

Report to the Directors of Bloomfield Care Centre CLG
T/A Bloomfield Health Services (BMHS)

Board Membership Review

Regulatory Compliance Programme 2022 – 2025

Focus Area: Governance

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Date: 28th February 2023

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1. Introduction

Bloomfield Mental Health Services (BMHS) engaged Andrea Shupinski FCA (the consultant) on behalf of Carmichael Ireland to assist the Board with a Board Membership Review comprising:

- a. Board Competencies Review to quantify and assess the levels of knowledge, skills and mindset that currently exist on the Board and identify any deficits/areas for improvement
- b. Board Effectiveness Review

Governance has been identified as one of the focus areas for BMHS in 2022-2025. The objective of this review is to help BMHS continue to develop their governance structures and systems to ensure effective accountability, clarity, oversight, communication, and support in line with regulatory requirements and best practice.

The consultant met the Board to provide an overview of Governance, discuss key roles and responsibilities and the differences between Members, Directors (Non-Executive and Executive), the Chairperson, and Company Secretary and their duties under Companies Act 2014 and Charities Act 2009. An overview of the Charity Regulator and Charities Governance Code was provided.

The consultant explained the process for the Board Membership Review:

- a. the completion by every Board member of two questionnaires: the Board Competency Mapping Framework and the Self Evaluation Questionnaire. The questionnaire templates were subsequently approved by the Board
- b. the questionnaires were circulated to the Board
- c. replies received were reviewed and summarised by the consultant

See below for the summary of key findings and recommendations and summaries of the results of the questionnaires.

Appendix 1 and Appendix 2 provide the detailed results of the questionnaire replies.

Key findings and recommendations are summarised below together with an implementation plan, timetable, and responsibilities for implementation

2. Summary of Key Recommendations

Key Recommendations are summarised below. Recommendations have been allocated a priority rating of either High, Medium, or Low

| Recommendation | Priority | Board/Management Response | Implementation Date | Responsibility |
|---|----------|--|---|---|
| 1. Strategic Plan | | | | |
| Develop 5-year Strategic Plan (incl. a review of Vision/Mission/Purpose) | High | CEO has started a 3-year plan covering 2023 -2025 | April Board meeting | CEO and Senior Management Team with the Board |
| 2. Board restructuring and development | | | | |
| 2.1 Review structure of the Board and agree structure going forward | High | Agreed | Recommendation to the Board by end of June 2023 | Chairman and Steering Committee |
| 2.2 Develop a robust succession plan for the Board | High | This will be informed by the review at 2.1 above. A plan will be developed | July 2023 | Chairman, Steering Committee and CEO |
| 2.3 Review and fill gaps on the Board including diversity and specialists incl. medical and psychiatry/clinical | High | This will be informed by the review at 2.1 above. | | Chairman Steering Committee and CEO |

| | | | | |
|---|----------------|--|----------|-------------------------------------|
| | | Appointment of clinical specialist top priority and should be attended to asap | Priority | |
| 2.4 Review Board Membership with the view to having a balanced mix from diversity point of view: gender, age, race/ethnicity, disability, location. Develop a recruitment plan and fill the gaps | High Medium | This will be informed by the review at 2.1 above | | Chairman Steering Committee and CEO |
| 2.6 Separate Executive and Non-Executive functions so the Board can fulfil its oversight and strategic functions. Review any existing blurring of boundaries and restructure as needed. Ensure everyone knows their own responsibilities and duties | High | This will be informed by the review at 2.1 above | | Chairman Steering Committee and CEO |
| 2.7 Review how long Board Members have been in situ – Charity Regulator recommends maximum of 9 years | High | This will be informed by the review at 2.1 above | | Chairman Steering Committee and CEO |
| 2.8 Review and update company's constitution | High | This will be informed by the review at 2.1 above | | Chairman Steering Committee and CEO |

| | | | | |
|--|------------------------|---|-----------------------|--|
| <p>2.9 Sub-Committees</p> <ul style="list-style-type: none"> • Review existing sub-committees • Identify any gaps e.g., Governance sub-committee • Review and agree all terms of reference • Review membership of sub-committees and fill any gaps | <p>High Medium</p> | <p>This will be informed by the review at 2.1 above</p> | | <p>Chairman Steering Committee and CEO</p> |
| <p>3. Board Recruitment Training and Induction</p> | | | | |
| <p>3.1 Training for Board</p> | <p>High Medium</p> | <p>Training needs assessment needed, and a needs analysis be developed</p> <p>This will become clearer after the review at 2.1 above</p> <p>Build in annual Board Assessment, evaluation, and training needs assessment</p> | <p>End Q3 2023</p> | <p>Chairman</p> |
| <p>3.2 Develop recruitment, induction and training programme and implementation plan for the Board</p> | <p>High</p> | <p>This will be informed by the review at 2.1 above</p> | <p>End of Q3 2023</p> | <p>Chairman</p> |

| | | | | |
|---|----------------|--|---|-----------------------|
| 3. Other Governance | | | | |
| 3.1 Put Audit out to tender - good governance is to do so every 3-5 years | High | Agreed | Plan change for accounting period commencing 1 Jan 2024 | Finance sub committee |
| 3.2 Include review of Charities Governance Code as regular annual agenda item. Provide training on this | High | Training as above at 3.1 Charities Governance Code was reviewed towards end 2022 | Agreed to include as Board agenda item in September | Chairman |
| 4. Other Operational | | | | |
| 4.1 Initiate more frequent meeting with HSE and MHC | High Medium | CEO has initiated this and is in contact with HSE on a weekly basis and MHC each quarter Ongoing plan to keep this under review | Complete | CEO |
| 4.2 Investigate potential partners and collaborators – initiate meetings | Medium | This is in hand Ongoing plan to keep this under review The Strategic Plan will deal with this | See above at 1 re Strategic Plan | CEO |

| | | | | |
|--|----------------|--|--|--|
| 4.3 Develop communications policy and practice with service users and Membership | Medium | See above re fundraiser/advocacy | End Q3 2023 | CEO |
| 4.4 Whistle blowing policy – check and update HR / staff handbook accordingly | High | Agreed that should be reviewed including protected disclosure policy | End Q2 2023 | CEO |
| 4.5 Appoint fundraiser / develop advocacy role | Medium | Post Strategic Plan | End of 2024 | Chairman and CEO |
| 4.6 Review content of Board documentation pack and implement any changes necessary so that received 5 clear business days before each meeting. Develop policy accordingly | High Medium | Agreed This will be reviewed, and a policy developed in liaison with Senior Management Team | In place for March Board Meeting Ongoing development of content | CEO and Deputy CEO and Financial Controller to implement |
| 5 Monitor Progress | | | | |
| Progress will be monitored by: <ul style="list-style-type: none"> • The implementation and use of a Board Calendar • Inclusion of a standing agenda item at Board meetings every second month in 2023 and each quarter thereafter • Use of a traffic light system | | | | Chairman and CEO |

2 Summary of Board Competency Mapping Framework Questionnaire Results

Board Competencies and Skills analysed under the following headings:

- a. Knowledge
- b. Skills
- c. Diversity

Knowledge and Skills were categorized under Board Requirements, Knowledge, and Experience that the Board Member brings to the Board, Knowledge, and Experience available to the entire Board and Priority Knowledge Gaps for the Board to Address

Knowledge

See Appendix 1

Skills

Data Protection (including GDPR compliance)

The results indicate a relatively low Board requirement and Board members skills. In the consultant’s opinion this is very important given the nature of the services provided by BMHS.

See Appendix 1

Diversity

Gender

| Gender | No. |
|---------------|-----|
| MALE | 8 |
| FEMALE | 2 |
| TOTAL | 10 |

There are eight male and two female Board members (ten in total).

Age

| Age Band | No. |
|-----------------|-----|
| Under 35 | nil |
| 35 to 44 | nil |
| 45 to 54 | nil |
| 55 to 65 | 6 |
| Over 65 | 4 |
| Total | |

All Board Members are aged 56 or over

Race and/or ethnicity

Per the replies received there are “8 Irish and 1 German”

“No again. In view of the staffing ethnicity this could be improved.”

All the Board Members are white Caucasian ethnicity.

Disability

There are no Board members who are disabled

“No. Could be improved.”

Location

All Board Members are located in Dublin

“Could be improved but not a hugely important issue.”

What actions (if any) should the Board take in relation to Board diversity

See Appendix 1 for comments

Are there any skills or development areas that you would like to be addressed for you personally or for the board collectively to enhance your ability to perform your role more effectively?

See Appendix 1 for comments

3 Summary of Results of Board Self Evaluation Questionnaire

See Appendix 2

Appendix 1 – Detailed Results of Board Competency Mapping Framework

| BLOOMFIELD MEDICAL HEALTH CENTRE - BOARD EVALUATION SKILLS REVIEW | | | | | | | | | |
|--|--------------------|---|--|---|--|---|--|---|--|
| KNOWLEDGE | | | | | | | | | |
| Number of Trustees - 10 | | | | | | | | | |
| Number of replies received - 8 (not all sections completed) | | | | | | | | | |
| | BOARD REQUIREMENTS | | KNOWLEDGE, & EXPERIENCE I BRING TO THE BOARD | | KNOWLEDGE & EXPERIENCE AVAILABLE TO ENTIRE BOARD | | PRIORITY KNOWLEDGE GAPS FOR THE BOARD TO ADDRESS | | |
| Change Management | 5 | 5 | 5 | 1 | 5 | 2 | 5 | | |
| | 4 | 2 | 4 | 2 | 4 | 1 | 4 | 4 | |
| | 3 | | 3 | 4 | 3 | 3 | 3 | 1 | |
| | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | |
| | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | |
| | 0 | | 0 | | 0 | | 0 | | |
| - | - | - | - | - | - | - | - | - | |
| Corporate Governance | 5 | 7 | 5 | 2 | 5 | 0 | 5 | 1 | |
| | 4 | 1 | 4 | 1 | 4 | 4 | 4 | 2 | |
| | 3 | | 3 | 3 | 3 | 2 | 3 | 2 | |
| | 2 | | 2 | 1 | 2 | 1 | 2 | | |
| | 1 | | 1 | 1 | 1 | | 1 | 1 | |
| | 0 | | 0 | | 0 | | 0 | | |
| - | - | - | - | - | - | - | - | - | |
| 1-Have a Governance Sub-Committee and a Chair reporting back to the Board 2-Repeat Training for all 3-Induction and Training for New Members 4-Sucession planning | | | | | | | | | |
| Culture Change & Integration | 5 | 1 | 5 | | 5 | | 5 | | |
| | 4 | 1 | 4 | | 4 | 3 | 4 | 1 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 3 | 5 | 3 | 6 | 3 | 3 | 3 | 4 |
| | 2 | | 2 | 1 | 2 | | 2 | 1 |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |
| - | - | - | - | - | - | - | - | - |
| Financial Management | 5 | 6 | 5 | 0 | 5 | 2 | 5 | 0 |
| | 4 | 0 | 4 | 1 | 4 | 3 | 4 | 1 |
| | 3 | 1 | 3 | 4 | 3 | 0 | 3 | 2 |
| | 2 | | 2 | 1 | 2 | 1 | 2 | 2 |
| | 1 | | 1 | | 1 | | 1 | 1 |
| | 0 | | 0 | 1 | 0 | | 0 | |
| 1-We are heavily dependent on one Board member for all financial assessment. We need to add another member to the Finance Sub-Committee (maybe co-opted from outside the Board) | | | | | | | | |
| Fundraising | 5 | 1 | 5 | | 5 | | 5 | 1 |
| | 4 | 1 | 4 | | 4 | | 4 | 1 |
| | 3 | 4 | 3 | 1 | 3 | | 3 | 1 |
| | 2 | 0 | 2 | 2 | 2 | 2 | 2 | 1 |
| | 1 | 1 | 1 | 3 | 1 | 4 | 1 | 1 |
| | 0 | | 0 | | 0 | | 0 | |
| 1-We did have a fundraiser on staff. However, the individual was not as effective as we would like. It is a difficult space to raise money in. However, there is a concerned community from our residents' families/friends which we should be linking in with. 2-Fundraising brings awareness. We need more of this | | | | | | | | |
| | | | | | | | | |
| Stakeholder Relations and Collaboration | 5 | 3 | 5 | 1 | 5 | 0 | 5 | 1 |
| | 4 | 2 | 4 | 1 | 4 | 4 | 4 | 2 |
| | 3 | 2 | 3 | 4 | 3 | 1 | 3 | 2 |
| | 2 | 0 | 2 | 1 | 2 | 1 | 2 | 0 |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| - | - | - | - | - | - | - | - | - |
| 1-We need to have more scheduled meetings with the HSE and MHC 2-We need to have more meetings with potential partners or collaborators | | | | | | | | |
| | | | | | | | | |
| Strategic Planning | 5 | 6 | 5 | 3 | 5 | 0 | 5 | 2 |
| | 4 | | 4 | 1 | 4 | 2 | 4 | 3 |
| | 3 | 1 | 3 | 1 | 3 | 2 | 3 | 1 |
| | 2 | | 2 | 1 | 2 | 2 | 2 | |
| | 1 | | 1 | 1 | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |
| | | | | | | | | |
| 1-This should be a yearly or bi-yearly activity, where we refresh the Vision/Mission/Purpose and decide the next 3-year plan, with a 5-to-10-year outlook | | | | | | | | |

SKILLS

Number of Trustees - 10

Number of replies received - 8 (not all sections completed)

| | BOARD REQUIREMENTS | | SKILLS I BRING TO THE BOARD | | SKILLS AVAILABLE TO ENTIRE BOARD | | PRIORITY SKILLS GAPS FOR THE BOARD TO ADDRESS | |
|---|--|---|-----------------------------|---|----------------------------------|---|---|---|
| | 5 | 3 | 5 | 1 | 5 | | 5 | 1 |
| Business Development | 4 | 1 | 4 | 1 | 4 | 2 | 4 | 2 |
| | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 |
| | 2 | 1 | 2 | 1 | 2 | 1 | 2 | |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | 1 | 0 | | 0 | |
| | 1-Strategic Planning for the future. We need to crystalise what we stand for and where we want to bring Bloomfield, and then take the necessary steps to change for that | | | | | | | |
| Senior Management in Charity/Voluntary Sector | 4 | 1 | 4 | 1 | 4 | 4 | 4 | 1 |
| | 3 | 2 | 3 | 1 | 3 | | 3 | 1 |
| | 2 | | 2 | | 2 | | 2 | 1 |
| | 1 | | 1 | 2 | 1 | 1 | 1 | |
| | 0 | | 0 | 1 | 0 | | 0 | |
| | 1-Senior Managers/Leaders from other business segments would help to crystalise process and procedure 2-The Charity/Voluntary sector in Ireland appears to be fragmented and sole operators. Having experience from another area would be helpful | | | | | | | |
| Communications (including media relations) | 4 | | 4 | | 4 | | 4 | 1 |
| | 3 | 4 | 3 | 4 | 3 | 4 | 3 | 3 |
| | 2 | | 2 | 1 | 2 | 2 | 2 | 1 |
| | 1 | | 1 | 2 | 1 | | 1 | |
| | 0 | 1 | 0 | | 0 | | 0 | |
| | | | | | | | | |

1-We have to be conscious of what our residents want known about them and their conditions. We do need to be able to turn around a positive story and get that published. Having those skills would be useful

| | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| Data Protection (incl GDPR compliance) | 5 | 3 | 5 | 1 | 5 | | 5 | |
| | 4 | 1 | 4 | 1 | 4 | 2 | 4 | |
| | 3 | 2 | 3 | 2 | 3 | 4 | 3 | 3 |
| | 2 | | 2 | 1 | 2 | | 2 | 1 |
| | 1 | 1 | 1 | 2 | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |

| | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|
| Finance | 5 | 5 | 5 | 1 | 5 | 1 | 5 | 1 |
| | 4 | | 4 | 1 | 4 | 4 | 4 | 1 |
| | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 2 |
| | 2 | | 2 | 1 | 2 | | 2 | |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | 1 | 0 | | 0 | |

1-We are dependent on one person at the moment. We need more people with these skills

| | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|
| Fundraising | 5 | 1 | 5 | | 5 | | 5 | |
| | 4 | 2 | 4 | | 4 | | 4 | 2 |
| | 3 | 4 | 3 | 1 | 3 | 2 | 3 | 1 |
| | 2 | | 2 | 2 | 2 | 1 | 2 | 1 |
| | 1 | 1 | 1 | 3 | 1 | 3 | 1 | 1 |
| | 0 | | 0 | 1 | 0 | | 0 | |

1-A fundraiser, who knows how it works

| | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|
| Human Resources | 5 | 3 | 5 | 1 | 5 | | 5 | |
| | 4 | 2 | 4 | | 4 | 2 | 4 | 2 |
| | 3 | 1 | 3 | 2 | 3 | 4 | 3 | 3 |
| | 2 | 1 | 2 | 2 | 2 | | 2 | |

| | | | | | | | | |
|---|---|-----|---|-----|---|-----|---|-----|
| | 1 | | 1 | 2 | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |
| 1- We rely on the internal Management Team for HR issues. We have a relationship with a HR consultancy firm which we have used in the past. | | | | | | | | |
| | | | | | | | | |
| Marketing (incl Digital Marketing) | 5 | | 5 | | 5 | | 5 | |
| | 4 | 1 | 4 | | 4 | | 4 | 1 |
| | 3 | 2 | 3 | | 3 | | 3 | 1 |
| | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 1 |
| | 1 | | 1 | 4 | 1 | 4 | 1 | 1 |
| | 0 | 1 | 0 | 1 | 0 | | 0 | |
| | | | | | | | | |
| Membership services | 5 | 1 | 5 | | 5 | | 5 | |
| | 4 | | 4 | | 4 | | 4 | |
| | 3 | 1 | 3 | | 3 | | 3 | |
| | 2 | 1 | 2 | | 2 | | 2 | |
| | 1 | 1 | 1 | | 1 | | 1 | |
| | 0 | 2 | 0 | | 0 | | 0 | |
| | | ??? | | ??? | | ??? | | ??? |
| 1-our company members are not that connected with what we do. We do need to develop a more regular communication activity | | | | | | | | |
| | | | | | | | | |
| Organisational Performance & Evaluation | 5 | 4 | 5 | | 5 | | 5 | |
| | 4 | 1 | 4 | | 4 | 2 | 4 | 2 |
| | 3 | 1 | 3 | 7 | 3 | 3 | 3 | 2 |
| | 2 | 1 | 2 | | 2 | | 2 | |
| | 1 | | 1 | | 1 | 1 | 1 | 1 |
| | 0 | | 0 | | 0 | | 0 | |

1-Have a set of KPI's that we can quickly scan through to assess effective performance
 2-Have criteria against each KPI, to indicate when it is Green (ok), Yellow (going off track) or Red (needs attention)
 3-The ability to trend or monitor the performance in each area

| | | | | | | | | |
|------------------------------------|---|---|---|---|---|---|---|---|
| Public Sector/Government Relations | 5 | 6 | 5 | 1 | 5 | | 5 | 2 |
| | 4 | | 4 | | 4 | 2 | 4 | 1 |
| | 3 | 1 | 3 | 1 | 3 | 3 | 3 | 1 |
| | 2 | | 2 | 1 | 2 | 1 | 2 | |
| | 1 | | 1 | 3 | 1 | | 1 | |
| | 0 | | 0 | 1 | 0 | | 0 | |
| Advocacy | 5 | 4 | 5 | 1 | 5 | | 5 | 1 |
| | 4 | 1 | 4 | | 4 | 1 | 4 | 1 |
| | 3 | 2 | 3 | 1 | 3 | 2 | 3 | 2 |
| | 2 | | 2 | 2 | 2 | 2 | 2 | |
| | 1 | | 1 | 2 | 1 | 1 | 1 | |
| | 0 | | 0 | 1 | 0 | | 0 | |
| Other: specify | | | | | | | | |
| Psychiatry | 5 | 1 | 5 | | 5 | | 5 | |
| | 4 | | 4 | | 4 | | 4 | |
| | 3 | | 3 | | 3 | | 3 | |
| | 2 | | 2 | | 2 | | 2 | |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |
| Legal | 5 | 2 | 5 | 1 | 5 | | 5 | 5 |
| | 4 | | 4 | 1 | 4 | 2 | 4 | |
| | 3 | | 3 | | 3 | | 3 | |
| | 2 | | 2 | | 2 | | 2 | |
| | 1 | | 1 | | 1 | | 1 | |

| | | | | | | | | |
|--|---|--|---|--|---|---|--|---|
| | 0 | | 0 | | 0 | 0 | | 0 |
|--|---|--|---|--|---|---|--|---|

| | | | | | | | | |
|---------------------|---|---|---|--|---|--|---|--|
| Property Main. /Dev | 5 | | 5 | | 5 | | 5 | |
| | 4 | 1 | 4 | | 4 | | 4 | |
| | 3 | | 3 | | 3 | | 3 | |
| | 2 | | 2 | | 2 | | 2 | |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |

| | | | | | | | | |
|----|---|---|---|--|---|--|---|--|
| IT | 5 | 1 | 5 | | 5 | | 5 | |
| | 4 | | 4 | | 4 | | 4 | |
| | 3 | | 3 | | 3 | | 3 | |
| | 2 | | 2 | | 2 | | 2 | |
| | 1 | | 1 | | 1 | | 1 | |
| | 0 | | 0 | | 0 | | 0 | |

| |
|--|
| Turning up prepared to contribute and ask why. |
| Upholding SMT and fellow Board by presence and positivity |
| There is a need for more independent clinical medical advice on or available to the Board. |
| More engagement or networking with similar type organisations might be beneficial. |

What Actions (if any) should the Board take in relation to Board diversity

| | |
|---|--|
| 1 | Composition of the Board, reflects the wider current composition of both the Religious Society of Friends in Ireland, as well as the senior management in healthcare and delivery infrastructure in Ireland at present. |
| 2 | rich white board for care delivered by brown people to white service users |
| 3 | Difficult to change under existing governance structures |
| 4 | <p>We need to separate the Operational Board from the Quaker Community. Our Memorandum and Articles state that 66% of Directors must come from the Quaker Community. Over the number of years I have been Chairman I have not been able to attract people with Clinical, Finance, Legal, Engineering skills to join our Board from the community.</p> <p>I think if we separate the operations from the Ethos, then we may be able to attract "non Quaker" members to join the Board, and bring the appropriate skills with them.</p> <p>We do not have any patient representation on the Board. We do patient and family surveys. We did consider inviting a member of the Huntingtons Disease Association of Ireland to join the Board, but the numbers are also too low, and it clouds the relationship and independence between the two organisations.</p> |
| 5 | We need to broaden our board membership to include greater diversity generally and possibly look at a patient advocate rep and a possible a staff rep. Current or former expertise from similar type of organisation would be beneficial. It is important to move the Board membership beyond the Quaker Community in Ireland to a wider basis and also to examine other possible Governance structures. The Religious Society of Friends might examine how a Patron Body type Model might operate to manage the BCC facility. |
| 6 | Recruitment planning. Appoint psychiatrist to board. Replace long serving members, with younger professionals/skills in Finance, Legal, Nursing, Business/strategy, I.T. Seek diversity but prioritise skills. |
| 7 | On the second question, they would think Quaker ethos. If their assumptions were racist/white male/conservative - they would be wrong. The perception of the board in this respect is not important provided it has the right skills and experience and functions properly. |
| 8 | The majority of the board are appointed by the Quaker community which in itself is not diverse. The number/percentage of Quaker appointees needs to change so that the Nominations Committee can identify suitable board members from a wider pool of experienced and skilled individuals |

Are there any skills or development areas that you would like to be addressed for you personally or for the board collectively to enhance your ability to perform your role more effectively?

| | |
|---|--|
| 1 | In terms of bringing new members of the Board, from outside of the geographic area of Dublin and its hinterland then the advances in electronic technology, in terms of undertaking business by remote means would facilitate in part other members been appointed to and been able to sustain the Board and its work. |
| 2 | Meeting efficiency - less day-to-day functions oversight - more strategic. More senior management development/retention. Development and maintenance of vision and values and purpose of organisation |
| 3 | Difficult to say. Depends on competencies of other Board members |
| 4 | As Chairman for the last 14 years, it is time that I resign. There is no succession plan for any role on the Board. It is always on an "as needed" basis. This needs to change. I think we need to give more autonomy to the Sub-Committees, allow them to make higher powered decisions, and then to report upwards. The Sub-Committee structure needs to be re-invigorated, with some meetings needs kick starting again. The Board needs to recognise its role as Operations overview and Strategic Planning, with more time being spent in the Strategic side. We tend to spend 80-100% in Operational matters and very little time in the Strategic planning side. This needs to change. |
| 5 | Greater understanding of funding issues and understanding the financial management for the organisation. Also need for greater grasp of strategic planning issues and how to monitor goals and objectives for the Board and the organisation generally. |
| 6 | Finance communications legal |
| 7 | Not at present. The important thing is that the Board collectively has appropriate skills and experience, and on an individual basis has basic knowledge of charity/company good governance. Additional expertise or training can be contracted in as required. |

Appendix 2 – Detailed Results of Board Self Evaluation Questionnaire

| BLOOMFIELD MEDICAL HEALTH CENTRE - BOARD EVALUATION EFFECTIVENESS REVIEW | | | | | | | |
|--|--|----------|----------|----------|----------|----------|----------|
| | | | | | | | |
| | Board Self Evaluation Questionnaire Results | | | | | | |
| | | | | | | | |
| | Number of Trustees - 10 | | | | | | |
| | Number of replies received - 8 (not all sections completed) | | | | | | |
| | | | | | | | |
| | For each of the following statements below, the following ranking scale was used: number between 1 and 5, with 1 indicating strong disagreement and 5 indicating strong agreement with the statement. | | | | | | |
| | | | | | | | |
| | 0 was selected if the point is not applicable to the Board Member or he/she did not have enough knowledge or information to rank a particular statement. | | | | | | |
| | | | | | | | |
| | Additional comments are listed under each of the headings | | | | | | |
| | | | | | | | |
| 1 | Board composition, standards, and performance | 0 | 1 | 2 | 3 | 4 | 5 |
| 1.1 | All board members have the opportunity periodically to debate and support the organisation's strategy and values, and set the 'tone from the top' | | | | 2 | 2 | 4 |
| 1.2 | I have a clear understanding of the organisation's mission, its core businesses, its strategic direction, and the financial and human resources needed to deliver these | | | | 1 | 5 | 2 |
| | <i>Comments: Question 1.2 is too broad to answer correctly.... understanding of mission is a different question to knowledge of strategy.</i> | | | | | | |
| | <i>Comments: We did a Vision, Mission, Values session a few years ago, where we agreed what our purpose was, and what direction we wished to continue offering services in. Strangely enough, after the session was completed, several members of the board had not fully internalised what was agreed. I have rated a 4, as we are controlled a lot by what the HSE dictate to us. I believe that in recent months/last year, we have decided on a different approach, where we are better trying to control our own destiny, rather than have it forced upon us.</i> | | | | | | |
| 1.3 | The Board regularly reviews its role, performance, and compliance with governance requirements, and undertakes regular self-evaluation exercises | | 1 | 1 | 5 | 1 | |
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| | <i>Comments: We as a company, are constrained by our M&A, to have at least 66% of Board Directors coming directly from the Quaker Community. The Quaker Community are a diminishing and ageing community, and do not or do not provide the relevant skills sets.</i> | | | | | | |
| | <i>Comments: We are short Clinical representation on the Board. We have tried previously to attract Clinicians to the Board, but the feedback is that we are too small and too unstable. The hope, with the recent decision to close the Nursing Home, and expand more into Huntington's Disease, will allow us to specialise more, and attract the relevant skills onto the Board, to supplement our Governance.</i> | | | | | | |
| 1.4 | I am clear about which matters are specifically reserved for decision by the board | | | | 2 | 6 | |
| | <i>Comments: Has this changed with the arrival of the new CEO?</i> | | | | | | |
| 1.5 | The Board has agreed a competency framework specifying the range of skills, expertise and experience that should be available to the organisation as a non-profit organisation from the members of its Board of Directors | 1 | 2 | 2 | 3 | | |
| | <i>Comments: Based on previous comment, we are constrained. What we would like to have ideally has not fully been discussed. We have started conversations about splitting the Governance into a "trustee board" and an "operational board". These are very much at the early stages. This would allow the operational board to have all the necessary skill sets, while the trustee board would be from the Quaker Community, allowing the continuation of the Ethos and founding principles to continue.</i> | | | | | | |
| | <i>Comments: We are aware that we lack many areas of skill and expertise, due to the limited range of people we can appoint to the Board and the difficulty in recruiting external (non-Quaker) experience</i> | | | | | | |
| 1.6 | The Board has enough Directors with sufficient levels of the appropriate range of knowledge (including adequate financial literacy), qualifications and sector-specific experience to meet the requirements of the organisation | | 1 | 2 and 1 2/3 | 2 | 2 | |
| | <i>Comments: We are lacking in Directors with medical/psychiatric back grounds or financial skills. I inquired about recruiting a very suitable non-Quaker with political, administrative, and managerial experience and the first question that she asked me was about payment</i> | | | | | | |
| | <i>Comments: When I started as the Chair we had 19 Directors, this is now down to 11 (I think). We have Finance, Legal, Engineering, Architecture, Midwifery, Nursing, and HSE experience in our current Board. As stated, before we are short on Clinical input.</i> | | | | | | |

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| 1.7 | Directors/Trustees have been provided with appropriate induction at the outset and are routinely provided with sufficient briefing and other supports to ensure their understanding of relevant risk, reporting, regulatory, and industry issues. | | | 2 | 3 | 3 | |
| | <i>Comment: This varies as regulations continually change</i> | | | | | | |
| 1.8 | Any other comments on Board composition, standards, and performance. | | | | | | |
| | 1.8.1. Answers are subjective and not set against any standard or criteria....so difficult to rate. /Answer. | | | | | | |
| | 1.8.2. As a medical charity we need to have access to independent and objective medical /psychiatric advice so a suitably qualified person should be on the Board. | | | | | | |
| | 1.8.3 One problem with this part of the questionnaire is its focus on individual board member competency. For instance, I would say on 1.1, 1.2, and 1.4 that collectively the Board scores 5, whatever about my own level of understanding. | | | | | | |
| 2 | Financial oversight, audit, and risk | 0 | 1 | 2 | 3 | 4 | 5 |
| 2.1 | The Board regularly reviews the quality and appropriateness of financial accounting and reporting policies, including the transparency of disclosures. | | | | 1 | 6 | 1 |
| | <i>Comment: finance committee meets once per month, or more as required. We meet with our auditors once per year.</i> | | | | | | |
| 2.2 | The Board reviews financial reports and performance against budget at regular intervals | | | | | 2 | 6 |
| 2.3 | The Board or The Audit Committee makes inquiries of the independent auditor on the depth of experience and sufficiency of the organisation's accounting and finance staff. | 3 not sure or ??? | | 1 | | 3 | 1 |
| | <i>Comment: We have appointed Ormsby Rhodes as our Finance Auditors. We review their T&C's each year. However, we have not changed them in the last "forever" years.</i> | | | | | | |
| 2.4 | The Board considers, understands, and approves the process implemented by management to effectively identify, document, assess, and respond to the organisation's key risks. | | | | 2 | 3 | 2 |
| | <i>Comment: The Risk Register?</i> | | | | | | |
| | <i>Comment: Risk Registers were created in the last 5-10 years, which are presented and reviewed by the Board on a semi regular basis. The management team review them more frequently. The management team score each item.</i> | | | | | | |

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| 2.5 | The Board reviews the management recommendation letters written by the independent auditors, monitors the process to determine that all significant matters are addressed and ensures that management takes action to achieve resolution of all comments from auditors, particularly those related to internal controls. | 1 ??? | | 1 | | 4 | 2 |
| 2.6 | The Board has put in place appropriate and documented delegation authorities for management, and they are regularly reviewed. | 3 not sure or ??? | | | | 5 | |
| | <i>Comment: Does this change with different CEO's?</i> | | | | | | |
| | <i>Comment: There is a policy, stating who can sign off and what amounts they can do that. There are 2 x signatures required on most cheques, with the members of the Finance Committee being the co-signatories</i> | | | | | | |
| 2.7 | Other comments on financial oversight | | | | | | |
| | 2.7.1. Financial oversight, budget and monthly review is included in every Board Meeting. Action in respect of persistent deficits is slow to be resolved and are partly the result of Board Strategic and skills deficit. | | | | | | |
| | 2.7.2. My biggest concern regarding finances, is the fact that the HSE is our funder. What they say we have to accept. In the last 2-3 years we have started to argue things differently, demanding a market price for a service, rather than a HSE budgeted price. We have made a loss, financially, year on year for the last few years. this cannot continue. We have to change the way we work with the HSE or find another funding stream to release the risk of financial insecurity. | | | | | | |
| | 2.7.3. Key to this is the Finance Committee on which the Board has strong representation, and to which there is monthly reporting, with detailed onward reporting and oversight by the Board, as well as oversight on annual budget and financial statement preparation, management strategy in negotiation bed rates with government agencies, and auditor opinions. The Board has accounting and business experience, and most members can follow accounts with basic explanation. | | | | | | |
| | 2.7.4. Board needs further members to have financial competence & skills | | | | | | |
| 3 | Ethics and compliance | 0 | 1 | 2 | 3 | 4 | 5 |
| 3.1 | I am clear about my individual and collective responsibilities, duties and roles as a Board member including the requirements to disclose conflicts of interest or loyalty | | | | | 3 | 5 |
| 3.2 | I am satisfied that I am conversant with, and in compliance with my responsibilities and duties under the Companies Act, 2014 and with the Charities Act, 2009. | | | 1 | 2 | 4 | 1 |

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| | <i>Comment: The level of responsibilities and duties keep rising. It is becoming more and more difficult to recruit Directors</i> | | | | | | |
| | <i>Comment: I rely on the Company Secretary to keep me advised of any forthcoming issues. I am not fully versed with the Companies Act / Charities Act, apart from what I know myself from other activities.</i> | | | | | | |
| 3.3 | The Board ensures that each Director/Trustee is conversant with the values and ethical standards of the organisation and that decisions are informed by these values at all times. | | | | 2 | 3 | 3 |
| 3.4 | The Board has adopted The Charities Governance Code and reviews its compliance regularly with these practices and standards. | 1 ??? | | | 3 | 2 | 2 |
| | <i>Comment: This has been talked about a number of times. I believe we are going after this again. This is in part why this survey is required.</i> | | | | | | |
| 3.5 | Board members oversee the process and are notified of communications received from funders and other governmental or regulatory agencies related to alleged violations or areas of non-compliance. | | | | | 4 and 1 4/5 | 3 |
| | <i>Comment: The Chairman, CEO or CFO usually receive the communications from the regulatory bodies. They are quickly circulated as required. A regular conversation between the Chairman and the CEO keeps us both abreast of what is happening.</i> | | | | | | |
| 3.6 | The Board determines that there is a senior-level executive designated to understand and be responsible for all relevant legal and regulatory requirements and oversees management's procedures for enforcing the organisation's codes of ethical and business conduct. | | | | | 5 and 1 4/5 | 2 |
| | <i>Comment: We have appointed the CEO and the Company Secretary for this very purpose</i> | | | | | | |
| 3.7 | I am satisfied with the organisation's protected disclosure (or whistle-blower) process, and the reviews the log of concerns raised that relate to possible fraudulent activity, and I understand the procedures to prohibit retaliation against whistle-blowers. | 1 ??? | 1 | 1 | 3 | 2 | |
| | <i>Comment: We do have a complaints process, and talked about a Whistle-blower policy, but I am not sure if it ever got instigated.</i> | | | | | | |
| 3.8 | Other comments on ethics and compliance | | | | | | |
| 4 | Stakeholder relationships - external and internal | 0 | 1 | 2 | 3 | 4 | 5 |
| 4.1 | I have a functioning understanding of all relevant stakeholders and the board keeps this under regular review | | | | 2 | 1 | 5 |

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| | <i>Comment: Our stakeholders on the Mental Health Side are the HSE, Mental Health Commission. I have a good working relationship with Jim Ryan, Head of Operations Mental Health. Last year, while working through an issue with the MHC, we have developed a much more open relationship with the MHC. The CEO now owns this arrangement and carries out regular calls and communications with them.</i> | | | | | | |
| 4.2 | The level of communication between the Board and relevant parties is appropriate: I am satisfied with the interaction with key internal and external stakeholders | | | | 3 | 3 | 2 |
| 4.3 | Members of the Board observe agreed protocols for public communication and confidentiality in relation to the Company's business. | 1 | | | | 3 | 4 |
| 4.4 | The organisation's mission and vision have been defined and communicated to all levels within the organisation | 1 | | | 2 | 3 | 2 |
| | <i>Comment: As mentioned before, this session took place previously. I do think there is an opportunity to revisit it, and bring it to the next level, involving the "feet on the ground" more</i> | | | | | | |
| 4.5 | Other comments on stakeholder relationships | | | | | | |
| | 4.5.1. Please define the meaning of all relevant stakeholders. | | | | | | |
| | 4.5.2. Communicating Mission is difficult with the level of staff turnover within BCC.... | | | | | | |
| | 4.5.3. This is difficult for me to answer honestly as I am sceptical of Mission and Vision Statements | | | | | | |
| 5 | Processes and procedures | 0 | 1 | 2 | 3 | 4 | 5 |
| 5.1 | The Board has established appropriate sub-committees to take responsibility for finance, audit, risk, board nominations, and CEO/senior executive performance review and remuneration. | | | | 3 | 3 | 2 |
| | <i>Comment: Finance occurs once per month. Board meetings are once per month. Risk occurs more at the Management level on a monthly basis, and then is fed up to the Board on a quarterly basis. A Development and Maintenance Committee used to meet once per month, but with changes in personnel recently, this has not re-started. We did have a Nomination and Remuneration committee, which used to meet quarterly or as required, but it fizzled out as the Financial pressure the organisation was under, meant that no pay review could take place. Nominations for the Board were suspended, especially with Covid and the Financial Crisis we were in over the last few years. This now needs to re-start. A Clinical Governance committee existed in the past, but the</i> | | | | | | |

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| | <i>experience of the Board members did not contribute to the conversation in a meaningful way. This fizzled out.</i> | | | | | | |
| 5.2 | The Board and its committees have a calendar that dedicates the appropriate time and resources required to execute all of their responsibilities - both of a strategic and routine business nature. | | 1 | 1 | 3 and 1 3/4 | 2 | |
| | <i>Comment: We do meet on a regular basis. We spend most of our time in operational matters and less in strategic.</i> | | | | | | |
| 5.3 | The board receives good quality, timely and pertinent information and has access appropriate advice to enable it to perform its responsibilities and make good decisions | | | | 2 | 3 | 2 |
| | <i>Comment: This changes with CEO / other personnel, difficult to quantify</i> | | | | | | |
| 5.4 | I am satisfied with the quality of services provided by the Secretary, including the preparation and timely circulation of Board documentation, the preparation of minutes, and the maintenance of adequate registers and compliance statements | | | 1 | 1 | 5 | 1 |
| | <i>Comment: documents in advance are often made available on the day of the meeting, which does not lead to effective use of meeting time.</i> | | | | | | |
| 5.5 | I am satisfied with the functioning of Board sub-committees, including the adequacy (quality and timeliness of circulation) of their documentation to feed into the work of the Board. | | | 1 | 3 | 3 | 1 |
| 5.6 | The agenda and related documents are circulated sufficiently well in advance of meetings to allow Board members time to study and understand the information. | | | 2 | 5 | 1 | |
| | <i>Comment: But I cannot blame the timing of the documents in advance for my not reading them sufficiently</i> | | | | | | |
| | <i>Comment: documents in advance are often made available on the day of the meeting, which does not lead to effective use of meeting time.</i> | | | | | | |

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| 5.7 | I am satisfied with the process for making decisions between meetings and I am adequately briefed on matters that arise between meetings | | | | 1 | 5 | 1 |
| | <i>Comment: This varies with CEO / Person in charge</i> | | | | | | |
| | <i>Comment: Generally, Board decisions are made by consensus (the Quaker Way) at Board meetings. Sub-committees are mostly empowered to make decision relevant to their remit, or to feed up to the Board if required. We have an active Email and WhatsApp communication, which allows for faster turn-around of information and decisions outside the normal Board meetings</i> | | | | | | |
| 5.8 | Other comments of processes and procedures | | | | | | |
| | <i>5.8.1. A full consideration of the appropriate committees is needed (and presumably part of the Governance review). Greater clarity on the clinical governance arrangements at management level is also required. A Governance Risk and Compliance Sub Committee or some such arrangement is probably required.</i> | | | | | | |
| 6 | Board dynamics and performance of Chairperson | 0 | 1 | 2 | 3 | 4 | 5 |
| 6.1 | Board Meetings are well attended | | | | | 2 | 6 |
| 6.2 | Board members come to meetings well prepared. | | | | 2 | 6 | |
| | <i>Comment: But I cannot blame the timing of the documents in advance for my not reading them sufficiently</i> | | | | | | |
| | <i>Comment: we often arrive at the meeting not having read the documents in advance, often as they were late being made available, or the fact that we personally did not have the time to read them</i> | | | | | | |
| 6.3 | Issues and concerns can be raised and openly discussed | | | | | | 8 |
| 6.4 | The board works well as a team | | | | 3 | 4 | 1 |
| | <i>Comment: But we have an advantage that we generally know each other outside the Board</i> | | | | | | |
| | <i>Comment: there can be disagreements, which is healthy.</i> | | | | | | |
| 6.5 | The current size of the board is about right | | | | 4 | 4 | |
| | <i>Comment: We need more diversity in age, background, experience, and finance</i> | | | | | | |
| | <i>Comment: we need more Clinical skills. We are allowed up to 14 seats. We currently have 4 vacancies (I think)</i> | | | | | | |
| 6.6 | Board members make decisions collaboratively and objectively in the best interests of the organisation and feel collectively responsible for its wellbeing. | | | | | | 8 |

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| 6.7 | The Chairperson ensures that all members are free to participate actively in the work of the Board, and that no individual voice or voices dominate discussions and decisions. | | | | | 2 | 6 |
| | <i>Comment: as the Chair, I hope this is the case</i> | | | | | | |
| 6.8 | The Board and all of its members understand and observe the line between governance oversight and the role of management. | | | | 1 | 4 | 3 |
| | <i>Comment: often we stray into Operational matters. I think this is because we have had many CEOs over the last few years, and the discontinuity did not bring the confidence to the Board. With our new CEO (Joe Kelly), and the management team he has assembled around him, we have much greater confidence in the Operational aspects, allowing the Board to focus more on strategy and other issues.</i> | | | | | | |
| 6.9 | Board meetings are conducted effectively, with sufficient time spent on significant or emerging issues. | | | | 4 | 3 | 1 |
| | <i>Comment: often we spend too much time on Operational aspects, leaving the strategic till the end, when everybody is tired</i> | | | | | | |
| 6.1 0 | The Chairperson and members of the board handle conflict constructively, have strong interpersonal skills, and are willing to address issues proactively. | | | | | 3 | 5 |
| | <i>Comment: as the Chair, I hope this is the case</i> | | | | | | |
| 6.1 1 | The Chairperson encourages input on meeting agendas from committee and Board members, management, and the independent auditor. | 1 | | | | 1 | 6 |
| | <i>Comment: as the Chair, I hope this is the case</i> | | | | | | |
| 6.1 2 | The Board has a clear succession plan in place for the Chairperson and directors/trustees | 1 | 3 | 3 | 1 | | |
| | <i>Comment: We are limited and are very aware of this. We are working on future plans</i> | | | | | | |
| | <i>Comment: I have been in the Chair for the last 14 years. This is too long. There is no obvious person willing to succeed my position. It is now time that I resign.</i> | | | | | | |
| 6.1 3 | Other comments on board dynamics | | | | | | |

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| | <p>6.13.1 Succession is an issue - our Chair has been fantastic but needs to be released. Certain other directors - perhaps 4 in all - are also long serving and need to be replaced. It is an opportunity to bring in younger directors and for others to step up. We also need psychiatric expertise. I favour a reasonably large Board with broad experience to help with manning committees and to assist with succession.</p> | | | | | |
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| 7 | <p>Any other thoughts/ideas that board members may have to help them and the board to develop and enhance their ability to perform the role</p> | | | | | |
| | <p>7.1. The main problem for the Board and with the Board is the inclusion of appropriate skill sets, mainly due to the restrictive pool from which the directors can be selected, that is the Quaker Community. This also results in far too longevity serving on the Board and a Board that is old in age. The Board has the skills to act as an effective Board from the view of openness, transparency, compliance, and financial control, but does not have the skill sets to set effective strategy, network within the "industry" or partner/manage the funders.</p> | | | | | |
| | <p>7.2. The current Governance review should be comprehensive and have a clear plan with outputs and time scales for delivery on where we are going as a Board.</p> | | | | | |