

Council of Governors





Schedule












Thursday 9 May 2024, 12:00 PM — 2:00 PM BST

Organiser

Hannah Sullivan

Agenda

Agenda	1
 00 Council of Governors agenda 9 May 2024.docx	2
Staff Story (12.00-12.20)	3
1. Chair's Welcome and Introduction	4
2. Apologies for absence	5
3. Declarations of interest	6
4. Minutes of meeting held March 2024	7
 Agenda item 4 CoG Minutes14 March 2024.docx	8
5. Matters arising from meeting held March 2024	13
6. Chair's Report	14
 Agenda item 6 Chair's Report April 2024.docx	15
7. Chief Executive's Report	19
 Agenda item 7 CoG Chief Executive and Director of Operations Report.docx	20
Governance	29
8. Elections Update	30

 Agenda item 8 CoG Elections Update.docx	31
 Agenda item 8 CoG Appendix 1 Council of Governors March 2024.pptx	36
 Agenda item 8.2 CoG Feel the Rhythm Beat the Stigma – Music & Arts Events .docx	44
 Agenda item 8.2 CoG Building mental health resilience flyer.pdf	46
<hr/>	
9. Quality Account Feedback	47
<hr/>	
10. BSOL Mental Health Provider Collaborative- Our last twelve months	48
 Agenda item 10 CoG BSOL MHPC Key Achievements 2324 update.pptx	49
<hr/>	
Performance and Partnerships	56
<hr/>	
11. Finance Report	57
 Agenda item 11 CoG Finance Report M11.docx	58
 Agenda item 11 CoG M11 2324 Finance Report.pptx	60
<hr/>	
Assurance Reports	73
<hr/>	
12. Quality, Patient Experience and Safety Committee Report	74
 Agenda item 12 CoG Quality Patient Experience and Safety Committee Assurance Report March 2024.docx	75
 Agenda item 12.1 CoG Quality Patient Experience and Safety Committee Assurance Report April 2024.docx	78
<hr/>	
13. Finance, Performance and Productivity Committee Report	80
 Agenda item 13 CoG Finance, Performance and Productivity Committee Report Assurance Report March 2024.docx	81
 Agenda item 13.1 CoG Finance, Performance and Productivity Committee Report Assurance Report April 2024.docx	83
<hr/>	
14. People Committee Report	85

 Agenda item 14 CoG People Committee Assurance Report March 2024.docx	86
<hr/>	
15. Caring Minds Committee Report	88
 Agenda item 15 CoG Caring Minds Committee Assurance Report April 2024.docx	89
<hr/>	
16. Audit Committee Report	90
 Agenda item 16 CoG Audit Committee Assurance Report April 2024.docx	91
<hr/>	
Annual reports	93
<hr/>	
17. CoG Effectiveness Annual Self-assessment Tool	94
<hr/>	
18. Any other business: Time for next meeting	95
<hr/>	
Close by 14.00 Date and Time of Next Meeting: Thursday 11 July 2024, Time and Venue TBC	96
<hr/>	

Agenda

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

Council of Governors

12.00, Thursday 9 May 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 March 2024	Approval	Enc	12.25
5	Matters arising from meeting held March 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	Enc	13:00
9	Quality Account Feedback <i>Hannah Sullivan, Corporate Governance and Membership Manager</i>	Discussion	Enc	13.05
10	BSOL Mental Health Provider Collaborative- Our last twelve months <i>Jenny Watson, Deputy Director of Commissioning & Transformation</i>	Assurance	Enc	13.10
Performance and Partnerships				
11	Finance Report <i>(for information)</i>	Assurance	Enc	13.25
Assurance Reports				
12	Quality, Patient Experience and Safety Committee Report <i>Linda Cullen/ Winston Weir, Non-Executive Director</i>	Assurance	Enc	13.30
13	Finance, Performance and Productivity Committee Report <i>Bal Claire, Non-Executive Director</i>	Assurance	Enc	13.35
14	People Committee Report <i>Sue Bedward, Non-Executive Director</i>	Assurance	Enc	13.40
15	Caring Minds Committee Report <i>Monica Shafaq, Non-Executive Director</i>	Assurance	Enc	13:45
16	Audit Committee Report <i>Winston Weir, Non-Executive Director</i>	Assurance	Enc	13:50
Annual reports				
17	CoG Effectiveness Annual Self-assessment Tool <i>David Tita, Associate Director of Governance</i>	Assurance	Verbal	13.55
18	Any other business: Time for next meeting			
Close by 14.00				
Date and Time of Next Meeting: Thursday 11 July 2024, Time and Venue TBC				

Staff Story (12.00-12.20)

1. Chair's Welcome and Introduction

2. Apologies for absence

3. Declarations of interest

4. Minutes of meeting held March 2024

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

**Minutes of the Council of Governors Meeting
Thursday 14 March 2024, 16.30,
Orsborne House**

Ref	Item
Members	Philip Gayle PG Chair
	Umar Ali UA Carer Governor, Solihull, Coventry and Warwickshire
	Chris Barber CB Public Governor, East and North Birmingham/Black Country Boroughs
	Ken Meeson KM Stakeholder Governor, Solihull Council
	Mustak Mirza MM Deputy Lead Governor/
	Patrick Nyarumbu PN Executive Director of Strategy, People and Partnerships/Deputy CEO
	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
	Onyekachi Ugwuonye OU Medical Staff Governor
Attending	Sue Bedward SB Non-Executive Director
	Bal Claire BC Non-Executive Director/Deputy Chair
	Kat Cleverley KC Company Secretary (minutes)
	Paige Harrison PH Business Partner/PA to CEO and Chair (observing)
	Bernard Owusu-Appiah BOA General Management Trainee (item 1 only)
	Monica Shafaq MS Non-Executive Director
	David Tita DT Associate Director of Corporate Governance
	Winston Weir WW Non-Executive Director
1	<p>Staff Story</p> <p>BOA attended to share his story as a General Management Trainee. BOA advised of his journey within the NHS after graduating from Birmingham City University. A number of roles had been held with other Trusts and BOA had also spent time with an ambulance service, before joining BSMHFT.</p> <p>BOA described a positive experience with the Trust, and shared his lessons for creating a good working culture, including self-love, resilience and always offering help and support.</p> <p>The Council thanked BOA for attending and for sharing his story.</p>
2	<p>Chair's Welcome and Introduction</p> <p>PG welcomed everyone to the meeting.</p>
3	<p>Apologies for absence</p> <p>Mick Brown, Linda Cullen, Roisin Fallon-Williams, Naheeda Liaqat</p>
4	<p>Declarations of interest</p> <p>There were no new declarations.</p>
5	<p>Minutes of meeting held on 11 January 2024</p> <p>The minutes were agreed as a true and accurate record.</p>
6	<p>Matters arising from meeting held on 11 January 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"> • The Non-Executive Director Committee Chairs had established quarterly meetings to discuss issues that affected all committees to increase and support alignment of quality, safety, patient experience, finance, performance, people and audit issues. • PG advised that he regularly met with JT. • PG had recently attended and NHSE event for chairs. A key element of the meeting was the launch of the NHS Leadership Competency Framework which set out the appraisal process for board members, incorporating the revised fit and proper persons process. It was noted that the Framework had been sent to governors for information. • PG continued to visit services on a weekly basis, noting that he was enjoying the opportunities to talk to staff and service users. PG was aware of the number of night workers within the organisation and evening visits would be incorporated into the schedule. • The Council was advised that the Commissioning Committee had last met on 6 March, and noted particularly for the Council's attention that Learning Disabilities and Autism staff had transferred to the Mental Health Provider Collaborative on 4 March. • PG continued to meet with Summerhill Services Ltd (SSL) on a monthly basis. • PG also met regularly with the Freedom to Speak Up Guardian and was preparing to relaunch the "pull up a chair" opportunity for staff to meet with PG and another non-executive director. <p>LT queried the possibility of expediting the appointment of a Deputy Director of Nursing. The Council was advised that discussions were taking place to formulate a timescale and a plan for the recruitment.</p> <p>KC advised the Council of a number of improvements that were underway to ensure that the governance around the Council was robust, including:</p> <ul style="list-style-type: none"> • Up-to-date web pages, both internal and external. • Increased routes to access meeting papers, including external website and access to Convene. • Effective visiting schedule for governors, set for six months to one year in advance to provide notice. <p>KC added that any further ideas or suggestions would be welcome.</p> <p>PG noted that non-executive director appraisals were currently being arranged and advised that the appraisals would be facilitated by the Chair, but that governors would provide valuable feedback through attendance at visits with non-executive directors, and through observing NED performance at Committee meetings.</p>
8	<p>Chief Executive's Report</p> <p>PN highlighted key points as follows:</p> <ul style="list-style-type: none"> • Potential further industrial action was being planned for. • Staff Survey results had been published and would be reviewed at People Committee in March. • The Trust's Values Awards ceremony would take place on 21 June. PN noted that some governors had been involved in the judging panels for award categories. • Silver Sunday events had continued to be successfully held. • Discussions were ongoing to work closely with other mental health providers within the West Midlands, including areas that can be worked on collectively. • PN advised that the CQC had issued a section 31 notice to the Trust in December 2020, and was pleased to inform the Council that the Trust had delivered against all of the actions required and the notice had been removed. PN thanked all staff members involved in achieving this. • The Council was advised that the inquest into the murder of Jacob Billington had been held last week. The coroner had issued a Prevention of Future Deaths Report to all agencies to encourage greater partnership working.

	<p>MM queried the continued use of Priory hospitals, following the death of service user. PN advised that the Trust worked collaboratively with partners, including the Priory, to ensure risk assessments were undertaken and a process followed to be assured about the safety of patients placed there.</p> <p>CB asked about the provisions that were in place in the event of nursing industrial action. PN confirmed that plans were in place and regularly reviewed to ensure the Trust was prepared. The Council noted that industrial action had previously been voted on by nurses but had not met the threshold.</p>
9	<p>Significant Transactions Policy</p> <p>The policy was received for information. DT advised governors that there was a responsibility for the Council to satisfy itself that due diligence processes had been undertaken.</p> <p>DT also advised that the Trust's Constitution did not define a financial limit for a significant transaction, and that it was for the Board of Directors and Council of Governors to determine on a case-by-case basis.</p> <p>The Council received the policy for information.</p>
10	<p>Significant Transaction for Learning Disabilities and Autism</p> <p>Governors were informed of the due diligence process that was being undertaken for the transfer of commissioning responsibilities for Learning Disabilities and Autism, from the Integrated Care Board to the Mental Health Provider Collaborative. PN noted that a clear risk management approach would be put in place, including a robust risk register and Board Assurance Framework. There was recognition that this was a high-cost area, and arrangements for a Memorandum of Understanding, partnership agreement and information sharing protocols were being discussed and developed.</p> <p>CB queried the budget, as the report appeared to show a reduction from £380m to £28m. PN clarified that the budget had not reduced, it showed the amount that was received by the Trust. The overall budget remained the same.</p> <p>LT asked if the Trust was inheriting any significant risk with the transfer. PN advised that deep dives into contracts were taking place as part of the due diligence process. The Memorandum of Understanding with the ICB would provide clarity around financial and quality responsibilities. PG noted that the Board had not felt that the risk was significant enough to delay endorsement of the transaction.</p> <p>BC commented that the focus of the transaction had been purpose and risk, with the purpose to drive better patient outcomes. There was a risk that, if the transaction did not go ahead, communities would have suboptimal experiences.</p> <p>DT commented that the Trust was experienced in this process through the successful establishment of the Mental Health Provider Collaborative and Reach Out. The ICB had given the Trust this responsibility because of its proven record, and was a testament to the confidence in the Trust to deliver.</p> <p>The Council of Governors endorsed the approach.</p>
11	<p>Finance Report</p> <p>The Council received the report for information, with no further discussion.</p>
12	<p>Quality, Patient Experience and Safety Committee Report</p> <p>The Council received the report for information. WW particularly noted discussions relating to an increase in staff assaults, monitoring and reducing restrictive practice, and greater partnership working with the police. The Committee had received the Freedom to Speak Up Guardian Report which had indicated an increase in the number of concerns raised. WW had met with the safeguarding team who had advised on areas to visit, which were now taking place. A review of the Clinical Governance Committee was being undertaken to ensure it was working effectively.</p> <p>LT commented that a feedback loop around Freedom to Speak Up concerns would be useful to review, as there had been some feedback from staff that the process was not effective. Staff were keen to see the conversion from</p>

	<p>a concern being raised to the actions that had taken place as a result. WW agreed that it was important to hear from staff and act on concerns.</p> <p>JT asked about serious incidents and learning and improvements taken from them. WW commented that annual reports were received into serious incidents which identified themes and improvements that had been made during the year. WW assured the Council that triangulation was key and was being strengthened.</p>
13	<p>Finance, Performance and Productivity Committee Report</p> <p>The Council received the report for information. BC advised that the Committee had received assurance on the trajectory for year-end which was likely to be a £4m surplus. This was an excellent position, however there were significant challenges for 2024/25.</p> <p>LT commented that a collective approach was needed to review financial aspects, including a contract review to look at how services could be brought in-house. BC acknowledged the suggestion and noted that it would be included in discussions around plans for the next financial year.</p>
14	<p>People Committee Report</p> <p>The Council received the report for information. SB particularly noted the issue of Occupational Health breaches, confirming that a letter of intent had been issued to the provider. PN commented that the contract for the service had been due for review however the pandemic had necessitated an extension. A procurement process was currently underway, however contractual discussions with the current provider were also taking place to address concerns. Some improvements had been reported, however breaches were related to data sets that were not being captured.</p> <p>MM asked what the Trust was doing to retain staff. PN commented that there were a number of areas of improvement underway to support increased retention, including appraisals, as personal development was important to colleagues, and more support for flexible working. The Council noted that the flexible working policy had been introduced last year and an increase in requests and approvals had been seen.</p>
15	<p>Caring Minds Committee Report</p> <p>The Council received the report for information. MS advised that revisions to the terms of reference and scheme of delegation had been approved, including the change of name of the committee which was a conscious move to refocus the committee and the charity.</p> <p>Governors requested that the Caring Minds Annual Report 2023/24 was circulated for information. Action</p>
16	<p>Audit Committee Report</p> <p>The Council received the report for information. WW advised that a number of internal audit reviews, including Complaints, Emergency Preparedness, Resilience and Response, Waiting Times and Cost Improvement Programme, had been received. The Committee had been assured by the actions and management plans in place to improve on each review.</p> <p>There was no further discussion.</p>
17	<p>Council of Governors Effectiveness Annual Self-Assessment Tool</p> <p>The Council endorsed the annual self-assessment approach.</p>
18	<p>Any other business</p> <p>Questions from Governors</p> <p>The following questions were raised by a member of the Council:</p> <ul style="list-style-type: none"> • <i>For the past five years, our CQC rating has been Requires Improvement. What are we doing to improve this, particularly in relation to well-led?</i>

PN advised the Council that there was governance in place to actively receive assurance through Chair's Assurance Reports, strengthening oversight of key issues. The CQC had noted that, at the time, the Trust had an interim Chair, which was now resolved. There was a programme of strategy and development sessions in place for the Board for continued learning. The Trust's CQC Steering Group met every month to monitor areas of improvement, action plans, and evidence. There were also regular meetings with the CQC relationship manager.

- *What is the impact of initiatives like Enough is Enough, the Anti-Racist Framework, and the Anti-Discriminatory Framework? How are we measuring the impact?*

PN advised that there were a number of pieces of work ongoing to focus on organisational development and the improvement of the culture of the Trust. There was a clear corporate stance on discrimination, bullying and harassment, and there had been a positive increase in staff members who were comfortable to raise issues, through the Freedom to Speak Up Guardians and other routes. The Council noted that the organisation was on a journey of improvement, but the development and implementation of effective tools and frameworks to support staff would ultimately impact on patient care.

- *How are we improving patient safety? How are we ensuring accountability?*

WW advised that the Trust had been an early adopter of the new Patient Safety Incident Response Framework (PSIRF) which was being utilised to improve management of incidents and to support learning to reduce future incidents. The Board received regular reports on this for assurance, and it was rigorously monitored through the Quality, Patient Experience and Safety Committee. A Patient Safety Summit had also been recently held for nurses across the organisation. WW was assured by the processes in place to ensure the Trust was monitoring and managing patient safety, and that the right accountability was in place.

A member of the Council also recorded a motion of no confidence in the senior leadership of the organisation, which was based on the grounds of the last two CQC reports.

Governors were asked if there was any support for the motion of no confidence. No governor seconded the motion, and no other support was indicated. The motion was therefore withdrawn.

Close

Actions/Decisions

Item	Action	Lead/ Due Date	Update
Significant Transaction: Learning Disabilities and Autism	The Committee endorsed the approach, and was assured by the due diligence process.		
Caring Minds Committee Report	The charity annual report for 2023/24 would be circulated to governors for information.	KC/HS May 24	Completed

5. Matters arising from meeting held March 2024

6. Chair's Report

Meeting	BOARD OF DIRECTORS
Agenda item	Item 6
Paper title	CHAIR'S REPORT
Date	9 April 2024
Author	Phil Gayle, Chair
Executive sponsor	Phil Gayle, Chair

This paper is for (tick as appropriate):

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
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Executive summary & Recommendations:
 The report is presented to the Council to highlight key areas of involvement during the month and to report on key local and system wide issues.

Reason for consideration:
 Chair's report for information and accountability, an overview of key events and areas of focus

Previous consideration of report by:
 Not applicable.

Strategic priorities (which strategic priority is the report providing assurance on)
 PEOPLE: Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users

Financial Implications (detail any financial implications)
 Not applicable for this report

Board Assurance Framework Risks: (detail any new risks associated with the delivery of the strategic priorities)
 Not applicable for this report

Equality impact assessments:
 Not applicable for this report

Engagement (detail any engagement with staff/service users)
 Engagement this month has been through introductory meetings with staff across the Trust.

1. INTRODUCTION

I am pleased to provide a written report to the Board of Directors which covers some key updates for members' attention and assurance. I have been busy undertaking many site visits which I thoroughly enjoy additionally representing BSMHFT at key events.

2. Governance Matters

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 have arranged for the committee chairs to meet monthly to share cross-cutting issues and prioritise areas for further discussions within committees or agree a focused deep dive area where further assurance is required.

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

NHS England (NHSE) published a new NHS leadership competency framework for board members. This document is intended to support NHS organisations in recruiting, appraising and develop board members. It was published alongside a revised chair appraisal framework, incorporating the new competencies, as part of NHSE's planned suite of management and leadership development frameworks, tools and resources.

The competency domains are expected to be used in all Board member appraisals and to support the development of individuals and the whole board. A 'newly' appointed board member appraisal framework will support this but will not be available until autumn 2024. The Leadership Competency Framework (LCF) sets out specific responsibilities for different board members. I have included the LCF document with this report for your perusal. This document also supports the revised Fit and Proper Person Test which was launched late last year.

3. SERVICE VISITS

- 3.1 Visits to our Trust services continue to be scheduled with the NEDs, although both the NEDs and I would welcome more governors joining us where possible on these visits over the coming months. The visits schedule will focus on ensuring ward/service visits are scheduled and planned to ensure increased Board visibility. This is a really an important element of our role as NEDs, as we are keen to see and listen to staff, patients, and service users about our services, both positive aspects and areas for improvements.

Listening to staff

- 3.2 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. I always enjoy spending time with our staff, and patients to listen and understand what some of the challenges are, but also hearing about the great work they are providing.
- 3.3 I visited the Heath Exchange and was honored to meet with staff who provide complex services including homeless provisions. The team ethics and culture were a privilege to witness, it was also inspiring to see how the team have developed.
- 3.4 I was pleased to visit Ardenleigh and meet with the teams across the wards. It was great to see staff working together to deliver the best services possible whilst staff shortages remain a key issue and a challenge for them.
- 3.5 I visited the Oleaster and was pleased to be able to meet with staff from a range of services and learn of the positive improvements being developed. I also met with patients who were very complementary of the staff and the service they receive which was heartwarming.

- 3.7 I was pleased to be able to visit the Barberry Centre and meet with the teams across the wards. It was great to see staff working together to deliver services as demand continues to grow.
- 3.8 I visited staff at the Juniper Centre and was pleased to be able to meet with staff from a range of services and learn of the positive improvements being developed including sensory services.
- 3.9 I was pleased to be able to visit Lyndon Clinic and see how proud staff were in showcasing the ongoing developments in improving services.
- 3.10 I visited Grove Avenue and enjoyed being able to connect with staff and hear of their plans for improving service user experiences.

4. Partner and System Development / Stakeholders

- 4.1 I 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.
- 4.2 I attend the weekly NHS Confederation Mental health Chairs Network meetings which is a great platform to hear and share learning from different mental health trusts across the country.
- 4.3 I attended the Summerhill Supplies Limited (SSL) Stakeholders meeting where we received an overview of the proposed changes for agreement for the proposed corporate structure. These proposed changes are required to position SSL for the potential opportunity to support the ICS with their shared service projects.

5. Stakeholder Engagement

- 5.1 I maintain my regular monthly meetings with Shane Bray from SSL which I find very informative and I'm pleased with the developments and the plans they are looking to embark in for the future.
- 5.2 In the coming months I look forward to meeting with Sir Bruce Keogh, Chair, Birmingham Women's & Children's NHS Foundation Trust, and visiting their services to continue to develop partnership relationships.
- 5.3 I continue to meet with Rebecca Farmer, NHS England, on a bimonthly basis, to discuss the key areas of focus for the Trust.
- 5.4 I am pleased to confirm I chaired the recruitment panel for the Chief Nursing Officer (CNO) for our Trust and following the interview process we have appointed an excellent CNO Lisa Stalley- Green.
- 5.5 I was pleased to be able to Chair the Council of Governors meeting where we dedicated time to receiving assurances from the Non- Executive Director colleagues on key areas of focus for the Trust and updating the Council on escalation matters from our Mental Health Provider Collaborative Commissioning Committee.

6 PEOPLE / QUALITY

- 6.1 All Non- Executive Directors 1:1 have been completed with key objectives agreed as mentioned in my last report.
- 6.2 I meet with the Freedom to Speak Up Guardians 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

Meeting	COUNCIL OF GOVERNORS
Agenda item	Item 7
Paper title	CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT
Date	9 May 2024
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon- Williams

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

Executive summary
Our report to the Council provides information on our areas of work focused on the future, our challenges and other information of relevance to the Board, in relation to our Trust strategy, local and national reports and emerging issues.

Reason for consideration
<i>To provide the Council with an overview of key internal, systemwide and national issues.</i>

Paper previous consideration
<i>Not Applicable</i>

Strategic objectives
<i>Identify the strategic objectives that the paper impacts upon.</i> Sustainability. Quality. Clinical Services. People

Financial implications
<i>Not applicable for this report</i>

Risks
<i>No specific risk is being highlighted to the Board regarding the contents of the report</i>

Equality impact
<i>Not applicable for this report</i>

Our values
Committed Compassionate Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

PEOPLE

Doctors Industrial Action

The 10th period of Industrial Action by Junior Doctors took place on 24th – 28th February 2024. At the time of writing this report 42% of junior doctors had taken part in strike action. This is a reduction on the average for the January strikes which was 49% of eligible junior doctors participating in industrial action.

All junior doctor clinics are cancelled with cancellations reviewed by the responsible Consultant to ensure patients who require prioritisation are seen in alternative clinics. A back up rota to cover out of hours duties is arranged and all duties were covered.

Medical Agency Locums

We currently have 30 agency locums engaged at BSMHFT, 21 of which are over the agency price cap.

22 of the 30 agency locums are working within ICCR. We are working with the Midlands and Lancashire Commissioning Support Unit (MLCSU) on our agency reduction plans.

Of our 30 existing agency locums;

- There are exit plans in place, with minimal risk to achievement for 14 locums
- Exit plans for 8 locums are to be finalised but should be possible
- Exit plans for a further 8 locums are to be determined but will require a radical change i.e. service re-design, post re-design

GMC Sponsorship

An application has been submitted to act as a sponsor on behalf of the General Medical Council (GMC) for International Medical Graduates. Once approved this will enable us to enhance our international recruitment activity.

Values Awards

Nominations have now closed for our 2024 Values Awards. Judges have reviewed all nominations submitted and look forward to celebrating staff at the awards ceremony which will be held in June 2024.

LGBTQ+ and Womens History Months

We launched our involvement in these in recent weeks and our LGBTQ+ and our Women's Staff Networks educating, raising awareness and celebrating colleagues across health services as part of this years LGBTQ+ theme of Medicine +underthescope and Women's theme of 'women who advocate for equity, diversity and inclusion'.

CLINICAL SERVICES

Integrated Community Care and Recovery (ICCR)

We are pleased to share that Renu Bhopal- Padhiar current community transformation lead has been successfully recruited into the role of ICCR Associate Director and will take up post on the 7th May when Elaine Murray retires. Handover is underway to ensure a smooth, seamless transition. We are also delighted to share that both ICCR Clinical Directors, Sadira Teeluckdharry and Selvaraj Vincent have been successful in promotions

to deputy Medical Director posts. Interviews to recruit to vacancies this creates for clinical director posts are planned.

The neighborhood pathway of our community mental health and well-being services have now seen over 24,000 people which is phenomenal achievement in a 12month period. The services have received some wonderful feedback from service users about the service provided:

"If it weren't for the service what they provided for me at the surgery I think I'd be dead. I don't think I'd be here. That's me being brutally honest.

"It's made me feel as if I had more value in myself. Made me feel that it is possible to move onwards and change things instead of just sitting here and accepting fate"

"It's bringing me back to my real self... To me, I saw it as saving me"

We are delighted that we have recruited both new community Matron posts. The post holders will support with the oversight and focus for our 12 adult CMHTs, ensuring good quality assurance. Initially, they'll be concentrating on reviews of care plans, risk assessments and medicines management processes and ensuring compliance and progress with CQC actions.

ICCR have continued to support the Community Care Collaborator initiatives. Currently, we are working with acute and urgent care colleagues to identify staff to support the connected community hub initiative that has seen those who call in crisis being offered direct and speedy mental health support. These initiatives will be evaluated via the community care collaborative steering group.

We have reconfigured resources to identify investment for our steps to recovery wards. We have recruited additional Psychology, occupational therapy, Art psychotherapy and activity worker staff. We are also sourcing recovery focused, trauma informed training for our inpatient teams to enhance the offer to our service users who require rehabilitation. We believe that the additional multidisciplinary team members and training will lead to an enhanced offer that will aide recovery and support achievement of all CQC expectations around the therapeutic offer.

Our Intensive rehabilitation team (ICRT) has had significant impact on bed flow across our mental health rehabilitation system. There are obviously significant quality and service user experience benefits that have been realized with the introduction of the ICRT in providing the least restrictive care closer to home.

The ICCR leadership team continue with their drive and commitment to engaging teams in discussions around staff wellbeing, equality, diversity, and inclusion. The directorate are pleased to see the improvements in this year's staff feedback in the staff survey. The ICCR team are working on enhancing the staff experience and have developed a robust workforce plan that is leading to improved recruitment and retention of staff. The directorate have held workshops to support the development of an ICCR inequalities plan, this plan gives focus to inequalities for both service users and staff.

Secure Care & Offender Health (SCOH)

Secure inpatient services continue to experience Registered Mental Health Nurse (RMN) shortages across the men's and women's services impacting on clinical activities. Continuous recruitment is taking place with new students and more internationally educated nurses taking up posts in our division. Ward managers and Clinical Service Managers/Matrons are meeting daily on each site to prioritise work and assess shortfalls. Ward Managers are working within numbers where necessary, and occupational therapists and activities workers are being used to support activities on wards.

Two recent Deaths in Custody NHS England (NHSE) reports indicate exceptional care at HMP Birmingham and no recommendations have been received. There is continued pressure in the prison with late receptions, increased use of psychoactive substances and an increase in violence which has been effectively managed. Prison estates remain a point of escalation.

Recruitment has begun for Enhanced Reconnect services. Phoenix House has been cleared in preparation for IT infrastructure, decoration and improvements to begin. A draft mobilisation plan has been shared with commissioners and a plan to involve service users in the mobilisation is also underway.

Tamarind are operating at capacity with high clinical activities. Cedar Ward won 'Team of the month' for its effective management of infection prevention and control measures following a case of measles. At Reaside and Ardenleigh acuity is high but managed well. At Ardenleigh, CCTV upgrade and seclusion works are ongoing and progressing ahead of schedule. Citrine ward is on an enhanced monitoring support. Sam Bailey has been appointed as interim Clinical Service Manager for Ardenleigh as Emma Watts is moving to our Head of Quality role within the Provider Collaborative.

FIRST community services building remains unfit for purpose due to the lack of space and noise levels. NHSE have been approached for capital funding support and a decision is awaited. Service users in the community are facing some difficulties in accessing support during unsocial hours. An improvement plan is in place to help address this issue.

Following a scoping exercise with service users the Criminal Justice Recovery Service has been renamed to Health and Justice Vulnerability Service (HJVS). Following learning from a multi agency serious case review, the standard operating procedure of the Prison Discharge Co-ordinator team is in the process of being updated. Data captured from custody activity demonstrates increased and sustained improvements in KPI linked activity over the past 3 months.

Staff survey results have improved compared to the previous year. The division has made improvements in 45 out of 96 indicators. Staff survey action plans for 2024 have been developed. The division has submitted 86 nominations for value awards. Reaside had a positive quality visit from Reach Out which commended on significant improvements in the last 12 months.

Acute and Urgent Care

There is increasing pressure for beds within the directorate, with demand for beds increasing steadily since January. The directorate continues to work within the locality model which has now rolled out to all localities and the feedback from all staff groups has generally been positive, although there are still some improvements to be made. Through the Out of Area Steering Group, further opportunities for improvements are being identified and the focus is now on reducing DTOCs (to be classified under the new Clinically Ready For Discharge system from April) through collaborative working with colleagues from Birmingham City Council and Solihull Local Authority and MIND. The current respite contracts and private bed contracts are also being reviewed as part of this workstream.

There have been improvements in staffing across the directorate, with teams successfully recruiting to vacancies. The directorate are embarking on a Quality Improvement project to improve health rostering, reduce reliance on bank and agency and the associated spend with the support of Deputy Chief Nursing Officer, Head of Nursing and Allied Health Professional and Clinical Nurse Managers holding a confirm and challenge panel ahead of roster publication.

Recent staffing reviews have indicated there are some deficits in the staffing establishments in some teams. These have been highlighted as risks on the divisional risk register and plans are being developed to consider opinions for addressing these by team/service.

The seclusion room on Caffra PICU (at Oleaster) is going to be offline for 4 weeks from June'24 whilst necessary improvement works occur. An options appraisal outlining mitigation plans has been developed to support during this period.

The directorate are championing the introduction and expansion of the Professional Nurse Advocate (PNA) role within the Trust, recognizing the value this has for the individuals in these posts and also those who the PNAs can support.

Specialties (PCDS)

Older Adults

Inpatient wards have recruited a number of Internationally Educated Nurses to RMN vacancies and appropriate support is in place including to enable individuals to develop the additional UK MH specific competencies and confidence to undertake the role. The inpatient wards continue to have patients with high acuity which is being reviewed regularly. Recently, the service successfully hosted a wellbeing event for staff which has supported new ideas from staff on how to improve their wellbeing at work. This offer will continue on a monthly basis and ideas from staff will be followed up.

Community Mental Health Teams

We are expanding our successful Silver Sunday event via roadshows. The service is in the process of scoping appropriate venues with good transport links and parking. The focus is to showcase the variety of services within the localities to support our service users and reduce health inequalities. We are also happy to announce we will have Birmingham Community Health Care and SDSmyhealthcare frailty team joining us to strengthen physical health offer.

Veterans

The partnership collaborative are planning a whole Midlands Annual away day. The collaborative is planning to use underspend to finance additional third sector places for Veterans needing additional regional/national help and support that cannot be provided by our respective organizations. As we near the end of the financial year we want to prioritize staff training/wellbeing initiatives as identified in the staff survey.

Birmingham Healthy Minds

There will be significant changes to the key performance indicators for NHS Talking Therapies services from April 2024 (these are currently in draft form). There will be two measures of recovery: reliable recovery and reliable improvement. There is ongoing work with clinicians to prepare them for this change and to increase the staff in the teams with 6 further individuals recruited in recent weeks.

Barberry services

The service is in the process of trialing the use of a Discharge Manager and there has already been a significant reduction in delayed transfers of care across the specialty wards. This will continue to be evaluated. The waiting list continues to improve for both neurology and eating disorders services following successful recruitment and the implementation of improved pathways. The eating disorder service recently had a Binge eating tester weekend which was a success. The collaboratives mini conference for eating disorders also proved to be very effective in bringing all partners together to consider changes in this specialist area.

Learning Disability and Autism (LDA)

We continue to work with our ICB colleagues to ensure that we are fully compliant with the support and planning requirements for our service users in our care, who have a diagnosis of learning disability and/or autism. We have re-established our LDA steering group which holds the responsibility for delivering against our plan, in line with the national requirements. Oversight of this sits with our Operational Management Group (OMT) and Clinical Governance Committee (CGC).

SUSTAINABILITY**Funding and Finances**

Planning for the new financial year has been complicated by the absence of the national planning guidance – while key messages have been issued, the formal documents usually issued before Christmas have yet to be issued. This has meant that it is not yet possible for commissioners to confirm allocations and how any new funding for mental health will be allocated. In addition, due to changes in national inflation assumptions, the amount of funding we are expecting to receive to cover the increased costs of pay and non pay items has reduced again to just 0.6%.

We continue to work hard with our local partners across Birmingham and Solihull to assess opportunities for reducing the system deficit still further and are committed to ensuring that mental health continues to receive and use its fair share of funding.

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

The West Midlands wide Provide Collaborative Board continues to strengthen collaborative working and in addition to the strategic priorities agreed during 2023 we brought all executive teams together during December to identify key areas of focus for the coming year.

We agreed that groups would come together and work for the next few months on developing the ideas from the day into firmer recommendations so that the issues we identified can be prioritised and addressed throughout 2024. Executive teams will meet again to consider progress and develop further during April.

QUALITY**CQC**

We continue to make progress against the actions that were developed in response to the Must and Should Do findings of the Core and Well-led inspections.

The Trust is currently responding to reports received from the Care Quality Commission to demonstrate that actions are being taken against areas that has been identified as requiring improvement.

The Trust will continue to keep the CQC apprised of our work streams related to our Section notices as well as providing updates on progress at the monthly CQC Steering Group.

LOCAL NEWS

Executive Director of Quality and Safety (Chief Nurse)

Following a rigorous selection process for our new Executive Director of Quality and Safety (Chief Nurse) and I am pleased to announce that we have appointed Lisa Stalley-Green to this role in Team BSMHFT. Lisa is already familiar with BSMHFT in her current role of Deputy Chief Executive and Chief Nursing Officer at the Integrated Care Board. With a focus on reducing health inequalities and working in partnership across Birmingham and Solihull Integrated Care System, Lisa has led improvements in safeguarding partnerships and practice as executive lead for quality, patient experience, workforce and infrastructure. Lisa also leads on anti-racism in professional practice and chairs the West Midlands Regional Global Majority Improvement Group. Her drive for excellence in care, service improvement and shaping positive and inclusive working cultures has shaped her 20-year career in the NHS, which has included roles in A&E, community services, prison health, commissioning, and acute services. From May 2022, having led an acute group through the COVID-19 pandemic, Lisa took on the role of Deputy Chief Executive and Chief Nursing Officer at NHS Birmingham and Solihull Integrated Care Board.

NATIONAL NEWS

News from the Office for Health Improvement and Disparities **The Public Health Outcomes (Framework examines indicators that help us understand trends in public Health)**

The Public Health Outcomes Framework sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest.

This data tool currently presents data for available indicators at England and local authority levels, collated by the Office for Health Inequalities and Disparities. Read the reports specifically for Birmingham and Solihull.

My Voice Matters: The power of a youthdriven approach to children's mental health

'My Voice Matters' was the theme of this year's Children's Mental Health Week, placing a spotlight on empowering children and young people, equipping them with the essential tools to express themselves and ensure their voices are heard.

According to latest prevalence data, approximately one in five children and young people in England now have a probable mental disorder. This is up from one in six in 2021, and one in nine in 2017. Just shy of half a million children and young people are currently on mental health waiting lists, 85% higher than before the pandemic. Almost three times as many children and young people have been referred to crisis care than before the pandemic.

NHS Networks

Discharge from mental health care: making it safe and patient-centred

This guidance outlines how the Health Services Safety Investigations Body will conduct investigations into the deaths of patients and/or potential mistreatment of patients during periods of inpatient care in mental health care settings, during transition to or from other health care services, or immediately following the discharge from such inpatient mental health care services.

Mental health services in the UK in 2023:

What the latest NHS benchmarking findings tell us?

Every year, the NHS Benchmarking Network presents data to mental health services across the four UK nations, including the services they provide, the resources that go into them, and some of the issues they face on a daily basis countrywide.

The results for 2023 present a picture of services that are working at a relentless pace to keep up with growing demand for mental health support. While the Benchmarking Network's data provide raw numbers, they tell an important part of a story that is as yet unfinished, of how mental health services in the UK are changing and responding to unprecedented levels of need.

Last year, referrals to adult community mental health services rose by some 11% on the previous year – with 625,000 people referred to 'generic' community mental health teams (CMHTs) alone. A further 213,000 children and young people were on waiting lists for Children and Young People's Mental Health Services (where referrals rose by 7% last year).

News from the King's Fund

Given England's growing and ageing population, the NHS and social care sector need a lot of staff to deliver high-quality health care or social care at the required volume.

But in both sectors, there are staff shortages – a difference between the number of posts in the sector and the number of posts that are filled. This shortage in staff can be seen by looking at vacancy rates. In September 2023, the overall NHS vacancy rate was 8.4%, or 121,000 full-time equivalent (FTE) roles. In 2022/23, the overall social care vacancy rate was 9.9%, or 152,000 roles. These are both substantially higher than the overall UK vacancy rate of 3.4% in 2022/23.

Parity of esteem

The Department of Health and Social Care and NHS England have now provided a definition of parity of esteem to the Public Accounts Committee as 'Everyone can access MH services in a timely way and waiting times are on par with physical mental health, and everyone can access evidence-based treatments'.

This definition has been developed in response to a request by the Public Accounts Committee inquiry following a 2022 NAO report on Progress on Improving Mental Health Services. This new definition is important as parity of esteem is a term widely used, but with different understandings of its meaning. However, the words alone mean little, it is how it is utilised that is important. Government, national bodies and systems need develop plans that move towards achieving this definition.

The department and NHSE have also set out the building blocks needed to ensure parity of esteem:

- Access and waiting time standards are on par with physical health and treatment is evidence based
- Care is patient centric and quality of services is on par with physical health services
- Every part of the NHS recognises and prioritises mental health on par with physical health, and patients can access services through pathways from primary care to UEC.
- Data in the MH sector is on par with physical health
- Funding decisions are made to close the gap between mental and physical health, allowing for sufficient workforce, capital to ensure therapeutic environments and equal payment systems.

**ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE**

Governance

8. Elections Update

Report to Council of Governors				
Agenda item:	8			
Date	9 May 2024			
Title	Elections Update			
Author /Presenter	Hannah Sullivan, Corporate Governance and Membership Manager			
Executive Director	Phil Gayle, Trust Chair	Approved	Y	<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>
To provide advice		To highlight patient or staff experience		
Link to Council of Governors duties				
Hold to account		Appointment/remuneration		
Represent interests of members and public		Contribute to strategy		
Approve increase in non-NHS income		Approve significant transactions		
Approve merger/acquisition etc.		Approve constitution changes		
Summary of Report				
<ul style="list-style-type: none"> Following a successful round of elections in December 2023 there have been a number of changes to the Council. This report highlights the changes and constituencies that still require representative following 3 of the newly elected Governors standing down. Introduction of Professor Matthew Broome, University of Birmingham. Updated Governor presentation that will be shared on the website. Upcoming community events will provide an opportunity for the membership team to have a presence and promote the Trust and election vacancies. 				
Strategic Priorities				
Priority	Tick ✓	Comments		
Clinical services				
People				
Quality				
Sustainability	<input checked="" type="checkbox"/>	To ensure Governor details are up to date and shared appropriately. To promote election vacancies to ensure a full cohort of Governors.		
Recommendation				
The Council is asked to receive the information for assurance.				
Enclosures				

Appendix 1 Governor presentation

Appendix 2 Community event dates and venues for 2024

Elections Update

Following a number of Council members completing their terms in November last year a robust elections process was developed and launched in June 2023 in partnership with Civica who were formerly known as Electoral Reform Services (ERS), they are the UK's leading provider of election services, with over 100 years' experience of administering elections, ballots and consultation processes.

Civica act as our Independent Scrutineer and support the elections process by:

- Election Process - reviewing your procedure before the election to ensure you have the correct processes in place for a secure and accurate ballot.
- Ballot Administration - overseeing the production and distribution of the election material to all eligible voters and ensuring that the votes cast, whether electronically, in person or by post, have been accurately recorded and counted.
- Scrutineer's Report - reporting on whether any relevant rules or legislation have been adhered to. This is particularly the case for some trade union ballots, where the requirement and role of the Independent Scrutineer is set out in the Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA).
- Results - conducting a final check of your results to ensure they bear scrutiny.

The Council of Governors comprises these main constituencies:

- five public governors
- four carer governors
- three staff governors
- four service user governors
- six stakeholder governors

In total the Council of Governors comprises of 22 members.

There is currently 1 vacancy for a stakeholder position within West Midlands Police, Phil Gayle continues to liaise with the Crime Commissioner to identify an appropriate person to join the Council. There are 2 Service User Governor and 3 Carer Governor vacancies. Elections will launch in June 2024 to appoint to vacant posts and ensure a full cohort of governors.

There are number of community events planned throughout the summer where there will be membership and elections presence to promote the opportunities available. This years theme is 'Feel the Rhythm Beat the Stigma'.

The events will highlight people from minority communities are often diagnosed with severe mental health problems up to eight times more compared with the wider population.

Moreover, these communities experience more restrictive measures within the healthcare system, including being subjected to forensic services and locked wards.

The first event will be held on Saturday 18 May, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham City Council and The Association of Jamaican Nations will be joining at Birmingham City Universities South City campus to discuss a range of topics relating to mental health and wellbeing for minority communities across the region. Further dates can be found in appendix 2.

In planning for elections, I can confirm the current Council of Governors is listed below to highlight vacant posts.

Public elected governors			
Name	Constituency	Appointment	End of full term of 6 years
Linda Hutchings	Central and West Birmingham	September 2023	September 2029
Renu Marley	South Birmingham and Worcester	November 2020	November 2026
David Slatter	Solihull & Coventry & Warwickshire	February 2024	February 2030
Naheeda Liaqat	East, North Birmingham and Black Country Boroughs	September 2023	September 2029
Chris Barber	East and North Birmingham and Black Country Boroughs	November 2022	November 2028
Staff elected governors			
Dr Onyekachi Ugwuonye	Clinical Medical	February 2024	February 2030
John Travers	Non-Clinical	July 2018	September 2025
Leona Tasab	Clinical Non-Medical	November 2022	November 2028
Service user governors			
Faheem Uddin	South Birmingham and Worcestershire	October 2011	December 2024
Mustak Mirza	Central, West Birmingham and Staffordshire	April 2017	September 2025
Vacancy	Solihull, Coventry and Warwickshire		
Vacancy	East, North Birmingham and Black Country Boroughs		
Carer governors			
Vacancy	Central, West Birmingham and Staffordshire		

Vacancy	East, North Birmingham and Black Country Boroughs		
Vacancy	South Birmingham and Worcester		
Umar Ali	Solihull, Coventry and Warwickshire	November 2022	November 2028
Stakeholder appointed governors			
Robert Mapp	Birmingham City University	December 2023	December 2029
Prof Matthew Broome	Birmingham City University	March 2024	March 2030
Cllr Mick Brown	Birmingham City Council	September 2013	September 2024
Cllr Ken Meeson	Solihull Council	September 2019	September 2025
Vacancy	WM Police Governor		
Harpal Bath	Council for Voluntary Services	December 2023	December 2029

As a Council we welcome Professor Matthew Broome from Birmingham City University. Matthew is a Professor of Psychiatry and Youth Mental Health Director of the Institute for Mental Health.

Matthew studied as an undergraduate at the University of Birmingham, where he graduated with degrees in Neuropharmacology and in Medicine. After working as a junior doctor in the University Hospitals in Birmingham, he moved to the South London and Maudsley NHS Foundation Trust to undertake training in postgraduate psychiatry at the Maudsley Hospital, Bethlem Royal Hospital, and the National Hospital for Neurology and Neurosurgery. After attaining his MRCPsych, Matthew was clinical research fellow and subsequently Lecturer at the Institute of Psychiatry, where he undertook his first PhD. During this time, he helped the development of novel Early Intervention in Psychosis services in South London, and specifically the OASIS service for those who may be in the prodromal phase of illness.

In 2006, Matthew was appointed as Associate Clinical Professor of Psychiatry at the University of Warwick and, in 2013, Senior Clinical Research Fellow in Psychiatry at the University of Oxford. He remains affiliated to St Hilda's College and is a Distinguished Research Fellow in the Oxford Uehiro Centre for Practical Ethics, University of Oxford. In 2017, he returned to the University of Birmingham to take up his current post. In parallel to his University role, Matthew is Honorary Consultant Psychiatrist to the East Birmingham Early Intervention in Psychosis service, part of Birmingham Women's and Children's NHS Foundation Trust, and is NIHR CRN West Midlands Clinical Research Lead.

He joins us with a wealth of knowledge and understanding and will formally join in July 2024.

Council of Governors

Lead and Deputy Lead



John Travers

Lead Governor



Mustak Mirza

Deputy Lead Governor

Our Lead Governor John Travers and Deputy Lead Governor Mustak Mirza welcome you on behalf of the wider Council of Governors.

Our Council of Governors puts the Trust's values of Compassionate, Inclusive and Committed at the centre of the way we work. We look to harness the lived experiences and special knowledge brought to the group from each of our constituencies in helping service users by holding the Board to account.

Council of Governors

Staff Governors

Terms of office end dates

John Travers
September 2025
Second term

Dr Onyekachi Ugwuonye
January 2026
First term

Leona Tasab
September 2025
First term



John Travers
Non-Clinical Staff Governor



Dr Onyekachi Ugwuonye
Medical Staff Governor



Leona Tasab
Clinical Staff Governor

Council of Governors

South Birmingham & Worcester

Terms of office end dates

Renu Marley
November 2023
Second term

Faheem Uddin
December 2024
Second term

Renu Marley

Carer Governor

Vacant

Public Governor



Faheem Uddin

Service User

Council of Governors

Central & West Birmingham

Terms of office end dates

Mustak Mirza
September 2025
Second term

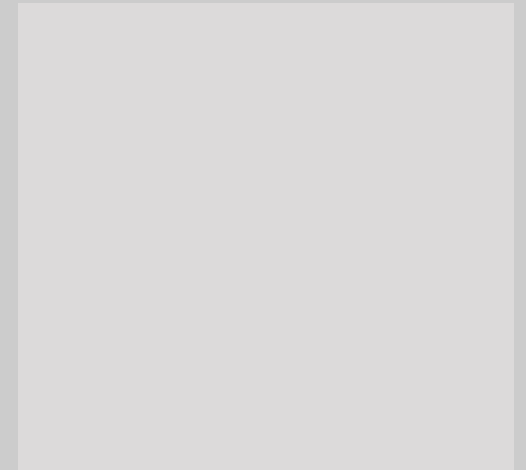
Umar Ali
September 2025
First term

Linda Hutchings
September 2029
First term



Mustak Mirza

Service User Governor



Umar Ali

Carer Governor



Linda Hutchings

Public Governor

Council of Governors

Publicly Elected Governors
Solihull & Coventry & Warwickshire

Terms of office end dates

David Slatter
February 2030
First term

Vacancies out to
elections



David Slatter

Public Governor

Vacant

Service User Governor

Vacant

Carer Governor

Council of Governors

East & North Birmingham & Black
Country Boroughs

Terms of office end dates

Chris Barber
September 2028
First term

Vacancy out to
elections

Vacant

Carer Governor

Chris Barber

Public Governor

Vacant

Service User Governor

Council of Governors

Stakeholder Governors

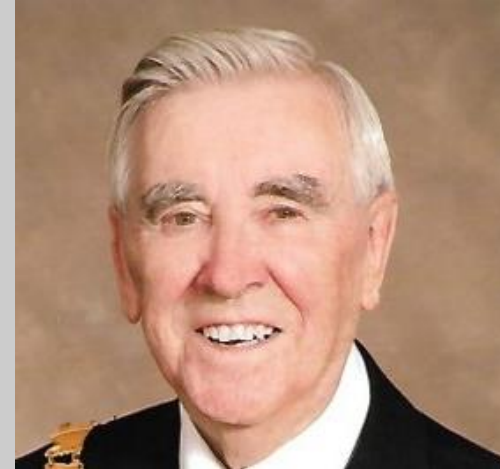
Terms of office end dates

Ken Meeson
November 2025
Second term

Robert Mapp
December 2029
First term

Harpal Bath
July 2028
First term

Mick Brown
September 2024
Second Term



Cllr Ken Meeson

Solihull Council



Cllr Mick Brown

Birmingham City Council



Robert Mapp

Birmingham City University



Harpal Bath

Birmingham Voluntary Services Council

Council of Governors

Stakeholder Governors

Terms of office end dates

Dr Matthew Broome
March 2030
First term

Vacancy being
appointed too



Dr Matthew Broome

University of Birmingham

Vacant

West Midlands Police

Feel the Rhythm Beat the Stigma – Music & Arts Events taking place

Saturday 6th July – Endeavour Court Erdington - 210 Reservoir Road Erdington Birmingham B23 6DJ

Saturday 3rd August - Zinnia Centre – Sparkbrook - 100 Showell Green Lane Sparkhill Birmingham B11 4HL

Saturday 7th September - Mary Seacole - House Winson Green - Lodge Road Winson Green Birmingham Post Code B18 5SD

Saturday 21st September – Maple Leaf 4 Maple Leaf Drive Marston Green Birmingham Post Code B37 7JB



BUILDING MENTAL HEALTH RESILIENCE

An intergenerational dialogue rooted in communities conference

Saturday 18 May 2024,

City South Campus, Westbourne Road

9.30am	Coffee and Registration
10am	Welcome and Introductions Professor Louise Toner, Professorial Advisor, Faculty of Health, Education and Life Sciences, Birmingham City University. Professor David Mba, Vice Chancellor, Birmingham City University. Dr Beverly Lindsay OBE, OD, DL, Chairman: Association of Jamaican Nationals. Andy Street, Mayor of the West Midlands.
10.20am	Morning Chair Dr Karl George MBE, Partner – RSM UK Group LLP/Chair: BCON (Black C Suite, Owners and Non-Execs)
10.25am	Intergenerational Mental Health Dr Justin Varney, Director of Public Health: Birmingham City Council.
10.45am	Children and Young People Perspectives Speaker from – Forward Thinking Birmingham.
11.05am	Black Women and Mental Health: Resilience, Resistance and Revival Dr Jenny Douglas, Senior Lecturer in Health Promotion: Open University.
11.25am	Mental Health Challenges and Senior Leaders Professor Patrick Vernon OBE, Chairman: Birmingham and Solihull Integrated Care Board/BCON (Black C Suite, Owners and Non-Execs). Phil Gayle, details?
11.45am	Supporting Senior Leaders Professor Adam Crizzle, Managing Director: Hillcroft House Research Hub Community.
12.05pm	Panel Discussion Chair: Karl George MBE
12.25pm	Lunch and Networking

Conference Programme continued

1.15pm	Afternoon Chair Beresford Dawkins, Community Engagement Lead: Birmingham and Solihull NHS Mental Health Foundation Trust.
1.20pm	Interface between Mental Health Services and Primary, Community and Secondary Care Roisin Fallon-Williams, Chief Executive Officer: Birmingham and Solihull NHS Foundation Trust.
1.40pm	Suicide Focus Nikhwat Khan Marawat, Co Founder and Director: The Delicate Mind.
2pm	Implications of Right Care Right Person Marimouttou Coumarassamy (Coumar), Deputy Chief Operating Officer: Birmingham and Solihull NHS Mental Health Foundation Trust. Patrick Nyarumbu MBE, Executive Director for Strategy, People and Partnerships and Deputy Chief Executive: Birmingham and Solihull NHS Mental Health Foundation Trust.
2.20pm	Systems and Constructs: Impact on Mental Health and Wellbeing Professor Kehinde Andrews, Professor of Black Studies: Birmingham City University. Professor Robert Beckford, Professor Research and Innovation: University of Winchester.
2.40pm	Panel Discussion Chair: Beresford Dawkins, Community Engagement Lead: Birmingham and Solihull NHS Mental Health Foundation Trust. Professor Kehinde Andrews, Professor of Black Studies: Birmingham City University. Professor Robert Beckford, Professor Research and Innovation: University of Winchester. Nikhwat Khan Marawat, Co Founder and Director: The Delicate Mind. Dr Niquita Pilgrim-CPsychol, Psychologist and Organisational Development Consultant.
3.40pm	Evaluation Professor Louise Toner, Professorial Advisor, Faculty of Health, Education and Life Sciences, Birmingham City University.
4pm	Close



BUILDING MENTAL HEALTH RESILIENCE

AN INTERGENERATIONAL DIALOGUE ROOTED IN COMMUNITIES CONFERENCE



WHEN

SATURDAY 18 MAY, 2024
9.30AM – 4.00PM

WHERE

BIRMINGHAM CITY UNIVERSITY,
CITY SOUTH CAMPUS,
WESTBOURNE ROAD B15 3TN

EVENTBRITE LINK

<https://www.eventbrite.co.uk/e/building-mental-health-resilience-tickets-879366889037?aff=oddtcreator>

£5 PER TICKET

This is a ticket only event, pre-registration by the eventbrite link will secure your place.

Coffee and Lunch provided.

KEY NOTE SPEAKERS

Professor Kehinde Andrews

Professor of Black Studies:
Birmingham City University

Professor Robert Beckford

Professor Research and Innovation:
University of Winchester

Dr Jenny Douglas

Senior Lecturer in Health Promotion:
Open University

Roisin Fallon-Williams

Chief Executive Officer –
Birmingham Solihull NHS Foundation Trust

Dr Justin Varney

Director of Public Health –
Birmingham City Council

WHY ATTEND

People from minority communities are often diagnosed with severe mental health problems up to eight times more compared with the wider population.

Moreover, these communities experience more restrictive measures within the health system, including being subjected to forensic services and locked wards.

PARTNERS

The Association of Jamaican Nationals (AJN)

Birmingham City University

Birmingham and Solihull Mental Health Foundation Trust



9. Quality Account Feedback

10. BSOL Mental Health Provider
Collaborative- Our last twelve months

BSOL Mental Health Provider Collaborative

Our last twelve months

March 2024

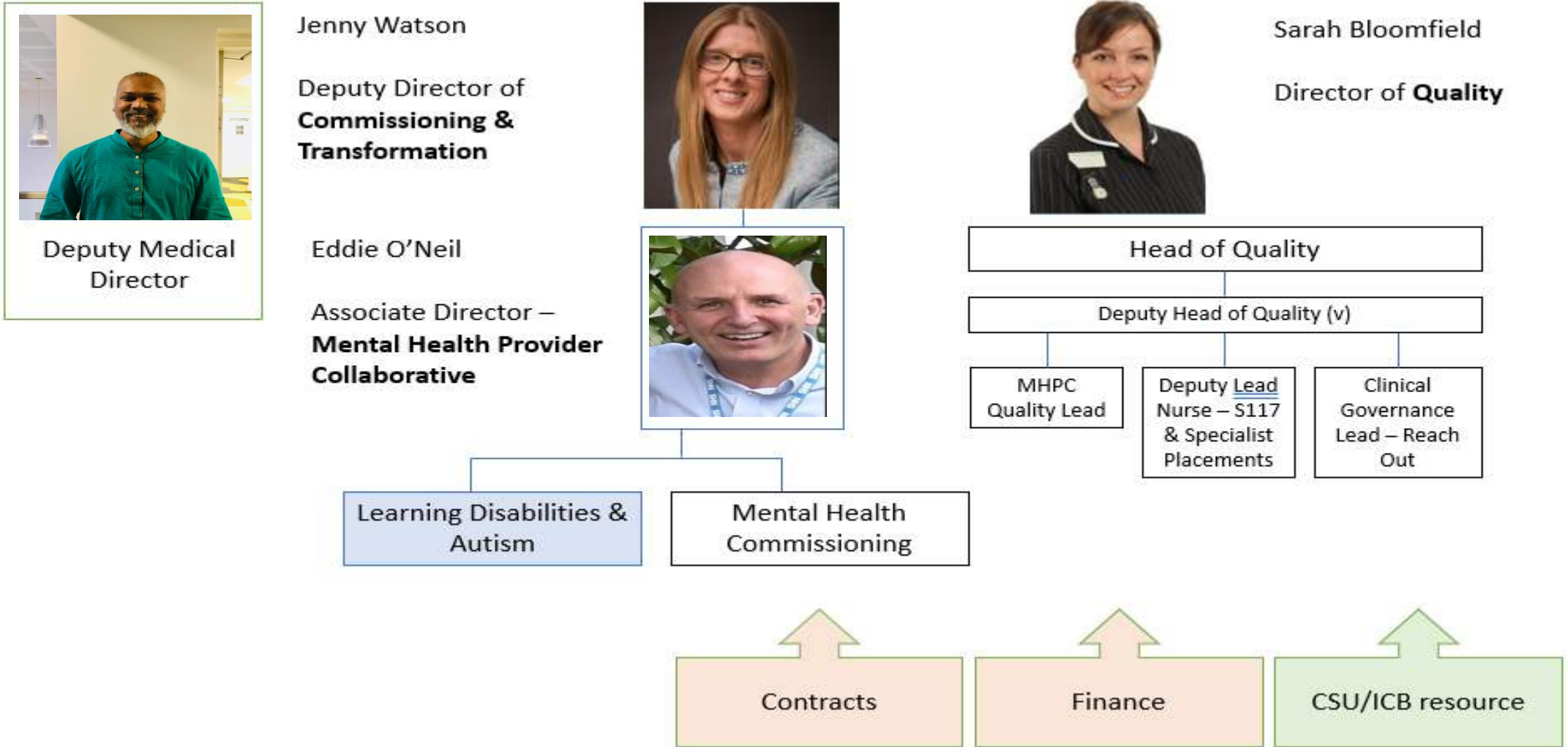
Birmingham & Solihull Mental Health NHS Foundation Trust
Forward Thinking Birmingham / Birmingham Women's & Childrens NHS Foundation Trust
VCFSE Collective

BSOL Mental Health Provider Collaborative Lead Provider

- MHPC – 12 months of delivery
- Lead Provider Contract – Signed by BSMHFT and ICB
- Legal MOU – continues to be under review
- Formalised Monthly Contract Meetings in place with fortnightly informally between ICB and Lead Provider
- Agreed: Finance Report, System Performance Report, Contract Summary to be submitted monthly to ICB
- Ongoing CQRMs with BSMHFT
- MHPC accepted Strategic Commissioning Statements from ICB

BSOL Mental Health Provider Collaborative

Our Commissioning & Transformation Hub



BSOL Mental Health Provider Collaborative

Achievements 23/24

- Establishment of further **Mental Health Support Teams** for Schools (MHSTs), expanding this early help support for children and young people across BSol
- Continued **rollout of adult community transformation** including embedding of neighbourhood mental health teams in all localities across BSol and establishment of SMI Physical Health Connector pilot; target for number of people accessing adult community mental health services achieved
- **SMI Annual Physical Health Check campaign** run during September 23 including animation and vox pops
- Continued rollout of **adult rehabilitation transformation** including establishment of Intensive Community Rehabilitation Team in summer 2023, which is facilitating shorter LOS in rehabilitation beds and alternative community offer instead of inpatient rehab from acute, with caseload of 32 by end of February 2024 (potential to have up to 50)

BSOL Mental Health Provider Collaborative

Achievements 23/24

- Working with HACT to develop **housing with support strategy** and with ICB/system partners in terms of coordinated Regulated Care Market commissioning
- Development of **draft 3-year mental health inpatient strategy** which incorporates work such as future procurement and Highcroft business case development
- **Increase in numbers accessing Talking Therapies** – expected to be around 20% increase from the previous year
- **Increase in number of people with SMI accessing IPS** (support to access and retain employment) and exceeding system target set by NHSE
- **Urgent care pathway developments** include expansion of call before convey (for West Mids Ambulance Service crews) to 24/7 and facilitating system wide planning for implementation of NHS 111 MH Option from April 2024

BSOL Mental Health Provider Collaborative

Key Activities 24/25

Key Activities-

- MHPC Interim Plan/Strategy until March 2025 in development
- Experience of Care Campaign underway – concludes May 2024
- All Age Mental Health, Health Needs Assessment – concludes August 2024
- MHPC Strategy to be co-produced and in place from April 2025
- **Mental Health Inpatient Procurement**
 - Market Engagement 19/3/24
 - Cabinet Office Approvals Process underway with Deep Dive and subsequent OBC expected.
- Demand & Capacity Modelling for Inpatient Beds continues
- **CYP Transformation Programme** Commenced with Clinical Reference Group established, and principles agreed
- Engagement in **ADEPT** workshops to inform future system estates requirements

BSOL Mental Health Provider Collaborative

Key Activities 24/25

Key Activities –

- **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

Performance and Partnerships

11. Finance Report

Report to Trust Board					
Agenda item:	11				
Date	9 May 2024				
Title	Finance Report				
Author/Presenter	Emma Ellis, Head of Finance and Contracts Richard Sollars, Deputy Director of Finance				
Executive Director	Dave 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>Revenue position:</p> <p>The month 11 2023/24 Group position is a surplus of £2m year to date. The position comprises a £2.4m surplus for the Trust, £391k deficit for Summerhill Services Limited (SSL) and a £229k surplus position for the Reach Out Provider Collaborative. The year to date position for the Mental Health Provider Collaborative is £147k deficit.</p> <p>Alert:</p> <p>The Committee is asked to note and discuss the following key financial alerts:</p> <ul style="list-style-type: none"> Savings – Year to date delivery of £13.4m; a shortfall against plan of £0.1m. Although full savings delivery of £14.7m is forecast, this is mainly driven by £9.7m non-recurrent delivery, leaving a recurrent issue going forward. A challenging 3% savings target has been agreed as a system planning assumption for the first high level draft of the 2024/25 plan, this equates to £9.5m. Out of area – Year to date expenditure is £17m; an overspend of £9.6m. Following a reduction in run rate during quarter 3, non-Trust bed usage increased throughout January and has remained just below the peak January level during February. Total forecast expenditure for 2023/24 is £18m. Temporary staffing – Year to date bank and agency spend is £41m. Forecast total spend is £45m which is almost double the spend in 2019/20. We remain in breach of all but one of the NHSE agency rules. <p>Advise:</p> <ul style="list-style-type: none"> Capital position: Month 11 2023/24 Group capital expenditure is £5.8m year to date. This is £1.7m adverse to plan. 					

We have been successful in securing additional capital funding from the system capital investment fund (SCIF) for 2023/24. £0.5m external PDC funding has also been secured in relation to the shared care record programme. Total 2023/24 capital forecast is now £9.1m.

- Cash position:
The month 11 Group cash position is £92.3m.

Recommendation

The Committee is asked to review the month 11 financial position and discuss the key alerts.

Enclosures

Month 11 Finance Report

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.

Board Assurance Framework

Strategic Risk	Tick ✓	Comments
Failure to focus on and harness the wider benefits of digital improvements.	✓	
Potential failure in the Trusts care of the environment regarding implementation of the Green Plan	✓	
Failure to operate within its financial resources.	✓	
Potential failure to evidence and embed a culture of compliance with Good Governance Principles.	✓	
Potential failure to harness the dividends of partnership working for the benefits of the local population.	✓	

Finance Report

Financial Performance:
1st April 2023 to 29th February 2024

Month 11

Group financial position

Group Summary	Annual Budget	Revised Plan (including pay award funding)	YTD Position		
			Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000
Income					
Patient Care Activities	566,227	579,700	531,388	535,811	4,424
Other Income	18,832	18,832	17,263	26,046	8,783
Total Income	585,060	598,533	548,651	561,857	13,207
Expenditure					
Pay	(270,159)	(278,391)	(255,193)	(249,200)	5,993
Other Non Pay Expenditure	(277,459)	(282,700)	(259,136)	(276,253)	(17,117)
Drugs	(6,077)	(6,077)	(5,571)	(6,636)	(1,065)
Clinical Supplies	(795)	(795)	(729)	(540)	189
PFI	(12,611)	(12,611)	(11,560)	(14,066)	(2,506)
EBITDA	17,959	17,959	16,462	15,163	(1,299)
Capital Financing					
Depreciation	(9,906)	(9,906)	(9,080)	(8,915)	165
PDC Dividend	(1,717)	(1,717)	(1,574)	(205)	1,369
Finance Lease	(5,693)	(5,693)	(5,218)	(13,940)	(8,721)
Loan Interest Payable	(1,060)	(1,060)	(972)	(974)	(3)
Loan Interest Receivable	797	797	731	3,857	3,126
Surplus / (Deficit) before taxation	380	380	348	(5,014)	(5,362)
Taxation	(380)	(380)	(348)	(352)	(4)
Surplus / (Deficit)	(0)	(0)	(0)	(5,366)	(5,366)
Adjusted Financial Performance:					
Remove impact of PFI liability remeasurement under IFRS16				8,721	8,721
Remove PDC dividend benefit arising from PFI liability remeasurement				(1,370)	(1,370)
Adjusted financial performance Surplus / (Deficit)	(0)	-	(0)	1,990	1,990

Month 11 2023/24 Group Financial Position

The month 11 consolidated Group position is a surplus of £2m year to date (after adjusting for the revenue impact of the PFI liability remeasurement under IFRS16). In month 11, NHSE advised that the PDC benefit that arises as a result of the PFI liability remeasurement cannot be used towards delivery of the financial position and so this £1.4m benefit is adjusted out.

The 2023/24 forecast outturn, based on the financial re-set submission in November, is a £4m surplus. The year to date position is in line with the year to date trajectory.

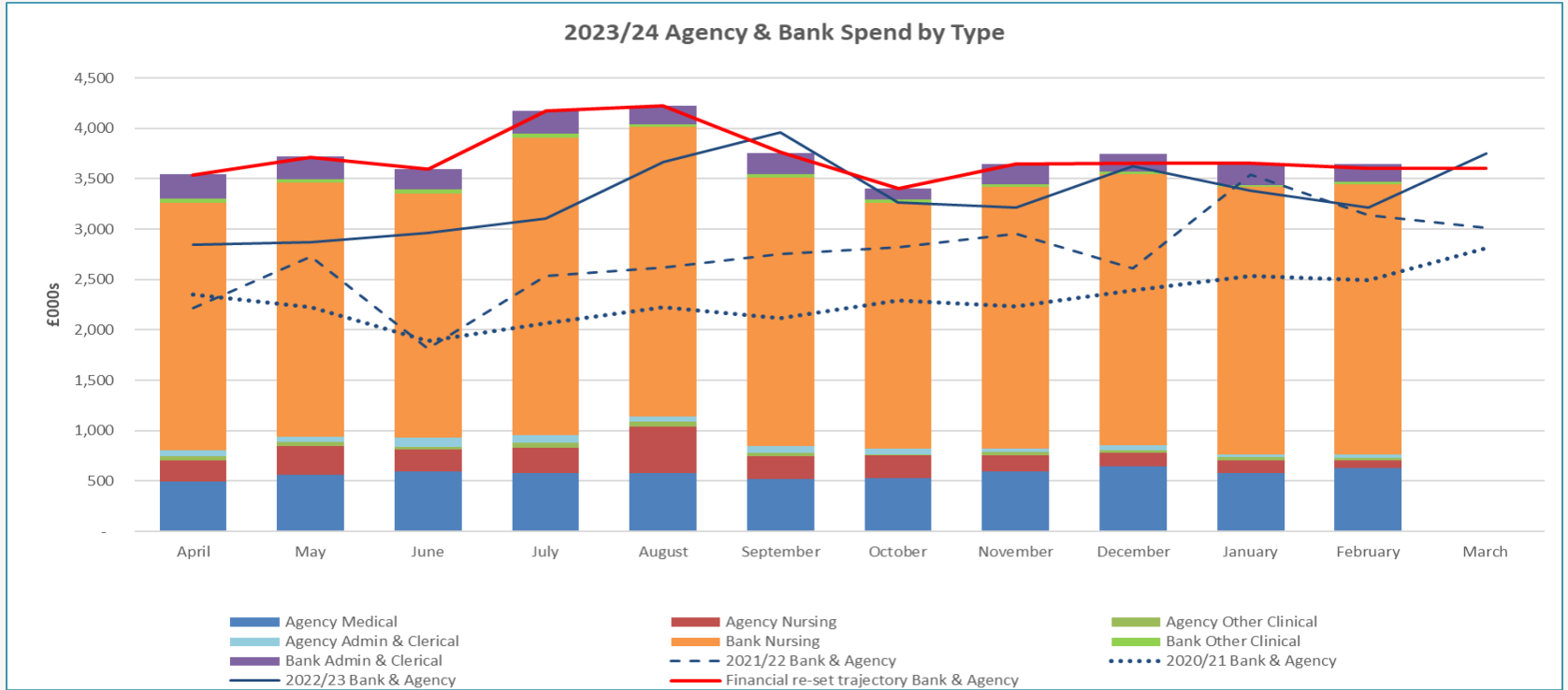
The Group position includes a £2.4m surplus for the Trust and a £391k deficit for the wholly owned subsidiary, Summerhill Services Limited (SSL). The Reach Out Provider Collaborative year to date position is £229k surplus in line with agreed contribution to Trust overheads. The year to date position for the Mental Health Provider Collaborative (MHPC) is a deficit of £147k. For a segmental breakdown of the Group position, please see page 3.

Month 11 Group position

Segmental summary

Group Summary	Trust	SSL	Reach Out	MHPC	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Activities	318,660	-	134,868	351,264	(268,981)	535,811
Other Income	25,624	26,865	-	1,530	(27,973)	26,046
Total Income	344,285	26,865	134,868	352,794	(296,954)	561,857
Expenditure						
Pay	(235,308)	(11,236)	(1,409)	(3,000)	1,754	(249,200)
Other Non Pay Expenditure	(76,923)	(8,172)	(133,229)	(349,942)	292,013	(276,253)
Drugs	(6,961)	(2,497)	-	-	2,821	(6,636)
Clinical Supplies	(540)	-	-	-	-	(540)
PFI	(14,066)	-	-	-	-	(14,066)
EBITDA	10,488	4,960	229	(147)	(366)	15,163
Capital Financing						
Depreciation	(6,025)	(2,800)	-	-	(90)	(8,915)
PDC Dividend	(205)	-	-	-	-	(205)
Finance Lease	(13,926)	(350)	-	-	336	(13,940)
Loan Interest Payable	(974)	(1,848)	-	-	1,848	(974)
Loan Interest Receivable	5,705	0	-	-	(1,848)	3,857
Surplus / (Deficit) before Taxation	(4,937)	(39)	229	(147)	(119)	(5,014)
Taxation	-	(352)	-	-	-	(352)
Surplus / (Deficit)	(4,937)	(391)	229	(147)	(119)	(5,366)
Remove impact of PFI liability remeasurement under IFRS16	8,721					8,721
Remove PDC dividend benefit arising from PFI liability remeasurement	(1,370)					(1,370)
Adjusted financial performance Surplus/(Deficit)	2,418	(391)	229	(147)	(119)	1,990

Temporary staffing expenditure



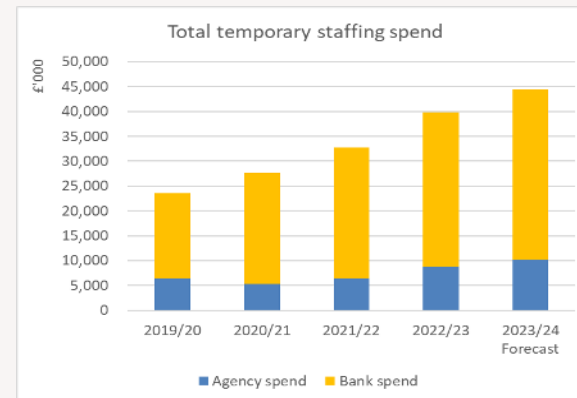
The month 11 year to date temporary staffing expenditure is £41m.

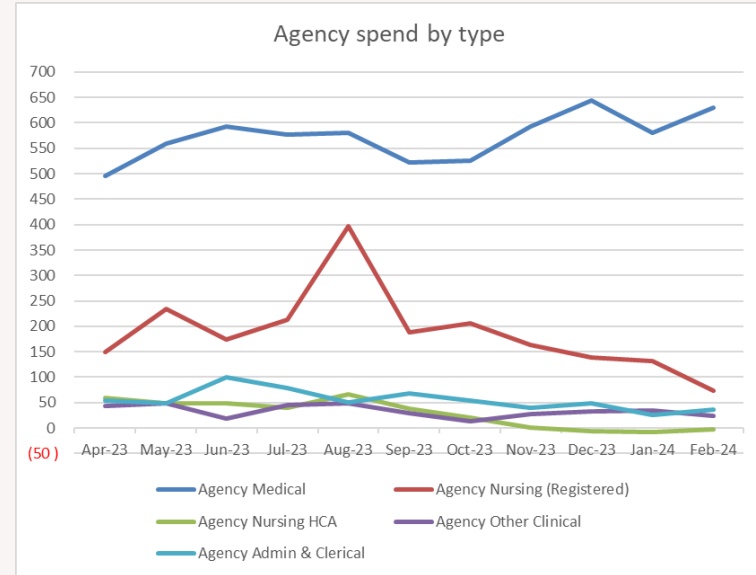
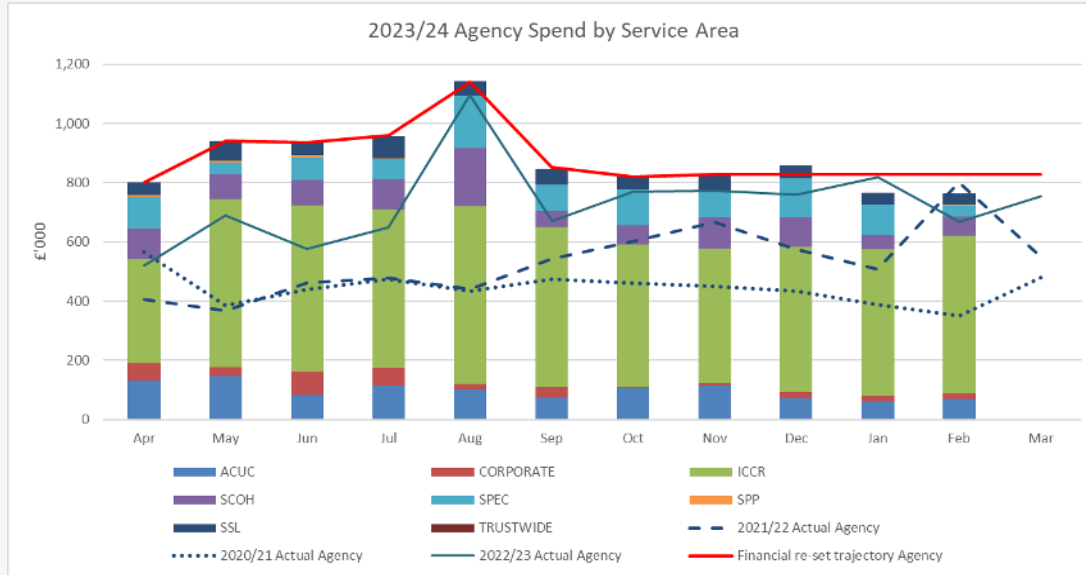
Forecast total spend for 2023/24 is £45m which is almost double the spend in 2019/20.

Bank expenditure £31.4m (76%) – the majority of bank expenditure relates to nursing bank shifts - £29m

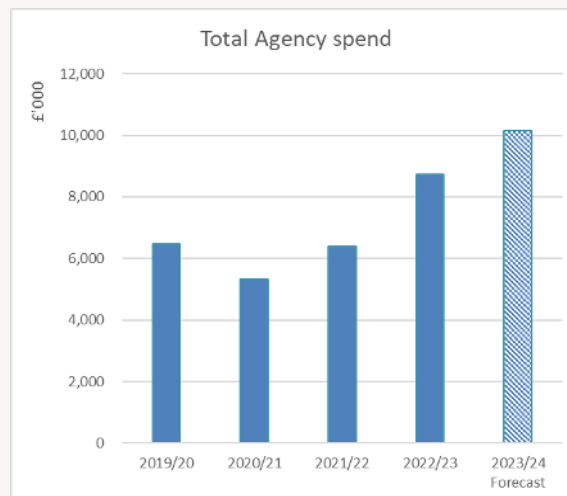
Agency expenditure £9.7m (24%) – the majority of agency expenditure relates to medical agency - £6m.

For further analysis on bank and agency expenditure, see pages 5 to 7.





	2023/24 YTD
	£'000
Agency Expenditure	9,650
NHSE Ceiling (3.7% of pay bill)	9,254
Variance to NHSE ceiling	(396)
Agency Medical	6,300
Agency Nursing (Registered)	2,071
Agency Nursing HCA	303
Agency Other Clinical	367
Agency Admin & Clerical	608
Agency Expenditure	9,650

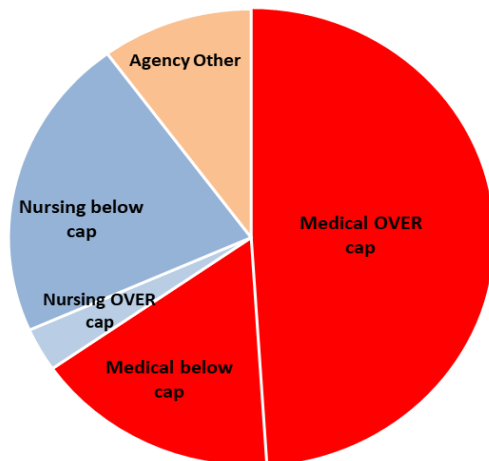


- Agency expenditure is £9.7m year to date. This is 3.9% of the year to date pay bill, compared to the NHSE ceiling of 3.7% - total breach of £396k.
- The financial re-set trajectory for 2023/24 agency spend is £10.6m. Year to date spend is £106k below trajectory.
- February agency spend is consistent with prior month and is the lowest monthly spend of the year to date.
- 65% of year to date agency bookings relate to medical with almost half the year to date agency spend relating to over cap medical bookings. There are currently 21 bookings, mainly in ICCR.

Agency Rules compliance

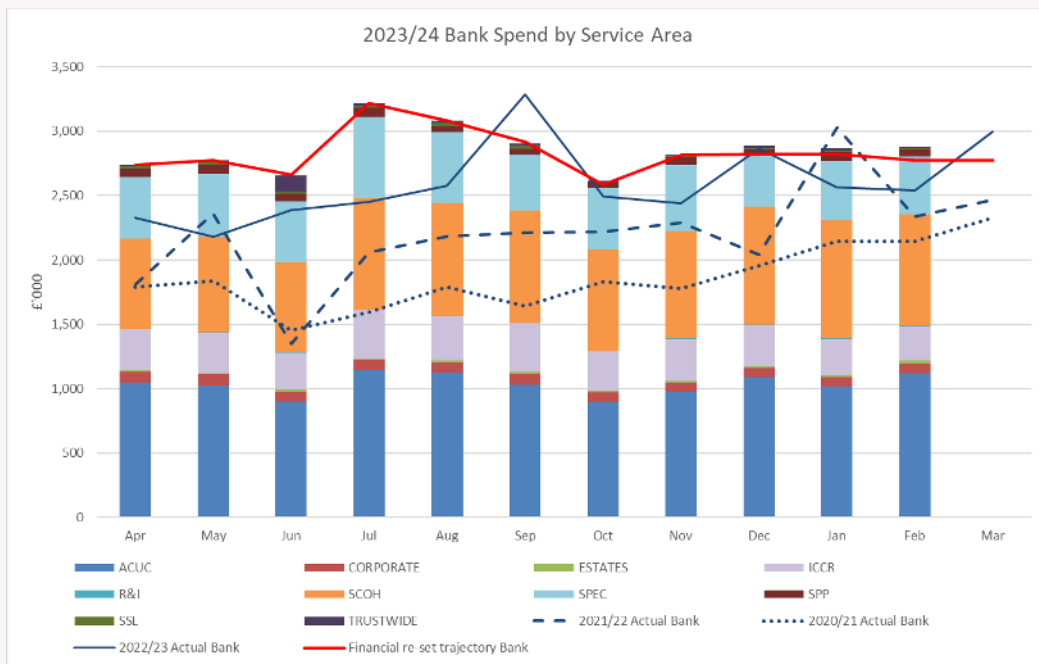
KPIs	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Agency spend as % of pay bill (YTD)	3.7%	4.2%	4.1%	4.0%	4.0%	3.9%	3.9%
Agency framework breaches	0	0	0	0	0	0	0
Above price cap agency bookings - medical	0	19	20	23	23	21	21
Above price cap agency bookings -nursing	0	19	16	12	11	9	9
Admin & Estates bookings - Trust	0	2	1	2	2	1	1
Admin & Estates bookings - SSL	0	17	15	11	9	9	7

YTD agency expenditure

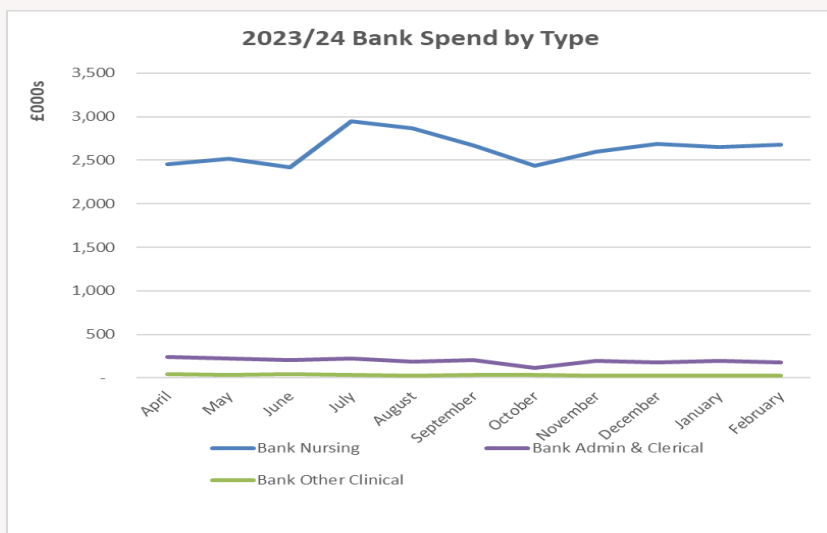
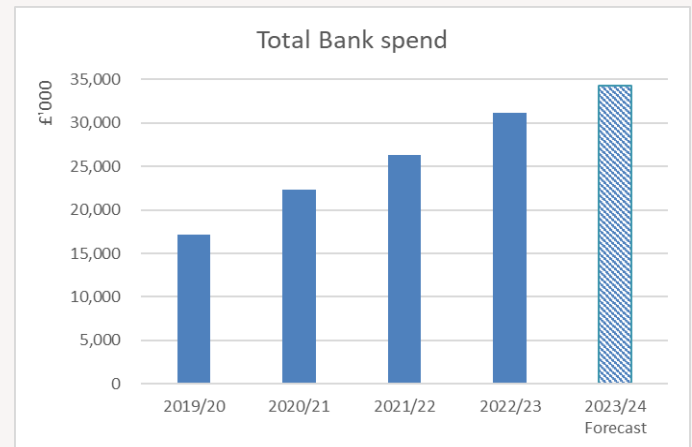


We remain in breach of all but one of the NHSE agency rules (there have been no agency framework breaches throughout the year to date).

- Agency spend as a percentage of total pay bill remains at 3.9% in February. NHSE ceiling is 3.7%.
- Over cap medical agency bookings remains at 21 and accounts for almost half of all agency expenditure.
- Over cap nursing agency bookings remains at the lowest level all year at 9.
- Non clinical agency bookings in February has reduced to 8, lowest of the year to date (10 in January), with 1 in the Trust and 7 in SSL.



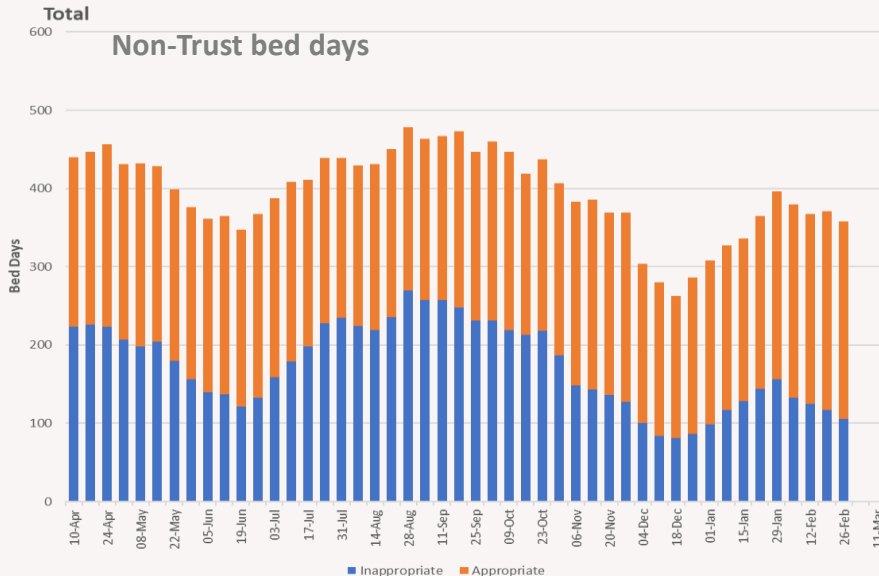
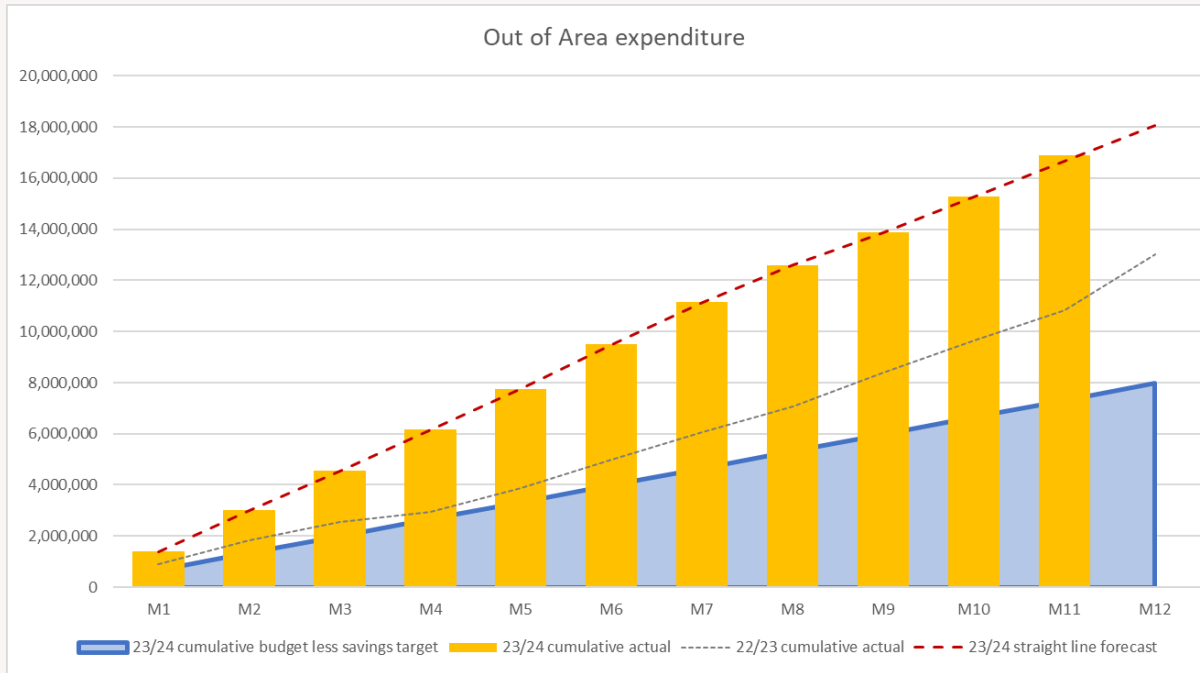
Type	YTD £'000	% of spend
Bank Nursing	28,931	92%
Bank Other Clinical	357	1%
Bank Admin & Clerical	2,144	7%
Grand Total	31,432	100%



Bank expenditure

- Month 11 year to date bank expenditure is £31.4m. The financial re-set trajectory for 2023/24 bank spend is £34m. Year to date spend is £217k above this trajectory.
- February expenditure is in line with spend in the prior two months and consistent with the year to date monthly average of £2.9m.
- Year to date bank expenditure has predominantly been incurred within the following service areas: Acute & Urgent Care £11.4m, Secure and Offender Health £9m and Specialities £5.4m.

Out of Area overspend



- Month 11 year to date out of area expenditure is £17m.
- Total 2023/24 plan for out of area, including a £5m savings target, is £8m.
- Year to date overspend is £9.6m. Following a reduction in run rate during quarter 3, non-Trust bed usage increased throughout January and has remained just below the peak January level during February. The full year forecast for 2023/24 is £18m.

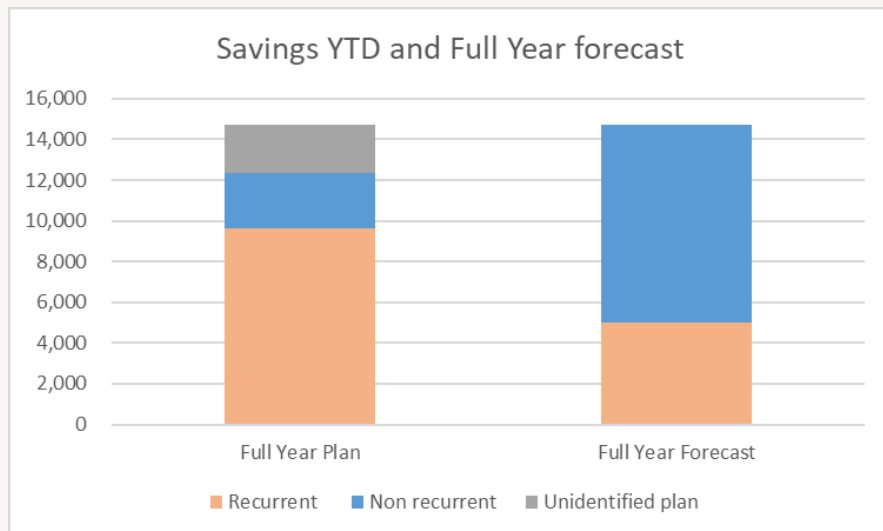
Recurrent/ Non-Recurrent	Scheme Name	Sum of YTD Plan	Sum of YTD Actual	Sum of YTD Variance	Sum of Annual Plan	Sum of Full Year Forecast	Sum of Forecast variance
Non-recurrent	Budget setting pay review (not wte)	458	458	-	500	500	-
	Budget setting pension review	1,283	1,283	-	1,400	1,400	-
	Interest receivable (1%)	229	229	-	250	250	-
	PFI - commercial performance settlement	550	1,357	807	600	1,357	757
	Unidentified	2,162	-	(2,162)	2,358	-	(2,358)
	Additional interest receivable	-	3,059	3,059	-	2,689	2,689
	NR income	-	2,411	2,411	-	3,503	3,503
Non-recurrent Total		4,683	8,798	4,115	5,108	9,699	4,591
Recurrent	Budget setting non pay review	1,146	1,146	-	1,250	1,250	-
	Budget setting pay review (not wte)	971	947	(24)	1,059	1,033	(26)
	Estates budget for Ross House (disposal)	138	69	(69)	150	75	(75)
	Interest receivable (@2.25%)	183	183	-	200	200	-
	OH contribution	1,788	1,788	-	1,950	1,950	-
	Out of Area reduction	4,583	-	(4,583)	5,000	-	(5,000)
	Additional OH contribution	-	468	468	-	510	510
Recurrent Total		8,808	4,600	(4,208)	9,609	5,018	(4,591)
Grand Total		13,491	13,398	(93)	14,717	14,717	(0)

The 2023/24 efficiency target is £14.7m. The savings plan submitted to NHSE comprised £9.6m recurrent savings plans and £5.1m non-recurrent (including £2.4m unidentified plans).

Savings achievement at month 11 totals £13.4m; a shortfall of £93k year to date.

It is forecast that the full £14.7m savings target will be achieved, with an under achievement of £5m against recurrent plans (due to out of area slippage) which will be offset by non-recurrent savings. The total non-recurrent forecast achievement is £9.7m for 2023/24. This will roll over as a savings target brought forward for 2024/25.

Discussions continue around opportunities to drive savings through reduction of out of area, temporary staffing and energy expenditure. The agreed system planning assumption for the first high level draft of the 2024/25 plan is a 3% savings target which equates to £9.5m.



Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - 'Audited' 31-Mar-23 £m's	NHSI Plan YTD 29-Feb-24 £m's	Actual YTD 29-Feb-24 £m's	NHSI Plan Forecast 31-Mar-24 £m's
Non-Current Assets				
Property, plant and equipment	214.2	211.8	211.1	211.3
Prepayments PFI	1.3	1.3	2.5	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	0.0	-	0.0	-
Deferred Tax Asset	(0.1)	-	-	-
Total Non-Current Assets	215.4	213.1	213.6	212.6
Current assets				
Inventories	0.6	0.6	0.4	0.6
Trade and Other Receivables	28.2	28.2	19.0	28.2
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	59.0	57.4	92.3	56.8
Total Current Assets	87.9	86.2	111.8	85.7
Current liabilities				
Trade and other payables	(55.9)	(56.5)	(70.0)	(55.9)
Tax payable	(5.0)	(5.0)	(5.5)	(5.0)
Loan and Borrowings	(2.6)	(2.6)	(2.5)	(2.6)
Finance Lease, current	(1.1)	(1.2)	(1.1)	(1.2)
Provisions	(1.5)	(1.5)	(1.4)	(1.5)
Deferred income	(40.4)	(40.4)	(49.5)	(40.4)
Total Current Liabilities	(106.5)	(107.1)	(130.1)	(106.6)
Non-current liabilities				
Deferred Tax Liability	-	(0.1)	(0.1)	(0.1)
Loan and Borrowings	(25.1)	(23.0)	(23.0)	(23.0)
PFI lease	(45.7)	(44.1)	(80.3)	(43.8)
Finance Lease, non current	(7.9)	(7.0)	(6.9)	(6.8)
Provisions	(3.7)	(3.7)	(3.2)	(3.7)
Total non-current liabilities	(82.4)	(77.9)	(113.4)	(77.4)
Total assets employed	114.4	114.3	81.9	114.4
Financed by (taxpayers' equity)				
Public Dividend Capital	114.5	114.5	115.0	114.5
Revaluation reserve	41.7	41.7	41.7	41.7
Income and expenditure reserve	(41.9)	(41.9)	(74.8)	(41.9)
Total taxpayers' equity	114.4	114.3	81.9	114.4

SOFP Highlights

The Group cash position at the end of February 2024 is £92.3m, 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 11 to 12.

Current Assets & Current Liabilities

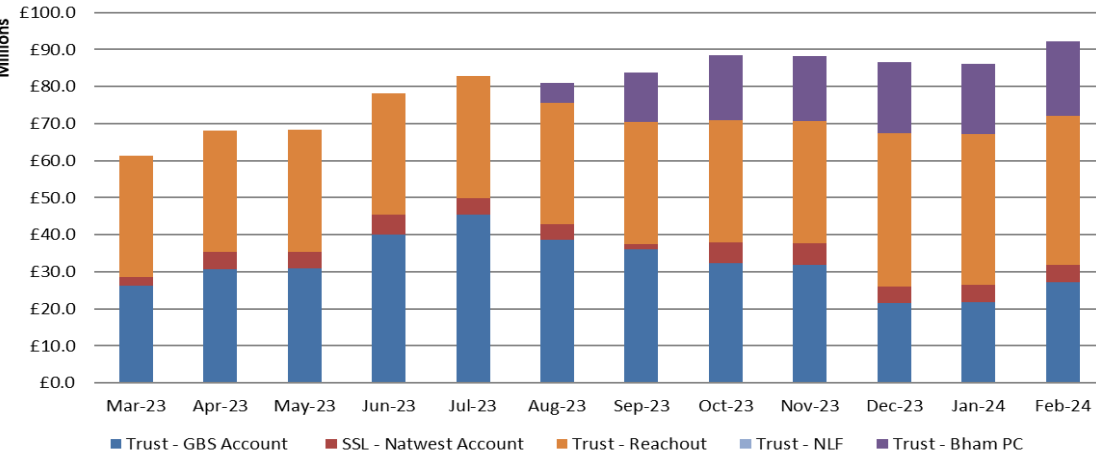
Ratios

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

Current Ratio :	£m's
Current Assets	111.8
Current Liabilities	-130.1
Ratio	0.9

Current Assets to Current Liabilities cover is 0.9:1 this shows the number of times short-term liabilities are covered.

Group Cash Holding



Cash

The Group cash position at the end of February 2024 is £92.3m.

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.

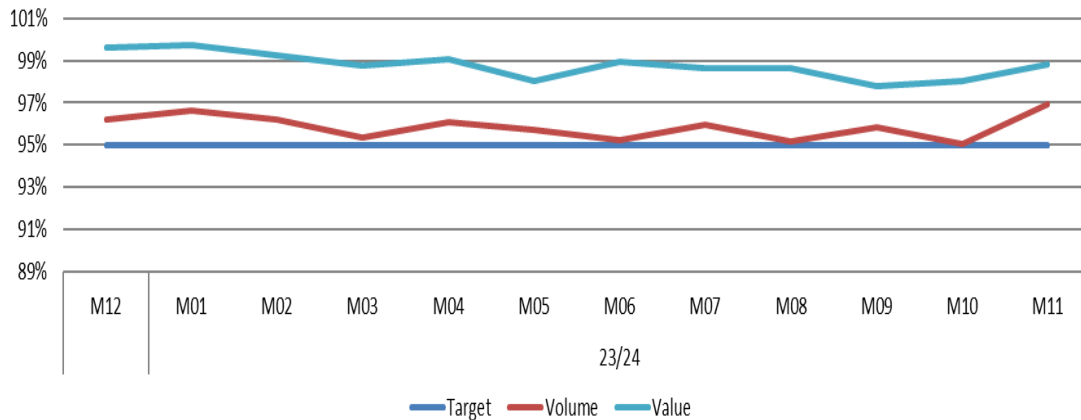
Better Payments

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

Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

NHSE wrote to the Finance Team in September 2023 to commend them on this consistent performance throughout the year to date.

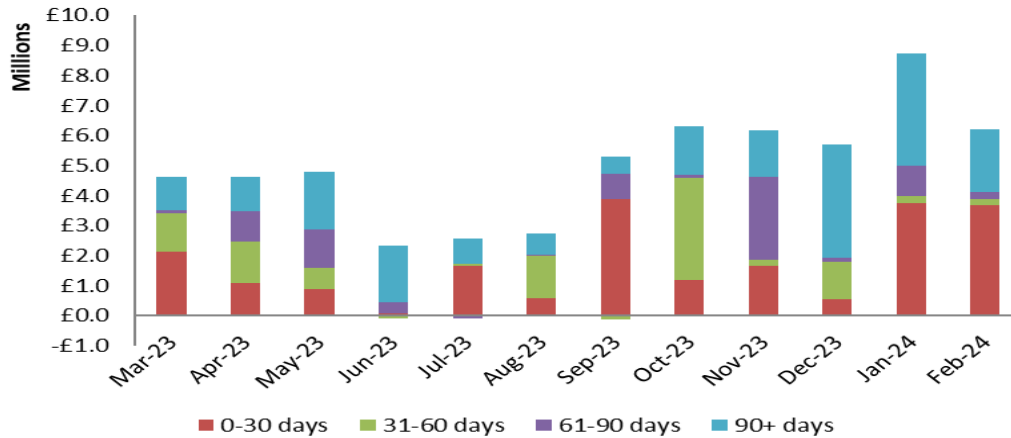
Public Sector Pay Policy



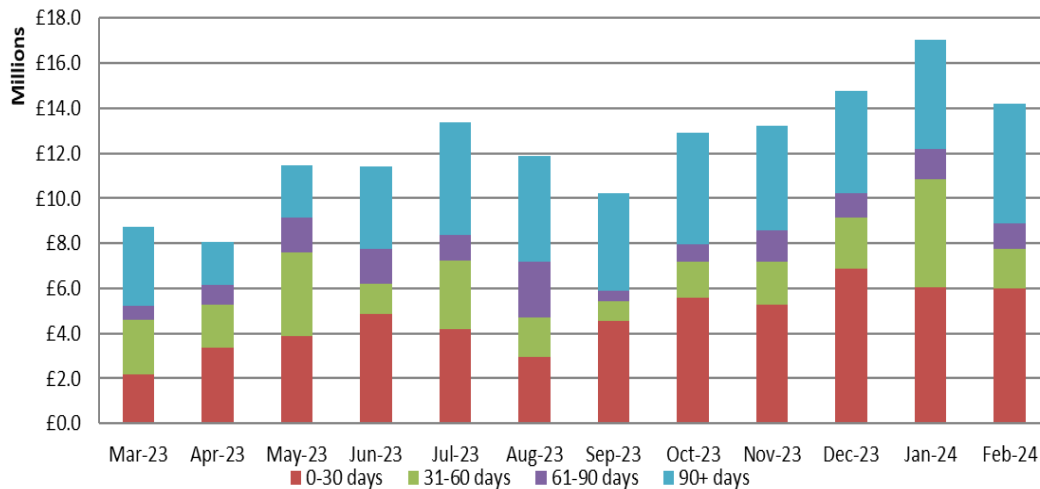
Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	95%	✓	100%	✓
Non - NHS Creditors within 30 Days	97%	✓	98%	✓

Ageing of Trade Receivables



Ageing of Payables



Trade Receivables & Payables

There is continued focus to maintain control over the receivables and payables position and escalate to management, the system and other partners where necessary for urgent and prompt resolution.

Receivables :

- **0-30 days**- balance due to monthly/quarterly ad hoc invoices raised in month with no known disputes/payments received up to 07.03.2024 £357k
- **31-60 days**- slight decrease in balance partly due to outstanding invoices moving up to 61-90 days & some balances being settled, balance staff overpayments (on payment plans).
- **61-90 days**- decrease partly due to invoices moving into 90+ days. BWC £69.5k, UHB £48k escalated to BSMHFT management, NHSE £53k-purchase order required, balance staff overpayments (on payment plans).
- **Over 90+ days** –decrease in balance as some of the outstanding UHB debt has been settled, the current balance UHB £1.3m – escalated to BSMHFT management, BWC £350K - awaiting purchase orders and resolution of queries, BUPA £107k still under query with ongoing discussions, SDSmyhealthcare £16k in query-payments coming through, WHSSC £141k reason for nonpayment under investigation, South Warwickshire FT £46k, balance staff overpayments (on payment plans).

Trade Payables:

Over 90 days -

- Midlands Partnership £307k, Coventry & Warwickshire £209k Reach Out related awaiting approval, NHS Property £284k-historic invoices, UHB £284k in query with the contracting team, SWBH £121k awaiting approvals, awaiting approvals.
- Non-NHS Suppliers (72+) £4m – mainly bed/OOA fees invoices in query/awaiting approval, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in March 2024.



Capital schemes	Annual Plan	YTD Plan	Annual Forecast	Total Actual	Variance to plan	Variance to forecast
	£'m	£'m	£'m	£'m	£'m	£'m
Approved Schemes:						
Minor Projects (inc Carry-Forward)	1.7	1.1	1.5	1.5	0.4	0.0
SSBM Works	2.0	1.4	2.6	1.5	0.1	1.1
ICT Projects	0.9	0.7	1.9	0.9	0.2	1.0
Doorsets	0.4	0.2	1.3	1.3	1.2	0.0
CAMHS Seclusion Suite (PDC Funded)	1.3	0.9	1.3	0.6	-0.2	0.6
NEPT Lease Renewal	0.0	0.0	0.0	0.0	0.0	0.0
Shared Care (PDC Funded)	0.0	0.0	0.5	0.0	0.0	0.5
Total	6.3	4.1	9.1	5.8	1.7	3.3

Group Capital Expenditure

Group capital expenditure is £5.8m at month 11 year to date. This is £1.7m adverse to the year to date plan. The total forecast capital spend is £9.1m including additional spend above original plan, funded via system capital investment fund, see below.

Utilisation of System Capital Investment Fund

As reported in month 10, BSMHFT secured additional system capital investment fund for capital expenditure in 2023/24. During month 11, further system capital envelope was identified due to reduced capital forecasts across the system, particularly on IFRS 16 lease expenditure (including £441k slippage for BSMHFT). To ensure that as a system we fully utilise the capital envelope, all partners were asked to determine whether any future planned capital expenditure could be brought forward to 2023/24. BSMHFT has secured an additional £1m for ICT capital expenditure.

In February, we received notification of £0.5m PDC funding from the Department of Health & Social Care to support the shared care record programme. This increases 2023/24 forecast capital expenditure by an additional £0.5m.

Total capital forecast is now £9.1m.



Assurance Reports

12. Quality, Patient Experience and Safety Committee Report

Committee Escalation and Assurance Report

Name of Committee	Quality, Patient Experience and Safety Committee
Report presented at	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	20 March 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 • Healthwatch Community Survey • Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS • Infection Prevention & Control Team Report • Learning From Measles • Integrated Performance Report • Clinical Governance Committee Report • Action Plan from Internal Audit Review of the Clinical Governance • Capital Programme 2024/25 • Committee Effectiveness Self-Assessment
Alert:	<p>The Committee were appraised there are currently seven serious incidents under active review. This includes a case of suspected homicide and an incident where a service user absconded from an inpatient ward and was later found deceased.</p> <p>Capital Programme 2024/25: The first draft plan for BSMHFT comprises a £14.5m savings target. This includes 1.1% national requirement, 1.9% locally agreed BSOL requirement and £5m out of area reduction target carried forward from 2023/24. There is a risk that further efficiency requirement will need to be applied in order to reduce the system financial gap.</p> <p>£12.7m cost pressure funding requests were submitted as part of the BSMHFT planning process. It was only possible to fund £861k of these requests given the challenging financial position.</p> <p>The capital plan to be submitted in the first full plan submission on 21.3.24 is £6.6m. This includes a notional allocation of £0.4m relating to the system capital investment fund (SCIF), against which spend is to be prioritised across the system. To date, £5.3m capital pre-commitments have been identified for 2024/25.</p> <p>Risks noted the funding could fluctuate.</p> <p>Any system overspend will impact the capital spend, there is a continued focus and aim across BSoL to meet the agreed target.</p> <p>Infection Prevention & Control Team Report: The IPC team note there are significant levels of noncompliance from clinical teams to submit their monthly audits. A meeting has been held with the Head of Nursing to seek support to address issues of non-compliance within their areas. This has been escalated to the Deputy DIPC.</p>

	<p>Concerns raised in assurance regarding staff vaccination before starting job with the Trust regarding both Hep B and MMR.</p> <p>Healthwatch survey: The Committee noted the significant increase in referrals and the ongoing impact from COVID whilst services continue to develop and improve whilst managing the increase in demands of over 10,000 cases. There was a detailed discussion in relation to the issues with the report that has been published and lack of understanding of mental health and the divisions and services associated. The Committee were assured communications are ongoing with Healthwatch to strengthen mental health understanding and partnership arrangements.</p> <p>CQC Update and Action Plan Report: There are 9 'must do' overdue actions from the core inspection and 3 'should do' overdue actions from the core inspection. Based on recent queries received from the CQC, there is focus on Reaside, Cilantro and the Acute inpatient wards in the North. All queries have been sent to the senior leaders for the services to enable full responses to the CQC. Enquiries relate to staffing levels, clinical and nursing care provision, management support, and management of serious incidents.</p> <p>Transport Issues: A number of concerns have been identified across the system regarding the safe and appropriate transfer of service users. Contracts and policies are currently under review with work being undertaken with system partners.</p> <p>The Audit Review of Corporate Clinical Governance Committee highlighted a number of areas for improvement. An action plan has been developed but wider work to address the underlying issues will be scheduled.</p>
Assure:	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> The Committee were informed there was a confirmed measles case on January 9th, following a rash detected on 7 January 2024. There was an immediate isolation, contact tracing, and deployment of PPE. Staff with unknown immunization status were temporarily restricted from work. Early detection and isolation, proactive staff engagement, and rapid deployment of protective measures highlighted the positive response from staff. The Committee noted the excellent response from staff. FFP3 mask fitting program started.
Advise:	<ul style="list-style-type: none"> 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. The number of associated red risks for the Committee were noted as a concern and it was agreed the dates for the risks would be reviewed and adjusted with the rationale for extension.
Board Assurance Framework	<p>Improvements continued to ensure a fully embedded Board Assurance Framework, with positive feedback to date. The Board Assurance Framework would be reviewed regularly and begin to inform and focus agendas, strategic goals and risk registers.</p> <p>It was agreed the Board Assurance Framework will be received and reviewed monthly.</p>

	New risks identified: no additional risks were identified.	
Report compiled by:	Linda Cullen, Non-Executive Director	Minutes available from: Hannah Sullivan, Governance and Membership Manager

Committee Escalation and Assurance Report

Name of Committee	Quality, Patient Experience and Safety Committee
Report presented at	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	17 April 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 • Board Briefing: Jacob Billington Inquest • Right Care Right Person • Integrated Performance Report • Clinical Governance Committee Report • Community Treatment Order • Quality Account schedule
Alert:	<p>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> <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> <p>The Committee noted the additional costs required and need to confirm the timescale for implementation.</p> <p>A full report will be shared with the Board of Directors in the coming months.</p> <p>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.</p>

	The Committee noted the ongoing concerns in relation to supervision. The Committee highlighted the need for accountability and agreed expected improvements to be reported by July 2024.	
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 deep dive has been scheduled for June’s Committee meeting. • The Corporate Risk Register continues to be developed and risks rated 15 and above will be reviewed through a deep dive. • The ongoing action plans for the CQC continue to provide assurance. • The formal response to the Coroner in relation to the Jacob Billington request will be submitted in line with the deadline set. • The Integrated Performance report highlighted ongoing improvements. 	
Advise:	<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 brought to the Board of Directors in June to highlight further developments in line with good governance. 	
Board Assurance Framework	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.	
	New risks identified: No new risks were identified.	
Report compiled by:	Winston Weir, Non-Executive Director	Minutes available from: Hannah Sullivan, Corporate Governance and Membership Manager

Reviewed and agreed by W D Weir, Non Executive Director 30th April 2024

13. 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	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	20 March 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 • Reach Out Commissioning Business Case • Emergency Preparedness, Resilience and Response Report • Declarations of Interest Policy • Committee Effectiveness Self-Assessment
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"> • 24/25 capital planning risks remain a concern and the lack of guidance received from NHS England continues to be impacting on the ability to plan robustly for capital spend and savings plans. • The capital spend envelope for 24/25 remains a challenge with £6.6m available. This includes a national allocation of £0.4m relating to the system capital investment fund, against which spend is to be prioritised across the system.
Assure:	<ul style="list-style-type: none"> • Performance reports are highlighting the emerging trends and triangulating across Board Committees. The Committee were assured the improvements with the report are allowing for focused discussions. • Financial trajectory remain on track for the agreed end of year forecast and submission. • The Committee approved the Reach Out Commissioning Business Case and noted the positive good news stories within the report including the 70% reduction of out of areas, increase in quality of services for inpatients, reduction in health inequalities and positive example of collaborative working.

Advise:	<ul style="list-style-type: none"> • Positive meeting with ample time to review and consider the reports received. • The Committee approved the process for the Effectiveness Self-Assessment survey. • The Committee approved the Declarations of Interest Policy. 	
Board Assurance Framework	The Committee discussed the continued development and refinement of the BAF risks. A Board session would take place during 2024 to consider the entire Board Assurance Framework.	
	New risks identified: The Committee reviewed the corporate risk register and was assured by the ongoing work to align operational risks to the BAF. No additional risks were identified.	
Report compiled by:	Bal Claire Deputy Chair/ Non-Executive Director	Minutes available from: Hannah Sullivan, Corporate Governance and Membership Manager

Committee Escalation and Assurance Report

Name of Committee	Report of the Finance, Performance and Productivity Committee
Report presented at	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	17 April 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
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 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-commitments had been identified and approved for 2024/25.
Assure:	<p>2023/24</p> <p>The Committee was assured by the positive year-end position, with a £2.7m surplus reported.</p> <p>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.</p> <p>The continued development, realignment and focus of corporate and strategic risks supported the triangulation of information across key areas.</p>

	<p>The cash position remained strong, although this also included the provider collaboratives' budgets.</p> <p>2024/25</p> <p>The Committee was assured that, unlike previous years, the £15.7m savings target was fully underpinned, with 71% of the challenge coming from recurrent savings opportunities. It was recognised that the percentage of recurrent savings ideally needed to be as close as possible to 100%.</p>	
Advise:	<p>Work continued to reduce agency usage; above cap medical agency had reduced by one, with above cap nursing agency consistent with February's position.</p>	
Board Assurance Framework	<p>The Committee discussed the continued development and refinement of the BAF risks. The Committee agreed to hold a workshop in May to discuss and agree new, fit-for-purpose risks in preparation for the Board Strategy Session in September.</p>	
	<p>New risks identified: The Committee reviewed the corporate risk register and was assured by the ongoing work to align operational risks to the BAF. No additional risks were identified.</p>	
Report compiled by:	<p>Bal Claire Deputy Chair/ Non-Executive Director</p>	<p>Minutes available from: Kat Cleverley, Company Secretary</p>

14. People Committee Report

Committee Escalation and Assurance Report

Name of Committee	People Committee
Report presented at	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	20 March 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 • People Dashboard • People Strategy Update • Workforce Plan • LGBTQ+ Staff Network Report • Staff Survey Results • Medical Revalidation and Job Planning Report • Safer Staffing Report
Alert:	<p>The Committee wished to alert the Board of Directors to the following key areas:</p> <ul style="list-style-type: none"> • A 3% increase in whole-time equivalents had been expected however a 6.8% had been reported. Considering the growth plan for the new financial year would be a significant challenge, however the ambition for 2023/24 had been achieved. • 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. A thematic analysis would be considered at Committee when the data was available. • Challenges remained in relation to spend on bank and agency staff, although significant improvements had been made in the medical workforce. • Sickness remained a key challenge for the Trust; some improvements had been seen however proactive work continued to support managers in areas of particularly high short-term sickness. • Turnover had reduced in January, and exit interview data was analysed to identify areas for improvement.
Assure:	<ul style="list-style-type: none"> • A positive staff story on fasting during the month of Ramadan was received. • The Committee heard from the LGBTQ+ Staff Network Chair and commended the network for the positive activities that had taken place over the last few months. • The Committee was assured by the medical revalidation and job planning processes, noting that appraisal compliance for doctors was very high. • The Safer Staffing Report continued to highlight positive progress with MHOST and e-rostering plans.

Advise:	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.	
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 May 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>	
	New risks identified: No additional risks were identified.	
Report compiled by:	Bal Claire, Non-Executive Director	Minutes available from: Kat Cleverley, Company Secretary

15. Caring Minds Committee Report

Committee Escalation and Assurance Report

Name of Committee	Quality, Patient Experience and Safety Committee	
Report presented at	Council of Governors	
Date of meeting	9 May 2024	
Date(s) of Committee Meeting(s) reported	29 April 2024	
Quoracy	Membership quorate: Y	
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • Updated Criteria and Application process • Charity Update • Cazenove Portfolio Update April 2024 • Financial Update 	
Alert:	<p>The Committee noted the ongoing need for additional resources within the Charities Team and have agreed a further discussion to review the available options at the July meeting.</p> <p>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.</p>	
Assure:	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> • Robust processes are in place with solid foundations being built to support charitable funds bids with guidance underpinning the timescales for submissions and approvals. 	
Advise:	<ul style="list-style-type: none"> • 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. 	
Board Assurance Framework	The risks are in development and will be approved in July 2024.	
	New risks identified: no additional risks were identified.	
Report compiled by:	Monica Shafaq, Non-Executive Director	Minutes available from: Hannah Sullivan, Governance and Membership Manager

16. Audit Committee Report

Committee Escalation and Assurance Report

Name of Committee	Audit Committee
Report presented at	Council of Governors
Date of meeting	9 May 2024
Date(s) of Committee Meeting(s) reported	19 April 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 • Commissioning Board Assurance Framework • SSL Risk Register • Corporate Risk Register • Draft Annual Report and Accounts 2023/24 • Internal Audit Progress Report • Action Tracking Report • Internal Audit Reviews: Clinical Governance Committee Effectiveness; Disciplinary Process; Sickness Absence Management; Board Assurance Framework; Finance Culture • Draft Head of Internal Audit Opinion • Local Counter Fraud Annual Report 2023/24 • Local Counter Fraud Communications and Training Plan 2024/25 • External Audit Strategy Memorandum • Single Tender Waivers Report • Patient Transport Contract Procurement • Declarations of Interest Policy • Terms of Reference and Forward Planner 2024/25
Alert:	<p>The Committee considered two internal audit reviews with a partial assurance rating:</p> <ul style="list-style-type: none"> • Disciplinary Process • Sickness Absence Management <p>The Committee welcomed the reviews which highlighted issues with timeliness and compliance, and acknowledged the comprehensive action plans in place to complete recommendations and make improvements.</p> <p>The action tracking report highlighted concern with 13 incomplete actions related to the Complaints internal audit review. The Committee noted that there had been no response to the actions, however assurance that there was executive oversight on the actions was received.</p>

	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.	
Assure:	<p>The Committee was assured on the following areas:</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. 	
Advise:	<p>The Committee considered two internal audit reviews with a partial assurance rating:</p> <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>	
Board Assurance Framework	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.	
	New risks identified: no additional risks were identified.	
Report compiled by:	Winston Weir Non-Executive Director	Minutes available from: Kat Cleverley, Company Secretary

Annual reports

17. CoG Effectiveness Annual Self-assessment Tool

18. Any other business:
Time for next meeting

Close by 14.00

Date and Time of Next Meeting: Thursday
11 July 2024, Time and Venue TBC