

Council of Governors: Summary Sheet

Title of Paper:

Governor Questions to the Board

Presented By:

Chair, Jayne Brown OBE

Action Required:

For Information

For Ratification

For a decision

For Feedback

Vote required

For Receipt

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	X
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing 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 interests of members and the public	X
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	X
Monitoring the Trust's performance against its targets and strategic aims	X

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.

Author of Report:

Sam Stoddart

Designation of Author:

Deputy Board Secretary

Date:

October 2017

Two questions were submitted for the September Board.

(a) Adam Butcher, Service User Governor

What are we doing to make sure we have the right balance of Consultant Psychiatrists? The BBC News has reported that the Yorkshire and Humber area is short of psychiatrists. Can you confirm the numbers for Sheffield?

Response from Nick Bell

The number of consultant psychiatrists per head of population for SHSC is approximately 7.8/100k. You can be assured that the Trust is extremely active in its efforts to encourage trainee doctors to choose to specialise in psychiatry, which was part of the reason for the news coverage.

(b) Jules Jones, Public/Lead Governor

Regarding the Work and Health Unit Health Led – Individual Placement and Support (IPS) Trial (as detailed at the September Board), how would the Board seek to work with the other partners to ensure genuine co-production, given that there are issues with tight timescales for implementation of this project, and how does the Board define 'co-production' in this context? What sort of co-production events or strategies might we expect to see?

Response from Fiona Goudie,

The Health Led trial bid is not something the trust led on and it is out to tender. As far as I am aware there was active partnership engagement and co-design across the region. We have been invited as a trust to be part of the bid evaluation process so we are partners in that sense. I can find out more about the process used from the trial leaders if you wish me to.

The IPS for serious mental illness is a different bidding process through NHS England. We will need to decide if and how to bid for this in the next few weeks.

Partnership engagement and coproduction are likely to be a key element of the bid but it is not yet clear what specific events or strategies will take place. We have an expert by experience on the Employment group which will be discussing our initial approach to this bid.

There was an outstanding question from August.

(c) Question from Billie Critchlow, Carer Governor

When the Trust undertakes a consultation exercise related to service reconfiguration, what processes does the Trust put in place to ensure that service users who are unwell have their voices heard and can participate in the process.

Equally, how does the Trust ensure that carers are communicated with, especially those who may not live locally?

Response from Clive Clarke, Deputy Chief Executive

As you may be aware the Trust has a long history of coproduction with service users and carers, in such areas as training, recruitment, care planning and service development etc. It is always the Trust's first instinct to be as inclusive as possible; we may not always get it right within the limitations of the resources and capacity we have.

The Trust has invested in capacity in the form of a service user engagement team to help support it in this work, and engages actively with user groups such as Sun:Rise. The operational arm of the Trust also will develop and share possible future areas for development with the Council of Governors which has a broad constitution of service users/carers/staff/staff side representatives.

From a legal perspective, the role of lead for consultation when considering a service reconfiguration lays with the commissioning body. However SHSC works alongside the commissioners, (clinical commissioning group). A revised document entitled Patient and Public Participation in Commissioning Health and Care (2017) <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>, gives a steer to commissioning bodies on how they should consult , inform or otherwise with the public.

SHSC are always keen on learning from experience and if there are other way methods that could be employed to engage with service users and carers we would be more than happy to discuss them.

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