

Council of Governors

CONFIRMED Minutes of Part 1 of the 73rd meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held virtually on Tuesday, 14 December 2021 and in 7th Floor Meeting Room, Tower Block, Fulwood House, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Terry Proudfoot	Service User/ Lead Governor	Ben Duke	Public South West/Deputy Lead governor
Billie Critchlow	Carer	Mark Gamsu	NHS Sheffield CCG
Celia Jackson- Chambers	SACMHA	Rebecca Lawlor	Service User
Adam Butcher	Service User	Steve Hible	Public North East
Catherine Draper	Psychology	Cllr Steve Ayris	Appointed (Sheffield City Council)
Nev Wheeler OBE (<i>in person</i>)	Service User	Joan Toy	Service User
Jonathan Hall	Service User	Scott Weich (Prof)	Appointed (UoS)
Chris Digman	Public South East	James Barlow	Appointed (Sheffield Carers Centre)
Julie Kitlowski	Public South West	Dave Swindlehurst	Appointed (Sheffield MENCAP)
Julie Marsland	Staffside	Celia Jackson- Chambers (<i>in person</i>)	

In attendance:

Name	Designation	Name	Designation
Jan Ditheridge	Chief Executive	Sharon Mays	Chair
Susan Rudd	Director of Corporate Governance	Amber Wild	Corporate Assurance Manager
Francesca O'Brine	Corporate Governance Administrator (minutes)	Richard Mills	Non-Executive Director
Pat Keeling	Director of Special Projects (Strategy)	Sandie Keene CBE	Non-Executive Director
Heather Smith	Non-Executive Director		
Brendan Stone (Prof)	Associate Non- Executive Director		

Apologies:

Name	Designation	Name	Designation
Dr Mike Hunter	Executive Medical Director	Nicola Hodson	Service User
Mark Goodwin	Social Work	Sue Roe	Carer
Anne Dray	Non-Executive Director	Susan Wakefield	Appointed (SHU)
Olayinka Monisola Fadahunsi-Oluwole	Non-Executive Director	Sylvia Hartley	Public Governor

Minute	Item	Action
CoG 73/05	<p>Welcome and Apologies Explanation of recording for minutes and live streaming. No comments from attendees so it was assumed as consent.</p> <p>Apologies were noted from Anne Dray, Executive Medical Director, Dr Mike Hunter, Non-Executive Director and Governors Nicola Hodson, Mark Goodwin, Sue Roe, Susan Wakefield, and Olayinka Monisola Fadahunsi - Oluwole, Non-Executive Director.</p>	Accepted
CoG 73/06	<p>Declarations of Interest No declaration of interest declared.</p>	
CoG 73/07	<p>Minutes of the Meeting held on 06 October 2021 The Minutes of the Council of Governors held on 06 October were APPROVED as a true and accurate record and accordingly signed by the Chair.</p>	Approved
CoG 73/08	<p>Matters Arising from Minutes of 06 October 2021 and Action Log No matters arising from the Action Log.</p>	
CoG 73/09	<p>Chair's Report to the Council of Governors The Chair is new to the Trust and thanked everyone for their warm welcome.</p> <p>Meetings have been taking place with as many Governors, staff and colleagues from the Trust as possible. Regular Chair and Governor open agenda drop-in sessions are planned (dates are to be confirmed) and the Chair has attended some away days and visits to meet staff in services.</p> <p>The Integrated Care System (ICS) is developing, and new sessions will take place in the New Year as legislation changes. System meetings are taking place. The South Yorkshire and Bassetlaw System, the Sheffield Place Partnership, and Mental Health Alliance are all areas that the Chair is involved in.</p> <p>The Governors have unanimously approved Terry Proudfoot's extension of term as the Lead Governor. They have also supported Anne Dray's appointment as Senior Independent Director. This will need to be approved by Board in the upcoming meeting.</p>	

Minute	Item	Action
	<p>Richard Mills paid tribute to staff who have spent almost two years working with the impact of the pandemic and who have been able to keep services running at a high level. Workforce turnover has been high across the NHS and is a continuing risk issue which is being considered by the Board.</p> <p>Most services in the organisation are now operating at a pre-pandemic level (apart from IAPT) and the Trust is providing a significant level of service delivery overall. There are however significant pressures. Demand for services is greater than pre-pandemic levels and there are significant issues surrounding access and waiting times. The organisation has the resource to extend services but is struggling to recruit staff. Strong system working and planning are becoming ever more important.</p> <p>The Board receives a range of assurances, and the Covid Recovery Plan is presented monthly to Committees. The Integrated Performance and Quality Report (IPQR) has a lot of information and is presented to all Committees. Managers get daily reports on staff absences and regular national updates on immunisation. There are significant challenges for the NHS in achieving vaccination booster rates.</p> <p>Beverley Murphy advised that staff flu vaccination rate is currently at 68% (a favourable performance regionally); staff Covid vaccination booster rate is at 66% (Nursing staff 68%+).</p> <p>The organisational target of offering everyone the vaccine has been met and the vaccination programme will continue. The approach of SHSC is to make a vaccine for staff easy. The organisation is fully engaged with City Command structures, partners, and the Clinical Commissioning Group (CCG).</p> <p>The Trust is working hard to protect services from Omicron with continued stringent use of PPE; continuing to support staff by keeping them fully informed in 1:1s and open conversations with the hope of achieving improved vaccination rates. The vaccination tracker App informs the organisation of vaccination rates across services to enable understanding of the risks that the organisation is carrying.</p> <p>The Trust will consider whether non-vital services need to be suspended to help continue vital services and will work in partnership with neighbouring Trusts.</p> <p>Additional Silver and Gold Command meetings have been put in place to monitor services and staffing levels. Julie Kitlowski queried the rationale behind weekend working for medics and nurses.</p> <p>Jan Ditheridge reported that the NHS is at incident Level 4 and this means that all decisions are being agreed at National level. It is important that the NHS uses delivery models that are already in place through primary care services. The December target for</p>	

Minute	Item	Action
	<p>vaccination booster in Sheffield is 186,000. There is the ongoing concern that if large numbers of people test positive, they cannot be vaccinated and potential staff isolating could impact on services too. There is a sense of urgency but not panic, about timing and doing things quickly. There is confidence that everything is being mobilised appropriately nationally and locally.</p> <p>Celia Jackson-Chambers asked what the percentage of patients is that are waiting for services, and whether the Trust had any indication of the numbers of staff that were not taking up the offer of vaccination.</p> <p>Richard Mills reported that the Trust is aware that patients might take longer to get into the system now. There has been a 10-20% increase in demand for services but this differs from service to service and where there is a gap, this is being managed to ensure that everyone is safe. The Trust is assured that it is doing the best it can to manage service user needs.</p> <p>Beverley Murphy reported that the Trust is aware of the number of staff that remain unvaccinated and there is a programme in place to support these staff.</p> <p>Scott Weich acknowledged that the Board has managed a constantly changing situation well and asked whether more information is available regarding the assurance of patient waiting lists.</p> <p>Richard Mills responded that the assurance is strong for service users who have accessed the Single Point of Access and are offered a rapid assessment to determine risk level and next steps. Assurance is less strong on service users who are not able to access the treatment they would like as soon as they would like it.</p> <p>Beverley Murphy agreed and said that the organisation is focused on this issue. Recovery plans have been presented to Quality Assurance Committee and Finance and Performance Committee.</p>	
CoG 73/12	<p>Objective 2 – Back to Good: Continuing to Improve Sandie Keene</p> <p>CQC were inspecting wards last week and the Trust is awaiting the outcome report of this visit. Systems are in place to maintain regular contact with CQC.</p> <p>The organisation has progressed sufficiently from the year 1 programme. There are 55 requirements and they have been allocated to a lead officer who is responsible for their completion and for reporting progress to the programme delivery group, which reports into the Programme Board monthly.</p> <p>The snapshot of November 2021 of progress shows: 55 requirements overall, 19 due by November; 10 completed, 4 extensions; and 5 an exception against the timescale.</p>	

Minute	Item	Action
	<p>Of the requirements that have been completed, these fall into three categories:</p> <ol style="list-style-type: none"> 1. Specific items that can be reported as complete 2. Systems and their monitoring. IPQR does this monitoring, and it is considered by all Committees in their meetings 3. The requirement is complete, but the organisation is building on it <p>Timescales that have not been achieved and problematic areas have been highlighted.</p> <p>Catherine Draper asked whether the Staff survey, Pulse check and Friends and Family survey is used and how this influences strategic decision.</p> <p>Sandie Keene reported that Friends and Family survey is reported to Quality Assurance Committee and Pulse Check is reported to People Committee. The Board is sighted on culture and working with staff experience</p> <p>Caroline Parry advised that the Staff retention group look at improving recruitment and there is a lot of recruitment activity going on currently.</p> <p>Celia Jackson-Chambers queried why the Trust's restraint policy is moving more towards medication rather than physical restraint and asked how the Trust ensures that this policy will not disproportionately affect Black, African, and Caribbean service users.</p> <p>Sandie Keene reported that the Trust is using best practice and working with national groups to make sure that any intervention is appropriate to the individual and their circumstances.</p> <p>Within the organisation's quality work, the Trust is actively looking at how it supports Black and Ethnic minority communities. This is one of the main objectives in the Quality Account. The organisation monitors closely who is experiencing levels of intervention within the Trust to identify any disproportionality and address it.</p> <p>Chris Digman asked about the long-term plan in relation to recruitment; and queried the two year one programme actions that remain outstanding.</p> <p>Sandie Keene advised that the two outstanding actions from year one of the programme are E-rostering and addressing staffing needs in wards. Both actions will be complete by January 2022. Medium and long-term recruitment plan is dependent on the Trust's future needs, and this is being addressed in the People Plan. Caroline Parry added that recruitment and retention is a large area that the organisation is focused on, and the Trust is forward planning.</p> <p>The Chair reported that recruitment and retention is a challenge for all Trusts.</p>	

Minute	Item	Action
	<p>Jan Ditheridge said the organisation uses information from the staff survey to influence strategy, vision, and values, and draws guidance from this, and national and local polices to attract staff.</p> <p>Adam Butcher advised that there is a new Staff Network Chair who could work with the People Directorate to support this work. The Chair reported that this would be helpful as the impact is then owned and used by everybody.</p> <p>Amber Wild and Susan Rudd will monitor the timeline for the publication of the staff survey results and ensure that this is brought to a future Council of Governors meeting.</p>	Action
CoG 73/13	<p>Objective 3 – Transformation: Changing things that make a difference Non-Executive Wellbeing Guardian Staff Health and Wellbeing</p> <p>The Health and Wellbeing Strategy – to ensure the health and wellbeing of staff - is a national initiative that is still developing and has been increasing in pace recently. Heather Smith has had the opportunity to liaise with other organisations and meet Health and Wellbeing Guardians at local and national events. The role of a Guardian is to act as a critical friend and supporter to the people who are working on the Health and Wellbeing Strategy.</p> <p>The main objectives and initiatives of the Health and Wellbeing Strategy as part of the People Plan was presented to the Council of Governors.</p> <p>The Trust’s Workplace Wellbeing offer is a confidential counselling service to all staff. Data is received on the number of staff accessing these services.</p> <p>The Trust is tapping into good practice that exists regionally and nationally such as the NHSE/I strategy for flexible working. There is health and wellbeing trailblazing activity which the Trust is collaborating on with regional NHSEI – a test and learning from working groups aimed at learning from and with other Trusts, with a view to building creative offers which can be effectively measured and evaluated.</p> <p>South Yorkshire Integrated Care System (ICS) has a 12-month funded Health and Wellbeing Coordinator role which is looking at physical health and focusing on education and intervention. encouraging people to seek help. The organisation is taking the opportunity to apply for all funding that is available.</p> <p>Wellbeing conversations are being embedded in supervision sessions, Return to Work meetings and Personal Development Reviews.</p> <p>How the organisation engages and communicates the Health and Wellbeing offer at induction stage and through change as well as looking at and evaluating the data from Staff Surveys/People Pulse is being considered.</p>	

Minute	Item	Action
	<p>The organisation seeks assurances with regards to the effectiveness and impact of these measures, looking at feedback from surveys which indicates what to focus on and key areas to prioritise. Sickness rates, recruitment volumes, holiday entitlement, flexible working data as well as referrals from Workplace Wellbeing, Occupational Health and other interventions are the metrics used to inform and support assurance.</p> <p>The Trust is aware of being not only reactive to people’s situations but also proactive to prevent the need to seek help. There are good links happening with other groups and elements – for example, criteria for any new policy must consider wellbeing. The Trust has a zero tolerance to racism. New teams are being developed as part of the Equality and Inclusion initiative and people who have been appointed to support these action plans are linked into staff wellbeing.</p> <p>There has recently been an audit on the delivery plan and this has received positive feedback.</p> <p>The Trust continues to discuss and measure success. Some indicators such as illness, sickness absence and retention rates - are not going in right direction. Recent review of initiatives has highlighted the need to focus resource in areas of maximum impact. Heather Smith is encouraged with the work on culture and casework within the organisation which includes discussions about compassionate leadership and kindness. This links to being able to recruit and retain staff.</p> <p>Adam Butcher asked how the organisation is monitoring staff wellbeing in relation to Covid19 absence. Heather Smith explained that the Trust has a long covid support group. Caroline Parry added that staff have a Return-to-Work meeting where support around returning to work and the help available should be discussed with the individual</p> <p>Scott Weich stated that it is encouraging to hear of the work being carried out and there was a wealth of information. Scott Weich asked whether the Trust should focus on intervention at the level of the cause of stress rather than at the effects of stress. Heather Smith stated that the Trust was engaging a holistic approach to intervention and support of staff health and wellbeing. All aspects of the Health and Wellbeing strategy is important because it is all interlinked.</p> <p>Terry Proudfoot asked how much of the current wellbeing offer has been developed in conjunction with staff - if staff feel that what they need is being addressed they are going to be more likely to want to work and remain in a place. Staff are best placed to know the cause of their wellbeing problems and what might help. Heather Smith explained that the Trust will be doing a refresh of the whole strategy which will involve staff. The menopause support group was added to the program because of staff feedback.</p>	

Minute	Item	Action
	<p>The Chair said she understood that some governors are involved in the groups.</p> <p>Julie Marsland asked if there would be an App for staff to access information about the wellbeing offer that would put everything into one place to make it easy to access.</p> <p>Heather Smith agreed that this was something the Health and Wellbeing group could investigate and will be brought to the next Health and Wellbeing meeting.</p> <p>Caroline Parry agreed to invite Julie Marsland to the next Health and Wellbeing group meeting to support this work.</p>	<p>Action</p> <p>Action</p>
CoG 73/14	<p>Finance Report Richard Mills</p> <p>Richard Mills explained that the aim of this presentation is for Governors to be able to see the range of financial material that goes to the board and the Finance and Performance Committee (FPC). Ben Dukes has attended the last couple of FPC meetings, which has been very helpful in giving further assurance to the process.</p> <p>Richard Mills explained that the Trust is in a strong financial position. Good financial control is confirmed via internal and external audits. There is a surplus currently in part due to difficulties with staff recruitment. The Trust receives finances through the mental health investment standard. This surplus is expected to remain for this year and part of next year. As the world moves on the Trust could find itself in a more challenging financial position so there is a need to be more efficient and good financial control needs to be maintained.</p> <p>The Trust is currently spending more on agency staff than it would like but this correlates to the issues around recruitment.</p> <p>Covid expenditure is not at the same level as other Trusts because there is not the reconfiguration work to do.</p> <p>Finances are being spent on capital investment such as improving inpatient wards and community facilities; And the Trust will be investing in a new electronic patient record (EPR) system There is also the imminent sale of the Fulwood site.</p> <p>Richard Mills requested comments and feedback from the Governors indicating what they would like to see presented in future Finance reports.</p> <p>Jonathan Hall asked whether there would be any clawback of unspent funds.</p> <p>Richard Mills explained that the Trust would rather be in position where it is spending the money as allocated in the budget. The NHS funding process over the last two years has been unusual due to the pandemic. Additional funding has been granted, and the Trust is looking at the overall position for South Yorkshire. The rules have changes for Foundation Trusts and how they can invest in large</p>	<p>Action</p>

Minute	Item	Action
	developments such as improving ward environments. The question is one that the Finance Directorate are acutely aware of. The Chair commented that the Trust is sighted on this and expects that things are going to get more financially difficult in future years.	
CoG 73/15	Statutory Duties to discharge None	
CoG 73/16	Any other business None.	
	CLOSE	

Dates of next Council of Governors meetings:
15th February 2022, 2:30pm to 5pm