

Item 3

Council of Governors

Minutes of the 64th meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held virtually on Thursday 14 May 2020

Present:

| Name | Governor Constituency | Name | Governor Constituency |
|-------------------|-----------------------|------------------|-----------------------|
| Cllr Steve Ayris | Appointed (SCC) | Angela Barney | Public South West |
| Jayne Brown OBE | Trust Chair | Adam Butcher | Service User |
| Liz Carthy, Dr | Staff (Psychology) | Fay Colphon | Appointed (SACMHA) |
| Liz Friend | Carer | Nick Hall | Service User |
| Sylvia Hartley | Public NW | Steve Hible | Public NE |
| Susan Highton | Appointed (Staffside) | Cllr Adam Hurst | Appointed (SCC) |
| Ahmed Ibrahim | Public NE | Dr Nusrat Mir | Staff (Medical) |
| Cllr Josie Paszek | Appointed (SCC) | Terry Proudfoot | Lead Governor |
| Kate Steele | Service User | Janet Sullivan | Appointed (MENCAP) |
| Joan Toy | Service User | Prof Scott Weich | Appointed (UoS) |
| Maggie Young | Staff (AHP) | | |

In attendance:

| Name | Designation | Name | Designation |
|------------------|----------------------------------|----------------|-----------------------------------|
| Ann Stanley | Non-Executive Director | Brenda Russell | PA Corporate Governance (Minutes) |
| David Walsh | Director of Corporate Governance | Heather Smith | Non-Executive Director |
| Jan Ditheridge | Chief Executive | Mike Hunter | Executive Medical Director |
| Richard Mills | Non-Executive Director | Sam Stoddart | Deputy Board Secretary |
| Sandie Keene CBE | Non-Executive Director | | |

Apologies:

| Name | Designation | Name | Designation |
|---------------|-----------------|--------------|---------------------------|
| Muhammad Ali | Appointed (PMC) | James Barlow | Appointed (Carers Centre) |
| Tyrone Colley | Service User | Lee Coxon | Service User |
| Julian Davis | Staff (Nursing) | Mark Goodwin | Staff (Social Work) |

| Name | Designation | Name | Designation |
|------------------|--------------------------|----------------------|-------------------------|
| Jules Jones | Public | Toby Morgan | Service User |
| Julian Payne | Service User | Sue Roe | Carer |
| Adam Rodgers | Staff (Clinical Support) | Varria Russell-White | Carer |
| Margaret Spencer | Public | Bradley Wass | Staff (Central Support) |

| Minute | Item | Action |
|-----------|---|----------|
| CoG 64/01 | <p>Welcome and Apologies</p> <p>The Chair welcomed everyone and acknowledged that this was not an ideal way to run a meeting but thanked everyone for their perseverance in advance. She welcomed Jan Ditheridge, the Trust's new Chief Executive. Apologies were noted.</p> | Noted |
| CoG 64/02 | <p>Declarations of Interest</p> <p>The Chair and Ann Stanley confirmed an interest in Item 7. The Chair confirmed she would leave the room for this item, and Ann Stanley would leave the meeting after item 6.</p> | |
| CoG 64/03 | <p>Open Minutes of the Meeting held on 27 February 2020</p> <p>The Chair stated that she would take the minutes as read but invited any governor who felt any items needed to be amended to contact Samantha Stoddart.</p> | Approved |
| CoG 64/04 | <p>Covid-19 Pandemic</p> <p>A paper and presentation from Clive Clarke, Deputy Chief Executive, had been circulated prior to the meeting. Richard Mills, the NED responsible for emergency planning, provided assurance to governors that NEDs would oversee the Trust's response to Covid through reporting mechanisms to the Board and its committees.</p> <p>The Chair had invited questions prior to the meeting, and asked Richard Mills to provide responses.</p> <p>Cllr Steve Ayris, Appointed Governor for the Local Authority asked the following questions:</p> <ol style="list-style-type: none"> 1. The summary report refers to "a number" of staff tests allocated by Sheffield Children's Hospital. What is the number and what ratio is it in proportion to the number of staff? <p>Answer: there are twelve available tests per day, although more can be done if there is spare capacity. This has been sufficient for the Trust's needs as the testing criteria is specifically for new and persistent cough and/or a high temperature.</p> <ol style="list-style-type: none"> 2. Of the 173 absent staff, how many are on furlough? | |

| Minute | Item | Action |
|--------|--|--------|
| | <p>Answer: Richard confirmed that no staff had been furloughed.</p> <p>3. Although the presentation refers to staff testing, it does not refer to testing and contact tracing of Trust service users. Has this been considered by the Board? What is the situation regarding contact tracing of both staff and service users?</p> <p>Answer: this has been considered and has been addressed at the Sheffield Health and Care City-wide swabbing cell in respect of community based service users. The view taken is that there is limited clinical value in swabbing community mental health patients if the result would not change the management plan. In respect of inpatient service users, testing takes place on admission and before discharge. Service users are isolated pending results. This appears to be working well based on the present eradication of Covid cases. Staff testing is presently for symptomatic staff, the concentration being in care homes which are considered to be the present epicentres of the pandemic. Should widespread testing become available, we will be seeking testing of both symptomatic and asymptomatic staff.</p> <p>4. On the indicators, and in preparing for the possible impact Covid-19 could have on emotional wellbeing of the community, NHS England and Improvement said it will publish Covid-19 mortality data on anyone with a learning disability, autism or mental ill health who has died in any NHS setting. Do we know when and where that data will be published, where the data has been sourced and whether it will include deaths outside of hospitals?</p> <p>Answer: we do not know when this will be published; the data will be sourced from the daily situation reports which all Trusts must submit. The Independent Sector has only been asked to complete weekly sitreps in the past week; therefore there will be a delay in gathering this data.</p> <p>5. I understand the Trust is working jointly with the Sheffield Psychology Board on the possible impact Covid-19 could have on emotional wellbeing of the wider community. Would it be possible to provide CoG members with a summary of how this is progressing?</p> <p>Answer: the joint director of the Psychology Board is SHSC's Linda Wilkinson, Director of Psychology and the first paper from the Psychology Board was received by SHSC's Covid Planning Group on 6/5/20. The paper lays out how the Trust and Psychology Board will work together to develop a plan to deliver talking interventions at various stages from voluntary to specialist care.</p> | |

| Minute | Item | Action |
|--------|--|--------|
| | <p>Adam Butcher, Service User Governor, stated that service users with learning disabilities needed follow up in the community and Terry Proudfoot, Lead Governor, thought there should be planning regarding the mental health/wellbeing of staff that have been working in the intensive care wards or working in care homes. The Chair confirmed that this was going to be a priority of the Board.</p> <p>There were 4 questions from Sylvia Hartley, Public Governor:</p> <p>6. Slide 2 states staff absences of 173 at 30 April 2020. What percentage of the total workforce does this represent? Are there any updated figures?</p> <p>Answer: our figures have not gone over c10% at its highest. The current absence due to COVID is 153 as at this lunch time.</p> <p>7. Slide 4 shows eight categories of risk. Which is currently the most challenging and why? Secondly which is the least challenging and why and finally are there any other real concerns amongst the eight categories?</p> <p>Answer: the most challenging would relate to the risk about staffing, even though this position is steadily improving, but could be impacted depending the impact of Phase 2, and a lightening of the Government's guidance on social isolating.</p> <p>The least challenging is responsiveness to guidelines. The process is now well established, from acceptance into the organisation to devolving to corporate and clinical services.</p> <p>The COVID risk register is reviewed on a weekly basis at both Silver and Gold command (part of the emergency planning protocol).</p> <p>8. The Board report front sheet refers to BAF risk A102iii "The risk that the Trust will be unable to provide service at the required standard as a result of reduced or uncertain staffing numbers resulting from the impact of Covid-19 pandemic". Please can you explain what this is?</p> <p>Answer: the BAF is the Board Assurance Framework and it records the key risks to the organisation and how they will be mitigated. Following the outbreak, a new risk was added to the BAF and it details the many elements of the risk. In relation to staffing numbers, we have maintained most services throughout. The risk considers a potential loss of up to 20% of our staff which has not materialised, and is in line with anticipated scenarios in city-wide flu pandemic plans.</p> | |

| Minute | Item | Action |
|--------|---|--------|
| | <p>9. Paragraph 2 of the summary report refers to staff testing and results in 24hrs. Can you add anything to this?</p> <p>Answer: staff are tested, the test is then processed and the staff member informed of the result within 24 hours. However, most of the time it is less than this. 24 hours reflects the Lab's target time.</p> <p>There were 2 questions from Terry Proudfoot, Lead Governor:</p> <p>10. Has suitable personal protective equipment (PPE) been available for all staff who require it, and what assurances have the NEDs received on this?</p> <p>Answer: this has been a challenge for the Trust, particularly in the initial stages when it was competing with the Acute Trusts who were considered the priority. We have followed Public Health England (PHE) guidelines throughout and have sourced PPE where we could, both from outside of the normal NHS supply chain route and through mutual aid. At all times staff and service user safety has been our priority. Suitable PPE is available to staff and stock levels are checked daily.</p> <p>11. Has the capacity for a second-wave response and shift to a different operating model been scoped yet, and is there any preliminary information available?</p> <p>Answer: we are currently in the process of scoping a second wave response/surge to our service provision. We have used our structures when, for example, staffing has been affected, to prioritise our resources into the high-risk areas such as 24 hour/crisis services.</p> <p>There was one question from Bradley Wass, Staff Governor:</p> <p>12. Will there be a full review of the handling of the current Covid 19 situation with the intention of finding out where the Trust has performed well and looking into the many areas where the Trust has failed, including communication, purchasing, cross contamination and testing of staff.</p> <p>Answer: there will be a review on what went well and what did not, in order to properly incorporate the learning into future plans. There is daily communication to staff and specific information on the intranet. Purchasing has not been a problem, but as previously mentioned supply has been challenging in certain areas. Infection prevention and control has worked alongside emergency planning as part of the incident control centre and no cross contamination from one service area to another has been recorded. In addition, there</p> | |

| Minute | Item | Action |
|--------|--|--------|
| | <p>are currently no Covid positive inpatients. There has been a national issue in regarding testing of staff, but as mentioned previously, we work with Sheffield Children’s Hospital and have a number of staff tests per day with a 24 hour turn around. There is also mobile testing available to staff.</p> <p>It is important to say that this has been an unprecedented time for the Trust, where the driver is central Government supported by the Department for Health and Social Care and PHE and the Trust has had to interpret their guidance and directives in order to maintain our critical services and the safety of our staff and service users.</p> <p>Jan Ditheridge, Chief Executive, added that in the early days communication had been a little confusing for staff and understood Bradley’s concerns. The Trust had tested how staff accessed information in order to ensure it was presented in a way that was accessible, timely and helpful. In addition, the Trust had implemented a range of methods in ensure social distancing of staff and service users. Finally, she added the Trust did not have testing for staff in the early days as acute services had been prioritised. However, any staff that showed symptoms or were in contact with others that were showing symptoms did not come into work.</p> <p>Jules Jones, Public Governor, asked:</p> <p>13. Covid-19 raises the mental health burden of ill-health on society via two distinct avenues: 1) increased stress and anxiety caused by fear of the virus or the impact of lockdown (indirect mental health burden) and 2) increased short and medium term (possibly also long term) mental health and cognitive impact caused by the actions of the virus directly on an individual infected person. Please discuss how the Board intend to plan for and deal with this increased level of acuity which is a result of both direct and indirect action of the infection in the Sheffield population.</p> <p>Answer: like the rest of the country, the Trust will be looking to Public Health England who will be considering the short and long-term impacts of Covid, and how health services will need to respond to these, but in the interim, governors should refer to question 5 and its answer.</p> <p>Jan confirmed that this is a level 4 national incident and therefore the Trust is governed by national guidelines. The Local Resilience Forum and PLACE (part of the Integrated Care System) give us instructions/guidance daily and weekly. Our Trust is providing similar performance as other mental health trusts around the country. Jan informed the Council</p> | |

| Minute | Item | Action |
|--------|---|--------|
| | <p>that sadly there had been three service user deaths from Covid, and no staff deaths.</p> <p>Angela Barney queried whether there was more the Trust could do, beyond what is being asked of it from NHS England in relation to testing. Mike Hunter confirmed that live scale NHS testing is up and running in Sheffield with a 72 hour turn around for test results. People who are self-isolating can request a test to be posted to them. There is also a blood testing service available at the Sheffield Arena which is being run by Sheffield Teaching Hospitals who have joined forces with a taxi company to enable people to be picked up/taken home. He stated that governors may have seen an article in the Sheffield Star stating the number of cases in Sheffield has been high.</p> <p>Jayne confirmed that Sheffield in some ways is an epicentre – and the response has been to try to go above and beyond in order to provide care and support.</p> <p>Adam Butcher stated he believed there is likely to be an increase in mental health issues.</p> <p>Jayne and Mike confirmed that the Trust feels that the surge is yet to come and there are plans in hand to manage this. They added the Trust will be working with the Carers Centre to support peoples’ needs.</p> <p>Steve Ayris asked Jayne if she could give some information regarding the pressure the voluntary sector are under as a result of the pandemic.</p> <p>Jayne acknowledged that the pandemic had hit the voluntary sector hard, and this had been borne out at a recent meeting she had attended with Voluntary Action Sheffield who represent Sheffield’s third sector organisations. Jayne stated that donations to food banks have reduced, but the NHS is receiving many donations of food. The Trust is therefore looking to redirect those generous donations to those who need it more. She added the statutory and voluntary sectors are trying to work together to address such issues.</p> <p>The Sheffield Accountable Care Partnership (ACP) is looking at this problem and problems that are expected to arise in the future.</p> <p>Janet Sullivan, Sheffield MENCAP, expressed concerns regarding the long-term implications COVID as a result of isolation as well as significant financial implications that many people and organisations will face. This was acknowledged.</p> | |

| Minute | Item | Action |
|-----------|---|--------|
| CoG 64/05 | <p>Care Quality Commission</p> <p>The Chair expressed the Board’s disappointment with the CQC results. She confirmed that a meeting had been held earlier in the week between herself, the Chief Executive, Lead Governor and governors Scott Weich, Maggie Young, Mark Gamsu, Sue Highton and Adam Butcher to talk through some of the issues. She asked Terry to report from the meeting.</p> <p>Terry informed CoG that Jan had provided an assessment of the situation and had outlined the Trust’s forward plan. She had stressed her surprise at the situation in which the Trust found itself and added that an organisation does not go into special measures quickly, with this happening over time. Scott Weich had concurred with this.</p> <p>Discussions centred around co-production between NEDs and governors moving forward, something which the Chair had supported. Terry had asked how NEDs would be sure that they were receiving good quality and accurate information. Jayne confirmed that there was a plan to triangulate information through NED visits of areas relevant to the Board reports. This would take place on the morning of the Board, which would be moving to the afternoon. This would enable NEDs to bring to bear the knowledge from the visit to the Board. Terry had stressed that governors can be a valuable source of information for NEDs.</p> <p>Terry also questioned whether the Board had reflected on the roles they had played in the Trust reaching this point. Jayne had reiterated the statement she made at the last Council meeting that she would have resigned if she had not already been leaving. Terry stated that all the NEDs intend to stay except for Ann Stanley.</p> <p>Other members of that meeting were invited to provide further comments, but none were received, therefore the Chair asked Sandie Keene, Chair of the Quality Committee, to take the lead for questions submitted by governors in relation to the CQC outcome.</p> <p>Cllr Steve Ayris, Appointed Governor asked two questions:</p> <ol style="list-style-type: none"> 1. How confident is the Board it can both deliver the Covid-19 Forward Work Programme and ensure compliance with the CQC’s requirement notices? <p>Answer: the Trust must ensure the success of both, which it has agreed as part of its core strategic priorities, along with its transformation programme. The Covid work is being overseen by a dedicated command structure, led by the Deputy Chief Executive. The CQC work, which includes the Trust’s plans to</p> | |

| Minute | Item | Action |
|--------|--|--------|
| | <p>address the requirement notices as well as the Section 29a warning notice, is being overseen by the Medical Director as part of the “Getting Back to Good” programme, led by the Chief Executive. There is a dedicated programme support in place, in addition to external support which is being provided. The Board is confident that these arrangements will allow it to successfully complete both priorities.</p> <p>2. How does the Trust reconcile the risks and timescales in achieving “business as usual” in the Covid-19 response report with its priority of getting “Back to Good”? Has the CQC expressed a view on this?</p> <p>Answer: the simple answer is that the Trust must do both – getting back to good while safely managing Covid, and safely managing Covid while getting back to good. The Trust is having regular meetings with the CQC, who fully understand the challenging combination of both circumstances. The Trust has been clear that it will make the required improvements despite the additional challenges of Covid. Sandie added that the NEDs are assured that significant improvements have been made, especially regarding mandatory training.</p> <p>Sylvia said that she is very nervous and felt that the Trust has two massive situations to deal with, adding that regular reassurance was required.</p> <p>Jayne responded that the Trust realised that Covid is going to be integral to everything that it does in relation to the CQC. She added that information presented to the Board the previous day regarding the requirement and improvement notices demonstrated the progress that has been made.</p> <p>Jan stated that when she was appointed as Chief Executive she did not know that she would be managing Covid-19 and getting back to good, and although it has been difficult, she has a clear view of both tasks. She stated that Covid is more manageable now than when it first started and she was confident that the Trust has a team that can deal with this.</p> <p>In relation to CQC Jan informed governors that this could not be turned around very quickly. The Trust will address the urgent items, but if sustainable improvement is required, this will take longer. However, she was confident that the Trust has the staff to do this which has been evidenced by the way in which the Covid crisis has been managed.</p> <p>Kate Steel, service user governor queried how the immediate challenge will be balanced with long-term objectives. Sandie assured Kate this has been discussed by the Board including</p> | |

| Minute | Item | Action |
|--------|---|--------|
| | <p>discussion regarding the transformation opportunities open to the Trust.</p> <p>Sue Highton, Staffside governor, asked how the Trust intended to include staff, carers, etc, in the programme for getting back to good. Sandie responded that it needs to use its existing networks as well as developing new ones. She stated the Trust must present the CQC with its plan by the end of May. Jayne confirmed that Trust must communicate information effectively and support leaders/managers in a more innovative way.</p> <p>Fay Colphon, Appointed Governor asked the following:</p> <p>3. The doctors and nurses are working very hard to deliver the best care possible, in the hospitals, and in the local community. However, with the current pandemic situation; wouldn't this take the attention away from the underlying issues highlighted in the CQC report?</p> <p>Answer: the way that the whole team at SHSC has pulled together to manage the challenges of Covid has been remarkable. It has really shown what the Trust is capable of doing at its best. At the same time, the CQC report is a crucial mirror that has to be held up to the Trust, to show us what we have not been doing well. So, it must be both – we recognise the good work but also need to have an honest conversation about what has gone wrong and how we can all learn from this, and play our part in making the necessary improvements.</p> <p>Terry Proudfoot, Lead Governor asked the following:</p> <p>4. What assurance do the NEDs have regarding the Trust achieving compliance in the two areas in the CQC warning notice due to take place by 31 May?</p> <p>Answer: the Trust is producing weekly reports of progress against all the Section 29a requirements, which is provided to the Quality Assurance Committee and Trust Board on a monthly basis. The information shows that the Trust is on track to achieve the required significant improvements in supervision, mandatory training and governance by 31st May. This has been shared with the CQC.</p> <p>5. Has the Trust achieved compliance in the two areas due to take place by 31 March?</p> <p>Answer: the Trust achieved significant improvements in relation to safer staffing and physical health monitoring, the two areas where the Section 29a notice required significant improvements to be made by 31st March by that date. This has</p> | |

| Minute | Item | Action |
|--------|--|--------|
| | <p>been shared with the CQC.</p> <p>6. While the action plan to address issues identified by the CQC is being progressed, what assurance is there/do the NEDs have that sufficient oversight and scrutiny are being afforded across all of the Trust's activities to ensure that further issues do not develop? (I am concerned that previously issues raised by the CQC have been focused on and improved but whilst that has happened, other areas have slipped.)</p> <p>Answer: we have developed a new, monthly quality report which is presented to the Quality Assurance Committee and Trust Board, which reports on quality across a range of services, not just the areas and issues that fall within the CQC's warning and requirements notices. One of the aims of our overall "Getting Back to Good" programme is to address the underlying causes of our current difficulties by providing Trust-wide approaches for key themes including Quality Improvement, Organisational Development and Culture, Therapeutic Environments and Care Standards.</p> <p>Jules Jones, Public Governor asked the following:</p> <p>7. The unprecedented 'inadequate' CQC rating is a tragedy for Sheffield, and deeply disappointing to me as a governor. Please discuss how the Board intends to protect the public of Sheffield and beyond from inadequate service provision in the short and medium term (whilst the Trust works towards long-term sustainability and improvement).</p> <p>Answer: we have made immediate improvements to staffing, physical health monitoring, supervision, mandatory training and our governance arrangements, and are on track to complete the Section 29a required significant improvements by 31st May. This work will continue, along with our action plans for the CQC requirement notices ("musts" and "should do" actions). The "Getting Back to Good" programme will include the CQC work alongside the more systematic approaches (quality improvement, organisational development etc) that are needed to achieve culture change and embed continuous improvement.</p> <p>Jan stated she understood that people may be concerned about our services. However, she reminded governors that some services are rated good and we also have some rated outstanding too. The Trust will liaise with the areas that are good and outstanding to take leadership into the areas that are not good.</p> | |

| Minute | Item | Action |
|-----------|---|----------|
| CoG 64/06 | <p>The Governor Role during the Covid 19 Pandemic The Chair asked the Council to confirm receipt of the paper which was duly given.</p> | Received |
| CoG 64/07 | <p>Board Appointments The Chair stepped out of the room for this item and Ann Stanley left the meeting. The item was chaired by Richard Mills, Vice Chair. Richard referred to the paper which was clear in its purpose in that governors were being asked to vote to extend the terms of office of both the Chair and Ann Stanley for the reasons detailed. He added that governors would be contacted by Sam Stoddart after this meeting and asked to cast their vote by Monday 18 May. Scott asked if all governors were allowed to vote including those not present at this meeting. Sam Stoddart confirmed that this was the case, and that the exceptional circumstances allowed for this as not all governors had the means by which to join this meeting.</p> <p>In Jules Jones' absence and on her behalf, Sam Stoddart informed governors that Jules had indicated she would vote against the NRC recommendation to extend the Chair. Angela Barney said she would like to hear from Jules why she had voted against this. Sam stated that Jules was not present in the meeting and had said her decision was taken as a result of the CQC inspection rating.</p> <p>David Walsh, Director of Corporate Governance, said that the six months extension may not be required in full. Richard reiterated this, stating there is an eagerness to appoint as soon as possible. David said that any process of recruiting would have to be expedited very quickly if this recommendation was not accepted.</p> <p>Liz Carthy, Staff (Psychology) Governor, asked about timescales regarding interviews, and whether NRC had already shortlisted candidates. David confirmed there are shortlisted candidates in the system but stated that it would be prudent to re-start the whole process given the change in the Trust's circumstances.</p> <p>Richard said that the candidates who are currently in the system will be liaised with but some may no longer wish to be considered.</p> <p>Scott Weich stated his intention to vote against the recommendation to extend the Chair's appointment expressing a preference to appoint an interim Chair. He felt that the Chair should resign immediately and a new person would not have a conflicting position.</p> <p>Adam Hurst, Appointed governor reminded governors of his position as a member of NRC who had agreed with the recommendations presented to the Council today. However, he</p> | |

| Minute | Item | Action |
|-----------|--|---|
| | <p>said after listening to governor comments and reading the CQC report, he had now changed his mind.</p> <p>Jan said that from her perspective the Chair role is a critical post. She informed Council that there are currently two executive directors off sick (i.e. Director of HR and Director of Nursing); in addition, she has a brand-new Director of Corporate Governance; she is 9.5 weeks into her role; an Improvement Director is about to join the Trust who will need inducting into the organisation; having a new Chair would be very hard work for her and the Trust at the moment. If one of the NEDs who had been approached regarding acting into the Chair role changed their minds it would leave the Board short and she is looking at the safest options. Jan understands that everyone wants new leadership but added it was important that it is done in a managed and safe way.</p> <p>She added the Chair is supporting Jan into the organisation from a corporate perspective. Therefore, Jan would like CoG to take into consideration the implications of recruiting/inducting an interim Chair and trying to recruit a new Chair on top of everything else it has to do. She stated this would create more risks.</p> <p>Maggie Young, staff governor said she is concerned about safety and feels that CoG should support NRC's recommendation. Sue Highton said governors need to support the Board and therefore feels that the recommendation should be supported for the safety of the Trust and safety of its staff.</p> <p>Richard Mills confirmed there will be a new Chair, but under the current circumstance we are asking to extend the post of the current Chair for up to 6 months. Scott said that there must be a contingency plan for the 6-month extension.</p> <p>Richard reminded CoG that there are 2 posts which are being asked to be extended – namely the Chair and Audit Chair and asked all governors to ensure that they respond to the vote.</p> <p>Post meeting note: Both recommendations were approved by a majority vote.</p> <p>Chair extension: 35 votes for and 2 against Audit Chair extension: 36 votes for and 1 against.</p> | <p>All governors</p> <p>Approved Approved</p> |
| CoG 64/08 | <p>Governor Elections The Chair re-joined the meeting. David Walsh presented the paper. Guidance from the Department of Health had stated that governors whose terms of office are coming to an end may be able to continue in post, but in a non-voting capacity. Therefore, the paper is asking for Governors affected to indicate whether they would wish to continue in this capacity until an election takes</p> | |

| Minute | Item | Action |
|--------|---|-------------|
| | <p>place and let Sam Stoddart know.</p> <p>Jayne thanked everyone for attending and confirmed that she would explore other ways of holding future meetings. She brought the meeting to a close.</p> | All to note |