governors have been asked to confirm if any would wish to take an observer role for the committees and there

<p>copy of Board sub-committee minutes on request.</p> <ul style="list-style-type: none"> • COG are fully dependent on the NEDs and the officers for assurance on the proper and legal operation of the Trust. This can feel difficult as we are asked to make decisions on arm’s length information. 	<ul style="list-style-type: none"> • All meetings are via teams but are during the working day which can be an issue for some Governors. • Committee presentations, led by the NED Chair are presented at each formal Council of Governors meeting and reflected on the forward planner • Additional governor development and workshop sessions (e.g. on quality and quality improvement, finance and the Homeless Assessment team) are planned following feedback from conversations, reports and presentations to the Council of Governors • Governors have a key role in feeding views and feedback into the Council of Governors from their constituents and in taking messages back. 	<p>currently remains only 1 vacancy on the Audit and Risk committee, however the observer roles can be rotated every 6 months- We now have Governor observers in place for all assurance committees.</p>				
<p>4</p>	<p>The Chair and Non-Executive directors are operating effectively in holding the Executives to account at the Board and its sub committees - Please answer if you have observed these meetings</p>					<p>Progress update October 2023</p>
<p>Strongly agree - 1</p>	<p>Agree – 2</p>	<p>Unable to say</p>	<p>Disagree</p>	<p>Strongly disagree</p>		
<p>Comments from the survey</p>		<p>Response</p>			<p>Actions and progress</p>	

<ul style="list-style-type: none"> • The CoG Chair and other NEDs do hold the NHS Board of Governors? and their sub-committees to account. They regularly raise issues which are minuted and they feedback to the CoG what the issues were and the answers given by the Board. • I have been present at numerous Board Meeting and sub-committee meetings and have observed Chair and NED follow up on a number of occasions. • This appears so from the information we receive at COG • I've not seen one of these meetings happen yet as a new governor. • I am assured of this from the reports we receive at CoG. I have not observed Board meetings myself 	<p>See comment and action above.</p> <p>There are opportunities to observe the Board of Directors: public Board of Directors meetings for the year are available on the Governor calendar and meetings, held via MS teams are published on the SHSC website. Reminders and requests for questions to the Board are now being sent to governors in advance of the meeting.</p> <p>If Governors are able to try and come to a couple of meetings a year (even if only in part) that would significantly help Governors in feeding back on this in the appraisal process.</p>	<p>Action: share the board meeting link monthly with Governors for ease of access and as a reminder – action completed.</p>			
5	<p>The Council of Governors receives information such as reports, presentations, briefings, and verbal updates</p> <ul style="list-style-type: none"> • are they user friendly? • do they provide the right level of information to support our discussions and decision making? • have they improved over the last year? 				
Strongly agree – 4	Agree - 1	Unable to say - 1	Disagree - 1	Strongly disagree	Progress update October 2023

Comments from the survey	Response	Actions and progress
<ul style="list-style-type: none"> • CoG members receive a large volume of briefings, reports, presentations and verbal updates. This is very useful to remain abreast of developments regarding our Trust. • Accessibility and user-friendliness has remained at a good standard. • Information is huge delivering transparency. • NEDs have been clear in picking out the main issues and communicating those to the CoG. • Communication with the CoG has improved this year compared to last year. • Not always pre-meeting or sometime very last minute • Improving but still often full of NHS jargon and acronyms • Some reports can be difficult to absorb due to the complexity of the subject, however they have got better over time. 	<ul style="list-style-type: none"> • Governors have made decisions during the financial year and key decisions such as the Quality Objectives, are outlined in the Annual Report. • Following feedback from Governors, a Board Update report is received at each of its meetings with key items from the Board of Directors meetings highlighted. • Following feedback from Governors, a Governor calendar of events has been produced and this is refreshed and circulated regularly • Work plan is in place. 	<p>Action: attach other groups Governors can be involved in through the engagement activity in the Trust to the Governor Calendar (including where known which Governors are involved in these groups) – follow up with engagement team – Action completed.</p> <p>Action: continued focus on accessibility of papers including avoiding or explaining acronyms wherever possible. All acronyms have been removed from the Board report to Governors in October, we will continue to work with authors of papers to remove these wherever possible or to use glossary guides if needed.</p>

<ul style="list-style-type: none"> • Where an issue is on going and you have missed meetings catching up can be difficult. • There are too many questions here! • The reports are generally quite dense but informative. I do wonder if everyone is able to understand these, and they are very information-heavy at times. • I'm not sure that we <i>do</i> make decisions (or any that are not effectively rubber-stamping things that are <i>fait accompli</i>), and perhaps a criticism is that we still receive too many reports for information only. • Agendas do seem to be reactive. The work plan needs to be reviewed 		<p>Action: Review the jargon/acronym buster and re-share with Governors – to be progressed</p> <p>Action: consider and explore development of an electronic hub page/electronic portal for sharing information with Governors – to be progressed.</p>
6	<p>I feel supported to fulfil my role; I have access to advice, support, and engagement opportunities such as</p> <ul style="list-style-type: none"> • drop in sessions with the Chair • governor buddying scheme • governor induction and get to know you lunch • workshops • development sessions on areas of interest such as community mental health team 	

<ul style="list-style-type: none"> engagement in programmes of work/opportunities to give views and feedback such as service user and carer experience, human rights etc <p>Has this improved over the last year?</p>						
Strongly agree - 3	Agree - 2	Unable to say	Disagree	Strongly disagree		
Comments from the survey		Response			Actions and progress	
<ul style="list-style-type: none"> Being a CoG member is very rewarding. I have access to all the advice, engagement, information, and support I need if I asked. The drop in session with the CoG Chair are useful as small groups can share information and clarify earlier communication. The Governor Buddying scheme is developing slowly but steadily at the pace CoG members are comfortable with. The new Governor Inductions process is really good now that the worst of COVID-19 seems to have passed. The lunch workshops are also good where CoG members can meet in person and interact. Development sessions are really interesting so people with one interest in NHS Sheffield can 		<p>This remains a work in progress and will develop through engagement and feedback from Governors.</p> <ul style="list-style-type: none"> To support ensuring all Governors feel able to 'have a voice' the Lead Governor and Deputy Lead Governor could be available for pre-meets for the formal Council of Governors meetings. 			<p>Action: Circulate Lead Governor's contact details <i>[these are also available in the induction pack for new governors]</i> - to be progressed.</p>	

<p>hear other aspects regarding our service.</p> <ul style="list-style-type: none"> • Various engagement programmes, workshops and presentations have taken place. Again people could give feedback or just observe how people addressed certain issues. • There has been a significant improvement in engagement opportunities from last year, mainly due to the end of COVID-19 restrictions. • I haven't needed or used any of these initiatives, but all are very welcome and reflect positively on the support available for CoG members. • I feel I'm unable to tick 'strong agree' here as a someone who has been a governor solely in the covid era and only had the opportunity to undertake online-first activities . 		
7	<p>I have support, where I need it to engage with my constituency (if not please say what support you would find helpful).</p> <p>Has this improved over the last year?</p>	

	Strongly agree	Agree - 1	Unable to say - 2	Disagree	Strongly disagree – 1	Progress update October 2023
Comments from the survey	Response					Actions and progress
<ul style="list-style-type: none"> • It has only been relatively recently, that it has been possible for CoG members to engage with their constituency. This work has been massively delayed for two years by COVID-19. • I feel confident that if CoG members were to ask for support to deliver a raise awareness stand in their constituency, the request would be fulfilled. • Yes it has. Two in-person sessions have taken place in 2022, which was been disrupted by COVID-19 and the death of the Queen. • I have had no support engaging with my constituency (the University). This is a source of disappointment and concern; there has been virtually no senior engagement across organisations in all of my time on the CoG, and for as long as I have worked in Sheffield (since 2016). 	<ul style="list-style-type: none"> • It is for Governors (<i>working with SHSC</i>) to determine the best way of engaging to meet the needs of their ‘constituencies’ - if Governors need support or guidance on this the team can provide this. • The Annual Members Meeting is an opportunity for Governors to engage with the membership more generally • The Membership Strategy will be reviewed in the autumn. • The Trust is engaged in a very wide variety of partnership work with regular updates received at Board meetings and at Council of Governors. This includes participation in Sheffield Place and leading the Mental Health Learning Disability Provider Collaborative Alliance – now called the Provider Collaborative • Feedback from governors reporting back from their constituencies is 					<p>Action: Externally facilitated session to be put in place on membership engagement (this will include appropriate use of social media) – September 2023. Action closed session held.</p> <p>Action: Share social media policy and code of conduct with all Governors (<i>note these shared in Induction with new Governors</i>) - to be progressed.</p> <p>Action: explore opportunities for joint membership engagement activity with neighbouring trusts – discussions have begun with colleagues in neighbouring Trusts and will continue to be progressed</p>

				<p>included on the workplan and is a standing item on the agenda</p> <ul style="list-style-type: none"> • Governors are invited to feedback from their constituencies and activities at the Chair drop-in sessions which are also attended by the SHSC leads on Engagement, Experience and Coproduction • Governors have the opportunity to input their constituent feedback at Governor development workshops such as the Community Mental Health Team development workshop, Carer groups, etc. 		
8	The Nominations and Remuneration Committee (NRC) effectively fulfils its role and provides the Council of Governors with appropriate reports to support discussion and decision making					Progress update October 2023
	Strongly agree - 1	Agree - 1	Unable to say - 1	Disagree - 1	Strongly disagree	
Comments from the survey			Response		Actions and progress	
<ul style="list-style-type: none"> • The Nominations and Remunerations Committee functions well and feedbacks to the Board of Directors and the CoG clear information regarding what the issues are and the suggestions to progress matter in hand. 			<ul style="list-style-type: none"> • The detail received at NRC is generally confidential personal information related to the NEDs for example around appraisal or as part of recruitment processes. NRC is a 		<p>Action: Include further detail in reports from the NRC on key areas of consideration and challenge in reaching recommendations made to the Council of Governors- this has</p>	

<ul style="list-style-type: none"> • I feel the information we are given is limited and directs COG to agree the decision already made by the N and R committee. My experience is that no counter arguments are put and it's a rubber stamp job. • I believe it is active in ensuring it meets its obligations and objectives but not seen it in action as yet. • I have long been concerned that NRC does not always represent the wider CoG membership. It has a privileged place in terms of Trust governance. We know relatively little about NRC meetings. 	<p>required committee with delegated authority.</p> <ul style="list-style-type: none"> • All Governors have had the opportunities to join the NRC if they wish to do so. • Governors have had the opportunity to get involved with the stakeholder engagement elements of board recruitment. 	<p>been noted for future reporting.</p> <p>Action: Terms of Reference of NRC to be reviewed – for approval in Q1 of the new financial year. Not yet due</p>				
<p>9 The external auditors, to the best of my knowledge, are working effectively with the Trust and have provided the Council with their report on the Annual Report and Accounts</p>						
Strongly agree - 2	Agree	Unable to say - 2	Disagree	Strongly disagree	Progress update October 2023	
Comments from the survey			Response		Actions and progress	
<ul style="list-style-type: none"> • As a CoG member who observes the FPC sub-committee I have not seen any indication regarding the independent auditing of the Trust's financial accounts. 			<ul style="list-style-type: none"> • Independent auditing of the Trust accounts takes place via our external auditors and reports are received at the Audit and Risk Committee 		<p>Action: Following discussion and agreement to extend the External Audit appointment, Governors will have the opportunity to be involved in</p>	

<ul style="list-style-type: none"> • Don't know enough about this aspect to give a fair comment. • The person delivering the external audit explained how it worked and what each bit meant and gave us an appraisal of how we were doing over all. That was really helpful to see. • The external auditing process has always been questionable; not because of anything we do at SHSC but because the idea that a firm who we select and pay is going to be truly independent is a barely credible proposition. We do this because we have to and (I have to say) there is little value here. I don't give any particular credibility to this part of our work. • I have seen this with the accounting (KPMG I think?) and I thought that was effective. However, when people deliver powerpoints or other mass pieces of information, whilst they may be very knowledgeable on what they are speaking about I often don't find that it is delivered well to enable those 	<ul style="list-style-type: none"> • A report is received annually from external audit to the Council of Governors related to the Annual Report and Accounts. • As a public sector NHS organisation we are required to have external auditors in place and go through the proper processes to appoint them which is what happens in practice. • The auditing process is extremely detailed and rigorous and follows nationally set parameters. 	<p>the tender process this year. Process in train with governor involvement secured. Report due at December meeting.</p> <p>Action: discussion to take place with external audit to consider how the presentations to the Council of Governors can be made more accessible in future. Not yet taken forward – not due until the new financial year.</p>
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with no knowledge of the matter to understand.						
10	Administrative arrangements for the Council of Governors work well (circulation of papers, minutes, actions, and forward planning)					
	Strongly agree - 3	Agree - 1	Unable to say	Disagree	Strongly disagree	Progress update October 2023
Comments from the survey			Response			Actions and progress
<ul style="list-style-type: none"> Administration of the CoG works very well most of the time. I have heard other CoG members voice concerns at the late appearance of meeting notification and minutes. This only happens when there has been a last minute development. The secretariat are invariable helpful and generally brilliant! Would like more time where possible 			<ul style="list-style-type: none"> The forward planner has been updated and is now shared at each meeting. Dates for all meetings for the year and beyond have been shared. There will be extraordinary additional meetings required at times to meet business need. A Governor calendar of events for 2022-23 and 2023-2024 has been produced. This is updated and circulated to all Governors regularly and suggestions for improvement are happily received. <p>No further action required at this time.</p>			No further actions were identified

General observations on areas of good practice and improvements made in the last year	Response / Proposed actions
<ul style="list-style-type: none"> • The impetus that CoG members should have more opportunities to meet in person is good practice. • Hopefully there can be a quarterly event where all CoG members can meet for presentations and workshops, or just to observe. • The COG is well attended, well organised and well chaired. I feel that everyone is welcomed and allowed to put forward their views and comment as appropriate • I am told that SHSC has a large number of Governor positions compared to other Trusts. This potentially gives us a broader spectrum of people to call from • I liked that as a Trust we opened up the newly renovated Burbage ward (New name TBC) for a day to help staff and Governors that don't normally get to see what a ward looks like and talk to the team about how it will run. What I particularly like about this is that it helps break down and may be even dispel some of the myths, and stigma that can be associated with a mental health wards. • CoG meetings are balanced, well attended, inclusive and very well chaired. The Council appear to be operating in more consensual ways, and with greater harmony. NEDs mostly attend and invariably participate in constructive and assuring ways. I would like to give particular credit to the Lead Governor, who does a superb job. 	<p>Please see comments above</p> <ul style="list-style-type: none"> • Agendas and papers received are structured to support discussion. • The calendar outlines the range of face to face opportunities for example workshops, engagement events and further detail will be shared as noted earlier. • If there is anything more that would support improving this Governors are asked to provide specific feedback for example on the report from the Board to the Council of Governors which distils key information for sharing with the Governors and it is hoped will support Governors in onward sharing of messages. • Governors have been given opportunities to get involved in key pieces of work and there has been feedback through additional meetings or at formal meetings on some of these such as the Community Mental Health team development workshop, NED and Chief Executive recruitment, Care Opinion workshop, human rights training etc. Other

- The NED recruitment process demonstrated that - a lot of 'awkward' and probing questions asked
- Some meetings seem to be better than others. Mainly the ones called at last minute e.g. Jan retiring or the new Ned's remuneration seem to be a lot better structured, flow better, be more concise to the point with relevant information, be more engaging, etc than the ones that go on for about 2.5hrs and are all over the place, more unstructured, etc.

General observations of areas where improvement is needed and suggestions or examples of how these could be improved

- There is little where CoG governance and oversight could be improved in relation to where we are at the moment.
- I feel it would be good practice for all meetings CoG members might be interested in attending, are regularly sent out in an email by the 7th of each month.
- The Governor Diary needs to be made larger, especially for CoG members who may be visually impaired. It also needs to be in Word, as CoG members may not be able to access or use Excel.
- CoG members can be supported to have a quarterly surgery in their own constituency, so they can more easily become aware of any public concerns.
- There appears to be an In crowd who has knowledge and insight that the rest of us don't have. However, I think the chair works hard to be inclusive so it's not too bad.

opportunities through engagement team will be attached to the calendar.

- Calendar is in word and font has been enlarged.

- I carry out this role as part of my other duties in the Trust so I need plenty of notice to attend any session.
- I also want to say that Amber Wild does an amazing job at coordinating loads of information. without her I would not know half or what I know.
- I do not have many other comments beyond what's mentioned above, but I would suggest that there are too many extraordinary meetings.
- The relationship between the wider organisation and the governors has been hampered to a degree by the public health arrangements of the past couple of years, but hopefully this can change going forwards
- The Online – First (due to NCovSars2) format of the meetings has been a slight hampering factor to this – hopefully more hybrid and F2F meetings in the future will be able to address this
- We are not bringing enough service user feedback on SHSC to the meeting and there is not enough suitable opportunities provided by SHSC for governors to obtain it to feedback, share their informed views and challenge constructively. If I'm honest, not only did I think there would be a lot more opportunity for this when I applied to be a Governor, I also thought the meetings would include a lot more of the main difficulties which service users were experiencing being discussed as main topics to ensure action was being taken to improve care provided.

There are too many members on the council to allow every member to make a significant contribution

Welcome to the Council of Governors Workshop

Monday 25th September 2023

Session objectives

- To meet new governors and build a sense of corporate identity for the Council
- To refresh and further develop the statutory duties of the Council in light of the integrated care system
- To gain clarity on the distinctive roles of the Council (e.g. corporate body) and the Board (e.g. unitary board)
- To consider next steps for the Council in representing the members and the public at large

Maximising impact

- Everyone's contribution is valued and is important
- There will be opportunities for questions
- Please turn off mobiles and don't multi-task
- Do not interrupt when others are speaking
- Accept the diversity of opinions and views presented

Introductions and welcome

Form a line

- » In birthday date order, month and day
- » In pairs, share your best birthday experience, gift, surprise etc!!

Behaviours and values

“Respectful behaviours are frequently overlooked for their ability to elevate performance and improvement or (in their notable absence), significantly undermine it.

Researchers have found 80 per cent of the recipients of rude behaviour lose time worrying about the incident, 38 per cent reduce their quality of work, 48 per cent reduce their time at work and 25 per cent take it out on other service users!”

▶ Our vision

Improve the mental, physical and social wellbeing of the people in our communities.



▶ Our values



Working together for service users



Respect and kindness



Everyone counts



Commitment to quality



Improving lives

▶ Our aims

- Deliver outstanding care
- Create a great place to work
- Effective use of resources
- Ensure our services are inclusive



Refresher session on the role of Council

Duties set out in statute

- Individual governors have no standing in law
- The rights of governors lie with the full council
- Unlike the board, the council has no powers of delegation
- Councils of governors do not have a free hand, their duties are set out in statute:
- The National Health Service Act 2006 as amended by the Health and Social Care Act 2012

The statutory duties

- Appoint/remove Chair and NEDs
- Chair/NED remuneration
- Approve/not approve appointment of CE
- Appoint/remove auditor
- Receive annual accounts, annual report and any auditors report
- **Represent the interests of members and the public**
- **Hold the NEDs to account for the performance of the board**
- Approve/not approve mergers, acquisitions (over half of all governors)
- Approve/not approve significant transactions (if defined by constitution – over half of governors voting)

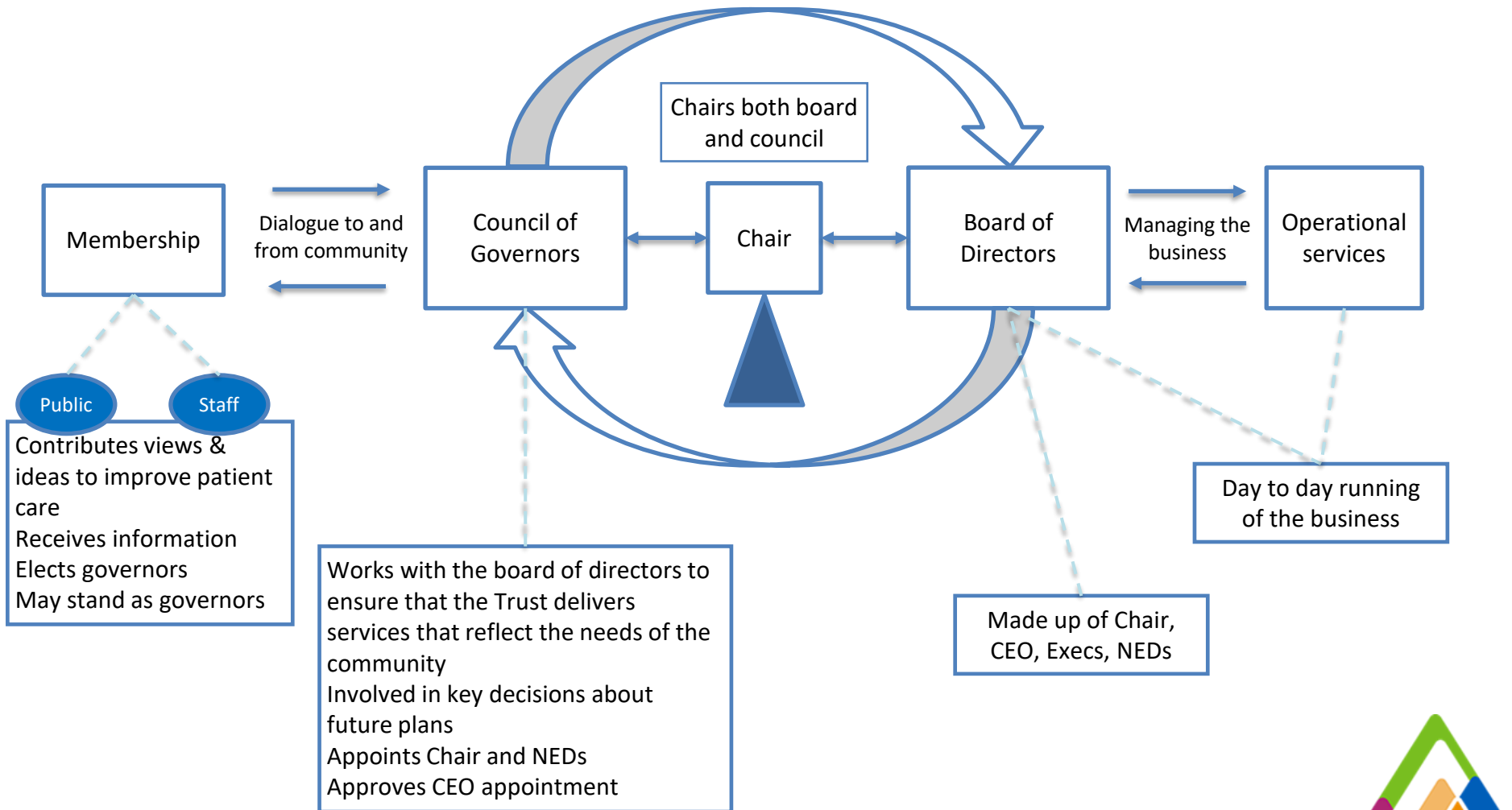
Boards & corporate governance

‘The system by which companies are ***directed and controlled***....The responsibilities of the Board include setting the company's strategic aims, providing the leadership to put them into effect, supervising the management of the business and reporting to shareholders on their stewardship.’ Cadbury

‘Corporate governance is the means by which boards ***lead and direct*** their organisations so that decision making is effective and the right outcomes are delivered.’ Monitor

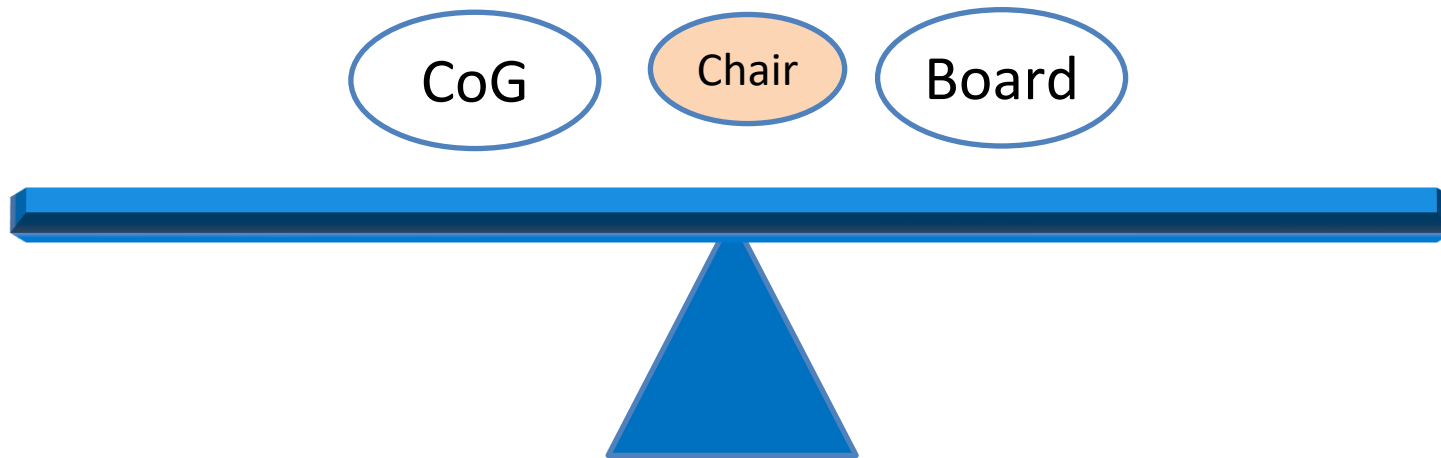
Getting the balance right

FT Governance Arrangements



Membership

Operations



by what criteria ?

CQC describes ...

a well-led board as conducting their affairs effectively & demonstrating measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care.

Legislation states ...

the Board must promote the success of the Trust and maximize benefits for the FT members and the public and

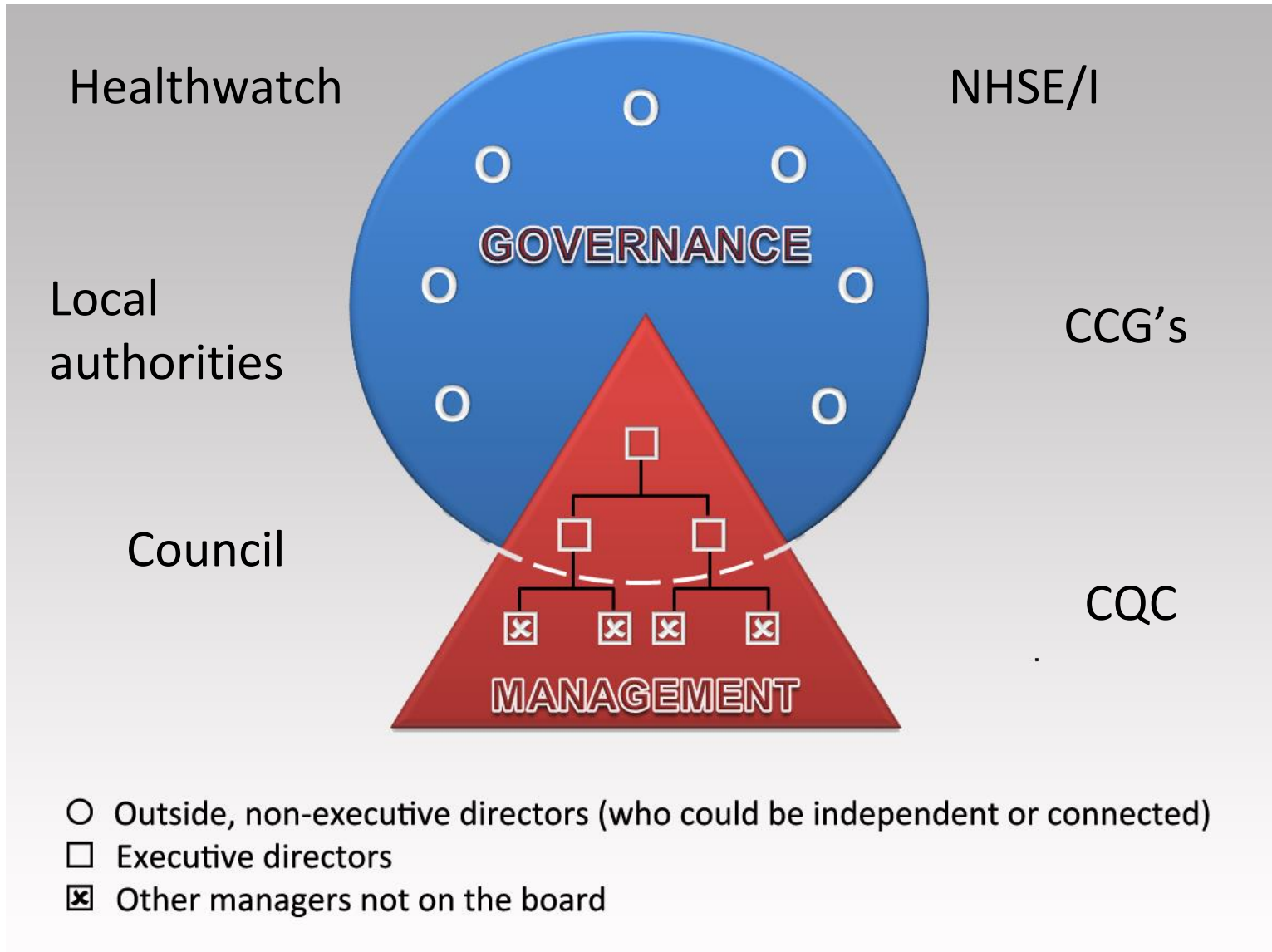
at the same time consider the consequences of its decisions on other partners within their system, and the impact on the public at large.

Councils and system working

Councils will need to be assured their FT board has considered the consequences of its decisions on other partners within their system, and the impact on the public at large.

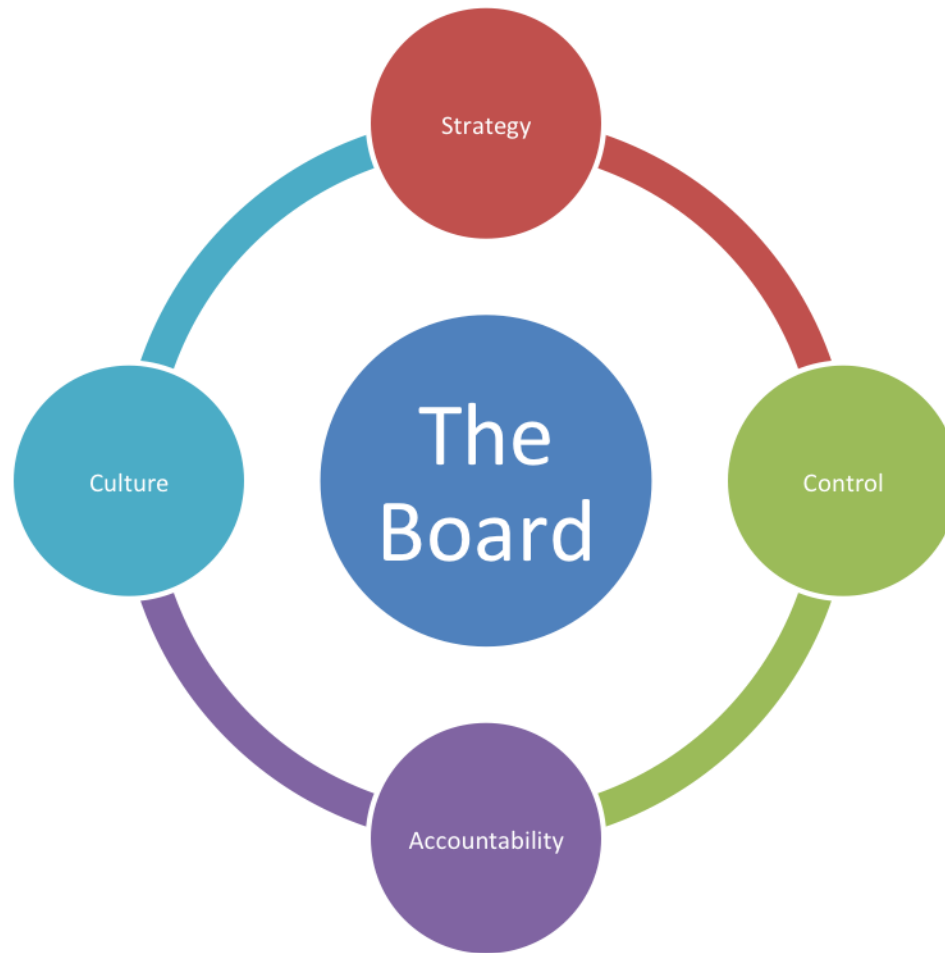
Councils and system working

“The success of an individual FT will increasingly be judged against its contribution to the objectives of the ICS. This means the board’s performance must now be seen in part as the trust’s contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through provider collaboratives. In holding non-executive directors to account for the performance of the board, councils of governors should consider whether the interests of the public at large have been factored into board decision-making, and be assured of the board’s performance in the context of the system as a whole, and as part of the wider provision of health and social care.”



- Outside, non-executive directors (who could be independent or connected)
- Executive directors
- ⊗ Other managers not on the board

It is what Boards *do* ...



The well-led board

<p>Is there leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>Is there a clear vision and credible strategy to deliver high quality, sustainable care to people and robust plans to deliver?</p>	<p>Is there a culture of high quality, sustainable care?</p>
<p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services well-led?</p>	<p>Are there clear and effective processes for managing risks, issues and performance?</p>
<p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>Are the people who use the services, the public, staff and external partners engaged and involved to support high quality, sustainable services?</p>	<p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

A Reminder !

The
performance
of the **trust**
is the
business of
the board

The
performance
of the **board**
is the
business of
the council

COMFORT BREAK

- » Grab a drink, stretch your legs etc
- » Back in 15 minutes

Holding the NEDs to account

“To ask the responsible person to explain their actions or decisions”

Cambridge Dictionary

'holding to account' questions

- How is the Board complying with best practice ?



- How is the Board reaching the right decisions and considering their impact on other partners within their system, and the impact on the public at large ?

- How is the Board assuring themselves that the trust is delivering safe and effective care ?

the distinctions

It's the NEDs role to scrutinise;

It is the Council's role to ensure that NEDs are doing this.

So the Council must?

question, be curious and ensure there is rigour in the assurance processes of the Board



manage or supervise or do the job of the NED or executive directors.



What does assurance look like?

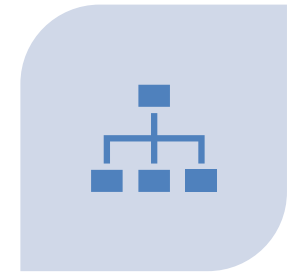
Assurance



REASSURANCE =
WHEN SOMEONE
TELLS THE BOARD ALL
IS WELL



ASSURANCE = WHEN SOMEONE
TELLS THE BOARD WHAT'S
HAPPENING, PROVIDES EVIDENCE,
AND THEY CAN JUDGE FOR
THEMSELVES IF ALL IS WELL



HOW DOES THE
COUNCIL SUPPORT
BOARD ASSURANCE?

“Assurance can be described as the provision of accurate and current information about the efficiency and effectiveness of an organisation’s policies and operations and the status of it’s compliance with statutory obligations”

**Good assurance is confidence backed
by sufficient evidence**

Assurance or Reassurance?

A

"We now have the right systems and processes in place to deliver a consistently safe service."

B

"As nursing director I can assure the board that we are taking all necessary steps to deal with the situation."

C

"The peer review report presented to the board confirms our performance as being in the upper quartile nationally."

Assurance

A diagram of a stool with an orange seat and three legs. The seat is labeled 'Assurance'. The legs are labeled 'Data & information' (blue), 'People' (green), and 'Observation' (red). The stool is centered on a white background.

Data & information

People

Observation

Where does the Board get its assurance from ?

board
effectiveness &
evaluation review

progress on annual
plan

quality
improvement
reports

finance &
performance
reports

CQC inspection
visit reports/peer
reviews

patient
engagement &
governor visits,
clinical visits

internal and
external Audit
Reports

Staff Survey

FTSU Reports

complaints annual
report

BAF/Corporate
Risk Register

assurance = evidence + confidence
(track record)

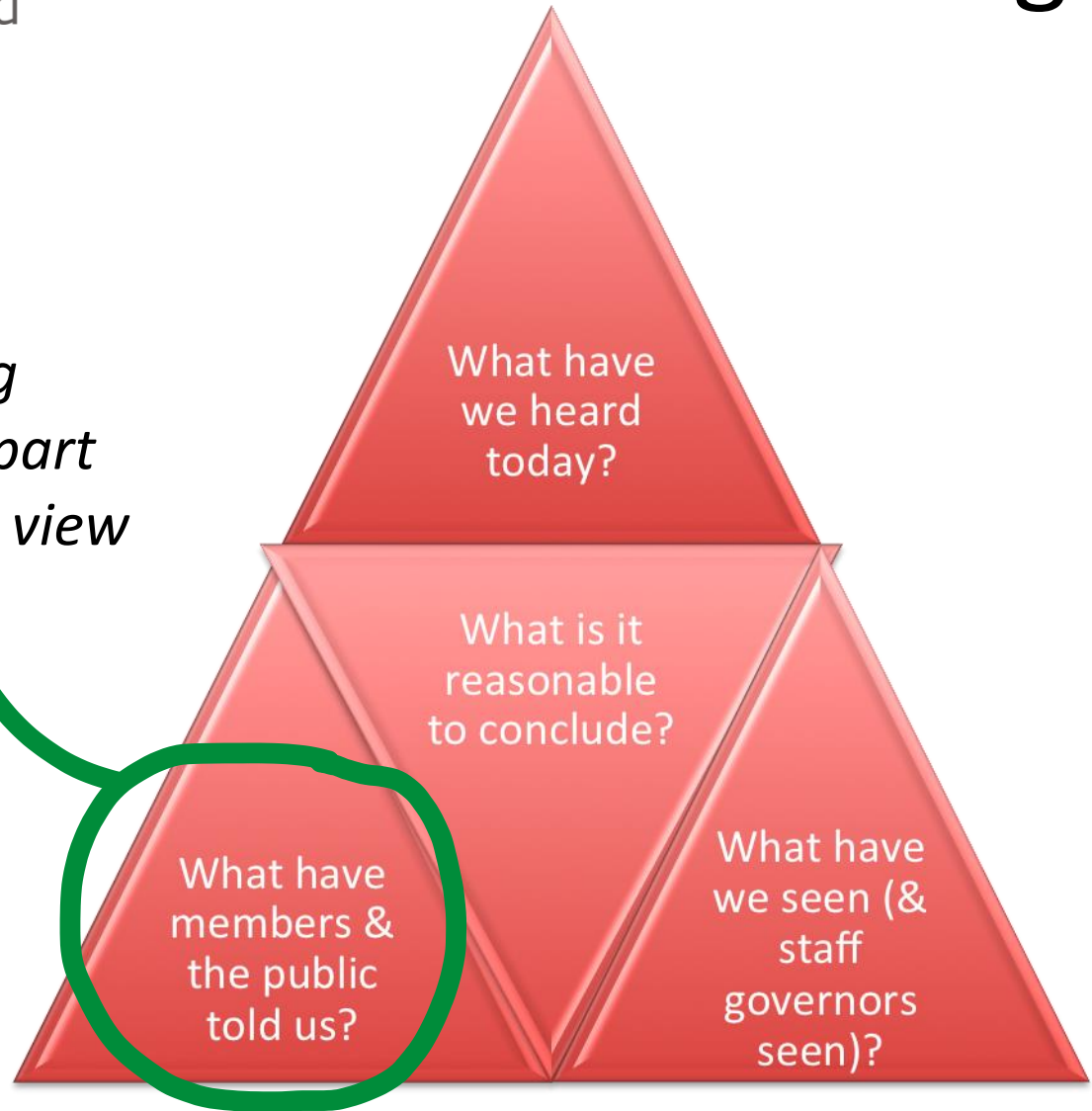
The *right* information

The assurance that the Board receives then needs to be explained to the Council.

- Everything that the board does can be explained to a lay person.
- You have the right to ask for information in a form that makes sense to you as a council.
- More information isn't necessarily better information.
- Key questions for governors to ask themselves:
 - 'Are we satisfied that the board has assured itself on the key risks in this area?'
 - 'What would a "reasonable" person think?'

Forming a view

Representing members is part of forming a view



Practice time

<p>Is there leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>Is there a clear vision and credible strategy to deliver high quality, sustainable care to people and robust plans to deliver?</p>	<p>Is there a culture of high quality, sustainable care?</p>
<p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services well-led?</p>	<p>Are there clear and effective processes for managing risks, issues and performance?</p>
<p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>Are the people who use the services, the public, staff and external partners engaged and involved to support high quality, sustainable services?</p>	<p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

LUNCH

- » Enjoy your break, chat to governor colleagues
- » Back in 45 minutes

Representing members and the public at large

Statutory requirement –

- » Helps the Council get to the information in order to hold the NEDs to account & represent the views of members and wider community
- » Helps the Board to show how they engage with their patients and other stakeholders

Also –

- » Allows governors to be ambassadors for the Trust and to get access to genuine feedback and opinion
- » Fulfils our aspirations to help people

What is membership for?

1. Provide feedback and information to the Council and hence the Board
 - on current services
 - on proposed future services
 - on alignment to system priorities
2. To provide recruitment basis for potential future governors
3. To vote future governors into position

What does good look like?

1. Representative (Code of Governance)

- » population FT serves – by gender, ethnicity, class and age
- » geographical patch the FT covers – by constituencies

2. Up to date and legal (GDPR 2016)

- » regularly refreshed
- » in line with data protection rules

3. Responsive

- Election turnout rates
- Average number of candidates per governor seat
- Attendance at meetings
- Response rate to consultations

01

better health and
wellbeing for
everyone

02

better quality of
health services for
all individuals and
sustainable use of
NHS resources

03

reducing health
inequalities in
access,
experience and
outcomes

Councils and system working

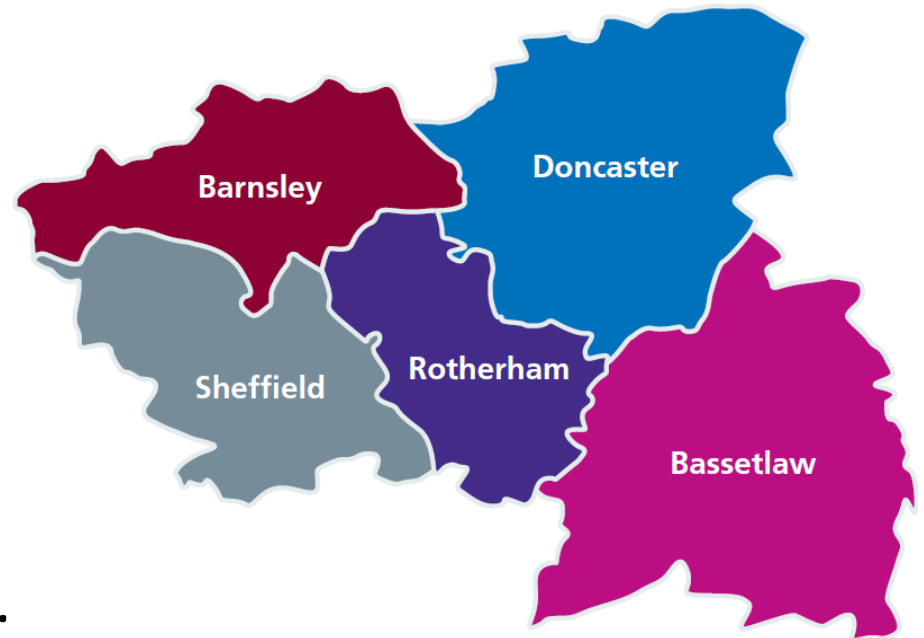
Councils have a legal duty to represent the interests of members of their NHS FT and the 'public' which is now defined as the '**public at large**'. This means the population of the local system(s) of which the NHS FT is part.

Councils and system working

“Councils of governors should be assured that their trust is engaging widely, They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch).

Governors must also adhere to their trust’s communications or media policies when engaging and communicating with the public.”

South Yorkshire Integrated Care System



There are 42 ICS areas nationally.

NHS organisations, local councils and other partners working together as integrated care systems (ICSs)

ICSs have four key purposes:

- **improving outcomes** in population health and healthcare;
- **tackling inequalities** in outcomes, experience and access;
- **enhancing productivity** and value for money;
- supporting broader **social and economic development**.

System-working and the role of FT governors

- The *addendum to the Guide for Governors* gives updated considerations to the main duties of Councils

Guiding principles:

- Councils have a legal duty to represent the interests of members of the NHS FT and the public. **‘The public’** is wider than patients and the public local to the trust or those from governors’ own constituencies
- To support collaboration and the delivery of better, joined up care, **councils are required to form a rounded view of the interests of the ‘public at large’** – including the whole population of the ICS.

This mainly affects a council’s duties of:

- **Holding the NEDs to account for the performance of the board of directors.**
- **Approving ‘significant transactions’, mergers, acquisitions, separations or dissolutions.**

key changes

- Delivery of care to patients and the way it is planned and paid for is changing.
- The change will shift from activity-based payments to blended funding based on local population needs from a single pot of money held by the ICS.
- SHSC will become part of a local collaborative while remaining accountable for their current range of formal and statutory responsibilities. SHSC will increasingly develop links, for example, into the community, primary care, education.
- Delivery will be across a geographic area and delivered by collaborating teams.
- Feedback from the lived experience of patients and service users will be essential but as yet is not clear within the ICS structure

Council's need to think through how they hold NEDs to account and represent members in this changing landscape.

Questions to consider

1. has your trust told you about the structure and direction of your ICS?
2. do you know how your NEDs oversee what the system is doing?
3. do you understand the governance implications of how ICS decisions are being made and priorities set?
4. are the long term outcomes clear for the ICS decisions which will affect your trust?
5. how is risk being dealt with by the ICS and how is this reflected in your trust?
6. how is the system and your trust focussing on overall outcomes?
7. how is your ICS talking openly and frankly to the people they serve?

As a Council, you will need to start thinking about the views of local citizens or patients outside the confines of your trust. What support and information do you need to be able to do this?

in summary

- Overall responsibility for running an NHS foundation trust lies with the board of directors.
- Directors retain responsibility and accountability for the performance of the foundation trust, whereas governors do not take on this responsibility or accountability.
- NEDs will obtain assurance that performance and quality are as they should be, that risks are properly controlled and that strategy is being implemented successfully and sustainably.

in summary

- The Council of Governors is the collective body through which the non-executive directors explain and justify their actions, and the Council should not seek to become involved in running the trust.
- Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct.

Suggested further reading

Structure and landscape

https://www.hfma.org.uk/docs/default-source/publications/guides/intro-to-nhs-finance/hfma-introductory-guide-to-nhs-finance.pdf?sfvrsn=74dd76e7_20

<https://researchbriefings.files.parliament.uk/documents/CBP-7206/CBP-7206.pdf>

Governors role

[https://www.england.nhs.uk/long-read/addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/#:~:text=The%20guide%20for%20governors%20lays,\(rather%20than%20trust%20boards\)](https://www.england.nhs.uk/long-read/addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/#:~:text=The%20guide%20for%20governors%20lays,(rather%20than%20trust%20boards))

Healthwatch guidance on holding to account -

<https://www.healthwatchesurrey.co.uk/wp-content/uploads/2023/01/Holding-to-account-toolkit-Final-November-2022-2.pdf>

ICS guidance on people and communities - <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf>

Suggested further reading

Structure and landscape

https://www.hfma.org.uk/docs/default-source/publications/guides/intro-to-nhs-finance/hfma-introductory-guide-to-nhs-finance.pdf?sfvrsn=74dd76e7_20

<https://researchbriefings.files.parliament.uk/documents/CBP-7206/CBP-7206.pdf>

Governors role

[https://www.england.nhs.uk/long-read/addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/#:~:text=The%20guide%20for%20governors%20lays,\(rather%20than%20trust%20boards\)](https://www.england.nhs.uk/long-read/addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors/#:~:text=The%20guide%20for%20governors%20lays,(rather%20than%20trust%20boards))

Healthwatch guidance on holding to account -

<https://www.healthwatchsurrey.co.uk/wp-content/uploads/2023/01/Holding-to-account-toolkit-Final-November-2022-2.pdf>

ICS guidance on people and communities - <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf>

The SHSC Research Development Unit

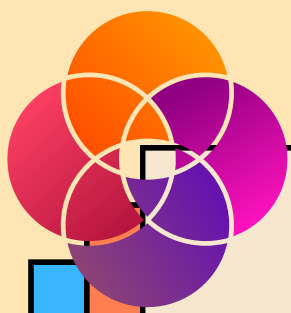
The Research Development Unit (RDU) in SHSC is a small team devoted to overseeing, supporting and disseminating relevant research within SHSC services. A large part of this work involves researchers raising the profile of various research projects the Trust is involved with, and meeting with participants to complete questionnaires and other assessments. Projects can be anything from a 5-minute questionnaire to a complicated randomised control trial looking at new medications and therapies. The role of lived experience is essential in good research in the NHS, and this is something the entire team is very passionate about.

To this end, we would really welcome the support of Governors in recruiting to, and promoting to members, the following areas:

- **Being a Research Champion**
Research Champions are our local advocates in services. They raise awareness of relevant research studies in their teams/forums and help the RDU make decisions about how appropriate new studies will be in their area
- **Attending research events**
There are lots of different research related events. We have a Research Champions event happening later this year; there are regular Drop In On Research meetings on Teams; and some of our staff attend various services as part of “research roadshows”
- **Liaising with our Lived Experience Research Panel (LERP) and co-producing work with them**
The LERP are a group of local people with both research knowledge and lived experience of mental health problems. This group will meet regularly to generate ideas, inform research strategies and raise awareness of research initiatives they believe are important
- **Participating in any research studies of interest**
There are lots of research studies going on in SHSC all the time, so we’re always looking for participants to contribute to the knowledge base being generated by these projects

And finally the Council of Governors will have influence and involvement with many areas of the local community, so you can be very powerful advocates for currently recruiting projects, future projects and the results of previous studies. Your help with **disseminating information about current and completed research studies in appropriate forums is really important for use.**

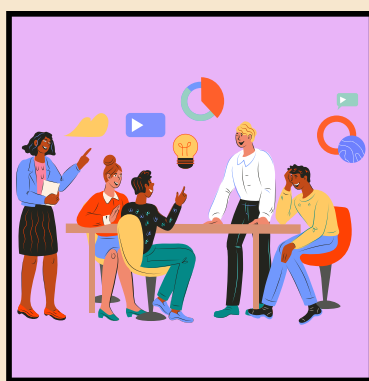
Whilst these are just a few ideas, we’d welcome other ideas and feedback from the Governors. Thank you!



RACE EQUITY ENGAGEMENT DELIVERY

HIGH LEVEL EXTERNAL FACING - TIER 1

Shadow Board
Executive
Non-Exec (paid)
Associate Exec (paid)
Top 5 Community Leaders
Roles & Responsibilities



ACTION GROUP - TIER 2

External Facing
Feeds into Shadow Board
Feeds into LECAG
PCREF delivery plan
Race Equity Community Leader
Human Rights officer
Sheffield Teaching Hosp

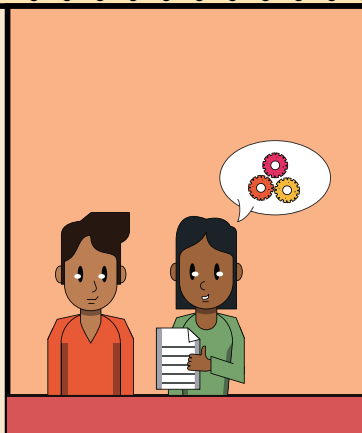
DATA ANALYSIS SUBGROUP

Henry Harrison



OPEN FORUM - TIER 3

Road Shows
Network
Workshops
Non-committal requirement

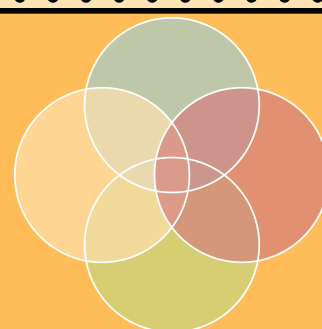


LIVED EXPERIENCE

individuals from communities marginalised by race and or ethnicity. can attend all tiers of engagement.
community action research
innovation hub

ACHIEVE YOUR GOALS

You will reach your goals because you do all projects well.



COD



Carers 'Open Door' Group

Purpose

- Provide a forum for all carers of people using our services to receive key information and offer feedback and input.
- Have a safe space for carer peer support.
- Appropriately challenge carer involvement.
- Listen to shared experiences.

Principles

- Carer Led.
- Open and diverse group.
- Safe space, with an open dialogue and compassion.
- Accessible venue.

Participants

- Carers of people using our services.
- Engagement team representation.
- Wider staff when consulting on a particular theme.
- Community partners responsible for Carers.

Structure

- Chaired by Carer lead and Head of Engagement.
- Focused agenda but informal.
- Monthly meetings.
- Feedback provided to CAG.
- Held at external venue, with virtual joining option.

Getting Involved

- Open access.
- Contact jenny.hall@shsc.nhs.uk or on 0114 2264365

CAG



Carers Action Group

- Ensure Carer involvement is turned into action.
- Drive the Carer and young Carer Strategy.
- Bring together staff and Carers.
- Give assurance to our work.

- Open dialogue and compassionate.
- Accessible language, visual presentations and all acronyms explained.
- Minimal papers.
- Accessible venue for all.

- Open to all Carers of people using our services and staff who are committed to the Carer and Young Carer Strategy.
- Partner representation where there is a strong alignment with CAG purpose.

- Co-Chaired by Carer lead and person with lived experience.
- Focused agenda but informal.
- 4 meetings per year.
- Feedback provided to COD.
- Implementation plan reported to LECAG.

- Initial conversation with the Carer Lead.
- Contact: jenny.hall@shsc.nhs.uk or on 0114 2264365

LECAG



Lived Experience and Coproduction Assurance Group

- Oversee and seek assurance on the effective implementation of the Trust's Lived Experience strategies and to ensure effective co-production is embedded throughout the Trust's services.

- Open dialogue and compassionate
- Accessible language, visual presentations and all acronyms explained.
- Lived experience narrative kept at forefront.

- Membership by invitation only.
- Membership outlined in terms of reference, including 6 lived experience representatives.
- Quorum outlined in terms of reference.

- Co-Chaired by Director of Quality and person with lived experience.
- Formal agenda and papers.
- 4 meetings per year, usually virtually.
- Reports to the Quality Assurance Committee on how it discharges its responsibilities.

- By formal volunteer recruitment process.
- Initial conversation with Chairs.
- Contact engage@shsc.nhs.uk or 0114 2264786 and ask for the Engagement Team.

SUN:RISE

Service User Network: Relevant, Inclusive, Supportive, Exciting



SUSEG

Service User Support and Engagement Group



LECAG

Lived Experience and Coproduction Assurance Group



Purpose

- Provide a forum for service users to receive key information and input.
- Have a safe space for service user peer support.
- Appropriately challenge service delivery.

- Ensure lived experience engagement is turned into action.
- Drive the Service User Experience and Engagement Strategy.
- Bring together staff and service users.

- Oversee and seek assurance on the effective implementation of the Trust's Lived Experience strategies and to ensure effective co-production is embedded throughout the Trust's services.

Principles

- Service-user led.
- Open and diverse group.
- Safe space, with an open dialogue and compassion.
- Accessible venue.

- Open dialogue and compassionate.
- Accessible language, visual presentations and all acronyms explained.
- Minimal papers.
- Accessible venue for all.

- Open dialogue and compassionate
- Accessible language, visual presentations and all acronyms explained.
- Lived experience narrative kept at forefront.

Participants

- Open to all service users.
- Engagement team representation.
- Wider staff when consulting on a particular theme.

- Open to all service users and staff who are committed to service user engagement strategy.
- Partner representation where there is a strong alignment with SUSEG purpose.

- Membership by invitation only.
- Membership outlined in terms of reference, including 6 lived experience representatives.
- Quorum outlined in terms of reference.

Structure

- Chaired by Engagement Team and service user.
- Focused agenda but informal.
- Monthly meetings.
- Feedback provided to SUSEG
- Held at external venue, with virtual joining option.

- Chaired by Engagement Team and Sheffield Flourish.
- Focused agenda but informal.
- 8 meetings per year: 4 'Spotlight' sessions that visit services and 4 meetings.
- Feedback provided to SUN:RISE.
- Implementation plan reported to LECAG.

- Co-Chaired by Director of Quality and person with lived experience.
- Formal agenda and papers.
- 4 meetings per year, usually virtually.
- Reports to the Quality Assurance Committee on how it discharges its responsibilities.

Getting Involved

- Open access.
- Contact engage@shsc.nhs.uk or 0114 2264786 and ask for the Engagement Team.

- Initial conversation with the Engagement Team.
- Contact engage@shsc.nhs.uk or 0114 2264786 and ask for the Engagement Team.

- By formal volunteer recruitment process.
- Initial conversation with Chairs.
- Contact engage@shsc.nhs.net or 0114 2264786 and ask for the Engagement Team.