

Council of Governors





Schedule











Thursday 11 July 2024, 12:00 PM — 2:00 PM BST

Organiser

Hannah Sullivan

Agenda

Agenda	1
 00 Council of Governors agenda 11 July 2024.docx	2
Staff Story	3
1. Chair's Welcome and Introduction	4
2. Apologies for absence	5
3. Declarations of interest	6
4. Minutes of meeting held May 2024	7
 Agenda item 4 CoG Minutes 9 May 2024.docx	8
5. Matters arising from meeting held May 2024	16
6. Chair's Report	17
 Agenda item 6 CoG Chair's Report.docx	18
7. Chief Executive's Report	22
 Agenda item 7 CoG CEO and Director of Operations Report.docx	23
Governance	33
8. Elections Update	34

Performance and Partnerships	35
<hr/>	
9. Finance Report	36
 Agenda item 9a Finance Report coversheet.docx	37
 Agenda item 9b M1 2425 Finance Report.pptx	39
<hr/>	
10. Shared Services	51
 Agenda item 10 CoG Shared Services.docx	52
 Agenda item 10 CoG Shared Services report.docx	55
<hr/>	
Assurance Reports	58
<hr/>	
11. Quality, Patient Experience and Safety Committee Report	59
 Agenda item 11 CoG Quality Patient Experience and Safety Committee Assurance Report May 2024.docx	60
 Agenda item 11.1 CoG Quality Patient Experience and Safety Committee Assurance Report June 2024.docx	62
<hr/>	
12. Finance, Performance and Productivity Committee Report	64
 Agenda item 12 CoG Finance Performance and Productivity Committee Assurance Report_May 2024.docx	65
 Agenda item 12.1 CoG Finance Performance and Productivity Committee Assurance Report_June 2024.docx	67
<hr/>	
13. People Committee Report	69
 Agenda item 13 CoG People Committee Assurance Report May 2024.docx	70
<hr/>	
Annual reports	72
<hr/>	
14. CoG Effectiveness Annual Self-assessment results	73
 Agenda item 14 CoG Effectiveness Annual Self-assessment results.docx	74
<hr/>	

15. Any other business: 81
Time for next meeting

Close by 14.00 82
Date and Time of Next Meeting: Thursday 12 September 2024, 16.00-18.00pm,
Venue on site TBC

Agenda

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST
Council of Governors
TBC, Thursday 11 July 2024
MS Teams
AGENDA

Ref	Item	Purpose	Report type	Time
Staff Story (12.00-12.20)				
1	Chair's Welcome and Introduction			12.20
2	Apologies for absence			
3	Declarations of interest			
4	Minutes of meeting held May 2024	Approval	Enc	12.25
5	Matters arising from meeting held May 2024	Assurance		
6	Chair's Report <i>Phil Gayle, Chair</i>	Assurance	Enc	12.30
7	Chief Executive's Report <i>Roisin Fallon-Williams, Chief Executive Officer</i>	Assurance	Enc	12:45
Governance				
8	Elections Update <i>Hannah Sullivan, Corporate Governance and Membership Manager</i>	Assurance	Verbal	12:55
Performance and Partnerships				
9	Finance Report <i>(for information)</i>	Assurance	Enc	13.00
10	Shared Services <i>David Tomlinson, Executive Director of Finance</i>	Approval	Enc	13:05
Assurance Reports				
11	Quality, Patient Experience and Safety Committee Report <i>Linda Cullen/ Winston Weir, Non-Executive Director</i>	Assurance	Enc	13.15
12	Finance, Performance and Productivity Committee Report <i>Bal Claire, Non-Executive Director</i>	Assurance	Enc	13.25
13	People Committee Report <i>Sue Bedward, Non-Executive Director</i>	Assurance	Enc	13.35
Annual reports				
14	CoG Effectiveness Annual Self-assessment results <i>David Tita, Associate Director of Governance</i>	Assurance	Enc	13.45
15	Any other business: Time for next meeting			
Close by 14.00				
Date and Time of Next Meeting: Thursday 12 September 2024, 16.00-18.00pm, Venue on site TBC				

Staff Story

1. Chair's Welcome and Introduction

2. Apologies for absence

3. Declarations of interest

4. Minutes of meeting held May 2024

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

Minutes of the Council of Governors Meeting

Thursday 9 May 2024, 12.00,

MS Teams

Members			
	Philip Gayle	PG	Trust Chair
	Chris Barber	CB	Public Governor, East and North Birmingham/Black Country Boroughs
	Ken Meeson	KM	Stakeholder Governor, Solihull Council
	Roisin Fallon- Williams	RFW	Chief Executive
	David Slatter	DS	Public Governor, Solihull, Coventry and Warwickshire
	Leona Tasab	LT	Clinical Staff Governor
	John Travers	JT	Lead Governor
	Faheem Uddin	FU	Service User Governor, South Birmingham and Worcestershire
	Robert Mapp	RM	Stakeholder Governor
	Naheeda Liaqat	NL	Public Governor, East, North Birmingham and Black Country Boroughs
Attending	Sue Bedward	SB	Non-Executive Director
	Bal Claire	BC	Non-Executive Director/Deputy Chair
	Kat Cleverley	KC	Company Secretary
	Hannah Sullivan	PH	Corporate Governance and Membership Manager (minutes)
	Stephen Waszak- Hayes	SWH	Learning Operations Development and Finance Manager (item 1 only)
	Monica Shafaq	MS	Non-Executive Director
	David Tita	DT	Associate Director of Corporate Governance
	Winston Weir	WW	Non-Executive Director
	Linda Cullen	LC	Non-Executive Director

Ref	Item
1	<p>Staff Story</p> <p>The Council welcomed SWH to the meeting who shared his experiences over his 24 years at the Trust noting his most recent and current role as Learning Operations Development and Finance Manager at Trust Head Quarters at Uffculme. SWH proudly spoke about his teams always striving to deliver the best possible service in always going above and beyond. He highlighted the importance of living the Trust values and recognised these as having had a significant impact on his experiences at the Trust as a member of LGBT staff.</p> <p>SWH noted the significant increase in demand for Uffculme since this has been recognised as Trust Head Quarters with room bookings alone increasing by 1500 per month. The teams remain committed to ensuring staffs needs are met and this has been recognised by them receiving nominations for Team of the Month awards.</p> <p>The teams continue to support and raise funding for Caring Minds and over the years have raised thousands of pounds by holding events and raffles.</p> <p>The challenges for the team since becoming Trust Head Quarters financially have increased with there being no budget in place for the Security Team and ongoing pressures to deliver against the savings plan. The Uffculme Centre is also used for external events and the revenue has previously been used to offset the savings, however with the significant use of Uffculme as Trust Head Quarters this is now limited and SWH asked for support and guidance in how to address these concerns and it will be demoralising for staff who continue to work so hard to not meet the target.</p> <p>SWH summarised by reminding the members that the teams are committed to delivering the best possible service with a smile.</p>

	<p>PG thanked SWH for sharing his journey with the Council noting the overall positive messages. He recognised the challenges with Uffculme being Trust Head Quarters and the difficulties with being able to meet the financial targets and need to further understand the requirements for the team to be able to support the external events.</p> <p>SWH confirmed wedding season is popular with an average of seven events being booked with Uffculme staff working these events over the weekend. He noted the need to balance the internal and external needs so staff remain feeling valued.</p> <p>BC thanked SWH for his sharing his uplifting journey, he acknowledged the challenges with balancing the Trust requirements and commercial. He queried how the Trust can support the teams?</p> <p>SWH noted a reduction in the savings target would be beneficial and welcomed any support from the Trust Board.</p> <p>It was agreed RFW would raise the challenges with the Executive Team.</p> <p>MS queried what has changed over the years that makes SWH and the team happy in their roles?</p> <p>SWH noted the changes in the Trust Board in the past five years have had a positive impact alongside the alignment of the values. The staff networks with the addition of champions has also allowed staff to feel safe and supported. He noted the additional support from John Travers supporting staff through the staff survey feedback has also been positive and allowed staff to feel heard.</p> <p>LT highlighted the option to review the savings from the closure of B1 as previous Trust Head Quarters could support the saving target for Uffculme.</p> <p>JT thanked the team for their ongoing support for Caring Minds as this has made a difference to so many over the years. He queried whether room bookings have gone back to the usage pre COVID and whether the development of the train station in Kings Heath will help with public travel?</p> <p>SWH confirmed room bookings have increased compared to pre COVID and the train station will allow staff and others to access Uffculme more easily and this has been a long time coming.</p> <p>PG thanked SWH for his continued dedication and inspiring work over his 24 years and thanked him on behalf of the Council for sharing his journey.</p> <p>ACTION: RFW to discuss the savings target for Uffculme with the Executive Directors.</p>
2	<p>Chair's Welcome and Introduction</p> <p>PG welcomed everyone to the meeting.</p>
3	<p>Apologies for absence</p> <p>Harpal Bath and Mustak Mirza.</p>
4	<p>Declarations of interest</p> <p>There were no new declarations.</p>
5	<p>Minutes of meeting held on 14 March 2024</p> <p>The minutes were agreed as a true and accurate record.</p>
6	<p>Matters arising from meeting held on 14 March 2024</p> <p>All matters arising were updated.</p>
7	<p>Chair's Report</p> <p>PG highlighted key points as follows:</p> <ul style="list-style-type: none"> Fit and Proper Persons for the Trust Board have been completed

	<ul style="list-style-type: none"> • Non- Executive Director appraisal dates have been scheduled • Attended the NHS Integrated Care Board and Trust Chairs’ event in London hosted by Amanda Pritchard NHS CEO and the chair and NEDs of NHSE Board. This was an opportunity for them to share with the chairs data around performance of regions and the challenges ahead for the NHS particularly around productivity and expenditure. • Monthly meetings with the Freedom to Speak Up Guardians ensure continued oversight of the key themes from concerns raised. <p>JT queried whether there has been a change in themes for Freedom to Speak Up and whether there is a continued trend on concerns raised previously?</p> <p>PG confirmed there has been an increase in BAME staff raising concerns, he noted this is positive as this has not been the case previously. BAME staff are now feeling supported to speak up about their experiences.</p> <p>The Council noted the report with no further questions.</p>
8	<p>Chief Executive’s Report</p> <p>RFW highlighted key points as follows:</p> <ul style="list-style-type: none"> • Staff survey results have been received and work is planned to ensure staff feel supported and heard. ICCR and Specialties continue to make significant progress on their improvements journey. • Positive feedback received in relation to exceptional service at HMP Birmingham noting the significant improvements made • Out of Area remains a focus with sustained reductions • Financial position continues to be a challenge • Over 24,000 additional service users have been seen through transformational pathways • Opportunities to highlight the demand and capacity issues with NHS Providers, NHS Confederation and Nuffield Trust continue with colleagues promoting improvements for mental health • CQC relationship continues to strengthen, good new stories are now being shared to ensure a positive balance • Lisa Stalley- Green has been appointed as the new Executive Director of Quality and Safety (Chief Nurse) and has started her induction plan and will formally join the Trust in June 2024 <p>KM queried whether the issues in relation to Birmingham City Council will have a long-term impact on social workers and delaying discharges?</p> <p>RFW confirmed Birmingham City Council has committed to recruiting 25 social workers and this process has started with a prioritised focus.</p> <p>JT queried whether there has been any indication on a timescale to receive the decision in relation to NHS England capital fund bid?</p> <p>RFW confirmed the Executive Team continue to push for commitment and the Finance Directors have been meeting regularly. Internal focus and options continue to be reviewed.</p>
9	<p>Elections Update</p> <p>HS presented the elections update noting that following a successful round of recruitment last November a number of newly appointed Governors have stood down. The Council were assured there are robust plans in place to allow to go live in June 2024 for new members to be recruited noting a total of five vacancies in a range of constituencies.</p> <p>HS highlighted the upcoming Community Engagement events and assured the Council there will be a Governance presence so the opportunities to join the Council can be promoted directly with the community.</p> <p>HS will develop handouts to share at the events that will clearly note the responsibilities of being a Governor.</p> <p>PG continues to liaise with West Midlands Police to identify a new stakeholder and will confirm in the coming</p>

	<p>weeks.</p> <p>HS highlighted Birmingham City University have identified Professor Matthew Broome to join the Council as of July 2024. HS will arrange 1:1 sessions for members of the Council over the coming weeks.</p>
10	<p>Quality Account Feedback</p> <p>HS confirmed that Governors had the opportunity to receive the Quality Account and provide feedback in a facilitated session last week. A total of six Governors attended and engaged well with sharing their views for inclusion and improvements.</p> <p>HS confirmed the Quality Account will be revised and shared with the Council electronically before the formal submission in June 2024.</p>
11	<p>BSOL Mental Health Provider Collaborative- Our last twelve months</p> <p>JW was welcomed to the meeting to present the BSOL Mental Health Provider Collaborative 12 month review highlighting the salient points as:</p> <ul style="list-style-type: none"> • Live from 1 April 2023 • Establishment of further Mental Health Support Teams for Schools • Continued rollout of adult community transformation • SMI Annual Physical Health Check campaign • Continued rollout of adult rehabilitation transformation • Development of draft 3-year mental health inpatient strategy • Urgent care pathway developments • MHPC Interim Plan/Strategy until March 2025 in development • All Age Mental Health, Health Needs Assessment – concludes August 2024 • Demand & Capacity Modelling for Inpatient Beds continues <p>Key activities for 24/25 were highlighted as:</p> <ul style="list-style-type: none"> • Quality Improvement Project surrounding Section 117 and Specialist Placements has commenced with stakeholders identified. • Alignment of LDA team into the MHPC as of 4/3/24 • Development of drafted LDA Governance with ongoing due diligence activities and preparation for functional leads meetings • Engagement with the Community Collaborative to explore opportunities <p>JT queried what opportunities the collaborative is able to influence and support going forward?</p> <p>It was confirmed the collaborative continue to work operationally through the Trust and collaboratively through partnerships on priority areas. Assurance was provided that work is underway and supported through the transformational pathways aligning to community mental health staff and merging teams locally.</p> <p>SB noted her recent visit with the Deputy Chief Executive to Nishcam Healthcare and commended the work JT has done with staff to support them as positive feedback was received.</p> <p>PG thanked JW and recognised the improvements journey and ongoing financial challenges.</p> <p>The Council noted the challenges in being the provider collaborative leading the change and thanked the team for their hard work and dedication.</p>
12	<p>Finance Report</p> <p>The Council received the report for information.</p> <p>JT queried the level of assurance in place following the closure of B1 and the level of savings made are being used transformationally?</p>

	<p>BC confirmed there are ongoing discussions to formally terminate the lease and legal are supporting the process. He confirmed this remains an area of focus to understand the full value realisation whilst ensuring maximised resources are considered in the review of the Estates Strategy going forward.</p> <p>DS queried how the use of agency spend will be reduced and whether there is a plan?</p> <p>It was confirmed the current usage of 3.6% is within the limit. The Trust continue to strive to reduce agency usage overall with continued focus at the FPP Committee. Dr Imran Waheed is driving the reduction of medical agency use and this has seen significant reduction.</p> <p>The Out of Area budget will be reviewed with plans to reduce. BC noted the Non- Executive Directors are assured by the current plans in place.</p>
13	<p>Quality, Patient Experience and Safety Committee Report</p> <p>The Council received the reports for information and noted the salient points as:</p> <ul style="list-style-type: none"> The Committee received the Community Treatment Orders (CTO) report noting the Trust undertook a comprehensive service evaluation involving separate focus groups of patients, carers, RCs (consultant psychiatrists), AMHPS, lay managers and mental health legislation administrators and a psychiatrist led case note review of 40 case notes of patients on CTO. <p>The Trust's specific results clearly demonstrated that the Trust clinicians adhere to the Mental health act and its code of practice in nearly all cases. Strong adherence to the Mental health act and code of practice in itself does not reduce the racial disproportionality in the use of CTOs.</p> <p>The Committee acknowledged the recommendation to nominate at least half of Non-Executive Directors to act as Hospital Managers in lay manger hearings in making discharge or detention decisions. Further discussions in relation to which Non- Executive Directors will support are ongoing.</p> <ul style="list-style-type: none"> The Committee received a verbal update on 'Right Care, Right Person' and acknowledged the ongoing work being developed to provide the Trust with assurances that the relationships with police colleagues will remain positive and support will be in place for section 135/ 136's. Risks were noted and a full report will be bought to the Board of Directors in June to highlight further developments in line with good governance. The Committee received the Infection Prevention & Control Team Report and noted the significant risks due to staff promotions meaning 75% of the team will be leaving the Trust. Vacancies have been advertised and the team are exploring opportunities for internal secondments. The Committee noted the measles outbreak and the fantastic response from the team in managing the situation ensuring safety and wellbeing. <p>KM confirmed that the CTO processes are robust and processes are in place and adhered too. LC confirmed the Non- Executive Directors are assured the teams are adhering to the law.</p> <p>JT queried the levels of assurance in relation to the CQC action plans and overdue actions?</p> <p>It was confirmed the Committee have received partial assurance and agreed the revision of timescales for a number of overdue actions to ensure they are achievable.</p>
14	<p>Finance, Performance and Productivity Committee Report</p> <p>The Council received the reports for information and noted the salient points as:</p> <ul style="list-style-type: none"> The current 2024/25 planning assumption was a savings target of £15.7m, including a £5m target for out of area reduction which would be brought forward from 2023/24. Savings plans had been identified, however £7.1m of the plans were considered high risk. The above target underpinned a system deficit of £71m. The Committee considered the risk of additional savings targets (c£6m) due to the system submitting a breakeven position. The Committee recognised that system-wide conversations were very fluid and further updates would be provided. Cost pressure funding requests of £12.7m had been submitted as part of the planning process. Due to the challenging financial position for 2024/25, only £861k of the requests could be funded. The capital plan submission was currently £6.6m. There was some uncertainty around the final capital allocation for 2024/25 related to the system 2023/24 revenue position. To date, £5.3m capital pre-

	<p>commitments had been identified and approved for 2024/25.</p> <ul style="list-style-type: none"> • The Committee was assured by the positive year-end position, with a £2.7m surplus reported. • There had been a reduction in year-to-date agency spend as a percentage of the pay bill (3.6%), which meant the Trust was now below the NHSE cap. • The Committee approved the process for the Effectiveness Self-Assessment survey. • The Committee approved the Declarations of Interest Policy. <p>There was a detailed discussion in relation to the unfunded costs and pressures recognising the challenges for 2025/26.</p> <p>The Council were assured 71% of the £15.7m is recurrent and underpinned.</p> <p>RFW confirmed that no organisation is currently meeting the target and 71% of recurrent savings is one of the highest levels in the system.</p> <p>BC assured the Council this remains a key area of focus with risks noted.</p>
15	<p>People Committee Report</p> <p>The Council received the report for information, noting the salient points as follows:</p> <ul style="list-style-type: none"> • The Safer Staffing Report continued to highlight positive progress with MHOST and e-rostering plans • The Committee was assured by the medical revalidation and job planning processes, noting that appraisal compliance for doctors was very high • The target of 60 internationally recruited nurses had not yet been reached; currently the Trust had welcomed 32 nurses to the organisation. Plans continued to develop to achieve the target • New data sets continued to be collated on flexible working; an increase in requests and approvals had been reported, and work continued to understand the reasons why some flexible working requests were rejected. Further assurances have since been received as the Executive Directors continue to support managers to support flexible working • The Staff Survey results highlighted an overall improved position, with increases shown in all nine People Promise elements and employee experience. No questions were “significantly worse” than the previous year, and 63 were “significantly better”. The Committee was encouraged by the results, and assured by the plans in place to focus on areas that required additional improvement. <p>The Council noted the improvements being made and recognised the need to learn from other organisations to build on the positive journeys.</p> <p>FU highlighted the need for new staff on induction to be made aware of the values and need to respect staff who are presenting.</p> <p>SB confirmed she was unaware of any feedback and RFW asked that anyone experiencing new staff on induction raise their concerns if behaviours are not in line with the Trust values. She confirmed that values are built into recruitment processes and all new staff are on probationary periods therefore recruiting managers can be informed of any concerns.</p>
16	<p>Caring Minds Committee Report</p> <p>The Council received the report for information and noted the salient points as:</p> <ul style="list-style-type: none"> • The Committee received a detailed presentation from Cazenove noting the ongoing uncertainty within investment portfolios and agreed to review the recommendation to move the current investments into a sustainable multi- asset fund, it was agreed the decision will be made electronically. • Robust processes are in place with solid foundations being built to support charitable funds bids with guidance underpinning the timescales for submissions and approvals. • The Criteria for applications has been reviewed and guidance is being developed to support the process and simplify the form whilst supporting staff through the Charities Team.

17	<p>Audit Committee Report</p> <p>The Council received the report for information noting the salient points as:</p> <ul style="list-style-type: none"> • The Counter Fraud Annual Report 2023/24 highlighted a number of positive activities that had taken place during the year, particularly the number of referrals received which reflected a greater use and understanding of the process from members of staff • The Committee received the draft Annual Report and Accounts 2023/24 and was assured by the timetable for completion • The Committee approved the Terms of Reference and Forward Planner for 2024/25 • A partial assurance Head of Internal Audit Opinion was received in draft; weaknesses in internal controls were identified through the internal audit reviews carried out during the year • The Committee considered two internal audit reviews with a partial assurance rating: <ul style="list-style-type: none"> ○ Clinical Governance Committee Effectiveness ○ Finance Culture <p>The Committee welcomed the reviews and took assurance from the work that was already underway to make significant improvements.</p> <ul style="list-style-type: none"> • The Committee considered the Board Assurance Framework internal audit review, which had been given a reasonable assurance rating. The Committee was encouraged by the continued improvement and development of the BAF and noted the ongoing work to review and refine risks and format to ensure a fully fit for purpose BAF.
18	<p>Council of Governors Effectiveness Annual Self-Assessment Tool</p> <p>The Council were reminded the Effectiveness Annual Self-Assessment is live and emails have been sent to complete the survey monkey. There are a series of questions for completion that will allow feedback to be collected and reviewed for future improvements.</p> <p>HS confirmed that hard copied can be issued should they be required.</p>
19	<p>Any other business</p> <p>Ken Meeson</p> <p>The Council acknowledged KMs last meeting as a Governor and thanked him for all of his contributions and support over the years. PG thanked Ken for all of his support and dedication during his terms and wished him well as he continues to support the Lay Managers.</p> <p>KM thanked everyone for their kindness over the years and confirmed he will continue to support the Trust through the Lay Managers.</p> <p>Solihull Council will identify a replacement in the coming weeks.</p> <p>Involvement and Engagement Policy</p> <p>PG confirmed the Involvement and Engagement Policy will be enacted with the support of HS and will support and demonstrate visibility and engagement.</p> <p>Visits</p> <p>PG reminded Governors that they are welcomed on visits and HS can share the schedule should they want to join on the scheduled plans.</p> <p>Significant Transaction</p> <p>It was confirmed the Significant Transaction process is ongoing and once complete this will be shared with the Council.</p>

Close

Actions/Decisions

Item	Action	Lead/ Due Date	Update
Staff Story	RfW to discuss the savings target for Uffculme with the Executive Directors.	RfW July 24	

5. Matters arising from meeting held May 2024

6. Chair's Report

Report to Board of Directors						
Agenda item:	6					
Date	11 July 2024					
Title	Chair's Report					
Author/Presenter	Phil Gayle, Chair					
Executive Director	Phil Gayle, Chair	Approved	Y	<input checked="" type="checkbox"/>	N	
Purpose of Report		Tick all that apply <input checked="" type="checkbox"/>				
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval				
Regulatory requirement		To highlight an emerging risk or issue				
To canvas opinion		For information				<input checked="" type="checkbox"/>
To provide advice		To highlight patient or staff experience				
Summary of Report						
Alert		Advise		Assure	<input checked="" type="checkbox"/>	
<p>Purpose</p> <p>The report is presented to the Council of Governors to highlight key areas of involvement during the month, and to report on key local and system wide issues.</p>						
Recommendation						
The Council is asked to receive the report for information and assurance.						
Enclosures						
N/A						

BOARD OF DIRECTORS CHAIR'S REPORT

Introduction

I am pleased to provide a written report to the Board of Directors which covers some key updates for members' attention and assurance. The reports on today's agenda highlight the continued work we are doing to meet our strategic objectives, deliver our ambition to change culture and sustained improvements for staff, patients and service users.

I appreciate the work undertaken by the Board's Committees, and their work can be seen in the 'Advise, Alert, Assure' reports on the agenda today. Non-Executive Director colleagues have also been active in a variety of site visits across the BSOL. I will report formally on what the Non-Executive Directors have been doing in future Chair's Reports to the Council of Governors.

Governance Matters

We are progressing addressing the requirements which the CQC laid out in their action plan following our last Well-led inspection.

Our committee chairs will be meeting regularly to discuss joint themes across committees and key areas of concern. It is important as a Board that we do cross reference, triangulate, and balance all the issues being dealt with by our committees, while trying to ensure that we minimise duplication and overlap, which is important.

The Council of Governors has also continued to be active and engaged. It is my intention that as Governors periodically attend committee meetings that they report back to the Council on their observations of the Non-Executive Directors at Board and Committee level. Our committees continue to provide oversight and assurance on matters of quality and safety, patient experience, of finance productivity performance, of people and culture, as well as audit and internal controls continue.

I meet with the Lead Governor monthly to discuss any issues or concerns raised with him by the members of the council.

Fit and Proper Persons Requirements

We have implemented the revised Fit and Proper Persons Test Framework as issued in August 2023 to ensure compliance with the CQC Fit and Proper Persons Requirement Regulations (effective from 2015). As part of our ongoing compliance a range of checks have been undertaken for all Board directors at the financial year end to inform the chairs annual declaration on Board members' fit and proper status as defined under the Fit and Proper Persons Regulations. This is a detailed and comprehensive process and, in addition to electronic and hard copy evidence files, we are required to record compliance on individual electronic staff records, and this process is underway.

Once completed, I am required to prepare an annual submission to NHSE regional office by the deadline of 30 June as formal confirmation that I have had effective assurance of compliance with the Fit and Proper Persons Regulations and implementation of our Fit and Proper Persons Test Policy

and that all Board members at the Trust are deemed Fit and Proper. My own Fit and Proper Person Test status is reviewed by Dr Linda Cullen in her role as the Trusts Senior Independent Director.

My annual submission will be circulated to all members of the Council of Governors to provide them with assurance that all Board members are deemed Fit and Proper under the current requirements. A report will be presented formally at its meeting following the regional submission.

Listening to staff

My visits to the different services continue on a weekly basis as they provide me with an opportunity as chair to see the great work we provide across both Birmingham and Solihull sites.

I visited Orsborne House and it was a pleasure to meet with staff from the homeless services. I learnt of the positive improvements being developed day by day.

Another visit I undertook was to the Solihull Integrated Addiction Services where I spent time meeting staff and service users.

I was pleased to visit our Lyndon service and meet with the teams across the wards. It was great to see staff working together to deliver the best services possible in the outpatient clinic, resource centre and caring for older adults, in addition.

I visited the inpatient units at Mary Seacole and Grove Avenue and met with staff from a range of services. It was great to see staff working together to deliver services as demand continues to grow.

It was also a pleasure to visit the Juniper Centre, Ashcroft, Newbridge House, Adams Hill and Little Bromwich and I look forward to continuing to visit more sites throughout the year.

Partner and System Development / Stakeholders

I attend the weekly NHS Confederation Mental Health Chairs Network meetings and NEDs Forum meetings, which are fantastic platforms to hear and share learning from different mental health trusts across the country.

I attended the ICB NHS Confed NEDs forum with a focus on tackling inequalities in outcomes, experience and access to services.

I also attend the monthly Midlands Chairs meetings where it was agreed we should have Dedicated, quality time to discuss issues collectively as we believe this would add value and provide opportunity for wider system thinking.

I took part in a BSMHFT podcast recording for UHB alongside Patrick Nyarumbu. We discussed career paths, proudest achievements, inspirations and experiences that taught us valuable lessons. The purpose of the podcast was to have open conversation and inspire others.

BSMHFT Mental Health Provider Collaborative

The Commissioning Committee met on Wednesday 1 May. The BSol Mental Health Provider Collaborative celebrated its one-year anniversary in April 2024 following the transfer of NHS Mental Health commissioning and delivery responsibilities from the ICB.

The Provider collaborative have achieved several successes during this time, such as developing a 3-year mental health in-patient strategy, continuing to embed neighborhood mental health teams in all localities across Bsol, supporting shorter lengths of stay for those in rehabilitative beds and increasing the early help support offer to children and young people through the further establishment of MH support teams for schools.

We continue to engage in key activities such as reviewing governance structures and reporting arrangements into the wider Bsol system, development of Interim Strategies to respond to the ICB Strategic Commissioning intentions board and commencing a new Children and Young People's Transformation Programme with stakeholders showcasing our future model of care, to name a few.

Stakeholder Engagement

I met with Paul Johnson, Chief Executive of Solihull Borough Council at the Council House, and we had a productive and insightful discussion around our services, particularly our operations under Solar, for the children, young people and their families in the Solihull vicinity.

I also met with Justin Varney, Director of Public Health for Birmingham City Council. We had discussions around population health management with specific focus on mental health. We also spoke about health inequalities and I suggested it would be good for himself and the Director of Public health in Solihull to attend a Board development session to discuss these topics in more detail which he agreed this would be good and beneficial for all.

I maintain my regular monthly meetings with Shane Bray from SSL which I find very informative.

I continue to meet with Rebecca Farmer, NHS England, on a bimonthly basis, to discuss the key areas of focus for the Trust.

People / Quality

All Non- Executive Directors will have completed their mid-year point appraisal with me or have a date diarized during early June. This is a 1:1 time for us to have constructive conversations around personal and professional targets and aims to continue driving excellence in care, service improvement and shaping positive and inclusive working cultures. I also had my own appraisal in April.

Mental Health Awareness week was celebrated trust wide during the month of May.

I look forward to meeting hard working staff and presenting awards to our winners at the Values Awards which is being held at Villa Park later this month.

Meetings with the Freedom to Speak Up Guardians are still ongoing monthly to ensure I continue to have oversight of the key themes from concerns raised and offer my support where I can in addressing these.

Phil Gayle

Chair

7. Chief Executive's Report

Report to Board of Directors					
Agenda item:	7				
Date	11 July 2024				
Title	Chief Executive and Director of Operations Report				
Author/Presenter	Roisin Fallon-Williams, Chief Executive Officer and Vanessa Devlin, Executive Director of Operations				
Executive Director	Roisin Fallon-Williams, Chief Executive Officer	Approved	Y	<input checked="" type="checkbox"/>	N
Purpose of Report		Tick all that apply <input checked="" type="checkbox"/>			
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval			
Regulatory requirement		To highlight an emerging risk or issue			
To canvas opinion		For information	<input checked="" type="checkbox"/>		
To provide advice		To highlight patient or staff experience			
Summary of Report					
Alert		Advise	<input checked="" type="checkbox"/>	Assure	<input checked="" type="checkbox"/>
<p>Our report to the Council of Governors provides information on our areas of work focused on the future, our challenges and other information of relevance to the Council of Governors, in relation to our Trust strategy, local and national reports and emerging issues.</p>					
Recommendation					
The Council is asked to receive the report for assurance.					
Enclosures					
N/A					

CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT

PEOPLE

Training

The relaunch of the new Health and Wellbeing training for all managers has been going well and is well attended. The People team are currently working on the next training package which will include Disciplinary, Grievance, Dignity at Work and How to conduct Investigations. Once these are ready to be rolled out the training package will become a full day Human Resources training for all managers including refresher or update for existing managers.

Job Evaluation

Good progress has been achieved in our Job Evaluation process with significant improvements in the quality of panels and reduction in delays. This has been achieved by working collaboratively with our management and Staff-side colleagues.

Chatbot

The People Team were able to launch a pilot of its Chatbot. This will provide a first line support for managers and employees to answer queries 24/7. This is aimed at reducing delays in responding to basic queries.

Diagnostic tool – Organisational Health & Wellbeing diagnostic tool

NHS England have developed this diagnostic tool that provides an easy way to self-assess each element of the Health and Wellbeing Framework. Via the Health and Wellbeing Steering Group, the Trust have been using the tool to assess our employees' well-being. The results of the assessment will be shared in due course.

Case work

The People Team continue to deal with casework, with a collective team focus on closing cases in a timely manner. Recently, additional resource via Bank investigating officers has aided the team in completing long outstanding cases. The team will continue to train additional investigation officers and encourage local resolution where appropriate to assist with closing cases as quickly as possible.

Learning and Development Team

NHS England will be leading workstreams to rationalise and reform StatMand, in partnership with the national bodies and in consultation with all other relevant organisations and staff side groups. The Learning and Development team will take the lead on ensuring that the training alignment to the core skills training framework is completed as stipulated. A recommendation to start the work to ensure readiness for the Digital Staff Passport roll out has been made to the Trust Workforce systems and process group and with a recommendation that this work is managed through with support from our PMO colleagues. Further work is scheduled around the roll out and embedding of

the First Line management programme that encompass a range of operational and leadership modules for managers.

Workforce and Resourcing

We have developed the final version of our workforce plan for 2024/25, with an overall focus around reducing Bank and Agency usage across the Trust. This has been submitted to NHSE as required as part of our system-wide plan.

Our planned establishment growth is 4.2% (210 WTE) and staff in post growth for planning is 2.1%. We are forecasting a 27.7% decrease in agency and 10.5% decrease in bank usage.

Our third centralised recruitment day for Nurses was held in April. We interviewed 25 candidates and made 14 offers. We are now looking at reviewing the model going forward. We are also about to go live with two initiatives to help our bank and agency reduction strategy along with a Direct Engagement model for agency doctors which will provide significant savings for the Trust.

Doctors Industrial Action

Consultants in England have accepted the latest Government offer on pay and DDRB reform. This will be reflected in May 2024 pay, backdated to 1st March 2024.

A further pay offer has been made to Specialty and Associate Specialists (SAS) doctors which BMA members will vote on between 31st May 2024 – 14th June 2024.

The Junior Doctors Committee of the BMA had agreed to enter into mediation with an independent external party to progress talks with the Government, however last week an eleventh period of industrial action was announced for 27th June – 2nd July 2024. We are therefore commencing reinstatement of our industrial action planning processes.

Consultant recruitment

Within the last 3 months, we have appointed to 9 Consultant posts and 5 Specialty Doctors posts. 5 of these posts have been through international recruitment.

HealthRoster

In February we rolled out e-rostering for all doctors in BSMHFT to replace the previous Excel spreadsheets held on Connect. The functionality of HealthRoster will continue to be developed over the coming months.

CLINICAL SERVICES

Integrated Community Care and Recovery (ICCR)

We are pleased to share that interviews for our two ICCR Clinical Director posts have been completed and we have appointed to both roles on a job share basis; Liz Thurling and Dr Sunday Olotu for our Neighborhood Mental Health Teams (NMHTS) and Community Mental Health Teams (CMHTs) and Richard Salkeld and Dr Ola Ajileye for our Steps 2 Recovery and AOT teams.

We have successfully recruited to all qualified nurse vacancies in Steps to Recovery (S2R) units with majority being Internationally Educated Nurses (IENs).

Our Integrated Community Rehabilitation Team (ICRT) has started to have a positive impact as the service continues to divert service users from inpatient rehabilitation, resulting in reductions in OOA placements. The team provide intensive rehabilitation similar to our open inpatient rehabilitation units, but within the service user's home. This enables less restrictive care options and has diverted over 30 service users so far from requiring an inpatient rehabilitation placement, along with providing early discharge for 5 service users from placements outside of Birmingham and Solihull for 5 service users at present.

Assertive Outreach Team's (AOT) have been proactively managing access to acute beds through the introduction of a revised locality bed plan supported by a dedicated capacity manager which has proven beneficial in optimising bed usage. Early results are very positive, and teams are working within their allocated bed capacity based on the effective discharge to the community by the capacity manager.

Waiting times for the Attention Deficit Hyperactivity Disorder (ADHD) Service have reduced despite continued increase in referrals. The service has received regional recognition for the processes being implemented, with other ADHD services seeking to take learning from the developments.

The out of hours CMHT duty line pilot successfully continues with good uptake from service users.

Solihull Integrated Addiction Service (SIAS) alongside other substance misuse providers, has developed a Memorandum of Understanding with West Midlands Police for front line police to carry naloxone, supported by SIAS with training.

The Homeless Teams continue to offer a range of support (mental and physical health) to those facing homelessness. Multiagency working has been effective, with more people being supported for accommodation, physical / mental health, and other social needs.

Secure Care & Offender Health (SCOH)

Our Ardenleigh Child and Adolescent Mental Health Services (CAMHS) service users have completed the Duke of Edinburgh Award which is a brilliant achievement. Our staff from the CAMHS service engaged in a charity football match to raise money for their Astroturf. The event was successfully attended by many external providers all of whom contributed to the success of the event and raise awareness of mental health in both the private and public sector.

Reaside completed an employability workshop project, which is a partnership project with Voluntary, Community and Social Enterprise (VCSE). A Culturally Appropriate Advocacy service has been established within Reaside and the Birmingham Community Advocacy service has also been relaunched.

The FIRST Clozapine Clinic Quality Improvement project was showcased at the International Forum on Quality and Safety in Healthcare and received positive feedback from other NHS trusts across the country.

The Intensive Supervision Court (ISC) pilot is successfully addressing the support needs for female offenders. Sixty six percent of people coming through this pathway are now on a Mental Health

Treatment Requirement (MHTR) order as opposed to receiving custodial sentences, which is more conducive with our treatment focus.

The Prosper Integrated Intensive Risk Management Service celebrated its fifth birthday and continues to support service users through their pathway.

The Division is proud to have had six staff/teams shortlisted for Trust values awards from the eighty staff nominated from across the division's services.

Acute and Urgent Care

We continue to drive our productivity plan to enable us to eliminate our inappropriate out of area placements. We have shared good practice across divisions and undertaken a peer review to support our current discharge and flow processes, the outcome will be supported through our quality improvement framework.

BSMHFT hosted a workshop on Pathways Transformation led by Fabida Aria (BSMHFT Medical Director) and Ian Davison (NHS England Quality Improvement team). The workshop focused on understanding the mental health needs and the required transformation for BSol population. The event was well attended with multi-disciplinary professionals, service users, VCSFE professionals all being represented. The feedback will be further developed into a plan and will feature in our clinical strategy goals going forward.

During March and April, we were joined by the National Mental Health Improvement System Support Team (MHIST) who facilitated the implementation of the MH urgent and emergency care assessment tool for our BSOL system. They are a small, quality improvement team who support the NHS to deliver improvements in population health, quality of care and value-for-money in mental healthcare. The workshops looked at the views of system stakeholders and allowed the opportunity for professional discussions and constructive challenge. Areas of improvements were discussed along with the opportunity to showcase good practice. The improvement tool has been built around 12 domains, with key statements and KLOES with the objective of creating a quality improvement plan. These include Access and Waits, Strategy and Sustainability, Workforce, Evidence Based Practice, The Pathway, Environment, Involvement and Participation, Productivity, Outcomes, Data Quality, Culture, Digital and Informatics. The outcome plan will sit with our Urgent Care Pathways group with key partners and report through our established governance structures for assurance.

We note continued success in medical recruitment at all levels improving medical leadership and reducing locum agency usage. We are continuing with our efforts to deal with the recruitment challenges in psychological professions workforce by reviewing the roles, splitting the posts, and updating the adverts to highlight the specific projects within areas to generate interest.

Both of our acute wards on our north site continue to be supported via our enhanced monitoring framework with notable improvements recognised. The wards on these sites have successfully embraced our new locality model and all wards are now using our Safe Care approach. Staffing in the North has significantly improved, including through the recruitment of Internationally Educated Nurses who are integrating and settling into their teams.

Urgent care transformation continues, with the successful launch of NHS 111, Option 2 for Mental Health since 29th April. Staff have been proactive in implementing the new service and are keen to make further improvements to enhance the quality. There is a weekly group reviewing implementation and data, over time as the service embeds, we will highlight any specific trends.

Specialties

We have recruited to all qualified vacancies with many Internationally Educated Nurses (IENs) joining the teams. There are plans to arrange action learning sets for our IENs to support with their transitions into their new roles.

We successfully held an Admin Celebration Day (24th April) an International Nurses Day (13th May). We continue our wellbeing support to our workforce with many staff members attending our weekly Yoga session facilitated by our Occupational Therapy Consultant.

The Older Adult Mental Health & Wellbeing Community Event is scheduled for 6th June 2024. This is to showcase the variety of services within the West of Birmingham to support the community and our service user health and wellbeing and try to reduce health inequalities, in line with the 5-year plan for Older People.

Implementation of the new memory assessment pathway has progressed further with the central booking system due to go live in the forthcoming months. A 6-month pilot project is in progress with the aim of increasing the Dementia diagnostic rates for our residents of Birmingham and Solihull. The pilot will ensure that all patients diagnosis is recorded in the right place, ensuring that patient care becomes more joined up between primary and secondary care.

New targets are in place for Birmingham Talking Therapies for the current financial year, along with confirmed trajectories. On going recruitment remains in place to fill vacant roles with seven candidates due for interview in May. The vacancy rate continues to improve and is currently at 13%. We received excellent feedback from a service user “...JK has been so kind and understanding, in fact, she understood me more than my family did. I cannot fault any part of her input. Thank you...” highlighting staff’s positive input in their experience.

Veterans Op Courage service have designed a midlands partnership Newsletter to help build an inclusive culture across the Midlands provider collaborative. This will support in sharing good practice, news stories for staff, patients, and their families/carers. The newsletter will be published in July.

We are very pleased to welcome Dr Angela Foster to the Bipolar service in the role of Clinical lead who joins us from Specialist Psychotherapy Services. In Sept we will be offering four Mood on Track (MoT) groups for the first time in Birmingham and Solihull. We have also agreed a training package with a neighboring mental health trust, and we extended our service to Northwest of England and received fantastic feedback (“...*Lizzie Newton and the Bipolar service from BSMHFT have now helped us train 50+ staff in the intervention and we have completed 12 groups across the trust. The feedback from staff and service users has been overwhelmingly positive...*”- Consultant Clinical Psychologist & Professional Lead for Cumbria, Northumberland, Tyne, and Wear NHS foundation trust)

A successful service evaluation in art psychotherapy demonstrated improved access, increased engagement and responsiveness which supports our work to reduce our health inequalities. We

successfully sourced extra funding for art psychotherapist support to steps to recovery units. The team has been successful in its bid for a NIHR (National Institute for Health and Care research) Senior Clinical and Practitioner Research Award. This grant will enhance the research activity within the service and ensure that the service is at the forefront of diagnosis, treatment, and prevention of relapse.

The perinatal service has achieved all flexible NHSE Long Term plan ambitions, now offering comprehensive psychological interventions for parent and infant mental health needs, as well as extending provision to women for up to 2 years. Challenges remain in the annual access target and a recovery plan has been co-produced to increase the access (from 1660 to national target of 1959 for BSol). As part of the recovery plan, we are launching an Improvement project to reduce DNAs (Did Not Attends) and improve the quality of the therapy. The Perinatal Health Inequalities workstream has also implemented direct referrals from partnered third sector organisations to increase referrals from marginalised communities and improve the awareness of the service.

Learning Disability and Autism (LDA)

Our LDA Steer Group is now up and running and continues to finalize its membership. Workstreams have now been identified and work is underway to confirm our programme leads to ensure work is progressed as identified within our LDA Action Plan. This includes our Dynamic Support Register (DSR) for adults goes “live” from 28th May. The register is reviewed at regular meetings with partners and a RAG rating tools has been developed to enable clinical colleagues to identify risk level for admission to hospital.

Our 2024-25 admission and discharge trajectory work as part of the BSOL Transformation Programme work continues to be discussed and monitored at Executive level to identify support needs to enable continues improvements. Oliver McGowan mandatory training is now on training traffic lights system. We continue to work as part of the regional stakeholder group to feed into the quality, uptake, and future plans for this training.

SUSTAINABILITY

Funding and Finances

The Trust submitted its annual plan in line with national deadlines at the beginning of May following multiple discussions across the system on how to deliver the expected financial performance for this new financial year. While levels of inflationary funding at just 0.6% remains extremely challenging, the funding available to support Trust cost pressures such as Out of Area bed spend is also extremely limited which means that the savings target for the year and ability to deliver our financial plan mean difficult decisions will need to be made throughout the year.

West Midlands Mental Health, Learning Disabilities & Autism Provide Collaborative Update

The BSOL Mental Health Provider Collaborative celebrated its one-year anniversary in April 2024 following the transfer of NHS Mental Health commissioning and delivery responsibilities from the ICB.

During the first twelve months of delivery, the Provider Collaborative has achieved several successes, including:

- Increasing the early help support offer for children and young people across BSOL through the further establishment of Mental Health Support Teams for Schools
- Continuing to embed neighborhood mental health teams in all localities across BSOL, which is supporting shorter lengths of stay for those people in rehabilitative beds
- Delivered an SMI Annual Physical Health Check Campaign during September 2023 including the development of animation
- Worked alongside partners to develop a housing with support strategy recognizing the need for appropriate and available housing across BSOL
- Developed a draft 3-year mental health in-patient strategy
- Expanded the call before you convey for West Midlands Ambulance Service Crews to 24/7 and facilitated system wide planning for the implementation of the NHS 111 Mental Health Option from April 2024
- Working alongside the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) commenced the development of a VCFSE charter
- Increased the number of people accessing Talking Therapies by around 20% on the previous year's performance

Key activities currently underway include:

- Developing our Interim Strategy to respond to the ICB Strategic Commissioning Intentions
- Building our plan to ensure the co-production of our longer-term strategy for the BSOL Mental Health Provider Collaborative including how we use the knowledge and insight gathered through the Health Needs Assessment and Experience of Care to inform the vision and priorities of the collaborative
- Reviewing our governance structure and reporting arrangements into the wider BSOL system
- Commencing a new Children & Young People's Transformation Programme with stakeholders to inform our future model of care

QUALITY

The Board will note that we have a separate report on Quality and Safety on today's agenda.

We had two positive CQC Mental Health Act visits during the month of May where service users were complementary about feeling safe, being treated with respect and kindness, coproducing care plans, planned activities and understanding discharge pathways.

We await reports following a focused inspections to our Eating Disorder's service in recent weeks.

LOCAL NEWS

BSOL Community Collaborative

We continue to be a key partner in the development and implementation of the BSOL system Community Care Collaborative. The Community Care Collaborative brings together primary care, community health services, community mental health services, social care and the community and voluntary sector to support people to stay well in their own homes.

The Collaborative has developed a draft Locality Operating Model to guide the work to establish integrated teams in neighborhoods and localities and continues to test the key elements of this in practice through six integrated neighborhood teams. The work progresses the transformation of intermediate care on "home first" principles and aims to bring together all the elements of community-based provision into a more co-ordinate single team serving each locality. System

partners have nominated senior responsible officers for each of the team, with Keish Dell, our AD for primary care, dementia services and specialties taking a lead as SRO the central region.

Right Care Right Person (RCRP)

The 'Right Care Right Person' programme is designed to ensure that people of all ages, who have mental health and/ or social care needs are responded to by the right person with the right skills, training, and experience to best meet their needs. Following a rigorous strategic stakeholder engagement with system partners, we established the BSoI Mental health Provider Collaborative task and finish group for effective operational oversight. We successfully implemented the first three phases (engagement, welfare checks & AWOL) and continue to monitor progress. Plans are in place to fine tune data collection for effective operational oversight. Required changes to practice, policies, and procedures are going through our governance process as we prepare for further workshops and planning in preparation of phase 4 & 5.

Executive Director of Quality and Safety (Chief Nurse)

Our new Executive Director of Quality and Safety (Chief Nurse), Lisa Stalley-Green started her role this week and we wish her a warm welcome to BSMHFT. Lisa's deep nursing ethos, values and caring nature shone through during the intensive recruitment process. She demonstrates strong skills, knowledge, and great ambition to lead our Nursing portfolio. We are sure that Lisa will be a huge asset to our Executive Team and the Trust Board driving excellence in care, service improvement, and shaping positive and inclusive working cultures.

Mental Health Awareness Week – 13-19 May 2024

BSMHFT celebrated Mental Health Awareness Week between 13 - 19 May. This year's theme was '[Moving more for our mental health](#)' and we shared tips on how we can build more [activity](#) into our lives by finding 'moments for movement', setting small, achievable goals and finding the fun in activity.

Health Instructor, Chekaine Steele understands the benefits that physical exercise can have on our mental wellbeing, and we shared his [Five Minutes With](#) feature, setting readers the task of moving more for their mental health.

We also shared service user [Nicola's positive experience](#) of therapy with Clinical Psychologist, Holly Edwards and how it was a real turning point in her life.

NHS England also featured [Psychological Wellbeing Practitioner, Jasmin Knight](#) talking about the benefits of Talking Therapies, and flying the Team BSMHFT flag at the same time!

NATIONAL NEWS

News from NHS England

Record numbers of women accessing Perinatal Mental Health support

More than 57,000 new and expectant mums have received specialist support for mental health problems over the last year, up a third on 2022, NHS figures show.

Every part of England now has a specialist mental health team thanks to the NHS Long Term Plan with experts offering women with moderate to severe or complex mental health needs support, including on how to develop the relationship between parent and baby.

All new mums are also offered a comprehensive mental and physical check-up within six weeks of giving birth from their GP.

“The [NHS Long Term Workforce Plan](#) is growing the number of NHS staff working in mental health, primary and community care, ensuring specialist services like these continue to be available. The Government has also significantly increased spending on mental health to support these ambitions.”

The General Election

The next General Election will take place on 4th July 2024. Parliament was suspended on 24th May before being formally shut down on 30th May, entering the purdah period. Purdah describes the period between the time an election is announced and the date the election is held.

Ministers, civil servants, and local authorities will soon be required to exercise caution in making announcements or decisions that might affect the election campaign. This is known as purdah (the pre-election period).

NHS England released guidance to NHS organisations [here](#).

Governance

8. Elections Update

Performance and Partnerships

9. Finance Report

Report to the Council of Governors						
Agenda item:	9					
Date	11 July 2024					
Title	Finance Report					
Author/Presenter	Emma Ellis, Head of Finance and Contracts Richard Sollars, Deputy Director of Finance					
Executive Director	David Tomlinson, Executive Director of Finance	Approved	Y	<input checked="" type="checkbox"/>	N	
Purpose of Report			Tick all that apply <input checked="" type="checkbox"/>			
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval				
Regulatory requirement		To highlight an emerging risk or issue				
To canvas opinion		For information				
To provide advice		To highlight patient or staff experience				
Summary of Report <i>(executive summary, key risks)</i>						
Alert	<input checked="" type="checkbox"/>	Advise	<input checked="" type="checkbox"/>	Assure		
<p>Revenue position:</p> <p>The month 1 consolidated Group position is a deficit of £422k. This is after adjusting for the revenue impact of the PFI liability remeasurement under IFRS 16. The position comprises a £315k deficit for the Mental Health Provider Collaborative, a deficit of £83k for the Trust, £10k deficit for Summerhill Services Limited (SSL) and a £21k surplus position for the Reach Out Provider Collaborative.</p> <p>Alert:</p> <p>The Board is asked to note and discuss the following key financial alerts:</p> <ul style="list-style-type: none"> • Out of area – The total 2024/25 plan for out of area expenditure, including a £5m savings target, is £14m. The month 1 out of area expenditure is £1.8m, this is £0.6m adverse to plan. • Savings – The 2024/25 savings target is £17.8m (£11.5m recurrent and £6.3m non recurrent). £1.8m is unidentified in the savings plan. The month 1 savings achieved is £600k, this is £651k less than plan. The majority of the slippage on achievement relates to the £5m out of area savings target (£417k in month 1) and the £1.8m unidentified savings target (£147k in month 1). <p>Advise:</p> <ul style="list-style-type: none"> • Temporary staffing – The 2024/25 temporary staffing plan is £41.5m. This includes bank and agency reduction savings targets of £1.5m and £1.8m respectively. In month 1 temporary staffing expenditure is £440k less than plan. The number of over cap medical agency bookings has reduced from 20 in March to 15 in April. 						

- Capital position:
The month 1 Group capital expenditure is £1.2m, this is £0.4m ahead of plan.
- Cash position:
The month 1 Group cash position is £83m which comprises £19m Trust cash balance.

Approve:

For year-end audit purposes relating to decisions taken by the Board in 2023, the Board is asked to confirm the following to be included in the minutes for this meeting

- As at the 31st March 2024 there is a Deed of Variation of Lease Terms (in Principle) between SUMMERHILL SERVICES LIMITED incorporated in England and Wales with company number 8015667, whose registered office is at SSL Hub, Unit 7 Junction 6 Industrial Estate Off Electric Avenue, Aston, Birmingham B6 7JJ(Landlord); and BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST of Uffculme Centre 52 Queensbridge Road, Moseley, Birmingham B13 8QY (Tenant) to extend leases in relation to Ardenleigh, Tamarind, Juniper, Maple Leaf/John Black and Reaside to November 2043. The Landlord and Tenant have mutually agreed to extend the term of the leases to 30th November 2043 on the same terms and conditions as in the original lease as dated for each property (site). These are in the final stages of completion with both parties and Mills & Reeve Solicitors.

Strategic Priorities

Priority	Tick ✓	Comments
Clinical services		
People		
Quality		
Sustainability	✓	Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population.

Recommendation

The Board is asked to review the financial position at month 1 and discuss the key alerts.

Enclosures

Month 1 Finance Report

Finance Report

Financial Performance:
1st April 2024 to 30th April 2024

Month 1

Group financial position

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Patient Care Activities	618,759	51,563	50,640	(923)
Other Income	21,117	1,760	1,741	(19)
Total Income	639,876	53,323	52,380	(942)
Expenditure				
Pay	(289,257)	(24,339)	(23,558)	781
Other Non Pay Expenditure	(310,055)	(25,838)	(26,153)	(315)
Drugs	(7,150)	(596)	(609)	(13)
Clinical Supplies	(539)	(45)	(52)	(7)
PFI	(14,388)	(1,199)	(1,330)	(131)
EBITDA	18,487	1,306	678	(629)
Capital Financing				
Depreciation	(9,765)	(814)	(797)	16
PDC Dividend	(16)	(1)	(1)	-
Finance Lease	(8,479)	(4,595)	(4,594)	1
Loan Interest Payable	(972)	(81)	(86)	(5)
Loan Interest Receivable	1,899	158	465	307
Surplus / (Deficit) before taxation	1,153	(4,027)	(4,335)	(309)
Taxation	(380)	(32)	(32)	-
Surplus / (Deficit)	773	(4,058)	(4,367)	(309)
Adjusted Financial Performance:				
Remove capital donations/grants/peppercorn lease I&E impact	5	0	0	-
Adjust PFI revenue costs to UK GAAP basis	722	3,944	3,944	-
Adjusted financial performance Surplus / (Deficit)	1,500	(114)	(422)	(309)

Month 1 2024/25 Group Financial Position

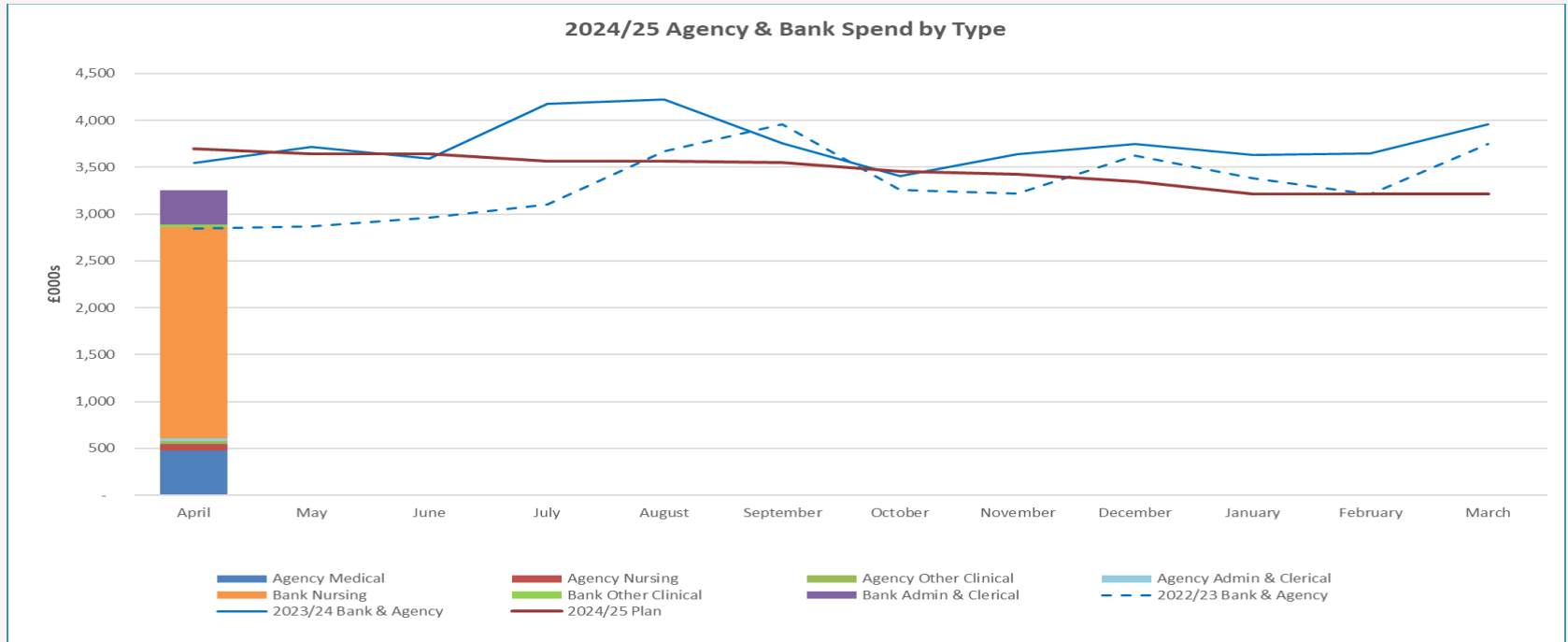
The month 1 consolidated Group position is a deficit of £422k. This is after adjusting for the revenue impact of the PFI liability remeasurement under IFRS 16 (£4m in month 1). In 2024/25, for the purposes of the calculation of adjusted financial performance, PFI schemes will be measured on a UK GAAP basis.

The month 1 outturn is £309k adverse to plan. The Group month 1 position is mainly driven by the Mental Health Provider Collaborative (MHPC) which is at a deficit of £315k. This is predominantly due to section 117 packages of care pressures. The Trust position is a deficit of £83k and there is a £10k deficit for the wholly owned subsidiary, Summerhill Services Limited (SSL). The Reach Out Provider Collaborative month 1 position is £21k surplus in line with agreed contribution to Trust overheads.

Month 1 Group position Segmental summary

Group Summary	Trust	SSL	Reach Out	BSOL PC	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Activities	30,156	-	12,247	33,316	(25,079)	50,640
Other Income	1,928	2,431	-	-	(2,618)	1,741
Total Income	32,084	2,431	12,247	33,316	(27,697)	52,380
Expenditure						
Pay	(22,427)	(1,013)	(142)	(175)	198	(23,558)
Other Non Pay Expenditure	(7,101)	(768)	(12,084)	(33,456)	27,256	(26,153)
Drugs	(630)	(189)	-	-	211	(609)
Clinical Supplies	(52)	-	-	-	-	(52)
PFI	(1,330)	-	-	-	-	(1,330)
EBITDA	543	461	21	(315)	(32)	678
Capital Financing						
Depreciation	(528)	(237)	-	-	(33)	(797)
PDC Dividend	(1)	-	-	-	-	(1)
Finance Lease	(4,592)	(32)	-	-	30	(4,594)
Loan Interest Payable	(86)	(171)	-	-	171	(86)
Loan Interest Receivable	636	0	-	-	(171)	465
Surplus / (Deficit) before Taxation	(4,027)	21	21	(315)	(36)	(4,335)
Impairment	-	-	-	-	-	-
Profit/ (Loss) on Disposal	-	-	-	-	-	-
Taxation	-	(32)	-	-	-	(32)
Surplus / (Deficit)	(4,027)	(10)	21	(315)	(36)	(4,367)
Adjusted Financial Performance:						
Remove capital donations/grants/peppercorn lease I&E impact	0	-	-	-	-	0
Adjust PFI revenue costs to UK GAAP basis	3,944	-	-	-	-	3,944
Adjusted financial performance Surplus / (Deficit)	(83)	(10)	21	(315)	(36)	(422)

Temporary staffing expenditure



Bank

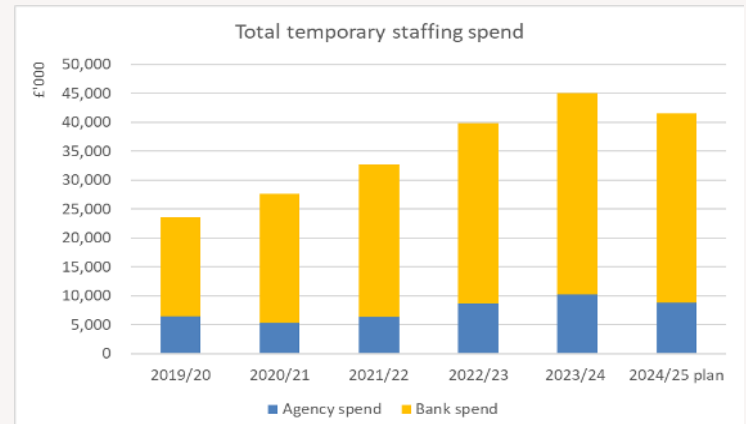
Agency

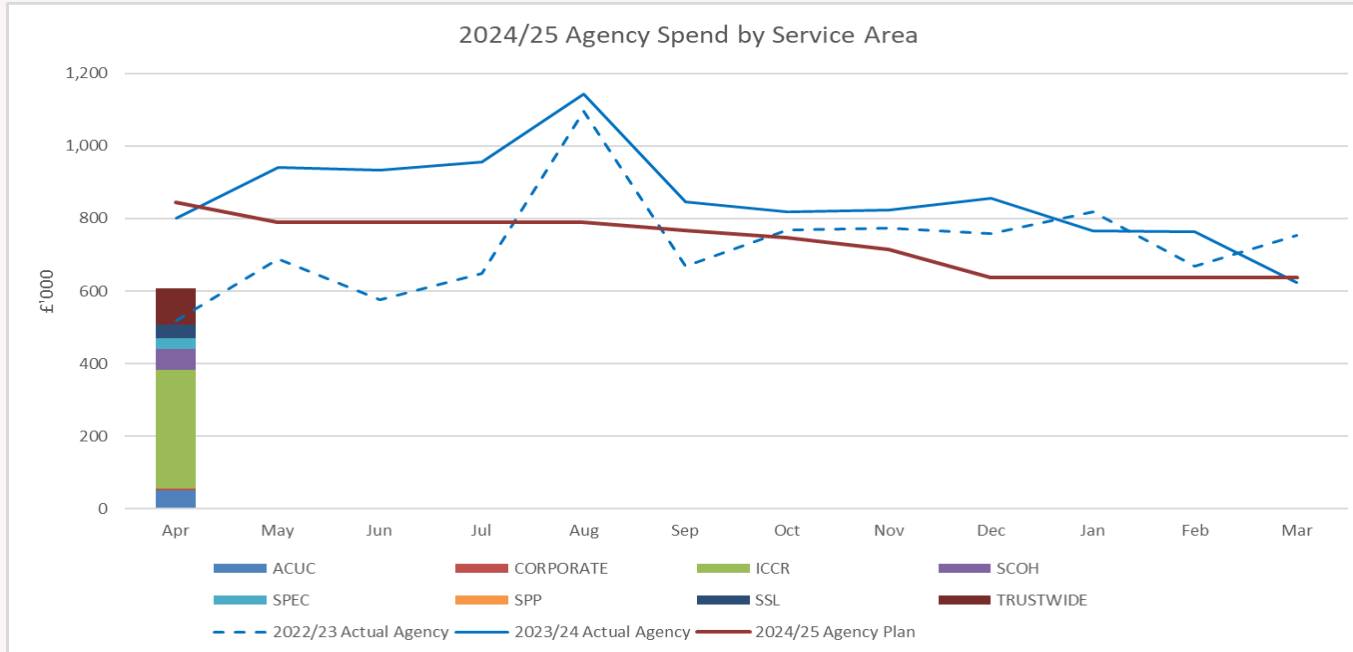
Month 1 temporary staffing expenditure is £3.3m, this is £440k less than plan.

Bank expenditure £2.6m (81%) – the majority of bank expenditure relates to nursing bank shifts - £2.3m

Agency expenditure £0.6m (19%) – the majority of agency expenditure relates to medical agency - £0.5m.

For further analysis on bank and agency expenditure, see pages 5 to 6.

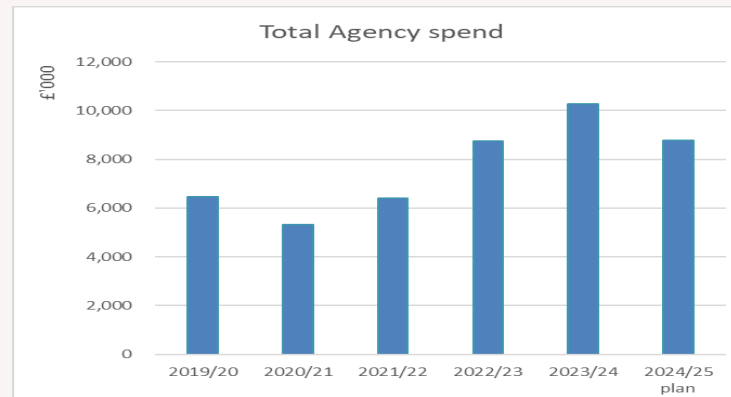




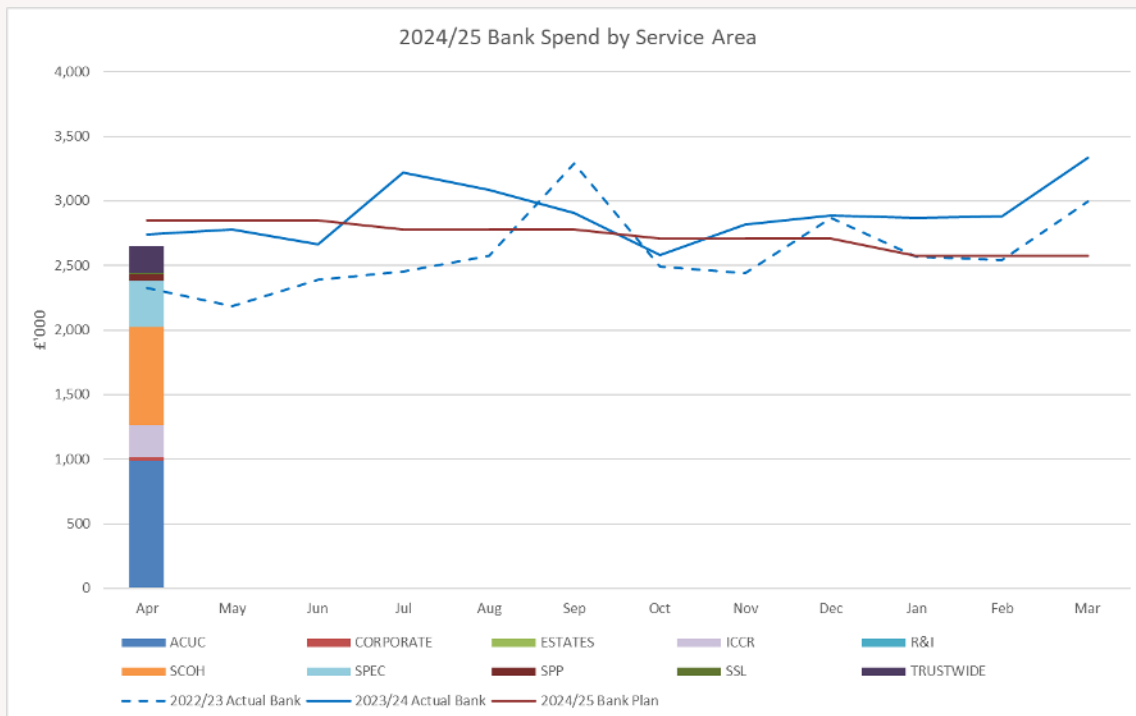
Agency expenditure

- The month 1 2024/25 agency expenditure is £607k, this is £236k less than plan.
- The NHSE planning guidance states that the intention for 2024/25 agency expenditure is for aggregate agency spending for all trusts to reduce to 3.2% as a proportion of the total pay bill. Agency expenditure is £146k below this threshold in month 1.
- An agency reduction savings target of £1.8m has been included in the 2024/25 financial plan.
- 78% of the month 1 agency spend relates to medical. There has been a significant amount of work undertaken in recent months to reduce the number of over cap medical agency bookings. There are 15 over cap as at the end of April, which is a reduction of 5 since March.

	2023/24 YTD
	£'000
Agency Expenditure	607
NHSE Ceiling	754
Variance to NHSE ceiling	146
Agency Medical	472
Agency Nursing (Registered)	77
Agency Nursing HCA	0
Agency Other Clinical	25
Agency Admin & Clerical	34
Agency Expenditure	607

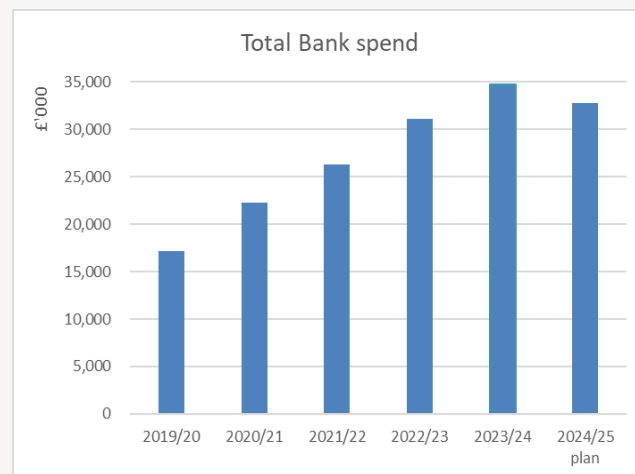


2024/25 Bank Spend by Service Area



Type	YTD £'000	% of spend
Bank Nursing	2,251	85%
Bank Other Clinical	28	1%
Bank Admin & Clerical	368	14%
Grand Total	2,648	100%

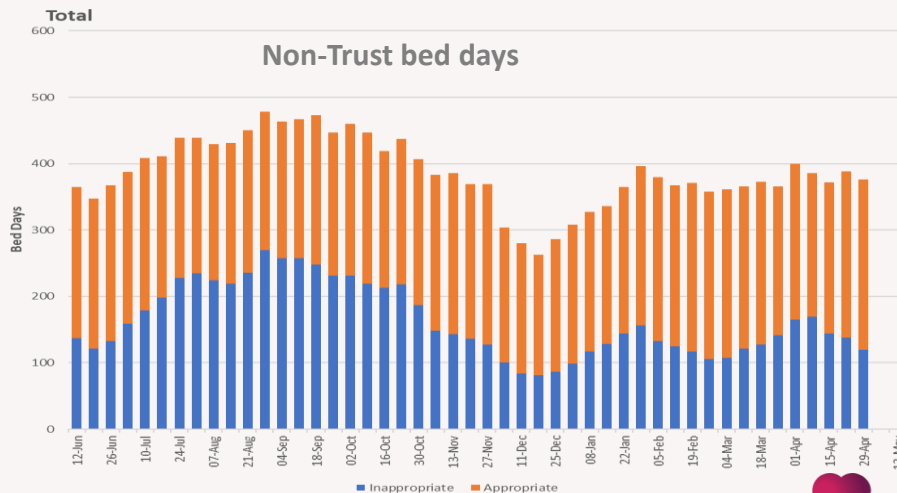
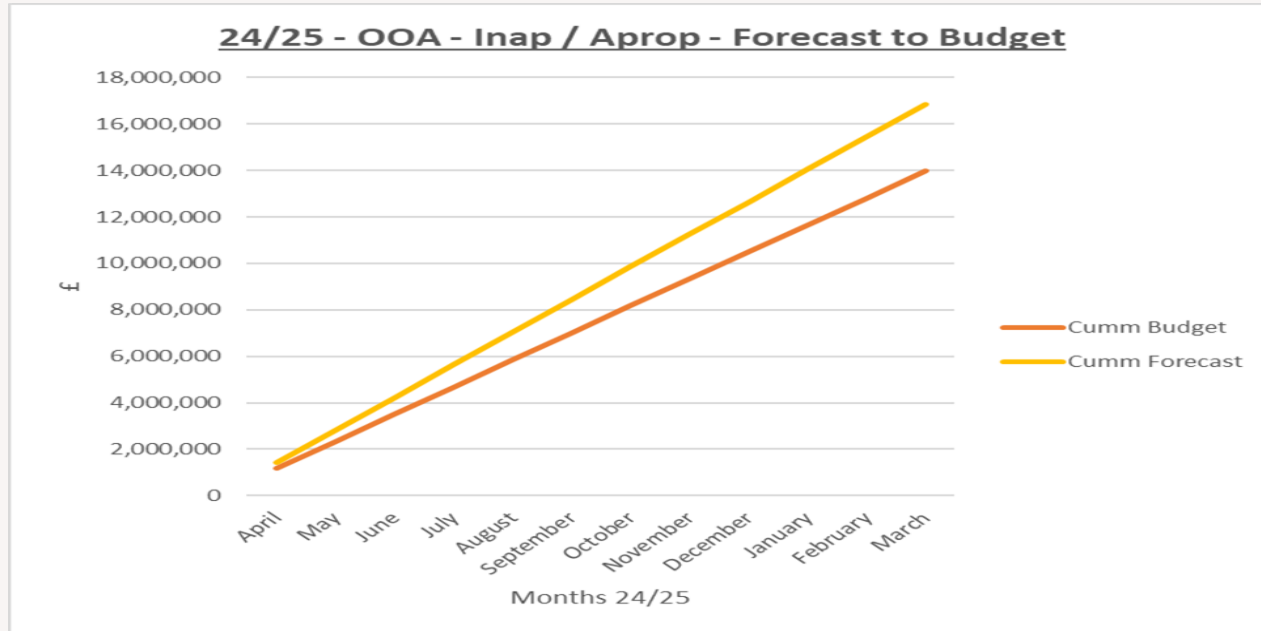
Total Bank spend



Bank expenditure

- The month 1 bank expenditure for 2024/25 is £2.6m which is £203k less than plan. It is £249k less than the average 2023/24 run rate. We are working with workforce colleagues to test out improvements regarding the methodology for the bank accrual.
- The 2024/25 bank expenditure plan, including a £1.5m savings target is £32.7m.
- Bank expenditure has predominantly been incurred within the following service areas: Acute and Urgent Care £1m, Secure and Offender Health £0.8m, Specialities £0.4m and ICCR £0.2m.

Out of Area overspend



- The total 2024/25 plan for out of area expenditure, including a £5m savings target, is £14m.
- Month 1 expenditure of £1.8m is £0.6m adverse to plan.
- The first draft year end forecast based on month 1 bed usage is £17m which would be a £3m overspend.

	Plan YTD £000	Actual YTD £000	Variance YTD £000	Plan FOT £000	Forecast FOT £000	Variance FOT £000
Pay - Recurrent	57	23	(34)	3,489	3,489	-
Non-pay - Recurrent	668	198	(470)	8,013	8,013	-
Income - Recurrent	-	-	-	-	-	-
Total recurrent efficiencies	725	221	(504)	11,502	11,502	-
			-			-
Pay - Non-recurrent	35	35	-	416	416	-
Non-pay - Non-recurrent	180	33	(147)	2,162	2,162	-
Income - Non-recurrent	311	311	-	3,735	3,735	-
Total non-recurrent efficiencies	526	379	(147)	6,313	6,313	-
			-			-
Total Efficiencies	1,251	600	(651)	17,815	17,815	-

Savings plan 2024/25	£'000
Recurrent/Non-recurrent	
Recurrent	11.5
Non-recurrent	6.3
Total	17.8
Developed Status	
Fully Developed	8.9
Plans in Progress	5.0
Opportunity	2.1
Unidentified	1.8
Total	17.8
Risk Status	
High Risk	8.9
Medium Risk	0.0
Low Risk	8.9
Total	17.8

- The 2024/25 efficiency target (as submitted to NHSE as part of the financial plan on 2.5.24) was £17.8m.
- 2024/25 savings target comprises £11.5m recurrent and £6.3m non recurrent targets. £8.9m are considered high risk and £1.8m are unidentified. For further detail on the 2024/25 savings plans, see planning and budget setting 2024/25 update paper.
- The month 1 savings achieved is £600k, this is £651k less than plan. The majority of the slippage on savings achieved relates to the £5m out of area savings target (£417k) and the £1.8m unidentified savings target (£147k).

Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - 'Draft' 31-Mar-24 £m's	NHSI Plan YTD 30-Apr-24 £m's	Actual YTD 30-Apr-24 £m's	NHSI Plan Forecast 31-Mar-25 £m's
Non-Current Assets				
Property, plant and equipment	220.7	220.6	225.9	217.8
Prepayments PFI	1.2	1.2	1.3	1.2
Finance Lease Receivable	0.0	-	0.0	-
Finance Lease Assets	-	-	-	-
Deferred Tax Asset	-	-	-	-
Total Non-Current Assets	221.9	221.8	227.2	219.0
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	21.4	21.4	27.6	21.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	92.2	91.5	83.4	93.1
Total Current Assets	114.0	113.3	111.4	114.9
Current liabilities				
Trade and other payables	(80.0)	(80.0)	(79.0)	(80.0)
Tax payable	(5.8)	(5.8)	(5.3)	(5.8)
Loan and Borrowings	(2.6)	(2.6)	(2.3)	(2.6)
Finance Lease, current	(1.1)	(1.1)	(1.1)	(1.1)
Provisions	(1.3)	(1.3)	(1.3)	(1.3)
Deferred income	(45.2)	(45.2)	(46.2)	(45.2)
Total Current Liabilities	(136.0)	(136.0)	(135.3)	(136.0)
Non-current liabilities				
Deferred Tax Liability	(0.1)	(0.1)	(0.1)	(0.1)
Loan and Borrowings	(23.0)	(22.2)	(22.2)	(20.8)
PFI lease	(78.3)	(82.2)	(82.2)	(78.8)
Finance Lease, non current	(6.8)	(6.9)	(11.2)	(5.8)
Provisions	(3.0)	(3.0)	(3.0)	(3.0)
Total non-current liabilities	(111.2)	(114.6)	(118.8)	(108.5)
Total assets employed	88.6	84.5	84.5	89.4
Financed by (taxpayers' equity)				
Public Dividend Capital	114.7	115.1	115.0	115.1
Revaluation reserve	48.0	48.0	48.0	48.0
Income and expenditure reserve	(74.1)	(78.5)	(78.5)	(73.7)
Total taxpayers' equity	88.6	84.5	84.5	89.4

SOFP Highlights

The Group cash position at the end of April 2024 is £83.4m, this includes Reach Out and the Mental Health Provider Collaborative.

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 10 to 11.

Current Assets & Current Liabilities

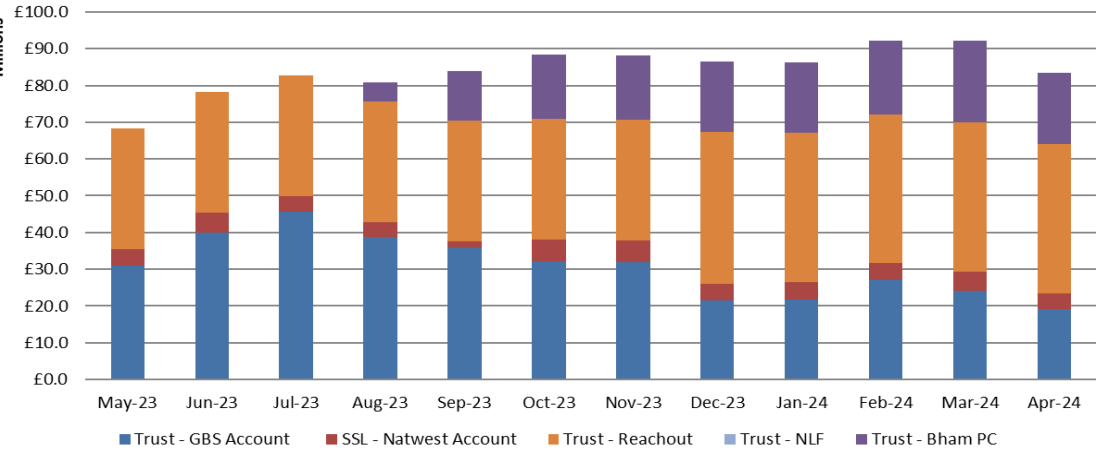
Ratios

Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	£m's
Current Assets	111.4
Current Liabilities	-135.3
Ratio	0.8

Current Assets to Current Liabilities cover is 0.8:1 this shows the number of times short-term liabilities are covered.

Group Cash Holding



Public Sector Pay Policy



Cash

The Group cash position at the end of April 2024 is £83.4m. This comprises of Trust £19m, SSL £4m, Reach Out Provider Collaborative £41m and Mental Health Provider Collaborative £19m.

At this present time, the National Loan Fund (NLF) is not offering a more favourable interest rate than the Government Banking Service (GBS) hence we have not placed any short-term/long-term deposits.

Better Payments

The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

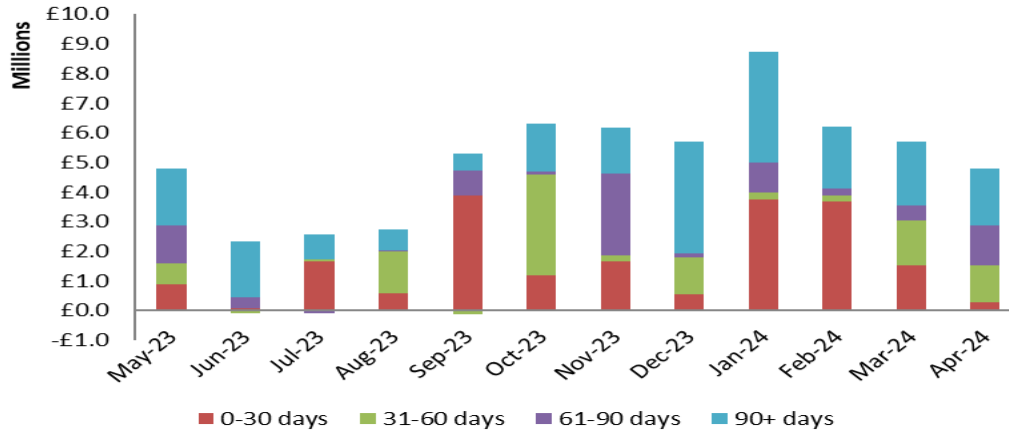
Performance against target is 97% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

This performance has been consistent throughout 2023/24 and the aim is to maintain this during 2024/25.

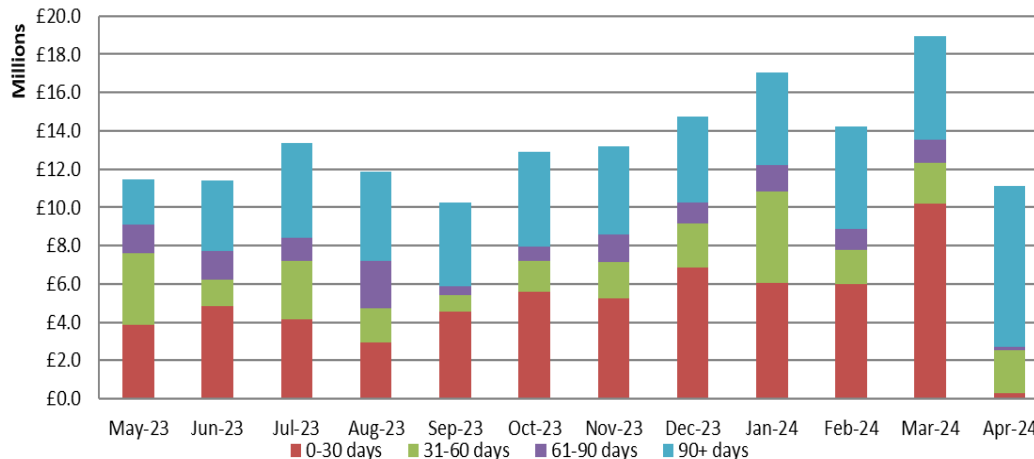
Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	96%	✓	100%	✓
Non - NHS Creditors within 30 Days	96%	✓	98%	✓

Ageing of Trade Receivables



Ageing of Payables



Trade Receivables & Payables

Trade Receivables :

- **0-30 days-** Balance due to monthly/quarterly/year end and ad hoc invoices raised in month with no known disputes. payments received up to 08/05/24 £459k.
- **31-60 days-** slight decrease in balance mainly due to slow resolution of invoices from BWC & UHB which have moved to 61-90 days. Balance staff overpayments (on payment plans).
- **61-90 days-** increase due to invoices moving from 31-60 days. BWC £848k – paid £619k on 1/5/24, UHB £464k escalated to BSMHFT and UHB management. Balance staff overpayments (on payment plans).
- **Over 90+ days** –balance mainly due to the outstanding UHB debt £1.39m – escalated to BSMHFT and UHB management, BWC £224k, South Warwickshire FT £46k. Balance staff overpayments (on payment plans).

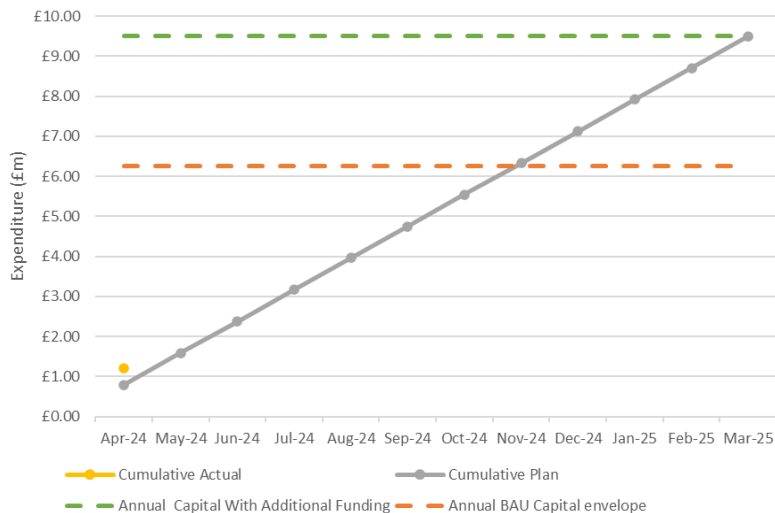
Trade Payables:

- **Over 90 days** – Overall balance has significantly decreased due to settling of invoices relating to year end 2023/24.
- NHS Suppliers £923k- NHS Property £284k-historic invoices, UHB £446k in query with the contracting team.
- Non-NHS Suppliers (67+) £2.5m – mainly bed/out of area fees invoices in query/awaiting approval, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in May 2024.

Month 1 Capital expenditure

Capital Scheme	Annual Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
Minor Works	1.8	0.1	0.0	0.1
Statutory Standards & Backlog Maintenance	2.0	0.2	1.2	-1.0
ICT	0.9	0.1	0.0	0.1
Medical Device Replacement	0.1	0.0	0.0	0.0
Design Works	0.8	0.1	0.0	0.1
Doorsets	0.7	0.1	0.0	0.1
Total BAU Capital Plan	6.2	0.5	1.2	-0.7
R&D Medical Equipment - grant funded	0.7	0.1	0.0	0.1
Total lease expenditure	2.6	0.2	0.0	0.2
Gross Capital Expenditure (excluding lease remeasurements)	9.5	0.8	1.2	-0.4

2024/25 Capital Expenditure



Group Capital Expenditure

Group capital expenditure is 1.2m in month 1 which is £0.4m ahead of plan.

Planned capital expenditure for 2024/25 is £9.5m. This consists of:

- £6.2m business as usual capital plans equal to the BSMHFT share of the system capital envelope. It mainly relates to minor works, statutory standards and backlog maintenance and ICT expenditure.
- £0.7m R&D medical equipment to be funded by a capital grant awarded in 2023/24 which will be payable in 2024/25.
- £2.6m lease expenditure. It is planned that the break clause on the lease of B1 (previous Trust headquarters) will be exercised in 2024/25. The resulting £2.6m credit on lease revaluation will be utilised against other lease expenditure in year, predominantly the renewal of lease vehicles.

In addition to the capital plans outlined above, a capital business case is with NHSE, awaiting approval for £0.8m works in the Acute and Urgent care service area.

10. Shared Services

MEETING	COUNCIL OF GOVERNORS
AGENDA ITEM	10
PAPER TITLE	BSol ICS Corporate Services Collaborative
DATE	11 July 2024
AUTHOR	Dave Tomlinson, Director of Finance
EXECUTIVE SPONSOR	Dave Tomlinson, Director of Finance

This paper is for (tick as appropriate):		
<input checked="" type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

Equality & Diversity (all boxes MUST be completed)	
Does this report reduce inequalities for our service users, staff and carers?	Yes
What data has been considered to understand the impact?	Reviews by various firms regarding the potential opportunities for shared services

Executive summary & Recommendations:

The five Trusts in BSol ICS (including BSMHFT) have approved in principle the creation of a shared services vehicle for use in the delivery and management of a range of corporate services.

At this stage, no decisions have been taken on which services would be provided by the vehicle and when any changes would be made.

It is proposed that the corporate shared services vehicle will be jointly owned and managed by the five Trusts in BSol ICS with all Trusts being equal partners in decision making. It is further proposed that one of the three existing wholly owned subsidiaries in the ICS is adapted for use as this vehicle and further that Summerhill Services Ltd (SSL) is the preferred vehicle.

SSL is the only one of the three subsidiaries to express an appetite for involvement in this way and has a comprehensive governance structure in place.

A number of principles have been set to guide the development of the collaborative:

- No Trust has overall control
- All Trusts have equal say

- Trusts as ‘owners’, others (e.g. ICB, outside BSol) as ‘customers’
- Establish vehicle first
- Add services on case by case basis
- ‘Freeze’ existing benefits for organisations at start

A business case will need to be prepared for the consideration of NHSE regarding the establishment of the vehicle, and initial discussions have indicated a level of support for the proposal. BSMHFT is developing this business case on behalf of the ICS, as it concerns SSL.

At this stage, the proposal only covers the establishment of a joint venture. No decision has yet been taken on which services would transfer in or on what basis.

Because of the innovative nature of this proposal and the creation of a joint venture, although it is in line with the national direction of travel, the change requires the Trust to seek the views of the Council of Governors.

As per the Trust policy on Significant Transactions, the Council of Governors has a statutory responsibility to approve the transaction through considering whether the Board has been thorough and comprehensive in reaching its proposal and appropriately obtained and considered the interests of members and the public as part of the decision-making process.

The Council of Governors is asked to:

- **NOTE FOR ASSURANCE** the process of assurance that the Board of Directors has followed in reaching this stage in the planning
- **APPROVE** the Significant Transaction as a key step prior to review by NHS England.

Reason for consideration:

The Corporate Services Collaborative affords significant opportunities for the Trust and other partners to deliver their sustainability ambitions

Previous consideration of report by:

Trust Board

Strategic priorities *(which strategic priority is the report providing assurance on)*

SUSTAINABILITY: Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population

Financial Implications *(detail any financial implications)*

No financial implications identified at this stage, though there will be benefits and some

costs of change associated with future developments.

Board Assurance Framework

(detail: (a) the strategic risk the report is providing assurance on or (b) any new risks being identified that is associated with the delivery of the strategic priorities)

FPP1 – There is a risk that the Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms

Engagement *(detail any engagement with staff/service users)*

None.

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**COUNCIL OF GOVERNORS, 11 JULY 2024****BSOL ICS CORPORATE SERVICES COLLABORATIVE****- For Decision and Approval -****1. INTRODUCTION and PURPOSE**

The five Trusts in BSol ICS (including BSMHFT) have approved in principle the creation of a shared services vehicle for use in the delivery and management of a range of corporate services.

At this stage, no decisions have been taken on which services will be provided by the vehicle and when any changes will be made.

It is proposed that the corporate shared services vehicle will be jointly owned and managed by the five Trusts in BSol ICS with all Trusts being equal partners in decision making. It is further proposed that one of the three existing wholly owned subsidiaries in the ICS is adapted for use as this vehicle and further that Summerhill Services Ltd (SSL) is the preferred vehicle. The CoG is asked to consider the recommendations at the end of the report.

2. RECAP

The NHSE 2023/24 Priorities and Operational Planning Guidance sets out measures for realising efficiency savings, which include:

- Reduce corporate running costs with a focus on consolidation, standardisation, and automation to deliver services at scale across the ICS footprint.
- Reduce procurement and supply chain costs by realising the opportunities for specific products and services.
- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.

These priorities were further emphasised in the most recent planning guidance, which reiterated the need to deliver efficiency savings, including reduction in the running cost of corporate services, through “standardisation, consolidation, and digitisation at scale”.

These objectives for the NHS sit within the wider Government Shared Services Strategy which aims to reduce significant costs associated with providing corporate back-office functions and deliver better value for money for the taxpayer.

BSol ICB supports the creation of a shared services vehicle to enable the consolidation of corporate services within Birmingham and Solihull. As part of the system’s financial sustainability programme, shared services have been identified as one of the key programmes of work to deliver efficiency savings. There are opportunities across a range of corporate functions to improve the services offered to

organisations, embracing process redesign and use of new technologies to streamline the way in which these services are delivered. The ICB is very supportive of the notion that consolidating resources to ensure that our experts are all aligned and working together to design and implement the best possible processes across our ICS is the most sensible way of approaching this redesign.

It should also be noted that there will be benefits for the staff involved. SSL maintains high levels of staff satisfaction, typically 67% to 92% in areas of Job Satisfaction, Training and Development, Leadership and Company Direction and Values and Respect. SSL's workforce has grown significantly in the last five years to over 300, whilst delivering significant savings. The established recruitment training and development processes, which have supported this growth will support the new LLPs.

The five Trusts in BSol ICS share these ambitions and have formally confirmed their support for a corporate services collaborative.

BSMHFT's wholly-owned subsidiary Summerhill Services Ltd (SSL) has been confirmed as the preferred vehicle to host/support the corporate services collaborative. In order to take this forward, SSL will create two new Limited Liability Partnerships (LLPs), as these represent the best vehicle to deliver shared services:

- BSMH+ LLP (owned by BSMHFT and SSL). This will provide all the services which fall outside the corporate services collaborative, i.e. current SSL services to BSMHFT and non-ICS clients or national services
- Provider Collaborative (PC) LLP. Each Trust will be able to join PC LLP, the shared service delivery vehicle. PC LLP will be owned by its Partner members and governance will be through a Membership Agreement put in place to protect the rights of each Partner

NB The five Trusts have already confirmed the guiding principle that existing benefits enjoyed by BSMHFT will continue to apply under the new arrangements.

3. SIGNIFICANT TRANSACTION

Governors hold statutory duties under the Health Act 2006, one of which is to consider for approval any Significant Transaction proposed by the Board of Directors.

The Corporate Services Collaborative is a Significant Transaction as defined by the Trust Policy (March 2020) as it involves:

- Joint ventures
- Trust determined activities connected with SSL

The role of the CoG is to be assured that the Board has sought appropriate assurance about the implications of the proposals.

4. DUE DILIGENCE

The Trust and SSL have sought independent accountancy, tax and legal advice regarding the risks and implications of this proposal and will be submitting a business case for review by NHS England.

BSol ICS has sought consultancy advice from a variety of firms to identify the benefits and risks of the proposal.

5. RECOMMENDATIONS

The Council of Governors is asked to:

- **NOTE FOR ASSURANCE** the process of assurance that the Board of Directors has followed in reaching this stage in the planning
- **APPROVE** the Significant Transaction as a key step prior to review by NHS England.

Assurance Reports

11. Quality, Patient Experience and Safety Committee Report

Committee Escalation and Assurance Report

Name of Committee	Quality, Patient Experience and Safety Committee
Report presented at	Board of Directors
Date of meeting	11 July 2024
Date(s) of Committee Meeting(s) reported	22 May 2024
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Board Assurance Framework Risks • Review of the Trust Corporate Risk Register • CQC Update and Action Plan Report • Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS • Infection Prevention & Control Team Report • Right Care Right Person • Integrated Performance Report • Clinical Governance Committee Report • Findings from the Manchester and Nottingham Review • Safeguarding Management Board Update • PFD Review Update • Community Mental Health Service User Survey 2023 • Mental Health Legislation Update • Quality Improvement Update • Strategy update – Clinical Services Priority – Q4 2023/24 and 2024/25 goals • Strategy update – Quality Priority – Q4 2023/24 and 2024/25 goals • Quality Account
Alert:	<p>The Committee received the key findings from the Greater Manchester Mental Health Trust and Nottinghamshire Healthcare NHS Foundation Trust Special Reviews and actions being taken by the BSMHFT in light of the findings. Given the seriousness of the reviews, the applicable findings, and likely national impact on how mental health services are viewed/reviewed the Committee noted and approved the recommendation actions.</p> <p>The Committee received the Mental Health Community Service User Survey 2023 noting the Trust has been identified as performing ‘worse than expected’.</p> <p>The Committee noted concerns within the Infection Prevention Control specialist capacity will soon be reduced to 25% due to 2 staff members leaving the Trust and 1 maternity leave. Recruitment has taken place, timelines being agreed.</p> <p>The Committee noted serious concerns as the Quality Account Report was not submitted for approval. An extraordinary Committee would be arranged to review the accounts and approve before final submission to the Board of Directors.</p>

Assure:	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> • The Board Assurance Framework continued to be developed and a deep dive had been scheduled for June’s Committee meeting. • The Corporate Risk Register continued to be developed and risks have been reviewed and a number reduced in score rating. • The Committee was assured that the Right Care Right Person pilot had been successful with a number of improvements being made alongside strengthening partnerships with West Midlands Police. The Committee was assured there had been a number of tactical workshops and a Strategic Board established with representation across a variety of key stakeholders. • The Committee was assured that although Quarter 4 remained a very busy period for the department, 67% of all admissions being detentions under the MHA and an average of 940 people under detention per month of the quarter, there was a continued reduction in the number of incidents reported and only 1 formal complaint from detained patients. • The Committee was assured having received the overview of Quality Improvement activity across the Trust in Quarter 4 that the processes were underpinning overall improvements across the Trust and divisions were being supported by the teams with individuals nominated for service areas. • The Committee was assured although there have been recent Preventing Future Deaths received from the Coroner, the Trust had robust systems in place to address the concerns and recommendations and all timelines for responses have been met. • The Committee was assured by the Clinical Services and Quality strategy update and approved the goals for 2024/25. 	
Advise:	<ul style="list-style-type: none"> • The Committee received the Safeguarding Management Board Update with no concerns and agreed to receive this on a quarterly basis. 	
Board Assurance Framework	<p>The Committee acknowledged the need for the Board Assurance Framework to be simplified at pace using the intelligence from the Risk Management Group. The group are leading on the changes to review the current ratings and recommendations for closure of risks.</p>	
	<p>New risks identified: No new risks were identified.</p>	
Report compiled by:	Linda Cullen, Non-Executive Director	Minutes available from: Hannah Sullivan, Corporate Governance and Membership Manager

Committee Escalation and Assurance Report

Name of Committee	Quality, Patient Experience and Safety Committee
Report presented at	Board of Directors
Date of meeting	11 July 2024
Date(s) of Committee Meeting(s) reported	19 June 2024
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Review of the Trust Corporate Risk Register • CQC Update and Action Plan Report • Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS • Infection Prevention & Control Team Report • Research & Development Update • Integrated Performance Report • Clinical Governance Committee Report • Health Inequalities • Deep Dive- Board Assurance Framework Risks
Alert:	<p>The Committee noted the change in approach from the CQC as regulators with a focus on effectiveness and responsiveness being monitored.</p> <p>The Committee received the Infection Prevention & Control Team Report and noted the significant risks due to staff promotions and sickness meaning 50% of the team of the team are not in post. Vacancies have been recruited too and new staff will be joining in July 2024.</p>
Assure:	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> • The Board Assurance Framework continues to be developed and a further deep dive has been scheduled for July's Committee meeting. • The Corporate Risk Register continues to be developed. • The ongoing action plans for the CQC continue to provide assurance. • The Integrated Performance report highlighted ongoing improvements. • The improved metrics for complaints have been significant.
Advise:	<ul style="list-style-type: none"> • The Committee received an update from Research and Development and an agreed focus on priorities for the Committee going forward was agreed. The Committee noted the positive pathways developed for staffing and current financial position. • The Committee received a detailed update on Health Inequalities and noted the plans for ongoing development of the report to highlight the milestones and timescales as Health Inequalities is embedded as business as usual.
Board Assurance Framework	<p>The Committee acknowledged the need for the Board Assurance Framework to be simplified at pace using the intelligence from the Risk Management Group.</p> <p>New risks identified: No new risks were identified.</p>

Report compiled by:	Linda Cullen, Non-Executive Director	Minutes available from: Hannah Sullivan, Corporate Governance and Membership Manager
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12. Finance, Performance and Productivity Committee Report

Committee Escalation and Assurance Report

Name of Committee	Report of the Finance, Performance and Productivity Committee
Report presented at	Board of Directors
Date of meeting	11 July 2024
Date(s) of Committee Meeting(s) reported	23 May 2024
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Board Assurance Framework Risks • Corporate Risk Register • Integrated Performance Report • Finance Report • Planning and Budget Setting 2024/25 Report • Business Development and Partnerships Report • Clinical Services Priority Q4 2023/24 Report and 2024/25 Goals • Sustainability Priority Q4 2023/24 Report and 2024/25 Goals • NHS Oversight Framework Segmentation
Alert:	<p>The Committee wished to alert the Board of Directors to the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> • The total plan for out of area expenditure, including a £5m savings target, was £14m. Month 1 reported expenditure of £1.8m which was £0.6m adverse to plan. The Committee requested an out of area improvement plan for review in June. • The Group position at Month 1 was a reported £422k deficit (comprising a £315k deficit for MHPC, £83k deficit for the Trust, and £10k deficit for SSL). Key drivers for this position were out of area performance, bank and agency spend, and packages of care related to S117. • A savings target of £17.8m for 2024/25 had been confirmed. A total of £1.8m was currently unidentified, with some high-risk plans received. • The need for an overarching improvement plan was discussed, to align the quality improvement work, strategies and CIP; benchmarking data would be utilised to identify gaps and opportunities. The Committee suggested this for a future Board strategy session.
Assure:	The Committee wished to assure the Board of Directors on the following areas:

	<ul style="list-style-type: none"> • The Committee approved the Sustainability and Clinical Services strategic goals for 2024/25. • Positive progress had been made on the reduction of medical agency staff. • The Committee retrospectively endorsed the BSMHFT Group financial plan submission for 2024/25, which confirmed a £1.5m surplus. 	
Advise:	<p>The NHS Oversight Framework segmentation letter was received and the Committee noted that the Trust remained in segment 3. Positive feedback was noted, and the Committee was confident that improvements were already underway on the actions raised within the letter.</p> <p>The Committee would continue to review and support development of the performance metrics within the Integrated Performance Report.</p>	
Board Assurance Framework	<p>The Committee discussed the continued development and refinement of the BAF risks. A workshop had been agreed to review and agree new, fit-for-purpose risks in preparation for the Board Strategy Session in September.</p>	
	<p>New risks identified: The Committee noted that the Risk Management Group was operating well and supported the embedding of risk management processes throughout the organisation. No additional risks were identified.</p>	
Report compiled by:	<p>Bal Claire Deputy Chair/ Non-Executive Director</p>	Minutes available from: Kat Cleverley, Company Secretary

Committee Escalation and Assurance Report

Name of Committee	Report of the Finance, Performance and Productivity Committee
Report presented at	Board of Directors
Date of meeting	11 July 2024
Date(s) of Committee Meeting(s) reported	20 June 2024
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Board Assurance Framework Risks • Corporate Risk Register • Integrated Performance Report • Finance Report • Out of Area Performance Report • ICT and Cyber Assurance Report • Information Governance Annual Report 2023/24
Alert:	<p>The Committee wished to alert the Board of Directors to the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> • The total plan for out of area expenditure, including a £5m savings target, was £14m. Month 2 reported expenditure of £3.4m, which was £1m adverse to plan. The current forecast spend was £18m. • The Group position at Month 2 was a reported £147k deficit (comprising a £0.4m deficit for MHPC, £0.3m surplus for the Trust, a £1k surplus for SSL, and a £42k surplus for Reach Out).
Assure:	<p>The Committee formally received the Information Governance Annual Report 2023/24.</p> <p>The ICT and Cyber Assurance Report provided assurance on the activities being undertaken to utilise digital systems, improve infrastructure and safeguard the organisation from cyber attacks.</p>
Advise:	<ul style="list-style-type: none"> • The Committee would continue to review and support development of the performance metrics within the Integrated Performance Report. The Board Strategy Session in July would explore performance metrics and how the Trust could utilise them, including the most effective way to report them. • The Committee retrospectively endorsed the 2024/25 financial plan which comprised a revenue plan of £2m surplus, and a capital plan of £11.9m. The plan had been submitted to NHSE on 12 June. • A deep dive into Out of Area performance was received. The Committee was assured by the work of the Out of Area Steering Group, including the workstreams that had been established in the

	<p>following areas: Gatekeeping; Fidelity of Locality Model; Reducing delays for Clinically Ready for Discharge. Some key challenges remained, particularly in relation to out of area spend which was having a significant impact.</p>	
<p>Board Assurance Framework</p>	<p>The Committee discussed the continued development and refinement of the BAF risks. A workshop had been agreed to review and agree new, fit-for-purpose risks in preparation for the Board Strategy Session in September.</p> <p>Cyber security would be featured prominently on the BAF to highlight risks and assurances.</p>	
	<p>New risks identified: The Committee noted that the Risk Management Group was operating well and supported the embedding of risk management processes throughout the organisation. No additional risks were identified.</p>	
<p>Report compiled by:</p>	<p>Bal Claire Deputy Chair/ Non-Executive Director</p>	<p>Minutes available from: Kat Cleverley, Company Secretary</p>

13. People Committee Report

Committee Escalation and Assurance Report

Name of Committee	People Committee
Report presented at	Board of Directors
Date of meeting	11 July 2024
Date(s) of Committee Meeting(s) reported	22 May 2024
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Staff Story • Board Assurance Framework • Corporate Risk Register • People Dashboard • Workforce Plan • People Strategy Update Q4 2023/24 and 2024/25 Goals • Freedom to Speak Up Guardian Quarterly Report • Sexual Safety Charter • Transforming our Culture and Staff Experience Group Assurance Report • Shaping our Future Workforce Committee Assurance Report • Safer Staffing Report • Internal Audit Review: Sickness Absence • Internal Audit Review: Disciplinary Process
Alert:	<p>The Committee wished to alert the Board of Directors to the following key areas:</p> <ul style="list-style-type: none"> • Employee relations case work data for 2023/24 highlighted that Black, Asian and Minority Ethnic colleagues were more likely to be subject to a Dignity at Work complaint, and White colleagues were more likely to be complainants in Dignity at Work cases. For the same period, 55% of staff subjected to disciplinary processes were from Black, Asian and Minority Ethnic backgrounds. The Trust had included goals in the strategy for 2024/25 related to these areas, and would focus on supporting managers with training to understand and effectively implement policies. The Trust would also focus on supporting staff from Black, Asian and Minority Ethnicities by working collaboratively with People, Organisational Development and Freedom to Speak Up teams. • The Committee discussed concern in relation to the length of time taken to conclude Employee Relations cases, however a number of actions were being taken to support more efficient processes. • A deep dive into leavers data had been undertaken; a high number was driven by retirement, and work would be undertaken to promote the retire and return and flexible working options available to staff. Data also showed that a high number of leavers left the Trust during the first three years of employment; a newly established Workforce Initiative Group was reviewing the implementation of “stay” conversations as part of the retention strategy.

	<ul style="list-style-type: none"> Flexible working data continued to be refined, with some challenges in relation to the quality of the data platform (ESR). 	
Assure:	<ul style="list-style-type: none"> The Committee was assured by the progress made against the People strategy and approved the goals for 2024/25. The sexual safety charter was approved. The international nursing recruitment target had been achieved. Sickness reduction of 2% was reported. The Committee was assured by the reduction in bank and agency usage. 	
Advise:	<p>Internal audit reviews into Sickness Absence and Disciplinary Processes were received. Both had been given partial assurance ratings and the Committee received information on the actions and improvement plans in place.</p> <p>The final submission of the Workforce Plan was due by end of May. The Committee received highlights on the submission, including planned increase in substantive workforce and reduction in bank usage. A deep dive into workforce transformation was planned for July.</p> <p>The Freedom to Speak Up Guardian Quarterly Report was received; it highlighted themes from the quarter, including that there were no particular hot spots for concerns, however there were issues highlighted around decision-making processes for on-call rotas, incivility and bullying behaviours from ward managers, and a variance in how line managers were implementing reasonable adjustments at work.</p>	
Board Assurance Framework	<p>The Committee had considered the Board Assurance Framework risks during a development session in February and the following risks had been identified:</p> <ul style="list-style-type: none"> Inability to attract, retain or transform our workforce in response to the needs of our communities. Failure to create a positive working culture that is anti-racist and anti-discriminatory. <p>The risks were currently in development and would be reviewed by the Committee in June in preparation for recommendation to the Board. A Board Strategy Session had also been planned for later in the year to review and approve the revised Board Assurance Framework.</p>	
	<p>New risks identified: No additional risks were identified.</p>	
Report compiled by:	Sue Bedward, Non-Executive Director	Minutes available from: Kat Cleverley, Company Secretary

Annual reports

14. CoG Effectiveness Annual Self-assessment results

Report to the Council of Governors					
Agenda item:	14				
Date	11 th July 2024				
Title	Council of Governors Effectiveness - Annual Self-Assessment Report				
Author/Presenter	David Tita, Associate Director of Corporate Governance				
Executive Director	David Tomlinson, Executive Director of Finance	Approved	Y	N	✓
Purpose of Report			Tick all that apply ✓		
To provide assurance	✓	To obtain approval			
Regulatory requirement		To highlight an emerging risk or issue			
To canvas opinion		For information			
To provide advice		To highlight patient or staff experience			
Summary of Report					
Alert		Advise		Assure	✓
<p>Purpose An annual self-assessment offers the CoG an opportunity to evaluate its effectiveness, gain assurance and identify areas within the remits of its statutory duties and powers including its operationalisation that are below standards and need improving. Hence, the purpose of this report is to set out the results of the recent self-assessment SurveyMonkey which was completed by members of the CoG with the view of providing assurance, highlighting any learning, what is working well and areas for improvement.</p> <p>Introduction An efficient and effective Council of Governors is a key requirement of good governance especially in performing its statutory duties of holding the NEDs individually and collectively to account as well as representing the interests of its FT members and the public as a whole amongst others. The results of this self-assessment will enable the CoG to demonstrate how well it perceives it is equipped to effectively operate in delivering its key statutory duties and responsibilities.</p> <p>Of the 8 respondents who initially logged in to complete the questionnaire, one completed less than 40% of the survey and has not been included throughout the analysis while 7 effectively participated in the survey, although none completed the section on qualitative feedback around what is working and what isn't working. An analysis of the SurveyMonkey has been themed in line with the broad themes under which the survey questions were structured i.e.</p> <ol style="list-style-type: none"> 1. Statutory roles and responsibilities. 2. Relationship and representation. 					

3. Support and training.
4. Leadership and Chairing.
5. Deliberations and conduct of business.

Key Issues and Risks

The key issue here is the low response rate to the SurveyMonkey as only 4 (25%) out of the 16 members of the CoG completed the questionnaires, however, a total of 8 respondents (i.e. 4 regular members and 4 regular attendees) also completed the questionnaire.

Recommendation

The CoG is asked to:

1. **NOTE** this report and **ENDORSE** its content.
2. To **GAIN ASSURANCE** that it is effectively delivering its functions in line with its statutory duties and powers.
3. To **IDENTIFY** any learning and areas for improvement.

Enclosures

*** Report

Report Title: Council of Governors Effectiveness - Annual Self-Assessment Report

Strategic Priorities		
Priority	Tick ✓	Comments
Clinical services		
People		
Quality		
Sustainability	✓	

Board Assurance Framework		
Strategic Risk	Tick ✓	Comments
BAF04/FPP	✓	Potential failure to evidence and embed a culture of compliance with Good Governance Principles.

1. Introduction

7 respondents completed the SurveyMonkey and although the response rate is low, an analysis of the data obtained will provide some insights into an understanding of the effectiveness of the CoG as assessed by some of its members and regular attendees.

2. Analysis of Data

An analysis of the data will be split into the five broad areas which underpin the structure of the SurveyMonkey.

2.1 Statutory roles and responsibilities.

In response to the statement that governors on the Council are effectively discharging their role of holding NEDs individually and collectively to account, 5 (71.43%) out of the 7 respondents who responded to this statement selected `agree` while 1 selected `strongly agree` and 1 selected `neither agree nor disagree`.

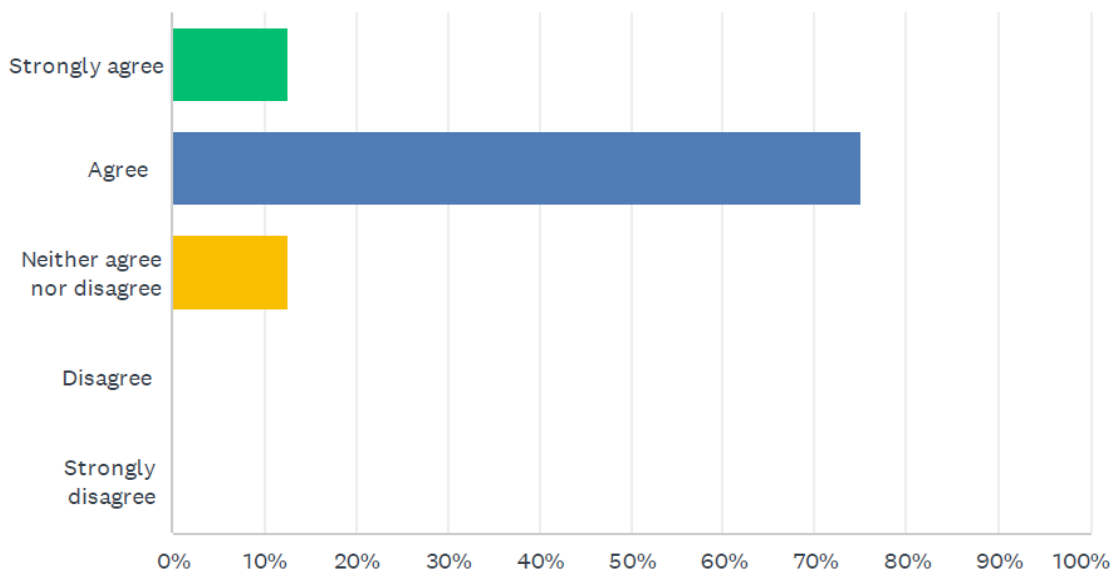


Figure 1: Shows a strong confirmation that the CoG is delivering one of its key statutory duties.

This shows a strong inclination towards the fact that the CoG is effectively delivering its key statutory duty of holding the NEDs individually and collectively to account as 71.43% of respondents selected `strongly agree` or `agree`. This is an important statutory duty of the CoG that was introduced by the HSCA 2012.

In response to the statement that the Lead Governor takes positive steps to build relationships between the Board and the CoG; of the 7 respondents who completed this statement, 3 selected `strongly agree` while the other 3 selected `agree` and 1 selected `neither agree nor disagree`.

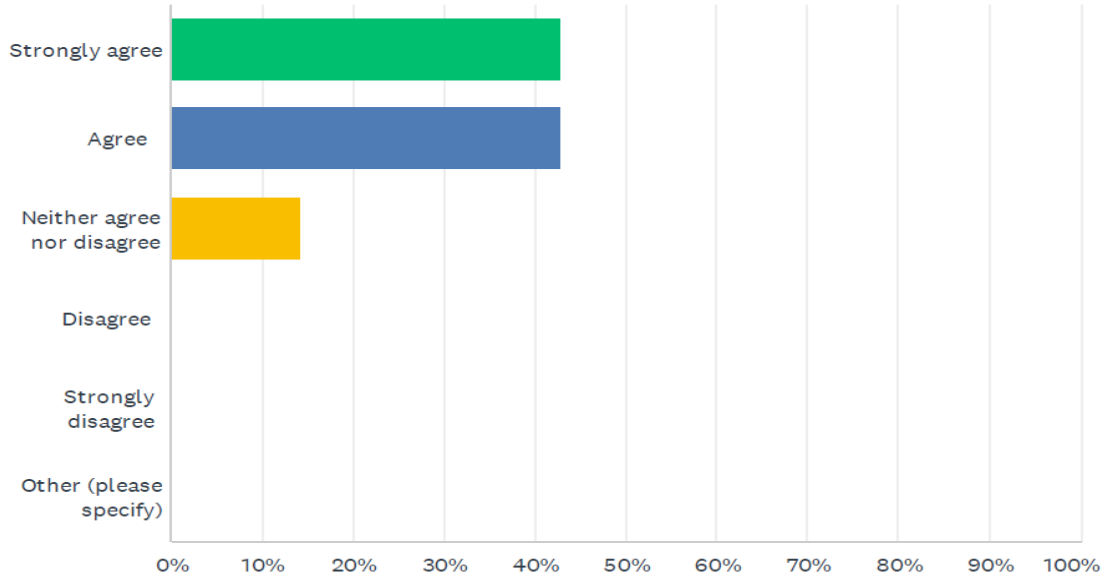


Figure 2a: shows respondents` selections.

In response to the statement that the Trust encourages open and honest communication between the Council and the Board members, 2 out of 7 respondents who responded to this statement `strongly agree` while 5 indicated that they `agree`.

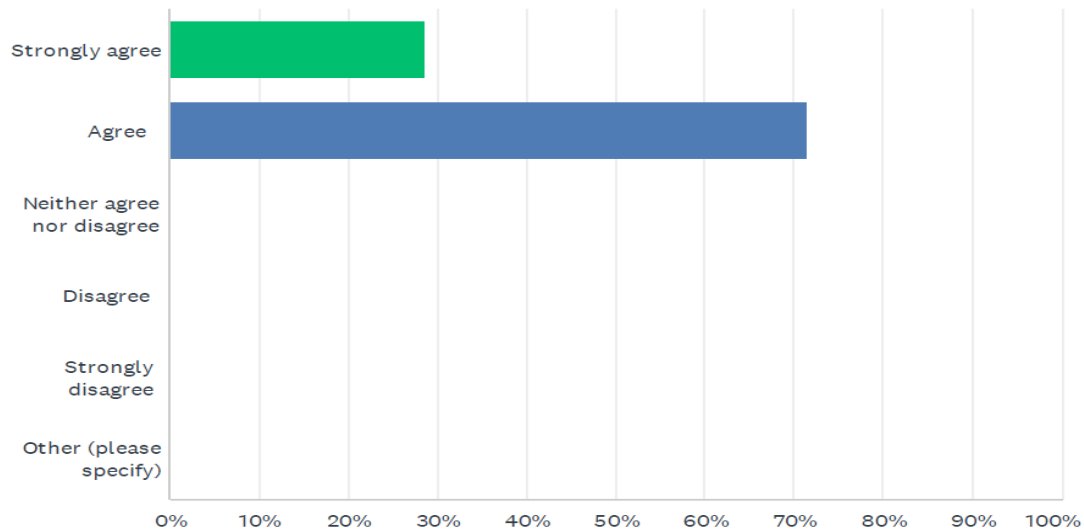


Figure 2b: Shows respondents who selected `strongly agree` and `agree`.

This positive assessment by the CoG confirms the Trust`s drive to foster a culture of openness, transparency, and healthy collaborative working between the various structures of its FT governance arrangements.

2.3 Support and training.

In response to the statement that CoG receives appropriate and effective administrative support, 2 respondents selected `strongly agree`, 3 said they `agree` while 2 said they `neither agree nor disagree`.

However, when asked to select the trainings they think they would benefit from, the response was mixed as reflected on the figure below.

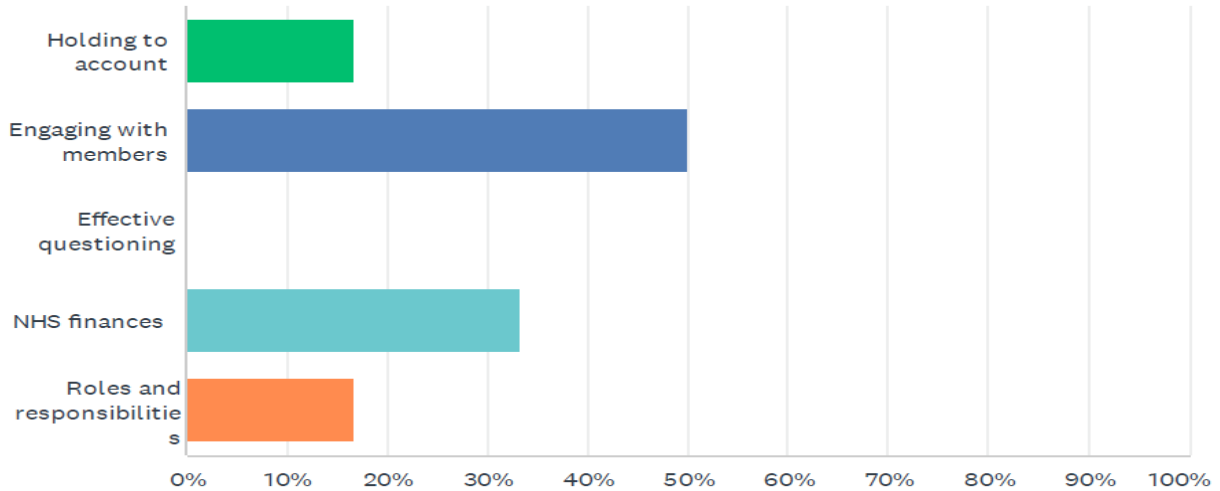


Figure 3: Shows training preferences as selected by respondents.

The above provides evidence to demonstrate that members of the CoG are willing and passionate to develop their capacity and capability to enable them to discharge their statutory duties and responsibilities more effectively.

2.4 Leadership and Chairing.

Effective leadership and chairing are drivers for good governance, 2 of the 7 (28.57%) respondents who completed this item, selected `strongly agree` while 5 (71.42%) selected `agree` in response to the following statement `the Chair of the Board who also serves as the Chair of the Council of Governors fosters a collaborative approach, and proactively seeks Governors` views`.

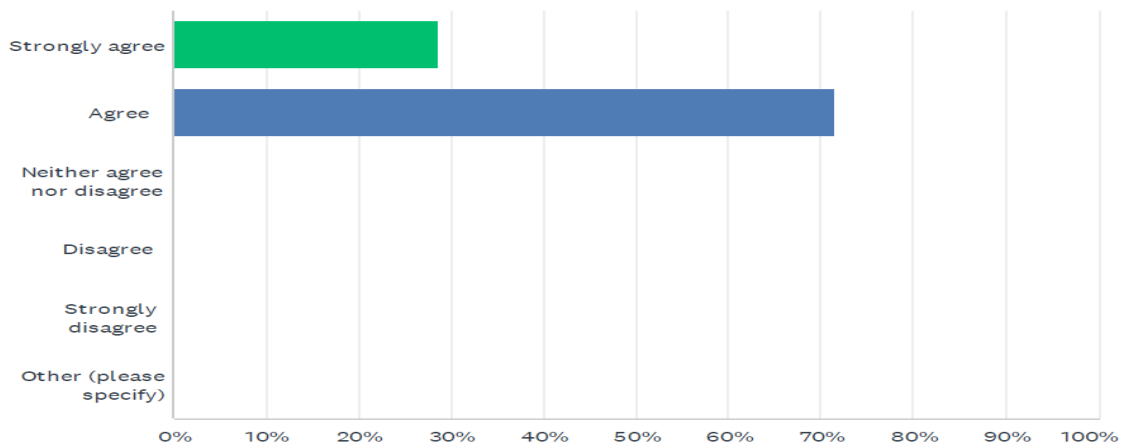


Figure 4. Shows the response from the 7 respondents.

2.5 Deliberations and conduct of business.

In response to the statement that `the CoG has open and constructive discussions between its members, which are focused on relevant issues`, 4 (57.14%) out of the 7 respondents who responded to this statement selected `agree`, 2 (28.57%) selected `strongly agree` while 1 (14.29) selected `neither agree nor disagree`.

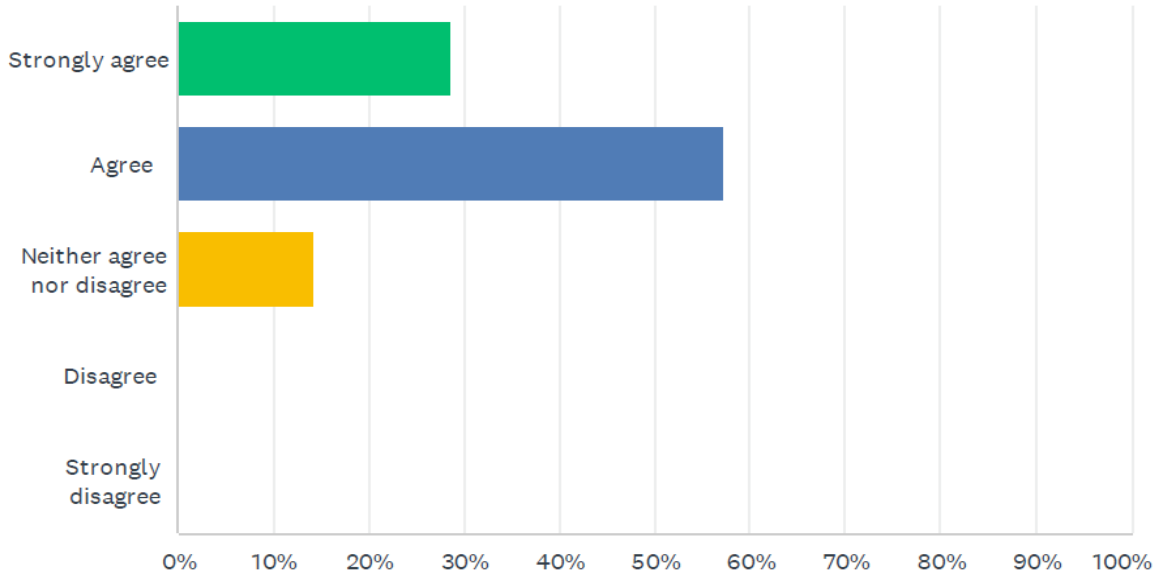


Figure 5. Shows the selections made by the 7 respondents.

This confirms that the CoG is assured that its deliberations and conduct of business are operating effectively and in line with best practice.

3. Recommendation:

The followings are some recommendations for the CoG to consider.

What is working well:

An analysis of the survey demonstrates strong assurance in the following areas: -

- Members of the CoG are effectively performing their statutory duties of holding NEDs individually and collectively to account.
- The CoG is a valuable part of the Trust's FT governance arrangements.
- The CoG is informed of any issues that can cause public or media interest.
- The CoG is well Chaired and managed.
- The Lead Governor has the Trust of the CoG.
- The Chair fosters a collaborative approach and proactively seeks governors' views.
- And that the Trust encourages open and honest communication between the Council and the Board members.

What isn't working well:

The results of the SurveyMonkey point to the following weaknesses which will need to be addressed: -

- There is need to provide sufficient clarity on the roles and responsibilities of governors. – This will be addressed via an induction pack and further trainings for members of the CoG.
- There is need to strengthen the CoG`s involvement in the Trust through a range of opportunities and not just via its formal meetings – this could be mitigated by focusing on CoG/EDs and NEDs site visits and involvements through other avenues.
- There is need to consider a team building event for members of the CoG as a way to build relationships and team cohesiveness - this may strengthen effective team dynamics within the CoG as a tool for unleashing productivity and performance.

4. Conclusion

An annual self-assessment thus offers the CoG a great opportunity to self-evaluate its effectiveness against its ToR and statutory duties and responsibilities with the aim to identify areas where it is doing well and those where it isn't performing up to expected standards in order to make the necessary improvements.

15. Any other business:
Time for next meeting

Close by 14.00

Date and Time of Next Meeting: Thursday
12 September 2024, 16.00-18.00pm,

Venue on site TBC