

Council of Governors

UNCONFIRMED Minutes of the 72nd meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held virtually on Wednesday, 6 October 2021 and in Committee Meeting Room Four, Fulwood House, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Terry Proudfoot	Service User/ Lead Governor	Ben Duke	Public South West/Deputy Lead governor
Billie Critchlow	Carer	Mark Gamsu	NHS Sheffield CCG
Celia Jackson- Chambers	SACMHA	Rebecca Lawlor	Service User
Adam Butcher	Service User	Steve Hible	Public North East
Catherine Draper (<i>In Person</i>)	Psychology	Mark Goodwin	Social Work
Nev Wheeler OBE (<i>In Person</i>)	Service User	Joan Toy (<i>In Person</i>)	Service User
Jonathan Hall	Service User	Scott Weich (Prof)	Appointed (UoS)
Chris Digman	Public South East	James Barlow	Appointed (Sheffield Carers Centre)
Susan Wakefield	Appointed (SHU)	Dave Swindlehurst	Appointed (Sheffield MENCAP)
Sue Roe (<i>In Person</i>)	Carer		

In attendance:

Name	Designation	Name	Designation
Jan Ditheridge	Chief Executive	Sharon Mays	Chair
David Walsh	Director of Corporate Governance	Amber Wild	Corporate Assurance Manager
Francesca O'Brine	Corporate Governance Administrator (minutes)	Olayinka Monisola Fadahunsi-Oluwole	Non-Executive Director
Anne Dray	Non-Executive Director	Richard Mills	Non-Executive Director
Heather Smith	Non-Executive Director	Sandie Keene CBE	Non-Executive Director
Pat Keeling	Director of Special Projects (Strategy)	Brendan Stone (Prof)	Associate Non- Executive Director
Julie Kitlowski	Observer		

Apologies:

Name	Designation	Name	Designation
Dr Mike Hunter	Executive Medical Director	Caroline Parry	Executive Director of People
Cllr Steve Ayris	Appointed (Sheffield City Council)	Julian Davis	Nursing

Minute	Item	Action
CoG 72/01	<p>Welcome and Apologies Newly appointed SHSC Trust Chair, Sharon Mays, welcomed members, including new Staff Governor, Catherine Draper. Other new Governors are awaiting the completion of their employment checks.</p> <p>Apologies were noted from Executive Director of People, Caroline Parry, Executive Medical Director, Dr Mike Hunter, and Governor Steve Ayris.</p> <p>The Chair will be arranging meetings with Governors, in groups of constituencies, as a way of introduction. Governors can also meet with the Chair individually if they prefer. The aim is for the Chair to learn about Governors, their interests, and how the Council of Governors and Chair can work together for the benefit of the Trust, its Service Users and families.</p> <p>The Trust live-streamed its previous Board meeting, and the intention is to live-stream the next Council of Governors meeting. Corporate Assurance Manager, Amber Wild, will be in touch with Governors about this.</p> <p>The Council heard from Billie Critchlow that Tyrone Colley, former Governor of the Trust, had passed away at the weekend. Those that knew him should know this so that they are able to remember him. Tyrone Colley served as an SHSC Governor for nine years and was also a Service User. Billie Critchlow described Tyrone Colley as a true gentleman and a great family man.</p> <p>The Chair paused the meeting for a few moments so the Council could remember Tyrone Colley.</p> <p>Chief Executive, Jan Ditheridge, and the Chair will write to Tyrone Colley's family to express condolences on behalf of the Trust.</p>	<p>Corporate Assurance Manager AW</p> <p>Corporate Assurance Manager AW</p>
CoG 72/02	<p>Declarations of Interest None.</p>	
CoG 72/03	<p>Open Minutes of the Meeting held on 18 August 2021 Subject to the following amendments, the Minutes of the Council of Governors held on 18 August 2021 were APPROVED as a true and accurate record and accordingly signed by the Chair.</p> <p>Corporate Assurance Manager, Amber Wild, requested on behalf of Non-Executive Director, Anne Dray, that the first paragraph on Page 3 – the word <i>enforced</i> is changed to <i>introduced</i>.</p>	Approved

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CoG 72/04	<p>Matters Arising from Minutes of 18 August 2021 and Action Log The Chair noted that there will be a further Governor Induction workshop planned for 28th October 2021.</p> <p>Outcome of the feedback from Governors will be addressed in Item 72/12 of this meeting.</p>	
CoG 72/05	<p>Chair's Summary to the Council of Governors & Introduction and Report to the Council of Governors The Chair thanked former Chair, Mike Potts, for his time at the Trust.</p> <p>Mike Potts had provided the Chair with a written report and the Governors received this.</p> <p>There will be a further and more detailed update provided at the next CoG meeting.</p>	
CoG 72/06	<p>Quality Assurance Committee The Chair introduced Non-Executive, Sandie Keene, to present this report.</p> <p>Over the last year the Trust has been revising the Terms of Reference for all its committees. The purpose of the Quality and Assurance Committee (QAC) is to ensure these key points are effectively delivered:</p> <ul style="list-style-type: none"> • Safe care at all times • Timely access to effective care • Positive experience and outcomes for Service Users and carers • Effective quality assurance and improvement underpins all we do <p>This is a challenge, but it is the Committee's responsibility and is taken very seriously. To help to achieve this, there are accountable groups within the Trust in these key areas who report assurances and work programme activity to QAC. This is a work in progress and the groups are regularly observed and engaged with by the QAC Chair.</p> <p>The Committee has a work programme that is managed according to a schedule. Strategy development/oversight is a key responsibility and is currently under review. Each committee is responsible for a different strategy. Quality and Assurance Committee review these twice a year and monitor the Implementation Plan.</p> <p>There is now a formal process for each of the committees to report and escalate matters to the Board, called Alert Advise Assure.</p> <p>The Committee uses Improvement Plans to identify improvement needs and to assist in the implementation of recovery planning in areas of concern. These are usually reviewed bi-monthly. Complaints and Safeguarding have been listed as completed but additional improvement needs have been identified in relation to Claims. Active items are under consideration regarding how the Trust is mitigating against their associated risks and difficulties. The review also encompasses how to change the trajectory to improve practice and give the organisation greater confidence in relation to the services that are delivered.</p>	

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	<p>Risks are separated into improving and active concerns. An improving risk, out of area placements, is monitored more closely because the work to improve the ward environments will cause some expected movement in where individuals receive their care. Staffing, in relation to recruitment and retention within the Trust, is a fundamental concern.</p> <p>In respect of Restrictive Practice, focus is on seclusions and rapid tranquillisations. There is an evidence base that it can be less invasive and a more helpful intervention to provide rapid tranquillisation as opposed to seclusion. Instances of seclusion are declining but this is being monitored in terms of how this decline is sustained. Instances of the use of rapid tranquillisations are increasing. The relationship between these statistics will be reviewed as the Trust implements its work on reducing restrictive practice and restrictive interventions. When these statistics are benchmarked against other Trusts offering similar services, SHSC is using the method of seclusion more often, and a net reduction in numbers is needed.</p> <p>There is a backlog of serious incidents and the investigation of them, but progress is being made. It is important to investigate serious incidents quickly to extract learning and use it for improvement. The Committee look underneath issues because the quality of the review is also important. An improvement plan is in development to view serious incidents as a whole and the quality of the reports.</p> <p>Improvement oversight includes the Care Programme Approach Reviews, and the Trust remains below target regarding medication incidents. QAC considers that there are varying performance levels across individual teams. Community Mental Health Teams are challenged and there is a plan being considered to amend how reviews are undertaken going forward. A task and finish group has been developed to address medication incidents raised such as administration errors and fridge temperatures. Overall numbers of incidents in comparison to the total number of administered medications are minimal but an important area of work.</p> <p>The Committee want to ensure new governance processes are embedded and refine recovery/improvement plan processes. It aims to develop experience and impact measures alongside the strategy for co-production so that the Trust understands the experience of Service Users and the impact of direct intervention.</p> <p>Billie Critchlow questioned how the key performance indicators are decided. Sandie Keene confirmed that this list is dictated by Government and the NHS. There is also scope for the Trust to develop local key performance indicators if they are an important part of delivering on a strategy.</p> <p>Mark Gamsu noted how refreshing it was to have areas of concern identified alongside the Trust's progress. It would be useful to know when these statistics will be brought back to the Council of Governors</p>	

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	<p>to enable oversight of the Committee's continued position. The voice of Service Users becomes particularly important regarding areas of concern. Mark Gamsu questioned whether there was additional work in place to ensure that in those areas the voice of Service Users is heard effectively and strongly to drive the improvement agenda.</p> <p>Sandie Keene confirmed with Mark Gamsu that QAC have a presentation cycle of presenting but Governors may request additional feedback. Some of the areas of concern will also be covered under the Back to Good Report which is reported on more frequently. The Chair noted that the Board papers list areas of concern monthly and are available to view. This provides Governors with more up to date information.</p> <p>Mark Gamsu emphasised that the question was around the amount of time needed between reports to ensure a meaningful discussion is had.</p> <p>Chief Executive, Jan Ditheridge, brought the Trust's performance framework to the Council's attention, which includes the recovery plans. There is a trajectory, expected outcome, and dates for review within the recovery plans. Reports will then go to the sub-committees and/or the Council of Governors (CoG) meetings.</p> <p>Professor Scott Weich thanked the Non-Executive Directors for their presentations to CoG and for providing so much information. He questioned whether the breadth of QAC's work more than one committee can manage and asked what direction the Trust is going in regarding progress?</p> <p>Sandie Keene agreed that QAC is a big committee but added that the addition of the Mental Health Legislation Committee helps to manage this. Operational staff and service leadership oversee management, not QAC. Other Trust mechanisms ensure management, but the committee oversees, ensures, and assures on progress. The Trust is moving in the right direction but there are still challenges. The items highlighted in the report are making slow progress or not yet progressing in the right way, which is concerning. There have been improvements, but the issue is whether the improvements are where they need to be.</p> <p>Sandie Keene confirmed for Jonathon Hall that the activity lines of the graphs shown in the presentation were based on the averages of the Trust's performance over a long period. Targets can be based on benchmarking. The performance report includes guidance on benchmarking.</p>	
CoG 72/07	<p>Governor Story Service User Governor Experience</p> <p>Adam Butcher shared with the Council his experiences of being an SHSC Governor. Adam Butcher gave an outline of his background and work inside and outside of the Trust.</p> <p>Adam Butcher confirmed for Governor Billie Critchlow that one of the greatest challenges that Governors face is understanding NHS</p>	

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	<p>language.</p> <p>Chief Executive, Jan Ditheridge, asked what Adam Butcher’s motivation was to become a Governor, and what was the most enjoyable part of the role.</p> <p>Adam reported that giving Service Users, especially those with a Learning Disability, a voice, was a big motivation to become a Governor, as these individuals may be too scared to speak up or do not understand the processes. The challenge of the role is enjoyable.</p> <p>Adam also reported that the Council of Governors is on a journey. Governors are now observing the committees which allows for a more detailed overview, and it is important to remember that there is a Service User or Carer story behind reports and numbers.</p> <p>Adam Butcher addressed Olayinka Monisola Fadahunsi-Oluwole’s question. Membership of the Royal Society for Public Health provided him with insight into other parts of the Trust, for example Infection Prevention and Control reports. It also gives a baseline understanding of work on Patient-Led Assessment of the Care Environment (PLACE) and informs food hygiene and patient nutrition. An important part of therapy and recovery is access to wholesome food.</p> <p>The Chair thanked Adam Butcher for the presentation and the time he puts back into the Trust.</p>	
CoG 72/08	<p>Objective 1 – Covid19: Recovering Effectively Next Steps and Recovery Developments</p> <p>Richard Mills presented this report to the Council of Governors and highlighted that the Trust is focussing on the recovery phase which poses many challenges.</p> <p>By international standards, the Covid19 case rate in England remains high but steady. The level of demand on services across the NHS is of concern. Staff and services are under considerable pressure. It is expected that this demand and pressure will continue and worsen during the winter.</p> <p>The most recent Board meeting included significant discussion regarding Covid19. The need to develop reporting through sub-committees and the link to the Integrated Performance and Quality Report (IPQR) was a key aspect of the meeting.</p> <p>Covid19 Gold command arrangements continue, and plans remain in place to ensure links with Trust partners across the city so the Trust can deliver safe care. The Board is comfortable with the organisation’s position on this, and challenges have been addressed. The Council of Governors can be assured regarding safety.</p> <p>Vaccination Plans are progressing in line with NHS and National Guidance. Regulations are expected that will require care staff to be vaccinated to be able to work in services. The Board are assured that the impact of these regulations on service continuity will be monitored.</p>	

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	<p>Demand across services is being closely observed, particularly demand on referrals. Demand generally remains within previous ranges but 18 out of 21 services are at upper limits. There may also be suppressed demand. There are issues with discharging individuals into the community or other Health and Social Care services which is restricting the capacity that the Trust can offer. Recovery Plans are reviewed monthly. CoG will be updated at each meeting, and they are available on the IPQR.</p> <p>Some services are being expanded and more staff recruited, particularly across Crisis and Increasing Access to Psychological Therapies (IAPT) services. Recruitment is difficult and there continues to be a high turnover of staff. The new Assertive Outreach Service is in development but behind schedule.</p> <p>Current challenges were in existence before the pandemic, but Covid19 has reduced room for manoeuvre. Effectiveness of forecasting capacity and demand and recovery planning have improved. Future forecasting remains uncertain. It is important that the Board develops analysis and observation of these issues further. This report will be ongoing, but it should be reviewed in the context of pressures and demands rather than Covid19 itself.</p> <p>Chief Executive, Jan Ditheridge, confirmed for Governor Celia Jackson-Chambers that the Government have mandated from a legal perspective that nursing home staff must be vaccinated against Covid19. Those rules do not apply to NHS staff working in provider organisations like SHSC. The Government envisage a consultation with staff across the NHS. There are two nursing homes to consider at SHSC and so attention must be paid to this issue. Staff will not be removed from work but may be moved from the work area. Any individual that is not vaccinated against Covid19 must be risk-assessed. The Chair advised that the percentage of staff not vaccinated against Covid19 will be circulated to Governors.</p> <p>Professor Scott Weich added that demand is one aspect of the equation. The challenge is an incompatibility between supply and demand. Case load numbers in community recovery services, where the bulk of contact takes place, is rising inexorably. Regarding the problem of discharging, there is a stark mismatch between the ability to provide care and the numbers of people in the service. It is unknown whether the Trust is discharging people too slowly or if it is not providing care efficiently enough.</p> <p>Richard Mills thanked Professor Scott Weich for a well-made point. It was not the intention to indicate that delayed discharges were the key issue. It is one of several issues. Community demand and how it is dealt with is a challenge that Non-Executive Directors are sighted on as an area of major concern. This needs to be addressed and work is being done.</p> <p>Chief Executive, Jan Ditheridge, highlighted the importance to remember that the Primary Care Transformation Programme is</p>	<p>Corporate Assurance Manager AW</p>

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	<p>targeted at unmet need. The Trust is not yet doing this in a joined-up manner. There are examples of where unmet need has been considered and where the organisation is working differently to address that.</p> <p>Terry Proudfoot asked what was happening regarding negotiations with the CCG over funding, recruitment and managing staff workload, given that demand is likely to remain high.</p> <p>Chief Executive, Jan Ditheridge, advised that in terms of strategy and development, there is acknowledgement that across the NHS community services this needs to be refreshed and reframed to meet people's needs. There is Government funding moving through the system down to SHSC's commissioning partners. The Trust is also focussed on support from commissioners such as urgent care, Crisis, and access to Crisis services. Financial support has been sought where services have been temporarily closed to improve environments and people have been relocated. Discussions are underway with Place and South Yorkshire System to improve partnership working.</p>	
CoG 72/09	<p>Objective 2 – Back to Good: Continuing to Improve Learning from the Firshill Rise Report, including the Quality Summit</p> <p>Sandie Keene presented this report to the Council of Governors.</p> <p>There have been five key moments since the CQC Well-Led Inspection in 2020. In August 2021 the Trust's CQC rating changed from Inadequate to Requires Improvement and an updated list of 52 actions was provided.</p> <p>In Year 1 of the Back to Good Programme there were 74 required actions and 61 were completed. The three key areas for focus were therapeutic environments, staffing, and physical health monitoring. Improvements include staff appraisal, supervision, and training targets, the Trust's smoke-free commitment has been renewed, and staffing levels have increased. The improvement in governance was also recognised. Ward capacity and inconsistent monitoring of health outcomes remain a challenge. Mitigations and assurance received incorporate clinical establishment reviews, health roster systems, and ongoing recruitment initiatives.</p> <p>There is assurance that a Phase 1, 2 and 3 Plan for therapeutic environments is in place. The team are working closely with CQC who are fully informed and engaged in this planning and progress.</p> <p>The Section 29A Warning Notice actions have been completed and this is now closed. Audit and review via quality visits assure that the Trust maintain this progress.</p> <p>The action plan for the Firshill Rise Assessment and Treatment Centre is on track and the Quality Summit has taken place. The purpose of the Quality Summit was to ensure understanding so that appropriate preventative measures could be implemented. Learning and assurance was needed regarding better use of data and information,</p>	

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	<p>monitoring of improvement plans, and working with partners more effectively. The Trust has strong systems for implementing NICE guidance but not other elements of clinical guidance. There is now a review into the guidance available, and how this is incorporated into policies, overseen, and implemented into the Trust.</p> <p>Firshill Rise has now closed, and the remaining service user has been discharged. Work is being undertaken to ensure new clinical leadership, and a process is in development for a co-produced review of future services.</p> <p>The Quality Assurance Committee (QAC) will collate learning from the Quality Summit including outcome from the procedures and processes relating to staff and the CQC report and action plan. This is anticipated to take place in November 2021.</p> <p>The Trust is now in year 2 of the Back to Good Programme. A comprehensive action plan was developed, reviewed, and amended by QAC, and then submitted to CQC. The standard of the plan is higher and more robust than in year 1. It offers greater clarity of how issues are taken forwards, each task has leadership governance, start dates and completion dates are detailed, evidence of impact is listed, and there is an oversight group accountable and reportable to the Back to Good Programme Board.</p> <p>Sandie Keene confirmed for Celia Jackson-Chambers that flash reporting relates to a particular serious incident that needs to be communicated to a wider group of staff. The Board receives information regarding the serious incident.</p> <p>Chief Executive, Jan Ditheridge, noted that the Trust have not formally reported on the outcome of the previous CQC review. In addition to Well-Led, some core services were also reviewed. Learning Disability and inpatient areas were rated as Inadequate. On the most recent CQC report, all areas of the Older People's Wards improved in rating, except for Good for Caring which remained the same. Safety and Well-Led moved from Inadequate to Requires Improvement, and Effective and Responsive both moved up to Good. Mental Health Crisis Services and health-based places of safety moved from Inadequate for Safety up to Good, and Well-Led moved from Inadequate to Good.</p> <p>Acute wards were also visited which is the area of highest concern. There was minimal change and the rating remained as Inadequate. The rating for Responsive went down. The root causes relate to estate changes and the clinical care that the Trust can provide to mitigate against those changes; the management of risk and staffing levels.</p> <p>The organisation has moved from Inadequate to Requires Improvement for Safety, Requires Improvement for Well-Led, and all other items remained the same. This gave the Trust an overall rating of Requires Improvement. There is still lots to do but there was a recognition from CQC that progress had been made in most areas.</p>	

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	<p>The Trust remains in Special Measures, now called Intensive Support, Level 4. It was agreed between the Board and CQC that as the Trust moves out of Requires Improvement, focussed support is still required. There are a range of measures to move the Trust out of Intensive Support and once these have been finalised, they will be brought to CoG.</p> <p>Sandie Keene addressed Chris Digman’s question. The Trust has not yet had the first Year 2 report in terms of the action plan because it has only just been submitted. The reporting process has become more comprehensive and therefore will take more time to embed. This will be for the benefit of the Trust and its action plan.</p> <p>James Barlow asked if it was a good or a bad sign that no carer-related incidences are highlighted, as other areas of concern are where significant improvement took place.</p> <p>Sandie Keene explained that this was a difficult question to answer. It is bad if these incidences were not scrutinised enough. There is detail relating to service user experience and carer involvement in care planning. This is included within the 52 required actions. The Carer Strategy is currently being discussed and reviewed and it must receive a high profile within the Trust.</p> <p>Chief Executive, Jan Ditheridge, added that the body of the report notes how the CQC spoke to carers and service users in every area. Areas that received a Requires Improvement rating such as waiting times, carer and service user involvement was strong. Carer and service users were reported to be very involved in care planning. Areas where involvement was much higher were not reviewed. Firshill Rise was an area where the Trust did not pay attention to families and attracted an Inadequate rating.</p> <p>Sandie Keene noted to Catherine Draper that there is a task and finish Group reviewing estates within the community in relation to therapeutic environments. There is a vast amount of work being carried out to improve the environment. Pat Keeling advised that it was explicitly detailed in the CQC report that some of the Trust’s community facilities were having a negative impact on staff morale. This is being addressed and was already highlighted within the refreshed Estates Strategy.</p>	
CoG 72/10	<p>Objective 3 – Transformation Estates Strategy</p> <p>Pat Keeling presented this report to the Council of Governors.</p> <p>The refreshed Estates Strategy was approved by Board at the end of July 2021. Staff were significantly involved in its development.</p> <p>The Council of Governors heard that 35% of the estate is community-focussed, 38% is 24/7 ward accommodation, 24% is headquarters and Corporate Services and includes Fulwood House, and 3% is vacant.</p>	

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	<p>The organisation has a responsibility to maintain Trust-owned properties in terms of capital investment. Leased properties are, in general, maintained by the landlord. The balance of these two types of arrangements is key to the ongoing Strategy.</p> <p>In relation to work and investment required, 56% of the estate is not in the condition that the Trust requires. There are two buildings that make up the 5% of properties that are in the best condition, which are Sydney Street and Firhill Rise. 38% of properties are in satisfactory condition and can be maintained regularly. 1% represents portacabins on a Northern General site that the Liaison team use and need to be replaced. This data is compiled from a regular Condition Survey.</p> <p>Another key consideration for the Trust is the development of the SHSC Green Plan – Sustainability and Environmental Issues. Use of energy, transport, how buildings are accessed, and the location of buildings requires consideration.</p> <p>60% of carbon is generated through aspects other than buildings. This will be part of a Green Plan to be developed later in the year.</p> <p>Key investments and focus during the development of the Estates Strategy include discussions with staff and service users. This feedback helps to determine the priorities for the Strategy. Issues relating to safe, fit for purpose buildings were raised. Staff relayed the importance of wellbeing, support, and a therapeutic environment from which to receive or provide services. This is a fundamental thread that runs through the Estates Strategy and how investments will be tested.</p> <p>There are seven prioritised investments and three enabling projects for infrastructure and Estates and Facilities teams to improve on a day-to-day basis how the estate is managed. Ligature anchor points, green rooms, and dormitories are a key priority, as well as selling the current headquarter facilities to release funds for the Acute Therapeutic Environments Programme. This will also provide more appropriate accommodation for Corporate Services staff. Other investments include inpatient accommodation, improved accommodation for community facilities, increased access to ensuite accommodation, modular decant ward options, and statutory compliance, risk management and backlog maintenance.</p> <p>The refurbishment of Dovedale Ward 2 was completed in May 2021. It does not provide ensuite accommodation in all rooms but does offer a much safer and more pleasant environment for women that were previously located at Burbage Ward. Positive feedback has been received. Work on staff rest areas continues. A new staff rest area opened at the Michael Carlisle Centre this week.</p> <p>Significant financial challenges associated with the Ligature Anchor Point Programme and the Acute Ward environment are being discussed with partners. To complete the project, it will cost the Trust an additional £5m, in terms of out of area placements, so that the</p>	

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	<p>Phase 3 work can be carried out safely on wards which are closed. Phase 2 work will require the closure of some of the ward areas. Three expressions of interest have been submitted totalling £130m to seek further capital support for the new build programme.</p> <p>Regarding the Trust headquarters, the intention is to reduce capital expenditure by renting facilities that are already fit for purpose. There is a dispersed approach to the relocation and three locations have already been identified. Corporate Services accommodation will be more modern and staff engagement is in progress.</p> <p>A Community accommodation and facilities programme Board was approved by the Finance and Performance Committee led by Richard Mills. Data-driven prioritisation identified the need to relocate services from the St Georges building. In partnership with other organisations in Sheffield through the Local Investments Finance Trust (LIFT), there are seven buildings across the city in areas of above-average health need where IAPT can offer further capacity and activity. Property searches for team bases, including Assertive Outreach, are underway.</p> <p>The capacity and capability of the Estates and Facilities teams to deliver the Estates Strategy Programme is under review. These teams are being supported through this significant change.</p> <p>Pat Keeling confirmed for Billie Critchlow that the Longley Centre building has been part of SHSC for many years. There are challenges with this site, and it is unlikely a refurbishment would provide the correct facilities. To access central capital a new build approach would be necessary. All options are currently being considered regarding therapeutic environments, location, and design. The building could be refurbished or demolished and rebuilt. The aim is to complete facilities by 2025/26. The overall design will take time and the cost will incur significant scrutiny.</p> <p>Chris Digman noted that Hull Teaching Hospitals have already set out a Zero Thirty Plan. The learning from this could be utilised.</p> <p>Estates Strategy slides to be emailed to the Council of Governors.</p>	<p>Corporate Assurance Manager AW</p>
CoG 72/11	<p>Annual Members Meeting Receive and note the AMM that convened on 23rd September 2021. The Chair addressed the Council on behalf of David Walsh.</p> <p>The Council received the report that the Annual Members Meeting took place on 23rd September 2021.</p>	<p>Received</p>
CoG 72/12	<p>Governor Development Outcome of feedback from Governors Deputy Lead Governor, Ben Duke, addressed the Council of Governors.</p> <p>Feedback on Governor Development Programme preferences was collated up to 22nd September 2021. Five Governors chose the Health</p>	

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	<p>and Care Bill workshop, four chose the Understanding Trust Strategy workshop, and one Governor chose the Holding the Non-Executive Directors to Account for Board performance workshop.</p> <p>This information will be relayed back to Clair Lea, Charis Consultants Ltd.</p>	<p>Chair SM/Corporate Assurance Manager AW</p>
CoG 72/14	<p>Any Other Business</p> <p>Jonathan Hall expressed concern about negativity during equality and improvement meetings towards Lived Experience posts and Peer Support Workers. There also does not seem to be an institutional overarching framework for Peer Support Workers. Recruitment could be enhanced by connecting Volunteer Networks and Peer Support Workers. Introducing training programmes would be beneficial and would aid a more cohesive approach.</p> <p>The Chair thanked Jonathan Hall and noted how helpful feedback is to the Trust. The Chair and Jonathan Hall to discuss this further outside of the meeting.</p> <p>Brendan Stone added that a report relating to co-production standards, an overarching framework, was presented at the most recent Lived Experience and Carer Assurance Group. This report will also go to the Service User Engagement Group and then to QAC for comment. Brendan Stone noted that Jonathan Hall had made an important point.</p> <p>The Council heard that this was Director of Corporate Governance, David Walsh's final Council of Governors meeting. The Chair thanked David Walsh and wished him well.</p>	<p>Chair SM</p>
	CLOSE	

Dates of next Council of Governors meetings:
14th December 2021
15th February 2021