

# Council of Governors

**Schedule**





Thursday 12 September 2024, 4:00 PM — 6:00 PM BST

**Organiser**


Hannah Sullivan

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# Agenda

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**Council of Governors**

**16.00-18.00pm, Thursday 12 September 2024**

**Barberry Centre**

**AGENDA**

Ref	Item	Purpose	Report type	Time
<b>Staff Story (16.00-16.20)</b>				
1	<b>Chair's Welcome and Introduction</b>			16.20
2	<b>Apologies for absence</b>			
3	<b>Declarations of interest</b>			
4	<b>Minutes of meeting held July 2024</b>	Approval	Enc	16.22
5	<b>Matters arising from meeting held July 2024</b>	Assurance		
6	<b>Chair's Report</b> <i>Phil Gayle, Chair</i>	Assurance	Enc	16.25
7	<b>Chief Executive's Report</b> <i>Roisin Fallon-Williams, Chief Executive Officer</i>	Assurance	Enc	16.35
<b>Governance</b>				
8	<b>Elections Update</b> <i>Hannah Sullivan, Corporate Governance and Membership Manager</i>	Assurance	Verbal	16.45
9	<b>Nominations and Remuneration Committee Report</b> <i>Phil Gayle, Chair</i>	Assurance	Enc	16.50
9.1	<b>CoG Nomination and Remuneration Committee Report: Request an extension of NED's tenure of office due to extenuating circumstances</b> <i>David Tita, Associate Director of Governance</i>	Approval	Enc	16.55
9.2	<b>CoG Nomination and Remuneration Committee Report: Succession Planning - Request for the recruitment of an Associate NED</b> <i>David Tita, Associate Director of Governance</i>	Approval	Enc	
9.3	<b>ToR of the CoG-led Nom Committee</b> <i>David Tita, Associate Director of Governance</i>	Approval	Enc	
<b>Performance and Partnerships</b>				
10	<b>Finance Report</b> <i>(for information)</i>	Assurance	Enc	17.25
<b>Assurance Reports</b>				
11	<b>Quality, Patient Experience and Safety Committee Report</b> <i>Linda Cullen/Winston Weir, Non-Executive Director</i>	Assurance	Enc	17.35
12	<b>Finance, Performance and Productivity Committee Report</b> <i>Bal Claire, Non-Executive Director</i>	Assurance	Enc	17.40
13	<b>People Committee Report</b> <i>Sue Bedward, Non-Executive Director</i>	Assurance	Enc	17.45
14	<b>Audit Committee Report</b> <i>Winston Weir, Non-Executive Director</i>	Assurance	Enc	17.50
15	<b>Caring Minds Committee Report</b> <i>Monica Shafaq, Non-Executive Director</i>	Assurance	Enc	17.55
16	<b>Any other business:</b> Reminder to register for Annual General Meeting, 24 September 24			
<b>Close by 14.00</b>				
<b>Date and Time of Next Meeting: Thursday 14 November 2024, 12.00-14.00pm</b>				

**Staff Story (16.00-16.20)**

# 1. Chair's Welcome and Introduction

## 2. Apologies for absence



### 3. Declarations of interest

## 4. Minutes of meeting held July 2024

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**Minutes of the Council of Governors Meeting  
Thursday 11 July 2024, 12.00,  
MS Teams**

<b>Members</b>	Philip Gayle	PG	Trust Chair
	Chris Barber	CB	Public Governor, East and North Birmingham/Black Country Boroughs
	Samantha Gethen	SG	Stakeholder Governor, Solihull Council
	David Slatter	DS	Public Governor, Solihull, Coventry and Warwickshire
	Leona Tasab	LT	Clinical Staff Governor
	John Travers	JT	Lead Governor
	Dr Onyekachi Ugwuonye	OU	Medical Staff Governor
<b>Attending</b>	Thomas Kearney	TK	Non-Executive Director
	Kat Cleverley	KC	Company Secretary
	Hannah Sullivan	PH	Corporate Governance and Membership Manager (minutes)
	David Tomlinson	DT	Executive Director of Finance
	Vanessa Devlin	VJD	Executive Director of Operations
	Dr Fabida Aria	FA	Medical Director
	David Tita	DT	Associate Director of Corporate Governance
	Linda Cullen	LC	Non-Executive Director
	Claire Maiden	CM	Matron Home Treatment

Ref	Item
0	<p><b>Staff Story</b></p> <p>The Council welcomed CM to the meeting who shared her experiences over her 15 years in the NHS noting her most recent and current role as Matron in Home Treatment. CM proudly spoke about her teams always striving to deliver the best possible service in always going above and beyond. She highlighted the importance of living the Trust values and recognised these as having had a significant impact on her experiences at the Trust noting the positive improvements over recent years in the culture of leadership.</p> <p>CM shared her passion for mental health and found memories over the years in making a difference and supporting people under our services.</p> <p>CM noted the ongoing pressures and challenges for the service as demand continues to grow and acuity levels remain high. Staffing, relationship with the police and AMPS were highlighted as some of the challenges.</p> <p>The Council noted the change in leadership has been positive and new management is inclusive, supportive, passionate and takes a multi-disciplinary approach to ensuring services delivered are the highest standards.</p> <p>CM recalled a previously difficult serious incident and assured the Council of the lessons learnt and improvements made to the service including risk huddles, psychological safety and clinical supervision. Clinical supervision is currently exceeding the target of 95% and staff are supported to track their compliance.</p> <p>There have been a number of band 5/6 staff recruited to support the leadership team in line with the competency framework.</p> <p>Overall compliance for the service is high for fundamental training, ELS, risk assessments and care planning.</p> <p>CM recognised there are areas for ongoing improvements inline with the significant improvements already in place.</p> <p>PG thanked CM for her presentation and recognised the high levels of acuity adding pressures to the team.</p> <p>LC queried whether the locality model has improved overall experiences?</p>

	<p>CM noted the feedback is mixed as demand has continued to increase with bed waiting lists currently over 50. She noted the need for clarity on roles and responsibilities so staff are not overwhelmed.</p> <p>LT noted the locality model is not fit for purpose in all areas and needs further exploration to ensure the model adds value.</p> <p>LT thanked CM for her continued dedication, humility and authenticity, noting the leadership improvements supporting staff.</p> <p>TK thanked CM noting the positive approach to supporting both staff and service users. He noted the service continues on a journey of improvements and queried what support is needed to enhance the support?</p> <p>CM confirmed staff feel supported and heard by senior leaders. Ongoing support from the Board of Directors is well received as improvements beyond the Trusts scope continues with external leaders.</p> <p>PG thanked CM for demonstrating the Trust values and for her continued leadership.</p> <p>PG noted the importance of starting meetings with staff stories to ground discussions.</p>
1	<p><b>Chair's Welcome and Introduction</b></p> <p>PG welcomed everyone to the meeting.</p>
2	<p><b>Apologies for absence</b></p> <p>Mustak Mirza, Matthew Broome, Winston Weir, Sue Bedward, Monica Shafaq, Bal Claire, Roisin Fallon- Williams.</p>
3	<p><b>Declarations of interest</b></p> <p>There were no new declarations.</p>
4	<p><b>Minutes of meeting held on 9 May 2024</b></p> <p>The minutes were agreed as a true and accurate record.</p>
5	<p><b>Matters arising from meeting held on 9 May 2024</b></p> <p>All matters arising were updated. DT confirmed RFW has escalated the savings targets for Uffculme and this is being reviewed.</p>
6	<p><b>Chair's Report</b></p> <p>PG highlighted key points as follows:</p> <ul style="list-style-type: none"> <li>• Fit and Proper Persons for the Trust Board have been completed</li> <li>• Non- Executive Director appraisals have been completed in line with a robust 360 degree process</li> <li>• Committee Chairs meet on a quarterly basis to ensure triangulation across Committees</li> <li>• Governors shadowing Committee offer remains open</li> <li>• Visits to the different services continue on a weekly basis as they provide me with an opportunity as chair to see the great work we provide across both Birmingham and Solihull sites</li> <li>• Weekly NHS Confederation Mental Health Chairs Network meetings and NEDs Forum meetings continue, which are fantastic platforms to hear and share learning from different mental health trusts across the country</li> <li>• Commissioning Committee met on Wednesday 1 May. The BSol Mental Health Provider Collaborative celebrated its one-year anniversary in April 2024 following the transfer of NHS Mental Health commissioning and delivery responsibilities from the ICB</li> <li>• Met with Paul Johnson, Chief Executive of Solihull Borough Council at the Council House, and we had a productive and insightful discussion around our services</li> <li>• Met with Justin Varney, Director of Public Health for Birmingham City Council. We had discussions around population health management with specific focus on mental health</li> </ul>

	<ul style="list-style-type: none"> <li>• Met with Simon Foster, Police Crime Commissioner to discuss the Right Care, Right Person process and discuss the early challenges</li> <li>• Richard Parker has been elected as the mayor of the West Midlands</li> <li>• MP changes following the elections, introductory meetings are being scheduled</li> </ul> <p>JT raised concerns that the Governors have not been fully engaged in the significant transaction for Learning Disabilities and Autism and asked for further assurances in relation to the due diligence.</p> <p>DTi confirmed the Council endorsed the proposal in March 2024 and a briefing note was sent to members through the engage portal.</p> <p>JT asked that future engagement for significant transactions are increased and communicated wider across the Trust.</p> <p>JT and DTi agreed to meet to discuss significant transactions and the responsibilities of the Governors.</p> <p><b>ACTION: JT and DTi agreed to meet to discuss significant transactions and the responsibilities of the Governors. HS to diarise.</b></p>
7	<p><b>Chief Executive's Report</b></p> <p>VJD highlighted key points as follows:</p> <ul style="list-style-type: none"> <li>• The relaunch of the new Health and Wellbeing training for all managers has been going well and is well attended</li> <li>• Our third centralised recruitment day for Nurses was held in April. We interviewed 25 candidates and made 14 offers</li> <li>• Within the last 3 months, we have appointed to 9 Consultant posts and 5 Specialty Doctors posts. 5 of these posts have been through international recruitment</li> <li>• Our Integrated Community Rehabilitation Team (ICRT) has started to have a positive impact as the service continues to divert service users from inpatient rehabilitation, resulting in reductions in OOA placements. The team provide intensive rehabilitation similar to our open inpatient rehabilitation units, but within the service user's home. This enables less restrictive care options and has diverted over 30 service users so far from requiring an inpatient rehabilitation placement, along with providing early discharge for 5 service users from placements outside of Birmingham and Solihull for 5 service users at present</li> <li>• There have been a number of changes in leadership within the ICCR team</li> <li>• Our Ardenleigh Child and Adolescent Mental Health Services (CAMHS) service users have completed the Duke of Edinburgh Award which is a brilliant achievement</li> <li>• Reaside completed an employability workshop project, which is a partnership project with Voluntary, Community and Social Enterprise (VCSE). A Culturally Appropriate Advocacy service has been established within Reaside and the Birmingham Community Advocacy service has also been relaunched</li> <li>• The Intensive Supervision Court (ISC) pilot is successfully addressing the support needs for female offenders. Sixty six percent of people coming through this pathway are now on a Mental Health Treatment Requirement (MHTR) order as opposed to receiving custodial sentences, which is more conducive with our treatment focus</li> <li>• We continue to drive our productivity plan to enable us to eliminate our inappropriate out of area placements. We have shared good practice across divisions and undertaken a peer review to support our current discharge and flow processes, the outcome will be supported through our quality improvement framework</li> <li>• Both of our acute wards on our north site continue to be supported via our enhanced monitoring framework with notable improvements recognised</li> <li>• We successfully held an Admin Celebration Day (24th April) an International Nurses Day (13th May)</li> <li>• The Older Adult Mental Health &amp; Wellbeing Community Event is scheduled for 6th June 2024. This is to showcase the variety of services within the West of Birmingham to support the community and our</li> </ul>

	<p>service user health and wellbeing and try to reduce health inequalities, in line with the 5-year plan for Older People. LT was thanked for her leadership</p> <ul style="list-style-type: none"> <li>• Implementation of the new memory assessment pathway has progressed further with the central booking system due to go live in the forthcoming months</li> <li>• Our LDA Steer Group is now up and running and continues to finalize its membership. Workstreams have now been identified and work is underway to confirm our programme leads to ensure work is progressed as identified within our LDA Action Plan</li> <li>• The Trust submitted its annual plan in line with national deadlines at the beginning of May following multiple discussions across the system on how to deliver the expected financial performance for this new financial year. While levels of inflationary funding at just 0.6% remains extremely challenging, the funding available to support Trust cost pressures such as Out of Area bed spend is also extremely limited which means that the savings target for the year and ability to deliver our financial plan mean difficult decisions will need to be made throughout the year</li> <li>• We had three positive CQC Mental Health Act visits during the month of May where service users were complementary about feeling safe, being treated with respect and kindness, coproducing care plans, planned activities and understanding discharge pathways</li> <li>• We successfully implemented the first three phases of Right Care, Right Person (engagement, welfare checks &amp; AWOL) and continue to monitor progress. Plans are in place to fine tune data collection for effective operational oversight. Required changes to practice, policies, and procedures are going through our governance process as we prepare for further workshops and planning in preparation of phase 4 &amp; 5</li> <li>• Welcome Lisa Stalley- Green, Executive Director of Quality and Safety (Chief Nurse) after one month in post</li> </ul> <p>LT noted the ongoing concerns from nursing staff regarding the lack of leadership over the past few months and need for sustainability.</p> <p>VJD recognised the instability and assured the council that leadership is now in place and the nursing structure is under review to support staff.</p>
8	<p><b>Elections Update</b></p> <p>HS presented the elections update noting that following a successful round of recruitment last November a number of newly appointed Governors have stood down. The Council were assured there are robust plans in place with elections going live in June 2024 for new members to be recruited noting a total of five vacancies in a range of constituencies.</p> <p>HS confirmed she attended the Community Engagement event at Reservoir Court and developed handouts that were shared at the event that clearly note the responsibilities of being a Governor.</p> <p>HS confirmed she also attended the Recovery for All Forum and met with a range of staff and experts by experience. The forum welcomed the details shared with them and agreed to share the opportunities within their communities.</p> <p>HS confirmed she has met with the Patient Experience Team and has draft a communication for them to share through their networks.</p> <p>HS welcomed SG as the newly elected stakeholder governor for Solihull Council and confirmed Naheeda Liqit has stood down from her role.</p> <p>PG continues to liaise with West Midlands Police to identify a new stakeholder and will confirm in the coming weeks.</p> <p>The Council thanked HS for her dedication in exploring inclusive ways to promote the elections.</p>
9	<p><b>Shared Services</b></p>

DET was in attendance at the meeting to present the significant transaction for shared services noting this remains embargoed.

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

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

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

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

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

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

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

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

- No Trust has overall control
- All Trusts have equal say
- Trusts as 'owners', others (e.g. ICB, outside BSol) as 'customers'
- Establish vehicle first
- Add services on case by case basis
- 'Freeze' existing benefits for organisations at start

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

DS queried what services will be included and whether those services exist in the other organisations?

DET confirmed at this stage no decisions have been made as to what services this would transfer. He confirmed the purpose will be to improve efficiencies and improve quality overall.

He confirmed no Trust will have overall control and each service transferred will be considered and proposed as a separate significant transaction, case by case.

DS queried how costs savings will be ensured?

DET confirmed there will be no upfront costs. There will be legal changes required including declarations on Companies House. He noted the importance of understanding the benefits of the transfers and transactions on a case by case basis so the benefits for each proposal are clarified.

LT confirmed approval in principle noting the risk of losing personal relationships as services merge and need for staff to remain aligned to services and teams for continuity.

	<p>DET recognised the concerns noting the current provision in place with procurement. He confirmed business standards will be set to ensure continuity.</p> <p>SG queried whether there will be a risk of redundancies?</p> <p>DET confirmed this is not the driver for the transactions and that all aspects of the transfer will be worked through and clarified with finance colleagues. He noted there are expectations for cost savings over time and recognised the communication to staff will be key. He confirmed that following the transfer of estates and facilities staff to SSL staff did strike however lessons have been learnt regarding communication with staff and future transactions will be improved.</p> <p>PG confirmed the model will reduce agency spend and will create a pool of resource and there are options for the Trust to opt out of the proposal.</p> <p>DET noted the overall consensus from the organisations is to opt to do things properly and improve overall services.</p> <p>JT queried how the governance will be scrutinised if the proposal remains confidential?</p> <p>DET confirmed the details will be scrutinised through Private Boards and all Boards have agreed to the proposal in principle. He noted the importance of articulating the details as one voice at the appropriate time. He confirmed the current proposal is in relation to the vehicle and the due diligence is in relation to these government arrangements. The Boards will work together to ensure there are representatives from each Board when formal communications are ready for publication.</p> <p>DET noted the current governance arrangements for SSL are robust with SSL presenting the Board of Directors quarterly in public, bi- monthly service reviews, monthly operational reviews and monthly Shareholder Boards and these standards will be maintained.</p> <p>JT stated each service considered for transfer will need to be presented to the Council on a case by case basis to ensure due diligence.</p> <p>DET confirmed this will be the process for each service proposal.</p> <p>He noted the overall benefits will be highlighted within each case including VAT savings and benefits for staff as SSL offer a range of pension and premium benefits.</p> <p>JT queried whether the Trust properties will extend their leases under SSL?</p> <p>DET confirmed the current arrangements remain in place whilst reviewing the best use of each estate.</p> <p>JT noted the importance of protecting the current investments.</p> <p>DET confirmed the freeze of existing benefits for organisations.</p> <p>PG confirmed staff side are aware of the proposal and will continue to maintain oversight as this remains embargoed.</p> <p>The Council voted to endorse the proposal for the significant transaction as a key step prior to review by NHS England.</p> <p><b>DECISION: The Council voted to endorse the proposal for the significant transaction as a key step prior to review by NHS England.</b></p>
10	<p><b>Finance Report</b></p> <p>The Council received the report for information.</p> <p>It was agreed future reports will include a front sheet that highlights for escalation.</p>
11	<p><b>Quality, Patient Experience and Safety Committee Report</b></p> <p>The Council received the reports for information and noted the salient points as:</p>



	<ul style="list-style-type: none"> <li>• The Committee noted the change in approach from the CQC as regulators with a focus on effectiveness and responsiveness being monitored</li> <li>• The ongoing action plans for the CQC continue to provide assurance</li> <li>• The Committee received a detailed update on Health Inequalities and noted the plans for ongoing development of the report to highlight the milestones and timescales as Health Inequalities is embedded as business as usual</li> <li>• The Committee received the Mental Health Community Service User Survey 2023 noting the Trust has been identified as performing 'worse than expected'</li> <li>• The Board Assurance Framework continues to be developed and a further deep dive has been scheduled for July's Committee meeting</li> <li>• The Committee was assured by the Clinical Services and Quality strategy update and approved the goals for 2024/25</li> </ul> <p>JT queried whether the Quality Account has been approved?</p> <p>LC confirmed there were delays in the Committee receiving the Quality Account therefore an extra ordinary Committee was scheduled and the account has since been approved.</p>
12	<p><b>Finance, Performance and Productivity Committee Report</b></p> <p>The Council received the reports for information and noted the salient points as:</p> <ul style="list-style-type: none"> <li>• The total plan for out of area expenditure, including a £5m savings target, was £14m. Month 2 reported expenditure of £3.4m, which was £1m adverse to plan. The current forecast spend was £18m</li> <li>• The Group position at Month 1 was a reported £422k deficit (comprising a £315k deficit for MHPC, £83k deficit for the Trust, and £10k deficit for SSL). Key drivers for this position were out of area performance, bank and agency spend, and packages of care related to S117</li> <li>• The Group position at Month 2 was a reported £147k deficit (comprising a £0.4m deficit for MHPC, £0.3m surplus for the Trust, a £1k surplus for SSL, and a £42k surplus for Reach Out)</li> <li>• The ICT and Cyber Assurance Report provided assurance on the activities being undertaken to utilise digital systems, improve infrastructure and safeguard the organisation from cyber attacks</li> <li>• The Committee retrospectively endorsed the 2024/25 financial plan which comprised a revenue plan of £2m surplus, and a capital plan of £11.9m. The plan had been submitted to NHSE on 12 June</li> <li>• Staffing and agency costs remain a pressure</li> <li>• Positive recruitment drive including international recruitment with 82 international staff now in post</li> <li>• Out of area cost pressures continue</li> </ul> <p>CB queried whether the £10k deficit for SSL impacts on the Trusts overall deficit?</p> <p>TK agreed to raise the query and respond directly to CB.</p> <p>JT queried whether the annual report has been approved?</p> <p>It was confirmed the annual report has been approved and will be laid before Parliament next week.</p> <p><b>ACTION: TK to respond directly to CB re SSL deficit query.</b></p>
13	<p><b>People Committee Report</b></p> <p>The Council received the report for information, noting the salient points.</p> <p>CB queried the ethnic disparities in the employment case work data and asked for assurances from the Committee that the data is being reviewed and addressed.</p> <p>It was agreed the query would be raised with SB as People Committee Chair to respond directly to CB.</p>

	<b>ACTION: SB to respond to CB re ethnic disparities query.</b>
14	<p><b>CoG Effectiveness Annual Self-assessment results</b></p> <p>The Council received the Effectiveness Annual Self-assessment report for assurance following the survey monkey that was launched in May 24. The survey is an efficient and effective method and is a key requirement of good governance especially in performing its statutory duties of holding the Non-Executive Directors individually and collectively to account as well as representing the interests of the members and the public as a whole. The results of this self-assessment enables the council to demonstrate how well it perceives it is equipped to effectively operate in delivering its key statutory duties and responsibilities.</p> <p>It was confirmed 8 members of the council completed the survey, of the 8 respondents who initially logged in to complete the questionnaire, one completed less than 40% of the survey and therefore this has not been included throughout the analysis while 7 effectively participated in the survey, although none completed the section on qualitative feedback around what is working and what isn't working. An analysis of the SurveyMonkey has been themed in line with the broad themes under which the survey questions were structured.</p> <ul style="list-style-type: none"> <li>• Statutory roles and responsibilities.</li> <li>• Relationship and representation.</li> <li>• Support and training.</li> <li>• Leadership and Chairing.</li> <li>• Deliberations and conduct of business</li> </ul> <p>The Council note the key concern as the low response rate to the survey monkey as only 4 (25%) out of the 16 members of the CoG completed the questionnaires.</p> <p>It was agreed team building would benefit the council overall and that the scheduled in person meetings will support this going forward. The next meeting will be held in person, onsite at the Barberry.</p> <p>The council noted the recommendations.</p>
15	<p><b>Any other business</b></p> <p><b>Chris Barber</b></p> <p>The Council wishes CB a very happy 65<sup>th</sup> Birthday for next week.</p> <p><b>Staff stories</b></p> <p>The Council agreed to include spiritual care and staff networks on the forward planner to attend for staff stories.</p> <p><b>Values awards</b></p> <p>The Council agreed to explore the options in sponsoring an award at the next values awards ceremony.</p>
<b>Close</b>	

Actions/Decisions			
Item	Action	Lead/ Due Date	Update
<b>Item 6 Chairs report</b>	JT and DTi agreed to meet to discuss significant transactions and the responsibilities of the Governors. HS to diarise.	HS Sept 24	Confirmed 17/07/24

<b>Item 9</b> <b>Shared Services</b>	The Council voted to endorse the proposal for the significant transaction as a key step prior to review by NHS England.	All	
<b>Item 12</b> <b>Finance, Performance and Productivity Committee Report</b>	TK to respond directly to CB re SSL deficit query.	TK Sept 24	
<b>Item 13</b> <b>People Committee Report</b>	SB to respond to CB re ethnic disparities query.	SB Sept 24	

## 5. Matters arising from meeting held July 2024

## 6. Chair's Report

Report to Board of Directors					
Agenda item:	6				
Date	12 September 2024				
Title	Chair's Report				
Author/Presenter	Phil Gayle, Chair				
Executive Director		Approved	Y		N
Purpose of Report			Tick all that apply ✓		
To provide assurance	✓	To obtain approval			
Regulatory requirement		To highlight an emerging risk or issue			
To canvas opinion		For information		✓	
To provide advice		To highlight patient or staff experience			
Summary of Report					
Alert		Advise	✓	Assure	✓
This report provides a summary on key items and updates to the Council from the Chair.					
<b>KEY POINTS</b>					
The report provides a summary update on:					
<ul style="list-style-type: none"> <li>• Oversight and governance</li> <li>• Fit and Proper Persons Annual Declaration for 2023/24</li> <li>• Listening to our patients and colleagues</li> <li>• Partnership working with the Birmingham and Solihull Integrated Care System</li> <li>• Working with stakeholders</li> <li>• Awards</li> </ul>					
Recommendation					
The Board is asked to receive the report for assurance.					
Enclosures					
N/A					

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

## **CHAIR'S REPORT**

### **1. INTRODUCTION**

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

### **2. Governance Matters**

Our committees continue to provide oversight and assurance on matters of quality and safety, patient experience, of finance productivity performance, of people and culture, as well as audit and internal controls continue.

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

Our Council of Governors met in public on 11 July and amongst other important business, the Council approved in principle to progress with the significant transaction of the shared service model with an understanding that a formal request for approval from COG will be submitted full diligence is completed and the Board has approved the significant transaction.

The Board held their Board development session on the 3 July where we had the opportunity to review the effectiveness of the Integrated Performance report.

### **3. SERVICE VISITS**

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

#### **Listening to staff**

- 3.2 My visits to the different services continue on a weekly basis as they provide me with an opportunity as chair to see the great work we provide across both Birmingham and Solihull. I always enjoy spending time with our staff, and patients to listen and understand what some of the challenges are but also hearing about the great work they are providing.
- 3.3 I was pleased to visit Ashcroft, a Mental Health service and Community base for older people. I met with staff from a range of services and was so pleased to see staff working together to deliver the best service possible for the older generation.
- 3.4 It was also a pleasure to visit with Roisin our CEO two of the Psychiatric Liaison service teams at the Queen Elizabeth and Birmingham City Hospitals to meet the teams and observe operations, speak with staff about the service and hear about some challenges they face related to team service location which are in different for each site.

- 3.5 I visited again with Roisin Recovery Near You, a substance misuse service in Wolverhampton, and was pleased to meet with a range of hardworking staff and great work they are doing and were able to showcase. It was great to be able to see the ongoing developments within these services.
- 3.6 I attended our first Medical Celebration Awards event held at the Orange Studio in Birmingham City Centre. It was a real pleasure to see the many awards presented to our clinicians recognising their work and accomplishments.
- 3.7 I look forward to visiting HMP Birmingham in the near future.

#### **4. Partner and System Development / Stakeholders**

- 4.1 I attend the weekly NHS Confederation Mental health Chairs Network meetings which is a great platform to hear and share learning from different mental health trusts across the country.

#### **5. BSMHFT Mental Health Provider Collaborative**

From 1<sup>st</sup> June 2024, the responsibilities for tactical commissioning of Learning Disabilities & Autism (LD&A) lie with the Bsol Mental Health Provider Collaborative.

In order to ensure we have the appropriate governance and oversight arrangements in place to deliver this new responsibility, a Learning Disability and Autism Executive Steering Group (led by Richard Kirby, Chief Executive of BCHC) has been established, which reports into the BSMHFT Commissioning Committee.

In addition, the Collaborative has also launched its Children & Young People's Transformation Programme to help shape a new model of care for children and young people across Bsol.

#### **6. Stakeholder Engagement**

- 6.1 I am pleased to continue to be able to Chair the Council of Governors meetings where we dedicate time to receiving assurances from the Non- Executive Director colleagues on key areas of focus for the Trust and engaging in productive discussions and development.
- 6.2 I visited Sir Bruce Keogh, Chair of Birmingham Women's & Children's NHS Foundation Trust at their Children's Hospital site where I had a tour of the hospital and met with a range of staff. BSMHFT and BWC continue to work closely together with ongoing shared projects.
- 6.3 I maintain my regular monthly meetings with Shane Bray from SSL which are helpful and informative.
- 6.4 I meet bi-monthly with Rebecca Farmer, Director of System Co-ordination and Oversight for NHS England where we discuss key areas of focus for the Trust.



**7. PEOPLE / QUALITY**

- 7.1 Regular 1:1's are held with Roisin, Chief Executive, and the Executive and Non-Executive Directors.
- 7.2 Regular people development and strategy sessions are held for our Corporate Team which I also attend.
- 7.3 I continue to meet with the Freedom to Speak Up Guardians monthly to ensure I continue to have oversight of the key themes from concerns raised and offer my support where I can in addressing these.
- 7.4 I attended our Values Awards ceremony where staff from the Trust were recognized for their hard work and commitment to the services.

**PHIL GAYLE**

**CHAIR**

## 7. Chief Executive's Report

Report to Council of Governors					
Agenda item:	7				
Date	12 September 2024				
Title	Chief Executive Officer and Director of Operations Report				
Author/Presenter	Vanessa Devlin, Director of Operations Roisin Fallon-Williams, Chief Executive Officer				
Executive Director	Roisin Fallon-Williams, Chief Executive Officer	Approved	Y	✓	N
Purpose of Report		Tick all that apply ✓			
To provide assurance	✓	To obtain approval			
Regulatory requirement		To highlight an emerging risk or issue			
To canvas opinion		For information			✓
To provide advice		To highlight patient or staff experience			
Summary of Report					
Alert		Advise	✓	Assure	✓
Our report to the Governors 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.					
Recommendation					
The Board is asked to receive the report for assurance.					
Enclosures					
N/A					

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

## CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT

### PEOPLE

The next module of our new HR Toolkit Training will be released at the end of July, which will be related to the Trust Disciplinary policy.

The recently launched HR chat bot – ‘Ask Ava’ continues to grow and further reviews are due shortly to enhance the database of answers.

The Trust Wellbeing Steering group is currently reviewing the feedback from the Trust wide questionnaire alongside our Staff survey results to establish a wellbeing strategy. In addition, continuous evaluation is being conducted on our Occupational Health provision to ensure it is meeting the needs of colleagues.

The Learning and Development team have recently been approached by the ICB to lead on the implementation of a coaching and mentoring framework across the system. This work will feed into the wider Talent management agenda and the project plan will be developed by the end of August.

Locally the First line management programme continues to be reviewed and refreshed based on organisational need and local diagnostics. A Learning & Development service delivery plan is due to be published over the next quarter.

#### ***Workforce and Resourcing***

Our vacancy rate for May was 13.69%. This is slightly ahead of the trajectory target of 14%.

Within this the vacancy rate for registered Nurses was 20.5%. We held a centralised recruitment event for band five nurses in May resulting in sixteen job offers being made.

In May, our turnover rate was 8.8%. This is a 0.2% reduction from April and below our target.

In a rolling 12-month period, 411 people have left the Trust (321 left and ninety have remained on the bank).

The only two directorates that are above the KPI are Acute and Urgent Care with 11.4% turnover and Strategy, People and Partnerships with 14.8% turnover.

Focused work going forward includes:

- Continued focus on improving the flexible working data. We are reviewing the reporting to make it more accurate and helpful to teams.
- We are looking at “Stay Conversations” – currently looking at some benchmarking across local Trusts. An update will be available during August.
- We are part of a “People Promise” system-wide group. As part of that group, we are looking at completing a self-assessment tool, the output of which will provide some further areas of focus, and this will be available in due course.
- The team are conducting monthly “career conversation” drop-in sessions and we are looking at how we can monitor the impact of these.

### ***Bank and Agency***

Bank WTE usage dropped by 14.58 WTE and agency usage dropped by 5.25 WTE in May. We are currently below our workforce plan trajectory.

Agency usage continues to be heavily monitored with Executive approval needed for HCAs and no agency administration posts. Significant reductions in our use of doctors via agencies and over cap have been made and further reductions are planned. This has in part been possible due to the progression of the transformation programme within the CMHTs and international recruitment activities, attracting Consultants from the USA, South Africa, and India.

We are shortly going live with the NHS Professionals National Bank which will provide an option to supply workers before going to agencies with significantly lower margins.

We are now live using the Direct Engagement model for doctors. This should provide some significant savings on VAT costs.

There is ongoing work with the Quality Improvement team looking at reducing bank usage. As part of this the Acting Deputy CNO is leading a project to reduce bank usage in Acute and Urgent Care and Secure Services.

From 1st July, we have not been able to use any off-framework agencies.

### ***Doctors Industrial Action***

The 11th period of industrial action by Junior Doctors took place at the end of June. An average of 55% of doctors took part in strike action across the 5 days. Throughout the Industrial Action, the lowest participation rate was 38% (16/06/23) and the highest participation rate was 65% (11/08/23)

The BMA Junior Doctors Committee has met with the Secretary of State for Health and Social Care and formal negotiations have led to a new pay offer which will now be recommended by the BMA to members for consideration.

On 18/06/24 Specialty and Associate Specialists (SAS) grades voted in favour to accept the government's pay offer.

### ***GMC Sponsorship***

Following a lengthy application process, we have recently been approved to act as a Sponsor for International Medical Graduates to gain registration with the General Medical Council. We have developed a two-year fellowship programme to support experienced, skilled overseas Psychiatrists to gain an understanding and experience of working in the NHS so that they can work towards building a portfolio of evidence of clinical work which will support a successful application for a Certificate of Eligibility for Specialist Registration (CESR) and eligibility for substantive Consultant appointment.

### ***BSMHT Disability Works for Us Campaign***

Our new '[Disability works for us](#)' campaign was launched in July and aims to counter discrimination based on visible or invisible disabilities or health conditions, even when it is unintentional. [Take the pledge to be disability-aware](#) via the online form or use one of the leaflets distributed around the Trust.

We're encouraging colleagues to consider other people's challenges and to report any problems we identify and to be aware of how our language, behaviour and assumptions might affect people living with a disability or long-term illness.

A growing number of colleagues are signing the pledge, the campaign shares a strong message of taking a positive, inclusive approach to those with disabilities and long-term health conditions and understanding the barriers colleagues may face, so that we can ensure that we support these valuable colleagues to work effectively and successfully.

## CLINICAL SERVICES

### ***Integrated Community Care and Recovery (ICCR)***

Community Mental Health Teams (CMHTs) have been focused on improving standards for medication management and quality of Integrated Care Record. The establishment of a clear procedure for Management of Missed Depots sets out a clear escalation process and has been well received by teams. Work is also currently underway in developing Prescribing Standards to identify when the varying prescribing methods we have to use should be applied. Furthermore, a Standard Operating Procedure has been developed in relation to Safe and Secure Management of particular Prescriptions ensuring strong processes around usage and these are audited monthly.

Recovery Near You (RNY), supported by ring fenced funding, has commenced scoping to set up a dual diagnosis service for Wolverhampton. Referrals for Alcohol have increased through various service promotional events. The completion rate for opiates has increased to 7.8% in the first quarter. Recruitment continues for a new Dual Diagnosis team at RNY working with Black Country Healthcare NHS Foundation Trust, commissioned through Wolverhampton City Council.

The homeless teams continue to work collaboratively with partners across the city for people who are homeless and rough sleeping. Supported by an MDT approach people are supported holistically with their, mental health, financial and physical needs. The homeless CMHT is on target for their wait times and any person exceeding the waiting time is contacted for an assessment.

In our Steps to Recovery service, progress has been made in rolling out the Peer Review process around Quality Standards across the service and a defined delivery plan is being finalised. Strategic objectives have been finalised including the development of a co-production strategy within the service and considering ways to address health inequalities. Recruitment is progressing with good effect. Band 5 vacancies have been recruited to with only minor gaps remaining with an active plan to fill in place. A focus on the Integrated Care Record (ICR) - care planning and risk management, both quality and compliance has been closely monitored with all ICR domains now at 90%+. Waiting lists for the service is low, which is positive, particularly for our Community Rehab Units where the interface with Integrated Community Rehabilitation Team (ICRT) is having significant positive impact on diverting those from inpatient stays, along with shortening the Length of Stay through early discharge to ICRT. This has enabled bed capacity to effectively step-down individuals from Out of Area High Dependency Unit placements.

In Neighbourhood Mental Health Teams (NMHT) collaborative working continues with community and voluntary organisation partners to enhance the pathway and offer for service users. The service is currently developing a referral/triage hub to bring services together at the point of referral to support people to the right place at an early stage. The service is also looking at options, including a step-down clinic, for improved transitions from CMHT to Neighborhood Mental Health Teams (NMHTs).

The CQC recently reinspected the Community Mental Health Teams (CMHTs) and verbally shared feedback, the final report is awaited. The teams have worked incredibly hard to make improvements and we hope this will be reflected in the final report. A further transformation project involving the Longbridge Team has commenced, governance and reporting structures have been agreed for updates. The project will focus on trialing new roles, caseload review and a new management and demand led appointment approach.

CMHT roadshows in collaboration with the Transformation Team have reached out to CMHT colleagues, to provide updates and consider next steps for CMHTs in line with the Community Transformation programme. As part of this work ongoing work continues to improve the interface with CMHT and urgent care pathways and Forward Thinking Birmingham.

Long term sickness has reduced across ICCR following a focused effort from managers and HR to support staff back into work.

The North CMHT were successful at the Values Awards, receiving the Gold Award for Quality Improvement for their project around FP10 usage and the Community Transformation Team received a Gold Award for Support Team of the Year.

### ***Secure Care & Offender Health (SCOH)***

Child and Adolescent Mental Health Services (CAMHS) parents, carers and families are working with psychology colleagues to write articles around the reality of having a child in Secure Care. Positive initial feedback has been received from the Autism accreditation review. Staff and patients have also co-produced a project on LGBT awareness and their 'Young people's development of LGBT training package' has been nominated for the Reducing Inequalities and Improving Outcomes for Children and Young People HSJ Award.

Reaside Clinic has received extra funding to increase the health care assistant's establishment in line with the recent safer staffing recommendations, which will greatly improve the care provided to our service users and ease staffing pressures. A second Matron has been appointed to Reaside which will help to improve quality and experience. The divisional leadership team is continuing to work with the Reaside senior leadership team to address culture concerns and improve the staff engagement, involving our Freedom to Speak Up Guardians. Our Equality, Diversity and Inclusion Team, our Organisational Development Team and others to support this.

Tamarind have recently had a positive Reach Out Quality Review, with helpful feedback to improve quality. The Tamarind Carers evening event was well attended and received very good feedback from all involved. Nursing vacancies have significantly decreased in men's services and currently we have only one RMN vacancy per ward.

Our Forensic Intensive Recovery Support Team (FIRST) have now established their own Continuous Quality Improvement Initiative Committee (CQII). The team have received bespoke Bronze QI training and are developing new project ideas with the support of the QI team. FIRST have appointed a Recovery Lead and are working to increase service user involvement and collaboration in service development through the introduction of FIRST Recovery Outcomes and Wellbeing (ROW) committee, which met for the first time in July and plan to launch the FIRST service user forum in August. FIRST saw significant improvements in their staff survey results this year, and new communication initiatives have been well-received by the team, including a quarterly staff newsletters and service-wide meetings. The capital review group has now agreed to set aside a budget to renovate Main House which will enable the FIRST service to relocate, as space is a major issue currently for the team.

Offender Health is collaboratively working with Birmingham Community Healthcare Trust (BCHC) to support with vacancy challenges across the partnership. An initial meeting has taken place on a proposed QI project regarding an integrated healthcare handover approach, incorporating both BSMHFT and BCHC.

The Health and Justice Vulnerability Service (HJVS) are now live aiming to increase accessibility for those who have had contact with the Criminal Justice System within a 28-day period. Currently access arrangements have been rolled out to probation services, home treatment teams and a self-referral route established, with a view to extending to Liaison Psychiatry in the next 4 weeks. A Business case has been submitted for additional staff to support delivery of Primary Mental Health Treatment Requirements following the ongoing success of the Intensive Supervision Court pilot. HJVS has launched their first QI project focusing on improving the Youth Pathway and increasing engagement.

Our psychology Service has successfully recruited eight assistant psychologists across the division. Currently we have only four unfilled psychology vacancies across the division. Co-produced and co-delivered trauma informed care training between psychology and service users has been delivered.

Two of the Divisions consultants have received recognition awards at the Trust Medical Workforce Celebration event. In the recent trust value awards, colleagues from the division received seven awards across various categories.

The Affirm Probation team have been nominated for a national award in relation to their QI project on 'Supporting probation officers in their understanding on culturally informed formulations and its impact on risk assessment.' In addition, one of our transformation programmes 'Reducing inequalities through effective community integration – a co-produced approach' has been shortlisted to the finals of the Nursing Times (Dame Elizabeth Anionwu Award for Inclusivity) awards.

### ***Acute and Urgent Care***

The Out of Area (OOA) position had continued to improve throughout June reaching our planned trajectory position however we have faced significant challenge in July with regards to demand and flow, resulting in an upturn of inappropriate OOA admissions for both acute and PICU care. We continue to report the activity monthly into committee and drive the work through our weekly Out of Area Steering group and our productivity plan.

We have increased our focus in the working group around service users who are Clinically Ready for Discharge (CRFD) ensuring accurate recording as well as tightening up our clinical oversight and processes along with a face-to-face review of any service user with a stay of 21 days or more. With Executive support, we are working to create a Standard Operating Procedure (SOP) for CRFD, which was launched at a Procedure Development Session on 23 July. Colleagues joined us from our older adults' teams and Forward Thinking Birmingham, to share best practice, a Discharge Managers workshop will take place in August to complete work on the procedure, as well as recording, escalation processes, and discussion of some complex discharge examples, and solutions. These sessions have been greatly supported by our colleagues in Informatics to ensure that recording is of sufficient quality. A draft CRFD SOP will then be presented to Governance Groups in September for approval.

Our City Hospital Liaison Psychiatry Team are due to move to the new Midland Metropolitan Hospital (due to open October 2024, with our team due to move in on 10<sup>th</sup> November 2024). This is an integrated way of working with collaboration across organisations. The organisational change process for the transition of the City Hospital Liaison Psychiatry Team has commenced, with the support of the People team. Site visits and orientation are occurring ahead of opening and colleagues are being supported via a 30-day consultation period.



Following capital investment, work will commence on our acute inpatient sites with plans to complete by the end of March 2025. This will refresh some inpatient wards, change identified rooms to multi-purpose rooms and enhance the environment at the Urgent Care Centre, to improve service user experience.

Work has been completed along with the Quality Improvement team to identify health inequalities affecting our inpatient service user population, which identified variability in terms of smoking and alcohol consumption to a level of concern, BMI over 30 and pre-diabetic or diabetic status. Our inpatients are around four times more likely to smoke than the general population of Birmingham and Solihull. Service Users are offered Smoking Cessation support and colleagues have been working with the team who are working on the Trust No Smoking policy to solve specific issues including the prescription of Nicotine Replacement Therapy and availability of Electronic Cigarettes / Vapes.

Support to our North Acute Wards has been reviewed and actions taken to meet objectives around patient safety, quality, training and support. The team now have daily touchpoint / mitigation meetings Monday to Friday to update on environment checks, incidents, patient daily meetings, safeguarding, patient leaves etc. There was a recent patient council meeting on George ward with an Expert by Experience (EBE) with very positive feedback. Patient morning meetings are happening daily on both wards. The Ward Managers have developed a personal improvement plan on how to support wards to develop, to improve their skills and continue to share best practice across our inpatient wards.

### ***Primary Care, Dementia Services & Specialties***

The Older Adult Mental Health & Wellbeing Community Event held on 6<sup>th</sup> June 2024 was a great success. Members of the local community attended, and it provided an excellent networking opportunity for the providers. We are now preparing for a further older adult's event which will be in the East of Birmingham in October.

The bipolar service has been commissioned by two other Trusts so far and have had enquiries from several others, to deliver the Mood on Track programme. They continuing to work with Professor Paul Gilbert and the Compassionate Mind Foundation to bid for funding for a larger feasibility and acceptability study of Compassion Focused Therapy for Bipolar across our community services. This will take place in November, with outcomes announced in 2025. We have been approached to write a book chapter on Cognitive Functional Treatment for Bipolar Disorder as a joint venture and are excited to contribute to the knowledge base for new and emerging psychological interventions for this condition.

Within the Memory Assessment Service, implementation of the new memory assessment pathway has progressed further with the central booking system becoming live in July. It is envisaged that this will reduce the administrative burden on practitioners, reduce lost slots to non-attendance and increase capacity to see more patients. This is being monitored by the team.

Our Barberry, Senior Managers are attending monthly Action Learning Sets to strengthen working relationships across the teams. A Clinical Improvement plan is currently being developed for the Jasmine suite following an informal Quality Visit from our specialised commissioners which highlighted areas of improvement including improved communication across the MDT and a clearer referral process. The Cilantro wards recent CQC inspection was returned with a rating of Good. The CQC provided excellent feedback regarding the management of the ward. Areas of improvement included improved evidence of providing meaningful responses or actions following concerns or complaints raised.

The Veteran's service is pleased to hear that they are finalists at the Soldier-On-Awards for its partnership model and delivery across the Midlands partnering with Lincolnshire partnership trust.

Soldier-On-Awards is an unparalleled programme as The Armed Forces Community Awards, that recognises outstanding achievement in the Armed forces community, individuals, groups and organisations.

The Huntington's Disease team alongside the Huntington's Disease Association have won the 'Excellence in Media Award.' The film award came from the Smiley Charity Film Awards and was done at the Barberry in conjunction with the Huntingdon's Disease Association. Here is a link: <https://smileycharityfilmawards.com/films/mindful-of-huntingtons-huntingtons-disease-awareness-month-2023>. The Huntington's Disease Service at The Barberry has also been awarded a Centre of Excellence.

The East Perinatal Team were awarded with the Trust's Team of Year at our annual awards. The team are extremely proud of the work they do, especially in relation to health inequalities, focusing on how they engage and support local communities, reduce stigma and increase access. Solihull Perinatal Team will be moving into their dedicated team base at Maple Leaf Centre, following capital investment, with clinical rooms, a separate baby friendly access, parking and a waiting area. The service is very grateful for the support of colleagues at Maple Leaf in developing plans and look forward to the opportunity for closer working with Solihull based teams.

Birmingham Healthy Minds (BHM) continues to work towards new KPI trajectories for 2024-25. A deep dive around single contact has been undertaken and presented in the recent contract quality review meeting (July) with accompanying action plan for improvement and strategies of how we can increase contacts activities and decrease the single contact. Employment advisors continue to positively contribute to the BHM service seeing 89 clients in the month of June and offering 891 sessions.

A compliment via a card to one of our Psychological Therapist SC *'To the Most wonderful person 'S'. Thank you for all your support during such hard time in my life. You have no idea how much your support meant to me. I almost gave up, but you gave me hope. You are an amazing person'*.

### **Community Care Collaborative**

Work continues to progress within the community Care collaborative (CCC). Our SRO, Keisha Dell has now had the initial meeting for the central Local Delivery Partnership with key partners in attendance. The partnership is reviewing priorities for the next 12 months with a clear aim of reducing A&E attendance rates during the winter months. The group are working with the Fairer futures team to secure funding for a number of initiatives.

Meetings have taken place with Birmingham Community Health Care Trust to review and agree the hub and integrated team models. The 'show and tell' sessions, described our service users' pathways from both a community and urgent and acute care perspective, with a collective view of improving the patient journey and ensuring they have the most appropriate support packages in place.

The Community Care Collaborative model was discussed at our last Senior leads meeting, the implementation plan was agreed, and it has now been brought to the BSOL PLACE committee for final sign off.

## **SUSTAINABILITY**

### **Funding and Finances**

The financial position across Birmingham and Solihull continues to be challenging with several providers seeing significant deficits already in this financial year. While BSMHFT is currently reporting

a small under-spend after three months, we know that there continues to be financial risks around the number of patients placed out of area as well as some challenges with the commissioning responsibility we now hold, specifically around the number of packages of care for patients. We continue to collaborate with partners across the system to explore opportunities for further productivity improvements as we know savings will be required for some time to come.

### ***BSOL Mental Health Provider Collaborative Update***

The BSOL Mental Health Provider Collaborative as from the 1 June 2024 has taken on the responsibilities for tactical commissioning of Learning Disabilities & Autism (LD&A) across BSOL. In order to ensure we have the appropriate governance and oversight arrangements in place to deliver this new responsibility, we have established a Learning Disability and Autism Executive Steering Group which reports into the BSMHFT Commissioning Committee.

This new Executive Steering Group is chaired by Richard Kirby, Chief Executive of Birmingham Community Healthcare as the Senior Responsible Officer for LD&A and has multi-agency representation.

This is an exciting opportunity to look at the way services for people with Learning Disabilities and Autistic people are supported across BSOL to access the right support at the right time, to enable them to live a good and fulfilling life as part of our diverse local communities.

In addition to the above, the collaborative launched its Children & Young People's Transformation Programme in June 2024 with a Stakeholder Launch and Ideas Forums helping to shape a new model of care for children and young people across BSOL.

Key activities currently underway include:

- Reviewing the draft of the Health Needs Assessment commissioned from the Centre for Mental Health and the findings of the Experience of Care campaign in order to help shape and inform the Mental Health Strategy.
- Continuing to review our governance and reporting arrangements for the collaborative.
- Developing our draft Inpatient Bed Strategy setting out our approach for the next three years.
- Undertaking an evaluation of bids received for the MHPC Innovation Fund.

## **QUALITY**

Focused work continues on our Quality priorities and our action plans related to CQC reports. The report associated with the CQC inspection of our adult eating disorders in patient service was published in July and rated the service as Good, the report associated with their inspection of our CMHTs is still awaited.

### ***Learning from the Manchester Report with Professor Oliver Shanley OBE***

Over 60 colleagues attended our session on Learning from the Manchester Review last week. It was an excellent experience hearing directly from Oliver Shanley as lead reviewer, witness to the experiences of service users, families and staff, and an experienced and compassionate leader. Those that attended were able to ask question and took opportunity to reflect on and consider our own practice, governance and culture at the Trust.

A number of good suggestions were made during the discussion on how we might take the learning forward to strengthen our own leadership, culture, governance, voice of our service users and staff and professional voice.

A proposal was agreed to consider this further through discussion at the Senior Leadership Team (SLT) meeting in September, with a view to then collating the thoughts of this group, and others within the Trust, into a set of actions that will ensure we continue to learn and develop. This will be shared at Board in due course.

## LOCAL NEWS

### ***Celebrating the amazing contribution of our Experts by Experience***

The Participation and Experience team held a celebration event for our Experts by Experience (EbE) at the Uffculme Centre on Friday 26 July. Kirstie Jones, Chief Allied Health Professional (AHP) and Associate Director for AHP, Recovery, Experience and Spiritual Care was the compère for the day and was joined by Lisa Stalley-Green, Executive Director of Quality and Safety and Chief Nurse.

Colleagues from our Strategy, Planning and Business Development, AVERTS and Quality Improvement (QI) teams thanked our EBEs for their expertise and the integral role they have played in the development of the Trust Strategy, the training we provide and our QI projects.

Those attending celebrated the positive achievements of the Recovery College which has been running for 10 years and owes much of its success to our EBE's. The event also provide opportunity to recognise the five-year anniversary of the Lived Experience Action Research group and their contributions.

Participation and Experience Manager and EBE Programme Manager, Sandra Baker closed the day by thanking the EBE's for their input and shared some facts about their amazing work including, that in the last year they have completed 2,449 hours of engagement and 1890 hours of attendance at Recruitment and Selection Panels, sitting on a total of 350 panels.

### ***BSMHFT Asian Professionals' National Alliance awards***

I would like to congratulate Dr Viba Pavan Kumar, Consultant Clinical Psychologist and Francesca Norouzi, Consultant Art Psychotherapist as they have both been shortlisted for this year's Asian Professionals' National Alliance (APNA) NHS awards. Both have been shortlisted for the Impactful Equality, Diversity Award and Inclusion Champion award. Viba has also been shortlisted for the Rising Star Award.

Team BSMHFT has also been shortlisted for for one of their awards - the Trust/ICB of the Year – Promoting the Equality, Diversity and Inclusion Agenda category.

APNA is a voluntary organisation made up of NHS health and social care leaders of South Asian descent who come together to share ideas and support each other. APNA established their awards to recognise the contributions of NHS colleagues who are making positive changes, driving inclusivity and supporting our communities and partnerships.

The Awards will take place on Friday 13 September.

## NATIONAL NEWS

### ***The NHS turns 76***

In 1948, the NHS was born, providing healthcare services that are free for all at the point of entry. 5<sup>th</sup> July 2024 marked 76 years of NHS service.

### ***News from NHS England***

#### ***New Chief Nursing Officer for England announced***

NHS England has announced that Duncan Burton has been appointed as Chief Nursing Officer for England.

A nurse of more than 25 years, Duncan was most recently Deputy Chief Nursing Officer where he led national work on the maternity and neonatal programme, workforce policies and the children and young people's transformation programme.

Chief Executive of NHS England Amanda Pritchard said about the appointment: "I would like to congratulate Duncan – this is a hugely important appointment for our patients and workforce. His extensive experience in local, regional, and national roles, along with his track record of delivery and leadership will be invaluable as he takes on this role at such a crucial time.

"Duncan has consistently achieved exceptional results – from the International Recruitment Nurse Programme, which ensured we met the 50k nurse commitment 6 months early, to the Health Care Support Worker recruitment programme, which resulted in the highest number of healthcare support staff employed in the NHS on record."

#### ***Dementia diagnoses in England at record high***

Dr Jeremy Isaacs, national clinical director for dementia, NHS England, said: "Getting a diagnosis of dementia is the first step in supporting people, with a wide range of NHS services able to help.

"NHS staff have worked hard to recover services with the number of people with a diagnosis rising significantly over the last year, and now at a record level, but there is more work to be done.

"Thousands more individuals are being diagnosed each month and more medication reviews are being done within 12 months.

While dementia diagnosis rates are the highest since the start of the pandemic at 65.0%, the NHS has more to do to meet its ambition to diagnose 66.7% of the total number of people that estimates suggest are living with a form of the disease.

Latest data shows a record 487,432 people in England in June had a diagnosis.

#### ***Global IT Outage***

A global IT outage and an issue with EMIS, an appointment and patient record system, caused disruption in most GP practices and administrative systems in Hospitals on 19<sup>th</sup> July 2024.

The NHS has long standing measures in place to manage disruption, including using paper patient records and handwritten prescriptions, and the usual phone systems for patients to contact GP's. In the majority of hospitals, care continued as normal.

Systems were back online by 22<sup>nd</sup> July 2024. An NHS spokesperson thanked the NHS staff work their hard work throughout the incident and stated that further disruption is hoped to be kept to a minimum but that there may be some delays as services recover.

### ***NMC Independent Cultural Review***

This Independent review undertaken by Nazir Afzal OBE was published in July. It is a harrowing and very concerning report that sets out evidence and experiences of bullying, racism and a culture of not being heard or listened to. It also makes clear the extent of the backlog of cases awaiting review and consideration and the impacts this is having on individuals.

We have engaged with regional colleagues on this report and have taken some immediate actions as a Trust to consider the wellbeing of individuals employed by the Trust who have been referred to the NMC and are awaiting review. We will be beginning to consider the wider cultural learning this report presents at the August meeting of the Trusts Senior Leadership Team.

The report can be found: <https://www.nmc.org.uk/globalassets/sitedocuments/independent-reviews/2024/nmc-independent-culture-review-july-2024.pdf>

### **General Practice (GP) Industrial Action**

The result of the recent ballot of GPs regarding industrial action was announced on 1<sup>st</sup> August, the turnout was high and 98% voted for industrial action.

We will be working with BSoL colleagues to potential implications and mitigation plans for the planned working to rule approach that has been proposed.

**ROISIN FALLON-WILLIAMS**  
**CHIEF EXECUTIVE**

# Governance

## 8. Elections Update



## 9. Nominations and Remuneration Committee Report

Report to Council of Governors					
Agenda item:	9				
Date	12 September 2024				
Title	Nominations and Remuneration Committee Report				
Author/Presenter	Kat Cleverley, Company Secretary Phil Gayle, Chair				
Executive Director	Phil Gayle, Chair	Approved	Y	✓	N
Purpose of Report		Tick all that apply ✓			
To provide assurance	✓	To obtain approval			
Regulatory requirement		To highlight an emerging risk or issue			
To canvas opinion		For information			
To provide advice		To highlight patient or staff experience			
Link to Council of Governors duties					
Hold to account	✓	Appointment/remuneration			
Represent interests of members and public		Contribute to strategy			
Approve increase in non-NHS income		Approve significant transactions			
Approve merger/acquisition etc.		Approve constitution changes			
Summary of Report ( <i>executive summary, key risks</i> )					
<p>The COG-led Nominations and Remuneration Committee met on 5 September 2024 to consider the following items:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director Extension</li> <li>• Succession Planning: Associate Non-Executive Director Recruitment</li> <li>• Non-Executive Director Annual Appraisals</li> <li>• Terms of Reference</li> </ul> <p><b>Non-Executive Director Extension</b></p> <p>A proposal was put forward to extend Linda Cullen for 12 months, with her tenure ending on 31 December 2025. This would be an exceptional extension, with a number of factors considered to make a strong case. The Committee scrutinised the rationale for the extension, and recommended approval of the extension to the Council of Governors. The Council is asked to consider and approve this as part of the meeting agenda.</p> <p><b>Succession Planning: Associate Non-Executive Director Recruitment</b></p> <p>The Committee considered the proposal to recruit an Associate Non-Executive Director which would support succession planning for the Board. The Council I asked to review and approve this as part of the meeting agenda.</p> <p><b>Non-Executive Director Annual Appraisals</b></p> <p>The Committee receives the report for assurance that non-executive director appraisals have been undertaken for 2023/24. The appraisals consisted of the following elements:</p> <p>Non-Executive Director Appraisals:</p>					

- 360 feedback via Survey Monkey, with questions from Leadership Competency Framework and an additional question on our Trust values
- Range of stakeholders approached to provide feedback, including Governors, Executives, and Non-Executives

Chair Appraisal:

- 360 feedback via Survey Monkey, with questions from Leadership Competency Framework and an additional question on our Trust values
- Range of stakeholders approached to provide feedback, including Governors, Executives, Non-Executives, ICB colleagues, NHSE colleagues, and fellow NHS trust chairs

In line with NHS England’s Leadership Competency Framework, all appraisals were undertaken before July 2025. A submission was made to NHSE to comply with the deadline.

The Committee was assured by the process.

**Terms of Reference**

The Committee endorsed the terms of reference and recommended approval to the Council of Governors.

**Strategic Priorities**

Priority	Tick ✓	Comments
Clinical services		
People	✓	
Quality		
Sustainability		

**Recommendation**

The Council is asked to receive the report for assurance.

**Enclosures**

N/A

## 9.1. CoG Nomination and Remuneration Committee Report:

Request an extension of NED`s tenure of  
office due to extenuating circumstances

Report to the Council of Governors					
Agenda item:	9.1				
Date	12 <sup>th</sup> September 2024				
Title	Request for the extension of a NED`s tenure of office by 1 year.				
Author/Presenter	David Tita – AD Corporate Governance				
Executive Director	David Tomlinson – Executive Director of Finance	Approved	Y		N ✓
<b>Purpose of Report</b>		Tick all that apply ✓			
To provide assurance		To obtain approval			✓
Regulatory requirement	✓	To highlight an emerging risk or issue			
To canvas opinion		For information			
To provide advice		To highlight patient or staff experience			
<b>Summary of Report</b> ( <i>executive summary, key risks</i> )					
Alert		Advise	✓	Assure	
<p><b>Purpose:</b></p> <p>The CoG-led Nomination and Remuneration Committee met on Thursday 5<sup>th</sup> September and after some discussions, members scrutinised, endorsed and recommended this request for the extension of a NED`s tenure of office for one year (due to some extenuating circumstances) to the full CoG for further consideration.</p> <p><b>Introduction:</b></p> <p>Section 4.6 of the Standing Orders of the Board of Directors, as incorporated into the Trust Constitution, stipulates a standard Term of Office of no more than three years with a maximum of two consecutive Terms of Office of 3years each for NEDs thus serving a total of 6years. The Trust Constitution as noted in section 2 of the `Procedural Guidance on approving an exceptional re-appointment for a non-Executive Director`, recognises that there may be exceptional circumstances such as set out below under which a NED who has served their full two terms of office may be re-appointed: -</p> <ul style="list-style-type: none"> <li>• The Board of Directors requires specialist Non-Executive Director input to manage and resolve a time-limited issue or</li> <li>• The Trust may be undergoing `Significant structural organisational change`.</li> </ul> <p>Bearing the above in mind and considering that Linda Cullen`s tenure of office is due to end on 1<sup>st</sup> January 2025, this paper makes the case for her mandate to be extended for one year only for the following reasons:</p> <ul style="list-style-type: none"> <li>• She possesses an exceptional set of specific clinical skills, expertise and background as a psychiatrist as well as experience of working in the provision of CAMBS, noting that the Trust is in the process of taking onboard the provision of CAMBS services from a neighbouring Trust.</li> <li>• Linda has worked as a psychiatrist in the CAMBS services in the same team that will potentially be transferred to our Trust and may thus hold and could provide some organisational memory and</li> </ul>					

soft intelligence in enabling the Board to gain greater insight and understanding into the provision of CAMBS services and cross-organisational learning. This refers to the imminent transfer of the Children and Young People Services from FTB or Birmingham Women and Children`s to BSMHFT.

- Linda is currently the SID (Senior Independent Director) and Chair of the Trust`s Quality, Patient Experience and Safety Committee – (QPES), both roles which she will continue to undertake throughout the period of the extension.
- Linda also works as a SOAD (second opinion appointed doctor) with the CQC as she assesses and provides second doctor`s opinion in relation to the provision of CAMBS services in the West Midlands.
- There is need to maintain some stability on the Board giving that the BSMHFT Board of Directors has witnessed some significant rejuvenation in less than two years with the recruitment of two NEDs who started early 2023 and a further two who started less than a year ago. Hence, not extending Linda`s tenure of office will imply that 71.43% of the BSMHFT NEDs (or 5 out of 7) will be fairly new in post (i.e. less than 2 years).

The CoG-led Nomination and Remuneration Committee having considered the unique exceptional circumstances in which the Trust finds itself with the potential transfer of the Children and Young People Services from FTB to BSMHFT and the need to maintain some stability including sufficient balance, breadth of skills and experience on the Board, endorsed and have recommended this request to the full CoG for consideration and approval.

This report thus concludes by also recognising Linda`s positive contribution to board deliberations and debates and her readiness and willingness to serve for a further one year until 31<sup>st</sup> December 2025 should she be re-appointed.

### Strategic Priorities

Priority	Tick ✓	Comments
Clinical services	✓	Reducing pt death by suicide / safer and effective services
People	✓	Staff wellbeing and experience (impact of death by suicide)
Quality	✓	Preventing harm / A pt safety culture
Sustainability	✓	Inability to evidence and embed a culture of compliance with Good Governance Principles.

### Recommendation

***The Council of Governor is requested to:***

1. ***NOTE*** the content of this report.
2. ***REVIEW, SCRUTINISE, and APPROVE*** this request for the extension of Linda Cullen`s tenure of office for one year only until 31st December 2025.

### Enclosures

N/A

9.2. CoG Nomination and Remuneration  
Committee Report:  
Succession Planning - Request for the  
recruitment of an Associate NED

Report to the Council of Governors					
Agenda item:	9.2				
Date	12 <sup>th</sup> September 2024				
Title	Request for the Recruitment of an Associate Non-Executive Director.				
Author/Presenter	David Tita – AD Corporate Governance				
Executive Director	David Tomlinson – Executive Director of Finance	Approved	Y		N ✓
<b>Purpose of Report</b>		Tick all that apply ✓			
To provide assurance		To obtain approval			✓
Regulatory requirement	✓	To highlight an emerging risk or issue			
To canvas opinion		For information			
To provide advice		To highlight patient or staff experience			
<b>Summary of Report</b> ( <i>executive summary, key risks</i> )					
<b>Alert</b>		<b>Advise</b>		<b>Assure</b>	
<p><b>Purpose:</b></p> <p>This report sets out the case for the recruitment of an Associate Non-Executive Director. The Chair of the Board of Directors has responsibility for ensuring that the composition of the Board is appropriate, taking in account the balance of skills, experience, knowledge and diversity needed for the proper functioning of the Board.</p> <p><b>Introduction:</b></p> <p>The CoG-led Nomination and Remuneration Committee met on Thursday 5<sup>th</sup> September and after some discussions members endorsed and recommended this request for the recruitment of an Associate Non-Executive Director to the full CoG for consideration and approval.</p> <p>One of the statutory duties of the CoG as per the NHS Act 2006 is to `appoint and, if appropriate remove the chair and NEDs`, however the CoG-led Nomination &amp; Remuneration Committee (CoG-led Nom. &amp; Rem. Committee) doesn't have the powers to make new appointments, it simply carries out the search and makes recommendations to the full CoG for approval.</p> <p>The need to recruit to the post of an Associate NED is part of board succession planning, giving that Linda Cullen`s tenure of office is due to expire by 1<sup>st</sup> January 2025 and although a request for an extension of her tenure of office for one year has been submitted, it is important in the light of forward thinking/planning that the Trust recruits to eventually fill her post. This will offer an opportunity for the individual to be supported, mentored and developed to eventually succeed Linda when she steps down at the end of the extension of her mandate (until 31<sup>st</sup> Dec 2025). The Associate NED will be a non-voting member of the Board until they become a full NED.</p> <p>As Linda Cullen`s potential successor, the successful candidate will be expected to possess</p>					



expertise and experience in the following two mandatory areas: -

- Clinical expertise and background, preferably a psychiatrist with experience in the provision of CAMBS services.
- Knowledge of Clinical Governance, Quality and Patient Safety and Experience.

Knowledge and/or experience of any one of the following areas will be an added bonus: -

- Commissioning and Partnership Working
- Understanding system working

The remuneration for this post will be set at £13,000pa.

The plan is to run the advert for one-month post-CoG approval with closing date envisaged for midnight on Sunday 20<sup>th</sup> October, 2024 and interviews due to hold at some point in November 2024.

### Strategic Priorities

Priority	Tick ✓	Comments
Clinical services	✓	Reducing pt death by suicide / safer and effective services
People	✓	Staff wellbeing and experience (impact of death by suicide)
Quality	✓	Preventing harm / A pt safety culture
Sustainability	✓	Inability to evidence and embed a culture of compliance with Good Governance Principles.

### Recommendation

***The Council of Governors is requested to:***

1. ***NOTE*** the content of this report.
2. ***REVIEW, SCRUTINISE and APPROVE*** this request to recruit an Associate NED with their salary set at £13,000pa.

### Enclosures

1. Appendix 1 – Advert for post of an Associate NED.
2. Appendix 2 – Chair`s welcome Letter - Associate NED Recruitment.
3. Appendix 3 – Recruitment Pack for the post of an Associate NED.

### Appendix 1 – Advert for post of an Associate NED

## ADVERT

### APPOINTMENT OF AN ASSOCIATE NON-EXECUTIVE DIRECTOR - NED

Birmingham & Solihull Mental Health Foundation Trust is seeking an Associate Non-Executive Director on the Board of Directors. This will be an exceptional opportunity to share your talents and expertise to make a positive difference to the lives of people in your community.

We provide mental health care to those people living in Birmingham and Solihull. We serve a culturally and socially diverse population of over a million spread over 172 square miles, and have an income of over £300 million, making our Trust one of the largest mental health foundation trusts in the country. We also provide services to people who live further afield because of some of the specialised services we provide.

Our Trust has over 4000 dedicated staff who continually work to help people get better and challenge the stigma associated with mental illness. Our Trust operates from over 50 sites in a variety of settings, from community-based mental health teams through to acute wards and day centres.

Our values are really important to us. Our key priority is the quality of the patient experience - we're about people first. We strive to continuously improve the quality of our services responsively and in partnership with what local people want from their mental health provider.

The successful an Associate Non-Executive Director will have experience of working in a large and complex organisation, of **implementing clinical governance, quality and patient safety processes and systems and of chairing the Quality and Safety Committee/Group**. You will be a clinician such as a psychiatrist, doctor, psychologist with a track record as a champion for patient safety and continuous improvements in the quality of care and better outcomes for patients. Experience of **working in Mental Health Services especially CAMBS (Child and Adolescent Mental Health Services)** would be an added advantage in addition to having a good understanding of social, economic, and environmental issues affecting the areas of Birmingham & Solihull.

The successful candidate will join BSMHFT at an exciting moment as it looks forward to taking over the provision of CAMBS services across Birmingham and Solihull from a neighbouring Trust in addition to its role as the Lead Provider of various Provider Collaboratives within the Birmingham and Solihull geographical footprint. They will thus be expected to actively contribute to shaping and influencing agendas in this space as full support and development will be provided. The successful candidate will also be supported, mentored and given the opportunity to develop into a full NED.

We expect our Non-Executive Directors and an Associate Non-Executive Directors to bring passion and commitment as well as the capability to play a crucial role in securing a bright, sustainable and successful future for the Trust and the communities we serve. The successful candidate must live in the area served by the Trust or adjacent to it for practical reasons.

We also value and promote diversity and are committed to equality of opportunity for all. The Trust will welcome applications that will ensure a wider diversity at Board level.

Further background information on becoming a Non-Executive Director can be located on the NHS Improvement website at <https://improvement.nhs.uk/resources/becoming-non-executive-director-information-candidates/>

To arrange an informal conversation with the Chair, Phil Gayle, please contact Paige Harrison (Business Partner & PA to the Chair/CEO) via email on [paige.harrison2@nhs.net](mailto:paige.harrison2@nhs.net)

**The closing date for application is Sunday 20<sup>th</sup> October 2024 at midnight. Interviews will be held on a date tbc.**

**The successful candidates will be expected to attend an induction event run by NHS Providers in London, date to be confirmed.**

## Appendix 2 – Chair`s welcome Letter - Associate NED Recruitment

August 2024

Dear Candidate

Thank you for showing an interest in the vacant post of an Associate Non-Executive Director with Birmingham and Solihull Mental Health Foundation Trust and for taking the time to read this information pack.

I hope this demanding, but very rewarding position, catches your imagination and that you are encouraged to apply. This crucial role is an excellent opportunity to join a Trust at the forefront of mental health provision in the country and comes at an exciting time of progress and development for the Trust.

The Trust currently has a rating of 'requires improvement' from the Care Quality Commission. (The full CQC report can accessed here <https://api.cqc.org.uk/public/v1/reports/1da1bfaa-27c8-45ac-accd-044e4954a7b8?20230414070321>)

The successful candidate will have significant experience of **working in Mental Health Services especially CAMBS (Child and Adolescent Mental Health Services) and of implementing quality and patient safety processes and systems and/or of chairing the Quality and Safety Committee/Group** in addition to having a good understanding of social, economic and environmental issues affecting Birmingham & Solihull.

You will also need to work closely with our Council of Governors whose role it is to hold the Board to account, through the Non-Executive Directors.

I hope you will consider applying. If you have the vision and commitment to work with us to keep our Trust at the forefront of mental health developments in the NHS, and you have the expertise to help us achieve our ambition to continually improve the quality of care and the enthusiasm to make a real contribution, we want to hear from you.

We value and promote diversity and are committed to equality of opportunity for all, with appointments made on merit.

I look forward to receiving your application.

**PHIL GAYLE**

**CHAIR**

## Appendix 3 – Recruitment Pack for the post of an Associate NED

# COULD YOU HELP LEAD THE NHS IN YOUR AREA?

An Associate Non-Executive Director vacancy at Birmingham and Solihull Mental Health NHS Foundation Trust

Candidate Information Pack

## RECRUITMENT BRIEF FOR AN ASSOCIATE NON-EXECUTIVE DIRECTOR

### 1. TRUST INFORMATION

Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health care to those people living in Birmingham and Solihull who are experiencing mental health problems.

*We are committed to building a diverse Board that is representative of our local community and encourages applications from minority candidates. All applicants should be able to demonstrate an interest in Birmingham & Solihull and preferably live in the area.*

We serve a culturally and socially diverse population of over a million spread over 172 square miles, and have an income of over £300 million, making our Trust one of the largest mental health foundation trusts in the country. We also provide services to people who live further afield because of some of the specialised services we provide.

Our Trust has almost 4000 dedicated staff who are continually working to help people get better and challenge the stigma associated with mental illness. Our Trust operates from over 40 sites in a variety of settings, from community based mental health teams through to acute wards and day centres.

Our Trust also has its own charity, Caring Minds, which directly raises money for the service users, carers and staff of the Trust. Caring Minds helps to provide the extras that normal NHS funding does not provide, such as equipment, specialised furniture, research and service users events.

Our purpose is 'Improving mental health wellbeing'. We have established core values around:

- Compassionate
- Inclusive
- Committed

We provide a wide range of inpatient, community and specialist mental health services. These services include rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.

Our services fit into the following categories

- Adult services
- Older adult services
- Specialist services
- Young people's services

- Secure care
- Birmingham Healthy Minds
- Rapid Assessment Interface and Discharge
- Addictions services
- Services for homeless people
- Place of safety

We also manage the delivery of mental healthcare in HMP Birmingham and work closely with the criminal justice system.

Many of our services are based within the local community, so that people can receive treatment in an environment they're used to, including in their own home. This means that people can continue to lead active lives in the community while receiving the support they need for their mental health issues.

Our dedicated, specialist teams work closely with patients, their carers and families to put together a plan of care which suits each individual person and offers different types of support including community, inpatient, outpatient and day services.

We also offer a range of support services by working with different agencies throughout Birmingham and Solihull. These include support at home, housing schemes, social groups, education and training and employment schemes. All of these aim to help people remain independent and active.

The Trust has one wholly owned subsidiary, Summerhill Supplies Limited. This commenced trading on 1 December 2012.

## 2. THE ROLES

We are recruiting to the post of an Associate Non-Executive Director. The role of the Non-Executive Director and Associate Non-Executive Director is to bring fresh perspectives to the Trust Board, bringing his or her wider experience and skills acquired outside the organisation to the benefit of the thinking and output of Board decision-making. As a member of a unitary Board there is a shared and collective responsibility amongst all Board directors for the overall strategic direction and performance of the Trust.

All Board members are required to challenge, scrutinise and add value to proposals brought to Board and must satisfy themselves as to the appropriateness and integrity of the information that comes to Board. Board members are also responsible for satisfying themselves that effective controls and systems are in place to ensure good governance of the Trust and the Board is accountable, through the Non-Executive Directors and Associate Non-Executive Directors, to the Council of Governors.

The Associate Non-Executive Director is expected to:

- Contribute to the development of Trust strategy and to the establishment of challenging objectives and performance targets.
- Keep abreast of the changing service, policy and commercial context, both internal and external to the Trust.

- Monitor the performance of the Trust and its Executive team, supporting them in the effective delivery of the strategy.
- Be assured that the necessary resources are in place for the Trust to meet its objectives and plans.
- Be assured that controls and information systems are in place to provide reliable and timely information to the Board about the financial performance and standing, the quality of services provided and the clinical performance of the Trust.
- Chair or participate in Committees of the Board as required.
- Chair Appointment Committees for Medical Consultant appointments.
- Be assured that the Trust works within the terms of its authorisation and constitution.
- Provide visible leadership within the Trust along with fellow Board members, investing time in visiting operational areas and engaging with staff and service users.
- Work closely with the Council of Governors, whose role it is to hold the Board to account through the Non-Executive Directors.

All non-executive directors and Associate Non-Executive Directors must **champion the standards of public life** – by upholding the highest standards of conduct and displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

As a future NHS leader, the successful candidate will be able to demonstrate the range of behaviours required to contribute effectively in this board level role. These are outlined in the [Healthcare Leadership Model - NHS Leadership Academy](#)

### 3. PERSON SPECIFICATION

#### Experience and Background

The successful candidate must have a demonstrable record of achievement at a senior level and experience of operating at Board level with an understanding of the issues surrounding a large complex organisation. You must have expertise and/or experience in the following areas: -

- **Working in Mental Health Services especially CAMBS (Child and Adolescent Mental Health Services).**
- **Implementing quality and patient safety processes and systems and/or of chairing the Quality and Safety Committee/Group.**

#### Personal Characteristics and Competencies

In addition to the above, the successful candidate must have:

#### VALUES

- A strong commitment to the NHS and interest in mental healthcare issues



- A high level of integrity with a strong sense of public responsibility as enshrined in the Nolan principals
- An appreciation of and commitment to the promotion of diversity and equal opportunities a commitment to ensuring that the diversity agenda has high priority in the organisation

## KNOWLEDGE

- An understanding of the NHS and the external environment in which it operates.
- An understanding of the Foundation Trust organisation and purpose.
- An understanding of the challenges faced by our Service Users and their careers.
- A strong understanding of finance, budgeting and control.

## SKILLS

- The ability to bring their own experience to bear on issues under discussion and be an open-minded strategic thinker.
- A very good judgement, coupled with the mental resilience to participate in making difficult evidence-based decisions.
- A management and leadership style in keeping with the BSMHFT Behavioural Profile.
- Demonstrable intellectual ability, coupled with commercial and political acumen.
- Excellent communication and interpersonal skills.

## PERSONAL QUALITIES

- The ability to operate effectively as a member of the team, constructively challenge the opinions of others, work to achieve a shared consensus and accept collective responsibility and maintain confidentiality on issues raised.
- The ability to command the trust and respect of colleagues.
- The ability and willingness to spend time preparing for meetings and have demonstrable experience of reading and analysing complex papers and weighing evidence.

It is also desirable to have:

- Strong capabilities to act as an ambassador on behalf of the Trust.
- The ability to engage with and influence a range of stakeholders including the Council of Governors, Health Professionals, Local Authorities and community groups.

The Selection Panel will, in the final analysis, also consider the full range of candidates' achievements and experience to ensure the best balance of knowledge and skills on the Board and that the Board reflects the community it serves.

## 4. REQUIREMENTS

The Trust is in the process of considerable change across the health economy and works with a high level of ambition, drive and determination to ensure the organisation

successfully works with and influences a wide range of stakeholders around the mental health and wellbeing agenda for the benefit of service users, their carers and families.

On this basis the role of an Associate Non-Executive Director on the Board is one of very active participation and contribution at a time of significantly changing parameters, pressures and challenges including system working and building relationships with multiple stakeholders. Candidates should only apply if they are attracted to the stimulation of working on a Board that is leading in this environment.

It is also expected that the successful candidate will either live in the area served by the Trust or have some substantial connection with the Birmingham and Solihull area and the communities living there and be in easy travelling distance of the Trust so that they can effectively exercise their duties. The Associate Non-Executive Director is a non-voting member of the Board of Directors.

### Eligibility

A person is eligible to be appointed as an Associate non-executive director of the Trust only if:-

- They are already or are willing to become a member of the Public Constituency upon appointment or
- They are a member of the Service Users' and Carers' Constituency, or
- He/she exercises functions for the purposes of a Medical or Dental School in a University included in any of the Trust's hospitals.

A Governor of the Trust, if appointed as a non-Executive or an Associate non-Executive would have to resign as a Governor before taking up their appointment.

### Time commitment and remuneration

The appointment of an Associate Non-Executive Director will be for an initial term of 3 years. Appointments may be renewed at the end of the term of office. Reappointment will be subject to good performance, conduct and attendance. However, a degree of change is often sought on Boards and there should therefore be no expectation of automatic reappointment. The process to recruit, determine remuneration, review performance and potential re-appointments for Non-Executive Directors and Associate Non-Executive Directors, is led by the Nominations and Remuneration Committee which discharges this duty on behalf of the Council of Governors.

Remuneration will be £13,000pa for a time commitment of a minimum average 3 to 4 days per month; reasonable travel and subsistence will be reimbursed.

This is a part-time and Associate non-Executive post and non-pensionable. The post is not subject to the provisions of employment law. Directors are required to declare any conflict of interest that arises during Board business and need to declare any political affiliations, relevant business interests, and positions of authority or other connections with commercial, public or voluntary bodies. These will be entered onto the register of Directors interests and published in the annual report with details of all Board members' remuneration from NHS sources.

## 5. APPLICATIONS

- 5.1 Applications will be via the NHS Jobs website which can be accessed here <https://www.jobs.nhs.uk/>

*August 2024*

## Appendix A

### CIRCUMSTANCES THAT WOULD DISQUALIFY CANDIDATES FROM CONSIDERATION FOR THE POST OF ASSOCIATE NON-EXECUTIVE DIRECTOR

The definition of an unfit person is (for the purposes of the Fit and Proper Persons test is:

(a) An individual;

- (i) Who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or
- (ii) Who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or
- (iii) Who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or
- (iv) Who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

The Trust must also comply with the Fundamental Standards of Care Regulations in relation to employing fit and proper persons for Board level appointments and therefore NEDs are required to confirm in writing if they have:

- Been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- Been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The guidance issued by the CQC is wider than just whether there is a criminal conviction, requiring a judgment as to whether the individual can be relied upon to do the right thing in the circumstances, which of course introduces a significant element of subjectivity.

Board members are also required to notify the Chairman in writing within 7 days of being or having:

- An undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.
- The subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
- A moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).
- Made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
- Included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any

corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

- Prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.
- Been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

All members of staff are required to comply with the regulations around Duty of Candour. To meet the requirements of the regulation, a provider has to:

- Make sure it has an open and honest culture across, and at all levels within, its organisation.
- Tell patients in a timely manner when particular incidents have occurred.
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigation that they will care out.
- Offer an apology in writing.
- Provide reasonable support to the person after the incident.

### 9.3. ToR of the CoG-led Nom Committee

Report to the Council of Governors					
Agenda item:	9.3				
Date	12 <sup>th</sup> September 2024				
Title	Updated CoG-led Nomination and Remuneration Committee ToR				
Author/Presenter	David Tita – AD Corporate Governance				
Executive Director	David Tomlinson – Executive Director of Finance	Approved	Y	N	✓
Purpose of Report		Tick all that apply ✓			
To provide assurance		To obtain approval/endorsement	✓		
Regulatory requirement	✓	To highlight an emerging risk or issue			
To canvas opinion		For information			
To provide advice		To highlight patient or staff experience			
Summary of Report <i>(executive summary, key risks)</i>					
Alert		Advise	✓	Assure	
<p><b>Purpose:</b></p> <p>The CoG-led Nomination and Remuneration Committee met on Thursday 5th September and after some discussions, members scrutinised, endorsed and recommended the enclosed updated Terms of reference to the Council of Governors for consideration and approval.</p> <p>It is worth noting that the Council of Governors derives its authority from Schedule 7 and other sections of the NHS Act 2006 as amended by the Health and Social Care Act 2012. The purpose of this paper is to highlight the changes that have been made to the Terms of Reference of the CoG-led Nom &amp; Rem Committee.</p> <p><b>Introduction:</b></p> <p>This is an annual review of the Terms of Reference of the CoG-led Nomination and Remuneration Committee (Nom. &amp; Rem. Committee) with the view to strengthen and improve its effectiveness in order to enable it to more effectively support the CoG in robustly performing its statutory functions which amongst others include to: -</p> <ul style="list-style-type: none"> <li>• Approve the appointment (or removal) of the chair of the board of directors.</li> <li>• Approve the appointment (or removal) of a non-executive director.</li> <li>• Approve changes to the remuneration, allowances and other terms of office for the chair and other non-executive directors.</li> <li>• Approve (or not) any new appointment of a Chief Executive.</li> <li>• Appoint and if appropriate, remove the NHS FT`s auditors etc.</li> </ul> <p>Additions to this updated version of the CoG-led Nom. &amp; Rem. Committee ToR are reflected in orange and include reference to the Trust values in underpinning the operationalisation of the committee.</p> <p><b>Key Issues and Risks:</b></p> <ol style="list-style-type: none"> <li>1. It is worth noting that the CoG-led Nom. &amp; Rem. Committee has no statutory powers as its decisions/recommendation will always have to be referred to the full Council for approval.</li> </ol>					

Strategic Priorities		
Priority	Tick ✓	Comments
Clinical services	✓	Reducing pt death by suicide / safer and effective services
People	✓	Staff wellbeing and experience (impact of death by suicide)
Quality	✓	Preventing harm / A pt safety culture
Sustainability	✓	Inability to evidence and embed a culture of compliance with Good Governance Principles.

### Recommendation

*The Council of Governors is requested to:*

1. **NOTE** the content of this report.
2. **REVIEW, SCRUTINISE and APPROVE** this updated ToR of the CoG-led Nomination and Remuneration Committee.

### Enclosures

1. **Appendix 1** – UPDATED CoG-LED NOM. & REM. COMMITTEE ToR.
2. **Appendix 2:** PROCEDURAL GUIDANCE ON APPROVING AN EXCEPTIONAL RE-APPOINTMENT FOR A NON-EXECUTIVE DIRECTOR.
3. **Appendix 3:** COUNCIL OF GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE PROCESS FOR GOVERNORS TO JOIN THE COMMITTEE.



## Appendix 1 - Updated CoG-led Nom. & Rem. Committee

### TERMS OF REFERENCE

#### COUNCIL OF GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE (GoG-Led)

## 1. Values

The Committee will role model the Trust values:

### Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us.

### Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

### Committed

- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve, and grow together.

## 2. PURPOSE

- 2.1 The Council of Governors' Nominations and Remuneration Committee is constituted as a standing committee of the Council of Governors.
- 2.2 The Committee is authorised by the Council of Governors to act within its terms of reference, as set out below, subject to ratification of any amendments at future meetings of the Council of Governors.
- 2.3 The Committee is authorised by the Council of Governors to obtain such internal information as it considers necessary for or expedient to the exercise and fulfilment of its functions. All members of staff and officeholders of the Trust are required to cooperate with any request made by the Committee in pursuance of those aims.
- 2.4 The Committee is authorised by the Council of Governors, subject to funding approval by the Chief Executive, to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise as required.

## 3. DUTIES/RESPONSIBILITIES

### 3.1 Nominations

- 3.1.1 To regularly review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors in conjunction with the Board of Directors.
- 3.1.2 To give consideration to succession planning for Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of



compassionate



inclusive



committed

Directors in the future.

- 3.1.3 To keep the leadership needs of the Trust under review at Non-Executive Director level to ensure the continued ability of the Trust to operate effectively.
- 3.1.4 To keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.
- 3.1.5 To agree with the Council of Governors a clear process for the nomination of Non- Executive Directors, including the Chair.
- 3.1.6 To take into account the views of the Board of Directors on the qualifications, skills and experience required for each Non-Executive Director position.
- 3.1.7 To prepare and maintain a description of the role and capabilities required for an appointment of a Non-Executive Director, including the Chair.
- 3.1.8 To identify and nominate candidates as Non-Executive Directors, including the Chair, for subsequent approval by the Council of Governors.
- 3.1.9 To ensure that proposed Non-Executive Director's, including the Chair, other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 3.1.10 To ensure that, in line with Trust policy, proposed appointees disclose to the Company Secretary any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- 3.1.11 To ensure that on appointment Non-Executive Directors, including the Chair, receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board of Directors' meetings.
- 3.1.12 To review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.
- 3.1.13 To advise the Council of Governors in respect of reappointment of any Non- Executive Directors in relation to a term beyond six years, see Appendix 1.
- 3.1.14 To advise the Council of Governors in regard to any matters relating to the removal from office of a Non-Executive Director, including the Chair.

## 3.2 Remuneration

- 3.2.1 To decide and review the terms and conditions of office of the Non-Executive Directors, including the Chair, in accordance with all relevant Trust policies, including:
  - 3.2.1.1 Pay
  - 3.2.1.2 Provision for any other benefits
  - 3.2.1.3 Allowances
  - 3.2.1.4 Expenses

- 3.2.2 With the Senior Independent Director to monitor and evaluate annually the performance of the Chair.
- 3.2.3 To monitor and evaluate the performance of individual Non-Executive Directors as assessed annually by the Chair.
- 3.2.4 To comply with all relevant legislation, regulations and Trust policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Non-Executive Directors whilst remaining cost effective.
- 3.2.5 To oversee other arrangements for Non-Executive Directors, including but not limited to termination payments.

#### **4. ACCOUNTABLE TO**

- 4.1 The Committee is accountable to the Council of Governors.

#### **5. REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

- 5.1 The minutes of all meetings of the Committee shall be formally recorded and shall be retained by the Company Secretary, on behalf of the Chair.
- 5.2 The Committee shall report to the Council of Governors after each meeting of the Committee and make an annual report to the Annual Members' Meeting.
- 5.3 The Company Secretary, on behalf of the Chair, shall ensure that the work of the committee is accurately reported in the Annual Report and Accounts in accordance with any direction from NHS Improvement.

#### **6. MEMBERSHIP**

##### 6.1 Members

- 6.1.1 Chair of the Trust
- 6.1.2 Six Governors

##### 6.2 Chair

- 6.2.1 The **CoG-led** Nominations and Remuneration Committee will be chaired by the Chair of the Trust.

##### 6.3 In attendance & Serviced by

- 6.3.1 Company Secretary
- 6.3.2 Committee members will be appointed in accordance with Appendix 2.

#### **7. TERMS OF OFFICE OF COMMITTEE MEMBERS**

- 7.1 Given that the Chair and governors all have finite terms of office and given the need for the committee to have some stability to enable it to appreciate and discharge its responsibilities; where possible the tenure on the Committee of members will correspond to the tenure of office as Chair and/or governor.

#### **8. CONFIDENTIALITY**

- 8.1 By its nature, the Committee will deal with issues of a confidential nature. The membership is therefore expected to observe the highest degree of confidentiality and integrity in this regard. Any breaches in this regard will result in membership of the committee being terminated and redress via the Code of Conduct for Governors.

**8.2** The Minutes of the Committee will remain confidential and will not be circulated outside the committee membership.

**9. QUORUM**

9.1 A quorum shall be four members.

**10. MEETING FREQUENCY AND PROCEDURES (MINIMUM IF APPLICABLE)**

10.1 Meetings shall be held at least every six months.

**Date Reviewed:** September 2024

**Date approved by the CoG-led Nom. & Rem. Committee:** 5<sup>th</sup> September 2024

**Date Approved by the CoG:** --- September 2024

**Date of Next Review:** September 2025

**Version:** 2.0

## Appendix 2: PROCEDURAL GUIDANCE ON APPROVING AN EXCEPTIONAL RE-APPOINTMENT FOR A NON-EXECUTIVE DIRECTOR

### 1. BACKGROUND

3.1 Section 4.6 of the Standing Orders of the Board of Directors, as incorporated into the Trust Constitution stipulates the standard Term of Office for a Non-Executive Director is no more than three years and sets the maximum tenure at two consecutive Terms of Office. Provision is made in Section 4.6 for the maximum tenure to be extended, once only, by annual reappointment in exceptional circumstances.

### 2. CRITERIA FOR APPROVING AN ANNUAL RE-APPOINTMENT

2.1 Circumstances may be deemed *exceptional* if a re-appointment of tenure would maintain stability when the:

- 2.1.1 Board of Directors and/or the Trust is experiencing a period of stress, or
- 2.1.2 Board of Directors faces an unplanned sudden and simultaneous loss of a majority of its Non-Executive Directors, or
- 2.1.3 Board of Directors requires specialist Non-Executive Director input to manage and resolve a time-limited issue, or
- 2.1.4 Significant structural organisational change

### 3. PROCESS FOR SEEKING APPROVAL FOR AN ANNUAL RE-APPOINTMENT

3.1 Approval for a re-appointment to the maximum tenure for an individual Non-Executive Director must be given by the Council of Governors' Nominations and Remuneration Committee which will in turn make a recommendation to the Council of Governors for final approval.

3.2 The case for an extension in exceptional circumstances may be initiated by either the Board of Directors or its Remuneration Committee, or by the Council of Governors or its Nominations and Remuneration Committee.

3.3 The case must be based on the exception criteria outlined in Section 2 above and should be submitted by a paper to the Council of Governors' Nominations and Remuneration Committee.

3.4 In its deliberations, the Council of Governors' Nominations and Remuneration Committee should pay due regard to:

- 3.4.1 the issue of eligibility under the exception criteria outlined in Section 2.
- 3.4.2 matters normally considered in the re-appointment the Non-Executive Director i.e. assessing the existing candidate against the current updated job description and person specification.
- 3.4.3 additional relevant issues, such as
  - 3.4.3.1 the Non-Executive Director's past annual performance appraisal(s).
  - 3.4.3.2 any changes in the Non-Executive Director's commitments that may have a bearing on the time required to undertake the role
  - 3.4.3.3 any change in the Non-Executive Director's independence, particularly their length of service which is relevant to the determination of their independence (as set out in Section A.3.1 of Monitor's *Code of Governance*).

### 4. APPOINTMENT

4.1 Subject to final approval by the Council of Governors, the Non-Executive Director will be appointed for one year only. Further extensions are not

Permissible.

- 4.2 The terms and conditions of the appointment will be clearly set out in the Letter of Appointment.
- 4.3 Any such extensions will be reported in the Trust's Annual Report and Accounts, as directed by NHS Improvement.

## Appendix 3: COUNCIL OF GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE PROCESS FOR GOVERNORS TO JOIN THE COMMITTEE

### 1. CONTEXT

1.1 The Committee is chaired by the Chair of the Trust

2.1 Membership includes a balance of Public, Service User/Carer, Staff and Appointed Governors, made up of:

2.1.1. Four Public/Service User/Carer Governors.

2.2.1 One Staff Governor.

2.2.3 One Appointed Governor.

### 2. APPOINTMENT PROCESS

2.1 When a vacancy occurs the Chair of the Committee will inform governors in the relevant constituency of the vacancy and invite expressions of interest in the role. In the event that a number of governors express an interest, a ballot amongst relevant governors will be held and each candidate will be invited to submit a short statement supporting their application to take up the role.

### 3. PROCESS FOLLOWING SELECTION

3.1 The Chair of the Committee will inform the successful candidate and invite them to join the Committee. The appointment will be reported to the next Council of Governors Meeting.

**Date Reviewed:** - September 2023

**Date signed-off the CoG-led Nom. & Rem Committee:** 5<sup>th</sup> September 2024

**Date approved by the Council of Governors:** September 2024

**Date of Next Review:** September 2025

**Version:** 2.0

# Performance and Partnerships



## 10. Finance Report

Report to Council of Governors				
<b>Agenda item:</b>	10			
<b>Date</b>	12/9/2024			
<b>Title</b>	Month 4 2024/25 Finance Report			
<b>Author/Presenter</b>	Emma Ellis, Head of Finance & Contracts / Richard Sollars, Deputy Director of Finance			
<b>Executive Director</b>	David Tomlinson, Executive Director of Finance			
<b>Purpose of Report</b>			Tick all that apply ✓	
<b>To provide assurance</b>	✓	<b>To obtain approval</b>		
<b>Regulatory requirement</b>		<b>To highlight an emerging risk or issue</b>		✓
<b>To canvas opinion</b>		<b>For information</b>		✓
<b>To provide advice</b>		<b>To highlight patient or staff experience</b>		
<b>Summary of Report</b> ( <i>executive summary, key risks</i> )				
<p><b>Revenue position:</b></p> <p>The month 4 consolidated Group position is a surplus of £184k. This is after adjusting for the £3m revenue impact of the PFI liability remeasurement under IFRS 16. The position comprises a surplus of £415k for the Trust, a £237k deficit for the Mental Health Provider Collaborative, a £65k surplus for Summerhill Services Limited (SSL) and a surplus of £83k for the Reach Out Provider Collaborative.</p> <p><b>Alert:</b></p> <p>The Committee is asked to note and discuss the following key financial alerts:</p> <ul style="list-style-type: none"> <li>• Out of area – The total 2024/25 plan for out of area expenditure, including a £5m savings target, is £14m. The month 4 year to date out of area expenditure is £7.3m, this is £2.7m adverse to plan. Non-Trust bed usage has increased by 43% in July compared to June. The current full year forecast is £21m (£7m overspend).</li> <li>• Savings – The 2024/25 savings target is £17.8m, with £1.8m unidentified in the plan. The month 4 savings achieved is £3.7m, this is £1.6m less than plan. The majority of the slippage on achievement relates to the out of area savings target (£1.7m at month 4) and the unidentified savings target (£0.6m at month 4). This is partly offset by agency reduction delivering ahead of plan by £1m. All corporate and operational areas have been asked to re-visit the 2024/25 1% savings plan request, to address the £1.8m unidentified savings target. A request has also been made for 2% savings plans for 2025/26, to be submitted by 6.9.24.</li> </ul>				

**Advise:**

- Temporary staffing – The 2024/25 temporary staffing plan is £41.5m, including savings targets of £1.5m for bank and £1.8m for agency. Temporary staffing is £1.6m underspent at month 4 year to date, driven by agency reduction ahead of plan.
- With effect from 1 June 2024, the commissioning responsibility for Learning, Development & Autism (LD&A) transferred from BSOL ICB to the Mental Health Provider Collaborative. In month 4, the plan has been updated to recognise the £24m additional income and offsetting expenditure.

**Capital position:**

The month 4 Group capital expenditure is £2.1m year to date, this is £0.2m ahead of the capital plan re-submission on 12.6.24.

**Cash position:**

The Group cash position at the end of July was £86m, with £14.6m relating to the Trust.

**Strategic Priorities**

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

**Recommendation**

It is recommended that the Committee review the month 4 financial position and discuss the key alerts noted.

**Enclosures**

Month 4 finance report

# Finance Report

Financial Performance:  
1<sup>st</sup> April 2024 to 31<sup>st</sup> July 2024

# Month 4

## Group financial position

Group Summary	Annual Budget	0.3% Consultant Pay Award	LD&A Transfer to BSOL PC	Revised Plan	YTD Position		
					Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>							
Patient Care Activities	619,270	1,836	23,994	645,100	211,831	214,882	3,051
Other Income	21,117	-	-	21,117	7,039	8,098	1,059
<b>Total Income</b>	<b>640,386</b>	<b>1,836</b>	<b>23,994</b>	<b>666,216</b>	<b>218,870</b>	<b>222,980</b>	<b>4,110</b>
<b>Expenditure</b>							
Pay	(289,257)	(951)	-	(290,208)	(96,646)	(94,513)	2,133
Other Non Pay Expenditure	(309,997)	(885)	(23,994)	(334,876)	(108,426)	(116,023)	(7,597)
Drugs	(7,150)	-	-	(7,150)	(2,383)	(2,530)	(146)
Clinical Supplies	(539)	-	-	(539)	(180)	(238)	(58)
PFI	(14,388)	-	-	(14,388)	(4,796)	(5,018)	(222)
<b>EBITDA</b>	<b>19,056</b>	<b>-</b>	<b>-</b>	<b>19,056</b>	<b>6,439</b>	<b>4,659</b>	<b>(1,780)</b>
<b>Capital Financing</b>							
Depreciation	(9,765)	-	-	(9,765)	(3,258)	(3,201)	56
PDC Dividend	(16)	-	-	(16)	(5)	(5)	-
Finance Lease	(8,479)	-	-	(8,479)	(5,654)	(5,665)	(11)
Loan Interest Payable	(972)	-	-	(972)	(324)	(334)	(10)
Loan Interest Receivable	1,899	-	-	1,899	633	1,806	1,173
<b>Surplus / (Deficit) before taxation</b>	<b>1,722</b>	<b>-</b>	<b>-</b>	<b>1,722</b>	<b>(2,170)</b>	<b>(2,741)</b>	<b>(571)</b>
Taxation	(380)	-	-	(380)	(127)	(131)	(5)
<b>Surplus / (Deficit)</b>	<b>1,342</b>	<b>-</b>	<b>-</b>	<b>1,342</b>	<b>(2,297)</b>	<b>(2,872)</b>	<b>(576)</b>
<b>Adjusted Financial Performance:</b>							
Remove capital donations/grants/peppercorn lease	5	-	-	5	2	2	-
Adjust PFI revenue costs to UK GAAP	722	-	-	722	3,054	3,054	1
<b>Adjusted financial performance Surplus / (Deficit)</b>	<b>2,069</b>	<b>-</b>	<b>-</b>	<b>2,069</b>	<b>759</b>	<b>184</b>	<b>(575)</b>

### Month 4 2024/25 Group Financial Position

The month 4 consolidated Group position is a surplus of £184k. This is after adjusting for the revenue impact of the PFI liability remeasurement under IFRS 16 (£3m year to date).

The month 4 outturn is £575k adverse to the year to date plan submitted to NHSE on 12.6.24. This is mainly driven by an increase in out of area expenditure in July. The plan for the full financial year is a surplus of £2m. In month 4, an adjustment has been made to plan to reflect the £24m income and expenditure related to the transfer of commissioning responsibility for Learning, Development & Autism (LD&A) to the Mental Health Provider Collaborative (MHPC) from BSOL ICB. A plan update has also been made to recognise the consultant pay award funding and cost.

The Group month 4 position is mainly driven by a £415k surplus in the Trust, partly offset by a year to date deficit for the MHPC of £237k. The Summerhill Services Limited (SSL) position is a £65k surplus. The Reach Out Provider Collaborative month 4 position is £83k surplus in line with agreed contribution to Trust overheads.

The draft month 4 BSOL system position is a deficit of £51m which is £36m adverse to plan. This is mainly driven by £50m deficit for UHB.

# Month 4 Group position Segmental summary

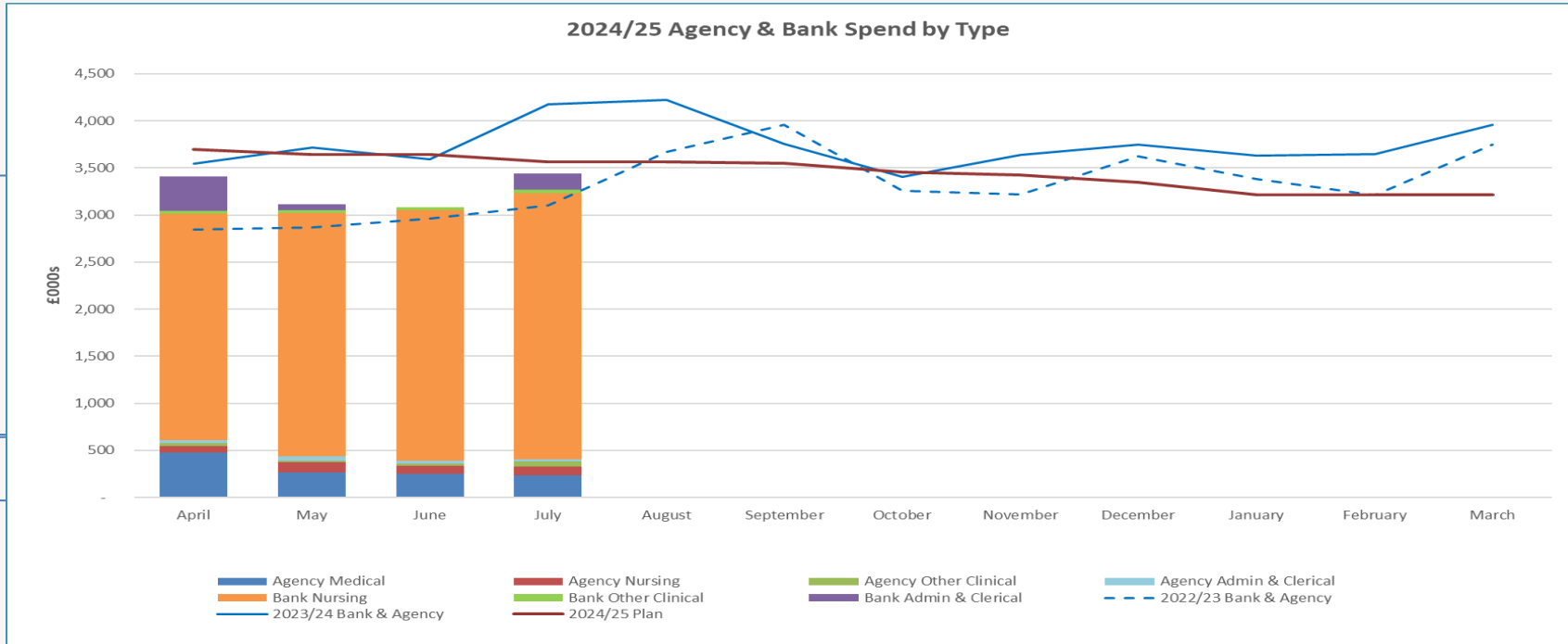
Group Summary	Trust	SSL	Reach Out	BSOL PC	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>						
Patient Care Activities	121,445	-	56,960	139,775	(103,298)	214,882
Other Income	8,030	9,590	-	-	(9,522)	8,098
<b>Total Income</b>	<b>129,475</b>	<b>9,590</b>	<b>56,960</b>	<b>139,775</b>	<b>(112,821)</b>	<b>222,980</b>
<b>Expenditure</b>						
Pay	(89,235)	(3,992)	(575)	(805)	94	(94,513)
Other Non Pay Expenditure	(28,501)	(2,925)	(56,708)	(139,657)	111,768	(116,023)
Drugs	(2,638)	(720)	-	-	829	(2,530)
Clinical Supplies	(238)	-	-	-	-	(238)
PFI	(5,018)	-	-	-	-	(5,018)
<b>EBITDA</b>	<b>3,845</b>	<b>1,953</b>	<b>(323)</b>	<b>(687)</b>	<b>(129)</b>	<b>4,659</b>
<b>Capital Financing</b>						
Depreciation	(2,123)	(947)	-	-	(132)	(3,201)
PDC Dividend	(5)	-	-	-	-	(5)
Finance Lease	(5,656)	(127)	-	-	118	(5,665)
Loan Interest Payable	(335)	(682)	-	-	683	(334)
Loan Interest Receivable	1,632	0	406	450	(683)	1,806
<b>Surplus / (Deficit) before Taxation</b>	<b>(2,641)</b>	<b>196</b>	<b>83</b>	<b>(237)</b>	<b>(143)</b>	<b>(2,741)</b>
Impairment	-	-	-	-	-	-
Profit/ (Loss) on Disposal	-	-	-	-	-	-
Taxation	-	(131)	-	-	-	(131)
<b>Surplus / (Deficit)</b>	<b>(2,641)</b>	<b>65</b>	<b>83</b>	<b>(237)</b>	<b>(143)</b>	<b>(2,872)</b>
<b>Adjusted Financial Performance:</b>						
Remove capital donations/grants/peppercorn lease I&E impact	2	-	-	-	-	2
Adjust PFI revenue costs to UK GAAP basis	3,054					3,054
<b>Adjusted financial performance Surplus / (Deficit)</b>	<b>415</b>	<b>65</b>	<b>83</b>	<b>(237)</b>	<b>(143)</b>	<b>184</b>

## Mental Health Provider Collaborative (MHPC)

- Commissioning responsibility for Learning, Development & Autism (LD&A) transferred from BSOL ICB to MHPC from 1.6.24.
- Current expected income, including LD&A is £431m.
- Month 4 position £237k deficit – driven by packages of care pressures, part offset by interest receivable.
- Month 4 cash balance £25m.
- Key risks:
  - Infrastructure costs
  - Packages of care (inflation and growth in numbers).

## Reach Out

- £160m annual income in current plan.
- Month 4 position £83k surplus – in line with agreed contribution to Trust overheads.
- Month 4 cash balance £42m.
- Key risks:
  - Clinical concerns around expected growth in out of area numbers, not realised in month 3 year to date activity and finance data.

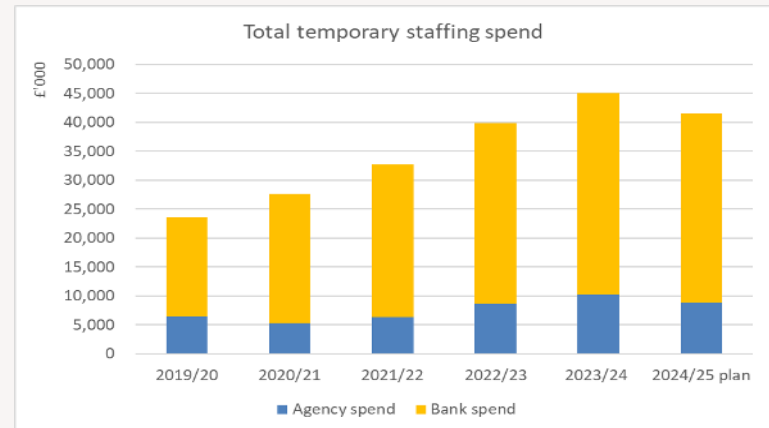


Month 4 temporary staffing expenditure is £13m, this is £1.6m less than plan.

**Bank expenditure £11.1m (86%)** – the majority of bank expenditure relates to nursing bank shifts - £10.5m

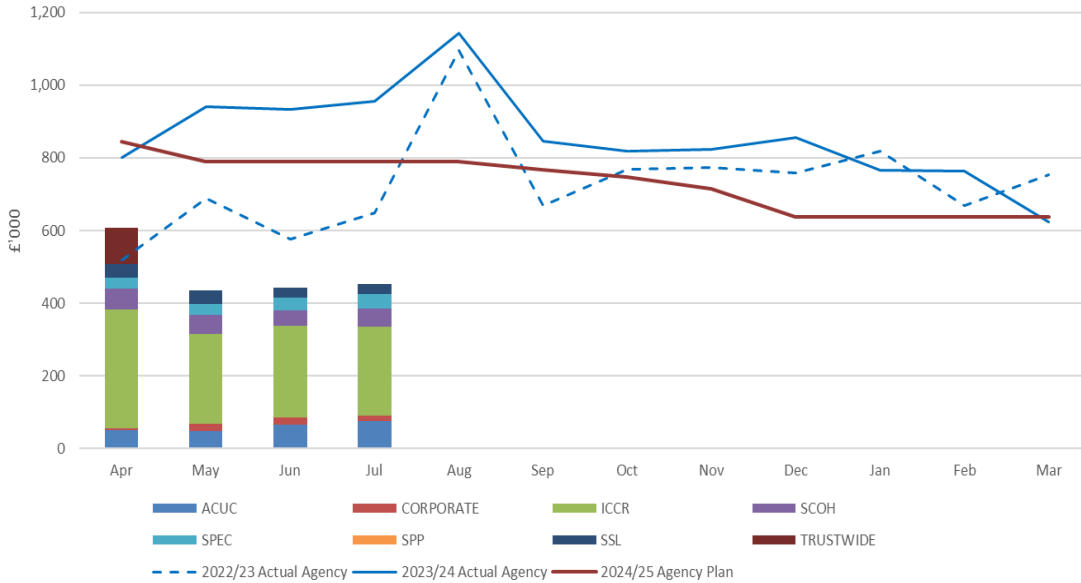
**Agency expenditure £1.8m (14%)** – the majority of agency expenditure relates to medical agency - £1.2m.

For further analysis on bank and agency expenditure, see pages 6 to 7.





2024/25 Agency Spend by Service Area



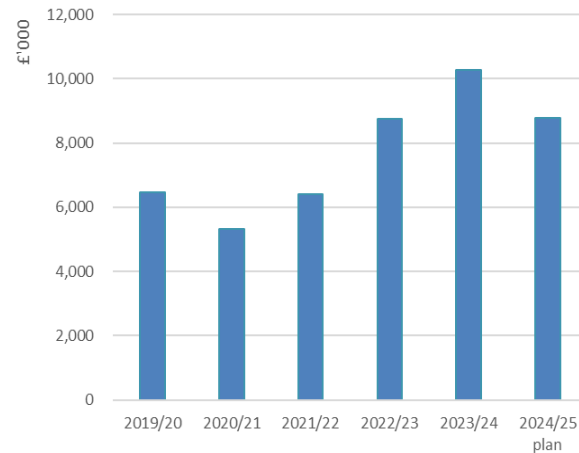
KPIs	Target	Apr-24	May-23	Jun-23	Jul-23
Agency spend as % of pay bill (YTD)	3.2%	2.6%	2.2%	2.0%	1.9%
Above price cap agency bookings - medical	0	15	14	14	12
Above price cap agency bookings - nursing	0	6	5	5	7
Admin & Estates bookings - Trust	0	1	1	0	0
Admin & Estates bookings - SSL	0	7	6	6	6

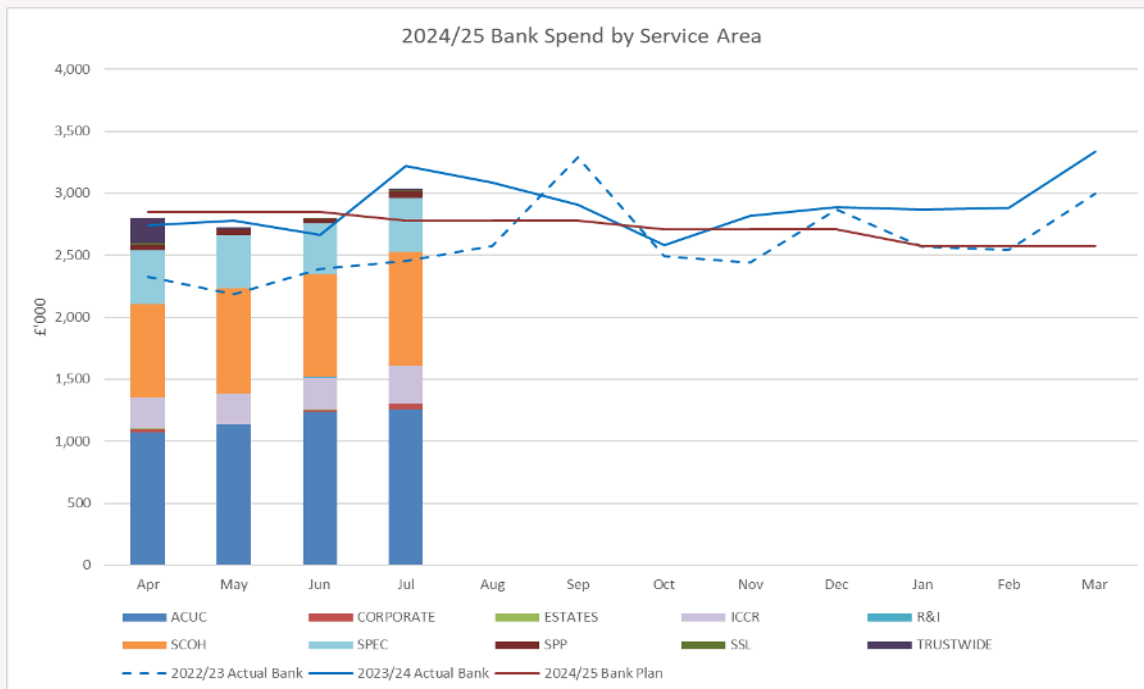
### Agency expenditure

- The month 4 year to date agency expenditure is £1.8m, which is £1.4m less than plan.
- Year to date agency expenditure is 1.9% of the total pay bill which is £1.2m below the NHSE threshold (3.2% of pay bill).
- 67% of the year to date agency spend relates to medical. Medical agency bookings paid over cap has reduced from 14 in June to 12 in July. (Average for the second half of 2023/24 was 21).
- The nursing agency bookings paid over cap has increased from 5 in June to 7 in July, however the number of paid shifts worked has decreased by 96 shifts.
- Direct engagement was introduced in June, this is an employment model for agency doctors which allows savings to be made by engaging contracted doctors for service directly rather than through an agency.
- To date, £1.3m agency savings have been achieved (£1m ahead of plan).

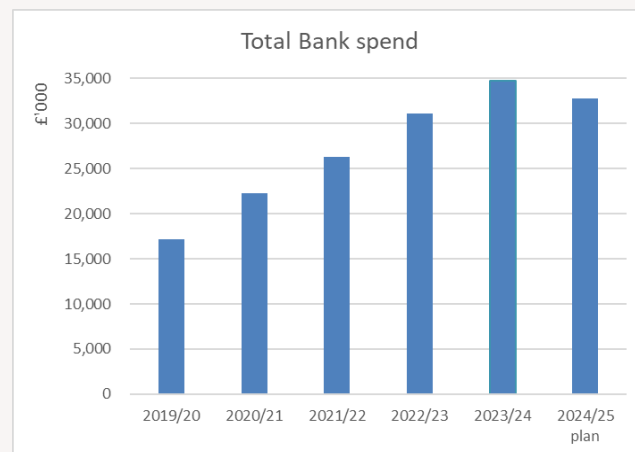
	2024/25 YTD
	£'000
<b>Agency Expenditure</b>	<b>1,840</b>
<b>NHSE Ceiling</b>	<b>3,024</b>
<b>Variance to NHSE ceiling</b>	<b>1,185</b>
<b>Agency Medical</b>	1,226
<b>Agency Nursing (Registered)</b>	360
<b>Agency Nursing HCA</b>	6
<b>Agency Other Clinical</b>	113
<b>Agency Admin &amp; Clerical</b>	136
<b>Agency Expenditure</b>	<b>1,840</b>

Total Agency spend



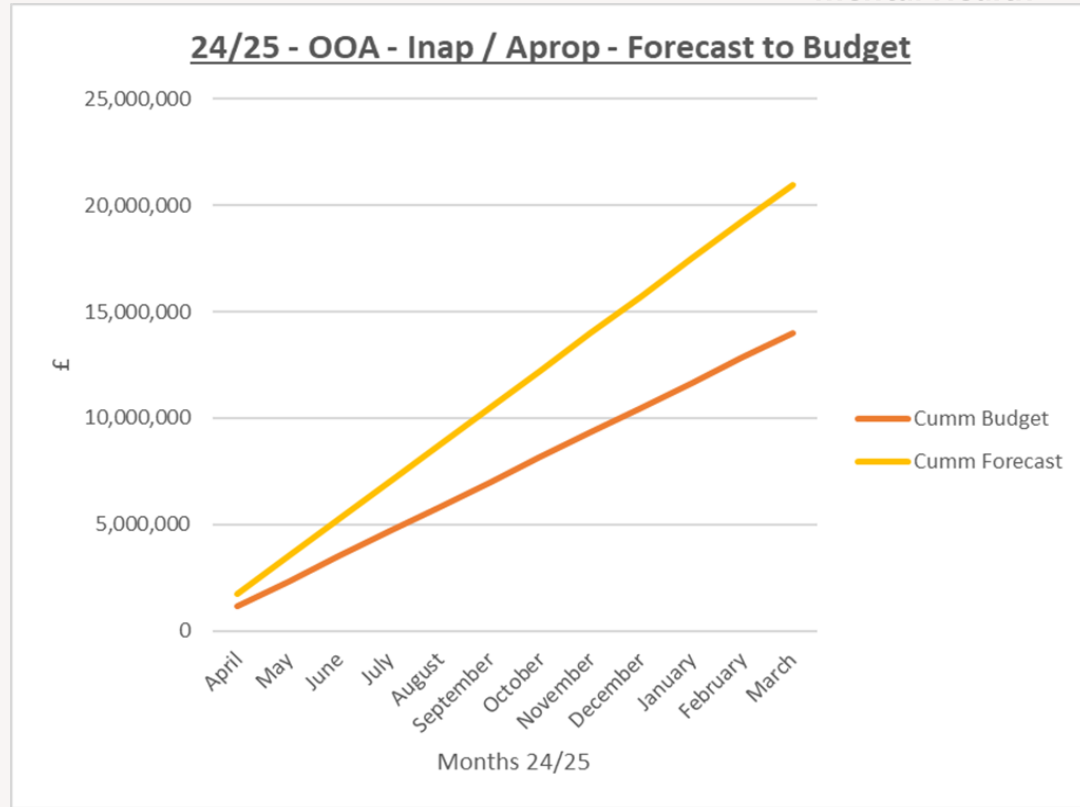
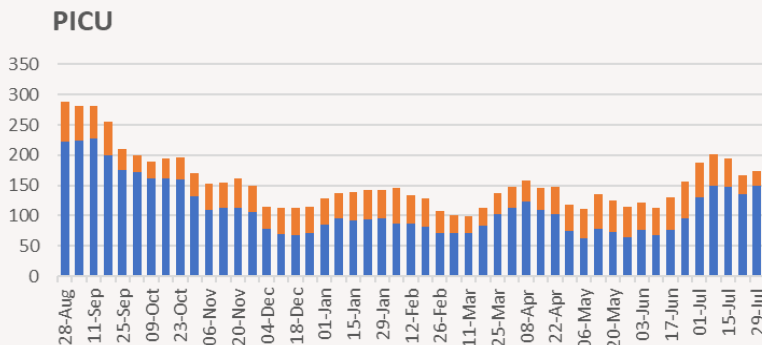
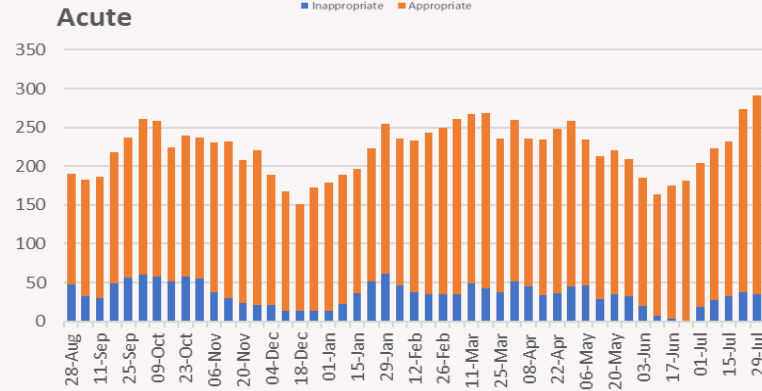
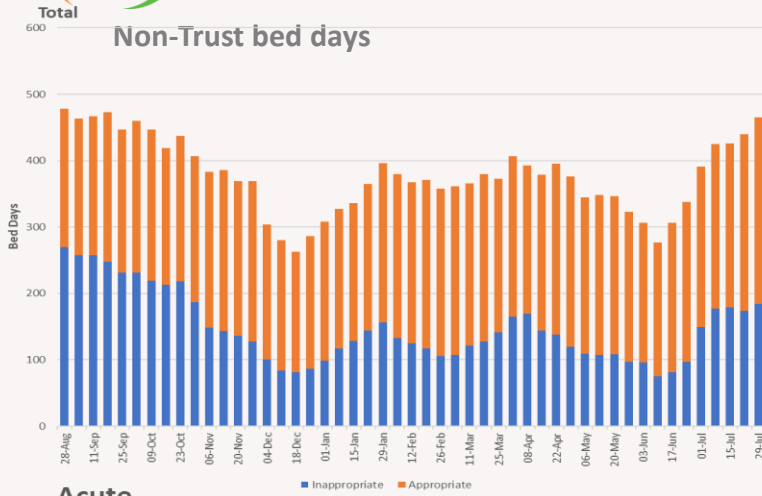


Type	YTD £'000	% of spend
Bank Nursing	10,473	94%
Bank Other Clinical	133	1%
Bank Admin & Clerical	521	5%
<b>Grand Total</b>	<b>11,127</b>	<b>100%</b>



## Bank expenditure

- The month 4 year to date bank expenditure is £11.1m. The 2024/25 bank expenditure plan, including a £1.5m savings target is £32.7m.
- Bank expenditure has increased in July, including an increase in qualified nurse and admin and clerical expenditure. In triangulating numbers with HR shift data, there has also been a restatement of year to date bank unqualified nurse spend.
- Bank expenditure has predominantly been incurred within the following service areas: Acute and Urgent Care £4.7m, Secure and Offender Health £3.3m, Specialities £1.7m and ICCR £1m.



- Total 2024/25 plan for out of area expenditure, including £5m savings target, is £14m.
- Month 4 year to date expenditure is £7.3m which is £2.7m adverse to plan.
- There has been a significant increase in non-Trust bed days usage (predominantly Acute). Patient numbers in non Trust beds in July is at the highest level in 12 months, with a 43% increase in occupied bed days in July compared to June.
- The current full year forecast is £21m (£7m overspend).

	Plan YTD £000	Actual YTD £000	Variance YTD £000	Plan FOT £000	Forecast FOT £000	Variance FOT £000
<b>Recurrent</b>						
Pay - Recurrent	462	1,356	894	3,489	3,508	(19)
Non-pay - Recurrent	2,671	791	(1,880)	8,013	7,994	19
<b>Total recurrent efficiencies</b>	<b>3,133</b>	<b>2,147</b>	<b>(986)</b>	<b>11,502</b>	<b>11,502</b>	<b>-</b>
<b>Non recurrent</b>						
Pay - Non-recurrent	139	139	-	416	416	-
Non-pay - Non-recurrent	721	133	(588)	2,162	2,162	-
Income - Non-recurrent	1,245	1,245	-	3,735	3,735	-
<b>Total non-recurrent efficiencies</b>	<b>2,105</b>	<b>1,517</b>	<b>(588)</b>	<b>6,313</b>	<b>6,313</b>	<b>-</b>
<b>Total Efficiencies</b>	<b>5,238</b>	<b>3,664</b>	<b>(1,574)</b>	<b>17,815</b>	<b>17,815</b>	<b>-</b>

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

- The 2024/25 efficiency target is £17.8m. This comprises £11.5m recurrent and £6.3m non recurrent targets. £8.9m are considered high risk and £1.8m are unidentified.
- The month 4 savings achieved is £3.7m, this is £1.6m less than plan. The majority of the slippage on savings achieved relates to the out of area savings target (£1.7m) and the unidentified savings target (£0.6m). This is partly offset by agency reduction delivering ahead of plan by £1m. For further detail on the 2024/25 savings schemes, see next page.

### Savings plans requirement – 2024/25 and 2025/26

As agreed by the Executive Team in May 2024, all corporate and operational areas have been asked to re-visit the 2024/25 1% savings plan request, to address the £1.8m unidentified savings target. A request has also been made for 2% savings plans for 2025/26, to be submitted by 6.9.24, signed off by the relevant Executive Director. The focus should be on cash releasing transformational change. The Executive Team will lead a review of the proposals during September.

# Savings schemes status

Scheme	Risk	Development	Total Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000
<b>Key Trustwide schemes</b>						
Agency Reduction	Low Risk	Fully Developed	1,752	300	1,265	965
Bank Reduction	High Risk	Opportunity	1,465	71	-	(71)
OOA Spend Reduction	High Risk	In Progress	5,000	1,667	-	(1,667)
<b>Technical savings</b>						
New Recurrent Funding Stechford Custody Suite -	Low Risk	Fully Developed	60	20	20	-
New Recurrent Psychology Post Foston Hall - OH & Margin	Low Risk	Fully Developed	17	5	5	-
CYP Re-alignment - OH & Margin	Low Risk	Fully Developed	103	35	35	-
Prevent Additional Funding - OH & Margin	Low Risk	Fully Developed	93	31	31	-
Increase Recurrent Interest Receivable 3.5%	Low Risk	Fully Developed	900	300	300	-
E&U savings	Low Risk	Fully Developed	1,355	452	452	-
1% savings - ICCR	Low Risk	Fully Developed	115	39	39	-
SSL savings	High Risk	Opportunity	255	84	-	(84)
Procurement	High Risk	Opportunity	388	129	-	(129)
<b>Recurrent total</b>			<b>11,502</b>	<b>3,133</b>	<b>2,147</b>	<b>(986)</b>
<b>Technical savings</b>						
NHS Pension Review 24/25	Low Risk	Fully Developed	297	99	99	-
Non Recurrent 2 yr Pilot from Jan 24 Enhanced Reconnect - OH & Margin	Low Risk	Fully Developed	118	40	40	-
Non-Recurrent Income from Reach Out	Low Risk	Fully Developed	2,782	928	928	-
Non-Recurrent Income from Other External PC's	Low Risk	Fully Developed	953	317	317	-
Increase Non-Recurrent Interest Receivable 1%	Low Risk	Fully Developed	400	133	133	-
<b>Unidentified Savings</b>	<b>High Risk</b>	<b>Unidentified</b>	<b>1,762</b>	<b>588</b>	<b>-</b>	<b>(588)</b>
<b>Non recurrent total</b>			<b>6,313</b>	<b>2,105</b>	<b>1,517</b>	<b>(588)</b>
<b>Total Efficiencies</b>			<b>17,815</b>	<b>5,238</b>	<b>3,664</b>	<b>(1,574)</b>



Statement of Financial Position - Consolidated	EOY - 'Audited' 31-Mar-24 £m's	NHSI Plan YTD 31-Jul-24 £m's	Actual YTD 31-Jul-24 £m's	NHSI Plan Forecast 31-Mar-25 £m's
<b>Non-Current Assets</b>				
Property, plant and equipment	220.7	218.0	219.5	217.8
Prepayments PFI	1.2	1.2	1.6	1.2
Finance Lease Receivable	0.0	-	0.0	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	-	-	-	-
<b>Total Non-Current Assets</b>	<b>221.9</b>	<b>219.2</b>	<b>221.2</b>	<b>219.0</b>
<b>Current assets</b>				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	21.4	21.4	37.1	21.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	92.2	91.6	85.5	93.1
<b>Total Current Assets</b>	<b>114.0</b>	<b>113.4</b>	<b>122.9</b>	<b>114.9</b>
<b>Current liabilities</b>				
Trade and other payables	(80.0)	(80.0)	(82.5)	(80.0)
Tax payable	(5.8)	(5.8)	(5.5)	(5.8)
Loan and Borrowings	(2.6)	(2.6)	(2.4)	(2.6)
Finance Lease, current	(1.1)	(1.1)	(1.1)	(1.1)
Provisions	(1.3)	(1.3)	(1.2)	(1.3)
Deferred income	(45.2)	(45.2)	(52.8)	(45.2)
<b>Total Current Liabilities</b>	<b>(136.0)</b>	<b>(136.0)</b>	<b>(145.6)</b>	<b>(136.0)</b>
<b>Non-current liabilities</b>				
Deferred Tax Liability	(0.1)	(0.1)	(0.1)	(0.1)
Loan and Borrowings	(23.0)	(22.2)	(21.9)	(20.8)
PFI lease	(78.3)	(81.9)	(81.3)	(78.8)
Finance Lease, non current	(6.8)	(4.5)	(6.6)	(5.8)
Provisions	(3.0)	(3.0)	(2.8)	(3.0)
<b>Total non-current liabilities</b>	<b>(111.2)</b>	<b>(111.8)</b>	<b>(112.7)</b>	<b>(108.5)</b>
<b>Total assets employed</b>	<b>88.6</b>	<b>84.8</b>	<b>85.7</b>	<b>89.4</b>
<b>Financed by (taxpayers' equity)</b>				
Public Dividend Capital	114.7	115.1	115.0	115.1
Revaluation reserve	48.0	48.0	48.0	48.0
Income and expenditure reserve	(74.1)	(78.3)	(77.3)	(73.7)
<b>Total taxpayers' equity</b>	<b>88.6</b>	<b>84.8</b>	<b>85.7</b>	<b>89.4</b>

## SOFP Highlights

The Group cash position at the end of July 2024 is £85.5m.

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 12 to 13.

## Current Assets & Current Liabilities

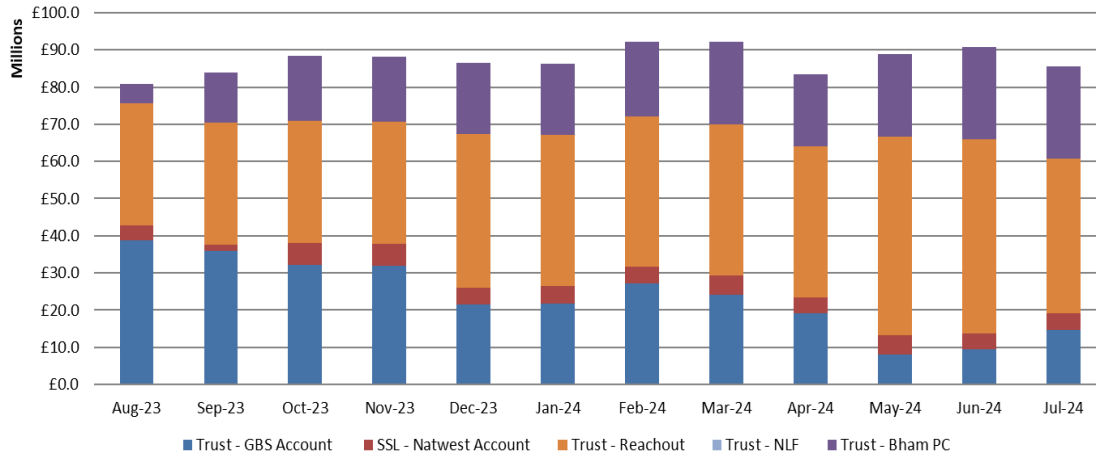
### Ratios

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

<b>Current Ratio :</b>	<b>£m's</b>
Current Assets	122.9
Current Liabilities	-145.6
<b>Ratio</b>	<b>0.8</b>

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 2024 is £85.5m. This comprises of Trust £14.6m, SSL £4.4m, Reach Out Provider Collaborative £41.8m and Mental Health Provider Collaborative £24.7m.

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

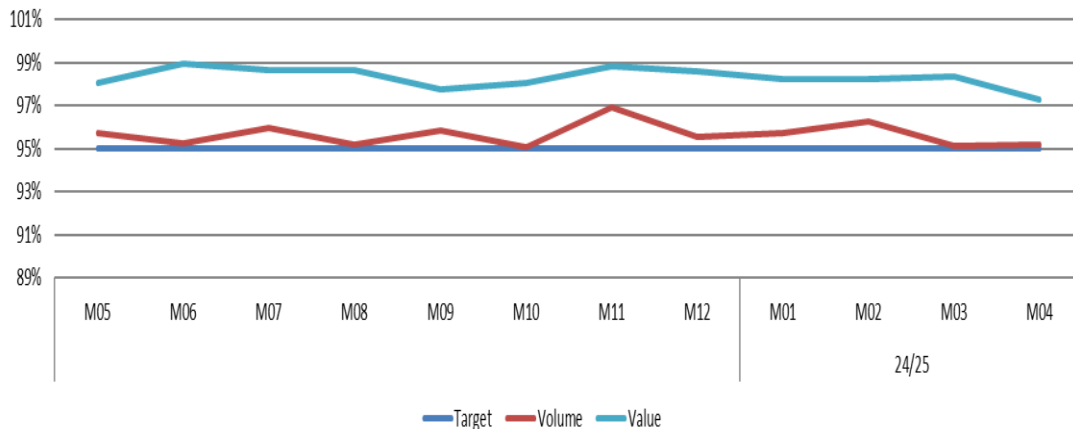
### Better Payments

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

Performance against target is 96% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

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

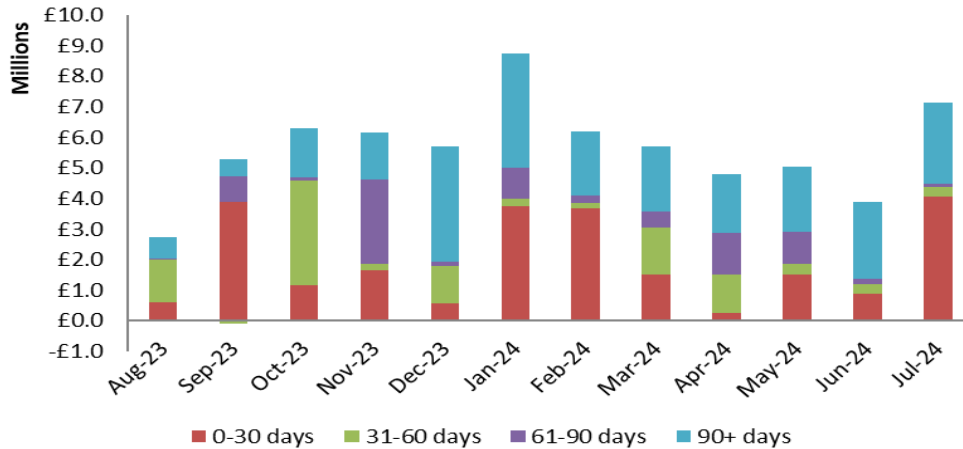
### Public Sector Pay Policy



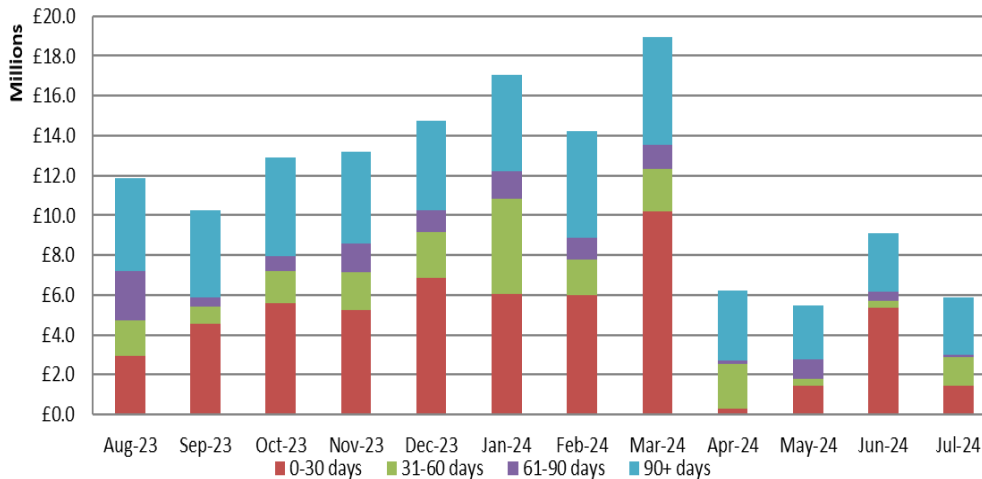
### Better Payment Practice Code :

	Volume	Value
NHS Creditors within 30 Days	96%	99%
Non - NHS Creditors within 30 Days	95%	97%

## Ageing of Trade Receivables



## Ageing of Payables



## Trade Receivables & Payables

### Trade Receivables :

- **0-30 days-** increase in balance relates to monthly/quarterly & ad hoc invoices raised in month. Payments received to date £1.150m.
- **31-60 days-** slight increase in balance –Cumbria, Northumberland FT £64k in query, Royal Wolverhampton FT £30k on next payment run, University of Birmingham £57k awaiting approval, BCC £30k invoice to be re-raised, Aston University £18k paid Aug 24, Parexel £20k awaiting approval, Ethypharm £87k confirmed on system to be paid. Balance staff overpayments (on payment plans).
- **61-90 days-**decrease in balance - BWC £35k paid Aug 24, UHB £11k, NHSE £10k-PO issue, Access to Work £15k slow processing of claims. Balance staff overpayments (on payment plans).
- **Over 90+ days** –overall balance mainly due to outstanding UHB debt £2.2m – one payment of £2k received in July 2024, received notification of payment for £15k in Aug 24– escalated to BSMHFT and UHB management. BWC £104k awaiting approval, University of Birmingham £22k PO's required, Parexel £21k in query, Kings College £69k invoice to be resubmitted. Balance staff overpayments (on payment plans).

### Trade Payables:

- Over 90 days** – Overall balance has significantly decreased since March 2024 due to settling of invoices relating to year end 2023/24 and reporting Reach-out separately.
- NHS Suppliers £1.1m- NHS Property £283k-historic invoices-with Estates & Facilities, UHB £632k in query with the contracting team.
  - Non-NHS Suppliers (63+) £1.7m – mainly bed/out of area fees invoices in query/awaiting approval, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in August 2024.



Capital Scheme	Annual Plan 12.6.24 £'m	Revised Annual Forecast £'m	Movement £'m	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m
Minor Works	2.3	3.3	1.0	0.7	1.3	-0.6
Statutory Standards & Backlog Maintenance	2.0	2.0	0.0	0.4	0.2	0.2
ICT	0.4	0.1	-0.3	0.0	0.0	0.0
Medical Device Replacement	0.1	0.1	0.0	0.0	0.0	0.0
Design Works	0.8	0.0	-0.8	0.0	0.0	0.0
Doorsets	0.7	0.7	0.0	0.5	0.4	0.1
<b>Total BAU Capital Plan</b>	<b>6.3</b>	<b>6.3</b>	<b>0.0</b>	<b>1.6</b>	<b>1.9</b>	<b>-0.3</b>
<b>R&amp;D Medical Equipment - grant funded</b>	<b>0.7</b>	<b>0.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Acute &amp; Urgent Care - UEC capacity PDC funded</b>	<b>0.8</b>	<b>0.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total lease expenditure</b>	<b>2.6</b>	<b>2.6</b>	<b>0.0</b>	<b>0.2</b>	<b>0.2</b>	<b>0.0</b>
<i>Minor Works - £1.6m notional system allocation - TBC</i>	<i>1.6</i>	<i>1.6</i>	<i>0.0</i>	<i>0.1</i>	<i>0.0</i>	<i>0.1</i>
<b>Gross Capital Expenditure (excluding lease remeasurements)</b>	<b>11.9</b>	<b>11.9</b>	<b>0.0</b>	<b>1.9</b>	<b>2.1</b>	<b>-0.2</b>



## Group Capital Expenditure

Month 4 year to date Group capital expenditure is 2.1m, this is £0.2m ahead of the capital plan re-submission on 12.6.24. The revised capital plan of £11.9m includes £1.6m related to a notional share of additional system capital allocation. This was included as minor works for the plan submission. The final allocation agreement is subject to system CFO discussion and so commitments cannot be made against the £1.6m until confirmation is received (expected September/October 2024).

The revised annual forecast reflects the endorsement at July Capital Review Group meeting to repurpose £1m capital (originally planned for design works and ICT) to address agreed capital priorities.

# Assurance Reports

## 11. Quality, Patient Experience and Safety Committee Report

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Quality, Patient Experience and Safety Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>7 August 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>24 July 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Review of the Trust Corporate Risk Register</li> <li>• CQC Update and Action Plan Report</li> <li>• Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS</li> <li>• Integrated Performance Report</li> <li>• Clinical Governance Committee Report</li> <li>• Freedom To Speak Up</li> <li>• Deep Dive- Board Assurance Framework Risks#</li> <li>• Committee Effectiveness Survey Results</li> </ul>
<b>Alert:</b>	<p>Following the inquest into a service user that absconded from an inpatient ward last year a Prevention of Future Deaths has been issued to the Trust by the Coroner as there was a concern that a when a high-risk mental health service user is missing it requires effective and meaningful multi-agency co-ordination and the evidence at inquest highlighted gaps in knowledge, co-ordination, and application of policy.</p> <p>Right Care, Right Person dataset is in use on current activities and a live risk register. The remaining risk identified is in relation to agreeing processes and response in managing section 136's and maintaining shared understanding. Positive working relations continue to be developed and will strengthen the shared understanding going forward as Right Care, Right Person continues to lead improvements.</p> <p>The Committee were alerted to a suspected serious incident in relation to a sexual safety incident. There continues to be a focus on professional standards and boundaries in line with the Trust policy.</p>
<b>Assure:</b>	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> <li>• CQC visits feedback have been positive with teams being recognised for their hard work and dedication in providing the best possible services. Service users feedback to the CQC has been positive with notable improvements in care planning.</li> <li>• There have been notable improvements with the CQC responsiveness with positive working relations continuing to be developed as the Trust move towards the removal of s29a's.</li> <li>• Implementation of new weekly Trust safety huddle for initial review of incidents, safeguarding alerts, regulator escalations and complaints, will be incorporated into the PSIRF framework.</li> </ul>

	<ul style="list-style-type: none"> <li>Positive Committee self- assessment review with the overall effectiveness of the Committee being positive.</li> </ul>	
<b>Advise:</b>	<ul style="list-style-type: none"> <li>Freedom to Speak Up Guardian report was received and the committee approved the recommendations for senior leaders and divisional leads promote the use of the Champions available to support staff. The Committee endorsed the Freedom to Speak Up Guardian report to the Board of Directors.</li> <li>Clinical Governance Committee review</li> <li>Board Assurance Framework deep dive was positive with the Committee reviewing the 7 quality risks and the overall reduction is scores for BAF 02, BAF05, BAF06 and BAF07. Additional meetings have been scheduled throughout August and September 24 for further review and agreement for the development of a streamlined number of high level risks.</li> <li>The Clinical Governance Committee meetings are being reframed to allow for a more focussed view on local divisions escalating challenges and concerns. The agendas and forward planners are being reviewed and revised.</li> <li>The Committee were advised there continues to be a focus on Psychological harm for staff and there are now mechanisms in place to escalate and formally report incidents.</li> </ul>	
<b>Board Assurance Framework</b>	The Board Assurance Framework continues to be reviewed with a number of quality risks being reduced in likelihood scoring.	
	<b>New risks identified:</b> No new risks were identified.	
<b>Report compiled by:</b>	Linda Cullen, Non-Executive Director	<b>Minutes available from:</b> Hannah Sullivan, Corporate Governance and Membership Manager

### Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Quality, Patient Experience and Safety Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>2 October 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>21 August 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• CQC Update and Action Plan Report</li> <li>• Patient Safety Incident Responses Framework (PSIRF), SI Reviews, Patient Safety Alerts, Complaints and PALS</li> <li>• Infection Prevention &amp; Control Team Report</li> <li>• Safeguarding Report</li> <li>• Integrated Performance Report</li> <li>• Clinical Governance Committee Report</li> <li>• 24/7</li> <li>• Clinical services Q1 strategy update</li> <li>• Quality Q1 strategy update</li> <li>• Action Plan from Internal Audit Review of the Clinical Governance Committee</li> <li>• Board Assurance Framework Risks</li> </ul>
<b>Alert:</b>	<p>The Committee were appraised of the two-day inspection at Reaside where significant issues were escalated including leadership and cultural challenges, staff shortages, high levels of acuity and drugs being bought onto site. Executive Directors continue to meet and support the leadership team and LP and the clinical governance team are supporting the development of a single improvement plan that will be reviewed through the Clinical Governance Committee and will be shared with both the CQC and Committee in September.</p> <p>Infection Prevention Control specialist capacity was reduced from 4 specialist nurses to 2 specialist nurses within quarter one, this impacted the service delivery of the infection prevention and control department as areas of service delivery were paused. Recruitment has taken place to ensure the team are back to full capacity in the coming weeks.</p> <p>Patient safety report identified a significant number of unclosed eclipse reports. Trajectories for closure of historical incidents have been requested through the Directorate Deep Dive Meetings and will be monitored closely through this process.</p>
<b>Assure:</b>	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> <li>• Clinical services Q1 strategy update was received with positive assurance. The Committee endorsed the report to Board.</li> <li>• Quality Q1 strategy update was received with positive assurance. The Committee endorsed the report to Board.</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust brings 24/7 world-leading mental health care pilot to Birmingham. We have been named as one of six providers nationally, to lead the development of a 24/7 mental health service pilot. The Committee noted this as another great opportunity for us to work with our local communities and Experts by Experience to shape the services of the future and build on the successful community transformation work that we have already achieved.</li> <li>Integrated Performance Report metrics are being reviewed and current data improvements were received.</li> </ul>	
<b>Advise:</b>	<ul style="list-style-type: none"> <li>Case ALH recommendations embedded following National Review. Assurance and closure report to be brought to Committee in October.</li> </ul>	
<b>Board Assurance Framework</b>		
	<b>New risks identified:</b> No new risks were identified.	
<b>Report compiled by:</b>	Winston Weir, Non-Executive Director	<b>Minutes available from:</b> Hannah Sullivan, Corporate Governance and Membership Manager

## 12. Finance, Performance and Productivity Committee Report



## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Report of the Finance, Performance and Productivity Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>7 August 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>24 July 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework Risks</li> <li>• Integrated Performance Report</li> <li>• Finance Report</li> <li>• Highcroft Business Case</li> <li>• Committee Effectiveness Self-Assessment Results</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> <li>• All corporate and operational areas had been asked to review the 1% savings target for 2024/2 to address the £1.8m unidentified savings target. A request had also been made for 2% savings plans for 2025/26, to be submitted in September.</li> <li>• The total 2024/25 plan for out of area expenditure, including a £5m savings target, was £14m. The month 3 out of area expenditure was a reported £5m. Non-Trust bed usage had increased in June and a year-end forecast spend of £20m was reported (a £6m overspend).</li> <li>• The Group position at Month 3 was a reported £346k surplus (comprising a £0.2m deficit for MHPC, £0.5m surplus for the Trust, a £14k surplus for SSL, and a £162k surplus for Reach Out).</li> <li>• The Committee endorsed the reprioritisation of the capital programme to address significant estates challenges.</li> <li>• The Committee acknowledged the £43m system deficit.</li> </ul>
<b>Assure:</b>	<p>The Committee was assured by the significant improvements made in relation to the reduction of agency use. Agency use now comprised 2% of the total pay bill.</p> <p>The Trust had not been affected by the recent CrowdStrike outage, which highlighted the effectiveness of the cyber security controls in place.</p> <p>The Committee was assured by a positive self-assessment of its effectiveness. Some improvements were recognised around increased visibility and continued development of reporting, however the Committee commended the governance work that had been undertaken to reach such a positive point.</p>

<b>Advise:</b>	<ul style="list-style-type: none"> <li>The Committee would continue to review and support development of the performance metrics within the Integrated Performance Report. Following the Board strategy session in July, consideration would be given to the overarching outcomes, optimising metrics and effective reporting.</li> <li>The Committee endorsed the approach set out within the business case for refurbishment of elements of Highcroft, which would contribute to a significantly improved experience for staff and service users.</li> </ul>	
<b>Board Assurance Framework</b>	<p>The Committee discussed the continued development and refinement of the BAF risks. Three revised risks had been identified:</p> <ul style="list-style-type: none"> <li>Inability to deliver long-term financial sustainability.</li> <li>Failure to develop a safe environment.</li> <li>Inability to be recognised as a high-performing organisation.</li> </ul> <p>The Committee would receive draft versions of the risks in August, for discussion at September’s Board strategy session.</p>	
	<p><b>New risks identified:</b> The Committee noted that the Risk Management Group was operating well and supported the embedding of risk management processes throughout the organisation. No additional risks were identified.</p>	
<b>Report compiled by:</b>	Bal Claire Deputy Chair/ Non-Executive Director	<b>Minutes available from:</b> Kat Cleverley, Company Secretary

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Report of the Finance, Performance and Productivity Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>2 October 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>21 August 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework Risks</li> <li>• Integrated Performance Report</li> <li>• Finance Report</li> <li>• Business Development and Partnerships Report</li> <li>• Trust Strategy: Sustainability Update</li> <li>• Trust Strategy: Clinical Services Update</li> <li>• Emergency Preparedness, Resilience and Response</li> <li>• Winter Planning</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following areas of performance and financial sustainability:</p> <ul style="list-style-type: none"> <li>• The total 2024/25 plan for out of area expenditure, including a £5m savings target, is £14m. The month 4 year to date out of area expenditure is £7.3m, this is £2.7m adverse to plan. Non-Trust bed usage has increased by 43% in July compared to June. The current full year forecast is £21m (£7m overspend).</li> </ul>
<b>Assure:</b>	<ul style="list-style-type: none"> <li>• The 2024/25 temporary staffing plan is £41.5m, including savings targets of £1.5m for bank and £1.8m for agency. Temporary staffing is £1.6m underspent at month 4 year to date, driven by agency reduction ahead of plan.</li> <li>• All corporate and operational areas have been asked to re-visit the 2024/25 1% savings plan request, to address the £1.8m unidentified savings target. A request has also been made for 2% savings plans for 2025/26, to be submitted by 6.9.24.</li> <li>• Trust Strategy: Sustainability Update was received with positive assurance. The Committee endorsed the report to Board.</li> <li>• Trust Strategy: Clinical Services Update was received with positive assurance. The Committee endorsed the report to Board.</li> <li>• The month 4 consolidated Group position is a surplus of £184k.</li> </ul>
<b>Advise:</b>	<ul style="list-style-type: none"> <li>• The Committee received the Business Development and Partnerships Report noting there are no formal tenders currently in progress, but we are expecting information about the procurement process for both Wolverhampton drug and alcohol services in the near future</li> </ul>

	<ul style="list-style-type: none"> <li>• The Committee received the first draft of the winter plan noting the current plan on a page for the 100 days UEC Improvement Challenges visions, aims and objectives. The Committee were assured a more robust plan will be submitted in September.</li> <li>• The Committee received the Emergency Preparedness, Resilience and Response noting our auditors RSM UK Risk Assurance Services LLP conducted the EPRR internal audit during September 2023. The Committee endorsed the report to Board of Directors subject to the changes reflected for the core standards following the audit.</li> </ul>	
<b>Board Assurance Framework</b>	The Committee endorsed the proposal for the revised Board Assurance Framework risks.	
	<b>New risks identified:</b>	
<b>Report compiled by:</b>	Bal Claire Deputy Chair/ Non-Executive Director	<b>Minutes available from:</b> Hannah Sullivan, Corporate Governance and Membership Manager

## 13. People Committee Report

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>People Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>7 August 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>24 July 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Staff Story</li> <li>• Board Assurance Framework</li> <li>• People Dashboard</li> <li>• Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Report</li> <li>• Health Inequalities Report</li> <li>• Transforming our Culture and Staff Experience Group Assurance Report</li> <li>• Shaping our Future Workforce Committee Assurance Report</li> <li>• Medical Directorate Update Report</li> <li>• Freedom to Speak Up Governance Arrangements</li> <li>• Committee Effectiveness Self-Assessment</li> </ul>
<b>Alert:</b>	<p>The Committee wished to alert the Board of Directors to the following key areas:</p> <ul style="list-style-type: none"> <li>• The Trust was reporting above trajectory, but below the key performance indicator for fundamental training compliance. It was anticipated that compliance would be achieved in Quarter 4.</li> <li>• There had been a slight reduction in uptake of the First Line Management training programme. Support was in place to ensure all managers had completed the programme.</li> <li>• A steady increase in appraisal completion compliance had been reported, with targeted support provided in areas of concern.</li> </ul>
<b>Assure:</b>	<ul style="list-style-type: none"> <li>• The Committee was assured by the increased recruitment of international and student colleagues.</li> <li>• There had been an increase in the number of apprenticeships within the organisation.</li> <li>• The significant reduction in bank and agency use was commended, with further work and plans in place acknowledged.</li> <li>• A positive Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Report was received.</li> <li>• The Committee was assured by high rates of compliance with doctor appraisals and revalidation, and robust job planning arrangements.</li> </ul>
<b>Advise:</b>	<p>The Committee had identified an issue with Freedom to Speak Up Guardian reporting and received a report on governance arrangements. The Committee was assured that the framework had been shared with the West Midlands Freedom to Speak Up Guardian office. The Committee approved the arrangements, and noted</p>

	<p>that the Quality, Patient Experience and Safety Committee would also receive the framework.</p> <p>The Committee noted the ongoing work to support more efficient Employee Relations processes.</p> <p>Work was underway to support sustainability and retention of staff through the development of a “grow our own” programme.</p>	
<p><b>Board Assurance Framework</b></p>	<p>The Committee had identified the following revised risks:</p> <ul style="list-style-type: none"> <li>• Inability to attract, retain or transform our workforce in response to the needs of our communities.</li> <li>• Failure to create a positive working culture that is anti-racist and anti-discriminatory.</li> </ul> <p>The draft risks were presented to the Committee for review. The Committee would receive further refined versions in August, along with the proposed summary of all refreshed BAF risks for organisational overview. The Board strategy session in September would focus on discussion and agreement of the new Board Assurance Framework.</p>	
	<p><b>New risks identified:</b> No additional risks were identified.</p>	
<p><b>Report compiled by:</b></p>	<p>Sue Bedward, Non-Executive Director</p>	<p><b>Minutes available from:</b> Kat Cleverley, Company Secretary</p>

## 14. Audit Committee Report



## Committee Escalation and Assurance Report

<b>Name of Committee</b>	<b>Audit Committee</b>
<b>Report presented at</b>	<b>Board of Directors</b>
<b>Date of meeting</b>	<b>7 August 2024</b>
<b>Date(s) of Committee Meeting(s) reported</b>	<b>26 July 2024</b>
<b>Quoracy</b>	<b>Membership quorate: Y</b>
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Commissioning Board Assurance Framework</li> <li>• SSL Risk Register</li> <li>• Internal Audit Progress Report</li> <li>• Internal Audit Action Tracking Report</li> <li>• Internal Audit Annual Report 2023/24</li> <li>• Internal Audit Strategy 2024/25</li> <li>• Internal Audit Reviews: Seclusion and Long-Term Segregation; DSP Toolkit; Bank Staff Management</li> <li>• Local Counter Fraud Specialist Progress Report</li> <li>• External Audit Report</li> <li>• Patient Transport Contract Procurement</li> <li>• Single Tender Waivers Report</li> </ul>
<b>Alert:</b>	<p>The Committee considered the <b>Bank Staff Management</b> internal audit review, which had been given a <b>minimal assurance rating</b>. Some issues related to clarity of procedures and documentation were raised, however assurance was received that the team had responded quickly to recommendations and a number had already been completed.</p> <p>The Committee received an advisory review into the level of awareness and knowledge of <b>Seclusion and Long-Term Segregation</b> amongst staff, conducted through a survey. Findings were broadly positive, although there had been a low response rate to the survey that identified more work was required to educate and raise awareness of the policy.</p>
<b>Assure:</b>	<p>The Committee was assured on the following areas:</p> <ul style="list-style-type: none"> <li>• The <b>Data Security and Protection Toolkit</b> internal audit review had been given a <b>Substantial</b> rating.</li> <li>• Positive assurance was received through the Local Counter Fraud Specialist Report, highlighting some good practice throughout the organisation and proactive work to continue to raise awareness.</li> <li>• The external audit report advised that the audit had been completed with no weaknesses identified in relation to Value for Money.</li> </ul>

<p><b>Advise:</b></p>	<p>The action tracking report highlighted a concern in relation to lengths of time for policy review. The Committee was assured by the increased scrutiny of action tracking at executive team meetings.</p> <p>The internal audit annual report 2023/24 was received, highlighting the Head of Internal Audit Opinion which was based on the five partial and two minimal assurance reports that had been undertaken during the year. The report would be provided to the Board of Directors.</p>	
<p><b>Board Assurance Framework</b></p>	<p>The Committee was encouraged by the continued improvement and development of the BAF and noted the ongoing work to review and refine risks and format to ensure a fully fit for purpose BAF. The Board strategy session would be held in September to review and agree the revised BAF.</p> <p>The Committee identified some issues to escalate to the Commissioning Committee in relation to the Commissioning BAF, which was also undergoing revision.</p> <p><b>New risks identified:</b> no additional risks were identified.</p>	
<p><b>Report compiled by:</b></p>	<p>Winston Weir Non-Executive Director</p>	<p><b>Minutes available from:</b> Kat Cleverley, Company Secretary</p>

## 15. Caring Minds Committee Report

## Committee Escalation and Assurance Report

<b>Name of Committee</b>	Caring Minds Committee	
<b>Report presented at</b>	Board of Directors	
<b>Date of meeting</b>	7 August 2024	
<b>Date(s) of Committee Meeting(s) reported</b>	29 July 2024	
<b>Quoracy</b>	Membership quorate: Y	
<b>Agenda</b>	<p>The Committee considered an agenda which included the following items:</p> <ul style="list-style-type: none"> <li>• Updated Criteria and Application process</li> <li>• Development plan for the aims and objectives 2024/2025</li> <li>• Charity Update</li> <li>• Financial Update</li> <li>• Caring Minds Resource Plan</li> <li>• Cazenove (Schroders) Portfolio Update</li> <li>• Cazenove (Schroder's) BSMHFT comparison CMAF vs SMAF</li> <li>• Events and Engagement post – continued funding via Charity after 12 months funding from NHS CT is complete (Jan 2025)</li> </ul>	
<b>Alert:</b>	The Committee noted there are no Trust funds available to support the charity due to the ongoing financial challenges.	
<b>Assure:</b>	<p>The Committee was assured on the following key areas:</p> <ul style="list-style-type: none"> <li>• Away day scheduled and diarised for 30 September 24 for deep dive into agreeing the purpose, ambitions and objectives of the charity.</li> <li>• Caring Minds continue to support bids with feedback being showcased on the positive impacts for service users, carers, families and staff</li> </ul>	
<b>Advise:</b>	<ul style="list-style-type: none"> <li>• Events and Engagement post funding approved by charity funds on a permanent basis.</li> <li>• Updated criteria and application processes have been approved.</li> <li>• Cazenove (Schroder's) BSMHFT investment portfolio approved change from the current investment in the Charity Multi-Asset Fund (CMAF) into the Sustainable Multi-Asset Fund (SMAF).</li> </ul>	
<b>Board Assurance Framework</b>	The Board Assurance Framework risks are being developed.	
	<b>New risks identified:</b> No new risks were identified.	
<b>Report compiled by:</b>	Monica Shafaq, Non-Executive Director	<b>Minutes available from:</b> Hannah Sullivan, Corporate Governance and Membership Manager

16. Any other business