












Council of Governors


Schedule Thursday 14 September 2023, 12:00 PM — 2:00 PM BST
Organiser Hannah Sullivan

Agenda

Agenda	1
 Council of Governors Agenda September 2023.docx	2
<hr/>	
1. Apologies for absence	4
<hr/>	
2. Introductions and Welcomes	5
<hr/>	
3. Declaration of Interests	6
<hr/>	
4. Minutes from the previous meeting	7
 Agenda item 4 Minutes Council of Governors June 2023.docx	8
<hr/>	
5. Matters Arising & Action Log	17
 Agenda item 5 Action Log. COG September 2023.docx	18
<hr/>	
6. Chair's Report	22
 Agenda item 6 Chair's Report September 2023.docx	23
<hr/>	
6.1. Appendix 1- Provider Collaboration update to include clarity on Governance	26
 Agenda item 6.1 Provider Collaboration update to include clarity on Governance .pptx	27
<hr/>	
7. Chief Executive's Report	36
 Agenda item 7 Chief Executive's Report.docx	37

8. GOVERNANCE	45
<hr/>	
8.1. Elections update	46
<hr/>	
8.2. Nomination and Remuneration Committee update	47
<hr/>	
9. PERFORMANCE	48
<hr/>	
9.1. Finance Report	49
 Agenda item 9.1 Finance Report.pptx	50
<hr/>	
10. PARTNERSHIPS	71
<hr/>	
10.1. ICS Update	72
<hr/>	
11. NED ASSURANCE REPORTS	73
<hr/>	
11.1. Report from the Chair of Quality, Patient Experience and Safety Committee	74
 Agenda item 11.1 Quality, Patient Safety and Experience Committee assurance report August.docx	75
<hr/>	
11.2. Report from the Chair of FPP	78
 Agenda item 11.2 FPP Assurance Report August.docx	79
<hr/>	
11.3. Report from the Chair of the People Committee	81
 Agenda item 11.3 People Committee Chairs Assurance Report August.docx	82
<hr/>	
12. Any Other Business	84
<hr/>	
13. Membership Engagement and Governor Involvement Strategy	85
 Agneda item 13 Draft (V2) Membership Engagement and Governor	86

Involvement Strategy.docx

 Agenda item 13 Membership Engagement Strategy draft 2.docx 88

13.1. AGM planning 105

14. Date & Time of next meeting 106
9 November 2023, 12.00- 14:00pm

Agenda



COUNCIL OF GOVERNORS

To be held 12:00 – 14:00pm, Thursday 14 September 2023, Venue TBC
AGENDA

	Item	Purpose	Lead	Enc	TIMINGS
1.	Apologies for absence	Information	Chair	(verbal)	12 :00pm
2.	Introductions and Welcomes	Information	Chair	(verbal)	12 :03pm
3.	Declaration of Interests	Information	Chair	(verbal)	12:05pm
4.	Minutes from the previous meeting	Approval	Chair	(attached)	12 :07pm
5.	Matters Arising & Action Log	Assurance	Chair	(attached)	12 :10pm
6.	Chair's Report	Assurance	Chair	(attached)	12 :20pm
6.1	Appendix 1- Provider Collaboration update to include clarity on Governance	Assurance	Chair	(attached)	12 :25
7.	Chief Executive's Report	Assurance	R. Fallon-Williams	(attached)	12:35pm
8.	GOVERNANCE				
8.1	Elections update	Discussion	H. Sullivan	(verbal)	12:45pm
8.2	Nomination and Remuneration Committee update	Assurance	D. Tita	(verbal)	12 :55pm
9.	PERFORMANCE				
9.1	Finance Report	Information	N/A	(attached)	13 :00pm
10	PARTNERSHIPS				
10.1	ICS Update	Assurance	J. Travers	(verbal)	13 :10pm
11.	NED ASSURANCE REPORTS				
11.1	Report from the Chair of Quality, Patient Experience and Safety Committee	Assurance	L. Cullen	(attached)	13 :15pm
11.2	Report from the Chair of FPP	Assurance	B. Claire	(attached)	13 :25pm
11.3	Report from the Chair of the People Committee	Assurance	A.Baines	(attached)	13 :35pm
12.	Any Other Business				
13.	Any other business Membership Engagement and Governor Involvement Strategy	Discussion Approval	Chair H. Sullivan	(verbal) (attached)	13 :45pm
13.1	AGM planning	Discussion	H. Sullivan/ J. Travers	(verbal)	13 :50pm
14.	Date & Time of next meeting				

	Item	Purpose	Lead	Enc	TIMINGS
	9 November 2023, 12.00- 14:00pm				

1. Apologies for absence

2. Introductions and Welcomes

3. Declaration of Interests

4. Minutes from the previous meeting

MEETING	MINUTES OF THE COUNCIL OF GOVERNORS MEETING
DATE	8th JUNE 2023
LOCATION	VIA MICROSOFT TEAMS VIDEO MEETING

ATTENDANCE	NAME AND TITLE
Present	Phil Gayle - Trust Chair
	Roisin Fallon-Williams - Chief Executive
	John Travers - Lead Governor
	Ken Meeson - Stakeholder Governor
	Mustak Mirza - Deputy Lead Governor
	Leona Tasab - Clinical Staff Governor
	Imran Waheed - Clinical Staff Governor
	Christopher Barber - Public Governor
	Harpal Bath - Stakeholder Governor
	Victoria Fewster - Service User Governor
Ntensia Kokedima - Service User Governor	
In attendance	Monica Shafaq - Non-Executive Director
	Linda Cullen - Non-Executive Director
	Anne Baines - Non-Executive Director
	Phil Gayle - Non- Executive Director
	Bal Claire - Non- Executive Director
	Roisin Fallon-Williams - CEO
	Richard Sollars - Deputy Director of Finance
	Shane Bray - Managing Director – SSL
	David Tita - Associate Director of Corporate Governance/ Interim Company Secretary (Minutes taker)

AGENDA ITEM	DISCUSSION	ACTION (Owner)
1.	APOLOGIES FOR ABSENCE Winston Weir Linda Cullen Hannah Sullivan	
2.	Introductions and Welcome P. Gayle welcomed everyone to the meeting and indicated that B. Claire is hoping to join the meeting as he is in London while M. Mirza noted that J. Travers is running slightly late as he is driving to the Uffculme Centre from where he will join the meeting.	
3.	Declaration of Interests There were no declarations of interest to be noted.	
4.	Minutes from the previous meeting P. Gayle went through the minutes of the previous meeting held on 11th May 2023 and V. Fewster flagged that she was a bit concerned that none of her comments at the last meeting was captured in the minutes. P. Gayle	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>acknowledged V. Fewster`s concern and requested that her comments should be captured in the amended minutes. Minutes were approved subject to the above amendment.</p> <p>Action: Minutes of CoG held on 11th May 2023 to be amended to include V. Fewster`s comments.</p>	H. Sullivan
5.	<p>Matters Arising & Action Log There were no matters arising for discussion.</p> <p>P. Gayle noted that all actions on the action log were RAG-rated `green` which means they had either been circulated to members for completion or were on the agenda for today.</p>	
6.	<p>Chairs Report P. Gayle presented the chair`s report and noted the buddy schedule of NEDs and Governors regarding joint site visits which has now been published and indicated that most NEDs and Governors now have their DBS in place.</p> <p>P. Gayle then noted that he continues to hold monthly meetings with Professor David Sallah from the Birmingham Community Healthcare NHS Foundation Trust with which through partnership working we jointly share the Director of Digital as we are a digital exemplar at BSMHFT. P. Gayle also confirmed that he has met a few times with Andy Cave and Richard Burden of HealthWatch as they hold us to account for the quality of services we provide to our patients.</p> <p>P. Gayle also noted that he met with Shane Bray, who's the managing director of Summerhill Supplies Limited which is our subsidiary company that takes care of our estates. The meeting enabled him to get a full understanding of the work that they do and the challenges around our estates. P. Gayle confirmed that he was filmed with the Trust`s FTSU Guardian as part of their comms awareness raising throughout the Trust. He will continue to meet with them in the context of promoting the service that they do.</p> <p>P. Gayle then noted that he attended the Staff Values Awards ceremony, which was held at the Birmingham City Council as this was the first in-person Staff Values Award to be held since the lockdown in 2019. He said that it was a fantastic event, and that staff will be looking forward to attending it next year.</p> <p>P. Gayle confirmed that he and J. Travers have now completed NEDs appraisals and they have received their feedback. He further confirmed that he also chaired the interview process for the recruitment of the Company Secretary and was happy to announce that the Trust has successfully appointed Kat Cleverly despite the challenges with recruiting to this post, giving the difficulties with filling such a role due to high demand. He also stated that he recently chaired the recruitment process for a Consultant at the Reaside Clinic and successfully appointed an individual to the post.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>P. Gayle noted that he visited the Small Heath Health Clinic and spoke with and listen to colleagues` concerns around the EDEN PICU, and that he had gone with Anna Sykes, Head of Communication to present a lifetime achievement award to a member of staff as well as to visit the unit and spoke with staff. He equally noted that he continues to attend the BSOL monthly Chair`s meeting and the Integrated Care Partnership meetings.</p> <p>L. Tasab noted that the Staff Award event was fantastic and that it was great to be around with staff listening to them talk about the wonderful work that they do.</p>	
<p>7.</p>	<p>Chief Executive`s Report</p> <p>R. Fallon- Williams presented the Chief Executive report and highlighted the following salient points:</p> <ul style="list-style-type: none"> Industrial action - actions that were undertaken by the Trust to mitigate the negative impact of the Junior Doctor`s Industrial Action which took place from 11th –14th April 2023 included: - a `back up` rota for all 64 shifts within the period of industrial action while Junior Doctor`s clinics were either cancelled or re-arranged. Our consultants are currently being balloted about the idea of industrial action and potentially in July and we'll know more about that at the end of the month while the RCN are also balloting their members around whether or not to take more industrial actions. The Trust is obviously in a in a state of preparedness to minimise any disruption whilst supporting individuals to take industrial action which is their right. Despite the fact the report talks quite positively about the fact that as a system we the investment in mental health has continued, this doesn't mean that from a mental health services perspective, both as an organisation and across the provider collaborative, that the Trust won`t be under significant challenges and financially pressures in this year. This emphasises why the Trust will continue to focus on performance issues in the areas of Out of Area, Urgent Care pathway and improving access to psychological therapies as paying attention to these issues will also improve our financial position. Members of the CoG should note the development of the Birmingham and Solihull ICS 10-year strategy as the Trust has been heavily involved in its development through one of its consultants. The Trust has submitted its detailed action plan in response to the CQC inspection report. In terms of sickness – our sickness rate has decreased significantly since December 2022 as our rate in April was 4.8 which is the lowest, we have had since august 2020. We are working collaboratively with our partners to address workforce issues as we are tackling the same issues and thinking about what a system wide delivery plan might look like as well as our own delivery plans around workforce. <p>I. Waheed noted that the BMA has announced an industrial action for consultants for 20th and 21st July, and observed however, that the mitigations to be applied here as compared to the Junior Doctor`s industrial action will be more challenging because of the seniority of the doctors involved and their involvement in the overall system of moving people on and discharging patients.</p> <p>I. Waheed then concluded that the Trust will need to think really hard on how to mitigate the risk to services giving the additional pressures this will</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>bring as the strike will happen over a weekend. R. Fallon- Williams acknowledged the scale of the challenge and confirmed that the Trust is working with the networks and representatives to push for some kind of resolutions.</p> <p>M. Mirza thanked P. Gayle for visiting Tamarind and spending a day with the peer support workers and while referring to the Children`s Commissioner`s (Dame Rachel`s Report) remarked that it isn`t very helpful as every child deserves good MH services giving the fact that there is growth in demand of 17% every year? R. Fallon- Williams confirmed how this is being addressed through working with the Birmingham City Children`s Trust and through the Provider Collaborative by considering how we work proactively in joining things up and giving children the optimum start, they need.</p> <p>K. Meeson noted the fact that reducing Out of Area and improving children`s MH will require a lot of work around collaborative working and commented that few of the children who access Ardently if any, are from the West Midlands and that there is nothing the Trust can do in addressing this as it will require a solution from central government.</p> <p>C. Barber while referring to page 33 of the bundle, asked if R. Fallon- Williams could expand on this extract “despite significant trust, investment and partnership engagement response to domestic abuse does not proportionate to demand in the city”. And he also asked that, what measures are being put in place to ensure that domestic abuse services are gender inclusive as a significant number of men are domestic abuse survivors?</p> <p>R. Fallon- Williams confirmed that the Trust referred to in the except above is the Birmingham City Children`s Trust, noted that BSMHFT is working collaboratively with partnerships via the Partnership Board in tackling issues around domestic violence while recognising the fact that men are also survivors of domestic abuse.</p> <p>P. Gayle then thanked R. Fallon- Williams for her comprehensive report.</p>	
<p>8.1</p>	<p>Draft (V1) Membership Engagement and Governor Involvement Strategy</p> <p>D. Tita presented the Membership Engagement and Governor Involvement Strategy noting that the purpose of bringing it to the CoG at this early stage is to engage governors in the process of updating it. D. Tita also stated that this Strategy provides a framework through which our Governors will engage with the membership and work with one another as well as sets out the Trust`s vision for membership and the methods that will be used to build an effective, responsive and representative membership body.</p> <p>D. Tita then concluded that the Membership Engagement and Governor Involvement Strategy draws inspiration from the Code of Conduct for Governors and the other documents that were produced by the `Task and Finished Group` in providing a framework in shaping how governors relate to and interact with one another.</p> <p>M. Shafaq noted that page 12 of the draft Strategy mentions governors` involvement in various staff networks, specifically those relating to disability, LGBTQ+ and faith networks and asked if this could be expanded upon and queried if it is appropriate for public governors to become involved in such networks?</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>Action: To expand the section on governors' involvement in various staff networks, e.g those relating to disability, LGBTQ+ and faith networks and confirm if it is appropriate for Public Governors to be involved in them?</p> <p>L. Tasab appreciated the provision of a strategy to define the roles, responsibilities, obligations etc of governors and requested that some of the recommendations around raising the profile of governors through posters etc should be taken forward.</p> <p>Action: To design a poster of governors showing their photos, names, how to contact them and what they do.</p> <p>P. Gayle highlighted the importance having posters of our governors in key places across the Trust and recognised the presence of Harpal Bath, whom he noted he should have introduced at the beginning of the meeting and announced that Tom McNeil, the Assistant Police and Crime Commissioner will be joining the CoG as a Stakeholder Governor.</p> <p>But for the clarification on page 12, members confirmed that they were happy with the draft Membership Engagement and Governor Involvement Strategy.</p> <p>Action: The Membership Engagement and Governor Involvement Strategy to be brought back for formal approval subject to the slight tweak requested on page 12.</p>	<p>H. Sullivan</p> <p>H. Sullivan</p> <p>H. Sullivan</p>
8.2	<p>Agenda - Board Meeting 7th June 2023</p> <p>Item for information only</p>	
8.3	<p>Council of Governors Annual Self-Assessment Questionnaire</p> <p>D. Tita presented this report noting that the purpose for the CoG Annual Self-Assessment survey is to enable the CoG to self-assess its effectiveness and the robustness of its governance arrangements as well as identify any gaps, learnings and areas for strengthening and improvements. D. Tita that stated that the self-assessment tool is structured into the following 5 broad themes and concluded it will be for members to agree on the mode of administration i.e. Paper-based or web-based.</p> <ol style="list-style-type: none"> 1. Statutory roles and responsibilities. 2. Relationship and representation. 3. Support and training. 4. Leadership and Chairing. 5. Deliberations and conduct of business. <p>Members agreed that the survey should be administered web-based however P. Gayle noted that those who prefer paper-based version will be served with hardcopies.</p> <p>Action: To design and administer a Monkey survey for the CoG Annual Self-Assessment and check that those who prefer paper-based versions are served with hardcopies.</p>	<p>H. Sullivan</p>

AGENDA ITEM	DISCUSSION	ACTION (Owner)
<p>8.4</p>	<p>Updated Trust Constitution</p> <p>D. Tita presented the updated Trust Constitution noting that it incorporates the additional responsibilities the Trust has embraced with regards the MHPC and also the suite of documents that were published by the `Task and Finished Group` which include `A Code of Conduct for Governors` and a document setting out the role and responsibilities of the Lead and Deputy Lead Governors.</p> <p>D. Tita then stated that the changes in the updated Constitution are subject to approval by the AGM on 26th September 2023.</p> <p>After some discussions around oversight and scrutiny of the Commissioning Committee and how governors could be kept aware of its activities for assurance, members recommended that the Chair in his report to the CoG should include an assurance-focused paragraph on the deliberations of CoCo.</p> <p>Members noted and approved the changes that have been made to the constitution.</p>	
<p>9.1</p>	<p>Finance Report</p> <p>The Finance report was for information only as it set out the Trust`s financial position noting that for month 1 2023/24, the Group position had a surplus of £59k, that is £59k adverse to the break-even plan as submitted to NHSE on 5.4.23. The finance report also reflected a £73k deficit for the Trust, £4k surplus for Summerhill Services Limited (SSL), a £21k deficit position for the Reach Out Provider Collaborative and a break-even position for the Mental Health Provider Collaborative (MHPC).</p>	
<p>9.2</p>	<p>SSL options paper - Contract Renewal – SSL owned sites</p> <p>R. Sollars introduced this paper noting that he will present it with S. Bray the managing Director of SSL. He noted that this paper has been through the Trust board where it was approved at its April meeting, however it was important for the CoG to be sighted on it. R. Sollars then concluded that the purpose of this paper today is fairly specific as it relates to some leased properties which the trust owns that are managed by with SSL.</p> <p>R. Sollars then added that there are currently three SSL-owned sites where the lease contract with the Trust has either expired or is shortly due to expire; Tamarind Centre (expired 30 November 2022), Ardenleigh and Juniper (expired 22 December 2021). He then added that the Trust is required to make a decision about how to continue the use of these sites and recommended that the three contracts be extended using the current terms and conditions to 30 November 2043.</p> <p>R. Sollars then informed the CoG that the Board has approved this recommendation and pre-approve the extension of Reaside, John Black and Maple Leaf Drive when they end on 31 December 2023 to the same date of 30 November 2043.</p> <p>J. Travers thanked R. Sollars for the report and asked NED members who were present at the CoG if they were satisfied with the various options around renewing the leases till 2043 (20years) as he just wanted some assurance from them? Both A. Baines and M. Shafaq confirmed they don`t</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
	<p>recalled considering the duration of the lease when they received this paper at either the FPP or the Board, and J. Travers then asked S. Bray if the 20 years lease is common within the industry?</p> <p>S. Bray responded that yes, this is standard within the industry, he however informed members of the CoG that he won't mind coming back sometimes in the future with a paper setting out the benefits and the multiple services that the SSL provides across the Trust. S. Bray then provided a quick overview of some of the facilities which SSL manages and noted that the SSL also provides services to the ICB and ICS amongst other customers.</p> <p>P. Gayle then thanked S. Bray, noting that members of the CoG and himself will be pleased to welcome him back in the future to inform them of the range of services and collaborative initiatives that the SSL is involved in, most of which he hasn't mentioned because of time constraints.</p> <p>Action: To inform the CoG of what the SSL does and the range of services and collaborative initiatives that it is involved in.</p>	S. Bray
10	<p>ICS Update</p> <p>J. Travers noted that he thought this item had been removed from the agenda and added that coincidentally many governors attended a briefing that was organised the previous evening by the ICB. Governors, J. Travers noted were briefed about approaches to community engagement with focus on equality, diversity, inclusion not only from a staff point of view, but also more widely as well. He also advised that he will forward the ICB briefing and presentation to D. Tita to circulate after the meeting.</p> <p>Action: J. Travers to forward the ICB Briefing and presentation to D. Tita to circulate to members of the CoG.</p>	D. Tita
11.1	<p>NED Assurance Reports: Report from the Chair of Quality, Patient Experience and Safety Committee</p> <p>The QPES Chair assurance report couldn't be presented as both the Chair and their deputy had sent their apologies. P. Gayle then asked members to email any questions they may have to L. Cullen.</p>	
11.2	<p>Report from the Chair of FPP</p> <p>P. Gayle asked if B. Claire was still online but was informed that it looks like he had boarded the train as he was attending while he was away in London. A. Baines then provided a verbal update from the FPP noting that the key areas of discussions at the FPP were around the financial position, our breakeven position and the difficult financial positions of Trusts within the ICS system.</p> <p>A. Baines then added the Trust was in a deficit of £58,000 as of last month (May 2023) and noted that members also discussed the strategic goals aligned with FPP within the context of the Trust's strategic priorities of Sustainability and Clinical Services. Hence, members reviewed the strategic goals for 2023/24 within the Sustainability and Clinical Services quadrants.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
11.3	<p>Report from the Chair of the People Committee</p> <p>A. Baines presented this report highlighting the following areas which the People Committee was alerting the CoG to:</p> <ul style="list-style-type: none"> • The Transforming Our Culture and Staff Experience Sub-Committee requested reporting on the new concern “Inappropriate attitude and behaviours” and an update on the reflection/planning tool to support the organisational gap analysis. Patient safety concerns remain higher than the national picture. • Ardenleigh reported high sick levels of short-term sickness with 3 staff currently working out of clinical areas due to pregnancy, also a service user with an extra package of care resulting in the establishment going over the funded 8 per shift. The vacancies across FCAMHS are being supported by block. <p>A. Baines then assured the CoG on the following areas:</p> <ul style="list-style-type: none"> • The 2023 RCN Jobs Fair was attended by Workforce, Recruitment and Clinical Managers which proved successful. 27 RMN's were interviewed on the day and 18 are subsequently in the process of being offered positions within the Trust. • The Trust's has had 3 international nurses start so far, with a further 39 in offer. We have funding from NHSE to recruit 40 nurses from overseas. • The approach to increase BAME staff in band 8A and above roles has been embedded into the organisational strategy and there is ongoing work to reduce inequality in recruitment. The trajectory shows that the BAME representation has improved in band 8B, C and D roles but has decreased in band 8A roles. • The Shaping Our Future Workforce sub-committee received the draft BSMHFT Strategic Workforce Plan 23/24. The sub-committee were grateful to receive this comprehensive document and unanimously agreed for it to progress to the People Committee for ratification. <p>A. Baines then concluded the People Committee would like to advise the CoG that: -</p> <ul style="list-style-type: none"> • At the end of Q4 Fundamental Training is showing an increase in all areas except Nursing, Operations and SPP. The reason for drop in the Operations area was Safeguarding Level 3 and ELS/ILS training compliances where staff either DNA or withdrawn from face-to-face training due to clinical workload. To increase the compliance of the areas, an email sent out to targeted areas' team managers/Ads to ensure that their staff attend training. <p>There were some discussions around the difficulties and challenges with recruiting to some posts while L. Tasab noted that staff on the shopfloor also faced difficulties with getting time to undertake their mandatory trainings. L. Tasab then added that there were some quick wins with the recruitment process in terms of BDR, reducing unconscious bias and putting together a pastoral support package for our internationally recruited colleagues.</p>	

AGENDA ITEM	DISCUSSION	ACTION (Owner)
12	<p>AOB</p> <p>P. Gayle noted that although not on the agenda, going forward he will advise that there should also be a Chair`s Assurance from the Charitable Funds Committee to the CoG, just like the other established Board Committees do.</p> <p>M. Shafaq, agreed with P. Gayle but noted that that there seems to be a lack of clarity in terms of what the charity is about and what it is supposed to do, while some areas within the Trust are fully aware of the Charity and how to make applications others have no idea of its existence, hence there is need for some communication.</p> <p>M. Shafaq also noted that the Charitable Funds Committee has in recent weeks redefined the approval process for applications for funding in terms of the scheme delegation, who can approve what and the process that needs to be followed. She advised that the Charitable Funds Committee is working and supporting those areas which need support with making applications and knowing how to access some of the funds that are available.</p> <p>P. Gayle then thanked everyone for attending the meeting and informed members that the next meeting will be held on 14th September 2023.</p>	
	<p>Date & Time of Next Meeting 12 Noon, 14th September 2023</p>	

5. Matters Arising & Action Log


ACTION LOG: COUNCIL OF GOVERNORS

MONTH & AGENDA ITEM NO	TOPIC & AGREED ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
June 2023 Item 4	Minutes from the previous meeting Action: Minutes of CoG held on 11 th May 2023 to be amended to include V. Fewster`s comments.	H. Sullivan	Sept 2023		Completed
June 2023 Item 8.1	Draft (V1) Membership Engagement and Governor Involvement Strategy Action: To expand the section on governors` involvement in various staff networks, e.g those relating to disability, LGBTQ+ and faith networks and confirm if it is appropriate for Public Governors to be involved in them?	H. Sullivan	Sept 2023		Completed. On the agenda for approval
	Action: To design a poster of governors showing their photos, names, how to contact them and what they do	H. Sullivan	October 2023		Bio`s requested alongside recent photographs. Deadline 25 September 2023
	Action: The Membership Engagement and Governor Involvement Strategy to be brought back for formal approval subject to the slight tweak requested on page 12.	H. Sullivan	October 2023		On agenda for approval
June 2023 Item 8.3	Council of Governors Annual Self-Assessment Questionnaire		October 2023		Survey monkey issued. Full report including results to be bough to 9 November 2023


ACTION LOG: COUNCIL OF GOVERNORS

	Action: To design and administer a Monkey survey for the CoG Annual Self-Assessment and check that those who prefer paper-based versions are served with hardcopies.	H. Sullivan			
June 2023 Item 9.2	SSL options paper - Contract Renewal – SSL owned sites Action: To inform the CoG of what the SSL does and the range of services and collaborative initiatives that it is involved in.	S. Bray	October 2023		Scheduled for 9 November 2023
June 2023 Item 10	ICS Update Action: J. Travers to forward the ICB Briefing and presentation to D. Tita to circulate to members of the CoG.	D. Tita	Sept 2023		

RAG
KEY

Overdue
Resolved
Not Due


ACTION LOG: COUNCIL OF GOVERNORS
Completed Actions

MONTH & AGENDA ITEM NO	TOPIC & AGREED ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
May 2023 Item 9	Finance report H. Sullivan to include SSL options assurance on the June agenda with R. Sollars to attend.	H. Sullivan	June 2023		On agenda
May 2023 Item 10	Provider Collaboratives update D. Tita to schedule a meeting to discuss the current arrangements for the Commissioning Committee.	D. Tita	June 2023		Meeting scheduled
May 2023 Item 11.3	Report from the Chair of People Committee H. Sullivan to circulate the overseas welcome pack with the Council of Governors for reference.	H. Sullivan	June 2023		Circulated
May 2023 Item 14	Council of Governors Annual Self-Assessment 2022-23 Council of Governors Annual Self-Assessment 2022-23 to be scheduled on the June agenda.	H. Sullivan	June 2023		On agenda
May 2023 Item 15	Trust Constitution The Council will receive the Trust Constitution at the June 2023 meeting for approval.	H. Sullivan	June 2023		On agenda



ACTION LOG: COUNCIL OF GOVERNORS

6. Chair's Report

Meeting	COUNCIL OF GOVERNORS
Agenda item	Item
Paper title	CHAIR'S REPORT
Date	14 September 2023
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 Council members 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)
 Select Strategic Priority

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.

BOARD OF DIRECTORS CHAIR'S REPORT

1. INTRODUCTION

I begin my report by firstly recognising the impact of pressures on our hardworking colleagues that we have seen continuing throughout the year and some of the causes that are compounding those pressures.

Visiting many of our services I have been made aware of the relentless operational pressures that our community services continue to experience with regards to service demand, waiting times and recruitment. However, I understand that transformational plans are taking place with regards our community services which should alleviate some of these pressures.

Our inpatient services also remain quite stretched with high demands for beds, coupled with recruitment challenges. In recognising the scale of these challenges, it is important to acknowledge the consequential impact this has on our staff. Our staff are continuing to work hard to provide the best quality of care to our patients and service users. As a Trust Board, we recognise the need to support our colleagues ensuring we prioritise the wellbeing of our colleagues and we will continue to be proactive in supporting them, offering Trust wellbeing support options.

2. CLINICAL SERVICES

2.1 NEDs are picking up pace and are visiting our Trust services, which will increase over the coming months. Most NEDs and governors now have the appropriate level DBS certificate on file to undertake service visits. The uptake of governors attending visits is low and I would encourage our governors to connect with our NEDs to attend a site visit with them.

2.2 I have spent time visiting staff across Trust sites on a weekly basis and have been humbled by their dedication to delivering the best possible services. I have visited Endeavor Court, Ashcroft Services supported by Mustak Mirza, Lyndon Clinic, the Barberry, Hillis Lodge, Northfield and finally I met with staff from our Liaison Psychiatry services based at Good Hope Hospital.

3. PEOPLE

3.1 I met with Andy Cave and Richard Burden from Healthwatch and they shared with me how positive it has been to maintain these regular meetings to give them assurance on points of clarity about our inpatient and community services. I believe we need to strengthen our partnership working and in future the Chief Executive of Healthwatch (Andy Cave), will meet with our executive colleagues to respond to any operational queries they may have.

3.2 As reported in my previous chairs report I meet monthly with Shane Bray, Managing Director of Summerhill Supplies Limited. Our meetings are beneficial as they allow me the opportunity to hear about future developments and challenges SSL experience.

3.3 I am pleased to confirm that following a robust recruitment process, Susan Bedworth has been appointed as a Non- Executive Director. Once all of the due diligence new starter paperwork and related assessment is completed, she will commence in post.

3.4 Anne Baines, Non- Executive Director has given notice and will be leaving the Trust at the end of September. At the time of writing this report the interviews for a new

Non- Executive Director are scheduled for 13 September 2023 and so a further verbal update will be provided at the Council of Governors meeting on 14 September 2023. We want to thank Anne for her valued contributions throughout her time on the Board and wish her well in her future endeavors.

4. QUALITY

- 4.1 I was pleased to be able to meet with Mr Andrew Mitchell, MP, at Good Hope Hospital with the intention of showcase the wonderful Psychiatric Liaison team at Good Hope Hospital. However, due to Andrew Mitchel double diary appointments and his time constraints he met with one of our staff members and asked him about the service but didn't get the chance to visit the area they work. However, this visit allowed Mr Mitchell to hear about the services provided first hand to individuals within his constituency. We have agreed to re-book a visit for him to have more time to meet staff and the location where the team is based.
- 4.2 I was pleased to be able to meet with Mr Gary Sambrook, MP, at Hillis Lodge. This was a great opportunity for us to meet and discuss the ongoing areas of development within his constituency. As above he too was constrained by time and will be returning to the site to undertake a full visit of the whole service.

5. SUSTAINABILITY

- 5.2 I can confirm our Council of Governor Board development sessions have been developed and agreed for the coming year. These sessions will allow the core development of the Council of Governors. The first session took place in August 2023.
- 5.3 The elections process for the Council of Governors has concluded Hannah Sullivan will provide a full update.

**PHIL GAYLE
CHAIR**

6.1. Appendix 1- Provider Collaboration update to include clarity on Governance

Birmingham and Solihull Mental Health Provider Collaborative Council of Governors – 14 September 2023



Provider Collaborative Partners



Associate Partners



Purpose

In this briefing the CoG will receive details of arrangements for:

- Recap from last update
- Headline updates – Lead Provider
- Governance & Oversight Arrangements
- MHPC Audit
- Recommendations

Recap

On the 12 January 2023 CoG was:

- Advised of the Governance and Constitutional Changes
- Reminded of the ICB's delegated assurance process
- Informed of the due diligence activities undertaken
- Briefed on the internal capacity and capability of the organisation
- Advised of sub-contractual arrangements
- Informed of Risks & Challenges

Headlines

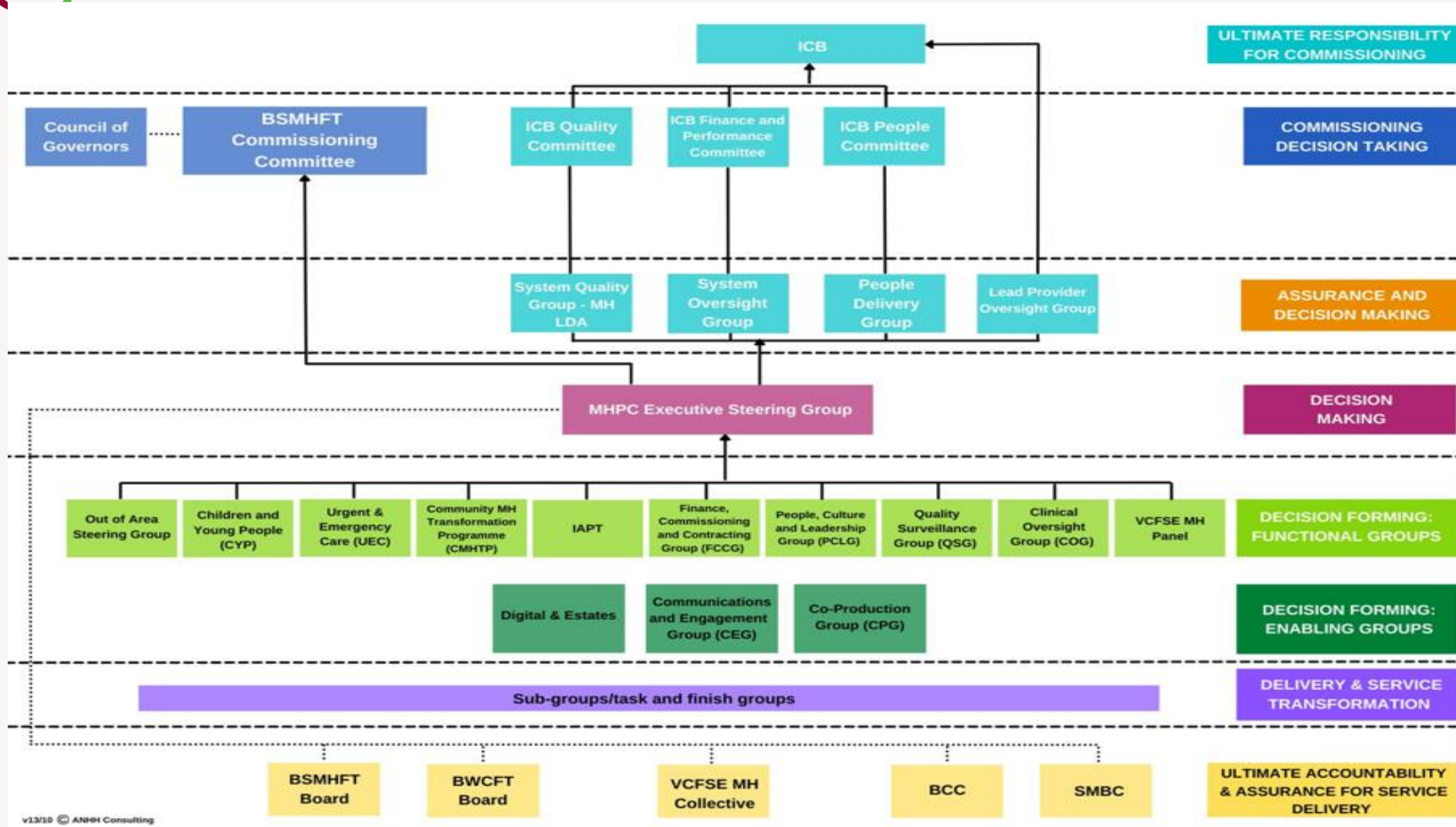
MHPC – Lead Provider

- BSOL MHPC went live 1 April 2023
- 5-year Service Integrator contract with option for further 2-year extension between BSOL ICB and BSMHFT as lead provider
- Commissioning monies flowing into BSMHFT - £379m
- BSOL ICB Mental Health Commissioning Team & Specialist Placement Team officially Tupe'd into BSMHFT on 1 April 2023
- Building additional internal capacity
- Roadmap for the development of our BSOL MHPC Strategy

Governance Arrangements

- Extensive Governance Architecture for the Collaborative, involving all partners transitioned from shadow to formal arrangements 1 April 2023
- New Commissioning & Transformation Hub
- New separate Governance reporting, assurance and escalation routes for provider and commissioner responsibilities in place
- Commissioning Committee – which is the Board in Committee (all members)

Governance Architecture



MHPC Governance

- Commissioning Committee Board Assurance Framework (BAF) in place
- Lead Provider & Partnership Risk Registers informing both the BAF and the Corporate Risk Register
- Alert, Assure & Advise reporting into Commissioning Committee
- Lead Provider Oversight Group (LPOG) in place between BSOL ICB and BSMHFT as lead provider – meeting quarterly
- System Oversight Groups – MHPC presenting at system level groups including Quality Committee
- Clinical Quality Review Meetings being set up locally and themes feeding into functional working groups

MHPC Governance Audit

- MHPC Governance Audit completed August 2023 resulting in
 - Standardised Agenda for MHPC Governance Groups to include
 - Declarations of Interest
 - Quoracy
 - New and Emerging Risks
 - Cycle of Business
 - Terms of Reference – all under review in September 2023 in line with audit recommendation
 - Interim arrangements for leadership of Communications Group to commence whilst awaiting appointment of Communications Lead for MHPC

Recommendations:

The Council of Governors is asked to:

UNDERSTAND and DISCUSS the briefing on the MHPC

UNDERSTAND for ASSURANCE the governance arrangements which have been established

NOTE for ASSURANCE the continuing processes of review of governance arrangements in line with delivery of the BSOL MHPC and governance audit

7. Chief Executive's Report

Meeting	COUNCIL OF GOVERNORS
Agenda item	Item 7
Paper title	CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT
Date	14 September 2023
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 Board 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

To provide the Board of Directors with an overview of key internal, systemwide and national issues.

Paper previous consideration

Not Applicable

Strategic objectives

Identify the strategic objectives that the paper impacts upon.
Sustainability. Quality. Clinical Services. People

Financial implications

Not applicable for this report

Risks

No specific risk is being highlighted to the Board regarding the contents of the report

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

PEOPLE

Medical Workforce

Over the last 5 months, there have been 4 periods of Industrial Action by Junior Doctors and 1 planned as follows:

Junior Doctors

3 days, 13 th – 15 th March	average of 52% taking strike action
4 days, 11 th – 14 th April	average of 50% taking strike action
3 days, 14 th – 16 th June	average of 39% taking strike action
5 days, 13 th – 17 th June	average of 43% taking strike action
4 days, 11 th - 15 th August	

A back up rota was put in place during all periods of industrial action by Junior Doctors and has to date presented a cost pressure of £183k. A further period of industrial action is planned by Consultants to take place on 24th and 25th August. Planning discussions are already underway to address the pressures in staffing due to this being immediately before the August bank holiday weekend.

- During this time (2nd August) the Trust will also see the rotation of almost every junior doctor in England into a new placement. For BSMHFT this means 87 new starters and 44 internal transfers.
- Consultant and Specialty Doctor recruitment activity is ongoing as part of the workforce plan to increase the number of doctors in post. In the last 6 months, 8 new Consultants and 17 new Specialty Doctors have been successfully recruited.
- The implementation of electronic rostering is underway to replace various Excel spreadsheets currently in use for rostering doctors. A pilot of 3 junior doctor rotas began in July and following evaluation, roll out to other rotas will continue.

We remain concerned that whilst the industrial action is being well managed in terms of providing services as best we can that the continued disruption creates risk of harm and delays to treatment and care in an already pressured system.

Workforce Planning

All service areas have workforce plans in place around recruitment and retention and we are now into the second quarter of the delivery against these. We have seen a positive reduction in sickness absence rates and turnover rates against the plans. We still are seeing some challenges with recruitment, particularly around nursing. In late July, we held a successful event for student nurses, and this will hopefully transfer into around 50 offers of employment.

CLINICAL SERVICES

Summary

The post pandemic period has presented service areas with challenges in particular in terms of filling staff vacancies. Innovative and creative solutions have been considered

with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues are committed to delivering as high-quality services as possible, always aiming for as easy access as achievable for all service users. The following report is a high-level summary of the activities of each service areas over the past couple of months.

Integrated Community Care and Recovery (ICCR)

ICCR have been working closely with partners across Birmingham supporting the community integrator developments. Efficiencies can be made in joining community mental health transformation, and we have already been able to share the good practice and developments of our multi agency teams meetings, as part of community transformation.

Whilst there has been positive impact following the implementation of new roles such as Support Time and Recovery Workers, Health and Well-being Practitioners, Psychologists and Occupational Therapists, our CMHTs continue to experience significant pressures with waits for medical appointments and for care coordinator allocation. We are continuing to work closely with our community mental health teams (CMHTs) to focus on the impact of community transformation on our secondary care specialist services. Improving productivity work within the CMHTs such as case load reviews and caseload management are evidencing that despite improvements in efficiency the services are working beyond their capacity. We are therefore currently looking into the need for further investment within CMHTs to meet the ever-growing mental health needs of our communities.

To date over 9000 patients have been supported by our new neighbourhood mental health teams and we are starting to see an impact in a reduction in secondary care referrals. We are also seeing a speedy referral to first appointment time which is within two weeks in most cases.

Performance 'deep dive' meetings are in process across the directorate to look at key areas of performance. The areas of focus are as follows: Integrated care records; Care Pathway Approach (CPA) reviews; waiting times; Did Not Attend (DNA); and caseload management. We have found that team managers have found this focused approach helpful, we hope to see consistency and achievement of targets within the next three months. Teams in focus currently are CMHT, Attention Deficit Hyperactive Disorder (ADHD) and Solar. Solar have already seen a significant reduction in first wait times due to a targeted approach by the Clinical Service Manager

Our Head of Service for Addictions, Homeless and Solar Service is working closely with partners across Solihull to ensure the oversight and coordination of the Solihull mental health delivery plan continues as planned. Solihull leads are benefiting from having a singular Mental Health Coordination Lead role.

Teams have shared excellent ideas for staff wellbeing, that we will be embedding throughout the coming year.

Secure Care & Offender Health (SCOH)

Services continue to experience RMN shortages across the men's and women's services impacting on clinical activities. Ward managers and Clinical Nurse Managers/Matrons are meeting daily on each site to prioritise work and assess shortfalls. Recruitment continues.

Ward Managers and Matron's are working within numbers where necessary, and OT/Psychology colleagues are supporting activities on wards.

A number of vacancies remain in psychology, and as such agency psychologists funded

by existing vacancies will be sought to cover the shortfalls. There remains a shortage of probation officers to manage the community risk in the Offender health Personality Disorder service contracts. Discussions with HM Prison & Probation Service (HMPPS) continue in terms of trying to resolve this in creative ways.

Tamarind, Reaside and Ardenleigh services are operating at capacity with high clinical activity which is being managed well. At Ardenleigh, maintenance and building related to Coral Seclusion has been completed and will become operational in the coming weeks. The hub and shop environmental work have also been completed, the hub now has a café and plans are coming together for service users to operate this area. The shop is now functional mirroring much more of a community experience. Work to improve the Seclusion facilities on the Forensic CAMHS unit commence in August.

The FIRST transformation workstream is in progress, focusing on the service definition, service operating procedure and working with the safeguarding team to improve practice in relation to domestic homicide reviews.

At HMP Birmingham over 900 male prisoners have been offered testing and treatment for Hepatitis C. An HMP Thematic review has taken place reviewing waiting times for prisoners requiring transfer to mental health facilities and a Quality Network review has also taken place which received positive feedback.

Acute and Urgent Care

Flexible working arrangements have been taken up by more staff to ensure a healthy work-life balance and this is being supported by senior leaders as part of the division's workforce retention efforts. There remains However continuing pressures associated with lower than desired staffing levels and initiatives continue to be explored to improve the workforce numbers. A focus on staff health and well being and a call for Health and Wellbeing champions to support implementation of the work is in force.

The number of calls to Street Triage have continued to increase. Since its implementation statistics show that between 37% and 75% of calls to the 'Call before Convey line' have resulted in the paramedics diverting patients without physical health needs from attending Emergency Departments.

The success, challenges and learning from the 'Call before you convey' offer were recently presented, to NHSE and KPMG Ltd asked that we present a good practice example at the Midlands Region Urgent and Emergency Care Workshop.

To commemorate the 75th anniversary of the NHS and the Windrush generation, various activities took place across the Division including quiz shows and special ward parties for both patients and staff, who enjoyed and appreciated these events.

Dementia & Frailty

Older Adult Community Mental Health Teams

The North HuB CMHT Post Dementia Diagnostic Education Collaborative, are working with Birmingham Hospices and the Older People's Intervention Pathway services have been developed into two separate work streams – a. an organic and b, a Severe Mental Illness pathway extending the pathways sitting under CMHT umbrella. Both are being considered through Options Appraisals.

Perinatal Community Teams

Progress continues to be made on finalising the update to the operational framework and the operating procedure for the therapies only pathway.

Working groups from different disciplines are looking at establishing best practice for service users with additional needs. This is inclusive of service users with a neurodevelopmental or suspected neurodevelopmental diagnosis, working with LGBTQ+ families, supporting people with diabetes during the antenatal period, and reducing Did Not Attend (DNAs).

Open vacancies exist for lead Occupational Therapist and lead Nursery Nurse, as well as designated Parent-Infant Therapists.

The service has a small number of specialist role vacancies that are being actively recruited to. Work is in train to consider the concerns and challenges associated with the lack of both clinical and administrative space in the South and Solihull Teams.

Birmingham Healthy Minds (BHM)

Recruitment to the service to a range of posts has been successful both through new starters and the successful promotion of staff with High Intensity training.

The BHM team have initiated a significant quality improvement project with the involvement of our Research and Development Team, aimed at reducing the current waiting list.

SUSTAINABILITY

2023-24 Funding

The Trust has seen its funding increase by £10m in the last month to cover the costs of the recently agreed pay award for Agenda for Change staff – this covers the £6m cost for staff directly employed by the Trust, as well as the funding we pass on to other organisations for services we commission. We have also had confirmation, following a presentation to the ICS Investment Committee, of the new investment this year which includes additional funding for the community transformation programme, additional staffing within urgent care and also in Talking Therapies.

West Midlands Mental Health, Learning Disability and Autism Provider Collaborative

The Provider Collaborative's work on priority areas is progressing, in particular:

Key Priority Area 1- Development of an All-Age West Midlands MH and LDA Strategy

The Collaborative has agreed the framework for the development of the strategy. The population health need analysis has been delayed due to availability of resources, however workshops with Business Intelligence (BI) Leads of Trusts are planned for early August. A review of the system priorities for each ICB and Trust has been completed to support this work.

Priority 2- Regional Bed Base Strategy

Initial data gathering exercise has been completed, and the initial findings suggest that a number of potential areas of for discussion to develop joint solutions, including for female PICU beds, Learning Disability and Autism (LDA) beds, Rehab beds and the block (West Midlands) commissioning of Independent Sector Provider beds. The next steps include bringing together Trust's operational and clinical teams to discuss local plans for inpatient and community transformation and their impact on bed capacity.

Priority 3- Complex Children with Mental Health Needs

Discussions with the Regional CAMHS Tier 4 Provider Collaborative resulted in a joint initiative to further develop and roll out the IROC (Intensive Residential Outreach Care) clinical model and intervention, offering bespoke support to professional and care giver system. IROC service criteria and referral guides shared with stakeholders across the region – all Systems could refer to IROC. Urgent care teams' referral pathways are currently being explored in each area.

The project development currently is focused on Staffordshire and Stoke-on-Trent ICS level and three discussion areas have been agreed:

- A local, integrated (health and social care) crisis response pathway.
- Better understanding and use of Intensive Residential Outreach Care (IROC).
- A local multi-agency and multi-disciplinary short term, residential facility which works in a way which is trauma led with children outside of a Secure Accommodation Order (The Children Act 1989) and Section 2, 136, others (The Mental Health Act 2007).

The next step is to produce a proof of concept in late July with the intention of discussion with regional Directors of Children's Services.

Priority 4- Increase of Supervision Capacity for Psychological Therapies

The Regional Hub offer has been finalised for the Tier 1 Foundation Offer, and Tier 2 Supervision Capacity. The market engagement and contracting processes have been initiated and contracts are anticipated to be in place later in August.

Priority 5- Clinical Support Worker Role Development

The roll out of the 'Developing Healthcare Talent' training programme continues with positive feedback coming from attendees and clinical educators.

So far 44 staff have commenced their training programme since April with a further 70 staff registering for future cohorts in September and October.

The competency framework for bands 2 to 4 staff in both hospital and community settings has been finalised and agreed. Discussions are now taking place to determine the best implementation approach as there is a need to take stock and embed the new process into existing recruitment and development programmes. The trial of the new Framework will start in October.

Other Developments

Learning Disability and Autism Complex Needs Regional Advisory Panel Development

A session was held in July with ICB and Trust colleagues to review and agree the proposed process and 'Memorandum of Understanding' to launch the Panel by September 2023.

Regional ADHD Approach

Discussions are underway between Directors of Strategy to identify opportunities to work at scale to address immediate pressures and waiting times. The collaborative has been agreed to raise the lack of funding and commissioning gaps with the national team in order to help develop a direction.

Collaborative Development, Leadership and Communication

It has been recognised that in order to develop and implement the Collaborative's aims,

wider engagement and involvement of all Trust Executives is essential. An away day is being planned in October to bring together Executives to provide updates on the progress of the Collaborative and to discuss the next phases of its developments.

The HR Directors Forum has now been established and colleagues will work together to develop joint approaches to workforce planning and development and implementation of the new roles.

The Finance Directors continue to meet and recently have begun discussions on areas where Trusts can consider opportunities to jointly procure/share services that are outside the scope of their local system discussions.

QUALITY

CQC

The CQC have now responded to the Trust, acknowledging the submission for the Section 29 notice that was made in January. They have requested an update on actions and the response is being developed for submission.

We have also had a response from the CQC relating to the requirement to continue submitting monthly reports for the Section 31 notice. While we were hopeful that these conditions would have been removed, we have been advised that the CQC would need to conduct a further inspection to assure themselves before this can happen.

Quality Improvement (QI)

We have in recent weeks finalised and agreed a next phase approach to our QI, alongside additional resources and an enhanced strategic role for Dr Renata Rowe.

NATIONAL ISSUES

Government response on the Hewitt review

The department of health and social care has published its response to the Rt Hon Patricia Hewitt's review into integrated care systems (ICSs), alongside their response to the Health and Care Select Committee inquiry 'Integrated care systems: autonomy and accountability'.

The Hewitt review was commissioned by the chancellor, Rt Hon Jeremy Hunt, in November 2022 to look at the role and powers of ICSs. The review was conducted with significant engagement with leaders from across the health and care system, and NHS Providers had a welcome and constructive dialogue with Patricia Hewitt and her team on behalf of members throughout the process.

The government's response sets out its commitment to helping ICSs develop, to streamlining the number of national level targets and to reviewing the NHS capital regime, and covers a number of themes including:

- targets and priorities for ICSs
- autonomy and support for ICSs
- ICS governance, accountability and oversight
- assessment and review of ICSs
- prevention and promoting health

- finance and funding

The full report can be located on the below link:

<https://nhsproviders.org/resources/briefings/on-the-day-briefing-the-government-s-response-to-the-health-and-social-care-committee-inquiry-and-hewitt-review-into-integrated-care-systems-icss>

NHS Long Term Workforce Plan

NHS England published the long-awaited NHS Long Term Workforce Plan (LTWP), followed by a media briefing at midday by the Prime Minister.

As part of his 2022 Autumn Statement, Chancellor Jeremy Hunt committed to publication of the LTWP this year, including projections of workforce need for the next 5, 10 and 15 years. The LTWP published today covers a 15 year time frame with £2.4bn additional funding for the five years. It focuses on training, retention and reform.

The full report can be located on the below link:

<https://nhsproviders.org/resources/briefings/on-the-day-briefing-nhs-long-term-workforce-plan>

Independent rapid review into data on mental health inpatient settings: final report

The report of the independent rapid review into data on mental health inpatient settings, chaired by Dr Geraldine Strathdee, was published on 28 June. The report includes recommendations for improvements in the way local and national data is gathered and used to monitor and improve patient safety in mental health inpatient pathways. NHS Providers supported members to share views with the review and we are pleased to see many of the key points raised reflected in the report's conclusions and recommendations. The government has said it will respond to the report in due course.

The full report can be located on the below link:

<https://nhsproviders.org/resources/briefings/next-day-briefing-independent-rapid-review-into-data-on-mental-health-inpatient-settings-final-report>

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

8. GOVERNANCE

8.1. Elections update

8.2. Nomination and Remuneration Committee update

9. PERFORMANCE

9.1. Finance Report

Finance Report

Financial Performance:
1st April 2023 to 31st July 2023

Month 4

Group financial position

Group Summary	Annual Budget	1.6% Pay Award Funding	Revised Plan	YTD Position		
				Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
Patient Care Activities	566,107	10,085	576,192	191,220	188,857	(2,363)
Other Income	18,832	-	18,832	6,277	7,681	1,403
Total Income	584,940	10,085	595,025	197,498	196,538	(960)
Expenditure						
Pay	(270,039)	(5,943)	(275,982)	(91,501)	(88,923)	2,578
Other Non Pay Expenditure	(277,459)	(4,142)	(281,601)	(93,516)	(95,831)	(2,315)
Drugs	(6,077)	-	(6,077)	(2,026)	(2,422)	(396)
Clinical Supplies	(795)	-	(795)	(265)	(208)	57
PFI	(12,611)	-	(12,611)	(4,204)	(4,516)	(312)
EBITDA	17,959	-	17,959	5,986	4,638	(1,348)
Capital Financing						
Depreciation	(9,906)	-	(9,906)	(3,302)	(3,244)	58
PDC Dividend	(1,717)	-	(1,717)	(572)	(572)	-
Finance Lease	(5,693)	-	(5,693)	(1,898)	(1,900)	(3)
Loan Interest Payable	(1,060)	-	(1,060)	(353)	(362)	(9)
Loan Interest Receivable	797	-	797	266	1,125	860
Surplus / (Deficit) before taxation	380	-	380	127	(316)	(443)
Impairment	-	-	-	-	-	-
Profit/ (Loss) on Disposal	-	-	-	-	-	-
Taxation	(380)	-	(380)	(127)	(128)	(1)
Surplus / (Deficit)	0	-	0	(0)	(444)	(444)

Month 4 2023/24 Group Financial Position

The month 4 consolidated Group position is a deficit of £444k year to date. This is £444k adverse to the break-even plan as submitted to NHSE on 5.4.23.

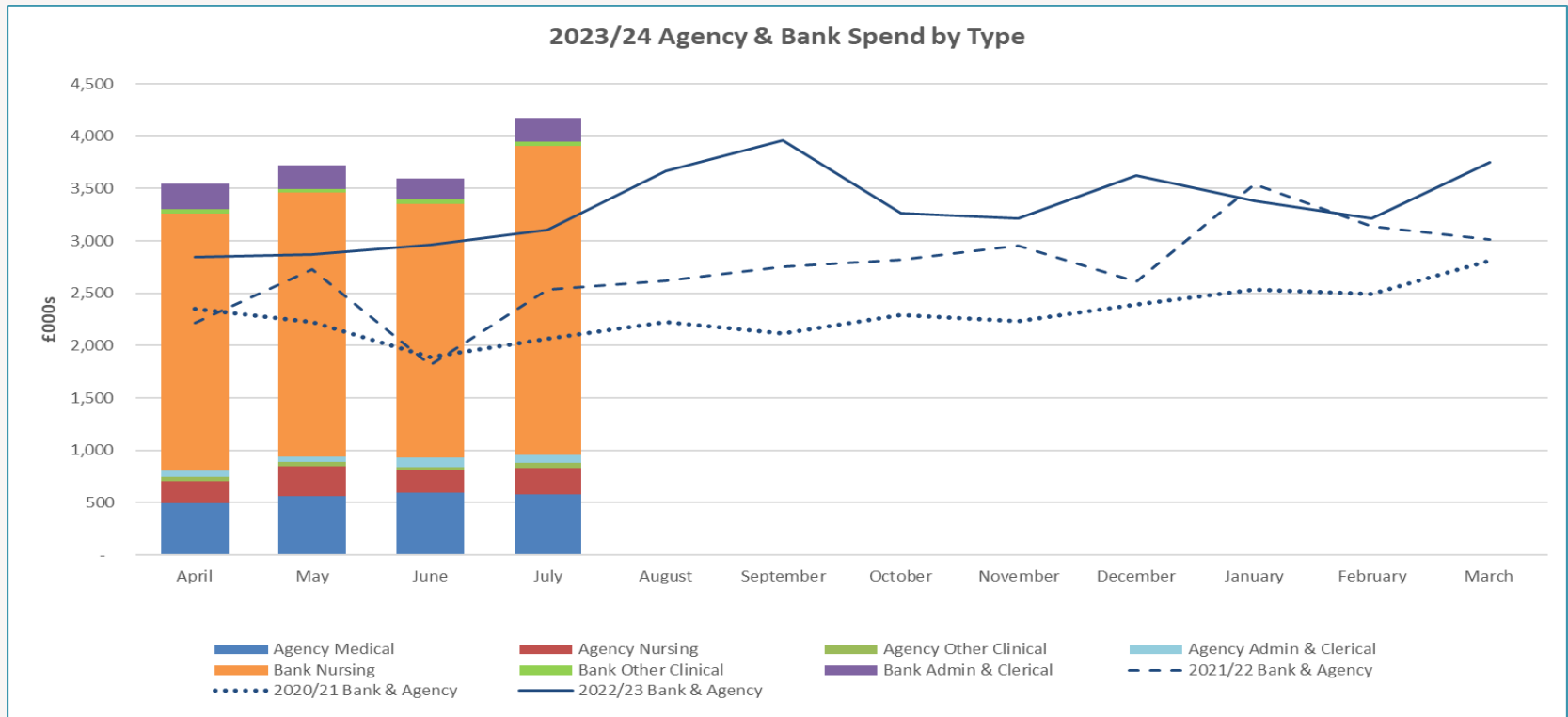
Key run rate pressures continue with slippage on recurrent savings delivery (non-delivery against out of area savings target year to date), significant out of area expenditure and staffing pressures including a significant level of temporary staffing. The in year industrial action has created a cost pressure of £126k year to date.

In month 3, the plan was adjusted to reflect increased expenditure for the 2023/24 pay award and additional income for the associated funding, with no change to the bottom-line plan to break-even for the year.

The Group position includes a £622k deficit for the Trust, £138k surplus for the wholly owned subsidiary, Summerhill Services Limited (SSL), an £83k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads and a break-even position for the Mental Health Provider Collaborative (MHPC). For a segmental breakdown of the Group position, please see page 3.

Month 4 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	113,119	-	49,316	121,798	(95,376)	188,857
Other Income	7,655	10,313	-	-	(10,287)	7,681
Total Income	120,774	10,313	49,316	121,798	(105,663)	196,538
Expenditure						
Pay	(83,587)	(4,469)	(527)	(433)	92	(88,923)
Other Non Pay Expenditure	(27,328)	(2,780)	(48,706)	(121,366)	104,348	(95,831)
Drugs	(2,540)	(971)	-	-	1,089	(2,422)
Clinical Supplies	(208)	-	-	-	-	(208)
PFI	(4,516)	-	-	-	-	(4,516)
EBITDA	2,595	2,093	83	(0)	(133)	4,638
Capital Financing						
Depreciation	(2,193)	(1,018)	-	-	(33)	(3,244)
PDC Dividend	(572)	-	-	-	-	(572)
Finance Lease	(1,895)	(127)	-	-	122	(1,900)
Loan Interest Payable	(362)	(681)	-	-	681	(362)
Loan Interest Receivable	1,806	0	-	-	(681)	1,125
Surplus / (Deficit) before Taxation	(622)	266	83	(0)	(43)	(316)
Impairment	-	-	-	-	-	-
Profit/ (Loss) on Disposal	-	-	-	-	-	-
Taxation	-	(128)	-	-	-	(128)
Surplus / (Deficit)	(622)	138	83	(0)	(43)	(444)



The month 4 year to date temporary staffing expenditure is £15m.

If the year to date average expenditure was to continue for the full year, this would equate to £45m.

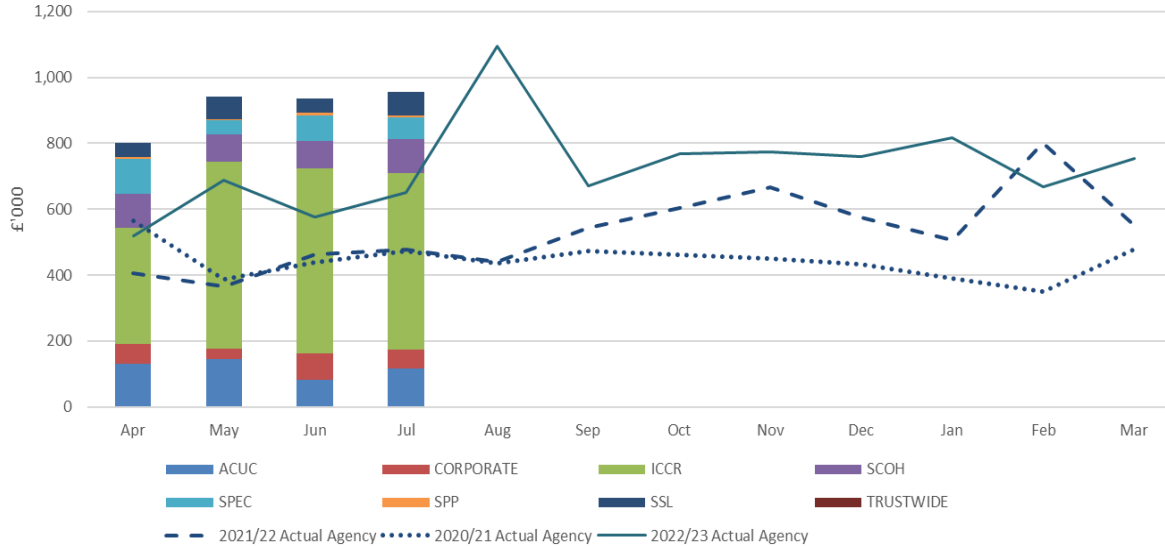
In response to the deteriorating system financial position, a number of financial controls are being considered, with a specific focus on temporary staffing. For further detail, see pages 15-21.

Bank expenditure £11.4m (76%) – the majority of bank expenditure relates to nursing bank shifts - £10.3m.

Agency expenditure £3.6m (24%) – the majority of agency expenditure relates to medical agency - £2.2m.

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

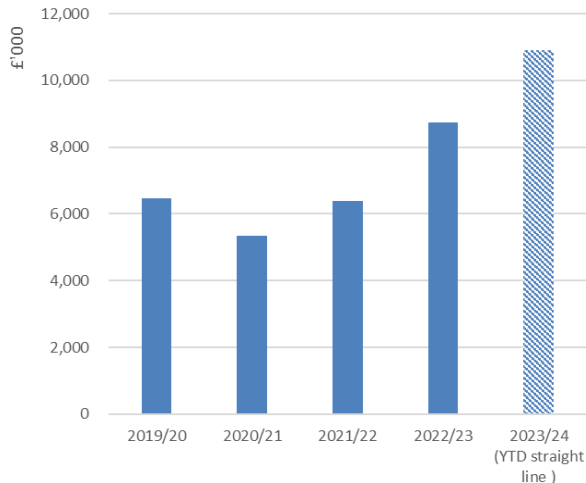
2023/24 Agency Spend by Service Area



KPIs	Target	Jul-23
Agency framework breaches	0	0
Above price cap agency bookings	0	42
Agency spend as % of pay bill (YTD)	3.7%	4.1%

Agency spend as % of pay bill YTD	Jul-23
ACUC	2.6%
CORPORATE	1.7%
ICCR	10.1%
SCOH	1.9%
SPP	0.8%
SSL	7.1%

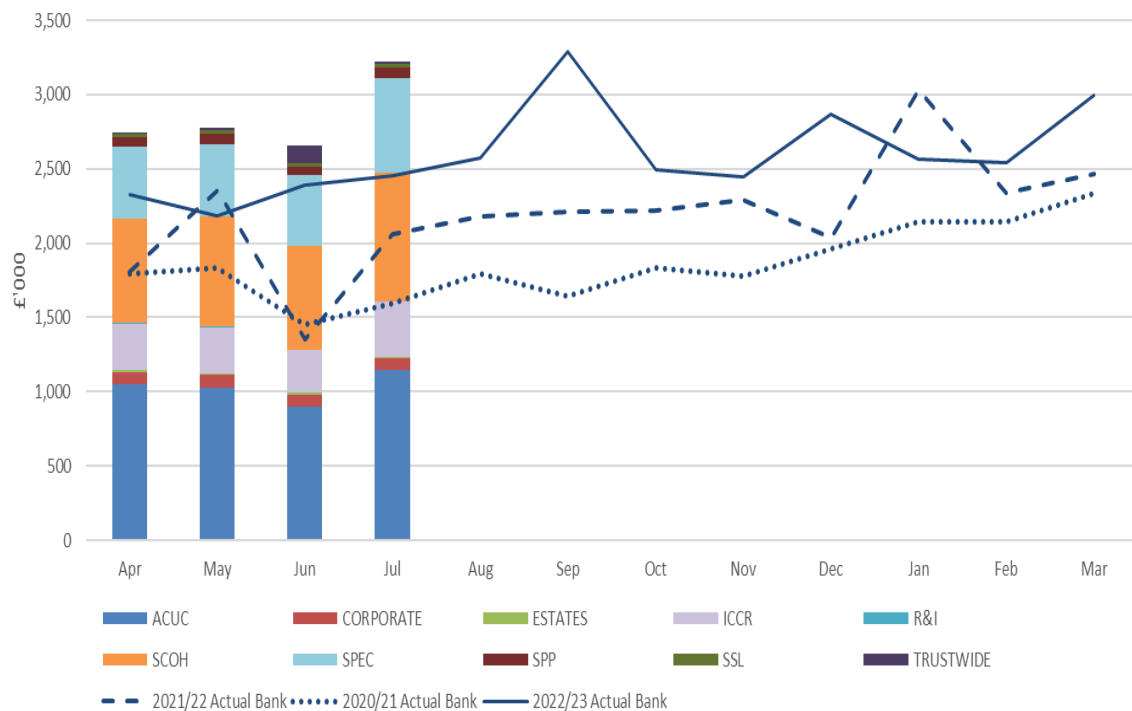
Total Agency spend



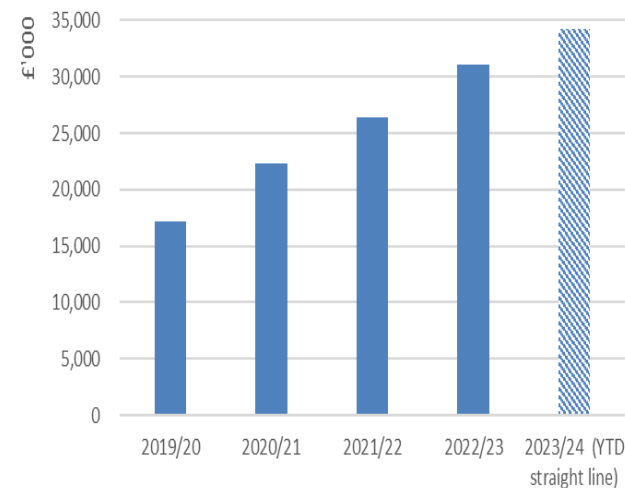
	2023/24 YTD
	£'000
Agency Expenditure	3,633
NHSE Ceiling (3.7% of pay bill)	3,290
Variance to NHSE ceiling	(343)
Agency Medical	2,225
Agency Nursing (Registered)	774
Agency Nursing HCA	196
Agency Other Clinical	155
Agency Admin & Clerical	283
Agency Expenditure	3,633

- Agency expenditure is £3.6m year to date. This is 4.1% of the year to date pay bill, compared to the NHSE ceiling of 3.7% - total breach of £343k.
- The collective system agency spend is 4.9% of total pay bill year to date (for further detail see page 14).
- A straight line of year to date agency spend would result in £10.9m total spend. This is £2m above 2022/23 and more than double 2020/21 expenditure.
- 56% of the year to date expenditure was incurred by ICCR.
- 61% of total spend relates to medical agency.
- 27% of spend relates to nursing agency, with 5% relating to HCAs.

2023/24 Bank Spend by Service Area



Bank spend

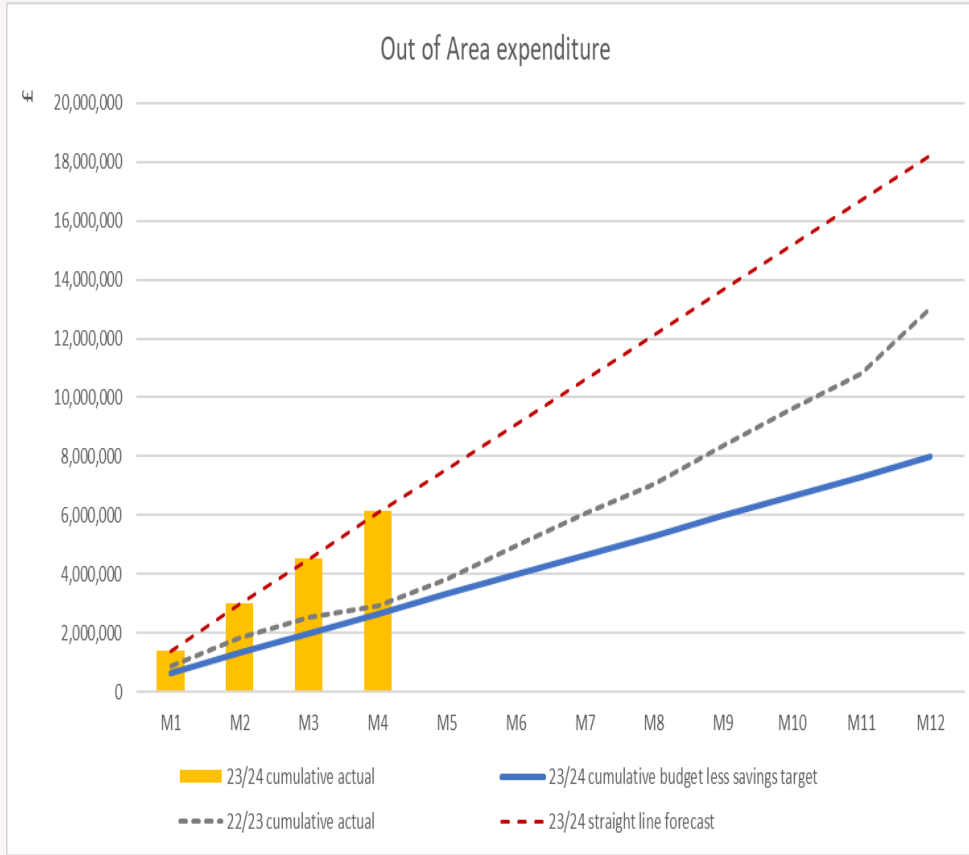


Type	YTD £'000
Bank Nursing	10,343
Bank Other Clinical	163
Bank Admin & Clerical	893
Grand Total	11,398

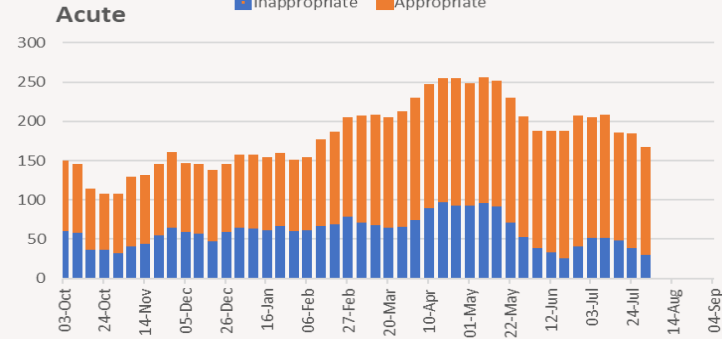
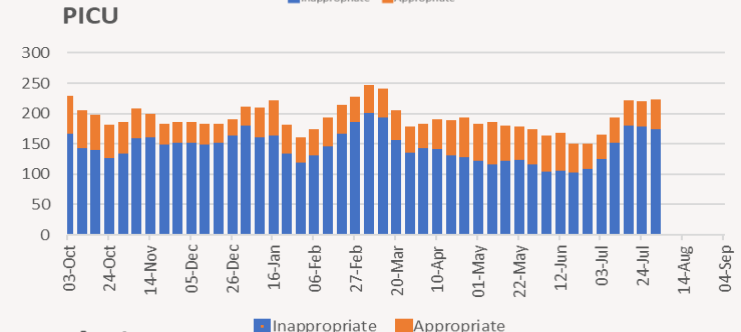
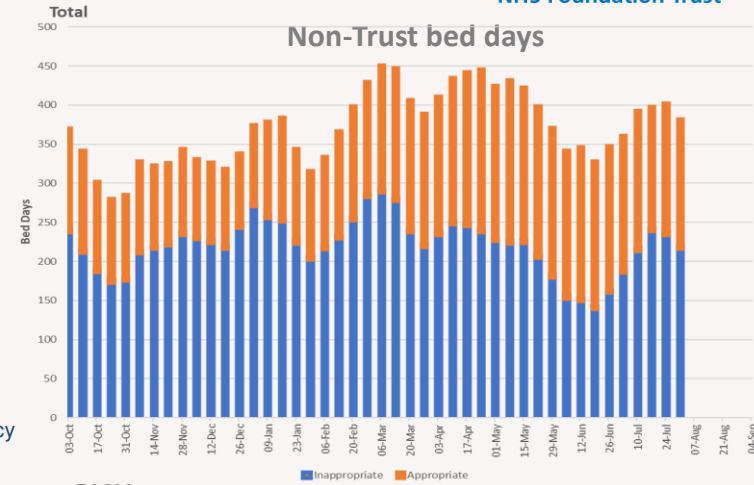
Bank expenditure

- Month 4 year to date bank expenditure is £11.4m. A straight line of year to date spend would result in £34m total spend. This is £3m more than 2022/23 and over 50% above 2020/21 expenditure.
- Bank expenditure has increased by £0.5m in July compared to June, mainly in Acute & Urgent Care, Secure and Offender Health and Specialities, all relating to nursing spend.
- 91% of year to date bank spend relates to nursing.
- Year to date bank expenditure has predominantly been incurred within the following service areas: Acute & Urgent Care £4.1m, Secure and Offender Health £3m and Specialities £2.1m.

Out of Area overspend ongoing



- Year to date out of area expenditure as at month 4 is £6.2m.
- Total 2023/24 plan for out of area, including a £5m savings target, is £8m.
- If spend were to continue at the year to date average for the remainder of the year, total expenditure would be £18.5m. This would result in an overspend of more than £10m.

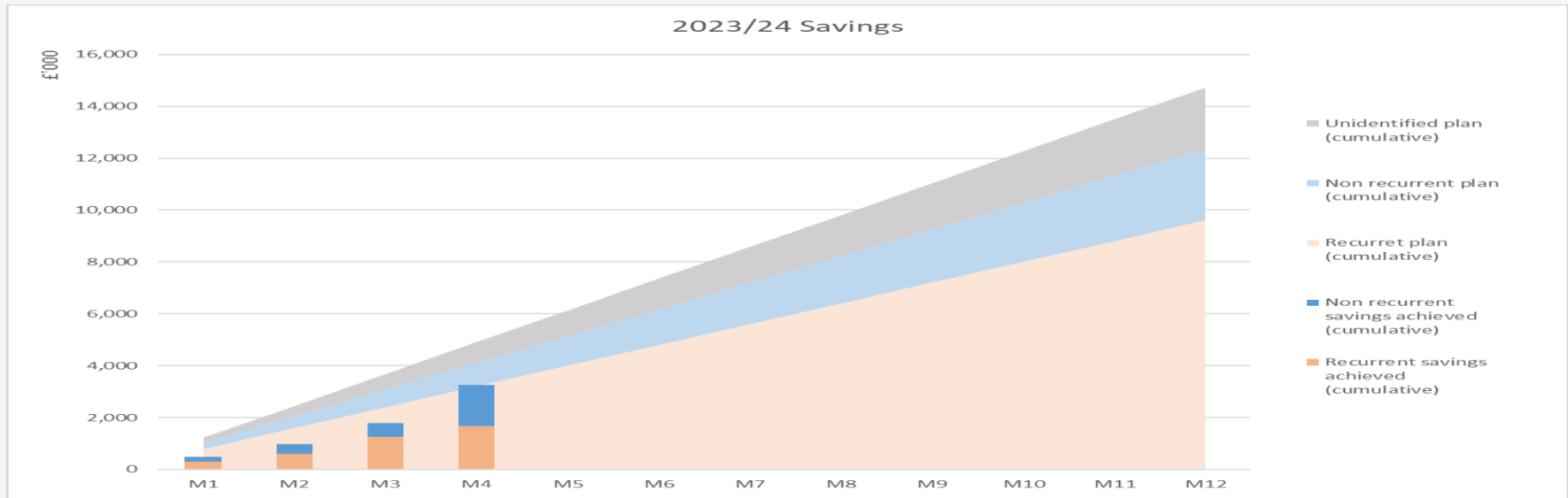


The 2023/24 efficiency target is £14.7m. The savings plan submitted to NHSE as part of the financial plan submission on 5.4.23, comprised £9.6m recurrent savings plans and £5.1m non recurrent (including £2.4m unidentified plans).

Savings achievement at month 4 totals £3.2m, a shortfall of £1.7m year to date, driven by non-delivery against the out of area savings target.

In month 4, non recurrent savings of £860k have been recognised relating to additional interest receivable year to date, this part offsets unidentified savings plans. Unidentified savings now total £1m full year (£2.4m in plan).

Recurrent/ Non-Recurrent	Scheme Name	Sum of Annual Plan	Sum of YTD Plan	Sum of YTD Actual	Sum of YTD Variance	
Non-recurrent	Budget setting pay review (not wte)	500	167	167	-	
	Budget setting pension review	1,400	467	467	-	
	Interest receivable (1%)	250	83	83	-	
	PFI - commercial performance settlement	600	200	-	(200)	Expect full year delivery in M6
	Unidentified	2,358	786	-	(786)	Offset by additional OH and IR below
	Additional interest receivable	-	-	860	860	Offset against unidentified plans
Non-recurrent Total		5,108	1,703	1,577	(126)	
Recurrent	Budget setting non pay review	1,250	417	417	-	
	Budget setting pay review (not wte)	1,059	353	344	(9)	
	Estates budget for Ross House (disposal)	150	50	25	(25)	
	Interest receivable (@2.25%)	200	67	67	-	
	OH contribution	1,950	650	650	0	
	Out of Area reduction	5,000	1,667	-	(1,667)	No delivery against OOA target YTD
	Additional OH contribution			170	170	Offset against unidentified plans
Recurrent Total		9,609	3,203	1,673	(1,530)	
Grand Total		14,717	4,906	3,249	(1,656)	



Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - 'Final' 31-Mar-23 £m's	NHSI Plan YTD 31-Jul-23 £m's	Actual YTD 31-Jul-23 £m's	NHSI Plan Forecast 31-Mar-24 £m's
Non-Current Assets				
Property, plant and equipment	214.2	213.3	213.4	211.3
Prepayments PFI	1.3	1.3	1.7	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	0.0	-	-	-
Deferred Tax Asset	(0.1)	-	-	-
Total Non-Current Assets	215.4	214.6	215.1	212.6
Current assets				
Inventories	0.6	0.6	0.4	0.6
Trade and Other Receivables	28.2	28.2	17.6	28.2
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	59.0	58.5	82.7	56.8
Total Current Assets	87.9	87.3	100.7	85.7
Current liabilities				
Trade and other payables	(55.9)	(56.5)	(64.4)	(55.9)
Tax payable	(5.0)	(5.0)	(5.4)	(5.0)
Loan and Borrowings	(2.6)	(2.6)	(2.4)	(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)	(46.8)	(40.4)
Total Current Liabilities	(106.5)	(107.1)	(121.7)	(106.6)
Non-current liabilities				
Deferred Tax Liability	-	(0.1)	(0.1)	(0.1)
Loan and Borrowings	(25.1)	(24.1)	(24.1)	(23.0)
PFI lease	(45.7)	(45.1)	(45.1)	(43.8)
Finance Lease, non current	(7.9)	(7.5)	(7.5)	(6.8)
Provisions	(3.7)	(3.7)	(3.5)	(3.7)
Total non-current liabilities	(82.4)	(80.4)	(80.2)	(77.4)
Total assets employed	114.4	114.4	113.9	114.4
Financed by (taxpayers' equity)				
Public Dividend Capital	114.5	114.5	114.5	114.5
Revaluation reserve	41.7	41.7	41.7	41.7
Income and expenditure reserve	(41.9)	(41.9)	(42.3)	(41.9)
Total taxpayers' equity	114.4	114.3	113.9	114.3

SOFP Highlights

The Group cash position at the end of July 2023 is £82.7m, this includes Reach Out and the Mental Health Provider Collaborative.

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

Current Assets & Current Liabilities

Ratios

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

Current Ratio :	£m's
Current Assets	100.7
Current Liabilities	-121.7
Ratio	0.8

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

Group Cash Holding



Cash

The Group cash position at the end of July 2023 is £82.7m.

The £30m deposit that was placed with the National Loan Fund (NLF) until the end of July 2023 has returned interest of £197k. We are looking to place another short-term deposit during August 2023 (if the NLF is offering a more favourable interest rate than the Government Banking Service).

Better Payments

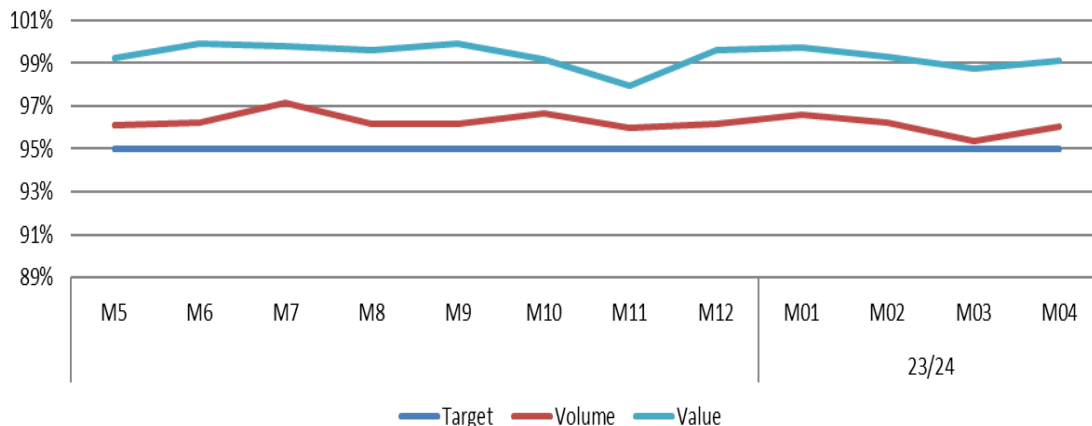
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

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

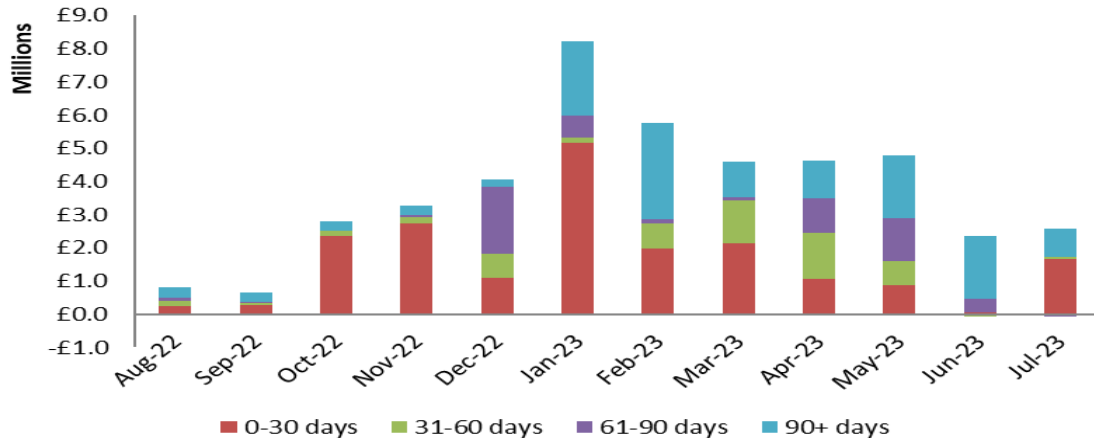
Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	97%	✓	100%	✓
Non - NHS Creditors within 30 Days	96%	✓	99%	✓

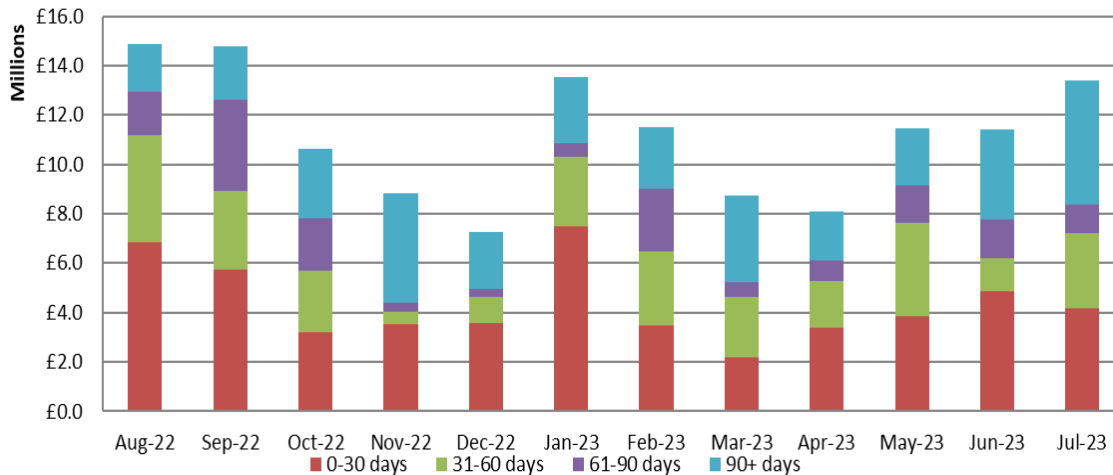
Public Sector Pay Policy



Ageing of Trade Receivables



Ageing of Payables



Trade Receivables & Payables

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

Receivables :

- **0-30 days-** increase in balance relates to scheduled monthly and ad hoc invoices with no known disputes at present. Regular payments being received & have been received during August 2023.
- **31-60 days-** balance relates to staff overpayments (on payment plans)
- **61-90 days-**significant decrease in month - balance mainly relates to staff overpayments (on payment plans)
- **Over 90 days** –significant decrease in balance due to resolution of longstanding queries with UHB. Remaining balance UHB £201k, BWC £282k awaiting approval, BUPA £62k, Nottinghamshire NHS £48k, South Warwickshire Partnership Trust £24k, DOH £57k still under review/in query , balance staff overpayments (on payment plans).

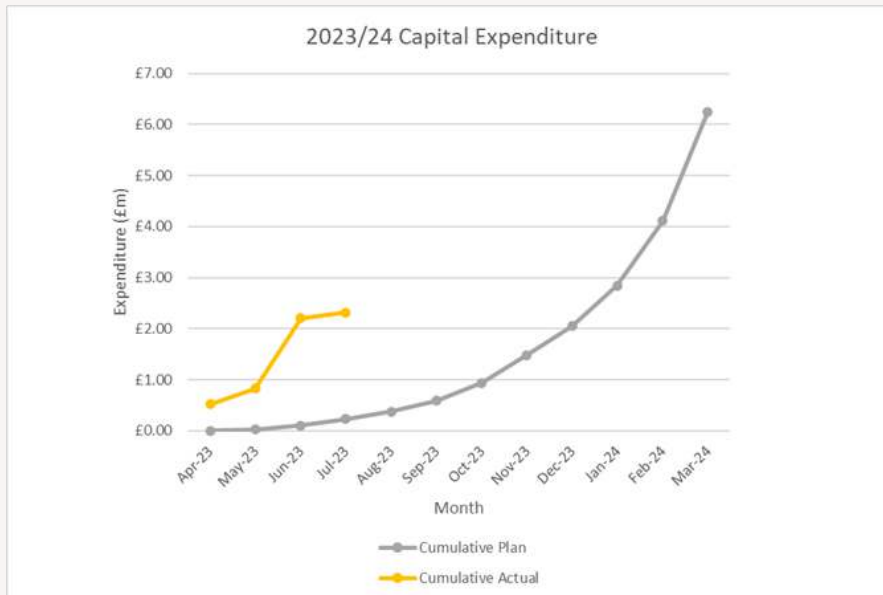
Trade Payables:

Over 90 days -

- Bham W&C £848k paid in Aug 23, Nottingham HC £416k RO in query, UHB £327k awaiting approval, NHS Property £261k-historic invoices
- Non-NHS Suppliers (65+) £2.4m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in Aug 2023.

Month 4 Capital Expenditure

Capital schemes	Annual Plan	YTD Plan	Total Actual	Variance to plan
	£'m	£'m	£'m	£'m
Approved Schemes:				
Minor Projects (inc Carry-Forward)	1.7	0.0	0.4	0.4
SSBM Works	2.0	0.2	0.1	0.0
ICT Projects	0.9	0.0	0.4	0.4
Risk Assessment Works	0.4	0.0	1.4	1.4
CAMHS Seclusion Suite (PDC Funded)	1.3	0.0	0.0	0.0
Total	6.3	0.2	2.3	2.1



Group Capital Expenditure

Group capital expenditure is £2.3m year to date. This is £2.1m adverse to the year to date plan due to works progressing ahead of plan, mainly related to risk assessment works including door set expenditure.

Capital Plan

The 2023/24 capital plan submitted to NHSE was £7m. This is based on a capital envelope of £6.25m plus notional allocation of £0.7m system capital investment fund (SCIF) which has been split across all system partners on a fair share basis. The actual allocation of SCIF is still to be agreed by the system and therefore, expenditure is being monitored against the £6.25m envelope. It is anticipated that as in prior year, there will be a bidding process to be undertaken for any additional funding from the SCIF.

Group Summary	Annual Budget	YTD Budget	YTD Actual	YTD Variance
	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000
Acute and Urgent Care Services				
Other Income	(148)	(49)	(211)	161
Pay	42,346	14,079	18,148	(4,070)
Non Pay	17,077	5,692	7,824	(2,132)
Acute and Urgent Care Services Total	59,276	19,722	25,762	(6,040)
ICCR				
Other Income	(4,195)	(1,398)	(1,487)	89
Pay	56,732	18,883	19,954	(1,072)
Non Pay	10,538	3,488	3,497	(10)
ICCR Total	63,075	20,972	21,965	(993)
Specialties Services				
Other Income	(3,375)	(1,125)	(1,018)	(107)
Pay	42,906	14,302	16,800	(2,498)
Non Pay	3,243	1,081	1,239	(158)
Specialties Services Total	42,774	14,258	17,021	(2,763)
Secure Serv & Offender Health				
Other Income	(479)	(160)	(572)	412
Pay	53,731	17,910	19,785	(1,875)
Non Pay	8,712	2,904	2,852	52
Secure Serv & Offender Health Total	61,964	20,655	22,065	(1,410)
Corporate Services				
Other Income	(12,852)	(4,284)	(5,716)	1,432
Pay	42,667	14,222	16,307	(2,085)
Non Pay	37,858	12,619	14,575	(1,956)
PFI	12,611	4,204	4,516	(312)
Capital Financing	12,335	4,112	3,217	895
Corporate Services Total	92,618	30,873	32,898	(2,026)
HCI Total	(331,164)	(110,388)	(111,770)	1,382
Trustwide total	11,902	4,057	(7,319)	11,375
Surplus / (Deficit) - Trust	444	148	622	(474)

The month 4 year to date Trust position is a £622k deficit, this is £474k adverse to plan. The breakdown of the Trust financial position is shown in the table opposite. Key variances are as follows (budget for in year pay award funding is held centrally):

Acute and Urgent Care Services (ACUC) £6m overspent

- Pay is £4m overspent (including pay award). £4.4m temporary staffing overspend (£3.9m bank).
- Non pay is £2.1m overspent, predominantly due to out of area expenditure.

Integrated Community Care & Recovery (ICCR) £1m overspent

- Pay is £1.1m overspent (including pay award). £2.2m substantive underspend, including Service Development Funding (SDF) is offset by £3.3m temporary staffing spend (£2m agency, £1.3m bank).

Specialties £2.8m overspent

- Pay is £2.5m overspent (including pay award). £0.3m substantive and £2.2m temporary staffing overspend (£2m bank).

Secure Care and Offender Health (SCOH) £1.4m overspent

- Other Income is £0.4m ahead of plan, mainly relating to specialising income.
- Pay is £1.9m overspent (including pay award). £2.3m temporary staffing overspend (£2m bank) and £0.5m substantive underspend.

Corporate £2m overspent

- Pay is £2m overspent (including pay award). £1.2m substantive overspend and £0.8m temporary staffing overspend (£0.6m bank).
- Non pay is £2m overspent, this is offset by additional income £1.4m and interest receivable £0.9m.

At the time of writing, the month 4 financial position for Birmingham and Solihull Integrated Care System (BSOL ICS), is draft:

- The draft revenue system position is a year to date deficit of £30m. This is a deterioration of £12m compared to month 3, mainly driven by the UHB position. The system forecast currently remains at break even.
- The draft system capital position is showing expenditure at £6m ahead of plan, driven by BSMHFT £2m, UHB £2.5m and BWCH £2.4m.
- Agency spend for the system as a whole is 4.9% of the total pay bill (NHSE ceiling is 3.7%)

Given the deteriorating financial position of the system, all organisations have been in discussion regarding the need to introduce enhanced financial controls. The requirement has been further reinforced by a letter from NHSE regarding system financial performance and controls. For further detail, see page 20-26.

Revenue

Organisation	Surplus / (Deficit) - Adjusted Financial Position								Prior Month		Movement	
	Plan	Actual	Variance		Plan	Forecast	Variance		Actual	Variance	Actual	Variance
	YTD	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	Year Ending	YTD	YTD	YTD	YTD
	£000	£000	£000	%	£000	£000	£000	%	£000	£000	£000	£000
Birmingham And Solihull ICB	5,917	3,816	(2,101)	(0.2%)	-	(58)	(58)	(0.0%)	4,910	(1,012)	(1,093)	(1,088)
Birmingham And Solihull Mental Health NHS Foundation Trust	-	(442)	(442)	(0.2%)	-	-	-	(0.0%)	(287)	(287)	(155)	(155)
Birmingham Community Healthcare NHS Foundation Trust	176	(1,038)	(1,214)	(1.0%)	-	-	-	0.0%	(837)	(969)	(201)	(245)
Birmingham Women'S And Children'S NHS Foundation Trust	-	(1,609)	(1,609)	(0.7%)	-	0	0	0.0%	(989)	(989)	(619)	(619)
The Royal Orthopaedic Hospital NHS Foundation Trust	99	(1,986)	(2,085)	(4.9%)	(0)	0	0	0.0%	(1,398)	(1,562)	(588)	(523)
University Hospitals Birmingham NHS Foundation Trust	(10,100)	(28,887)	(18,787)	(2.6%)	-	-	-	0.0%	(19,836)	(9,936)	(9,051)	(8,851)
ICS Total	(3,908)	(30,146)	(26,238)	(2.5%)	(0)	(57)	(57)	(0.0%)	(18,438)	(14,756)	(11,707)	(11,481)

Agency

Agency Spend as % of pay bill	YTD %
Birmingham And Solihull Mental Health NHS Foundation Trust	4.09%
Birmingham Community Healthcare NHS Foundation Trust	6.53%
Birmingham Women'S And Children'S NHS Foundation Trust	3.86%
The Royal Orthopaedic Hospital NHS Foundation Trust	8.89%
University Hospitals Birmingham NHS Foundation Trust	4.85%
System Total	4.92%

Capital

	Plan	Actual	Variance		Plan	Forecast
	YTD	YTD	YTD	%	Year Ending	Year Ending
	£'000	£'000	£'000	%	£'000	£'000
Birmingham And Solihull Mental Health NHS Foundation Tr	225	2,403	(2,178)	-968.0%	6,977	6,977
Birmingham Community Healthcare NHS Foundation Trust	1,397	421	976	69.9%	6,372	6,372
Birmingham Women'S And Children'S NHS Foundation Tru	1,912	4,361	(2,449)	-128.1%	20,874	20,874
The Royal Orthopaedic Hospital NHS Foundation Trust	975	1,028	(53)	-5.4%	3,909	3,909
University Hospitals Birmingham NHS Foundation Trust	8,921	11,435	(2,514)	-28.2%	37,071	37,071
Total Provider charge against allocation	13,430	19,648	(6,218)	-46.3%	75,203	75,203

Enhanced Financial Controls

Given the deteriorating financial position across BSOL ICS, all organisations across the system have been in discussion regarding the introduction of enhanced financial controls. Further to this, on 9.8.23, a letter from Nicola Hollins, NHSE Regional Director of Finance was sent to BSOL ICB Chief Finance Officer regarding 2023/24 financial performance, controls and governance. Key excerpts as follows:

The collective financial position across the Midlands region is currently failing to deliver the plans you submitted and this is patently unsustainable. As we have outlined at our meetings, it is imperative that you take immediate action to control the expenditure of the system you lead; we are now a quarter of the way through this financial year and the grip and control measures you have implemented need to start to deliver some outcomes. As a next step, it is imperative that all spending in all providers and ICBs has an additional layer of scrutiny applied to it so as to enable your plans to be delivered.

The two key drivers of the current Midlands financial performance include:

- 1) The continued reliance on **temporary staffing**; expenditure run-rates continue at the levels incurred in quarter 4 of 2022/23 which remains at 5.1% of regional pay expenditure and does not appear to be reducing to the 3.7% national target level as you submitted in the 2023/24 plans.
- 2) The under-development and non-delivery of **efficiency plans**; at the end of quarter 1 just 13% of the overall efficiency promise has been achieved and only 47% of the annual regional plan is categorised as 'fully developed'.

I would highlight in particular the need for you to review personally and verify all the arrangements in all the component organisations of your ICS in respect of pay and non-pay controls. I would especially stipulate the following minimum requirements:

- Ensure that there is a vacancy control panel in place for all recruitment in all organisations.
- That the agency staffing and additional payment controls stipulated in the appendix to this letter are implemented in full in all organisations irrespective of their current, individual, performance against financial plan.
- Ensure you have an investment oversight panel in place to oversee all non pay expenditure. We expect that you will exercise power to veto on behalf of the system any unfunded revenue business cases in any component organisation.

- Ensure that there is a vacancy control panel in place for all recruitment in all organisations.

PROPOSAL to Executive Team 14.8.23

- Introduce a weekly 'Workforce Approvals Group' meeting – starting w/c 21/8/23
- Chaired by Exec Director for People
- Part A – Vacancy Controls Panel
- Facilitated by recruitment team
- All requests for recruitment reviewed – band 5 RMNs assumed to be automatically approved
- Panel confirms which posts to be approved in Trac
- Part B – Temporary Staffing Panel
- Review all requests for block booking TSS requests

Investment Oversight Panel

- Ensure you have an investment oversight panel in place to oversee all non-pay expenditure. We expect that you will exercise power to veto on behalf of the system any unfunded revenue business cases in any component organisation.

PROPOSAL to Executive Team 14.8.23

- Introduce a weekly meeting – starting w/c 21/8/23
- Chaired by Exec Director for Finance
- Facilitated by finance team
- All requests for expd over £20k to be submitted via template before approved
- Check with procurement so that nothing passes process
- Includes SSL
- Review any request for external consultancy
- Can include any specific non pay spend if required

BSMHFT reject:

Vacancy freeze:

- Review all current open vacancies with a view to remove or freeze posts. Focus on long term/6-month vacant posts initially with an assumption that these should be removed or re-engineered. Bank and agency back fill not permitted.
- Implement non-clinical recruitment freeze unless it can be evidenced by exception that role is business critical or key for financial / quality management.

Reduce usage of adult RMNs in the emergency department setting.

Specific recommendations

PROPOSAL to Executive team 14.8.23

- No sale of annual leave for 23/24 – communications early to ensure maximum of five days carried forward
- Revert mileage allowance back to national A4C rates
- Introduce direct engagement for medics as soon as possible

10. PARTNERSHIPS

10.1. ICS Update

11. NED ASSURANCE REPORTS

11.1. Report from the Chair of Quality, Patient Experience and Safety Committee

Committee Chairs Escalation and Assurance Report

Name of Committee	Report of: Quality, Patient Safety and Experience Committee
Report presented at	Council of Governors
Date of meeting	14 September 2023
Agenda Items	Item 11.1
Date(s) of Committee Meeting(s) reported	23 August 2023
Quoracy	Membership quorate: Y / N
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> • CQC Update Safer staffing inc. MHOST update Assurance K. • Integrated Performance Report • Chairs Assurance Report from the Clinical • Governance Com • Infection, Prevention & Control Assurance L. Pim (attached) 09:35 • (Quality & Safety) Performance • Dashboard • Patient Safety (including safety alerts) & • Complaints Report • Preventing Future Deaths Assurance • MHA Quarterly Update Assurance • Review of Clinical Governance arrangements from • `Ward to Board` • Strategy update – quality priority Assurance • Strategy update – clinical services priority • QPES Committee Annual Self-Assessment • QPES Forward Plan for 2023/24 Approval • Annual Review and update of QPES ToR
Alert:	<p>The Committee wishes to alert the Trust Board to the following (for example):</p> <ul style="list-style-type: none"> • CQC committee were informed of the recent unannounced inspection of our 12 adults CMHTs between August 8th and 10th. This inspection • follows the SI of a service user who it is alleged murdered another service user and two recent Coroners Regulation 28 reports . Although the CQC advises of good feedback from patients, teams were connected and passionate about their jobs and there were examples of proactive patient engagement activities to support wellbeing and reduce isolation, committee wishes to advise the Board that a new section 29A

	<p>notice is served on the trust due to @hannah – can you add the specific sections of the 29a – medicines mgt, risk assessment and care planning and treatment</p> <ul style="list-style-type: none"> • Committee were assured that immediate actions are being taken to understand the issues and meet the CQC reporting deadlines. Members identified that these themes were reoccurring over time and therefore leading to a lack of assurance of robust learning and implementation of change. Human factor elements were recognised as significant and the correlation to high case loads, long waiting lists and staff shortages in the context of service transformation ongoing in CMHTs. Committee were advised of a number of initiatives to address these including further work on risk assessments, an immediate review of all those patients on enhanced CPA, risk stratification of cases, fact finding to understand what is going on in practice in teams, plan to audit DNAs, review of local audit cycle for medicines management and effectiveness of the governance structure. • Members agreed that key risks around workforce needs to be shared with the people committee and specific solutions to support clinical teams such as administration infrastructure. • Complaints team is currently of concern in that NHSE did not approve additional resource and although there is bank support to the team this remains a risk as best practice standards are not being met due to resourcing issues. • Staff Assaults: The total number of actual assaults on staff for the quarter has shown variation, continuing to rise above the mean average. Committee were advised that Operation Stonethwaite is being expanded within the organisation and conversations within the medical directorate around Responsible Clinician support for seeking prosecution, that this will be addressed in RRPSG and Trust H&S committee regarding assurance and updates moving forward and that there will be a review of TRiM and post incident support structures.
<p>Assurance:</p>	<p>The Committee was assured on the following:</p> <ul style="list-style-type: none"> • Committee received the Quality & Safety Performance Dashboard report and noted that although some metrics were showing an improved trajectory that some were of concern. • We were assured that NHSE have agreed the additional support for the patient safety team to manage the current number of SI investigations . • Committee were assured to learn of an additional piece of work commenced in month, led by the corporate teams, pulling together the action plan requirements from across a number of areas including SI's, PFD's, CQC, Safeguarding Reviews, Complaints etc., and cohorting them under themes to commence a mapping process against current organisation wide workstreams and QI projects. This will enable a more comprehensive approach to the closure of actions which are currently managed in silos with multiple areas of duplication and/or unnecessary variation in approach. • Learning from prevention of future deaths was discussed and the findings and themes highlighted including lack of beds and AHMPs provision, communication/interface between teams/organisations, and management and delays in the prescription of Carbamazepine, Clozapine monitoring and management, including clinical

	<p>understanding/interpretation of blood results, failure to learn from previous PFD and pharmacy resource issues.</p> <ul style="list-style-type: none"> • Committee was partly assured to note that the stakeholder groups set up to assess and action the specific areas of concern found that there are safe systems and processes in place but there appears to be a knowledge gap and as part of the PSIRF implementation a strategic approach to learning through the organisation to address this is ongoing. • We were advised that a review of the previous 2 years of PFD will be presented at Octobers committee • The committee received the Strategy update on the quality and clinical services priorities. We gained good assurance on the progress made in Quarter 1 and that the majority of the level 1 and 2 goals are on track and plans are in place where goals are not on track. • In addition, committee were appraised on the work ongoing to develop a framework to measure the impact of the strategy 	
Advise	<p>The Committee was advised of the following matters:</p> <ul style="list-style-type: none"> • Committee received the Mental Health Legislation Committee Escalation Report and were assured that we have robust systems in place to ensure the MHA is appropriately implemented and monitored. • A concern was highlighted that the current trust locations registered with the CQC need to be formally updated. Currently a number of sites are grouped together for registration purposes, but this impacts the quality of data reporting, particularly for Use of Force data. Action will be taken forward to update the site's locations. • At the next committee a CTO service evaluation report will be presented on health inequalities around the disparity in CTO detentions • Committee discussed the Lucy Letby verdict. Emma Randle attended committee and members were assured by the ongoing actions including increasing the FTSU champions in community teams and senior leadership consideration of conducting a safety culture survey. • LP suggested an additional approach including running a safety culture survey with an early adopter site to be identified. 	
Risks Identified	<p>The Committee agreed to the following to be added to either the Corporate Risk Register or Board Assurance Framework:</p> <p>No risks were identified.</p>	
Report compiled by	Dr Linda Cullen	Minutes available from: Lorraine Joyce

11.2. Report from the Chair of FPP

Committee Chairs Escalation and Assurance Report

Name of Committee	Finance, Performance & Productivity Committee
Report presented at	Council of Governors
Date of meeting	14 September 2023
Date(s) of Committee Meeting(s) reported	23 August 2023
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ol style="list-style-type: none"> 1. Integrated Performance Report 2. Finance Report 3. Strategy update – sustainability priority 4. Strategy update – clinical services priority 5. EPRR Annual Report 6. FPP Committee Annual Self-Assessment Monkey Survey Results
Alert:	<p>The Committee wishes to alert the Trust Board to the following issues: -</p> <ul style="list-style-type: none"> • Out of area inpatient activity challenges remain significant with a spend for the four months of £6.2m, significantly higher than plan. The main issue relates to PICU usage. Key areas of risk and dependencies have been identified as well as the expected benefits from each workstream supported by improvement metrics to track progress. • There are some improvements in efficiency achievement, although this mainly relates to interest receivable which does not offset significant under achievement in Out of area. It was recognised that there is more to do in terms of developing a robust pipeline of opportunities that will drive recurrent savings year on year. • Bank and agency expenditure is at its highest monthly spend in four years and is at £15m for the four months. A detailed agency reduction options appraisal has been submitted to senior management for its proposals to be incorporated in conjunction with impending ICB policies and restrictions. • Whilst the Trust is looking to achieve a break-even position for the year end, the above pose significant risks to the plan. And whilst there may be enough balance flexibility within the Trust’s finances to achieve break-even, it was recognised by the executive team that is not sustainable going into next year. Additionally, it was recognised that our strategic and transformation programmes/projects are not all viewed through a financial lens – this is a cultural shift the executive team will be looking to correct going forward. • This has already been escalated by NHS/E whereby ICB systems have been identified through its financial governance. The Trust has been proactive in its response by establishing a vacancy control

	<p>panel and an investment oversight group, but this focus from the centre is not likely to diminish unless there is a significant shift in financial assurance.</p>
Assurance:	<p>The Committee was assured on the following matters:</p> <ul style="list-style-type: none"> • The Committee was assured by the Strategy update for sustainability and clinical priorities. • Annual Self-Assessment- It was reported that all committees are demonstrating consensus that committees are delivering on core business, statutory and regulatory. • The Committee took a significant amount of assurance from the detail provided regarding the planned improvements to the performance management framework including Deep Dives with directorates. Additionally, the Trust as part of its performance management review is looking at other Trusts, against which it can benchmark best practice.
Advise	<p>The Committee wishes to advise of the following matters:</p> <ul style="list-style-type: none"> • The EPRR Annual Report was received and approved by the Committee and will be included in the Board of Directors meeting in October 2023. • The need for further discussion on transformation and how to derive financial benefits from this. • Ther Trust has responded constructively to requests from the Regional Director of Finance regarding tighter financial controls.
Risks Identified	<p>The Committee agreed to the following to be added to either the Corporate Risk Register or Board Assurance Framework:</p> <ol style="list-style-type: none"> 1. None were identified.
Report compiled by	<p>Minutes available from: Nicola Raybould</p>

11.3. Report from the Chair of the People Committee

Committee Chairs Escalation and Assurance Report

Name of Committee	People Committee
Report presented at	Council of Governors
Date of meeting	14 September 2023
Date(s) of Committee Meeting(s) reported	23 August 2023
Quoracy	Membership quorate: Y
Agenda	<p>The Committee considered an agenda which included the following items:</p> <ol style="list-style-type: none"> 1. Staff Story 2. Integrated Performance Report 3. Quarterly KPI report (including mandatory training, appraisals etc) 4. E-Rostering (bi-monthly) 5. International Nursing Update 6. Quarterly PULSE Survey 7. Enough is Enough update 8. People Strategy Delivery – Deep dive 9. People Committee Annual Self-Assessment Coversheet for 2022/23 10. People Committee Annual Self-Assessment Monkey Survey Results
Alert:	<p>The Committee wishes to alert the Trust Board to the following issues: -</p> <ul style="list-style-type: none"> • Staff story and concerns raised. The Committee received an overview of facilities at Endeavour House, which is a stand alone unit. It was clear that colleague sanitary and refreshment facilities were very inadequate. Members were very concerned that this situation had arisen and although some issues had been addressed specifically they were not assured this was an isolated position. They requested that an assessment be made for appropriate facilities for all colleagues. This should supplement the Health and Wellbeing Audit currently underway. It was confirmed a charity bid has been applied for funding for breakout rooms across the Trust. • Financial controls and safeguards concerns on making appropriate decisions. There is currently an overspend of half a million National request and ICB system agreed a series of financial controls. As part of the localised controls there would be no continuation of selling back annual leave from this year onwards and a reversion to original Trust mileage allowance rates. • The quarterly Pulse Report not demonstrating many improvements and need to continue work. It was reported that the results were

	<p>disappointing that colleagues aren't satisfied potentially because of terms and conditions and workforce shortage issues.</p> <ul style="list-style-type: none"> An update on the centrally funded recruitment of international workforce raised serious concerns that the planned numbers would not be achieved placing the workforce plan at some risk .However, International recruitment via sponsorships has been positive
Assurance:	<p>The Committee was advised of the following matters:</p> <ul style="list-style-type: none"> Sickness rates continue to report a reduction. Positive self-assessment results. This was significant as it demonstrated that respondents are broadly and strongly in agreement that the People Committee is delivering its key statutory and regulatory responsibilities as well as those delegated to it by the Board. E Rostering. The Committee noted a delay in MHOST reviews looking at staffing levels and an update will be bought to October Committees.
Advise	<p>The Committee wishes to advise of the following matters:</p> <ul style="list-style-type: none"> The 'Pull up a chair' was agreed to be reinstated. Enough is Enough. The Committee were informed a review had been completed around the informal process with 13 cases over the last 12 months. The dedicated team is critical to this process. The Committee received the FTSU National Guardian
Risks Identified	<p>The Committee agreed to the following to be added to either the Corporate Risk Register or Board Assurance Framework:</p> <ol style="list-style-type: none"> None were identified.
Report compiled by	<p>Anne Baines</p> <p>Minutes available from: Sophie Pierro</p>

12. Any Other Business

13. Membership Engagement and Governor Involvement Strategy

MEETING	COUNCIL OF GOVERNORS
AGENDA ITEM	Item 13
PAPER TITLE	Draft (V2) Membership Engagement and Governor Involvement Strategy
DATE	14 September 2023
AUTHOR	Hannah Sullivan, Corporate Governance and Membership Manager
EXECUTIVE SPONSOR	David Tita, Associate Director of Governance

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

Equality & Diversity (all boxes MUST be completed)	
Does this report reduce inequalities for our service users, staff and carers?	No
What data has been considered to understand the impact?	N/A

Executive summary & Recommendations:

The Membership Engagement and Governor Involvement Strategy outlines the Trust's vision for membership, objectives, current membership details, methods that will be used to build an effective, responsive and representative membership body and ways in which the Governors will be trained, involved and supported.

The strategy is aimed at our members (public, service users, carer, staff and partner organisations), and provides a framework through which our Governors will engage with the membership and work with one another.

Reason for consideration:

- To review the strategy as a first draft and to support the development of Governor and membership involvement

Previous consideration of report by:

N/A

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

QUALITY: Delivering the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences,

working together to continually improve

Financial Implications *(detail any financial implications)*

N/A

Board Assurance Framework

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

N/A

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

The strategy is key to the ongoing engagement for Governors and members.

MEMBERSHIP ENGAGEMENT AND GOVERNOR INVOLVEMENT STRATEGY

2023-2026

DRAFT 2

Date approved:

Review date:

**Authors: Hannah Sullivan, Corporate Governance and Membership
Manager**

Contents

	Page
Introduction	3
Vision/mission	3
Where do we want to get to in 5 years time?	3
Objectives	4
Role of Governors	4
The origins of Foundation Trusts and why engagement is important	5
What is in it for the individual member	5
Current membership	6
BSMHFT Constituencies	6
Code of Conduct	7
Constitution	7
Elections	7
Recruiting members	7
Levels of member involvement	8
Communicating with members	8
Representation	8
Quality of engagement	9
Governor involvement cycle	11
Building on involvement to date	11
Supporting Governors to fulfil their role	12
Capturing the views of members	13
Member event management	13
Monitoring and evaluation	14
Appendices:	
Appendix 1 – Examples of good practice	
Appendix 2 – Code of Conduct	
Appendix 3 – Constitution	

Introduction

The Membership Engagement and Governor Involvement Strategy outlines the Trust's vision for membership, objectives, current membership details, methods that will be used to build an effective, responsive and representative membership body and ways in which the Governors will be trained, involved and supported.

The strategy is aimed at our members (public, service users, carer, staff and partner organisations), and provides a framework through which our Governors will engage with the membership and work with one another.

The strategy will link closely with our work around community and service user involvement, equality, diversity and inclusion, volunteering, communications, public and service user involvement, charitable funds and NHS Care Makers. This will be reflected in our Trust action plans, which will be put into place to support the delivery of the strategy.

It is recognised that the ways in which we communicate with our members will vary between constituencies and between Governors. The Governors are committed to supporting one another and to fully engage effectively, by providing introductions to networks and working together to share the work load as a united council.

Vision/ mission statement

The Trust has an aspiration to lead the way on involvement of Governors and overall engagement with members in mental health services. It will make best use of the skills, knowledge and expertise and will support both governors and members to engage effectively within the organisation, with service users, staff, members and the wider community.

Our mission statement is:

To become known as a leader in the field of mental health membership engagement and key governor involvement, driving forward the importance of parity of esteem for mental health service users, their carers and families, reducing stigma and supporting the Trust to deliver its strategic ambitions and overall strategy.

Where do we want to get to in five years' time?

By the end of five years we would want to be able to quantify improvements in:

- Collation of views from the membership which has had a demonstrable impact on our forward planning as an organisation
- Developing a more representative membership
- Processes for Governors to engage with their constituencies, whilst demonstrating improved engagement reflected in our Annual Reports
- To have identified and carried out successful Governor led campaigns including joint campaigns with partner mental health organisations across partnership organisations and the Integrated Care Board
- To be known nationally as an exemplar organisation in mental health governor and member engagement.

Objectives

The aim of the strategy is to:

- Support the Council of Governors in being more proactive in its engagement and involvement
- Make best use of the skills, knowledge and expertise
- Improve connectivity and planning across the region
- Support the Trust to be an organisation viewed of as dynamic in terms of participation from members
- Increase representation across the constituencies
- Support the visibility of the Council of Governors both internally and externally
- Improve communications with members
- Improve feedback mechanisms
- Improve patient and carer experience
- Improve dialogue between health professionals and patients, and within our local health communities including the Integrated Care Board
- Improve dialogue between the Trust and major employers in our area
- Break down the stigma around Mental Health
- Effectively target resources (saving time and money and improving focus) resulting in membership engagement which is genuinely meaningful

Role of Governors

Governors of Foundation Trusts have a pivotal role to play in holding the Board of Directors to account, through the Non-Executive Directors for the performance of the organisation, approval of significant transactions, appointment of the Chair and Non-Executive Directors and appointment of the auditors, as well as providing a link between the Trust and its members, patients, carers and the wider community to strengthen local accountability.

Key aspects of how governors should be involved and engaged, is not defined in legislation and therefore is open to local interpretation the role, however in essence this is about:

- Promoting the Trust in an ambassadorial role
- Receiving information on performance, changes and plans and gaining assurance on the performance of the Non-Executive Directors
- Holding the Board of Directors to account
- Sharing information on performance and changes with the members
- Feeding back to the Trust on the views of the members

Governors also have a duty to communicate with their constituencies and to be supported in doing so. To do this effectively they need to be knowledgeable about the Trust and to be able to signpost people appropriately. They can act as a bridge between the Board, senior managers and the membership and they can bring intelligence from their own areas of expertise and local knowledge.

The Trust has a duty, under the Health and Social Care Act, to support Governors in carrying out their role with appropriate information, resources, training and development. A development programme has been agreed in order to support Governors in their roles.

The membership engagement and governor involvement strategy will support the governors to fulfil their role as outlined and will support the Trust to deliver against its strategic priorities.

The Council of Governors have supported the development of the strategy and continue to have oversight of the quality goals.

The origins of Foundation Trusts and why engagement is important

Introducing the Foundation Trust model in 2002, the then Secretary of State for Health, The Rt Hon. Alan Milburn MP described Foundation Trusts as the new 'not for-profit public benefit corporations'.

"Their ownership will be lodged in the local communities they serve... Local people will elect their representatives to serve on the NHS Foundation Trust's Board of Governors... staff from the NHS Foundation Trust – alongside local stakeholders and Primary Care Trusts – will be represented... Local democracy will play an important part in local health service provision. Within the national framework of standards NHS Foundation Trusts will be able to gear their services more closely to the communities they serve... For the first time since 1948 the NHS will begin to move away from a monolithic centralised system towards greater local accountability and greater local control... It draws on the traditions of social and community ownership that inspired the founders of the NHS... it places a premium on local accountability for local services. We are moving to an NHS where standards are national but control is local. NHS Foundation Trusts are a means to that end."

A Guide to NHS Foundation Trusts, Department of Health publication (Dec 2002)

"All NHS Foundation Trusts will have a duty to engage with local communities and encourage local people to become members of the organisation."

NHS Foundation Trusts information guide: members, Department of Health (Jan 2004)

Evidence of strong and effective engagement is considered to be key component of successful organisations by regulators.

What is in it for the individual member?

Effective engagement enables members to feel valued and to be confident that their views have been heard and actively listened to and that there is an opportunity for those views to effect change for the good of services.

Where engagement works best is where Trusts are able to give examples of where members have been involved throughout a process, with their views being actively sought and where views can be clearly articulated and demonstrated in discussions and outcomes.

Good engagement empowers the individual - providing the member (public, staff, service user, carer or partner organisation), with information about the Trust and gives them the opportunity to give their views, particularly around re-design of services. For service users it can give an increased feeling of control over decisions which affect their lives and for staff a greater sense of collective 'ownership'.

Having strong and effective engagement in place is important because it supports us to provide local accountability, and strengthens our evidence based decision making.

At our Trust this means supporting the staff to give our service users the best possible services we can and to work together to reduce the stigma associated with mental illness and to support the recovery agenda.

Whilst the Trust has been on a positive journey with its engagement and the organisation has many examples where it is leading the way in terms of community engagement, the Council of Governors acknowledge there is more to be done in this area going forward.

Current membership

To support the Trust in developing this strategy, Membership Engagement Services (MES) who provide our membership database support, have carried out an audit on membership numbers, email penetration, amounts and methods of communication with the membership, interests listed by members and socio-demographic information.

To date the Trust has been relatively successful in collecting the kind of data which is vital in engaging with members, but there are a number of ways in which this can be improved which this strategy seeks to address.

BSMHFT Constituencies

The Council of Governors is made up of elected and appointed governors. Governors are volunteers and are not paid.

Governors are elected by distinct constituencies:

- Staff Constituency - governors are elected by trust staff.
- Service User and Carer Constituency - governors are elected by patients/service users and/or their carers.
- Public Constituency – governors are elected by members of the public who have an interest in the trust.
- Appointed Constituency - represent stakeholder organisations such as the local council or local charities.

Our Governors play an integral role in the running of our trust. We currently have 21 governors that represent service users, carers, public, staff and stakeholders.

The roles and responsibilities of the Council of Governors, to be undertaken in accordance with the trust's constitution, are:

- To appoint and remove the chair and other non-executive directors of the foundation trust at a general meeting
- To approve at a general meeting the appointment by the non-executive directors of the chief executive
- To appoint or remove the auditor at a general meeting
- To be consulted by the trust's board of directors on forward planning and to have the board of governors' views taken into account
- To be presented with the trust's annual report and accounts and the report of the auditor on the accounts at a general meeting.

Code of Conduct

The Code of Conduct sets out in very broad terms the role and responsibilities of all Governors of Birmingham & Solihull Mental Health NHS Foundation Trust and the standards of conduct expected of them.

The full code of conduct is enclosed as Appendix 2.

Constitution

An NHS foundation trust's constitution is the central document which establishes the fundamental principles and processes the directors and council of governors of a foundation trust must follow.

The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England. The trust undertakes both provision and commissioning functions, as the Lead Provider for the West Midlands Reach Out Provider Collaborative, incorporating adult secure care and LDA secure care services, and with delegated authority for individual placements.

The Trust constitution was updated in November 2022 and the full document is attached as Appendix 3.

Elections

In order to increase turnout in elections the Trust will explore better use of communications in advertising elections and reminding members not to forget to exercise their right to vote, getting media coverage, sending out personal invitations from the Chair via a MES supported e-mail drive, having stronger plans in place in the months leading up to elections for a range of opportunities to engage in meet the governor sessions and campaigning at an earlier stage with those members who have expressed an interest in potentially standing as governors to ensure they have good exposure to the Trust and what the role can offer. It will also ensure we have a strong set of candidates from whom members can choose to be their representatives, through increasing levels of interest in the role and what it can offer.

Recruiting members

The Trust has proactively used engagement opportunities provided through the community engagement work (such as regional conferences, community days, open and fun days), to recruit members and engage with them.

Opportunities to engage have been published in our communication materials, at membership seminars and through information shared through service re-design planning, and to an extent shared with governors. However it is recognised that more needs to be done in a systematic way to plan our activity around membership recruitment and engagement and to support governors more actively to participate in the engagement programme.

Overall the Trust has been relatively successful in developing and sustaining good membership numbers.

Staff have the opportunity to 'opt out' and the figure doing so is relatively low, in the majority of categories the reasons why people left the membership were not ones which could easily be addressed.

We will however look to explore the reasons why in more detail where we can to help us to focus our approach to addressing reasons why people may become disengaged.

We recognise that we need to continue to a platform whereby our attrition rate goes down more in comparison to our recruitment of new members, so that we have a balance of c500 additional members per annum.

At BSMHFT we have an excellent range of ways of engaging with our staff. There is more to do to help our staff understand what a Foundation Trust is and how they can contribute as members.

Engagement of course happens naturally because, as employees, they are a ready and available source of engagement. Capturing activity and involvement data for staff in future may not only help to deepen the engagement in terms of applying the tailored communications idea to staff, but it may also help integrate staff membership more firmly into the broader engagement framework of the Trust and ensure they have the same opportunities to give their feedback and involvement.

As the Trust develops its collaborations with other Trusts, continue to grow the membership for all our constituencies, through partnership, links on partner websites exploring potential to share memberships and membership recruitment and awareness opportunities.

Levels of member involvement

Our database provides a granularity of information which enables the trust to hold detailed specific information for every member, including on their areas of specific interest; this helps us to communicate with them in areas which should capture their interest and prompt their further involvement. We capture information on our membership form but we will look to further develop that and to carry out a data cleanse on the information we already hold.

Communicating with members

The most cost effective way of communicating with members would be to send all member communications by email. If we move to only sharing information with staff members through work email and our connect system, that would add another 4,000 plus, equating to roughly half of the membership. Our aim would be to have 70% overall penetration by email by 2025, achieved through a range of campaigns, the cost of which would be offset by future savings in print and postage.

One of the biggest benefits of ClickEmail (a system provided by MES and linked to our membership database), is the powerful analytics functions. To date we have not made the most effective use of the tools available. Not only will we be able to see the time of day that most people are opening emails, but we will also be able to monitor which members open up the emails and click on the links. This data can then be used to gain a deeper understanding of our most engaged and receptive members and inform future targeted communication campaigns. We will work with MES to design new options for doing so.

Representation

MES have carried out a piece of work to support the Trust in analysing its current representation. This shows that:

Under- represented	% of population served by the Trust	% of membership
• 17 – 21 age group	7.81%	0.7%
• Males	49.24%	36.15%
<i>The Trust could address this imbalance with a small recruitment campaign focussed on male members of the public aged between 17 and 21</i>		
• Combined 'white' categories	62.98%	39.79%
<i>There is potential to increase representation by targeting members of the public with white ethnic backgrounds and will be important in supporting us to have better representation for Birmingham and Solihull over the coming years.</i>		
Over – represented	% of population served by the Trust	% of membership
• 22 + (particularly of members aged between 30 and 59)	68.68%	82.24%
<i>The Trust could focus on recruitment of members in the 60+ category which would increase the spread of representivity between the groups in the 22+ category. It would not require many new members to redress the balance.</i>		
• Asian or Asian British – Other Asian	2.55%	24.28%
• Mixed – other mixed	0.71%	2.02%
<i>This over representation could be because within these categories there are greater levels of engagement with the trust and the figures in this table could be skewed by the fact that 18% of our members have not stated their ethnicity.</i>		
<i>A solution to this could be a data mop-up mailing by contacting members to collect any data which is missing.</i>		

Quality of engagement data

The trust has done relatively well in collecting the kind of data needed for good engagement, particularly with regards to identifying the interests and service preferences of members.

There are 7,782 out of our 8,632 who are non-staff members, and of these over 90% have specified their areas of interests. This is important not only for getting the right people to the right events, but also because these interests and preferences are the points around which members would like to engage with the trust more generally i.e. they become a 'captive audience'. The tables below show the number of members who have specified an interest in each of the various activities and service preferences. Please bear in mind that members can select more than one option, so the totals of the combined preferences below will not match our membership totals.

Levels of interest

Level 1 – Receive information and be involved in the election of governors	5057
----------------------------------------------------------------------------	------

Level 2 – attend some meetings, receive information and vote in elections	1101
Level 3 – More involvement in the governance of the trust and election of governors	1704

Specific areas of interest

Be an anti-stigma champion	1132
Receive trust wide information	406
Mental Health workshops and seminars	151
Find out more about the work of the Trust	134
Support at community events	88
Take part in consultations about Trust plans	72
Learn more about how to improve my own health and take part in health promotion campaigns	64
Consider standing as a governor	38

Specific service areas of interest

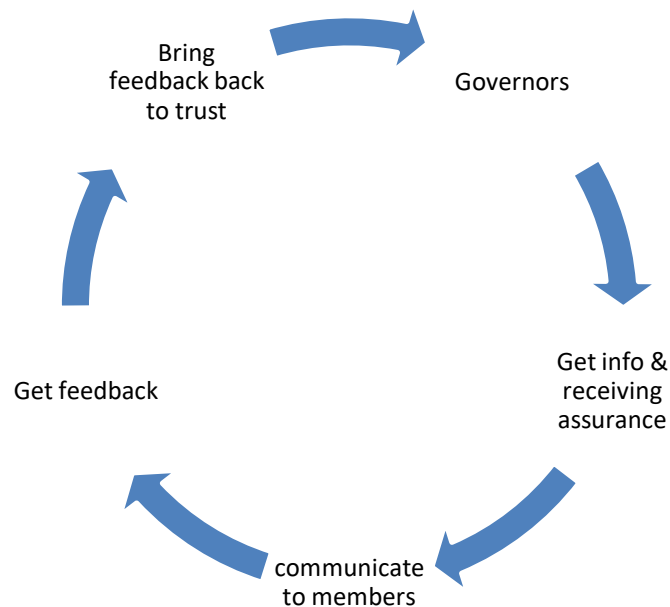
Addictions	64
Adult services	118
Older adult services	48
Other support services	16
Secure care services	42
Services for homeless	53
Specialist – deaf services	19
Specialist – Eating disorders service	58
Specialist – Mother and baby service	34
Specialist – Neuropsychiatry service	41
Specialist – Prison healthcare service	43
Specialist – Psychotherapy service	79
Young people's services	83

The benefit of recording this kind of information, and making use of it through our MES engagement system, is that we will be able to target members by particular interest areas with information they will be interested to receive and about events they will naturally be interested in attending. This will also help to demonstrate to members that we are listening to the feedback we receive from them.

Consideration is being given to streamlining our activity categories with support from MES. For example currently there are three separate categories which include a reference to 'receiving information' and four which include reference to 'involvement with governors'. It would be easier to target members according to their interests if there were more clearly defined activity types. It would also then be easier to link these activities up with service preferences. This will be picked up in the review planned with MES and reflected in future planning.

Governor Involvement Cycle

The involvement cycle for governors in receiving information, gaining assurance, communicating with members and the wider community, eliciting views and feeding those back into the trust is illustrated below:



Building on involvement to date

Governors play an important role in the strategic direction of the Trust and their input is extremely valuable. Governors are invited to feed in their views into the annual business plan and to contribute to strategic discussions. Joint strategy sessions with the Board of Directors are crucial to building relationships and ensuring the focus for our future.

Governors have been involved in attending carer and service user groups, have participated in judging the Staff Awards and have attended a range of regional and national conferences which provide an opportunity for governors to network and learn from colleagues elsewhere.

The Governors recognise there is more they do as individuals and collectively to support the work of the Trust in their role; and there is more the organisation can do in ensuring the voice of members is heard and communication with them is strengthened.

Other ways in which Governors are involved include:

- Providing input into the Annual Planning process
- Involvement in the development of strategies
- Receiving information through reports, briefings, plans and presentations
- Sharing information through briefings, magazines, meet the governor sessions, use of the website and social media
- Building knowledge to gain assurance through reading and preparation for COG and Board meetings, observation of meetings, participation in walkabouts, shadowing, participation in various involvement programmes

- Participation in training and development through joint sessions with the board, attending internal COG seminars and external opportunities for example through NHS Providers and Govern Well
- Participation in a range of external networking opportunities through attendance at meetings, by giving presentations and talks, manning membership stands at events, participating in fundraising projects
- Engaging in the community engagement projects, by attending events, such as (300 voices, community engagement days, mental health first aid training, supporting our Caring Minds Charity, Bedlam (festival of mad ideas))

In terms of staff engagement this strategy is designed to dovetail with the plans for joining up our approach staff engagement. The strategy highlights the benefits of having better engaged staff including - staff acting as advocates of the organisation, improved patient experience; attracting the best staff to the organisation, and better health and wellbeing amongst the workforce. It also noted the need to be clear about what we engage about, especially central messages and to have some bespoke strategies for engaging in difficult situations.

We will be looking, with the communications team and our staff governors, to identify with the best ways of supporting them to engage with staff and in raising their profile, such as

- Meet the governor sessions
- Providing support to collating information for the Friends and Family Test
- Participating in staff engagement forums and Proactive Partnership events
- Linking in with staff networks to support those who are LGBTQ+, BAME, disabled and from a range of faiths. These are a positive means for engaging people with protected characteristics and may help identify ways of doing so also for public governors. These can be supported through courses designed within the recently published recovery college prospectus. Governors, whether elected or public, are not expected to become members of the networks but to simply be available as a point of contact or reference for those within their constituencies.
- Information sharing through posters at all sites and on the intranet, on the governors and how to contact them
- Attending and presenting at information talks and events
- Webinars, blogs, videos, making greater use of Connect

Supporting governors to fulfil their role

The following tools and mechanisms will be put in place to support the governors to fulfil their roles.

- A detailed induction process for governors (including a buddying system with more experienced governors on the Council to help them develop their understanding of the role)
- Annual skills audit to help identify individual and collective training needs
- A Training and Development Plan which will reflect the skills audit and will also include developing
 - active listening skills,
 - carrying out holistic sessions with governors to identify and work together to address potential barriers to their own engagement (addressing any potential fears and anxieties),

- opportunities to learning about the NHS and broader policy,
- support in interpreting and challenging board and council papers,
- opportunities to get to know the Trust and its services
- opportunities to attend a of training, development and network events internally and externally locally and nationally
- joint training sessions with the Board for example around issues such as significant transactions, finances and savings, effective and constructive challenge, service line management, communications and marketing, the CQC inspection regime
- In – year action plans
- Making best use of opportunities at Trust sites
- A Governor involvement matrix to capture engagement activity
- Regular reports to the Council on engagement and involvement work
- Provide Governors with a badge and a toolkit of key information such as a road map of our services to enable them to speak with confidence wherever they may be about our Trust, its services and why membership is important.
- Development of a member recruitment campaign to address areas of under representation such as 17 – 21 age group (both men and women) and males under 30 and over 60.
- An annual survey of members and regular surveys on specific strategic issues
- Development of a communications plan to support this including an awareness raising campaign on who the governors are, what they do and how they can be contacted, review of our membership pages on the website and work with communications to develop and make use of webinars, blogs, videos, e-bulletins

Governors can also build their own knowledge through:

- Reading and preparing for COG meetings
- Observing Board and Board sub-committee meetings
- Participating in walkabouts/visits to services
- Observing Patient Assembly meetings
- Participating in COG sub committees (Nominations and Remuneration Committee)
- Participating in CQC internal self-assessments and mock inspections
- Participating in formal PLACE assessments programmes
- Supporting the Friends and Family process (collating views from service users and carers)
- Receiving presentations from staff groups
- Observing patient stories at board meetings and other events

Capturing the views of members

Feedback will be sought from governors between Council of Governor meetings, both from engagement activities arranged by the Trust which they have attended, but also to reflect other feedback received via the governors. This will be captured provided back in a formal report to each Council of Governors meeting. Further discussion on this will take place at regular COG discussions on progress with implementation of this strategy and will be reflected in planning going forward (including the on-going development of the in-year action plans).

Member event management

We will reinvigorate our use of the Event Zone in our MES system to invite members to attend events particularly around topics.

This part of the system is also linked with the individual member record which enables us to track what events a member has been invited to, RSVP'd for and attended. This will support us in analysing who is attending our events so we can continue to build deeper knowledge of who our most engaged members are and identify their key areas of interest.

We will make use of the Event Zone and the ClickEmail tool to put in place a series of events to engender greater involvement with our governors. Events provide a key opportunity for governors to engage with members, enabling communication directly with members and fostering stronger governor-member relationships.

We will carry out an edit (annually) to update our governor records including skills/training completion dates and areas of interest to the individual governor. When we have completed our skills audit to establish the baseline information we will be able to categorise governors in terms of areas of interest, ways in which they would like to be involved and will help us quantify on-going training needs.

Monitoring and Evaluation

In order to determine whether the methodologies outlined in the strategy are working, we will put in place a process for reviewing activity which has taken place and when, capture feedback received, outline the result or outcome and identify next steps or actions.

Progress against the strategy and the reviews of activity, will be received quarterly at the Council of Governors meetings. Governors will be asked formally for views every six months.

Appendix 1

Examples of good practice from case studies shared in '*Representing the interests of members and the public*' published by Governwell

Governor engagement with members
<p>York Teaching Hospital NHS FT</p> <ul style="list-style-type: none"> Designed and printed business cards for governors which governors hand out to members of the public to explain what they do and how to get in touch.
<p>South East Coast Ambulance Services NHS FT</p> <ul style="list-style-type: none"> Membership 'toolkit' for governors to use to recruit and engage with members (templates, advice and guidance for governors, presentation slides)
<p>Camden and Islington NHS FT</p> <ul style="list-style-type: none"> Use of a 'wishing tree' in their engagement forums on future use of a site which resulted in a range of ideas for clinical services, amenities, complementary services, education and training facilities and environmental improvements. A dedicated governor working group was established.
<p>Oxleas NHS FT</p> <ul style="list-style-type: none"> Created associate memberships for third sector organisations and businesses (to attend events and contribute views but not vote in elections – this has enabled them to connect with groups in communities they might not otherwise have reached)
<p>Somerset Partnership NHS FT and Taunton and Somerset NHS FT</p> <ul style="list-style-type: none"> Have held joint events for members and the public – one was called 'improving dementia services – the Somerset Way' – both Trusts explained the patient pathway (acute, MH and community services) and highlighted joint working.
<p>5 Boroughs Partnership NHS FT</p> <ul style="list-style-type: none"> Tiered approach to membership aligned to levels of interest/time for engagement – 'gold members' are those the Trust turns to first when it wants feedback, support and volunteers for specific projects as part of task and finish membership engagement groups
<p>Royal Devon and Exeter NHS FT</p> <ul style="list-style-type: none"> Runs 'members say' events once a year to listen to views on healthcare matters, talks, opportunities for dialogue, health fair. They also run focus groups based on the priorities raised by members themselves such as 'compassionate care what is and isn't and values underpinning it – planned by governors and resulted in a six minute film in cartoon format which is used to prioritise compassionate care amongst all staff and used in induction and training.
<p>Kings College NHS FT</p> <ul style="list-style-type: none"> Ran a series of events aligned to commemorating the 100th anniversary of the start of World War One – lectures, events, exhibitions and public activities led by the communications team. Including a joint talk with South London and Maudsley (SLaM) NHS FT on shell shock and treatment of physical injuries.
<p>West Midlands Ambulance Service NHS FT</p> <ul style="list-style-type: none"> Festival day organised by a local shopping centre, their community staff and governors worked together to raise awareness and gather feedback. Recruited c800 members over two days.
<p>Berkshire Healthcare NHS FT</p>

- Stand at Reading's Pride festival – team included clinical staff to talk to people about physical health, sexual health screening and mental health. Health checks were provided. Governors talked to people about the Trust more generally and recruited 200 members.

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT

- Organised a public event called 'Feeling younger for longer' – opportunity to meet with people, hear about their concerns and answer questions, signed up 50 members

13.1. AGM planning

14. Date & Time of next meeting

9 November 2023, 12.00- 14:00pm