



Council of Governors: Summary Sheet

27th April 2017 Item 5b

Title of Paper:	Governor Questions to Board
Presented By:	Sue Rogers MBE, Vice Chair
Action Required:	For Information X For Ratification For a decision
To which duty does	For Feedback X Vote required For Receipt sthis refer:
Holding non-executive of the Board	e directors individually and collectively to account for the performance
Appointment, remova directors	Il and deciding the terms of office of the Chair and non-executive
Determining the remu	neration of the Chair and non-executive directors
Appointing or removi	ng the trust's auditor
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the inte	rests of members and the public X
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acq	uisitions, mergers, separations and dissolutions
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
other than the NHS in	use of income from the provision of goods and services from sources England
	ies of the Trust to ensure that they are being conducted in a manner ms of authorisation and the constitution.
Monitoring the Trust'	s performance against its targets and strategic aims
Ham day 41 to 12	
How does this item support the functioning of the Council of Governors? Putting questions to the Board allows governors an additional measure to hold the Trust to account for its performance and to ensure that the views of governors and members are heard and responded to at the highest level.	
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Designation of Author:	Governor and Membership Officer





Billie Critchlow, Carer Governor

- What is the status of the SORT team likely to be under reconfiguration plans and if there is going to be any consultation with SUs and carers before any changes are made.
- Are there any proposed changes to alter the current caseloads of SORT staff?
- What is envisaged will happen to the physical health care that SORT clients receive from the team should there be significant changes in the remit or organisation of the SORT team?
- I am also concerned about how much GPs get paid for the health care of people with serious MH probs.

Awaiting response from Richard Bulmer, Service Director, Acute and Inpatient Directorate.

Toby Morgan, Service User Governor

• Is there any more news on the plans of Sheffield having a Psychiatric Decisions Unit? If yes what? If no can someone pursue an update please?

Answer provided by Deborah Horne, Associate Director of Specialist Services SHSC views the development and implementation of a Psychiatric Decisions Unit as an essential component of its urgent care pathway. To this end a business case detailing the setup and ongoing costs has been drafted. Once the business case is agreed internally conversations will be initiated with the Sheffield Clinical Commissioning Group regarding funding options i.e. the feasibility of new funding or whether this would need to be found internal to the Trust through elements of service redesign.

 Once someone has been assessed by the Substance Misuse Service and started on Methadone how does the NHS obtain assurances that persons taking Methadone are not also topping themselves up with street drugs? How do you ensure that NHS money is being spent on the provision of Methadone is being spent appropriately?

Awaiting response from Chris Wood, Head of Service, Substance Misuse

Jules Jones, Lead Governor

Primary Care related questions:

- What steps is the Board taking (both execs and NEDS) to ensure that there is up to date, real-time, and useful information flowing between PCS and SHSC? (for example there are some issues/incidents that you would presumably want to hear about as they happen and some things that can be updated on a daily or weekly basis). – Clarity provided, awaiting response
- What is the Board, working alongside PCS, doing to improve access to timely appointments for Clover patients? (Especially pertinent to DPC and Highgate).
- What is the Board doing to improve the Clover (especially DPC/Highgate) phone system, which was described by PCS at a recent meeting as not fit for purpose?

Answer provided by Phil Easthope, Executive Director of Finance

Board have previously asked the executive for an update report to understand the current performance issues and proposed actions which was due to be provided by May 2017 Board. This is on the back of previous concerns and actions agreed to improve the position.

I agreed with Jayne to defer that report until a review into the performance of Clover is undertaken Jointly with the CCG and PCS to get a jointly owned understanding of the position and following this we will ensure the issues are thoroughly understood and an action plan developed and implemented.

We have an initial meeting with the CCG on the 13th April so unfortunately there is no detail to share at this time but suggest the Board shares the action plan once it's agreed with Governors.

CQC related questions:

(Comment: Great result to get to 'Good', big thank you to all involved, going forward: We should aim for an outstanding CQC result.)

- What do we need to do to get to an Outstanding CQC result? How is this going to be achieved - what's the plan?
- Why aren't we 'good' in the 'safe' domain? What is being done to rectify this? How can you show/prove to governors that SHSC is, in fact, 'safe'?

Answer provided by Liz Lightbown, Executive Director of Nursing Professions and Care Standards

There will be a Board report on 12/4/17 which will answer the above questions. If there are any further questions, they will be answered accordingly.