



## **Planning & Delivery Sub-Committee (P&DSC)**

### **Terms of Reference**

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#### **1. VALUES**

The Sub-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. AUTHORITY**

- 2.1 The Planning & Delivery Sub-Committee (“**P&DSC**”) is constituted as an assurance sub-committee of the Finance, Performance, and Productivity Committee (FPP). Any amendments to its terms of reference as set out below, must be subject to ratification by the FPP.
- 2.2 This sub-committee is authorised by the FPP to operate within its ToR and to request the attendance of individuals and authorities from within and outside the Trust with relevant experience and expertise as it considers necessary.

#### **3. PURPOSE**

- 3.1 Birmingham and Solihull Mental Health NHS Foundation Trust's vision is improving mental health wellbeing, underpinned by our core values and four strategic priorities.
- 3.2 The P&DSC brings together the functions of strategy, transformation, performance, and sustainability into one integrated governance forum. Its purpose and delegated functions from the FPP include, to:
- 3.2.1 Provide oversight and assurance on the Trust's delivery against national and local objectives.
  - 3.2.2 Drive performance improvement across services, ensuring safe, effective, efficient, and timely care.



- 3.2.3 Oversee and hold accountability for financial and operational sustainability, including delivery of the Cost Improvement Programme (CIP).
  - 3.2.4 Ensure that all programmes, projects, and initiatives are aligned to Trust priorities, add value, and deliver benefits for service users, carers, staff, and system partners.
- 3.3 The P&DSC will act as the central forum for decision-making, accountability, and escalation in relation to strategic delivery, performance, and sustainability. It will be supported by a programme of deep dives to review performance and delivery at a service line level.

## **4 DUTIES AND RESPONSIBILITIES**

The P&DSC will:

### **4.1 Strategic Delivery & Transformation**

- 4.1.1 Provide direction and oversight for all programmes and projects aligned to the Trust Strategy.
- 4.1.2 Approve or decline new programmes and projects based on strategic fit, value for money, and impact.
- 4.1.3 Prioritise initiatives to ensure resources are targeted to maximum benefit.
- 4.1.4 Monitor delivery and benefit realisation, taking corrective action as required.
- 4.1.5 Oversee interdependencies across programmes and system-wide initiatives.

### **4.2 Performance & Quality**

- 4.2.1 Monitor Trust-wide operational and quality performance against national standards, local priorities, and key performance indicators (KPIs).
- 4.2.2 Scrutinise performance exceptions, agreeing corrective actions and holding Senior Responsible Owners (SROs) to account.
- 4.2.3 Ensure alignment between service improvement, performance management, and strategic transformation.
- 4.2.4 Receive assurance that Clinical, Quality and Equality Impact Assessments (CQE IAs) are completed and monitored.

### **4.3 Sustainability & Efficiency**

- 4.3.1 Oversee the Trust's Cost Improvement Programme (CIP), ensuring schemes are safe, effective, and deliver required financial savings.
- 4.3.2 Review Trust expenditure, income, and productivity in the context of long-term financial sustainability.
- 4.3.3 Approve and monitor savings schemes, ensuring risks and impacts are understood and mitigated.



- 4.3.4 Explore new opportunities for income generation, cost reduction, and efficiency improvement.

#### 4.4 Governance & Assurance

- 4.4.1 Escalate matters to the FPP, Trust Board, or any other relevant Committees as appropriate.
- 4.4.2 Provide assurance to regulators, auditors, and other external bodies on the Trust's performance and sustainability position.
- 4.4.3 Act as a forum for horizon scanning and future planning, considering external drivers and system-wide developments.

### 5 MEMBERSHIP AND ATTENDANCE

#### Members

##### 5.1 Core Members:

Executive Director Finance (Chair)  
Executive Director of Quality & Safety (Chief Nurse)  
Executive Director of Operations  
Executive Medical Director  
Deputy CEO & Executive Director of Strategy, People & Partnerships  
Deputy Directors (Finance, Workforce, ICT & Programmes)

- Associate Director of People, Learning and Development
- Associate Directors of Operations (aligned to service areas)
- Associate Medical Directors (aligned to service areas)
- Programme Management Office (PMO) Lead

##### 5.2 In attendance as required:

- Clinical or Operational Leads presenting specific programmes/projects.
- External partners or system representatives
- Internal auditors, as appropriate

### 6. QUORACY

- At least one Executive Director (Chair or Deputy).
- Two further members (including one from Operations/Clinical and one from Finance/Strategy).

### 7. Declaration of interests

- 7.1 All attendees must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. However, if a member is conflicted with an item on the agenda, the Chair shall adopt a sensible and pragmatic approach in managing conflict during the meeting as they may permit the conflicted member to participate and contribute to the debate and discussions on the item (so as to inform better decision-making) but abstain or recuse themselves from any related voting. (Check section 3.12 – Managing conflict of interests



during meetings in the Trust's Declaration of Interest Policy for more details).

## **8. DECISION-MAKING**

- Decisions will be made by consensus with collective responsibility.
- Where urgent decisions are required, the Chair may act on behalf of the P&DSC, reporting back at the next meeting for ratification.

## **9. FREQUENCY OF MEETINGS**

- The P&DSC will meet monthly.
- Extraordinary meetings may be convened at the request of the Chair.

## **10. ADMINISTRATION**

- The PMO will provide administrative support, including agenda setting, collation of papers, and distribution of minutes and actions.
- Papers must be submitted to the PMO by the Friday prior to the meeting.
- Actions will be recorded and tracked on the Transformation & Improvement Hub (SharePoint).
- The Director of Finance shall in an agenda setting meeting with their PA, establish an agenda for the meeting which will be circulated to 'call for paper' 15 working days before the meeting, giving authors at least 7 working days to prepare and submit their reports to the PA of the Executive Director of Finance.
- Any issues with the agenda must be raised with the chair.
- Papers for the Sub-committee meeting must be circulated 5 working days before the meeting.
- An action list and minutes will be compiled during the meeting and circulated within 7 calendar days of the end of the meeting. Any issues with the action list or minutes will be raised within 7 calendar days of issue.

## **11. QUALITY FRAMEWORK**

- 10.1 The P&DSC places service users at the centre of all decision-making. Every programme, project, and savings scheme will be assessed against:
- Clinical Quality – safety, effectiveness, and patient experience
  - Equality – impact on service users, carers, and staff
  - Sustainability – financial, workforce, and operational impacts
- 10.2 The P&DSC will ensure lessons learned are captured, shared, and embedded across the organisation.

## **12. REPORTING & ACCOUNTABILITY**

- 11.1 The P&DSC will:
- Report into the FPP and escalate issues to the Trust Board or subcommittees as required.



- Provide assurance on performance and sustainability to the Finance Performance & Productivity Committee and the Integrated Quality Committee.
- Maintain governance links with external bodies including NHS England, CQC, and auditors.

### **13. REVIEW OF EFFECTIVENESS**

- The P&DSC will review its Terms of Reference and effectiveness annually.
- Amendments will be approved by the FPP.
- The Chair of the P&DSC shall ensure that an annual self-assessment of the sub-committee's effectiveness is completed annually by its members and facilitated by the Governance Team.

**Date Drafted:** December 2025

**Date approved by the P&DSC:** (Approved via Chair's Action – January 2026).

**Date Ratified by the FPP:** 22<sup>nd</sup> January 2026

**Date of Next Review:** December 2026

**Version:** 2.3