

Council of Governors

UNCONFIRMED Minutes of the meeting of the Council of Governors held in a hybrid format (in-person at Centre Court and on MS Teams) on 22nd February 2024

Governors present in person:

Name	Designation	Name	Designation
Ben Duke	Public Governor (Deputy Lead)	Celia Jackson-Chambers	Appointed Governor (SACMHA)
Terry Proudfoot	Service User governor (Lead)	Dave Swindlehurst	Appointed Governor (Sheffield MENCAP)

Governors present on MS Teams:

Name	Designation	Name	Designation
Jonathan Hall	Service User Governor	Scott Weich	Appointed Governor (Sheffield University)
Julie Kitlowski	Public Governor	Julie Marsland	Appointed Governor (Staff Side)
Rebecca Lawlor	Service User Governor	Angelito Esguerra	Staff Governor
Billie Critchlow	Carer Governor		

In attendance in person:

Name	Designation	Name	Designation
Sharon Mays	Chair	Heather Smith	Non-Executive Director
Anne Dray	Non-Executive Director	Deborah Lawrenson	Director of Corporate Governance
Bethan Devonald	Executive Assistant (minutes)	Amber Wild	Head of Corporate Assurance
Salma Yasmeen	Chief Executive for item 5		

In attendance on Teams:

Name	Designation	Name	Designation
Caroline Parry	Executive Director of People for item 9 and 10	Tania Baxter	Head of Clinical Governance and risk Item 10
Jason Rowlands	Deputy Director of Strategy for item 10	Liz Johnson	Head of Equality and Inclusion for Item 10
Mark Dundon	Non-Executive Director	Owen McLellan	Non-Executive Director

Apologies:

Name	Designation	Name	Designation
Ross Mallett	Appointed Governor (Sheffield Hallam University)	Kathleen Myrie	Staff Governor
Nicola Hodson	Service User Governor	Cllr Martin Phipps	Appointed Governor (SCC)
James Barlow	Appointed Governor (Sheffield Carer Centre)	Vyvyan Hopkinson	Staff Governor

Name	Designation	Name	Designation
Saira Jabin	Carer Governor	Dave Palfreyman	Staff Governor
Steve Ayris	Appointed Governor (Sheffield City Council)	Irene Nakamatte	Public Governor
Mohammed Khawja Ziauddin	Public Governor	Esther Ogunleye	Staff Governor
Irfan Khan	Appointed Governor	Fozia Nadeem	Public Governor
Brendan Stone	Associate Non-Executive Director	Alistair Brash	Young Service User
Chris Digman	Public Governor	Olayinka Monisola Fadahunsi-Oluwole	Non-Executive director

Minute	Item	Action
CoG 22/02/24 Item 1	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair welcomed governors to the meeting. Apologies were noted and there were no declarations of interest.</p>	
CoG 22/02/24 Item 2	<p>Minutes of the Council of Governors meeting held on 19 December 2023</p> <p>The minutes from 18 October 2023 were approved as a true and accurate record.</p>	
CoG 22/03/24 Item 3	<p>Matters arising and action log for receipt in February 2024</p> <p>The action log was reviewed, and actions marked for closure agreed.</p> <p>The following items were raised in discussion:</p> <p>In response to a question from CJC it was confirmed development sessions on interpreting Statistical Process Control tool (SPC) charts; recruitment and health and wellbeing will take place on the same day in July.</p> <p>Celia Jackson Chambers (CJC) noted the proportion of frontline staff who are not vaccinated for Covid-19 was disappointing and asked for clarification of the measures being taken by the Trust to improve vaccination uptake by its staff.</p> <p>The Chair, Sharon Mays (SM) confirmed that there has been a focused drive to encourage and support staff to be vaccinated including use of peer vaccinators, mobile vaccination units, videos and briefings from the communications teams.</p> <p>The Chief Executive, Salma Yasmeen (SY) added by way of further assurance that staff have also been able to receive their vaccinations elsewhere and had been encouraged to advise the Trust of this in order for this to be appropriately reflected in the data however not all staff had done so and therefore full data on this was not available.</p> <p>Terry Proudfoot (TP) asked if data was available on the uptake of vaccinations from minority ethnic groups given this had been an issue throughout the pandemic and if this had been considered by the Board, and as part of the campaign. It was agreed Mark Dundon (MD), Chair of People Committee would follow this up with the Executive Director of People for future reporting. Action: MD</p>	MD

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	<p>Ben Duke (BD) asked for an update on progress with implementing the Electronic patient Record (EPR), and it was confirmed that this would be covered in the Chief Executive's briefing.</p> <p>CJC asked if, following the establishment of the new Health Based Place of Safety (HBPOS) this had resulted in a reduction in seclusions and restrictive practices. SY confirmed that data is being collected and initial feedback has been positive but it was too early to report on this level of detail.</p> <p>Heather Smith (HS) added that it had been confirmed in Assurance Committees that restrictive practice has reduced as a result of improvement in practice explaining there was not an expectation that the opening of the HBPOS would specifically impact the numbers of seclusion. She explained there are now only two sites which have seclusion rooms (Maple and Endcliffe). Dave Palfreyman (DP) asked if the seclusion room at Forest Lodge was still in place and HS confirmed so.</p> <p>CJC noted she had experienced some difficulty in accessing the link to the Public Board meeting and BD had been unable to locate the link on the website. The Chair asked that the link for the Public Board of Directors be sent directly to Governors for each meeting to help them access the meeting easily and asked that the link on the website be checked for accessibility. Action: AW</p> <p>The Chair noted that public board meetings will be in person for board members from April 2024 and encouraged Governors to attend in person or on-line.</p> <p>CJC asked in relation to the Community mental health transformation update, detailed in the operational plan item, if there had been any input through consultation with voluntary and care sector organisations which work with service users in the community. HS confirmed that this has been co-produced and the Chair reminded Governors of the Community Mental Health workshop held for Governors in January which had been well attended. During the session the team talked about co-producing explaining they work closely with a multi-disciplinary team approach which includes the voluntary sector.</p>	AW
CoG 22/02/24 Item 4	<p>Chair Report to the Council of Governors</p> <p>The Chair provided an update on the following matters:</p> <ul style="list-style-type: none"> • Mike Hunter, Executive Medical Director will go on secondment to Manchester Mental Health Trust as Quality Improvement lead from the end of February 2024. Deputy Medical Director is Helen Crimlisk will become the Interim Medical Director from March 2024. • The staff Shine awards were due to take place that evening this provides an opportunity to recognise and celebrate the efforts made by staff across the organisation. It was confirmed 170 nominations were received and 200 staff were expected to attend. The awards are being funded by sponsors and is cost neutral to the Trust. Some governors including the lead governor will be attending. • Alan Radford, public governor has stepped down from the role. He was thanked for his contribution. • The Chair has been asked to join the NHS England Chair advisory group. 	

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	<ul style="list-style-type: none"> • The Mental Health Learning Disability Autism Provider Collaborative (MHLDA PC) which is chaired by the SHSC Chair recently held a productive away day. It was noted that a further governor session will be put in place later in the year. The provider collaborative are also looking at creating an eating disorders pathway. • Amanda Pritchard, Chief Executive of NHS England recently visited the Trust including the homeless assessment team and heard about human rights work in the community. 	
<p>CoG 22/02/24 Item 5</p>	<p>CEO introduction</p> <p>SY provided an update on key matters:</p> <ul style="list-style-type: none"> • Time spent getting to know the Trust, staff members and visiting services, as well as getting to know key partners within Sheffield Place and the Integrated Care System to identify areas of mutual interest where partnership working might be of benefit. • Following feedback from staff there has been a focus on strengthening communication from Board level including distributing Board posters across the Trust which will be visible in all clinical areas. • A collective leadership forum and monthly communication Cascade has been introduced to bring together clinical and non-clinical senior leaders to share key changes and priorities for onward sharing with their teams and via the Chief Executive’s blog. • There have been a number of changes to leadership within the Trust, both at Board level and in deputy positions. There has been a high level of interest in all of the posts that have been advertised. Some key appointments include in the Executive team: <ul style="list-style-type: none"> ○ Appointment of Neil Robertson as the Director of Operations, following an open recruitment process. Previously Neil held this role as Interim Director. ○ Appointment of James Drury to the role of Director of Strategy, who brings a wealth of knowledge and experience within system and Place in Bradford, supporting integration of working across public services. • The following key appointments have been made to other senior roles: <ul style="list-style-type: none"> ○ The Deputy Director of Estates ○ Following the departure of the Deputy Director of Finance to a promotion as Director of Finance in a local Trust, an Interim Deputy Director of Finance is in place whilst recruitment takes place substantively to the role. ○ An advert has gone out for a Chief Digital Information Officer, this role will provide new leadership in supporting implementation of the EPR. • Focus on Quality and Safety continues. It is anticipated following improvements made that the Trust will move from Integrated Care Board (ICB) monitoring, to Place based monitoring in April. • Progress with transformation programmes continues including the Electronic Patient Record programme (EPR) programme, and transformation of Learning Disability services, Primary and Community Mental Health services and Community Mental Health services. Non-clinical changes are also taking place to ensure that the Trust is better able to provide modern mental health, learning disability and autism services. 	

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	<ul style="list-style-type: none"> <li data-bbox="395 230 1348 533">• In relation to the EPR programme it was noted the programme is complex and the approach taken had been to roll out the new system in one area of the Trust as a first step which had highlighted issues which are being addressed prior to moving forward with wider roll out. The Board has agreed to pause the process to allow this stabilisation to take place and to enable an independent technical review to take place to support ensuring a safe and successful implementation of the second phase with additional leadership, capacity and capability being put into place. <p data-bbox="347 566 1193 633">The following key observations were made in respect of the EPR programme:</p> <ul style="list-style-type: none"> <li data-bbox="395 667 1337 902">• Mark Dundon (MD) added by way of assurance there have been a number of detailed discussions both at Board meetings and outside of them to ensure the right challenges are made to identify impact and risks with decisions effectively challenged and Owen McLellan (OM) noted EPR programme updates are received at the Finance and Performance Committee prior to the Board of Directors with any issues escalated. <li data-bbox="395 913 1348 1440">• Julie Kitlowski (JK) explained that previous experience with EPR implementation whilst working at another Trust had highlighted issues around lack of engagement with clinicians and asked for confirmation how this had been managed and if they had been provided with protected time away from clinical duties to be involved. SY confirmed the original programme had been led by the former Executive Director of Nursing and Operations and had been a clinically led change programme from the outset with technical support. She confirmed whilst there had been investment from both medical and nursing staff and wider operational engagement there had been an increase in this over the last 7 months including the establishment of a Clinical Safety and Design Group co-chaired by the Executive Director of Nursing, Professions and Quality and the Executive Medical Director to ensure that clinical leads have an input into the design of the programme. Clinical engagement will be at the forefront of the implementation of this programme. <li data-bbox="395 1451 1353 1888">• Scott Weich (SW) noted that Non-Executive Directors have previously given assurance about the programme and asked what lessons have been learnt during this initial implementation, particularly in relation to governance. SY confirmed that as the programme has developed, the board have been focused on strengthening governance processes, including increasing involvement from Non-Executive Directors with MD acting as a 'critical friend' to the leads of the programme given his Digital expertise. It was confirmed by SY that a key element of learning had been around the extent to which technical work should be outsourced or held 'in house' and the importance of building on that internal expertise. She confirmed the relationship with the previous external company had ended following completion of their contract. <li data-bbox="395 1899 1353 2112">• SW noted there are a large number of transformation projects being taken forward simultaneously and asked about the level of assurance the Governors could take there were not similar issues with other transformation programmes. SY confirmed that transformation projects are always complex and the organisation needed to flex and iterate to respond to emerging complexity and changes required. She confirmed the Board has implemented an integrated change 	

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	<p>approach in the organisation, which looks at how the Trust invests in, enables and governs change and that the transformation programmes have strong clinical oversight and involvement.</p> <ul style="list-style-type: none"> • OMCL explained implementing the EPR in a phased way had allowed issues to be identified and corrected prior to Trust wide implementation and to do this in a controlled way. He noted although there was risk attached to delivering it there were also significant risk attached to not doing so and continuing with a sub optimal system. He added that in terms of wider transformation the Trust had a good track record of delivering change and transformation since the CQC inspection; and further change and transformation would be required and encouraged Governors to continue to challenge in these areas. • MD confirmed the Non-Executive directors have been active in asking probing questions and having challenging discussions to seek assurance, which has helped to ensure the EPR programme and its issues are more visible. <p>In summarising the discussion the Chair reiterated that there had been a high degree of transparency on the EPR programme risks and issues at the Board of Directors with updates received at each Council of Governor meeting.</p> <p>[SY left the meeting]</p>	
<p>CoG 22/02/24 Item 6</p>	<p>Board Update Report</p> <p>The Board update report from January 2024 was received and noted.</p> <p>CJC asked for further detail about the Cleethorpes virtual charity cycle which took place in December 2023. SM confirmed this was put in place in response to a service user board story about the importance of providing cultural appropriate care and specifically hair products for service users on wards. It was agreed that haircare packages should be available to offer to service users on the ward and to support finding this, staff took part in a virtual cycle ride to raise funds. OMCL added discussion takes place at Finance and Performance Committee on accessing charitable funds and it was hoped there would be many more initiatives to support raising funds to pay for enhancing care where appropriate over and above core funding.</p> <p>The Chair noted that a Finance workshop was planned to take place with Governors in April led by the Executive Director of Finance and the Chair of Finance and Performance Committee. Note for forward plan</p> <p>[post meeting note: the Finance Workshop has been confirmed for 20 May 2024 and noted on the governor calendar and work programme]</p>	
<p>CoG 22/02/24 Item 7</p>	<p>Feedback from Governors from constituencies and any key meetings</p> <p>Jonathan Hall (JH) provided feedback on his participation in the Lived-Experience Research Partnership meetings:</p> <ul style="list-style-type: none"> • Development of ground rules for the group which will be reviewed annually. • Updates were received on a range of projects which will become a standing item to ensure joined up working. • Discussions took place on the importance of working with other groups such as the lived experience advisory group at Sheffield 	

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	<p>University, the Deep-End Research Alliance (DERA) Yorkshire and Humber and the Head Injury research group.</p> <ul style="list-style-type: none"> • Discussion took place on co-production, funding for lived experience research and other ways of recognising people with lived experience for their input and expertise. Central to these discussions was the importance of respect, recognition, self-worth and having access to training and recourses. • The group has been invited to an event called 'Dancing Stars from chaos' which involves brain injury survivors, their families and carers in research and evidence based practice and • The group will be presenting at the Trust research showcase event due to be held in March 2024. <p>Rebecca Lawlor (RL) noted that following attendance at the Bi-Polar group meeting in Sheffield, it was highlighted that communication with members of that group in relation to the Community mental health transformation required addressing as it had been feedback there was a lack of understanding of key changes. The Chair asked for further discussion on the issue outside of the meeting, to ensure this is followed up with appropriate colleagues in the Trust. Action: SM/HS</p> <p>[post meeting note: a meeting to discuss this with the Deputy Chair and relevant clinical / operations colleagues has been arranged]</p> <p>Dave Palfreyman (DP) drew attention to issues feedback to him relating to recruitment and retention of staff within the Trust. He noted that there is a high turnover of staff in some specific ward areas, and that this is hampered by the length of time taken to recruit. He suggested this may have been impacted by the introduction of the vacancy control panel and asked if the impact of recruitment issues on the spend on agency staff was visible; and what was being done with feedback received through exit interviews. It was agreed these questions would be covered under item 8 feedback from the Chair of the People Committee.</p>	
<p>CoG 22/02/24 Item 8</p>	<p>Nominations and Remuneration Committee Report</p> <p>Due to time constraints this item was deferred to the next meeting. Note for forward plan.</p>	
<p>CoG 22/02/24 Item 9</p>	<p>People Committee Chair of committee presentation</p> <p>Mark Dundon (MD), Non-Executive Director and Chair of the People committee presented an update on the work and key items from the People Committee (PC) during 2023/24 noting key items:</p> <ul style="list-style-type: none"> • Increase in Staff sickness levels – key reasons identified have been stress, anxiety and depression. Work is taking place with the business performance team to explore the presentation of long-term sickness details to support more targeted interventions. • Improving supervision levels is a key area of focus with the committee having requested additional detail on progress with actions. • Violence and Aggression incidents remain high - impacting on staff health and wellbeing. A zero tolerance approach is in place with significant work taking place and additional focus around prevention (overseen through the Violence and Aggression Group). It was noted the Trust has a high incident reporting culture which is positive and needed to be retained. 	

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	<ul style="list-style-type: none"> The vacancy rate overall for the Trust as of November 2023 was 7.9% which is under the people plan target of 10%. This is one of the biggest risk areas of the People Plan. A key element of this relates to TUPE of staff out of the organisation in November. Referrals have been made from People Committee to Finance and Performance Committee around agency usage alongside discussions on the Cost Improvement Plan. <p>Positive progress in the following areas was outlined:</p> <ul style="list-style-type: none"> Progress with delivery of the People Strategy with regular updates received and the plan on track. There are positive recruitment and retention rates in some areas such as Additional Clinical Services (ACS), Admin and Clerical and Medical. The new workforce dashboards will support a deep dive on capturing the diversity of staff who are leaving and will be one of the actions on the Equality, Diversity and Inclusion strategic action plan. The Absence Reduction Workstream focuses on support and promotion of resources to help reduce sickness levels. There is cross working between Health and Wellbeing and Organisational Development, with focus on health and wellbeing including prevention, health inequalities. The Allied Health Professionals (AHP) Plan has been developed as part of a suite of Professional Plans including Nursing and Peer Support Work and as such is related to wider Trust priorities. The Plan relates to current national and regional AHP strategy and has gone through a full engagement with AHP stakeholders both within the trust and within the wider Integrated Care Service. <p>Caroline Parry (CP), Executive Director of People provided the following answers to the questions raised by DP under item 7:</p> <p><u>Time to hire</u></p> <ul style="list-style-type: none"> Is closely monitored against a target set by the ICS and MD confirmed time to recruit information is monitored at People Committee for additional assurance. Elements that impact on this include employment checks, such as occupational health and there has been a focus on working with our occupational health provider to improve this. Negotiation of a start date can also have an impact on time to hire, and this is being worked on. <p>DP advised that waiting for a vacancy to go through the Vacancy Control Panel (VCP) can take up to four months. MD noted that this is not the average time taken and CP explained that the VCP is a new process to ensure posts are fully funded before decisions can be taken. She confirmed the group meets weekly to reduce any delay but vacancies can be delayed when the panel requires additional information from the ward or hiring manager before approving. It was agreed that DP would share details of the vacancy that had taken four months, to support this being looked at in more detail. Action: DP – and CP/MD to take forward.</p> <p>It was agreed that MD and CP would be invited to attend a staff governor drop-in session once a year to receive and provide feedback. Action: BDe</p>	<p>DP CP/ MD BDe</p>

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	<p><u>Increase in staff and its effect on agency spend</u></p> <p>OM noted that this is monitored closely by FPC and explained that there was a plan to save approximately £1.6m year on year agency spend through the cost improvement programme. The Trust is currently on track to save about £1.2m, and there are significant controls in place with further work taking place with an expected savings delivery of £1.6 million year on year reduction.</p> <p><u>Exit interview information</u></p> <p>CP explained there are a number of ways in which feedback is provided from staff with information received fed into the Recruitment Retention Assurance group which in turn feeds into retention planning. This remains an area of focus for the 24/25 People Plan.</p> <p>CJC asked how low supervision rates are being addressed and if there are Key Performance Indicators (KPIs) and monitoring of these in place. CP confirmed this is included in the Integrated Performance and Quality Report (IPQR) and monitored at People Committee. She noted where targets are not being met recovery plans are put in place, monitored at People Committee, and reported to the Board through the AAA report. HS highlighted there had been evidence received of some good progress in this area through board visits but is kept under review.</p> <p>Dave Swindlehurst (DS) noted that the reporting of information and dashboards were good but asked if benchmarking information with other trusts was available. MD noted that the data is in line with other trusts and CP confirmed benchmarking was taking place where possible. DS asked if comparative data could be included in future reports. Action: MD/CP to take forward.</p>	
<p>CoG 22/02/24 Item 10</p>	<p>Draft strategic priorities 2024/25 (including Quality Account priorities and Equality, Diversity and Inclusion priorities)</p> <p>Tania Baxter (TB), Head of Clinical Governance. Jason Rowlands (JR) Deputy Director of Strategy and Planning and Liz Johnson (LJ), head of Equality and Inclusion attended to present key issues.</p> <p>JR outlined changes and development of the priorities and noted that feedback received from Governors at this meeting would be discussed at the Board development session on 28th February 2024 with final proposals due for receipt at the Board of Directors in March 2024.</p> <p>Billie Critchlow (BC) highlighted that the inclusion of carers in the delivery and planning of services was not mentioned. JR explained that along side the strategic priorities outlined these were supported by the Carer's Strategy (and other enabling strategies). He confirmed carers were referenced in the strategic priorities as part for example of areas of work such as delivering the Patient and Carer's Race Equality Framework (PCREF). BC stressed she would like to carers more centrally placed within the priorities and JS agreed to reflect this feedback into the Board development day discussion in February. Action: JS</p> <p>CJC asked in relation to the Patient and Carer race Equality Framework (PCREF), which referenced engagement with Sheffield African Caribbean Mental Health Association (SACMHA) and Pakistani Muslim centre (PCM) if other groups were also engaged. The Chair explained that there is a larger list of community groups who were working with and involved and suggested</p>	<p>JS</p>

Minute	Item	Action
	<p>this be shared with Governors. It was noted that a specific session on PCREF will be presented to the Governors to explore this in more detail and this was planned for the April meeting. Action: AW/BDe to share the list of the voluntary organisations the trust works with Governors.</p> <p>DS noted some concern that it had taken some time to get the Learning Disabilities service plan implemented. The Chair accepted it had taken time but this had been due to the need to go through a formal process which included engagement with commissioners and the independent Clinical Senate but that good progress had been made which was reported to the Governors at the development session held in January 2024. DS asked for further clarification on when the new enhanced service will go live. HS explained that some of the work had already started, and the process would be incremental. It was agreed that a timetable would be sought from the LD Transformation Programme. Action: AW</p>	<p>AW</p> <p>AW</p>
CoG 22/02/24 Item 11	<p>Governance Report</p> <p>Deborah Lawrenson (DL) presented highlights from the governance report:</p> <ul style="list-style-type: none"> • Governors who have yet to complete the self-assessment forms were asked to submit these by 8th March. Output of this and any changes proposed as a result of the feedback will be reported to the Council of Governors meeting in April. • Governors were asked to respond to emails from the team asking for re-submission of updated declarations of interest for 2024/25 for onward reporting to the Audit and Risk Committee for assurance. These are required by the end of March 2024. • A separate session will take place to look at how we strengthen membership as part of a comprehensive approach to involvement within the organisation, working with the Engagement and Experience team to do a strategic review of involvement so that this aligned to our priorities and strategic aims <p>Terry Proudfoot (TP) noted there has been discussion at the Governors pre meet in advance of the meeting on re-starting membership events which will be taken under consideration in our forward planning.</p>	
CoG 22/02/24 Item 12	<p>Any other business</p> <p>There was no other business.</p>	
CoG 22/02/24 Item 13	<p>Reflections on the meeting effectiveness</p> <p>There was nothing raised.</p>	
	CLOSE	

The next meeting of the Council of Governors will be held on
25 April from 14.30-17.00