BOARD OF DIRECTORS MEETING PART I

Schedule Wednesday 5 April 2023, 9:00 AM — 12:30 PM BST
Organiser Hannah Sullivan

Agenda

Agenda

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
Time: 09:00AM, WEDNESDAY 5 APRIL 2023
Venue: Plymouth Room,
The Uffculme Centre,
52 Queensbridge Rd, Birmingham, B13 8QY

Purpose and Ambition
The Board is accountable to the public and stakeholders; to formulate the Trust's strategy; ensure accountability; and to shape the culture of the organisation. The Board delegates authority to Board Committees to discharge its duties effectively and these committees escalate items to the Board, where Board decision making and direction is required.

Values
The Board will ensure that all its decisions are taken in line with the Values of the Trust: Compassion, Inclusive and Committed
Expert by Experience story to be supported by Katherine Allen

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	*Interim Chair*	09:30	*Verbal*	
2.	Minutes of the previous meeting		09:35	*Attached*	Approval
3.	Matters Arising/Action Log		09:40	*Attached*	Assurance
4.	Chair's Report		09:45	*Attached*	Assurance
5.	Chief Executive's and Director of Operations Report	*R. Fallon-Williams*	09:55	*Attached*	Assurance
6.	Board Overview: Trust Values	*L. Cullen*	10:05	*Verbal*	Assurance
7.	**QUALITY**				
7.1	(a) QPES Chair's Assurance Report February (b) QPES Chair's Assurance Report March	*L. Cullen*	10:10	*Attached*	Assurance
7.2	Patient Safety Report	*S. Forsyth*	10:20	*Attached*	Assurance
8.	**PEOPLE**				
8.1	(a) People Committee Chair's Assurance Report February (b) People Committee Chair's Assurance Report March	*P. Nyarumbu / M. Shafaq*	10:30	*Attached*	Assurance
9.	**SUSTAINABILITY**				
9.1	(a) Finance, Performance & Productivity Committee Chair's Assurance Report February (b) Finance, Performance & Productivity Committee Chair's Assurance Report March	*D. Tomlinson / B. Claire*	*10:40*	*Attached*	Assurance
9.2	Integrated Performance Report - Front sheet Enclosure 1: Integrated Performance Report Enclosure 2: Overall data	*D. Tomlinson*	*10:50*	*Attached*	Assurance
9.3	Finance Report	*D. Tomlinson*	*11:00*	*Attached*	Assurance/ Approval

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
	Enclosure 1: Finance Report				
9.4	9.4a. Gender Pay Gap Report 9.4b. WRES Report	*J. Kaur* *J. Kaur*	*11:10*	*Attached*	Assurance
9.5	Staff Survey Report	*P. Nyarumbu*	*11:20*	*Attached*	Assurance
10.	**GOVERNANCE & RISK**				
10.1	Board of Directors and Committee schedule	*D. Tita*	*11:50*	*Attached*	Approval
10.2	Board of Directors forward planner	*D. Tita*	*11:55*	*Attached*	Approval
10.3	Board of Directors Terms of Reference	*D. Tita*	*12:00*	*Attached*	Approval
10.4	Draft Annual Governance Statement	*D. Tita*	*12:05*	*Verbal*	Assurance
10.5	Questions from Governors and Public (***see procedure below***)	*Chair*	*12:10*	*Verbal*	-
10.6	Any Other Business *(at the discretion of the Chair)* **10.6a.** To schedule an extraordinary Board Meeting on 21st June 2023 from 14:00 – 14:35 to ratify the Annual Report & Accounts for 2022/23.	*Chair*	*12:20*	*Verbal*	-
10.7	**FEEDBACK ON BOARD DISCUSSIONS**	*Chair*	*12:30*	*Verbal*	-
11	**RESOLUTION** The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
12	**Date & Time of Next Meeting** 7 June 2023, 09:00-12:30		*12:30*	*Chair*	

A – Attachment ***V - Verbal*** ***Pr - Presentation***

At the Chair's discretion, there will be an opportunity for Governors and other visitors to ask questions on agenda items at the end of the meeting

Procedure for questions from the public at board meetings

The Board meetings are held in public rather than being public meetings: this means that the public are very welcome to attend but cannot take part. Nevertheless the Chair is happy to conduct a short question session at the conclusion of each board meeting held in public to respond to questions which have been raised by the public or members of staff at the meeting.

Questions

Members of the public, staff and governors are permitted to ask questions at meetings of the Board of Directors.

The Chair will invite questions at the end of the meeting.

Relevance of questions

Every question must relate to the items received or considered by the Board of Directors at the meeting.

Questions should not refer to or require discussion of confidential information, including personal information about any individual.

The Chair may interrupt to stop a question being asked where it is not relevant to the matters at the meeting or it discloses confidential information.

Notice requirements

There is no need for notice to be given to ask a question at the meeting. However, members of the public are encouraged to give notice of their question to the Trust Secretary by 12 noon on the working day before the meeting to enable a full response to be prepared.

Limitations on numbers of questions or time allowed

No member of the public may ask more than one question at any meeting unless the Chair allows otherwise.

There are no limits to the questions for Governors.

The time allowed for questions by the public and governors is limited. The Chair may curtail the time available for questions at his discretion.

Response to questions

Where possible a response to a question asked will be given at the meeting and recorded in the minutes. Where this is not possible a written response will be provided within ten working days, with the response being reported to the next meeting for information. If a question has been asked previously, the Chair may refer to the response recorded in the minutes rather than repeating the response.

1. Opening Administration:

Apologies for absence & Declarations of interest

2. Minutes of the previous meeting

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	**BOARD OF DIRECTORS**
Date	**1 FEBRUARY 2023**
Location	**UFFCULME CENTRE**

Purpose and Ambition
The Board is accountable to the public and stakeholders; to formulate the Trust's strategy; ensure accountability; and to shape the culture of the organisation. The Board delegates authority to Board Committees to discharge its duties effectively and these committees escalate items to the Board, where Board decision making and direction is required.

Attendance	Name and Title		
Present	Phil Gayle	-	Interim Trust Chair
	Roisin Fallon-Williams	-	Chief Executive
	David Tomlinson	-	Director of Finance
	Vanessa Devlin	-	Director of Operations
	Renarta Rowe	-	Deputy Medical Director
	Patrick Nyarumbu	-	Director of Strategy, People & Partnerships
	Russell Beale	-	Non-Executive Director
	Linda Cullen	-	Non-Executive Director
	Bal Claire	-	Non-Executive Director
	Monica Shafaq	-	Designate Non-Executive Director
	Winston Weir	-	Non-Executive Director
	Steve Forsyth	-	Interim Executive Director of Quality and Safety
In Attendance	Hannah Sullivan	-	Corporate Governance Manager
	David Tita	-	Associate Director of Corporate Governance
Observers	Leona Tasab	-	Clinical Staff Governor
	Mustak Mirza	-	Service User Governor
	Faheem Uddin	-	Service User Governor
	Maxine Blake- Jones	-	Executive PA
Apologies	Anne Baines	-	Non- Executive Director

Agenda item	Staff story	Action (Owner)
	Unfortunately due to the sickness absence the scheduled staff story was unable to take place on this occasion.	

Agenda Item	Discussion	Action (Owner)
1.	**OPENING ADMINISTRATION:** **APOLOGIES FOR ABSENCE & DECLARATIONS OF INTEREST** The Chair welcomed all who were observing the meeting and formally welcomed both Mr B Clare and Ms M Shafaq as newly appointed Non-Executive Directors of the Board of Directors.	

Agenda Item	Discussion	Action (Owner)
2.	**MINUTES OF THE PREVIOUS MEETING** The minutes of the meetings held on the 7 December 2022 were approved as a true and accurate record of the meeting. Mr W. Weir clarified that the statement made on page 4 in relation to considerations in line with offers from partnership organisations supporting staff with food vouchers is being reviewed, was a follow on from the offer that Birmingham Women's and Childrens Hospital offer.	
3.	**MATTERS ARISING/ACTION LOG** All matters arising were noted as complete with the exception of the Governance Action Plan: Six Monthly Review which will be updated at the April 2023 meeting. **ACTION: Governance Action Plan: Six Monthly Review which will be updated at the April 2023 meeting.**	**D. Tomlinson**
4.	**CHAIR'S REPORT** The Board received an overview of the Chair's key areas of focus since the last Board meeting. The Board noted the context of the report received with no concerns raised.	
5.	**CHIEF EXECUTIVE'S AND EXECUTIVE DIRECTOR OF OPERATIONS REPORT** Mrs R. Fallon-Williams and Ms V. Devlin presented the Chief Executive and Director of Operations report and highlighted the salient points. The Trust moved to new Infection Prevention Control (IPC) guidance during December which includes the wearing of masks in all clinical settings. This is being reviewed on a regular basis. We have a well developed plan in place for responding to potential and actual outbreaks and we continue to offer the Flu vaccine and COVID 19 booster across our sites to both service users and colleagues. Our New Guardian of Safe Working has been appointed, as required under Junior Doctor contract, Dr Shay-Anne Pantall has been welcomed into this role. TUPE arrangements for the ICS MH commissioning team and section 117 staff to align into the MH Collaborative Provider Hub commenced on the 30th January and includes the gathering of views within our current corporate teams on how they see their functions supporting and realigning to the new hub and commissioning arrangements. The CQC completed the focused Well Led inspection of the Trust in December 2022 whereby they completed a number of visits, reviewed numerous reports and met with a wide range of staff including formally interviewing all member of the Trust Board. We continue to await the final report. Thanks to all staff that supported the inspection was noted. In light of a number of senior team absences experienced in recent months within the Nursing and Quality Team additional capacity has been secured within the team to manage the ongoing demands.	

Agenda Item	Discussion	Action (Owner)
	International Recruits continues to go from strength to strength, with 40 successful candidates. Our first Nurse has arrived this today and will be supported by our team. NHS England have now issued planning guidance for providers and systems for 2023/24. This includes a recommitment to the Mental Health Investment Standard which is welcome, although Trust and system colleagues are still working through the detail to understand the total funding available to us next year. Leaders from trusts, integrated care systems and local authorities are to take charge of five workstreams within Patricia Hewitt's review of ICS autonomy and accountability whilst acknowledging this remains a difficult time. It is crucial to create public confidence. Staffing levels remain a significant challenge, with the Trust reaching a critical point over the Christmas weekend, requiring immediate and swift action. Staff continue to work above and beyond to provide the best possible services. ICCR community mental health teams are focusing on caseload movement to primary care teams now that they are in place. Work within the Community Transformation continues to show improvements with a continued focus on GP engagement. The new Intensive Community rehabilitation service went live at the end of January 2023, this is a very exciting development that will enable us to return patients who are out of area, ensuring care close to home and will help to create flow through our steps to recovery units, this will in turn support our acute services bed pressures. Staffing challenges continue within Secure Care & Offender Health. Staff continue to work above and beyond to deliver the best service possible. A joint review of FIRST has been completed with Midlands Partnership Foundation Trust, looking at clinical priorities and development of the service going forward which will form part of contractual discussions. The outcome will help to address some of the current capacity issues to meet the increased caseloads. Additional staff have been recruited with the aim of increasing the patient access to, and movement through the Psychiatric Decision Unit (PDU), Place Of safety (POS) and liaison psychiatry to aid flow through the urgent care pathway. Dementia and Frailty continue to manage high levels of acuity. Birmingham Health Minds (BHM) has successfully recruited 6, step 3 High Intensity Trainees who commenced their training on 3rd January 2023. The service has a rolling program of recruitment to fill vacant posts within the service as well as working with University educators to future proof the workforce. A workshop to develop the forward plan for the clinical strategy has taken place with over 60 staff and experts by experience sharing their views for what good looks like. An update will be shared at the April 2023 Board of Directors.	

Agenda Item	Discussion	Action (Owner)
	Dr L. Cullen queried whether the national drive for boosting care for dementia services has impacted the Trust or whether this is focused on acute care only? Ms V. Devlin confirmed the Trust continue to work collaboratively with acute colleagues whilst highlighting the need for GP engagement. Mr P. Gayle queried whether the Trust has had access to the discharge funding? Ms V. Devlin confirmed the Trust has had access to the funding through the system. Mr W. Weir thanked both Mrs R. Fallon- Williams and Ms V. Devlin for the comprehensive report and noted the international recruitment is encouraging. Mr W. Weir queried whether service user and experts by experience feedback is considered when collating data in relation to the impacts on service delivery? Ms. V Devlin confirmed the feedback from service users and experts by experience is integral to leading community transformation and reinforced there are members embedded within the working groups driving the focus. Mr W. Weir queried whether the BSoL ICS data in relation to health inequalities has a focus on race? Mrs R. Fallon- Williams confirmed the health inequalities steering groups focus and priority remains ensuring data quality is driving the changes needed across all areas of inequalities. Mr W. Weir stated there was an article in the HSJ that detailed the need for NHS Trusts to have a Director responsible for reducing racism and queried the Trust lead? Mrs R. Fallon- Williams confirmed Dr F. Aria is the executive lead for health inequalities and reducing racism is coordinated through this role. Mr B. Claire thanked both Mrs R. Fallon- Williams and Ms V. Devlin for the comprehensive report and queried whether the reduction in appraisal compliance since moving to a values based model is a concern? Mrs R. Fallon- Williams confirmed concerns have been noted whilst acknowledging this is a new way of working for staff and the system issues that have impacted on reportable data. Mr P. Nyarumbu highlighted this is not isolated to appraisals, confirming all Board Committees have had oversight of the concerns in relation to the overall usage of ESR. Support for staff, through a peer approach, is ongoing to ensure the reportable data is correct and able to be added onto the system easily. Mr P. Gayle noted the ongoing challenges in relation to staffing within Secure and Offender Health and queried whether the international recruitment appointments will offset some of the demand? Ms V. Devlin confirmed there are a number of international recruits that will be	

Agenda Item	Discussion	Action (Owner)
	joining the Secure and Offender Health team. She acknowledged this a demanding area with complex care needs. Mr P. Gayle queried whether the PFI contracts are adding to cost pressure in line with the new guidance received? Mr D. Tomlinson confirmed PFI contracts make up approximately 10% and these are being managed closely. Mr F. Uddin queried how long is left on the PFI contracts? Mr D. Tomlinson confirmed there are two PFI contracts with 10 years remaining on each. The Chair thanked all for their contributions. The report was received and noted. **ACTION: An update on the forward plan for the clinical strategy will be shared at the April 2023 Board of Directors.**	**V. Devlin**
6.	**BOARD OVERVIEW TRUST VALUES** Mr W. Weir confirmed the first time he presented the Board Overview of Trust Values was in September 2021 after being in the Trust for only two months. He stated the circumstances at this time were very challenging due to the pandemic with restrictions in place the meeting was held virtually. He stated he was delighted to be a member of the Trust then and now. Mr W. Weir welcomed both Mr B Clare and Ms M Shafaq as newly appointed Non- Executive Directors of the Board of Directors. He reminded the members present of the Trust values, compassionate, inclusion and commitment. Mr W. Weir stated what the values mean to him: Compassionate: To have a personal desire to do better. He stated that on joining the Trust Mrs R. Fallon- Williams had quoted to be compassionate is to have a personal desire to remain positive and hopeful whilst supporting the most vulnerable people in society. Inclusion: Having Trust induction back face to face has made staff fee welcome and included and to see the value of people. He confirmed he has been on a number of site visits which has enabled him to see a variety of staff face to face and thank them for their service personally. Commitment: All Governors, Non- Executive Director and Executive Directors are committed to challenging best practice, improving services and supporting services to be the best they can. Mr P. Gayle thanked Mr W. Weir for his heartfelt reflections. The Board committed to living the Trust values and acknowledged they truly make a difference.	

Agenda Item	Discussion	Action (Owner)
7.	**QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the Quality, Patient Safety and Safety Committee following the meetings during December 2022 and January 2023 and highlighted the salient points as: **December** • In light of the recent Panorama and Dispatches programmes and the national requirement to provide assurance that actions are in place to reduce the likelihood of similar concerns arising within our organisation, the committee received the report to update and assure regarding actions currently underway and planned alongside any potential blockages to completing this on-going workstream. The Trust has a new policy out for consultation regarding Mechanical restraint. The policy encompasses the use of Handcuffs along with the use of a device called the Soft Restraint System (SRS) which can assist staff in managing extreme levels of life limiting self- harm behaviour or to relocate an individual into seclusion to avoid prolonged use of the prone position. This report was produced to provide an in-depth report to offer assurance on work and oversight of reduction of restrictive practices within BSMHFT following programmes aired on television recently. This provided us with good assurance on the range of activities and progress that has been made via various workstreams over the past few years and the actions that are planned which are being developed based on the key priorities in each division. Committee agreed that this type of report would be helpful to be presented to QPES on a regular basis. • Good discussion driven by the contents of the national patient survey. Whilst acknowledging that this is based on the feedback from a very small sample proportion of our service users, the findings are nonetheless important and complement information from other sources and actions to address these were proposed . Ideas for other ways to gain service user feedback were discussed. Committee were pleased to hear the Participation and Experience Team are fully operational and we were very impressed by the different activities that have taken place over the past 3 months within the different clinical divisions as well as two co production events to review the work completed via the existing Recovery for All Strategy . The new strategy was launched in January 2023. • Committee discussed the golden thread of QI work in the trust and how this is reflected through the BAF and how to combine both the quality strategy, the QI strategy and the PSIRF into one overarching strategy. Committee agreed that close working with people committee will be required to improve recruitment and retention of staff, in relation to staff experience of managing violence, restrictive interventions and organisational culture. **January** • Staff Story- Steps to Recovery The Committee has agreed to receive staff stories formally as part of the Committee to ensure they are receiving regular oversight from front line teams. This was an excellent presentation and committee noted the positive feedback gained as well as the actions that have been taken following	

Agenda Item	Discussion	Action (Owner)
	the recent CQC visit as well as the breadth of quality improvement activities that are ongoing .It was clear that the leadership team as well as the wider staff group in Steps 2 recovery are demonstrating the trust values of committed and compassionate. • Committee were assured that we continue to keep a clear focus on progress and track actions for improving and monitoring the safety of the physical environment and improvement for care planning alongside managing safe staffing levels being monitored by the CQC. Mrs R. Fallon- Williams noted the excellent response in relation to Edendfield and the commitment of the committee to monitor developments going forward. She highlighted the need to understand the details of where issues may be occurring within the Trust and asked that future reports include a wider range of aspects including observation recording and freedom for staff to speak up. Dr L. Cullen assured the Board that discussions are happening and acknowledged the need to triangulate the work being done across a wide range of areas. Mr P. Nyarumbu noted the deep dive into staff assaults as positive and highlighted the need for the qualitive data to be fed back and linked with the People Committee. This will allow for better overall understanding and allow for focused wellbeing offers within hot spot areas. Dr L. Cullen highlighted the importance of capturing the level of assaults and the impact of these. Dr R. Rowe highlighted there are a number of initiatives in place and echoed the need to triangulate this feedback to ensure this is being captured and reported appropriately. She confirmed the Post Incident Support Group has been re-established whilst working closely with Freedom to Speak Up Guardians to support staff. Mr S. Forsyth confirmed this was the first attempt at this report and acknowledged this will mature and develop over time. He highlighted the importance of continuing to work collaboratively with BSoL colleagues to support staff in the best possible way. Ms V. Devlin noted the positive staff story at the January 2023 committee and suggested experts by experience are offered the opportunity to attend the committee to share their stories. Dr L. Cullen confirmed this is being arranged. Mr S. Forsyth confirmed the service user who presented their story at December 2022 has been offered the opportunity to attend committee to share their experiences and expertise. Mr D. Tomlinson highlighted the importance of continuity between committees and Board and thanked committee members for following through with this as an area of focus and reflection. Mr P. Gayle queried how the committee are considering the Mental Health Act Legislation following the focus from the CQC Well Led inspection? Dr L. Cullen confirmed the update is scheduled for February 2023 committee	

Agenda Item	Discussion	Action (Owner)
	and assurances will be included in the committee assurance reports to April 2023 Board. Mr W. Weir will Chair the meeting in Dr L. Cullen's absence. The Chair thanked Dr L. Cullen for the detailed report.	
8.	**PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the People Committee following the meetings during December 2022 and January 2023 and highlighted the salient points. **December:** • Committee was only able to take partial assurance from the KPI report. In particular, members had become aware (from attendance at the induction event) that new recruits, the majority of which were onto the bank, were not receiving essential AVERT training meaning they could not be used on wards. Given the dependence on bank support this was a concern. • Committee noted concerns in relation to the vacancy rate trajectory and queried whether this is realistic. • The Committee undertook a deep dive approach on the Delivery against 22/23 workforce plan and 23/24 workforce planning report to understand the processes that would underway to produce the Workforce Plan. It was concerning to hear that there was a perception that the Trust was a 'hard place to work' and lacked flexibility. It was agreed these cultural issues would need a clear strategy to address and could impact in improvements in colleagues working lives and the staff survey. There was also some concern that despite the range of schemes and approaches in place as there may remain a gap which also needed to be addressed. Committee took partial assurance in the approach to deliver the plan but looked forward to the inclusion of a wider range of clinical professions. **January:** • The Committee noted the progress made against 3 of the workstreams within the People Strategy Implementation Plan that were reviewed at the Shaping Our Future Workforce Sub Committee meetings held on 5 December 2022 and 9 January 2023 and were assured by the activities. The Committee noted the Trust currently has 212 apprenticeships, attracting a levy of £1.1m. The Trust has capacity to attract a levy total of £1.6m and has the potential to develop around a further 100 apprenticeships should the average levy secured per employee remain constant. This will remain an area of focus for the committee. • The Committee noted the Safer Staffing Committee did not meet in January 2023 however the fill rate report has been completed and was submitted to People Committee for oversight. The report continues to be marked as Red, Amber and Green (RAG) rated so we able to identify the areas that are working below safe numbers. Forward House is currently marked as blue due to being closed. Staff have been redeployed across the steps to recovery. Committee took partial assurance from the papers and agreed that a Non- Executive Director and Executive Director discussion be had to consider the report. • Overall fundamental training has increased from 46.2% in March 2022	

Agenda Item	Discussion	Action (Owner)
	to 90.2% January 2023. • Investments for AVERTS training are being developed including external support and tracking compliance to reduce training from the 5 day course to the 1 day course. • The committee agreed the need for the focus to remain on the inclusion agenda and acknowledged the importance of needing to challenge. Mr R. Beale queried whether the resources for AVERTS are sufficient and queried the timeline for this being implemented? Mr P. Nyarumbu confirmed there are a number of options to increase capacity and the Executive Team are reviewing a business case for this. Mr S. Forsyth confirmed the Safer Staffing Report has notably improved this has been reflected in the partial assurance received. Work continues to develop the report and he confirmed the report with be submitted to the Quality, Patient Experience and Safety Committee for quality oversight before being discussed at People Committee. Mr P. Nyarumbu noted the improvements in the report. Mr P. Gayle queried if there is a plan of action to fully utilise ESR and E-Rostering systems? Mr P. Nyarumbu confirmed there are working groups established that will report quarterly to the People Committee for oversight and assurance. Mrs R. Fallon- Williams noted the restrictions in place with the national systems and confirmed a programme approach is being considered to develop overall usage. Mr S. Forsyth confirmed E- Rostering is labor intensive, however the system is crucial for check and challenge. He noted the need for the systems to work in parallel. Mr D. Tomlinson noted previously there was a Workforce Systems Group that had oversight of the systems and developed best practice, He suggested this group is re- established to support the implementation as business as usual. Mr R. Beale queried whether the Board are assured that the system has been fully implemented as they systems have evolved over time? Mrs R. Fallon- Williams confirmed they are assured and acknowledged the need to develop a better understanding going forward to ensure the Trust are utilising the systems for best practice. Mr P. Gayle noted the priority for the committee to continue to have a continued focus on the inclusion agenda. Mrs R. Fallon- Williams stated there was a previous commitment for all committees to have 2-3 inequalities to report on and asked that this is reinstated as a priority. Mr P. Nyarumbu confirmed the People Committee receive quarterly updates on the inequalities priorities that are linked to staff challenges with disability and race. He agreed the need to make the updates more explicit going	

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	forward. Mr S. Forsyth confirmed the Quality, Patient Experience and Safety Committee continue to focus on inequalities in relation to BAME staff and serious incidents, this is documented through thematic reviews. The Chair thanked Mr P. Nyarumbu for the detailed report.	
9.1	**AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the Audit Committee following the meeting during January 2023 and highlighted the salient points. RSM, the Trust's Local Counter Fraud Specialist reported on progress against the LCFS workplan for 2022/23. Good progress has been made, with good staff engagement and communications, including attendance at Trust induction. The committee noted that Single Tender waivers are an area for review for the Trust and welcomed the report by LCFS and that the Director of Finance will be reporting these at future Audit Committee meetings. The committee were assured of the External Audit plan for 2022/23. The committee noted that an update to the plan would be provided at the next meeting. The committee noted that the BAF is work in progress. The committee recognised that there is work to be done on the BAF. The Committees of the Board need to ensure the key risks are reviewed. The Audit Committee has further work to do in reviewing the high scoring risks on behalf of the Board. Overall, there is positive progress with the newly appointed Auditors. The Board noted the context of the report received with no concerns raised. The Chair thanked Mr W. Weir for the detailed report.	
9.2	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the People Committee following the meetings during December 2022 and January 2023 and highlighted the salient points. Reach Out Sub Committee noted that this was the first month where the new shadow arrangements for Collaborative governance was enacted and as such, Dave Tomlinson as new Sub Committee Chair gave the report. Committee agreed that until the shadow arrangements become formalised on 1st April it was appropriate to continue to receive a written assurance report at the Finance, Performance & Productivity and Quality, Patient Experience & Safety Committees. Mr D. Tomlinson highlighted the importance of ensuring the balance and efficiencies of the sub committee and the focus on what good looks like going forward. This will remain under review to able to provide robust assurance. Mr R. Beale noted the need for clarity on reporting structures. In relation to the financial position members asked for assurance regarding	

Agenda Item	Discussion	Action (Owner)
	the evidence of links between the financial picture and the Transformation Plans as it was not self-evident. The committee noted the importance given to the emphasis on transformation as the basis for achieving efficiency as required by financial plans. It was agreed that Finance and Strategy and Transformation colleagues work to produce this information. Following a discussion regarding the evidence used to provide assurance that capital spend would be achieved it became clear that there remained a risk – it was therefore agreed that a more transparent explanation of reasoning for areas or reassurance be given to ensure Committee assurance can be gained. Overall, the Committee agreed that partial assurance was received. The Committee were happy to receive the detailed report on the Digital Strategy. The Committed noted the Trust are well positioned within the National, Regional, and local NHS digital environments. Our Chief Clinical Information Officer (CCIO) Dr James Reed is the Chair of the national CCIO network, Dr Reed is the CCIO of the West Midlands Shared Care Record and sits on the BSoL Digital Enablement Group as the CCIO. The Committee congratulated the Business Development Team which had been successful in supporting the organisation to win and retain tenders in 2022. The Committee received assurance from the report and the clarity of the report was particularly noted. Capital priorities will be submitted to both Finance, Performance & Productivity and Quality, Patient Experience & Safety Committee. Mr B. Claire highlighted the importance of clear communication in relation to the provider collaboratives. He noted the term 'provider collaborative's is a term that is used loosely and reiterated the need to clearly communicate across the organisation. He noted the importance of the Trust driving the digital strategy forward focusing on service user outcomes. Mr W. Weir agreed there are a number of provider collaboratives across the BSoL partnerships. Mrs R. Fallon- Williams confirmed a Communications Lead is being appointed and will be able to create a clear narrative collectively with a set language that will be used across all provider collaboratives. Mr D. Tita suggested a focused discussion on the provider collaboratives at a Board Development session and highlighted the need to reinforce the communications through the Council of Governors. Mrs R. Fallon- Williams agreed to highlight the connectivity through the Chief Executives report. Mr P. Nyarumbu recognised the need for communication to be shared widely and to seek better understanding and develop learning. Ms V. Devlin confirmed an outcomes framework is being developed in conjunction with experts by experience, this will capture the elements of what	

Agenda Item	Discussion	Action (Owner)
	good looks like going forward. Mr B. Claire thanked Mrs R. Fallon- Williams for confirming a communications lead is being appointed and highlighted the need for them to liaise with all counterparts to ensure language used is consistent across all collaboratives. Mr P. Gayle queried whether the committee has considered the quality assurance processes for freeing staff time in relation to savings? Mr R. Beale confirmed a wide range of considerations have been explored with some areas identifying more savings than others including digital opportunities. Mr P. Gayle highlighted the importance of reviewing efficiencies, cost savings and improvements. Mrs R. Fallon- Williams highlighted the significant achievements made over the years and future opportunities with BSoL partners and pathways. Mr R. Beale confirmed the Trust have engaged in creative discussions with broad exploration of opportunities. He noted in comparison to other Trusts money allocated is spent and budgets are managed well. Dr R. Rowe highlighted the helpful benefits of creative thinking for continuous improvements. Dr L. Cullen echoed the importance of outcomes leading to efficiencies. The Chair thanked Mr R. Beale for the detailed report.	
9.3	**INTEGRATED PERFORMANCE REPORT** Mr D. Tomlinson presented the Integrated Performance Report noting this has been received for completeness following the presentations to Board Committees. Ms V. Devlin confirmed the Trust have established a Performance Delivery Group and sessions allow for deep dives on focused service areas. The group provides robust assurances from a quality perspective.	
9.4	**FINANCE REPORT** Mr D. Tomlinson presented the Finance Report noting the forecast for the end of the financial year is to break even with a small number of flexibilities for a potential small surplus. There was a detailed discussion in relation to the underlying run rate that allowed for focus on cost pressures and savings shortfalls. The estimated deficit for 22/23 is between £20-£25m based on current pressures. Mr W. Weir noted the Service Development Funding has been consolidated into a significantly smaller number of funding pots in 2023/24 and queried how funds will be accessed and highlighted the importance of working collaboratively for added valued focus. Ms V. Devlin confirmed the funds can be accessed and the approach has been nationally recognised to manage caseloads. She recognised the need to approach spending and savings differently to make a wider impact. Work	

Agenda Item	Discussion	Action (Owner)
	continues to invest in long term solutions to improve overall outcomes whilst acknowledging the need to have clear and focused ambitions. Mr W. Weir was pleased to hear that work continues to develop and explore long term opportunities. Mr R. Beale recognised the positive work being developed and highlighted the need to make bold decisions going forward for long term solutions whilst acknowledging there will be additional spend in the immediate future to support this. The Chaired thanked all members for their contributions and thanked Mr D. Tomlinson for the detailed presentation.	
10.1	**CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT** The Board received the assurance report from the Charitable Funds Committee following the meeting in January 2023 and highlighted the salient points. Ms M Shafaq has been appointed and will Chair the committee going forward. Dr L. Cullen was pleased to be able to chair the committee and to have the opportunity to view the progress made. Significant improvements were noted following the appointed of the Caring Funds Manager. The Committee noted the progress update for Caring Minds and Fundraising and were pleased to note the fundraising initiatives and the varied activities that have taken place and are planned. Continued collaborative working with NHS Charities Together has had a significant impact and created access to additional funding. Caring Minds Companion Group is being established and positive progress has been made. The Committee noted the provision provided by Birmingham Community Healthcare Charity to Caring Minds (Birmingham and Solihull Mental Health Foundation Trust Charity) over a 12 month period as agreed. The committee approved the associated costs. The Committee noted the proposal to organise a recognition event within the next six months and requested plans are overseen by the Committee for approval. Caring Minds will sponsor a table and an award at the upcoming Trust Staff awards. Mr W. Weir queried whether the annual accounts that were approved at committee need to be approved by Trust Board? Mr D. Tomlinson confirmed they have previously been approved at Audit Committee. Mr W. Weir queried whether the committee were assured with the update from Shroders in relation the investment portfolio and highlighted the importance of continuously challenging decisions being made.	

Agenda Item	Discussion	Action (Owner)
	Dr L. Cullen confirmed the committee were assured with the update received and overall anxieties were reduced. Mr B. Claire highlighted the need to identify a pipeline for opportunities for investments for the £0.5m. Mr W. Weir confirmed fund managers have been asked to develop plans for future spending. Ms M. Shafaq confirmed there will be a re view of the structure of the charity to establish resources and underpin the work aligned to NHS Charities. Mr R. Beale noted the importance of encouraging staff to bid and use the funding available. Ms M. Shafaq confirmed the focus of the charity needs to be reviewed to drive the charity forward. Mr D. Tita highlighted the importance of sharing the opportunities for staff to apply for funding. Mr P. Nyarumbu noted the opportunities for investing in coaching to expand the charity going forward. The Chair thanked Dr L. Cullen for the detailed report.	
10.2	**MOVE TO SHADOW GOVERNANCE ARRANGEMENTS FOR LEAD PROVIDER RESPONSIBILITIES** The Trust has been identified as the Lead Provider for the Mental Health Provider Collaborative. At its December meeting, the Board of Directors was advised of proposals to move to shadow governance status and to develop and embed new governance arrangements and instruments. This transition was subject to approval of the MHPC's delegation at the ICB Board meeting on 9 January 2023. The ICB Board approved the Delegation Group's recommendation to support delegation of the ICB's functions and responsibilities for the mental healthcare programme. Various additional system oversight arrangements have been put in place. This approval means that the Trust, as Lead Provider, should now transition to shadow governance arrangements. The Board were asked to approve the transition to shadow governance arrangements, which will enable the separation of the Trust's two responsibilities. Mrs R. Fallon- Williams noted that the request for approval should have been escalated through the Finance, Performance & Productivity Committee following the committees approval. Mr P. Nyarumbu confirmed this was submitted to Trust Board as a separate item to confirm the overall decisions made by the ICS Board. **DECISION: The Trust Board approved the transition to shadow governance arrangements.**	

Agenda Item	Discussion	Action (Owner)
10.2.1	**WEST MIDLANDS PROVIDE COLLABORATIVE - MEMORANDUM OF UNDERSTANDING** The Board noted the Memorandum of Understanding building on the previous success partnership working arrangements, the Mental Health and Learning Disability NHS Providers have developed the West Midlands Provider Collaborative and the Memorandum of Understanding (MoU) to formalise and capture our existing approach to working together. The Board noted the MoU provides the governance framework that will underpin this collaborative arrangement. The Board were asked to ratify the West Midlands Provider Collaborative Memorandum of Understanding. **DECISION: The Board ratified the West Midlands Provider Collaborative Memorandum of Understanding.**	
10.3	**BOARD ASSURANCE FRAMEWORK** Mr D. Tomlinson presented a report to the Board on the development of the Board Assurance Framework. The current BAF was agreed by the Board in early 2021 and last received by Board in Committees in February 2022. This had recently been reviewed and refreshed it and some proposals have been developed regarding the way forward, including better linkages to strategic priorities and ongoing review processes. The BAF has been reviewed by the Trust's main committees who have considered and endorsed the proposed inherent, current and target risk scores and risk appetite statements. There have been no significant changes to the BAF. The BAF will be submitted to Board Committees on a quarterly basis going forward, the schedule for the BAF to be presented to Audit Committee is yet to be confirmed. Mr D. Tita confirmed that the comments following Audit Committee have been incorporated. He confirmed a Commissioning Board BAF is being developed and the terms of reference are being drafted for approval. Mr D. Tita confirmed the high level risks for SSL were received at Audit Committee and confirmed they will be received at Trust Board for information and oversight going forward. Mr W. Weir highlighted the need to consider establishing a risk management group and resources required. Mr D. Tita confirmed the Risk Management Strategy has been updated. The Chair thanked Mr D. Tomlinson for the detailed report.	
10.4	**BOARD DEVELOPMENT PROGRAMME AND ANNUAL CALENDAR FOR 2023/24** Mr D. Tita presented the draft Board Development programme and confirmed these meetings are scheduled bi- monthly with Board of Directors.	

Agenda Item	Discussion	Action (Owner)
	Mrs R. Fallon- Williams noted the draft is a positive start. Mr P. Gayle asked that Board member send any suggestions to Mr D. Tita for consideration and inclusion. The Chair thanked Mr D. Tita for drafting the schedules for review.	
10.4.1	**BOARD FORWARD PLANNER FOR 2023/24** Mr D. Tita presented the Board forward planner and confirmed this includes Commissioning Board and assurance reports. Mrs R. Fallon- Williams asked that this reflects that Trust Board is bi- monthly and has returned face to face at the Uffculme Centre. She asked that Mr D. Tita attend an Executive Team meeting to review the planner with Executive colleagues. Mrs R. Fallon- Williams asked that the development session in March is scheduled as a strategic session that focusses on quality. The revised forward planner will be submitted to the Board of Directors in April 2023. **ACTION: Mr D. Tita to attend an Executive Team meeting to review the planner with Executive colleagues.** **ACTION: Mr D. Tita to submit the revised forward planner will be submitted to the Board of Directors in April 2023.**	**D. Tita** **D. Tita**
10.5	**QUESTIONS FROM GOVERNORS AND PUBLIC** A member of the public noted the difficulties in navigating the Trust intranet and accessing Board papers. They noted there are a series of initiatives being completed by the LEAR Group that can be aligned to Caring Minds and suggested that the work is linked going forward. Ms L. Tasab confirmed a meeting with Charity Companions is being scheduled in February 2023 and noted this is a positive move forward. She highlighted the ongoing challenges with workforce and need for talent pools and clear progression opportunities to be a key focus. She noted the need to continue to focus on health and wellbeing offers and celebrate substantive posts to encourage staff on bank and agency to join the Trust permanently and gain a sense of belonging. Mrs R. Fallon- Williams thanked Ms L. Tasab for her helpful insight and confirmed opportunities to showcase the broad experiences within the Trust for students are being explored. Ms L. Tasab confirmed that clear progression pathways will enhance the experience of staff and encourage them to apply for permanent positions. Mrs R. Fallon- Williams confirmed the People Plan is being developed and will maintain oversight of appraisals, talent management and will identify opportunities for staff to flourish. Mr P. Nyarumbu confirmed the Trust are working closely with universities and	

Agenda Item	Discussion	Action (Owner)
	second year students to encourage carer progression within the Trust. He confirmed there has been an increase in HCA staff moving to permanent roles and acknowledged the need to encourage other staffing groups. Ms V. Devlin highlighted the need to promote flexible working opportunities. She thanked Ms L. Tasab for her contributions. Mr S. Forsyth noted the Nursing Strategy is a key development to describing the pathways. He acknowledged the ongoing challenges in accessing training. Mr F. Uddin highlighted the importance of making new starters feel part of the team straight away and the message is reinforced at Trust induction by himself and Mrs R. Fallon- Williams. He queried whether bed blocking is an issues within the Trust and highlighted the detrimental impact of keeping service users out of area. Ms V. Devlin acknowledged the issues raised and confirmed this is an issue within the Trust and across the NHS more broadly. She confirmed the term is referred to as Clinically Medically fit for discharge and this is being supported by fairer futures. Mr F. Uddin confirmed this has been a long term issue and needs to be resolved. Ms M. Shafaq confirmed there are a variety of options for Caring Minds to support crisis support for service users and highlighted the need to link with operational staff to explore the possibilities. Mr F. Uddin stated staff have previously supported service users with their own personal funds however with the cost of living crisis this is no longer possible. He encouraged the Board to consider options available to support service users for discharge. Mr M. Mirza welcomed both Mr B Clare and Ms M Shafaq. He confirmed the Trust values have been streamlined and highlighted the importance of starting every meeting with a focused discussion on the values to reinforce the reasons for decision making with service users at the heart of what we do. He congratulated the Trust on the successful international recruitment. Mr P. Gayle thanked all for their questions and contributions.	
10.6	**ANY OTHER BUSINESS** Mr P. Gayle noted this is Mr R. Beale's last meeting as a Non- Executive Director of the Board after serving two terms. He thanked Mr R. Beale for his contributions throughout his time and noted he always held the Board to account on decision making, challenging processes and always putting the best interests of the population the Trust serve first. He wished Mr R. Beale all the best for the future. Mr R. Beale thanked all of his colleagues for their support over his 6 years on the Board and noted the multiple changes in leadership during his time.	

Agenda Item	Discussion	Action (Owner)
	He thanked everyone for the debates, challenges and laughs over the years and stated it has been a privilege to have worked together. All members thanked Mr R. Beale for his hard work and dedication and wished him well on his new ventures.	
11.	**FEEDBACK ON BOARD DISCUSSIONS** Mr P. Gayle concluded the meeting had been positive. Mrs R. Fallon- Williams highlighted the importance of scheduling either a staff or service user story for the start of the meeting to ensure the members are refocused on the priorities and values. Mr F. Uddin personally thanked Mr R. Beale for supporting him over the last two challenging years and valued his compassion throughout his terms as a Non- Executive Director.	
12.	**RESOLUTION** The Board asked that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.	
13.	**DATE & TIME OF NEXT MEETING** 5 April 2023, 09:00-12:30	

3. Matters Arising/Action Log

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS – DECEMBER ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
February 2023 Item 3	**MATTERS ARISING/ACTION LOG** Governance Action Plan: Six Monthly Review which will be updated at the April 2023 meeting.	D. Tomlinson	April 2023		Scheduled for June 2023
February 2023 Item 5	**CHIEF EXECUTIVE'S AND EXECUTIVE DIRECTOR OF OPERATIONS REPORT** An update on the forward plan for the clinical strategy will be shared at the April 2023 Board of Directors.	V. Devlin	April 2023		On agenda
February 2023 Item 10.4.1	**BOARD FORWARD PLANNER FOR 2023/24** Mr D. Tita to attend an Executive Team meeting to review the planner with Executive colleagues.	D. Tita	April 2023		Scheduled
February 2023 Item 10.4.1	**BOARD FORWARD PLANNER FOR 2023/24** Mr D. Tita to submit the revised forward planner will be submitted to the Board of Directors in April 2023.	D. Tita	April 2023		On agenda

RAG KEY

Overdue
Resolved
Not Due

4. Chair’s Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	Item 4
Paper title	**CHAIR'S REPORT**
Date	5 April 2023
Author	Phil Gayle, Chair
Executive sponsor	Phil Gayle, Chair

This paper is for (tick as appropriate):		
☐ Action	☐ Discussion	☒ Assurance

Executive summary & Recommendations:
The report is presented to Council members to highlight key areas of involvement during the month and to report on key local and system wide issues.
Reason for consideration:
Chair's report for information and accountability, an overview of key events and areas of focus
Previous consideration of report by:
Not applicable.
Strategic priorities (which strategic priority is the report providing assurance on)
Select Strategic Priority
Financial Implications *(detail any financial implications)*
Not applicable for this report
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
Not applicable for this report
Equality impact assessments:
Not applicable for this report
Engagement *(detail any engagement with staff/service users)*
Engagement this month has been through introductory meetings with staff across the Trust.

CHAIR'S REPORT TO THE COUNCIL OF GOVERNORS

1. INTRODUCTION

1.1 Our vision is simple in that we are here to "*Improve mental health wellbeing*". I deliberately open with this statement, grounding this report in our core purpose.

1.2 Our values of compassion, Inclusive and Committed describe our core ethics and principles. They help guide our culture by inspiring people's best efforts and constraining unwanted actions that do not align with our values.

1.3 I am pleased to offer a brief report to the Council giving an overview of my key areas of focus since the last Council meeting with my intention to provide a regular update at each meeting.

2. CLINICAL SERVICES

2.1 We now have in place the buddy schedule for NEDs and Council of Governors to undertake site/service visits over the coming months. Diary dates for these proposed visits will be sent to all over the next few weeks.

3. PEOPLE

3.1 I continue to have monthly meetings with Professor David Sallah from Birmingham Community Healthcare NHS Foundation Trust. I have had an introductory meeting with Tom Mcneil West Midlands police and Crime Commissioner, who is keen to re-develop partnership working with our Trust. We intend to have a further meeting with a view of possibly having a representative from the police linked to our Trust. I had a meeting with Professor Patrick Vernon interim Chair of BSoL ICB to discuss the collaborative and the development of the ICB. I briefly had a discussion with Andy Cave from Birmingham Healthwatch and we will be arranging regular monthly meetings. I also spoke with the interim chair of UHB Dame Yve Buckland on how we can develop our partnership working. It is my endeavor to continue to develop these partnerships.

3.2 I continue to hold monthly meetings with Shane Bray, Managing Director of Summerhill Supplies Limited. These meeting a helpful to understand some of the challenges and opportunities our subsidiary companies has. Also, to share from the Trust perspective areas of concern or that require clarity.

3.3 I meet on a monthly basis with our Freedom to Speak Up Lead to hear about key themes of concerns from staff which are captured through FTSU.

3.4 During February I chaired an interview panel for a Consultant Psychiatrist position for our children and adolescent services (CAMHS SLOAR) in Solihull to which we successfully appointed.

4. QUALITY

4.1 A few weeks ago I visited the Zinnia Centre and spent some time meeting staff and service users. I was very impressed of the work our staff do both with our inpatient units and the community outreach teams. I was present on the Midlands and East chairs call with the regional director from NHSE/I.

5. SUSTAINABILITY

5.1 I attended the Integrated Care Partnership Board along with other system partners. Giving me an opportunity to net work with partners in the system whom I have not previously connected with. I also attended the West Midlands BSoL Chairs meeting which takes place monthly.

5.2 We are currently working on updating our Membership and Governor Engagement Strategy and hope in due course to circulate this for comments to the Council of Governors approval.

5.3 I am pleased to confirm our Council of Governor Board development sessions have been developed and agreed for the coming year. These sessions will allow the core development of the Council of Governors.

5.4 I am pleased to be able to confirm that following a robust elections process the Lead and Deputy Lead Governor have been appointed. Mr John Travers has been appointed as Lead Governor and Mr Mustak Mirza has been appointed as Deputy Lead Governor.

PHIL GAYLE
CHAIR

5. Chief Executive’s and Director of Operations Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 5**
Paper title	**CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT**
Date	5 April 2023
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

This paper is for: ***[tick as appropriate]***		
☐ Action	☐ Discussion	☒ Assurance

Executive summary

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

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE and DIRECTOR of OPERATION'S REPORT

PEOPLE

Industrial Action

Industrial Action by Junior Doctors took place for 72 hours on 13th – 15th March. Within BSMHFT, 119 Junior Doctors had the option to take strike action. 65 doctors took strike action (55%), 44 undertook normal working duties (37%) and 10 (8%) were on pre-approved leave.
Contingency plans were made to cover all out of hours duties with a 'back up' rota established for all 48 shifts within the period of industrial action. The 'back up' doctor was required to cover 22 of the 48 shifts throughout the period. Remuneration was 3x hourly pay for each hour of the out of hours duty covered. A standby allowance of £200 was paid to those that had made themselves available for the 'back up' rota but were subsequently not required due to the original rostered doctor undertaking their duty. It is estimated that the 'back up' remuneration and payment of standby allowances totalled £36k (inclusive of employer costs)

In preparation for the industrial action, non-emergency junior doctor clinics were cancelled and re-arranged and the medical workforce on duty ensured that cover was sufficient for the inpatient, MHA and Urgent Response work required.

Thank you to all involved in enabling us to continue to provide safe levels of service during this period.

The medical senior leadership team will re-establish the industrial relations planning meetings in order to plan for the proposed 96 hour strike action proposed for 11-14th April 2023.

People and Culture

Policy Development

The People team are progressing well with the review of a large suite of policies. This has been supported by an extensive engagement plan with various stakeholders throughout the Trust and has encapsulated the principles of Project Flourish . Policies are due for ratification in May and will be followed with the launch of our brand new HR toolkit training for managers.

Sickness

Sickness rates has decreased significantly since December 2022. Our rate in February was 5.4% which is the lowest we have seen since June 2021 and nearly a 2% drop from December. ICCR in particular are now below KPI at 3.6%. In addition, we have also seen a steady decline in our 12 month plus Long Covid cases where we have either supported staff back to work or to access ill health retirement.

Flexible Working

Following a successful relaunch of the flexible working policy, attention now turns to reviewing and analysing our data recorded on ESR.

Workforce planning
Significant work has commenced on Workforce plans throughout the Trust and the Trust's 2023/24 workforce plan will be submitted for approval to the April People Committee meeting.

TSS
Fundamental e-learning Training Compliance for TSS staff is now at 87.5% (KPI 75%) this is a significant increase from this time last year (42.3%)

Learning and Development

Values in Practice -360@ feedback tool
The 360@ tool has been created and roll out will commence in April. It is anticipated that this tool will be used to support leadership programmes and Human resource process eg Enough is Enough as appropriate.

Leadership development training
BSMHFT Core leadership Training modules (Leading through values, Change and transformation) continues to be a standard offer. An additional values based Effective Teams module will be available June 2023.
The leadership and management team will also be reviewing the interventions and training to ensure that the offer continues to support the People strategy 2023-2024.

Values based appraisal
Since the launch of the new appraisal process in ESR and appraisal template in October 2022 the compliance rate for appraisal has fallen to circa 73%.
A recovery plan for appraisal compliance has been developed , with the aim to achieve 85% compliance by end of June 2023, and this is a priority piece of work for the team. The plan includes staff and manager support, a communication plan and an administration process to manage noncompliance hotspots. The impact of interventions recommended should be realised by the end of April 2023. The appraisal recovery plan will be updated monthly until compliance has stabilised.

CLINICAL SERVICES

Summary
The post pandemic period has presented service areas with challenges in particular in terms of filling staff vacancies. Innovative and creative solutions have been considered with attractive offers and benefits of joining the Trust also now a feature. Despite these challenges colleagues are committed to delivering as high-quality services as possible, always aiming for as easy access as achievable for all service users. The following report is a high-level summary of the activities of each service areas over the past couple of months.

Integrated Community Care and Recovery (ICCR)
ICCR community mental health teams are continuing to work through transformation. Mental Health Primary care teams are present in each locality with varying numbers of staff recruited. We are continuing to work closely with primary care colleagues to develop the process and pathways to ensure individuals receive mental health support in a timely manner at their GP surgery.
Solar continues to experience staffing vacancies and continues with their recruitment

drive and workforce planning to reduce these. Weekly meetings continue to take place to review risks, waiting lists, recruitment and staffing.

The new Intensive Community rehabilitation service has now gone live. The team is building their caseload based on need with the intention of reducing high intensity bed usage, the need for placing service users out of area and to help ease the service user's rehabilitation journey. The service had a successful community launch event in March to celebrate the newly developed team and offer to our service users.

Our Attention Deficit Hyperactivity Disorder (ADHD) services are experiencing long waits and regular weekly meetings are now in place to review waiting lists. The service is part of a wider Birmingham and Solihull (BSOL) system piece of work to re look at our system model and ensue that we have joined up and age inclusive seamless pathways of care. The collaborative work will include all partners including, general practice, local authorities as well as third sector providers.

Our ICCR services continue to have several areas of focus. Quality assurance projects, waiting time initiatives, digital support projects, transformation of services and improving our service user experience. We are also focused on workforce and staff experience developments, prioritising our staff to ensure we have an engaged, skilled, well supported, inclusive and listened to staff culture within ICCR.

Secure Care & Offender Health (SCOH)

Services continue to experience significant RMN recruitment challenges across the men's and women's services, and we are continuing to engage with active recruitment. There was positive feedback from recent CQC visits regarding the MH Act to Hillis Lodge, Swift, Severn and Laurel wards.

Ardenleigh has recruited several 3rd year student nurses who will start in the autumn and have over recruited on Health Care Assistant posts to support the teams further.

There are changes in the FIRST leadership team with a new Clinical Service Manager, and the Advance Nurse Practitioner and Occupational Therapy lead retiring. These are being recruited to along with Community Psychiatric Nurse vacancies, in the meantime caseloads are being shared across team members and the Clinical Nurse Managers until posts are recruited to. Despite the challenges there is positive interface/liaison work taking place with ICCR and Steps to Recovery (S2R) and externally with Coventry and Warwickshire Mental Health partners. Reach Out has successfully approved extra recurrent funding to support with the rising referrals to FIRST.

Finally, we would like to acknowledge the impact of the junior doctors' strike was well managed thanks to the amazing efforts of acute consultants, specialty doctors, phlebotomists, and nursing colleagues.

Acute and Urgent Care

The staff survey results will be analysed and incorporated into the divisions staff engagement action plan with a focus on improving staff experience. As part of efforts to address staffing levels, representatives from the division attended a recruitment event at the Birmingham NEC in March and were successful in appointing 8 new Registered Mental Health Nurses for the central area. We have also successfully recruited two Specialty and Associate Specialist (SAS) doctors to the Home Treatment team.

Staffing has been increased in the Psychiatry Decisions Unit (PDU) to increase service user access to, and movement through, the PDU. Figures currently available show an increase from 60 to 78 referrals over the last two months. A review of the PDU model will take place as part of the to the wider acute and urgent care pathway refresh as

highlighted and agreed as a priority in the Mental Health Provider Collaborative.

Two training day sessions have been delivered to Acute Care staff on substance misuse management by the National Alcohol Lead Nurse. A session with new junior doctors is also planned.

An extensive survey was undertaken by the Home Treatment team in partnership with carers and families. From the survey, 86% of carers and families of service users reported feeling valued and respected by the Home Treatment teams. The recommendations from the survey, have been shared in local governance forums.

Lavender ward has returned to full capacity as planned locally (16 beds) and its contribution to the division has been recognised as evidenced by the staff on Lavender ward being nominated for the Team of the Year award.

Dementia & Frailty

All wards in Dementia & Frailty continue to work with over their establishment staffing numbers due to high acuity and required observation levels on the wards. A number of Staff Nurse (Band 5) sickness related absences have also created additional nurse staffing pressures. Teams have however been very flexible and supported other areas in Specialties. Care Home Liaison and CERTS are also being asked to support Community Mental Health services too.

Following a successful recruitment drive we are very pleased that the vacant occupational therapy posts have been offered to applicants and the new starters are due to join us in the coming months. The annual Allied Health Professionals conference went well with good representation from Dementia and Frailty.

Demand and capacity pressures continue in the community mental health teams with an increase in referrals and an increase in the levels of complexity and acuity.

The Solihull HuB team are currently experiencing an increase in staff vacancies and the senior leadership team are working to implement a short-term staffing plan for the forthcoming months. There are two planned days of interviews taking place early in April and appointed new staff will commence in post over a 3-month period. One of our consultants from the South Hub is facilitating a Saturday Clinic to help reduce the waiting times. Consideration is also being given to an extension of our current locum consultant, who will also support care homes in the South of the city.

Waiting times for assessment in the Memory Assessment Service have now extended to approximately 6 months for an initial assessment. We are looking at ways to shorten the pathway from initial assessment to diagnosis for example by arranging for service users on the waiting list that require head scans to have these scans whilst they are waiting for assessment.

The addition of three new staff will allow the Bipolar Service to provide more Mood on Track groups and extend the service offer by providing cognitive behaviour therapy for those with Bipolar and Behavioural Family Therapy and Carers work. It was World Bipolar day on March 30th. We joined the Compassionate Mind Foundation for a celebration event at the Midlands Art Centre in Birmingham which staff and service users can hear Professor Gilbert talk about Compassion Focused Therapy for Bipolar Disorder and research that was undertaken in BSMHFT. Therapists and service users who participated in the project spoke about their experience of participating in the project.

SUSTAINABILITY

2023-24 Funding
Colleagues from across the BSOL system continue to explore how the new mental health investment should be utilised. Funding has continued for existing transformation programmes, such as our community programme, as well as new funds which we need to ensure supports the ongoing work around reducing our out of area placements, as well as other local priorities such as the Urgent and Emergency Care Pathway working into A&Es and the Urgent Care Centre at the Oleaster.

The Budget and Pension changes
The Government announced a range of changes to pension arrangements in the Budget last month – while these were not just for NHS staff, changes to Lifetime and Annual Allowance levels will directly benefit a number of colleagues. The changes are quite technical in nature and colleagues who might be impacted are being urged to seek external financial advice. There were no other specific announcements about the NHS and funding in the Budget and we continue to seek guidance from the national team about how the recent announcement on an NHS pay settlement would be funded.

ICS update
The Board are aware that following a short shadow period the BSoL Mental Health Provider Collaborative and our associated role as lead provider, went live on April 1st. Whilst this is the start point of new working arrangement and opportunity to realise benefits for service users and their families, a considerable amount of work has been undertaken across the partnership to get us to this point, thank you to all who been involved in enabling this.

QUALITY

CQC Focused Inspection
The CQC completed their full inspection of the Trust in December 2022 whereby they completed a number of visits, reviewed numerous reports and met with a wide range of staff including formally interviewing all member of the Trust Board as part of the well led assessment.
We expect the final report to be published in early April.

OTHER TRUST MATTERS

2022-23 – Quarter 3 outcome and Quarter 4 and year end review process
Following the publication of the NHS Oversight Framework on the 1 July 2022 I am pleased to confirm we have now received confirmation regarding the approved Quarter 3 segmentation for the BSoL system and the process and timescales for the Quarter 4 and year-end review. It has been agreed that for Quarter 3 NHS Birmingham & Solihull ICB should remain in segment 3 of the NHS Oversight Framework.

Wellbeing update
The Health and Wellbeing Steering group continue to meet on a monthly basis.
The central coordination of the Health and Wellbeing offers have been in place for just over 12 months so the group felt it was appropriate to survey colleagues across the Trust to see how the offers had landed, what is working well and what is missing. The survey will closed at the end of March and the outputs will help to shape the work of the group over the coming months. A QR code has been developed so all colleagues can access the offers via a smart phone, this is displayed on posters which have been made available

across all sites.

Work continues with regards to supporting the increased cost of living. Proposals have been developed and disregarded where appropriate, further work continues in collaboration with the Health & Safety Committee on potential food provision. In addition we have partnered with a charity based in Solihull who provide clothing and toiletries for children from 0-18. The process for how colleagues can gain access to this service is currently being finalised and we hope to be able to communicate this in the coming weeks. We have also met with our Charity, Caring Minds to look at providing donation bins at sites across the Trust so colleagues also have the opportunity to donate preloved items back to the charity.

Finally we have shared the following heat map on connect and via our weekly colleague briefing.

Birmingham Food Justice Network has published a map of places across Birmingham where people can access food support or a warm place to go.

The map is interactive so if we hover our mouse over the various symbols we will be presented with information about what the offer is, we can access the map here Birmingham Food Justice Network Map – Google My Maps

The following key will be useful to all of us that wish to access this provision:

- Green = food banks – referral only
- Blue = food banks with open access / no referrals needed
- Red = free / pay-as-you-feel cooked food options
- Yellow = pantries / low-cost meals
- Orange = warm hub – with food offer
- Purple = warm hub – without food offer

LGBTQ+ history month activities

In celebrating LGBTQ+ History month colleagues have taken the opportunity to connect and showcase in a number of different ways through the month of June:

- Launch of the Zero Tolerance to Prejudice Campaign
- Over 100 posters and 50 Banners distributed (all sites have received
- Approx 300 staff have signed up to the pledge
- Active participation in the ICB cohort of the Pride conference on the 1st June led by Birmingham City Council.
- Bespoke Trans Awareness Training dates have been shared on Connect.
- LGBTQ+ training being finalised

Active engagement and visible support are requested from all colleagues. As a Board we collectively signed the pledge and some of us have shared why doing so is important to us.
Further information can be found in appendix 1.

NATIONAL ISSUES

NHS England issues apology to nurse who faced racial discrimination

A Black senior nurse who faced racial discrimination and victimisation in the workplace has received a written apology from the chief executive of NHS England.

A recent landmark ruling saw Michelle Cox win an employment tribunal against NHS England and NHS improvement for racial discrimination and whistleblowing detriment.

The judgement, published last month, had found that Ms Cox was treated unfavourably by her employer because of her race and because she was willing to speak up.

NHS England chief executive Amanda Pritchard has now formally apologised to Ms Cox on behalf of her organisation.

The judgement had found that Ms Cox, who was employed by NHS England and NHS Improvement Commissioning as a continuing healthcare manager based in Manchester, faced discrimination, harassment and victimisation from her employer between 2019 and 2021.

The tribunal ruled that the less favourable way in which Ms Cox had been treated overall was “because of race”.

There is much for us and others in the NHS to learn from this case and we have commenced discussions on the broader learning for us to respond to.

Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

The NHS Long Term Plan has a strong focus on expanding and improving the quality of community care for people with mental health problems, including people with a learning disability and autistic people.

A new Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022 to support cultural change and a new bold, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. Central to this will be the acceleration of new models of care that enable systems to harness the potential of people and communities, within a citizenship model that promotes inclusion and respects their human rights. This programme will complement and further support our existing commitments to improve the quality of community care, and the Mental Health Act reform agenda.

The full report can be found at:
https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fmental-health%2Fmental-health-learning-disability-and-autism-inpatient-quality-transformation-programme%2F&data=05%7C01%7Channahsullivan%40nhs.net%7C4f216231fae7435c73c908db1a36d4da%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638132595013814899%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fw8s3XSjZcmMoe2f1CredTaGtXWoeBAGv3155wlVwWY%3D&reserved=0

National Audit Office report on progress in improving mental health services in England.

The National Audit Office (NAO), the UK's independent public spending watchdog, published a new report yesterday, Progress in improving mental health services in England. The report examines whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services.
NHS Providers contributed to the NAO's scoping of this study and we shared our views on the progress against, and main challenges to, ambitions to improve NHS service. It was pleasing to see many of the key points they raised reflected in the final report. An inquiry by the Public Accounts Committee is expected in due course.

The full report can be found at:
https://nhsproviders.org/media/695058/ndb-nao-report-february-2023.pdf

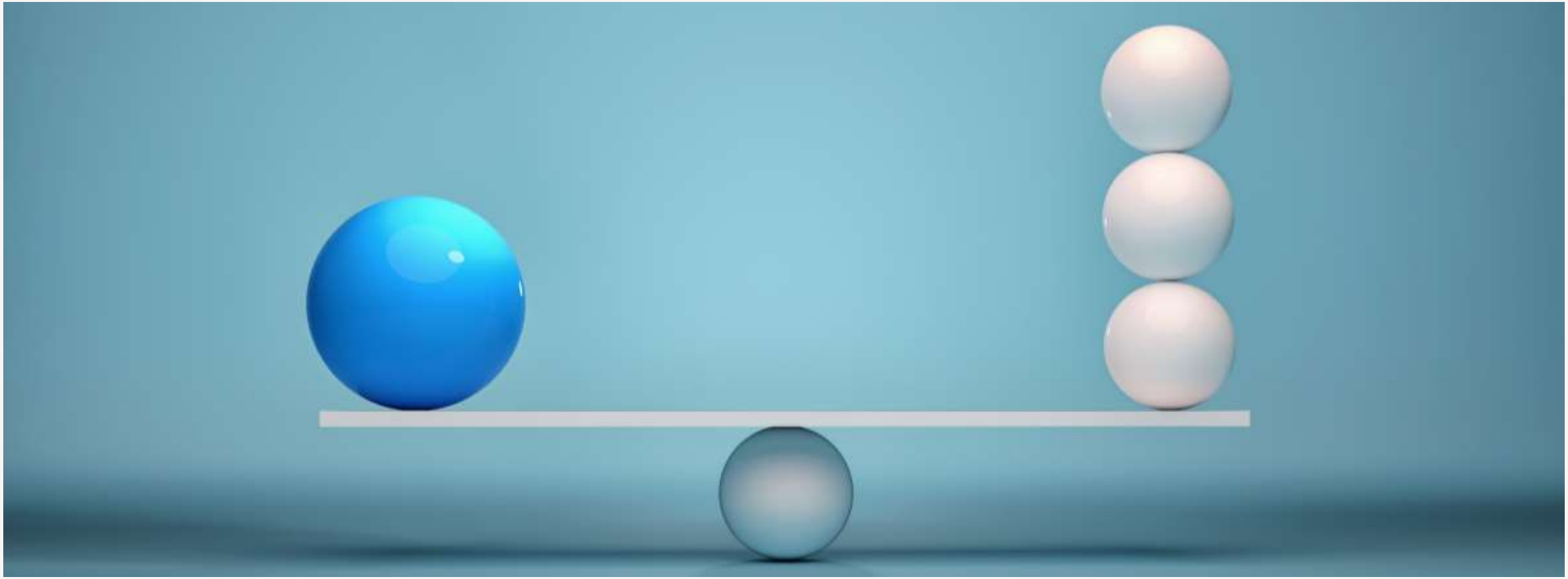
Hewitt Review

The Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider the oversight and governance of integrated care systems (ICSs). The review is considering how the oversight and governance of ICSs can best enable them to succeed, balancing greater autonomy and robust accountability. It will have a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. It's publication is imminent.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

Birmingham and Solihull Mental Health NHS Foundation Trust

LGBTQ+ History month update 2023
Pride Month: 1st June – 30th June



compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

Why…

To enable the right ingredients for an

Inclusive culture

which is…

Anti racist

and

Anti discriminatory

for **all**

to

Improve

access,

experience

and

outcomes

for

our people

Birmingham and Solihull Mental Health NHS Foundation Trust

Value Me to Reduce Inequality

What..

Every person to be valued and understood

Why...

So that I have a fair opportunity to take the next step-*whatever that looks like for me*

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Campaign

Birmingham and Solihull Mental Health NHS Foundation Trust

Campaign Update

- 300 colleagues actively committed and taken the pledge
- New badge
- New lanyard
- Promotional materials distributed across all sites

Birmingham and Solihull Mental Health NHS Foundation Trust

Training & Policy

- LGBTQ+ Awareness Training dates on Connect
- Trans Awareness Training
  - Over 100 colleagues trained
  - New dates shared on Connect
  - High IAPT take up
  - Planned dates available on Connect
- Taking a Gendered Intelligence view to Care records

Birmingham and Solihull Mental Health NHS Foundation Trust

Visibility

- Active participation of PRIDE with ICB colleagues
  - Part of the NHS parade
- Support and promotion of the proposed BSol ICS LGBTQ+ Network
- Ally's and members only space initiated through network meeting structure

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Ask to the Board

- Share active LGBTQ+ commitment
- Board to attend LGBTQ+ and Trans Awareness Training
- Board presence at Birmingham Pride - Part of the NHS parade
- Board to encourage LGBTQ+ Campaign sign up and what it means to them

6. Board Overview: Trust Values

7. QUALITY

7.1. (a) QPES Chair’s Assurance Report February

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	5 April 2023
Author	Mr W Weir, Non-Executive Director, Vice Chair
Executive sponsor	Mr S Forsyth, Interim Director of Quality and Safety (Chief Nurse)

This paper is for: ***[tick as appropriate]***		
☒ Action	☐ Discussion	☒ Assurance

Executive summary

The Quality Patient Experience & Safety committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The committee noted the CQC update and correspondence. The committee received a service user update on his patient/ user experience of Trust services.

The committee received the following:

- SAGE Ward response to service user incident
- Safeguarding Training: The Trust needs to implement a plan to train its staff for safeguarding
- Infection Control update: legionella / lack of food safety expert
- Monthly Quality Report
- Mental Health Act committee update
- Learning from Incidents: concern about the number of open incidents going back as far as 2011
- Patient safety incident Response framework
- Quality Improvement strategy
- Clinical Audit Committee: Clinical audit plan needs to be developed
- Mental Health Integrator – Provider collaborative

The committee reviewed its Terms of Reference for the Board to approve.

Reason for consideration

To assure the Board of Directors on the policies, processes, performance and monitoring for the Trust's Quality and Patient Safety and to escalate any key issues of concern.

Strategic objectives

QualityQuality

- Delivering the highest quality services in as safe inclusive environment where our service users, their families, carers, and staff have positive experiences, working together to continually improve

Financial implications

Significant costs associated with delivery of high-quality services and addressing quality related risks.

Strategic Risks

- QSC1- The Trust fails to co-produce with people who uses its services
- QSC2 – The Trust fails to focus on reduction and prevention of patient harm

- QS2 – The Trust fails to be a self-learning organization that embeds patient safety culture
- QS4 – The Trust fails to be a self-learning organisation that embeds quality assurance
- QS5 – The Trust fails to lead and take accountability for the development of system wide approaches to care
- QS6 – The Trust fails to prevent and contain a public health outbreak
- QS7 – The Trust fails to take account of service users' holistic needs

Equality impact

Number of reports received by the committee analyses services along the lines of protected characteristics. The notes of the meeting reflect an increasing understanding of the equality/ inequality of services. One of the items include a discussion on how the committee addresses Health inequality

Our values

CommittedCommitted
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Service User Story- Mr Max Carlish on behalf of the LEAR Group

The Committee welcomed the presentation from Mr Carlish and was pleased to note that this was a presentation received at both Board of Directors and Clinical Governance Committee.

Mr M. Carlish gave a detailed presentation that gave a detailed overview of the experience of service users medication that is prescribed and how these decisions are made clinically with little input of the service users and lack of explanation as to why medications are prescribed. He gave a personal description of what it is like to be done to rather than being inclusive. The committee noted that over the years he has been prescribed various medications which have affected his quality of life.

Chair's assurance comments:

The Patient Experience assurance: it is important that the committee receive first hand contribution from a service User on his experience of our services. This is personal experience and may not represent all service users who are unique in their individual experience of mental health services. The committee are assured that the Trust is seeking to work alongside service users in adapting services to their needs.

1.2 CQC Update

The Committee received an update on the activities related. The salient points were noted as follows:

- The door monitoring alarm system has now been installed in all en-suites in Acute Care.
- In Acute Care, a total of 418 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, we continue to recruit to our vacancies. All suitable systems and tools are also being utilised to ensure we dynamically manage any staff changes or requirements, and this includes the use of an app called Loop.
- The training plan for E-rostering, Safecare and the Loop commenced in January 2023.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen a slight decline in most measures largely due to staffing over the Christmas period.
- We reported no anchor point incidents for the period.
- The team has continued with its programme of Assurance testing and peer reviews for service areas and sharing the findings from these.
- On January 23rd, we submitted the expected return to the CQC in relation to the Section 29A notice that was issued in December. There are still areas of the Trust where both clinical and managerial supervision needs to be improved and Heads of Nursing have a plan to support with this.
- We are still awaiting the final report from the Core and Well-led inspections that took place between October and December 2022.

Chair's assurance comments:

The committee noted the CQC update and are assured of the continuing communication with CQC. The committee are assured that the Trust is continuing to implement its plans in response to the CQC.

1.3 Sage Ward Action Plan

The Committee were presented with the Sage Ward Action Plan after an incident was reported on Sage Ward on the 13th of January via Eclipse.

The Committee noted the concerns raised and immediate actions taken.

The Committee noted the investigation was undertaken in a timely manner and the outcome as:

- There was no evidence of serious care omissions or of any significant harm to patients.
- The Trusts Safeguarding Lead attended all investigation meetings and concluded that there was no requirement to undertake a formal safeguarding referral. However, it was felt that there should be a low threshold for formal referral should care concerns of this nature be raised again on Sage Ward.
- It was agreed that the patient with the communication difficulties should receive a full and frank apology for the omissions in care primarily that he was not offered the ability to have a daily shower which was seen as a basic right. If the patient lacked capacity to understand the apology, then the next of kin/power of attorney should be contacted and formal apology made.
- The patient with communication difficulties received a full physical review by the MDT and was referred externally for diagnostics of expressed pain.
- The findings of this investigation should be fed into an already existing overarching action plan regarding ward culture, behavior, improvement in the therapeutic environment, staff training and development, clinical handover and documentation practices.
- Safeguarding training for all staff should meet the required trust threshold.
- The Incident was downgraded to low harm.

Chair's assurance comments:

The committed are assured of the detailed and comprehensive plan in response to the patient/ service user incident reported on SAGE ward. The committee noted that the response was in line with Trust Values of compassion (an apology offered) and inclusive.

1.4 Serious Incidents and Learning

The Committee received the Serious Incidents and Learning and noted the salient points as follows:

- A sustained decline in the numbers of incidents reported as serious incidents since October with December being the lowest level of external reporting with only one incident.
- The serious incident reported to Commissioners during December 2022 is related to the suspected suicide of a service user in the community. Initial scoping of this review does not suggest that duty of candour is applicable.
- There are 21 live incidents in the review process, excluding infection control reviews. The 60-day review deadline has been removed nationally following COVID there are no breaches to report. The average time for completion of a review has

been evidenced as being 100 days.

- Data identifies that the highest numbers of deaths reported over the last 12 months are identified as “unknown cause” and relate to the death of our service users in the community, with most deaths occurring in our Dementia and Frailty services.
- 11 reports were submitted to our commissioners for consideration of closure. The themes identified as arising from Serious Incidents include record keeping, working in a trauma informed way, and interfaces both internally and externally.
- This month the paper details incident 207403, which relates to a case of a patient at Ardenleigh. This incident is drawn to the Committees attention due to the specific areas highlighted within the investigation findings pertaining to the door access. Door access was noted as impeded as the HCA reported that their key would not turn in the lock so they removed the door’s anti-barricade bolts but it did not come away from the frame as it is designed to do.
- During the month there has been a total of 3 inquests held with 2 concluded as suicides and one had a narrative verdict that concludes the death was contributed to by Neglect.
- The Associate Director of Nursing and Governance has requested deep dive information on the total number of serious incidents actions open as a Trust. An initial review appears to indicate a total of 91 overdue serious incident actions.

Chair’s assurance comments:

The committee noted the new format of the serious incidents and learning report. The committee discussed the particular incident at Ardenleigh and were assured of the process for learning to be disseminated in the organization. The committee requested that the information in the report is presented with reference to protected characteristics.

1.5 Escalation Safeguarding Board- level 3 compliance Safeguarding Adults and Children

The Committee noted the Safeguarding Management Board (SMB) has been informed that safeguarding training level 3 for adults and children has not been aligned correctly in ESR in line with the Intercollegiate Document Adult and Children 2014.

Mapping has shown that there over 2000 staff who need a Level 3 traffic light attached to their name for both adults and children training.

Risk and mitigations has been added to the risk register.

Chair’s assurance comments:

The committee were not assured that the Trust has ensured that its staff are appropriately trained and complaint for Safeguarding Adults and Children. The committee asked that a plan is developed which provides a date by which this training is completed. The committee notes the risk ongoing in Safeguarding.

1.6 Legionnaires update – IPC committee escalations

The Committee received the Infection Prevention & Control Team report Q3 Oct-Dec 2023 and noted the salient points as:

- The IPC team continues to carry an IPC audit program and IPC spot-checks for outbreak areas.
- The average for inpatients for Q2 was 83.63%, therefore a decrease of 6%. To note that the number of visits last quarter was 7 against 29 this quarter which may partially have affected the average score.
- The average score for community areas was 82.76% last quarter in an increase of 0.19% therefore not significant. Last quarter the total number of visits was 7 and this quarter 15.

In relation to Legionnaires the Committee noted the salient points as:

- Concerns regarding Occupational Health Data regarding spike in inoculation injuries and low OCC health referrals and need to ascertain if there are discrepancies between Trust and PAM on the definition of inoculation injuries.
- FFP3 face fit testing remains low – Concerns around Trust resilience.
- Mask wearing in clinical areas (IIR) – Risk assessment to be developed to inform step down and cut-line to re-instate use.
- BAF out of date. IPC keeps quarterly review against hygiene code under review
- Food Safety – The Trust has no food safety expert. ADL Kitchen audits outstanding

Chair's assurance comments:

The committee noted the IPCC report and were assured of the arrangements for monitoring Legionella levels across the Trust. The committee were not assured that the Trust has a food safety expert in place. The committee noted that face mask wearing in clinical areas guidance needs to be clarified so that staff and service users are informed.

1.7 Monthly Quality Report

There are 16 identified quality metrics and trend data is provided in the graphs included within the detailed report.

During December there were a total number of 2186 incidents reported, of which 24 were reported anonymously. The majority of incidents resulted in no harm.

During the month of December, we have seen a second consecutive increase in the reporting of incidents. Generally incident reporting has increased within the areas of:

- Self harm behaviours
- Physical Assault & Attempted Assault
- Workforce and Staffing

A total of 3612 incidents were identified as currently awaiting managers sign off however this data only included information dating to 2019.

There are 4535 open incidents on the system (2011-2023)

The break down by Division is as follows;

Acute and Urgent Care Services	1628 (Open from 2011)
Corporate	292 (Open from 2011)
Integrated Community Care and Recovery	446 (Open from 2011)
Secure Care and Offender Health	1241 (Open from 2011)
Specialities	928 (Open from 2011)

This evidences that currently 3378 **(82.5%)** of incidents are overdue for closure.
708 **(16%)** of incidents predate 2022.

86% of our incidents reported during December resulted in no harm. The Trust remain below the national average for incidents resulting in harm to patients (39%) in accordance with the National Reporting and Learning System benchmark reporting and we also measure favourably in this area in the CQC Insight report.

In the 12 months preceding December 2022, 7 suicides have been confirmed through

the inquest process. There are 11 inquests scheduled to take place for those incidents reported as a suspected suicide. Themes and trends from inquests will be shared ongoing as part of this report.

There was a marginal increase in the number of reported prone restraints for the month of December however this is the 4th consecutive month that the figure has been below the median.

There were 246 reported incidences of restraint during December which includes the 37 prone incidents.

The total number of actual assaults on staff for the month of December totalled 112 an increase on the previous month. This is the sixth consecutive month above the median showing an upward trend in reported assaults. Operation Stonetthwaite is being expanded within the organisation.

The total number of reported assaults on service users for the month of December is 49. A number of the reported incidents involved the same service users, 6 of the 7 incidents on George involved the same person, 5 of the 8 incidents on Mary Seacole 2 involved 2 service users in an altercation together.
During the month of December 144 incidents were reported which is within the mean. Most incidents occurred within the trusts acute inpatient setting. A program of works to support the prevention of self-harm incidents is being rolled out across the Trust.

Chair's assurance comments:

The committee noted the monthly quality report and were assured of the reported items. The committee noted the action plans included within the report. The committee were concerned about the number of open incidents on the system dating back as far as 2011 and noted that there is a plan to review and clear the older open incidents.

1.8 Mental Health Legislation Committee escalation report

The Committee received the Mental Health Legislation (MHL) Committee escalation report.

The committee noted that although Quarter 3 remained a very busy period for the MHL department with an average of 914 people under detention per month of the quarter (922 Q2) and an average of 231 people on a Community Treatment Orders (CTO) per month during Q3 (230 Q2), this quarter also saw a decrease in unlawful detentions from 21 to 9, 7 of those incidents reported were due to paperwork issues.

Of the average of 231 CTOs per month 75% were men (170), with the most common age group being 41-56 (55%). The top 3 ethnicity groups were black patients – 77 (33%), white – 67 (29%), and Asian – 52 (22%).

In addition, there were 266 referrals into the place of safety, compared to 248 in Q2, an increase of 18. Work is underway between the MHL and ICT departments to improve the quality of the data provided in the Insight reports. This will help to provide the demographics of those patients who go on to be detained following use of a s136 and the length of stay of patients detained under a s3 including the demographics.

In addition to detentions, the MHL department administered 299 MHA hearings, 12 Lay Manager appeals (1 discharge), 103 Lay manager reviews (1 discharge) - 0.02% total

discharge rate - and 184 Tribunal appeals (7 discharge) – 0.03% total discharge rate. The committee noted that the Trust has systems in place to ensure the MHA is appropriately implemented and monitored. In quarter 3 of the 914 detentions, there were 55 MHA related incidents report compared to 90 in Q2, a decrease of 38% (35)

The most reported category of incident remains in relation to AMHP related issues, 32 (43) a decrease of 25% (11) from Q2. Joint agency working and regular meeting s to review incidents and issues continue and assist in reducing the number of incidents.

There were 5 CQC MHA visits in Q3 with overarching themes running across all visits of care planning, activities and quality of capacity assessments.

During quarter 3 we received notification of 1 death of a patient under MHA (CTO)

There was 1 formal MHL complaint reported for Q3 (0 in Q2) in relation to care records entry, not MHA related, and 7 PALS contacts made (9 Q2).

An update on the progress of the CTO service evaluation was presented with good progress reported. The Lay Manager focus group was held in December. The final report is expected February 2023 which will provide the opportunity for learning and plans for improvement if required.

Chair's assurance comments:

The committee noted the update from the Mental Health Legislative Committee. The committee were assured that the arrangements in place for oversight of MHA issues.

The committee is assured there are processes in place regarding multi-agency working in the form of Joint System Oversight Group.

1.10 Locks/ doors update

The Committee received the update following a serious concern was raised through an internal meeting on the 26th of January where the Director of Nursing and Deputy Director of Nursing were present.

The concern was in relation to the deliberate misuse of a barricade locking system, the Primera Safe Hinge, to enable bedroom seclusion. This could lead potentially to the locking system being incapacitated/broken meaning considerable delays would be incurred to access the room in the case of a patient deliberately harming themselves, suffering a fatal event, or in the event of a fire evacuation.

The issue was reported to be related primarily to acute inpatient wards.

The Committee noted:

- It has been bought to the attention of the Director of Nursing that adjustments are being made to other barricade doors within the Trust to support seclusion and restrict patients in their bedroom which raises some concerns regarding the general culture around misuse of door locks.
- Whilst assurances have been given regarding not using barricade locks in other areas of the trust apart from acute wards, during internal audit of doors carried out on Friday the 3rd of February, damage to the Primera Safe Hinge locks has been found in 3 other wards outside of the acute specialty indicating a wider issue than initially anticipated.
- Following receipt of this information on the evening of Friday the 3rd of February the

Director of Nursing convened an urgent meeting to ensure all bedroom doors were reviewed by nursing staff to ascertain if any broken locking mechanisms were identified going into the weekend. At the time of completing this report no further doors have been identified as damaged.

Chair's assurance comments:

The committeed were assured of the plan to address doors lock issues and oversight by Director of Nursing.

1.11 Mental Health Integrator

The Committee noted the Mental Health Provider Collaborative (MHPC) for Birmingham and Solihull, as part of the overall structures within the Integrated Care System for BSol, has been approved to move forward into shadow form operation.

At present, the MHPC architecture is largely focused on ensuring that the operating system is safely in place for 'go-live' on 1/4/23. There are two main elements of the operating system.

The first of those is to enable the lead provider arrangements for contracting and contractual oversight and monitoring for all elements of the mental health services in the collaborative (NHS, Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and the Independent Sector) to be put in place.

The second relates to the partnership working of all those partners listed above, towards meeting the ICB Strategic Aims of enabling people to be:

- Born well
- Grow well
- Live well and to
- Age well

Therefore, the role and function of the new Quality and Safety Group within the MHPC will be to:

- Agree new system level quality outcome measures that are emerging as new integrated pathways of care are developed through the transformation workstreams, and recommend them to the Executive Steering Group (see appendix one)
- Have oversight of an agreed high-level set of quality monitoring information to enable identification of common issues
- Identify quality concerns that are held by at least two partners, where working together on how those might be addressed, would be most appropriate
- To enable the sharing of system wide learning, in relation to good practice and learning from incidents.

Full terms of reference are in the process of being agreed.

Chair's assurance comments:

The committee noted the arrangements to be implemented from April 2023.

1.12 Quality Improvement update

The Committee received the Quality Improvement update highlighting the purpose of Improving the quality of care and support that service users experience across Birmingham and Solihull is at the heart of our Trust objectives and plans. Quality Improvement drives the transformation of existing services, the development of new services and the collaborative working formed through partnerships.

The update received highlighted the plans for the development of a framework for quality improvement that guides a consistent approach at a team, locality, and organisational level. It is built on a range of foundations that will drive performance from ward to Board:

The framework for QI sits within an overarching quality management system that will provide the planning and controls to drive improvement in line with organisational goals and priorities.

The Committee noted the next steps as:

- Development of QI Strategy and engagement with stakeholders across the Trust– March 2023
- Formation of QI Hubs – April 2023
- Planning workshops to agree improvement priorities aligned to business strategy – April 2023
- Capacity development across organisation – April 2023 onwards

Chair's assurance comments:

The committee were assured of plans to develop the Trust's Quality Improvement Strategy.

1.13 Patient safety – Patient Safety Incident Response Framework (PSIRF) update

The Committee received the Patient Safety Incident Response Framework.
The new PSIRF responds to calls for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement.

The transition to PSIRF from the Serious Incident Framework will necessarily be a gradual process that is expected to take a minimum of 12 months. The process of implementation will commence in September 2022 with the aim of completing the transition phase by Autumn 2023, to help support this an implementation plan has been developed which is governed through the Patient Safety Advisory Group (PSAG).

Key achievements to dates:

- Key stakeholders mapped
- Reviewed existing resources to deliver PSRIF and development of a business case to support implementation
- Review commenced of what is being done to support open and transparent reporting
- Commencement of a review to understand what is being done to support the development of a Just Culture
- Implementation of incident oversight group
- Benchmarked against national standards for staff and family engagement Thematic review of addiction service deaths commenced

Chair's assurance comments:

The committee noted this report.

1.14 Clinical Quality equality impact assessment- Capital priorities

The Committee received the report and noted the reasons for recommendations.

The deadlines and timetables for operational colleagues to prioritise capital expenditure for 23/24 have slipped, meaning that we do not have a full list of capital expenditure for the year.

The Committee noted the report is seeking approval for the items that the Trust have been notified of:

Pre-commitments for approval
£2,000,000 – SSBM (Statutory Standards and Backlog Maintenance)
£930,000 – ICT
£1,250,000 – CAMHS Seclusion Suite
£400,000 – Completion of door sets

For prioritisation against risk assessment list (indicative allocation of £6,246,000)
£1,670,000 – balance of capital allocation
£500,000 – Allowance for slippage
£2,170,000

An additional £500,000 has been added to the allocation for prioritisation to allow for any slippage or VAT reclaim.

Chair's assurance comments:

The committee noted this report.

1.15 Clinical audit committee minutes/ high-level summary

The Committee noted the high-level summary received.

The Trust Audit Planner for 2022/2023 is currently being finalised and due by end of March 2023 in readiness for the Quality Account detail.

The new prospective Audit Planner for 2023/2024 is under construction and will be ready for sharing in Q1 2023.

Successful EBE involvement using a workshop approach to assessing NICE Anxiety Guidelines.

Ongoing use of the action tracker on Eclipse has been successful for monitoring Audit and NICE guideline recommendations and triangulating back to CEAG on a regular basis.

The new initiative of Trainee-led audit group. This has been designed to look at Level 4 audits, in particular linking in with Acute and Secure Care via their audit groups. The rationale being: to generate a list of topics which are aligned to Trust policies and strategies rather than looking at random topics of audits, which will link audits that are directly correlated to the quality and safety agenda. Although it is early days this is a way of working, we believe, would be beneficial across the Trust and are currently reviewing its effectiveness.

Chair's assurance comments:

The committee noted the report and were assured that there are Clinical Audit plans for 2023/24. However, the committee were not assured that there is an

overall co-ordinated Clinical Audit plan.

1.16 Review of Terms of Reference

The Committee received the revised Terms of Reference for approval.

Chair's assurance comments:

The committee suggested some changes to the ToR to include all of the subcommittees. The Committee asks the Board to approve its Terms of Reference.

1.17 Matters of escalation to the Board

There were no matters of escalation to the Board of Directors.

MR WINSTON WEIR
NON-EXECUTIVE DIRECTOR

7.1.1. (b) QPES Chair’s Assurance Report March

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7.1 (b)**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	5 April 2023
Author	Dr L Cullen, Non-Executive Director, Chair
Executive sponsor	Mr S Forsyth, Interim Director of Quality and Safety (Chief Nurse)

This paper is for: ***[tick as appropriate]***		
☒ Action	☐ Discussion	☒ Assurance

Executive summary

The Quality Patient Experience & Safety committee met on the 22 March 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The committee received the following:

- QI framework
- Monthly Quality Report
- Integrated Performance Report
- Complaints and PHSO Updates
- Quality assurance from Provider Collaborative
- CQC Update
- Serious Incidents and Learning

The committee reviewed its Terms of Reference for the Board to approve.

Reason for consideration

To assure the Board of Directors on the policies, processes, performance and monitoring for the Trust's Quality and Patient Safety and to escalate any key issues of concern.

Strategic objectives

QualityQuality

- Delivering the highest quality services in as safe inclusive environment where our service users, their families, carers, and staff have positive experiences, working together to continually improve

Financial implications

Significant costs associated with delivery of high-quality services and addressing quality related risks.

Strategic Risks

- QSC1- The Trust fails to co-produce with people who uses its services
- QSC2 – The Trust fails to focus on reduction and prevention of patient harm
- QS2 – The Trust fails to be a self-learning organization that embeds patient safety culture
- QS4 – The Trust fails to be a self-learning organisation that embeds quality assurance
- QS5 – The Trust fails to lead and take accountability for the development of system wide approaches to care
- QS6 – The Trust fails to prevent and contain a public health outbreak
- QS7 – The Trust fails to take account of service users' holistic needs

Equality impact

Number of reports received by the committee analyses services along the lines of protected

characteristics. The notes of the meeting reflect an increasing understanding of the equality/ inequality of services. One of the items include a discussion on how the committee addresses Health inequality

Our values

CommittedCommitted
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 CQC Update

The Committee received an update on the activities related. The salient points were noted as follows:

- The door monitoring alarm system has now been installed in all en-suites in Acute Care.
- In Acute Care, a total of 415 Safety Huddles were completed out of a possible 444 for the period.
- In terms of safer staffing, MHOST the first data collection took place in February and a second is planned for May 1st.
- A final report will then be submitted through the governance structures at the end of June.
- From the international recruitment process, one nurse has now commenced in the Trust.
- The Lead Nurse for Safer Staffing has also commenced work with the ICS as a part of a working group to look at retention.
- The monthly audits of MDT standards in Acute Care continue to take place and for this submission, we have seen an improvement or stability for most measures.
- The Clinical Educators continue to provide support to our operational staff. For the reporting period they have continued to present their Clinical learning labs and are developing SMART objectives with the services based on the outcomes of these.
- In terms of incidents of self-harm, we have seen random variation for these types of incidents for the reporting period with most data points below the median. We have also seen a similar picture for the reporting period for no anchor point incidents.
- We reported no anchor point incidents for the period.

We have now received the draft report from the Core and Well-led inspections that took place in October and December last year. Using feedback from service areas and other Corporate Specialists, we responded to the points of factual accuracy on March 8th, and will now await receipt of the final report.

Our lead inspector advised us in this monitoring meeting that we will get an update on the Section 31 notice as part of the final report from the core inspection, which should be available sometime in late March/ early April.

Chair's assurance comments:
Committee noted the ongoing commitment to addressing the actions from the recent CQC visits. Committee were pleased to hear that the MHOST data collection has now started and we expect an update on this in July .
Committee noted the importance of updating this committee on the Safer staffing progress reports due the impact this has on quality.

1.2 Serious Incidents and Learning

The Committee received the Serious Incidents and Learning and noted the salient points as follows:

- During January there were a total number of 2285 incidents reported, of which 24 were reported anonymously. The majority of incidents resulted in no harm; this is the second consecutive month where there has been an increase in reporting. Generally incident reporting has increased within the areas of:
    - Self harm behaviours

  - Physical Assault & Attempted Assault
  - Workforce and Staffing
- The data for serious incidents within the detailed report evidence's an upward shift in January, following a sustained decline in the numbers of incidents reported as SI's since October with December being the lowest level of external reporting with only one incident. This shift continues during February which will be reported to the committee next month. As this is a singular in-month rise in SI reporting it is not yet established whether this is statistically significant as reporting remains below the mean.
- There were 6 serious incidents identified for full RCA investigation during January 2023. A breakdown is provided within the body of the report. Of note, 3 related to the death of our service users in the community, 1 was an unexpected death of an inpatient and an incident related to a ward closure following an outbreak of Legionella at one of our sites.
- Data identifies that the highest numbers of deaths reported over the last 12 months are identified as "unknown cause" and relate to the death of our service users in the community, with most deaths occurring in our Dementia and Frailty services. For those deaths that meet the criteria outlined within Learning from Deaths a structured judgment review will take place if the threshold for a serious incident is not met. This supports a robust framework for divisional and organisation-wide learning. The learning identified within the quarter has been shared with the physical health committee and includes noncompliance with the recently updated clozapine policy and management of a fall.
- In terms of completed reviews, 2 reports were submitted to our commissioners for consideration of closure. The completed RCAs followed the recently re-established serious incident oversight pathway, a group that includes executive membership and divisional representation from senior leaders, which forms part of our PSIRF preparation.
- During the month there has been a total of 5 inquests held with 4 concluded as suicides and 1 as natural causes which related to an inpatient death.
- Following one of the inquests on the 11 January, which related to the suicide of one of our service users, a Prevention of Future Deaths, Regulation 28 was issued by HM Coroner to the following health organisations within the Birmingham and Solihull Integrated Care System:
  - Birmingham and Solihull Mental health NHS Foundation Trust
  - Birmingham and Solihull Integrated Care Board
  - University Hospital Birmingham NHS Foundation Trust

Chair's assurance comments:
We had a very detailed discussion about the data provided to committee.

Committee were partially assured in that clinical areas that have been identified as having low compliance will gain focused support .
Committee asked for further assurance from the clinical governance committee on the progress of these action plans
We understand that new Safety summits are to be established where there are safety or quality concerns to work with individual wards or divisions. We also understand that the ward accreditation programme is to be considered.

1.3 QI framework

The Committee received the framework and agreed this item needs further review and will be bought back to the committee in due course.

Chair's assurance comments:
We expect a paper at committee next month on the framework proposed and the internal investment in resources required to achieve the QI outcomes.

1.4 Monthly Quality Report

There are 16 identified quality metrics and trend data is provided in the graphs included within the detailed report.

During January there were a total number of 2285 incidents reported, most incidents resulted in no harm.

During the month of January, we have seen a second consecutive increase in the reporting of incidents. Generally incident reporting has increased within the areas of:

- Self harm behaviours
- Physical Assault & Attempted Assault
- Workforce and Staffing

A total of 3753 incidents are identified as currently awaiting managers sign off. This is a reduction of 782 incidents on prior month. As reported last month a further deep dive was requested by the Associate Director of Nursing and Governance including all incidents currently open on the system back to 2011 when Eclipse was 1st integrated into the Trust. This has established a significant number of overdue incidents and a methodology for safe closure of historic incidents has been created. This methodology will be enacted by the patient safety team in collaboration with the CG Facilitators and Divisional Leads.

86% of our incidents reported during January resulted in no harm. The Trust remain below the national average for incidents resulting in harm to patients (39%) in accordance with the National Reporting and Learning System benchmark reporting and we also measure favourably in this area in the CQC Insight report.

In the 12 months preceding January 2022, 10 suicides have been confirmed through the inquest process. There are 11 inquests scheduled to take place for those incidents reported as a suspected suicide. Themes and trends from inquests will be shared ongoing as part of this report.

The total number of actual staff assaults on staff for the month of January totalled 121 an increase on the previous month. This is the seventh consecutive month above the median showing an upward trend in reported assaults. Operation Stonethwaite is being expanded within the organisation, focusing on our PICU and S2R services.

The total number of reported patient assaults on service users for the month of January is 42. A number of the reported incidents involved the same service users, 5 of the 7 incidents on Eden PICU.

During the month of January 158 incidents were reported which is within the mean. Most incidents occurred within the trusts acute inpatient setting. A program of works to support the prevention of self-harm incidents is being rolled out across the trust and include;

During the month there were 36 ligature incidents reported, 0 of these with an anchor point. This is an area of continued focus for the trust. The Patient Safety team undertake a rapid review to identify if there is any immediate learning for the anchor point incidents.

This month we have collected 463 FFT with a positive percentage score to the question 'Overall, how was your experience of our service?' of 81% and a negative score of 9%. In January 463 FFT were captured which is 246 more than last month.
The high number in January is because around 175 FFT for December were captured in January.

Chair's assurance comments:
Committee were assured to see that following a deep dive into all incidents currently open on the system back to 2011 when Eclipse was 1st integrated into the Trust that a methodology for safe closure of historic incidents has been created. This methodology will be enacted by the patient safety team in collaboration with the CG Facilitators and Divisional Leads.
Committee were assured that we continue to have high levels of reporting of incidents and that the Trust remains below the national average for incidents resulting in harm to patients .

We had a detailed discussion about restrictive practices including prone restraints ad bedroom seclusion and a deep dive paper from the restrictive practice steering group will come to committee in May

We agreed to move to quarterly detailed reporting with monthly exceptions, to enable thematic and trend analysis and this will include health inequality information.

1.5 Integrated Performance Report

The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:

- FPP
    - CPA with formal review in last 12 months
    - IAPT seen within 6 and 18 weeks
    - Out of area bed days
    - CPA 7-day follow up
    - Referrals over 3 months with no contact
    - CIP delivery
- People
    - Bank and agency fill rate
    - Appraisals
    - Sickness absence
    - Vacancies
- QPES
    - Staff assaults

There were 112 reported staff assaults, 2 of which were categorised as medium harm. This is the 7th consecutive month that the data has been above the median showing an upward trend.

11 assaults were reported in Male PICU with 2 on Meadowcroft and 9 on Caffra. 1 of the incidents on Meadowcroft was categorised as moderate harm with the staff member requiring paramedic attendance. Bergamot recorded 27 patient on staff assaults,; 1 person has been recorded in 21 incidents as instigator. On Tazetta the single incident was categorised as moderate harm. This involved an informal service user attempting

to punch a staff member leading to physical intervention. Service user was discharged from services and police contacted in relation to assault.

Chair's assurance comments:
Committee noted the report.

1.6 Complaints and PHSO Updates

The Committee received the report and noted the salient points as:

- Complaints Open cases remains at a consistent rate at around 37 - 40 per month.
- It has been reported through QPES in January that 61% of open cases were awaiting an Investigating Officer (IO). Following considerable work in this area during the month of February this has now been reduced to 38%. This has been enabled through the use of Bank working and training of additional IO's with capacity. The timeline for bringing back waiting times in line with policy standards is end of May 2023. Monitoring of this KPI is undertaken fortnightly between the Complaints Lead and the Associate Director of Nursing and Governance.
- The data continues to evidence that the average length of time taken to investigate incidents is between 75 – 81 days (excluding weekends and bank holidays). Whilst recognising the complexity of some of the current complaints, it is proposed that this is not in line with best practice standards and a planned trajectory for improvement has been requested alongside reduction in those complaints awaiting an IO.
- Moving forwards into February the practice of reviewing complaints in terms of upheld/ partially upheld/not upheld has ceased. This has been approved by the Chief Nurse and CEO and has had cross-divisional support.
- There have been no formal PHSO or CQC formal complaints raised in the month of January.

It has been identified that unlike formal complaints that come through directly to the Trust the tracking of actions for formal CQC complaints and PHSO complaints has not been consistent with a lack of robust process in place.

Chair's assurance comments:
Committee noted the detailed report .We gained partial assurance on the complaints handling process and noted the progress that is being made to reduce the waiting times .We were pleased to note the change in the conclusions of complaint investigation in the spirit of the new PSIRF . We were pleased to note that a new complaints tracker in now in place and work ongoing to improve local reporting to divisions.
A thematic review, including health inequalities, is to come to committee next month .

1.7 Terms of reference

The Committee received the revised Terms of Reference for approval.

Chair's assurance comments:
Committee approved changes to the Terms of Reference

1.8 Forward planner

The Committee received the Committee forward planner for approval.

Chair's assurance comments:
Discussion to take place outside of committee on other items to change or add.

Action :
To approve forward planner at next committee.

1.9 Quality assurance from Provider Collaborative

The Committee received the Quality assurance from Provider Collaborative report and noted the Mental Health Provider Collaborative (MHPC) for Birmingham and Solihull, as part of the overall structures within the Integrated Care System for BSol, has been approved to move forward into shadow form operation.

At present, the MHPC architecture is largely focused on ensuring that the operating system is safely in place for 'go-live' on 1/4/23. There are two main elements of the operating system. The first of those is to enable the lead provider arrangements for contracting and contractual oversight and monitoring for all elements of the mental health services in the collaborative (NHS, Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and the Independent Sector) to be put in place.

The second relates to the partnership working of all those partners listed above, towards meeting the ICB Strategic Aims of enabling people to be:

- Born well
- Grow well
- Live well and to
- Age well

The Committee were appraised of the role and function of the new Quality and Safety Group within the MHPC will be to:

- Agree new system level quality outcome measures that are emerging as new integrated pathways of care are developed through the transformation workstreams, and recommend them to the Executive Steering Group (see appendix one)
- Have oversight of an agreed high-level set of quality monitoring information to enable identification of common issues
- Identify quality concerns that are held by at least two partners, where working together on how those might be addressed, would be most appropriate
- To enable the sharing of system wide learning, in relation to good practice and learning from incidents.

The Committee noted the Terms of Reference for the Quality and Safety Group (QSG) are shortly to be agreed. Once these are finalised, then the partner organisations to be represented on the group will be asked to identify their representatives on it.

The QAIF development process involves the representatives of the partners within the MHPC, who are represented on the QSOG working group, including BSMHFT and BWCH. Those representatives will also need to ensure that they engage appropriately within their organisations to involve others in the development and understand what the necessary changes in systems may be to create shared learning opportunities and shared opportunities to work together on common issues.

The Committee noted the ask to note the content of this report and support the approach being taken to partnership working within the MHPC.

Chair's assurance comments:
Committee noted the proposals.

1.10 Minutes and Sub Committee escalations from the Clinical Governance Committee

The Committee noted the escalations from the Clinical Governance Committee and hot

topics as:

- Safer Staffing- The Committee were assured at the elements of the work programme currently in place and progress being made to secure safe staffing levels across the Trust.
- Experts by Experience Reward and Recognition Policy- The Committee commended the level of work that had been undertaken to develop this policy and were assured that work was being undertaken to involve Experts by Experience in key decisions being made across the Trust.
- Participation and Experience report- The Committee were assured that significant work is being undertaken to engage with and involve Experts by Experience in Trust developments.
- Local Clinical Governance Reports- The Committee received a report from each of the local Clinical Governance Committees. It was noted that a great deal of work is being undertaken at a local level to drive improvement and mitigate risk but noted several actions and risks for each area. The Committee were assured that actions are being taken to drive forward quality and patient safety and actions being taken to mitigate risks.
- CQC Update- Members of the Committee had been involved in reviewing the factual accuracy of the inspection and the discussion gave assurance that areas requiring improvement would be addressed.
- IPC Update- It was noted that a review had been undertaken of issues and processes associated with Infection Prevention and Control and action plans are in place for all areas of risk.
    - Patient Safety Incident Response Framework (PSIRF)- The Committee noted the following actions to mitigate current risks:
    - Recommendation 1: PMO to support the program moving forward s to secure experienced project support
    - Recommendation 2: Eclipse training sessions to be added to Trust inductions
    - Recommendation 3: Review of Learning from Death processes to be reviewed alongside the current resource to support
    - Recommendation 4: Proposal to be completed regarding training requirements
    - Recommendation 5: Option appraisal for internal vs external source for safety questionnaire.
- Ward Accreditation- The model has a strong focus on leading change and links and focuses on a drive to improve quality across the Trust.
- Quality Account- The Committee were assured the circulation of draft account to QPES in May 2023 to ensure approval by the Trust Board in June 2023 to publication.
- SI Update- The Committee was informed that a group that includes executive leadership and divisional representation from senior leaders had been re-established to manage the oversight of the serious incident pathway. This will support PSIRF preparation.
- Customer Relations Briefing Paper- The Committee positively received an update that from February there would be changes to the system for reviewing complaints.
- Doctors Strike- The Committee received assurance that all doctors shifts have been covered for the period of the Doctors strike.

Chair's assurance comments:
Committee noted the report

1.11 Capital Prioritisation

The Committee received the detailed breakdown and noted the capital allocation submitted to NHSEI as part of our plan was higher than the indicative capital envelope set out. This is because the Trust has had to account for our 'fair share' of SCIF

(System Capital Investment Fund).

Chair's assurance comments:
Committee were in support of list of works.

1.12 Oversight Framework - BSOL draft

The Committee received the Oversight Framework letter and noted the segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the Midlands Regional Support Group at its meeting on the 23 February 2023. It was agreed that for Quarter 3 NHS Birmingham & Solihull ICB should remain in segment 3 of the NHS Oversight Framework.

Chair's assurance comments:
Committee noted the report.

1.13 Matters of escalation to the Board

There were no matters of escalation to the Board of Directors.

DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR

7.2. Patient Safety Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**		
Agenda item	**Item 7.2**		
Paper title	Patient Safety Report		
Date	5 April 2023		
Author (s)	Lisa Pim Interim Associate Director of Nursing and Governance		
Executive sponsor	Sarah Bloomfield, Executive Director of Nursing, Quality and Safety Steve Forsythe, Interim Executive Director of Nursing, Quality and Safety		
Executive sign-off	☐ Yes	☐ No	(Tick as appropriate)

This paper is for (tick as appropriate):		
☐ Decision	☒ Discussion	☒ Assurance

Equality & Diversity ***(all boxes MUST be completed)***	
Does this report reduce inequalities for our service users, staff, and carers?	No
What data has been considered to understand the impact?	Further work is being undertaken to present the Board with health Inequalities Information. This will be presented in next quarters report.

Executive summary & Recommendations:

The Board are asked to note the following key highlights from the detailed report;

- There are 21 live incidents in the SI review process, excluding infection control reviews. Whilst the 60-day mandated investigation standard has been removed externally since the COVID pandemic, the organisation should still be working to this as an internal standard as deferred investigation and completion of SI's leads to delayed learning for services and the organisation and increases the risks of further incidents of this type from reoccurring. It is noted that currently 8 investigations exceed 60 days, this is a reduction from 12 when this data was first reviewed in January this year

- The average time for completion of an investigation has been evidenced as being 90 days currently, this is a reduction from the 100 days identified in January but remains significantly over our internal standard

- The data for serious incidents within the detailed report evidences an upward shift in incidents reported as SI's from January onwards. As this is a continual rise month on month it is considered that this is now statistically significant. Consideration has been given as to what may be impacting the rise in reported SI's as an organisation. An important area to note has been the reinstating of

the SI oversight Group in January this year. It is considered that this experienced and multidisciplinary group focusing on incidents in detail including peer challenge and debate may be contributing to an increased level of reporting as a different lens is applied to each incident. Continuous review of incident themes and trends as we progress forward will enable us to determine if there are any additional contributing factors to this upward trend

- A review of themes and trends from SI reporting in this reporting period indicates a fairly broad variation in the type of incidents reported as SI's noting though a higher number of investigations relating to patient deaths in community settings and lower levels of inpatient harm reporting i.e., falls resulting in significant harm (fractures). However, reported outcomes from SI's have shown some consistency in themes relating to documentation, specifically lack of regularly updated Risk Assessments and Care Plan documentation, interprofessional communication and referral between teams, and a lack of professional curiosity delaying aspects of care and treatment

- It is noted that there has been a lack of health inequality information submitted as part of regular reporting to CGC and QPESC in respect to serious incidents alongside a broader suite of indicators including quality metric reporting and patient experience data. It has been agreed that quarterly reporting of this important data will now be carried out through formal committee routes and will be shared with the Trust Board in the next Patient Safety Report

- A deep dive was undertaken in February of the total number of SI actions open as an organisation. The initial review indicated a total of 91 overdue SI actions across clinical divisions. Earliest historic SI actions were noted to date back to 2018. Following this piece of work the Patient Safety Lead reviewed all actions in detail, reassigned actions appropriately to their correct owner/division, and removed a number of duplicated actions. This has reduced outstanding actions to 66 across divisions with a similar piece of work being undertaken across corporate services. Work has been agreed between the patient safety team, clinical governance facilitators, and divisions to review and agree timelines for closure of historic SI actions. This will be supported through the new SI action module on Eclipse

- The organisation has a healthy reporting culture with between 2000 and 2250 incidents being reported on a monthly basis. In addition, on average 80-85% of these incidents are reported as no harm

- A deep dive of open local incident investigations was undertaken in January including all incidents currently open on the system back to 2011 when Eclipse was 1st integrated into the Trust. Data indicated that there were a significant number of open incidents on the system (2011-2023), equaling a total of 4535. Furthermore, 82-85% of incidents were overdue for action with 16% of these (708 incidents) predating 2022. A methodology and approach for the safe closure of these historic incidents was submitted and agreed by the Executive

Director of Nursing, Quality and Safety and shared through QPESC. A timeline of action has been agreed for this work which identifies the closure of all historic incidents up to 2023 by the end of May. Thematic reviews will be undertaken to ensure the opportunity for wider learning and action is not lost

- The paper draws attention to the recently concluded and published external NICHE Reviews following two historical domestic homicide incidents occurring in 2014, and an independent multi-agency review on behalf of the statutory services involved (mental health, police, probation, and prison services) into the care, treatment, and management of a service user, who committed a number of stabbings in Birmingham city centre in September 2020. Work is now underway with the relevant divisional stakeholders to action recommendations from the reviews. NHSE have also recently commissioned Psychological Approaches to undertake a new review following a homicide which occurred in 2018, with a focus on; Access to AMHP services, Services listening to relatives and Regulation 28 report requirements

- There have been some areas of required improvement identified in how the organisation responds to and monitors on-going actions from external reviews. Improvement will be supported through devising a formal policy and improving the internal process of monitoring and committee reporting

- The paper draws attention to a recent Regulation 28 Ruling issued to the Trust and other health organisations within the Birmingham and Solihull Integrated Care System. A collaborative response is being facilitated by the ICB. Issues highlighted for the Trust include access to PDU beds, Safe Spaces in ED's, and consideration of a multi-agency protocol for informal missing patients

- There have been some areas of required improvement identified in how the organisation responds to and monitors on-going actions from PFD's. Improvement will be supported through devising a formal policy and improving the internal process of monitoring and committee reporting

- A review of the implementation of the Patient Safety Incident Review Framework (PSIRF) is broadly discussed and identifies that the Trust are in a positive position in relation to its preparations in relation to transition phasing. The paper draws attention to a number of decisions that will be required from the Board over the coming months in relation to PSIRF regarding, organisational training, testing of the organisation's safety climate, and consideration and agreement of oversight arrangements as the Lead Provider of the Provider Collaborative

- In line with the move towards the PSIRF way of working, the paper discusses a new process that has been devised to support wards and service areas where intelligence indicates safety or quality concerns. This approach is defined as a Safety Summit. Broadly this is a framework that encompasses a review of specific

datasets that give an overarching and holistic view of how a service area/ward are functioning

- It was reported through QPESC in January that a deep dive review of open complaint cases revealed that 61% of cases were awaiting an Investigating Officer (IO). Furthermore, some complainants were waiting up to 4 months to have an IO allocated to them. Following considerable work in this area during the month of February the numbers have been reduced to 38%. An additional temporary resource has been allocated to the team to support timely reduction in complainants awaiting an IO

- Data continues to evidence that the average length of time taken to investigate complaints is between 75 – 81 days (excluding weekends and bank holidays). Whilst recognising the complexity of some of the current complaints, it is proposed that this is not in line with best practice standards. It is anticipated that managing the backlog successfully will support a significant decrease in the length of time to investigate, and work on monitoring this is ongoing by the Complaints Lead

- There has been limited work to date undertaken around thematic reviews of complaints and learning to date and a comprehensive review will be included in the report for Aprils QPESC. This will enable the committee to be sighted on the last 6 months of complaints data, and what has been the learning and impact of these complaints. Contained within this review will be health inequality data to give further insight into this area also

- There has been one formal PHSO and one formal CQC formal complaints raised in this reporting period – these both relate to section 117 aftercare arrangements and actions including team training and development and work through the provider collaborative have been agreed in response

- A deep dive on outstanding actions from complaints was undertaken during January. It was evidenced that the organisation has a total of 36 complaints actions open currently and furthermore evidences that 84% of complaints actions are currently overdue for completion with some actions over 18 months old. Reasons identified for this have been multi-factorial in nature and include gaps in reporting transparently and effectively to Divisions and internal process around automatic allocation of timelines for actions, which can potentially appear unrealistic. Work is underway to address these areas within the complaints department and the team will work collaboratively with the Divisions and Clinical Governance Facilitators to close down outstanding overdue actions. A timescale for this piece of work has not yet been established but will be reported on through formal committee reporting

What is the ask? *(Please state specifically what you like the meeting, committee or Board to do).highlights from*

Board is requested to:
NOTE this report, the information there within it and note the actions underway to support progression on areas of required improvement
GAIN ASSURANCE that patient safety indicators are closely monitored and actions underway to improve performance where required.

Confirm level of assurance demonstrated and evidenced in the report (tick as appropriate):

- ☐ Substantial Assurance
- ☐ Reasonable Assurance
- ☐ Limited Assurance
- ☐ No Assurance

Previous consideration of report by: (If applicable)

Elements of this report have been consistently discussed at the Clinical Governance Committee and QPESC.

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

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

Financial Implications *(detail any financial implications)*

No additional resource is being requested in terms of this paper.

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*

None known currently

Equality impact assessments:

The Patient Safety Quarterly Report is at the early stages and data specifically pertaining to protected characteristics are not currently examined. As identified, work will continue to develop in the coming months in order to identify any health inequalities and to share with committees within BSMHFT and partner organisations.

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

The work outlined within the detailed report has involved engagement with staff, service users and the families of the bereaved. Those families who have been bereaved have been offered the support of the family liaison officer.
Acronyms *(List out any acronyms used in the report)*
Acronyms have been explained throughout the body of the report

Defining levels of assurance:

Level of assurance	Definition
Substantial Assurance	The evidence provided demonstrates there is a sound system of governance, risk management and that internal and existing controls are operating effectively and are consistently applied to support the achievement of objectives in the Division or Department.
Reasonable Assurance	The evidence provided demonstrates there is generally a sound system of governance, risk management and controls in place. However, there are some issues e.g. with quality, non-compliance and performance that have been identified which may put at risk the achievement of objectives in the Division or Department, hence there is scope for improvement.
Limited Assurance	The evidence provided demonstrates there are significant gaps, weaknesses or non-compliance that have been identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the Division/Department.
No Assurance	There is absolutely no evidence to demonstrate, hence immediate action is required to address the fundamental gaps, weaknesses or non-compliance that have been identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the Division or Department.
Assurance (System/process-based assurance & outcome-based assurance)	Provides certainty through the evidence you may triangulate in demonstrating confidence that systems and processes are working properly and what needs to happen is happening (i.e., system/process-based assurance). However, this may not imply that expected outcomes will be achieved as planned (outcome-based assurance). It is often useful to stop and ask: • Do we really know what we think we know? • Where does the assurance come from? • How reliable is this assurance? • What is this assurance telling us?
Reassurance	This is the feeling of being assured and may be based on good performance, the lack of contradictory evidence or perhaps because someone with a professional background or expertise or management, tells you that something is so, and so it must be true.
Assurance is defined as - "...an objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization."	

(HM Treasury – 2012).

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**Item 7.2**
PAPER TITLE	Detailed Report – Patient Safety
DATE	5 April 2023
AUTHOR	Lisa Pim Interim Associate Director of Nursing and Governance
EXECUTIVE SPONSOR	Sarah Bloomfield, Executive Director of Nursing, Quality and Safety Steve Forsythe, Interim Executive Director of Nursing, Quality and Safety

Detailed Summary:

1.0 Serious Incidents

1.1 Reporting Levels

At the time of authoring this report there are 21 live incidents in the SI review process, excluding infection control reviews. Whilst the 60-day mandated investigation standard has been removed externally since the COVID pandemic, the trust should still be working to this as an internal standard as deferred investigation and completion of SI's leads to delayed learning for services and the organisation and increases the risks of further incidents of this type from reoccurring.

It is noted that currently 8 investigations exceed 60 days, this is a reduction from 12 when this data was first reviewed in January this year. The average time for completion of a review has been evidenced as being 90 days, this is a reduction from 100 reported in January. Further work is being undertaken on this area working collaboratively with the Patient Safety Team and Divisions to facilitate more timely investigation timelines.

The table below outlines the numbers of incidents reported as Serious Incidents (SI's) from December through to February;

Month	No of Incidents Reported as SI
December 2022	1
January 2023	4
February 2023	7

The data for serious incidents evidence's an upward shift in incidents reported as SI's from January. This follows a sustained decline in numbers since October with December being the lowest level of external reporting as an organisation with one singular incident reported. This upward shift continues during February and again in March with figures to date indicating that 9 incidents have been reported as SI's to date during this month.

As this is a continual rise month on month it is considered that this is now statistically significant. Consideration has been given as to what may be impacting the rise in reported SI's as an organisation. An important area to note has been the reimplementation of the SI oversight Group in January this year. This is a multi-disciplinary group that includes executive membership, safeguarding, and divisional representation from senior leaders who meet weekly to; review upcoming 72-hour reports; review and approve completed Root Cause Analysis (RCA's) for reported SI's; and receive updates on SI numbers/themes/trends etc. It is considered that this experienced group focusing on incidents in detail including peer challenge and debate may be contributing to an increased level of reporting as a different lens is applied to each incident. Continuous review of incident themes and trends as we progress forward will enable us to determine if there are any additional contributing factors to this upward trend.

1.2 Serious Incident Themes

A review of themes and trends from SI reporting indicates a fairly broad variation in the type of incidents reported as SI's noting though a higher number of reports pertaining to patient deaths in community settings and lower levels of inpatient harm reporting i.e., falls resulting in significant harm (fractures). However, reported outcomes from SI's have shown some consistency in themes relating to documentation, specifically lack of regularly updated Risk Assessments and Care Plan documentation, interprofessional communication and referral between teams, and a lack of professional curiosity delaying care and treatment. It is anticipated that moving forward these trends and themes will be addressed through areas such as the internal clinical audit programme and through QI workstreams.

It is noted that there has been a lack of health inequality information submitted as part of regular reporting to CGC and QPESC in respect to serious incidents alongside a broader suite of indicators including quality metric reporting and patient experience data. It has been agreed that quarterly reporting of this important data will now be carried out through formal committee routes and will be shared with the Trust Board in the next Patient Safety Report.

1.3 SI Actions

A deep dive was undertaken in February of the total number of SI actions open as an organisation. The initial review indicated a total of 91 overdue SI actions across clinical divisions. Earliest historic SI actions were noted to date back to 2018. Delay in closure of agreed SI actions leads to the potential for reoccurrence of safety incidents reoccurring. Following this piece of work the Patient Safety Lead reviewed all actions in detail, reassigned actions appropriately to their correct owner/division, and removed a number of duplicated actions. This has reduced outstanding actions to 66 across divisions with a similar piece of work being undertaken across corporate services. Work has been agreed between the patient safety team, clinical governance facilitators, and divisions to review and agree timelines for closure of historic SI actions. This will be supported through the new SI action module on Eclipse. Progress on this will be monitored through CGC and QPESC.

2.0 Local Incident Investigation

2.1 Reporting Levels

The organisation has a healthy reporting culture with between 2000 and 2250 incidents being reported on a monthly basis. In addition, on average 80-85% of these incidents are reported as no harm, further supporting the conclusion of staff willing to report incidents even when no harm has occurred.

A deep dive of open local incident investigations was undertaken in January including all incidents currently open on the system back to 2011 when Eclipse was 1st integrated into the Trust. Data indicated that there were a significant number of open incidents on the system (2011-2023), a total of 4535. Furthermore, 82-85% of incidents are currently overdue for action with 16% of these (708 incidents) predating 2022.

A methodology and approach for the safe closure of these historic incidents was agreed by the Executive Director of Nursing, Quality and Safety and shared through QPESC. The appr5oach ensures all incidents are safely reviewed and any necessary actions taken forward. A timeline of action has been agreed for this work as follows;

Incidents reported 2011 – 2020	All incidents will be closed 14th April 2023
Incidents reported 2021	All incidents will be closed by the 30th of April 2023
Incidents reported 2022	All incidents will be closed by the 31st of May 2023

This work will be undertaken by the Patient Safety Team and Clinical Governance Facilitators working in collaboration with the Divisions. Thematic reviews will be undertaken to ensure the opportunity for wider learning and action is not lost.

2.2 Themes and Trends

During the period of December to February, it is evidenced that generally incident reporting has increased within the areas of:

- Self-harm behaviors
- Physical Assault & Attempted Assault
- Workforce and Staffing

There are a number of trust wide workstreams and initiatives in place supporting each of these themes and continued monitoring of themes and the success of these initiatives will be taken through formal committee reporting.

3.0 External Reviews

3.1 Current Position

The Board will have been previously informed that NHS England Midlands & East

(NHSE) Regional Investigations Review Group as a proportionate response commissioned NICHE to undertake a pathway review of the organisation's AOT and FIRST services in response to two historical domestic homicide incidents occurring in 2014.

The report highlights a number of areas of low compliance/performance against the audit criteria which includes;

- The number of service users without an up-to-date CPA care plan.
- The number of service users without an up-to-date risk assessment.
- Difficulty to find information about carers and carers' assessments.
- Staff adherence to medication plans was not 100%.

In response to the learning points generated as part of the external review process, the Patient Safety Team have organised a focused meeting with the service areas that will lead to the formulation of an action plan. Progress on the action plan will be reported through formal committee reporting.

NSHE also commissioned NICHE to carry out an independent multi-agency review on behalf of the statutory services involved (mental health, police, probation, and prison services) into the care, treatment and management of a service user, who committed a number of stabbings in Birmingham city centre on the 6th of September 2020. A report has now been received and during April 2023 the Patient Safety Team will meet the service areas to formulate a response. Progress on the action plan will be reported through formal committee reporting

NHSE have also commissioned Psychological Approaches to undertake a review of the present-day service provision, governance and quality systems, arrangements for escalating risks in response to a homicide which occurred in 2018, with a focus on;

- Access to AMHP services
- Services listening to relatives.
- Regulation 28 report requirements

The organisation are in the initial stages of planning this review and agreeing to the terms of reference. Progress will be reported through formal committee reporting.

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3.2 Monitoring of the External Review Process

There have been some areas of improvement identified in how the organisation responds to and monitors on-going actions from external reviews. Improvement will be supported through devising a formal policy and improving the internal process of monitoring and committee reporting.

4.0 Regulation 28 Coroner Reports

4.1 Current Position

Following an inquest on the 11 January, which related to the suicide of one of our service users, a Prevention of Future Deaths, Regulation 28 was issued by HM Coroner to the following health organisations within the Birmingham and Solihull Integrated Care System:

- Birmingham and Solihull Mental health NHS Foundation Trust
- Birmingham and Solihull Integrated Care Board
- University Hospital Birmingham NHS Foundation Trust

The matters of concern included in the Regulation 28 Report are as follows:

- Lack of inpatient mental health beds and lack of Psychiatric decisions unit (PDU) spaces: The inquest heard how there was a regional and national lack of inpatient beds and spaces in PDU. Consideration is needed urgently to fund further mental health beds and PDU spaces to ensure patients are not kept unattended in extremely busy emergency departments.

- Safe space: The inquest heard how it is often the case that due to the lack of inpatient beds and PDU spaces patients are often left in the Emergency department unattended or sent home with periodic reviews by the home treatment team whilst waiting for a bed. This means that acutely ill mental health patients are often left for long periods without any specialist care, support, or observation. Consideration should be given to setting up a safe space where patients can wait for a bed or PDU space which is able to cater for their special needs and keep them safe.

- Multi agency protocol for informal missing patients: The inquest heard how there is no agreed protocol to deal with informal patients who abscond from emergency departments. Consideration should be given to setting up an agreed protocol so that all agencies involved understand their respective roles and responsibilities.

The ICB are collating a joint response. The Trust has collected its response to the report, in which a number of areas are re-clarified to support the understanding of the Coroner, specifically in regard to safe space access and also PDU accessibility. However, the deadline for response has been extended to April due to some challenges to the Trust from University Hospital Birmingham NHS Foundation Trust re improvement to earlier access to beds.

4.2 Monitoring of the Regulation 28 Process

There have been some areas of improvement identified in how the organisation responds to and monitors on-going actions from PFD's. Improvement will be supported through devising a formal policy and improving the internal process of monitoring and committee reporting.

5.0 Patient Safety Incident Response Framework

In August 2022 NHS England published the Patient Safety Incident Response Framework (PSIRF). This sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

PSIRF replaces the Serious Incident Response Framework (SIF) and will remove the 'serious incident' classification.

Organisations are expected to have transitioned to PSIRF within 12 months from September 2022. The preparation has been broken down into six phases to ease transition and provide detail around discrete activities that will set strong foundations for implementation. The six phases are described below:

Phase	Duration	Purpose
PSIRF orientation	Months 1 – 3 (September 2022 – November 2022)	To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated documents. This phase establishes important foundation for PSIRF preparation and subsequent implementation.
Diagnostic and discovery	Months 4 – 7 (December 2022 – March 2023)	To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.
Governance and quality monitoring	Months 6 – 9 (February 2023 – May 2023)	Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF.
Patient safety incident response planning	Months 7 – 10 (March 2023 – June 2023)	For organisations to understand their patient safety incident profile, improvement profile and available resources. This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy.
Curation and agreement of the policy and plan	Months 9 – 12 (May 2023 – August 2023)	To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases.
Transition	Months 12+ (September 2023 onwards)	Organisations continue to adapt and learn as the designed systems and processes are put in place.

It should be noted that all phases merge and cross over at times and timelines attached to each phase are guidance only to support the transition over to the PSIRF framework.

The timetable indicates that the organisation should by now have reached key milestones within Phase 2 of the implementation process. Evidence reviewed so far indicates the organisation has achieved many areas of this milestone and are on track

to progress to Phase 3 Governance and Quality Monitoring. This next phase will be supported by the following;

- Commencement of the PSIRF Implementation Group – a cross-organisational MDT supporting the work up to PSIRF transformation including non-executive and non-executive membership. Inaugural meeting to be held in April
- 2-day per week PMO support agreed by the Executive Director of Nursing, Quality and Safety – this will be informed by the PSIRF Implementation Plan

Key decisions will be required from the Board over the coming months in relation to the roll out of PSIRF. This includes;

- Training for PSIRF has mandated requirements from Board to Ward – Agreement of the training methodology to be employed as a trust will be required – An Options Appraisal is currently being prepared.
- Board sign off of the agreed number of Patient Safety Incident Investigations (PSII) we have calculated/forecast as an organisation and agreement of the key safety themes for 2023/24
- Agreement on the methodology/approach towards Organisational Safety Culture Assessment
- Consideration and agreement of oversight arrangements as the Lead Provider of the Provider Collaborative

6.0 Safety Summit

In line with the move towards the PSIRF way of working, a new process has been devised to support wards and service areas where intelligence indicates safety or quality concerns. This approach is defined as a Safety Summit. Broadly this is a framework that encompasses a review of specific datasets that give an overarching and holistic view of how a service area/ward are functioning. This information is reviewed in collaboration with key stakeholders aligned with the service at all levels and is multi-disciplinary in nature. Supporting the review will be key members of the corporate team who can facilitate/collaborate in bringing in required changes to support the service requirements. A more detailed outline of the framework is provided in Appendix 1.

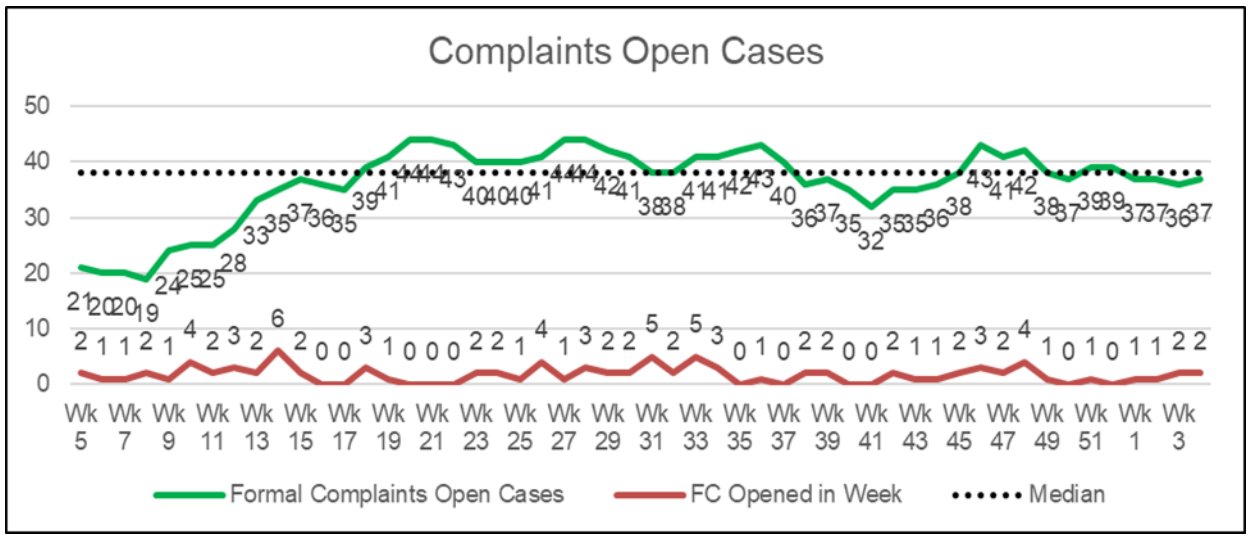
A number of wards have been put forward by Divisions to pilot this approach with the 1st Summit due to run in April.

7.0 Patient Engagement and Experience

7.1 Complaints

The table below indicates the number of open complaints cases over the last 12 months period;

It is noted that Complaints Open cases remains at a consistent rate at around 37 - 40 per month.



It was reported through QPESC in January that a deep dive review of open complaint cases revealed that 61% of cases were awaiting an Investigating Officer (IO). Furthermore, some complainants were waiting up to 4 months to have an IO allocated to them.

Following considerable work in this area during the month of February the numbers have been reduced to 38%. This has been enabled through the use of Bank working and training of additional IO's with capacity. The timeline for bringing back waiting times in line with policy standards was identified as the end of May 2023, however there have been some concerns raised by the Complaints Lead that this timeline may not be achievable under current workload pressures therefore a temporary uplift to resource has been agreed by the Executive Director of Nursing, Quality and Safety to support closure of the backlog and enable focused attention moving forwards. Progress in this area will be monitored through formal committee reporting.

Additionally, the data continues to evidence that the average length of time taken to investigate complaints is between 75 – 81 days (excluding weekends and bank holidays). Whilst recognising the complexity of some of the current complaints, it is proposed that this is not in line with best practice standards. It is anticipated that managing the backlog successfully will support a significant decrease in the length of time to investigate, and work on monitoring this is ongoing by the Complaints Lead.

Moving forwards into February the practice of reviewing complaints in terms of upheld/ partially upheld/not upheld has ceased. This has been approved by the Chief Nurse and CEO and has had cross-divisional support.

7.2 Thematic Reviews

There has been limited work undertaken around thematic reviews of complaints and learning to date and a comprehensive review will be included in the report for Aprils QPESC. This will enable the committee to be sighted on the last 6 months of

complaints data, and what has been the learning and impact of these complaints. Contained within this review will be health inequality data to give further insight into this area also.

7.3 PHSO and CQC formal complaints

There has been one formal PHSO and CQC formal complaint raised in this reporting period – these both relate to section 117 aftercare arrangements and actions including team training and development and work through the provider collaborative have been agreed in response

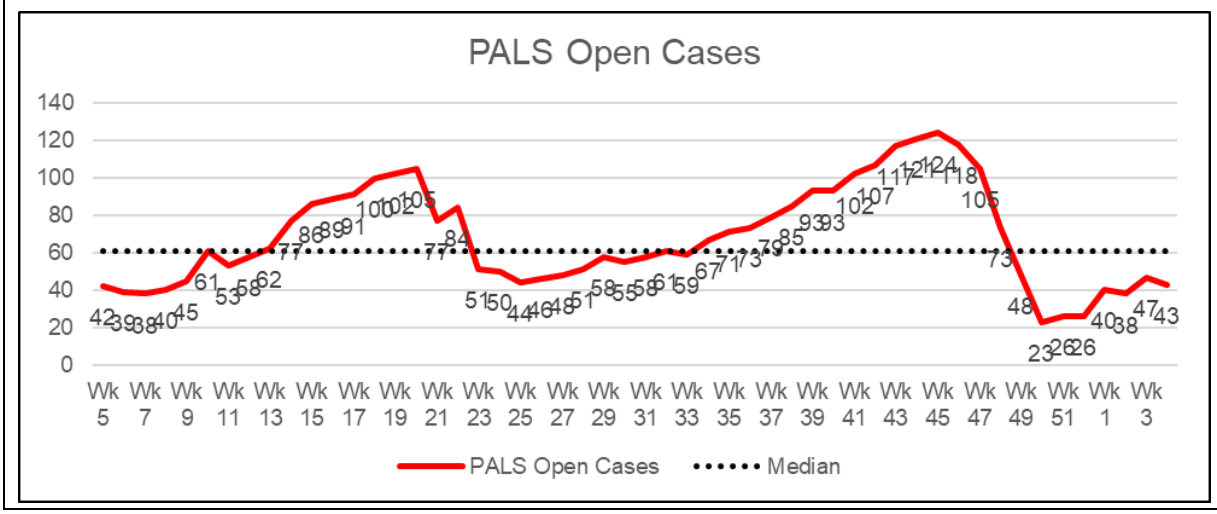
It has been identified that unlike formal complaints that come through directly to the Complaints Team the tracking of actions for formal CQC complaints and PHSO complaints has not been consistent with some gaps in oversight arrangements in place. This was rectified immediately by the Complaints Lead with a tracker put into place and regular meetings to review progress against outstanding actions.

7.4 Complaints Actions

A deep dive on outstanding actions from complaints was undertaken during January. It was evidenced that the organisation has a total of 36 complaints actions open currently and furthermore evidences that 84% of complaints actions are currently overdue for completion with some actions over 18 months old. Reasons identified for this have been multi-factorial in nature and include gaps in reporting transparently and effectively to Divisions and internal process around automatic allocation of timelines for actions, which can potentially appear unrealistic. Work is underway to address these areas within the complaints department and the team will work collaboratively with the Divisions and Clinical Governance Facilitators to close down outstanding overdue actions. A timescale for this piece of work has not yet been established but will be reported on through formal committee reporting.

7.5 PALS Data

The table below indicates the number of PALS cases reported on a weekly basis;



- Whilst PALS open cases have increased resolution time has remained low identifying successful use of PALS to resolve informal level complaints.

- The main themes identified through PALS contacts are appointment availability issues, and staff attitudes towards service users in that they don't feel like they aren't being listened to.

Safety Summit framework

Birmingham and Solihull Mental Health NHS Foundation Trust

Safety Summit Framework

What It Is:

- ✓ Meeting with key stakeholders to review specific metrics that help us to measure the safety climate on a ward or clinical area.
- ✓ Focus on a range of metrics including; patient safety incidents, safeguarding incidents/contacts, workforce metrics, patient experience/complaints, associated F2SU or whistleblowing, externally commissioned reviews, health care inequality data etc
- ✓ Chaired by the Associate Director for Nursing and Governance, support services including Patient Safety, Safeguarding, QI Complaints in attendance
- ✓ Information sent to stakeholders a week in advance in lieu of the meeting
- ✓ Opportunity to support locality and divisional oversight and understanding of quality metrics
- ✓ Agree trajectories for improvement in areas of lower performance
- ✓ Escalate areas of required support to achieve improvement

Safety Summit Framework

What It Is Not:

X Punitive

X Restrictive

X Divisive/Unhelpful

X There to exercise command and control or to stifles ownership and engagement

X Set Unrealistic Targets or Performance Management

Metrics Reviewed

Patient Safety

1. SI Profile 6-12 months – Actions required
2. DOC Compliance – Outstanding DOC
3. SI Actions Open - % Overdue
4. Associated coroners/PFD findings
5. LFD reviews/findings
6. Local Investigations profile 6-12 months, grading of harm, category, and numbers of incidents open/pending investigation
7. Falls/PU's/Safeguarding incidents/referrals

6 Local Investigations Overdue

Patient Experience

1. Complaints and PALS profiling – numbers of complaints/concerns. Themes/trends/outstanding actions.
2. FFT data. Compliments/Feedback

F2SU/Whistleblowing

1. Thematic review of any concerns raised through the F2SU or whistleblowing route. Actions taken to address.

Metrics Reviewed

Workforce Metrics:

1. Current Establishment including vacancy/turnover last 12 months
2. Staff sickness levels
3. Review of Staffing Incidents including staffing shortages, Staff on staff abuse, staff on patient abuse, patient on staff abuse
4. Number of staff grievances/disciplinary's over the last 12 months – themed review including outcomes
5. Mandatory Training Compliance – breakdown of compliance metrics by core subject
6. Exit Interview Feedback – actions taken
7. Student Nurse/AHP feedback

External Reviews

1. Any externally commissioned reviews of the clinical/service area – associated actions

Notable Practice

1. What are the ward/service doing well?

Safety Summit Framework

Summit Timetable:

- Meeting with Divisional SLT to agree approach
- Once confirmed 4 weeks to collate information packs. This can be shortened dependent on urgency of the summit.
- Information packs sent out to Key stakeholders including, Ward Manger, Matron, Divisional SLT, if agreed nominated Consultant(s), Safeguarding leads, and Corporate Services attending - 1 week prior to summit
- Summit convened no more than 6 weeks after initial stakeholder meeting
- Actions agreed as part of summit with timescaled action plan.
- Review meeting scheduled 8-12 weeks post summit to review progress on action plan.

8. PEOPLE

8.1. (a) People Committee Chair’s Assurance Report February

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 8.1 (a)**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	5 April 2023
Author	A. Baines, Non-Executive Director (Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

This paper is for: ***[tick as appropriate]***		
☐ Action	☐ Discussion	☒ Assurance

Executive summary

The People Committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

To demonstrate the effectiveness of the assurance process for the Trust's People agenda and to escalate any key issues.

Strategic objectives/ priorities

People
Creating the best place to work and ensuring that we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

Financial implications

People are the Trust's largest area of expenditure.
The committee did not make any key decisions of a financial commitment

Risks

The key risk discussed with the Committee related to safer staffing and the shortage of registered nurses across the Trust.

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

ISSUES TO HIGHLIGHT TO THE BOARD

Quarterly Performance Indicators

The Committee was presented with a report to provide assurance on actions being taken to address concerns around People KPIs aligned to the Shaping our Future Workforce and Transforming Our Culture Strategic Aims under the Trust's People Strategic Priority.

The Committee noted the main points for escalation as:

- High levels of vacancies continue to be a significant issue across Trust, especially in Nursing and Occupational Therapists.
- Extremely poor performance around the percentage of rosters finalised within 6 weeks. Only wards achieved this across entire quarter.
- The Trust has seen a drop in appraisal rates over this quarter. This has coincided with the launch of the new appraisal system. A recovery plan has been put in place.
- Positive progress with EDI data were noted with increases in BME staff at band 8a and above. 60% of all offers in Q3 were to BME candidates, drop in both WRES and WDES measure. WDES to show that disabled applicants are more likely to be offered that non-disabled applicants.
- Sickness levels continue to be high. High levels of sickness are due to stress, anxiety and depression.
- Trust has seen a large increase in Dignity at Work cases in Q3 – a rise from 8 to 18 in Q3 – Q4 due to a change in reporting.

Chair's Assurance Comments:

The continuing issue of vacancies remains a significant concern as well as the cost of temporary workforce cover. Although there are positive developments and actions, including the appointment of increasing numbers of overseas colleagues committee members reiterated their concerns, particularly on the wellbeing of existing staff.

Committee were very dismayed to hear of the poor performance in 6 week rostering. Although the data was being checked it was clear that a plan for improvement was needed. Members reiterated that an effective forward plan for work commitments contributed to a feeling of security and value for colleagues.

The Committee were pleased to hear that an improvement action plan was being developed following a drop in colleague appraisal rates, again a mechanism to show value and support to colleagues and their development. Members stressed that training for appraisers was key.

Committee were advised that because of a change in measure the numbers for Dignity at Work cases had increased. The new measure reflects the number of people against which a case may be investigated i.e. possibly more then 1 or a team. This would reflect the degree to which 'group think' or systematic issues can be identified.

Finally, members requested a reflection used regarding language and terms used for specific groups i.e. EDI etc. It was suggested that the Networks be used to agree the appropriate wording based on their discussions.

Overall the Committee were partially assured on the work underway to address issues but asked that a clearer journey to improvement rather than target achievement be demonstrated.

Deep dive – focus on staff wellbeing

The Committee received a detailed presentation on staff wellbeing noting the salient points as:

- Progress to date
    - Development of an established Health & Wellbeing steering group (currently refreshing membership)
    - Member of the ICS Health & Wellbeing group (currently on hold)
    - Access to regional and National offers via webinars, drop in sessions
    - Appointment of Wellbeing guardian
    - Communications improvements
- Our offers
    - Physical and Mental Health offers
    - 30 minute lunchtime workshops
        - Sleep
        - Emotion Regulation
        - Managing Anxiety
        - Winter Blues
        - Chronic Stress and Compassionate Self-care
        - Vicarious Trauma
    - Yoga
    - Additional support from occupational health
    - Access to Bsol staff Mental Health and Wellbeing hub
    - Compassionate Mind training
    - Know your numbers clinics
    - Post Incident support offer
- Financial support offer
    - Financial support letter to all colleagues
    - City save
    - Dry goods pantries
    - Annual leave sales scheme
    - Supporting increased fuel costs
    - Fast track access to citizens advice bureau
    - Partnering with Relate and Aquarius
    - Signposting to discount websites

The Committee noted the functions in place to monitor the progress going forward will be through the staff survey results and the development of a bespoke anonymous questionnaire.

Chair's Assurance Comments:

The Committee received a detailed presentation of the work underway to address wellbeing issues across the Trust. This was important given our performance in sickness rates is not good and that increasing numbers of colleagues are experiencing stress and anxiety. This further reiterated discussions earlier in the meeting regarding the roles of the organization to ensure that processes, procedures and training exist to support all colleagues to do their job and feel fulfilled and valued everyday.

Committee thanks colleagues for the presentation and the work they are doing which was highly valued. Members added that our approach of the BSMHFT family is more important than ever and needs to be felt throughout the Trust.

Committee were assured that work was underway to address the key wellbeing issues.

Quarterly Report - update on Workforce Planning

The Committee noted the report and noted this has been received to provide an update and assurance to the People Committee on progress made in establishing a Trust wide workforce plan for the period 2023/24 further to the discussion at December's Committee meeting.

The Committee noted the key focus for 2023/24 - and immediately beyond - remains building on what has been achieved to date by further embedding good practice in workforce planning. This will be achieved by:

- Engaging routinely with divisional and professional leaders in improving the internal cohesiveness of workforce planning activity and 'initiative effectiveness' impact monitoring across the Trust
- Developing priority schedules for progressing agreed recruitment and retention initiatives – and regularly refreshing / updating ideas
- Concerting planning efforts on the development of 'grow your own' pipelines for best securing the future supply of staff, particularly in 'hard to fill' posts – including the shaping of new job roles / ways of working
- Working closely at a system level to both ensure that BSMHT's workforce needs are known and, wherever possible, secure resources support in filling our workforce gaps
- For 2024/25 and beyond, looking to adapt BSMHT's workforce planning cycle so that plans are developed by November of each year (avoiding the worst of winter service delivery pressures)

The adopted short-term plan (up to April, 2023) will focus on:

- Working with divisional and professional leaders to preparing a Trust wide 2023/24 workforce plan
- Giving particular attention to building on existing staff retention measures – starting from a 'getting the basics right' approach
- Completing work already in hand to ensure that there is a single Trust wide directory of all recruitment and retention initiatives in place
- Completing the establishment of a 'Recruitment and Retention' Sub Committee
- Supporting / briefing local managers on the benefits of taking a planned approach to workforce management
- Ensuring that a workforce planning approach is embedded within wider Trust OD / culture change / learning & development plans for 2023/24
- Submitting a team bid to participate in the HEE 'workforce planning masterclass' programme scheduled to start in March 2023

Progress against each element of the short term plan was noted as positive.

Chair's Assurance Comments:

Committee received a detailed and confident report regarding the workforce planning process currently underway. Important issues raised included the significant involvement of frontline colleagues in consideration, the role and contribution of transformation of models of deliver based on changing workforce supply and recruitment and retention.

Committee were assured regarding the processes in place but emphasized that the impact of initiatives and understanding their contribution towards an improvement was essential to gaining assurance regarding delivery. It was hoped that the Workforce Plan when finailised would provide some of this for monitoring.

Review of Forward Planner

The Committee received the revised forward planner for approval.

Chair's Assurance Comments:

Following a proposal to Committee it was agreed that the Committee would introduce a monthly section to the meeting reflecting a story from a member of staff or from the Networks. It was felt that this would, as in other key meetings, ground the Committee in the key workforce and wellbeing issues facing colleagues each day.

Review of Terms of Reference

The Committee received the revised terms of reference for approval.

Chair's Assurance Comments:

The In Attendance section would be revised to reflect the actual attendees at the meeting.

Matters of escalation to the Board

There were no matters of escalation to the Board.

ANNE BAINES
NON-EXECUTIVE DIRECTOR

8.1.1. (b) People Committee Chair’s Assurance Report March

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 8.1 (b)**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	5 April 2023
Author	M. Shafaq, Non-Executive Director (Vice Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

This paper is for: ***[tick as appropriate]***		
☐ Action	☐ Discussion	☒ Assurance

Executive summary

The People Committee met on the 22 March 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

Reason for consideration

To demonstrate the effectiveness of the assurance process for the Trust's People agenda and to escalate any key issues.

Strategic objectives/ priorities

People
Creating the best place to work and ensuring that we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

Financial implications

People are the Trust's largest area of expenditure.
The committee did not make any key decisions of a financial commitment

Risks

The key risk discussed with the Committee related to safer staffing and the shortage of registered nurses across the Trust.

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

ISSUES TO HIGHLIGHT TO THE BOARD

Monthly Key Performance Indicators

The Committee received a detailed report and noted the salient points as:

- The vacancy rate in January has decreased to 13% by 0.9% but is still above the KPI target of 6.0%. Our headcount grew by 25.5 WTE between December and January 2023.
- Turnover has decreased slightly to 10.69% in January from 10.84% in December.
- The bank and agency fill rate increased to 84.5% in January from 83.3% in December. The bank fill rate remained relatively stable, as did the agency fill rate.
- Appraisal rates have increased to 73.4%* in January 23. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19.
- Fundamental Training increased to 93.4% in October from 93.1% in September, an increase of 0.3%.
- Sickness absence saw a decrease in January 2023 to 6.31% from 7.15% in December 2022. Non-covid related sickness absence decreased by 0.7% to 5.69% in January and Covid-19 related sickness absence decreased by 0.15% to 0.62% in January from 0.77% in December. Short term sickness absence decreased by 0.29% to 2.85% in January. Long term sickness absence in January 3.45% is a decrease of 0.57% from 4.02% in January.
- Bank FT compliance has increased to 82.1% in November which is over the target
- BSMHFT was selected in October 2022, along with 15 other Trusts nationwide, to be part of the NHSE Overhauling Recruitment project working collaboratively with each other to collate ideas and improve the Selection section of each Trust's Recruitment Process. This work started in December 2022 and 4 workshops so far have been productive with a view to streamlining the process. This has led NHSE to being able to collate strategies with a view to being able to roll out amendments and guidance for improvement over the coming months.

Chair's Assurance Comments:
Whilst there has been some positive movement with a number of KPI's, the committee could only take partial assurance from the report due to the actual performance reported. The Trust is working in very challenging circumstances with the recruitment to nursing in particular, being a national issue. The Committee were assured however that the representatives were doing all they can to address these issues and it will be particularly interesting to see what may come out of the work as part of the NHSE Overhauling Recruitment Project.

Gender Pay Gap Report

The Committee received a detailed report on the gender pay gap and noted The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public bodies with 250 or more employees on the snapshot date of 31st March of any given year to report their gender pay gap.

We have grown our substantive workforce by 88 colleagues with a very small percentage increase of women's representation from 70.9% (3386 in 2021) to 71% (3451 in 2022).
Our gender pay gap for 2022 is 8.76%, with a median of 1.56%; reduction on mean of 9.07% and an increase on the median of 0.00% reported in 2021.

The bonus gender pay gap has reached equity.
The mean age pay gap has increased for women aged 51+ in 2022.
The mean ethnicity pay gap has increased from 4.18% in 2021 to 5.53% in 2022.
The mean disability pay gap has decreased from 9.5% in 2021 to 4.98% in 2022.

The sexual orientation pay gap has moved from 0.33% in 2021 to -1.82% in 2022.

The Committee noted the recommendations as:
- Utilise gender pay gap to increase understanding in the importance of accurate data and self-declaration.
- Socialise the gender pay gap information across Divisions to enable informed decisions, awareness and ownership.
- Encourage Divisions to explore their own internal data.
- Intentions are to reduce the pay gap across the protected characteristics through informed decision making.
- Explore positive action approaches through intersections.

Chair's Assurance Comments:
The Gender Pay Gap Report was felt as providing partial assurance in line with the discussions above.

Report from Transforming our Culture and Staff Experience

The Committee noted the report and were assured the Sub-committee met on 2nd February 2023 and 2nd March 2023 with focused attention:
- Reframe of Inclusion Advisors provision
- Inclusive recruitment
- Gender Pay Gap
- People's Policies
- Pulse Report
- Workforce KPIs

The Committee was asked to note the work undertaken by the Sub-committee, with the following points with no items for escalation:
- Increasing levels of triangulation of colleague experience data across all workstreams monitored by the Sub-Committee. This is providing confidence on the approach taken towards developing assurance and impact of the interventions in place.
- The Gender Pay Gap report and the intention for the learning from this year's report to be integrated within the workforce data reports
- The re-framing of the Inclusive Recruitment approach
- Recognition of the efforts being made across the organisation to reduce sickness absence.

Chair's Assurance Comments:
The Committee were assured that this work was moving in the right direction and acknowledged the progress made to date.

Staff survey results

The Committee had a focused discussion on the staff survey results.
The full results from the 2022 NHS Staff Survey have been delivered.

These results show that our employees' overall experience of being part of BSMHFT has marginally declined year on year; significantly so with regard to the themes of being recognised and rewarded and overall morale. The committee noted this follows on from a decline in 2021.

The results are already being shared on a team-by-team basis. Teams are being assisted to analyse and reflect upon their individual scores and to take actions to make changes. Our People and OD Department is also reflecting on the results, engaging with colleagues and deciding what it means in terms of adapting our

ongoing people-focused work programmes.

The Committee were assured that as we share the results more widely, we will listen to views across the organisation to develop specific plans in response. This will mean we can clearly say what we said and did at both a corporate level and at a team level.

Colleagues on the People Committee were asked to note these results and the recommended actions and to agree that the results are shared with Board on 5 April. It's recommended that a further report setting out our finalised response and actions to date will come to People Committee later in the year.

Chair's Assurance Comments
It was disappointing to note the response to the staff survey and that overall staff experience had declined. It was noted however that there appeared to be confidence in staff reporting poor experiences (whether that be formally or via the survey) which is likely to mean that results will be worse before we start to see a positive shift. The Exec were asked to set out how they would demonstrate in year improvements or changes given that the survey is carried out annually. It was felt that only partial assurance could be taken given the discussions above.

WRES report

The Committee received the report and noted the key salient points as:

- The Race Disparity Ratio for the non clinical workforce, middle to upper level is lower than the national and regional ratio, ranked in the top 18% of all UK Trusts.
- The Board representation is ranked in the top 5% of all Trusts in the UK
- The lower to upper ratio for the clinical workforce is considerably higher than the regional and national ratio. Ranked in 5th percentile.
- The likelihood of being appointed from shortlisting for Black, Asian and Minority Ethnic
- colleagues is the worst in the region and ranked in the 68th percentile.
- The experience of harassment, bullying and abuse from patients, relative or the public across the Trust is considerably worse than the regional and national experience for all staff.

Chair's Assurance Comments:
The WRES Report was felt as providing partial assurance in line with the discussions above.

Report from Shaping our future Workforce sub-committee

The Committee received a report that detailed the progress made within the named workstreams that sit within the People Strategy Implementation Plan. The Shaping Our Future Workforce Sub Committee received reports on these workstreams from workstream leads on 6 February and 6 March 2023.

The Committee received confirmation that the previously action plan relating to the delivery of the workstream had progressed well. It was confirmed that the following actions had been completed during the last quarter:

- Flexible Working Policy had been ratified by the Trust.
- The policy had been socialised via a rigorous staff engagement and communication campaign.
- People Business Partners were now attending meetings between the line manager and flexible working applicant to support the discussion and provide flexible working suggestions for consideration.

- Systems are in place to record and analyse the outcomes of flexible working requests by division and directorate.

The Committee received a verbal update advising that the project plan for this workstream is on the agenda for the March 2023 Strategy and Transformation Board to seek approval.

The Committee were pleased to hear of the progress made to date, and noted that the decision of the Strategy and Transformation Board would be pivotal to clearly defining timescales for delivery. Due to the high interdependency on the decision of the Strategy and Transformation Board, the sub-committee were partially assured of progress within this workstream.

The Head of Programmes within the Strategy, People and Partnership Directorate is undertaking a review of its People Goals for 23/24, by engaging with People related sub-committees, stakeholders and colleagues to help ensure that the People Goals for the forthcoming business year are appropriately reflective of the current People related priorities within BSMHFT.

The Committee noted there were no matters of escalation to be noted and acknowledged the progress being made by the specific workstreams of the People Strategy Implementation Plan.

Chair's Assurance Comments:
The committee were assured by this report.

<u>System workforce report</u>

The Committee received the report and noted the contents.

Workforce capacity continues to be a most significant challenge for BSol, which is evidenced through staff in post numbers continuing to be below operational plan, increasing bank and agency utilisation, high rates of turnover, alongside increasing sickness absence rates remaining above the pandemic level. There are specific areas of concern around nursing and midwifery workforce with Staff in Post below March 22 levels and vacancy rates remaining high. BSol ICS continues to buck the regional trend which has shown sustained growth with figures now above the March 2022 position.

Overall, BSol ICS is performing below the expected levels described in the latest Operational Plan for Substantive Staff in Post. However, there has been an overall increase in substantive staff across BSOL ICS in November 22 compared to the previous month. Nursing and Midwifery Staff Group has seen a positive trend since September 22 to November 22 with an increase of 178 WTE across BSOL ICS. Before this there was a consistent negative trend in this staff group between March 22 to September 22. The arrival of International Nurses and commencement of newly qualified nurses during November 22 and December 22 has helped support the growth.

Agency Usage still continues to see an overall increase month on month over the last 12 months across BSOL ICS. With a consistent increase in the following staff groups; Nursing and Midwifery, NHS Infrastructure and Clinical Support.

Sickness Rates remain steady across BSOL ICS remaining between 6.3% to 6.7% from April 22 to November 22. However only UHB and ROH remain within their Sickness Rate targets set out in the operational plan.

Turnover Rates remain high across most of the providers within BSOL ICS. With all providers except BSMHFT above their targets set out in their operational plans.

Chair's Assurance Comments:
The Systems Workforce Report was felt as providing partial assurance in line with the discussions above.

Safer staffing report

The Committee received a detailed report and noted the salient points as:

International recruitment is continuing to go well with the next bid being compiled for the funding for 2023/24, We have been made aware that we will be able to recruit 20 international nurses. For reassurance this is based on those that arrived between the 1st April 2023 and the 30th November 2023. With those interviewed so far, 80.6% have been successful, however 20% of those withdrew. Those who have been unsuccessful were advised they could be interviewed again later. We are working closely with Attwood Green for OSCE training, and we are supported by the Lead Clinical Educator. We now have two international recruits in the UK. We are expecting 5 to arrive on the 21st Aprill. We have been working alongside the ICS to ensure that we have developed good pastoral package. It has been highlighted a piece of work being completed around retention as data from other Trusts shows that international recruits do leave after 1 year if there has not been any development. This will be something that would be picked up as part of the Recruitment and Retention Group.

The e rostering project meets once per month. We now have a timeline of upcoming work over the next 12 months. The workforce team have been requested to provide their availability so we can now begin the training and update managers in some cases of the current allocate system we use. This is to ensure that managers and deputy ward managers understand the allocate system. This is to ensure that we are provided with assurance around safe staffing and concerns are being escalated where appropriate. The workforce team will also providing a monthly drop in session trust wide; this will be held via teams or clinically on site. This will be in place from April 2023.
We discussed that we have asked managers to redeploy staff to the correct Rota if they are being asked to support another ward or division potentially. In interim the Lead Nurse for Safer Staffing and workforce have offered to support with these amendments.
The team are currently delivering Safe care. We have this up and running at Tamarind and Reservoir Court. Barberry received the training on the 16th March 2023. Safe care will provide us with real time information of our staffing levels. It will allow staff to input professional judgement. The 8A and above will be able to override the professional judgment should anything change. The system will also allow to report short staffing incident. We will be able to pull reports regularly from this and will be in a position to report on what is happening on the wards where there has been staffing deficits.

Chair's Assurance Comments:
The Safer Staffing Report was felt as providing partial assurance in line with the discussions above.

Integrated Performance Report

The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:

- FPP
    - CPA with formal review in last 12 months
    - IAPT seen within 6 and 18 weeks
    - Out of area bed days

  - CPA 7-day follow up
  - Referrals over 3 months with no contact
  - CIP delivery
- People
  - Bank and agency fill rate
  - Appraisals
  - Sickness absence
  - Vacancies
- QPES
  - Staff assaults

Bank and agency fill rate- There will be little change with the current bank and agency fill rates unless there is a significant decrease in the number of bank shifts being requested. Action to improve recruitment and retention to employ new staff in line with the workforce plan as well as filling existing vacancies will support improvement on this metric.
Demand on bank shifts continues to be high with on average, nearly 18,000 shifts being requested each month.

Appraisals- A new appraisal system has been recently introduced which has had an impact on performance. This also means that appraisals during this year will be recorded in 2 different systems which makes monitoring challenging.
A recovery plan has been developed which will include further targeted work, webinars and support to operational staff in navigating the new process on ESR.
It has also been noted that there are a number of appraisals which have been created but not finalised. L&D staff will be reviewing these to assess levels of completion.

Sickness absence- The trajectory has incorporated seasonal impact variations to reflect previous summer and winter trends.
The Trajectory has also been informed by NHS Digital data for NHS Mental Health Trusts in terms of long term and short-term trends.
The people team are working with managers to support the management of long term sickness cases through a wide range of actions.

Vacancies- The HR lead has confirmed that the workforce plan for 2023/24 is being finalised as part of the national planning round. Once growth figures are established a phased trajectory will be developed and will be provided to FPPC on completion.

Chair's Assurance Comments:
The committee acknowledged the proactive progress being made and assurance was received. A general discussion took place about the importance of social media and comms general as a way to attract potential staff – positive stories from a diverse range of individuals at different levels within the organisation would provide a good insight into what it is like working or the trust.

<u>Oversight Framework - BSOL draft</u>

The Committee received the Oversight Framework letter and noted that the Midlands Regional Support Group made a decision to maintain segment 3 for BSMHFT.

Chair's assurance comments:
The committee noted the content of the report

Review of Terms of Reference

The Committee received the revised terms of reference for approval.

Chair's Assurance Comments:
The committee approved the terms of reference.

Forward Planner

The Committee received the forward planner for approval.

Chair's Assurance Comments:
The committee approved the forward planner.

Freedom to Speak Up Report

The Committee received the detailed update on activity from the Trust's Lead Freedom to Speak Up Guardian (FTSUG) covering the period from the last Board report in July 2022.

The Freedom to Speak up Guardians have received 106 speaking up concerns between October 2022 and December 2022. This is over a four- fold increase with a further 81cases compared to the same period last year.

The Committee were pleased to learn that enquiries continue to increase significantly suggesting an increased awareness and confidence in the Guardians as an alternative route.

Workers from a range of professional backgrounds have raised concerns but our Nurses continue to account for the biggest portion accounting for 28% of the overall number raised. This is in line with the national figure of 29%.

Concerns which have an element of inappropriate attitudes and behaviours make up the highest proportion of concerns accounting for 56%. This is a new category, and we have no comparisons yet.

The Lead Guardian and the Executive lead for FTSU are working on the Reflection and Planning exercise, a gap analysis tool enabling the organisation to identify its strengths and areas for development (with timescales).

Chair's Assurance Comments:
The report was noted by the committee.

Matters of escalation to the Board

There were no matters of escalation to the Board.

MONICA SHAFAQ
NON-EXECUTIVE DIRECTOR

9. SUSTAINABILITY

9.1. (a) Finance, Performance & Productivity Committee Chair’s Assurance Report February

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.1**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	5 April 2023
Author	B. Claire, Non-Executive Director, Chair
Executive sponsor	D. Tomlinson, Executive Director of Finance

This paper is for: ***[tick as appropriate]***		
☐ Action	☐ Discussion	☒ Assurance

Executive summary
The FPP Committee met on the 15 February 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues.
Strategic objectives/ priorities
Sustainability
Financial implications
Detailed within the report
Risks
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

Reach Out Sub Committee Assurance Report

The Committee received a verbal update that confirmed future assurance will be through the Commissioning Committee.

Chairs Assurance Comments: *Partial Assurance*
Whilst the changes to the leadership and governance of Reach Out had previously been discussed, a concern was raised regarding the timing of these responsibilities transferring to the (Shadow) Commissioning Board. For the long term this approach is right and sensible, however for the near term, whilst the Commissioning Board is still in 'shadow' status (and the dynamic nature of that), it was deemed a potential risk.
Committee noted this and given there is potentially one more Shadow Commissioning Board before now and April, the risk was deemed to be low.

Financial Position

The month 10 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the breakeven plan as submitted to NHSE on 20/6/22. The position comprises a £1.2m deficit for the Trust, a £14k deficit for Summerhill Services Limited (SSL) and a £208k surplus position for the Reach Out Provider Collaborative. The month 10 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Month 10 Group capital expenditure is £3.2m, which is £1.6m less than year to date plan and £1m behind the year to date revised forecast profile.

The month 10 Group cash position is £62.9m.

Work continues with finance colleagues across BSOL ICS to develop a system financial plan. Version 1 of the plan was development of the underlying financial position, for BSMHFT this is a £21m deficit. Version 2 of the plan has built in 2023/24 national tariff assumptions for inflation and efficiency. SDF income is currently held at ICB until system allocations have been agreed. The resulting version 2 plan is £38m deficit. This was submitted to the system for CFO review on 13.2.23.

Chair's Assurance Comments:
22/23 – Partial Assurance
It's likely that the Trust will achieve a break-even position for year-end, or potentially deliver a surplus. However there remains a number of dependencies that at this point in time remain unclear to provide absolute certainty.

23/24 – Limited Assurance
It was recognised that the level of 'system wide' thinking and collaboration has increased – which is a real positive. However, unless there is a fundamental shift in the way we deliver savings, the risk is that our year-on-year financial gap is only likely to increase. Neither do we appear to have a long-term savings plan that would provide adequate levels of assurance.

The committee challenged based on how the Trust plans to address this and what are the big-ticket opportunities and/or behavioral changes necessary to develop credibility and assurance. A productive conversation took place that discussed alignment to the delivery of the transformational elements of Trust's strategy, the introduction of Service Line Reporting, developing a Trust-wide culture around continuous improvement and more structured/programmatic approach to delivery.

Integrated Performance Report

The Committee received the Integrated Performance Report and noted the salient points:

FPP
- CPA with formal review in last 12 months
- IAPT seen within 6 and 18 weeks
- Out of area bed days
- CPA 7-day follow up
- Referrals over 3 months with no contact
- Monthly agency expenditure

People
- Bank and agency fill rate
- Appraisals
- Sickness absence
- Vacancies

QPES
- Staff assaults

Chair's Assurance Comments: *Partial Assurance*
Good progress towards the year end continues, however the fundamental issues underpinning our ability to address out of area beds, bank/agency expenditure and the lack of recurrent saving opportunities remain. The committee challenged the need for greater clarity on the 'get well' plans, in particular clarity on when the current action plans will start to make a positive impact.

Capital Programme Proposals 2023/24

The Committee received the report and noted the reasons for recommendations.

The deadlines and timetables for operational colleagues to prioritise capital expenditure for 23/24 have slipped, meaning that we do not have a full list of capital expenditure for the year.

The Committee noted the report is seeking approval for the items that the Trust have been notified of:

Pre-commitments for approval
£2,000,000 – SSBM (Statutory Standards and Backlog Maintenance)
£930,000 – ICT

£1,250,000 – CAMHS Seclusion Suite
£400,000 – Completion of door sets

For prioritisation against risk assessment list (indicative allocation of £6,246,000)
£1,670,000 – balance of capital allocation
£500,000 – Allowance for slippage
£2,170,000

An additional £500,000 has been added to the allocation for prioritisation to allow for any slippage or VAT reclaim.

Chair's Assurance Comments:
The committee approved the items as per above, however it was noted that a complete view of the Trust's capital plan for 23/24 be presented at the next FPP. It was also noted that the capital planning cycle is clearly included in the Trust's annual business calendar.

Review of Terms of Reference

The Committee received the revised Terms of Reference for approval.
The Terms of Reference were approved subject to minor changes.

Chair's Assurance Comments:
In respect to the references to a Financial Strategy and Investment Strategy within the Terms of Reference. Either appear not to be explicitly documented, ie outside of the ToR, Financial Strategy is loosely referenced as the Trust's 'budget setting process', and it's Investment Strategy as 'placement of cash balances'. The importance of both strategies was recognised, particularly their importance in the Trust's management of financial risk.

The committee challenged the reference to section 3.4 – 'leading on monitoring of controls and assurance to the Sustainability sections of the BAF'. Whilst it is understood that other committees and areas of the governance structure would have overall responsibility for the respective section of the BAF, it was unclear how Productivity and Performance aligned to the Trust's other strategic priorities.

Board Assurance Framework

Chair's Assurance Comments:
The BAF was discussed, and David Tomlinson and David Tita were requested to review the financial challenges discussed during the meeting against the current risk narrative. In particular, the 23/24 financial savings challenge and the apparent lack of a long-term savings plan (ie through strategic transformation) appeared to be less explicit within the Trust's risk profile.

BAL CLAIRE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

9.1.1. (b) Finance, Performance & Productivity Committee Chair’s Assurance Report March

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.1 (b)**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	5 April 2023
Author	B. Claire, Non-Executive Director, Chair
Executive sponsor	D. Tomlinson, Executive Director of Finance

This paper is for: ***[tick as appropriate]***		
☐ Action	☐ Discussion	☒ Assurance

Executive summary
The FPP Committee met on the 22 March 2023. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues.
Strategic objectives/ priorities
Sustainability
Financial implications
Detailed within the report
Risks
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

Financial Position

The month 11 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the breakeven plan as submitted to NHSE on 20.6.22. The position comprises a £1.2m deficit for the Trust, a £37k deficit for Summerhill Services Limited (SSL) and a £229k surplus position for the Reach Out Provider Collaborative. The month 11 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

Month 11 Group capital expenditure is £7m, which is £1m ahead of year-to-date plan and £1.5m ahead of the revised forecast profile. The committee thanked the team in their commitment and efforts in driving forward the Trust's capital programme.

The month 11 Group cash position is £65.2m.

The Committee noted on the 23.3.23 the draft 2023/24 revenue plan was submitted to NHSE at a deficit of £8m. The draft financial plan submitted by the system was a deficit of £120m. The final plan submission is due on 30.3.23. System conversations are ongoing with the aim of closing the £120m gap.

The draft 5 year capital plan was also submitted on 23.2.23. The draft capital plan submitted for 2023/24 was £7m (this is based on £6.2m capital envelope plus a notional allocation of £0.7m being a fair share of the system capital investment fund (SCIF) – actual allocation of the SCIF is still subject to system review and agreement ahead of the final plan). In the absence of confirmed capital envelopes for future years, the capital plan for the 4 years from 2024/25 to 2027/28 has been submitted as £6.2m in line with our 2023/24 capital envelope. It was recognised that whilst capital funding will be challenging both within the Trust and across the system, the committee felt reasonably assured that the shape of the plan was a realistic as can be.

Chair's Assurance Comments:

22/23 – Reasonable assurance

It's likely that the Trust will achieve a break-even position for year-end, or potentially deliver a surplus through year-end I&E recovery. The committee challenged the Trust to provide greater financial assurance in terms of year-end outcomes a lot earlier on 23/24, and not necessarily leave things till M12.

23/24 – Limited Assurance

A meeting took place on 10th March 2023 between the Execs and Non-Execs to discuss the alignment between the Trust's strategic priorities and how each will contribute towards delivering financial headroom. Whilst there was recognition that this is necessary, the Trust hadn't previously looked at the strategic priorities in this context, and therefore currently there is no pipeline of opportunity being developed through the strategic workstreams. It was agreed that the team will start to pursue this approach/mindset and consider a first draft of a view for the Strategy review at the June Trust Board. Note – the strategy review will come to FPP in

May, ahead of the June Trust Board for comment.

Integrated Performance Report

The Committee received the Integrated Performance Report and noted the salient points:

FPP
- CPA with formal review in last 12 months
- IAPT seen within 6 and 18 weeks
- Out of area bed days
- CPA 7-day follow up
- Referrals over 3 months with no contact
- Monthly agency expenditure

People
- Bank and agency fill rate
- Appraisals
- Sickness absence
- Vacancies

QPES
- Staff assaults

CPA with formal review in last 12 months- Improvement trajectory to achieve 95% by the end of September 2023. However it should be noted that the significant staffing challenges described in the previous slide will make this target challenging for Older adult CMHTs.

IAPT seen within 6 and 18 weeks- The aim is to reach the 75% target by January 2025
The trajectory is based on the current staffing available and planned but will need to be adjusted in year to reflect success with staffing levels recruited recognising the challenging context of national shortages of this staffing group. The trajectory is dependent largely on staff recruitment. In order to be able to see more patients and thus reduce waiting times.
The Specialties deep dive meeting on the 2nd March discussed the challenges the IAPT service are currently facing and the service agreed to review their action plan to see if there are additional actions that can be put in place

Out of area bed days- Inappropriate Out of Area trajectories are being agreed as part of the national planning round for 2023/24.
A first draft has been submitted to NHSE for consideration and finalisation. An update will therefore be provided next month.
The current trajectories agreed with commissioners remain in place until the plan for next year has been formally signed-off.

CPA 7-day follow up- Maintaining a 95% standard on this qualitative metric is impacted on a combination of two key factors:
- To reduce the burden on services during Covid, we ceased the practise of confirming with other Trusts whether follow up had taken place for service users discharged to their services/area. This practise currently remains in place. Although the number of service users is small, the impact in percentage terms is high.
- Late data entry by staff on RIO is also a consistent theme, and although small in numbers, the impact in percentage terms is high. This area of data quality improvement is routinely

discussed with ward managers to minimise occurrence.

Referrals over 3 months with no contact- Due to the high number of patients waiting to be seen for a first appointment, the initial focus for the ICCR CMHTs will be to reduce the long waits focusing on service users waiting over 18 weeks. The trajectory is based on achieving a 20% reduction in the 18 week plus cohort by the end of October 2023.

In line with the report submitted to February FPPC and discussed in detail at the Specialties Deep Dive meeting on 2nd March, the service is facing significant challenges including high caseload management and long term consultant and qualified nurse vacancies impacting on the ability to see new service user referrals within 3 months. It was agreed at the Deep Dive meeting that the immediate focus of the service plan is to focus on core services and review of staffing levels to ensure safe provision across teams including implementation of recruitment and retention plans.

Monthly agency expenditure- There will be little change with the current bank and agency fill rates unless there is a significant decrease in the number of bank shifts being requested.

Action to improve recruitment and retention to employ new staff in line with the workforce plan as well as filling existing vacancies will support improvement on this metric.

Demand on bank shifts continues to be high with on average, nearly 18,000 shifts being requested each month.

Chair's Assurance Comments: *Reasonable Assurance*
The Trust remains challenged across its core financial pressures points of out of area beds, temporary staffing and recurrent savings opportunities. The committee welcomed the greater clarity and therefore assurance on the 'get well' plans that indicated a forward view of the impact trajectories.

Trust's strategy/green plan for decarbonisation

The Trust has a Carbon Net Zero plan that covers the period 2021 – 2026 that sets out the steps required to support our obligations.

The Committee received a detailed presentation that highlighted progress that the Trust has made in already reducing its carbon footprint, but identifies that gas consumption is the single largest element.

NHS has already achieved a 62% reduction since 1990 meaning the Trust's notional baseline is circa 23,000 tonnes CO2e. Note – 1 tonne of CO2 emissions is the equivalent to a return flight between London and New York, or 6000 miles in a diesel car.

The challenges and opportunities were highlighted as:

- Electricity – Achieve by default – Greening of Supply / Nuclear
- Gas – Plans needed to start to move organisations away from Gas as primary heating – Risks associated with quality of existing supply, availability, capital costs and revenue costs – focus has to be on reducing loading of electric supply before addressing boilers
- Fleet – Move to Greener Fleet being 'driven' by Availability / Lead in Times / Range / Costs
- Fleet Grey (cars owned by staff) – Pre-COVID over 2 million miles PA, £1 million in

expenses!

- Waste (0% to landfill) / Water – Already seen positive steps – CO2e numbers small

Chair's Assurance Comments: *Limited Assurance*
The committee welcomed the report and an appreciation of the 'building blocks' the team has put in place and how the programme of activity around the Trust's green credentials will develop. The committee requested future reports consider a timeline of key milestones as well as benefits/opportunity tracking. A discussion also highlighted the role stakeholders and system partners had to play, as well as the opportunities digitisation could offer. The challenge from the committee was around how the programme will influence a cultural shift (mindset and behaviours) towards green/decarbonisation.

Capital Prioritisation

The Committee received the detailed breakdown and noted the capital allocation submitted to NHSEI as part of our plan was higher than the indicative capital envelope set out. This is because the Trust has had to account for our 'fair share' of SCIF (System Capital Investment Fund).

Chair's Assurance Comments: *Reasonable Assurance*
It was recognised that whilst capital funding will be challenging both within and across the system, the committee felt reasonably assured that the shape of the plan was a realistic as can be.

Oversight Framework - BSOL draft

The Committee received the Oversight Framework letter and noted the segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the Midlands Regional Support Group at its meeting on the 23 February 2023. It was agreed that for Quarter 3 NHS Birmingham & Solihull ICB should remain in segment 3 of the NHS Oversight Framework.

Chair's Assurance Comments: *Assured*

BAL CLAIRE
CHAIR OF FINANCE, PERFORMANCE AND PRODUCTIVITY

9.2. Integrated Performance Report - Front sheet

Enclosure 1: Integrated Performance Report

Enclosure 2: Overall data

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**Item 9.2**
Paper title	**Integrated Performance Report**
Date	5 April 2023
Author	Richard Sollars, Deputy Director of Finance Gill Mordain, Associate Director of Clinical Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

This paper is for (tick as appropriate):		
☐ Action	☒ Discussion	☒ Assurance

Executive summary & Recommendations:

The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:

- FPP
  - CPA with formal review in last 12 months
  - IAPT seen within 6 and 18 weeks
  - Out of area bed days
  - CPA 7-day follow up
  - Referrals over 3 months with no contact
  - CIP delivery
- People
  - Bank and agency fill rate
  - Appraisals
  - Sickness absence
  - Vacancies
- QPES
  - Staff assaults

At the January 2023 FPPC meeting, members requested a detailed update on key factors affecting performance, actions and improvement trajectories for several metrics. These have been considered by the Performance Delivery Group and in deep dive meetings with Service Areas on an ongoing basis. Relevant Leads have provided an update on each area for FPPC

Reason for consideration:

To assure the Committee of Trust delivery against its key performance indicators and priorities and seek support for recommended improvements.

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Previous consideration of report by:
Executive Team and Performance Delivery Group
Strategic priorities (which strategic priority is the report providing assurance on)
Clinical Services, Quality, People and Sustainability
Financial Implications *(detail any financial implications)*
None
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
N/A
Equality impact assessments:
N/A
Engagement *(detail any engagement with staff/service users)*
Ongoing performance monitoring via Performance Delivery Group

Integrated Performance Report

Context

All SPC-related charts and detailed commentaries can be accessed if you are on the Trust network via

http://wh-info-live/PowerBI_report/IntegratedDashboard.html - please copy and paste this link into your browser.

Charts and commentaries for key areas of under performance are attached as appendices.

At the January 2023 FPPC meeting members requested a more detailed update on the key themes, factors affecting performance, actions and improvement trajectories for the following metrics:

- Inappropriate Out of Area Bed Days
- IAPT – service users seen within 6 and 18 weeks
- Referrals over 3 months with no contact
- Service users with a CPA review in the last 12 months
- CPA 7 day follow up
- People metrics – Vacancies, Sickness absence, Appraisals and Bank & Agency fill rates

The above areas have been considered by the Performance Delivery Group and in deep dive meetings with Service Areas on an ongoing basis. Relevant Leads have provided an update on each area for FPPC.

Appendix 1 provides an update against improvement trajectories for these metrics.

Performance in February 2023

The key performance issues facing us as a Trust have changed little over the last twelve months:

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. February's figure is 35 patients
- **IAPT** – As discussed at FPP, there is a range of issues which require a system approach to resolve and additional investment
- **New referrals not seen** – As discussed at FPP, there are a range of issues here, including the level of Neuropsychiatry waits
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. This has deteriorated as a result of COVID, but the overall divergence between individual teams has long been a concern:
- **YTD financial position** is a deficit of £0.6m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole

Quality

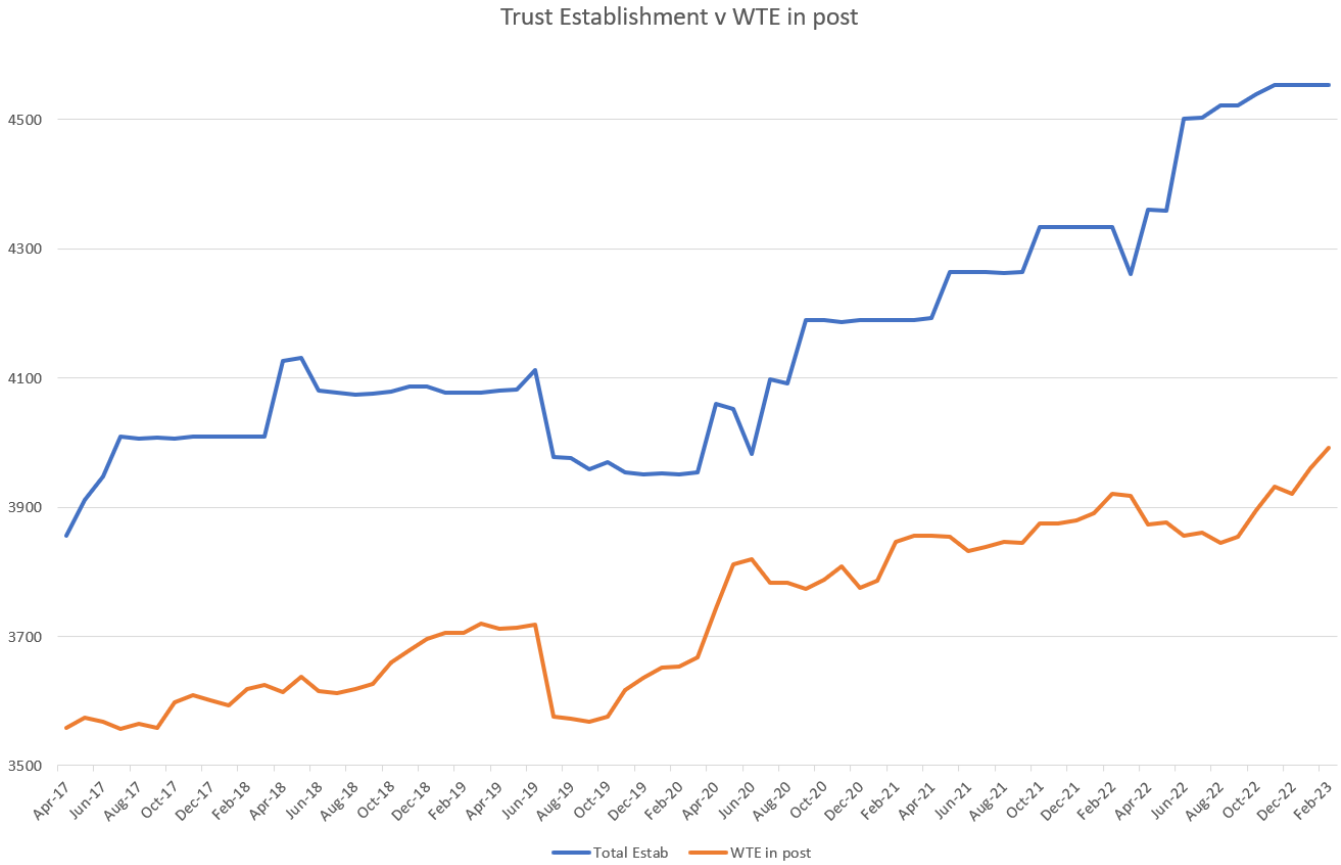
- Assaults on staff have fallen from 121 last month (the highest figure since Jun-20) to 95
- **Key concerns: Staff assaults**

Performance

- The level of Out of Area Patients remains a concern. The figure increased from 894 OBD in October to 1153 in January (up from 34.2 patients to 37.2), up from Apr-22 416 OBD (13.9). The figures have reduced to 991 OBD (35.4 patients) in February. The elimination of acute bed days is anticipated in the next month or so, though PICU Out of Area stays will remain problematic
- CPA 7-day follow up is up to 91.2%, the highest level since Sep-22
- CPA with formal review in last 12 months up to 88.2%, the best position since Aug-21
- IAPT patients seen within 6 weeks of referral has improved to 40.2%. the best position since Apr-21. This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks has slipped to 73.7%, but is significantly better than the previous 6 months
- New referrals not seen within 3 months are little changed at 3,277, the second highest figure in five years. Of this, Neuropsychiatry represents the most significant issue
- **Key concerns: Out of Area, CPA 7-day follow up, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months**

People

- The People domain continues to show the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Vacancy levels are down to 12.4%, the lowest position since May-22. Nevertheless, staff in post are up by 146 WTE since August



- Rolling 12-month sickness levels down to 5.4%, lowest since May-21 (8.2% in Secure)
- Staff appraisals down to 71.3%, lowest level in five years
- Bank and Agency fill down from 84.5% to 81.3%
- **Key concerns: Vacancies, appraisals, bank and agency fill rate, sickness**

Sustainability

- Financial position for the first 11 months is a deficit of £0.6m against a planned breakeven, chiefly because pressures on temporary staffing and out of area beds. We expect to achieve breakeven for the year as a whole
- Capital expenditure for the first 11 months is £7.0m, £1.0m better than plan after taking into account work completed
- Although we are able to generate some technical efficiencies to achieve required cost improvement plan for the year, there is no pipeline of savings schemes and difficulties are anticipated in 2023/24
- Monthly agency expenditure is down to £668k in February, the lowest spend since July and remains significantly higher than NHSE target, although this is not an appropriate measure and will be increased in 2023/24
- **Key concerns: CIP**

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area is improving. IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division: A: All

A: All

February 2023

Performance

CPA 7 day FU	91.2% ↓
CPA with Formal Review last 12 mths	88.2% ↓
Data Quality Maturity Index (DQMI)	96.6%
Delayed Transfer Bed Days	896 ↑
Delayed Transfer, percent of bed days	6.3%
Eating disorders routine	100.0%
Eating disorders urgent	100.0%
First episode psychosis	100.0% ↑
IAPT into recovery	49.9%
IAPT seen in 18 weeks	73.7% ↓
IAPT seen in 6 weeks	40.2% ↓
Out of Area Bed Days	991
Referrals over 3 mths with no contact	3277 ↓

People

Bank & Agency Fill Rate	81.3% ↓
Fundamental Training	90.3% ↓
Rolling 12m Turnover	10.7% ↑
Staff Appraisals	71.3% ↓
Staff Sickness	5.4% ↓
Staff Vacancies	12.3% ↓

Quality

Absconsions from inpatient units	2
Commissioner reportable incidents	4
Community confirmed suicides	0
Community suspected suicides	1
Failure to return	12 ↑
Incidents of self harm	150
Incidents resulting in harm (other)	14.3% ↑
Incidents resulting in harm (patients)	16.0% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	19
Ligature with anchor point	0
Patient assaults	46
Patient assaults / 1000 OBD	2.7

Sustainability

CAP Ex	£3,830k ↑
Cash	£65,242k ↑
CIP	£656k ↑
Info Governance	94.5%
Monthly Agency	£668k ↓
Operating Surplus	-£7k ↓
SOF rating	3 ↑

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

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Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area is improving. IAPT remain key problems

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Division: A: All

A: All

February 2023

Performance

CPA 7 day FU	91.2% ↓
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IAPT seen in 6 weeks	40.2% ↓
Out of Area Bed Days	991
Referrals over 3 mths with no contact	3277 ↓

People

Bank & Agency Fill Rate	81.3% ↓
Fundamental Training	90.3% ↓
Rolling 12m Turnover	10.7% ↑
Staff Appraisals	71.3% ↓
Staff Sickness	5.4% ↓
Staff Vacancies	12.3% ↓

Quality

Incidents resulting in harm (patients)	16.0% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	19
Ligature with anchor point	0
Patient assaults	46
Patient ssaults / 1000 OBD	2.7
Physical restraints	277
Physical restraints/ 1000 OBD	16.5
Prone restraints	36 ↑
Prone restraints/ 1000 OBD	2.1 ↑
Reported incidents	2190 ↑
Staff assaults	95
Staff assaults / 1000 OBD	5.7 ↓

Sustainability

CAP Ex	£3,830k ↑
Cash	£65,242k ↑
CIP	£656k ↑
Info Governance	94.5%
Monthly Agency	£668k ↓
Operating Surplus	-£7k ↓
SOF rating	3 ↑

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

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Integrated Performance Dashboard

HOME | **PERFORMANCE** | PEOPLE | QUALITY | SUSTAINABILITY

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Division

A: All

A: All

Measure	Latest Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
CPA 7 day FU	95.00	91.8%	88.3%	89.0%	90.2%	91.0%	91.2% ↓
CPA with Formal Review last 12 mths	95.00	85.5%	87.0%	86.8%	86.5%	86.8%	88.2% ↓
Data Quality Maturity Index (DQMI)	95.00	94.7%	97.9%	97.2%	97.8%	97.7%	96.6%
Delayed Transfer Bed Days		720	715	746	730	838	896 ↑
Delayed Transfer, percent of bed days		4.8%	4.5%	4.8%	4.6%	5.4%	6.3%
Eating disorders routine	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Eating disorders urgent	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0% ↑
IAPT into recovery	50.00	48.8%	46.6%	49.6%	54.8%	43.7%	49.9%
IAPT seen in 18 weeks	95.00	65.7%	70.3%	68.5%	74.2%	74.9%	73.7% ↓
IAPT seen in 6 weeks	75.00	34.9%	38.9%	36.5%	38.3%	35.8%	40.2% ↓
Out of Area Bed Days	636.00	998	894	949	1061	1153	991
Referrals over 3 mths with no contact		3076	3263	3058	3310	3273	3277 ↓

Top Line Commentary (Trust level)

KEY CONCERN:

* Out of Area is improving
* IAPT
* CPA 12-month review
* New referrals not seen in 3 months

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | **PEOPLE** | QUALITY | SUSTAINABILITY

Division

A: All

A: All

Measure	Latest Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Staff Vacancies		14.7%	14.2%	13.6%	13.8%	13.0%	12.3% ↓
Staff Sickness	4.28	6.4%	7.0%	6.7%	7.2%	6.3%	5.4% ↓
Staff Appraisals	90.00	84.0%	82.0%	76.8%	72.3%	73.4%	71.3% ↓
Rolling 12m Turnover		10.9%	10.9%	10.7%	10.8%	10.7%	10.7% ↑
Fundamental Training	95.00	93.1%	93.4%	93.5%	93.5%	92.7%	90.3% ↓
Bank & Agency Fill Rate		82.9%	84.5%	83.6%	83.3%	84.5%	81.3% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

* Vacancies
* Shift fill rates
* Fundamental training
* Sickness
* Appraisal rates

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Integrated Performance Dashboard

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Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | **QUALITY** | SUSTAINABILITY

Division

A: All

A: All

Measure	Latest Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Absconsions from inpatient units		10	7	5	5	11	2
Commissioner reportable incidents		6	8	6	2	5	4
Community confirmed suicides		1	0	0	0	0	0
Community suspected suicides		1	2	1	1	1	1
Failure to return		14	21	20	21	11	12 ↑
Incidents of self harm		157	141	155	144	158	150
Incidents resulting in harm (other)		14.2%	15.9%	12.2%	13.8%	14.6%	14.3% ↑
Incidents resulting in harm (patients)		15.8%	12.6%	13.9%	13.3%	19.3%	16.0% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		27	40	29	43	36	19
Ligature with anchor point		3	3	0	0	0	0
Patient assaults		55	76	54	49	42	46
Patient ssaults / 1000 OBD		3.1	4.0	2.9	2.6	2.3	2.7
Physical restraints		181	228	238	246	316	277
Physical restraints / 1000 OBD		10.1	12.1	12.9	12.2	17.1	16.5

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Integrated Performance Dashboard

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Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | SUSTAINABILITY

Division

A: All

A: All

Measure	Latest Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Incidents of self harm		137	141	133	144	138	130
Incidents resulting in harm (other)		14.2%	15.9%	12.2%	13.8%	14.6%	14.3% ↑
Incidents resulting in harm (patients)		15.8%	12.6%	13.9%	13.3%	19.3%	16.0% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		27	40	29	43	36	19
Ligature with anchor point		3	3	0	0	0	0
Patient assaults		55	76	54	49	42	46
Patient ssaults / 1000 OBD		3.1	4.0	2.9	2.6	2.3	2.7
Physical restraints		181	228	238	246	316	277
Physical restraints/ 1000 OBD		10.1	12.1	12.9	13.2	17.1	16.5
Prone restraints		60	66	35	37	62	36 ↑
Prone restraints/ 1000 OBD		3.3	3.5	1.9	2.0	3.4	2.1 ↑
Reported incidents		2015	2411	2281	2346	2371	2190 ↑
Staff assaults		106	118	99	112	121	95
Staff assaults / 1000 OBD		5.9	6.2	5.4	6.0	6.6	5.7 ↓

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Integrated Performance Dashboard

Birmingham and Solihull Mental Health NHS Foundation Trust

HOME | PERFORMANCE | PEOPLE | QUALITY | **SUSTAINABILITY**

Division

A: All

A: All

Measure	Latest Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
CAP Ex		£1,200k	£378k	£382k	£360k	£487k	£3,830k	↑
Cash		£68,089k	£70,497k	£64,736k	£63,751k	£62,889k	£65,242k	↑
CIP		£656k	£655k	£655k	£655k	£656k	£656k	↑
Info Governance		90.8%	92.4%	93.6%	91.9%	96.7%	94.5%	
Monthly Agency		£670k	£769k	£774k	£760k	£817k	£668k	↓
Operating Surplus		£279k	-£840k	-£34k	-£60k	-£16k	-£7k	↓
SOF rating		3	3	3	3	3	3	↑

Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 7 day FU

Divisions

Statistical Process Control (SPC)

Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	91.8%	88.3%	89.0%	90.2%	91.0%	91.2%
B: Acute and Urgent Care	81.1%	62.1%	86.6%	80.0%	85.0%	90.6%
C: ICCR	0.0%	57.1%	77.8%	28.6%	66.7%	66.7%
D: Secure Serv & Offender Health	80.0%	66.7%	100.0%	100.0%	100.0%	100.0%
E: Specialties	83.3%	75.0%	92.0%	92.9%	0.0%	100.0%

Commentary

National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 91.18% for February 2023.
This relates to 9 outstanding follow ups from 102 discharges in February of which, 3 patients were discharged to the care of FTB, 1 patient was discharged to an acute trust and contact was with the acute care staff only, 1 patient was discharged to an acute hospital and contact was with staff only, attempts were made to see 1 patient but were unsuccessful,1 patient was seen during extended leave but not on discharge, and 2 cases will be passes when data entry has been completed. Of the 9 exceptions 6 were adult acute and 3 in ICCR. When Rio data entry has been completed this will increase compliance to 93.13%.

CPA 7 day FU

February 2023

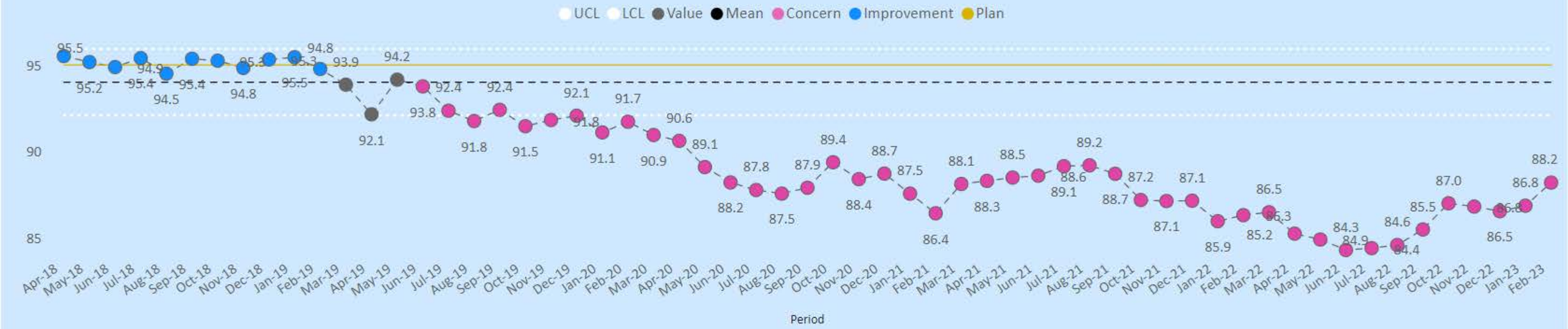
Question	Answers
A: What has happened?	National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 91.18% for February 2023. This relates to 9 outstanding follow ups from 102 discharges in February of which, 3 patients were discharged to the care of FTB, 1 patient was discharged to an acute trust and contact was with the acute care staff only, 1 patient was discharged to an acute hospital and contact was with staff only, attempts were made to see 1 patient but were unsuccessful,1 patient was seen during extended leave but not on discharge, and 2 cases will be passes when data entry has been completed. Of the 9 exceptions 6 were adult acute and 3 in ICCR. When Rio data entry has been completed this will increase compliance to 93.13%.
B: Why has it happened?	Impact of COVID, operational pressures, staff sickness levels have impacted on this measure including ability to access care homes during the COVID period. Where service users have been discharged to other mental health services to undertake the follow up, this requires BSMHFT to check with them to see if this has taken place. This affects performance where this has not taken place. Recording has been challenging for a number of months as a number of staff have undertaken bank shifts with teams they do not normally work in and therefore were not set up to record contacts. Teams have had additional support to rectify where this has occurred. Late data entry within services is also a factor and final performance post end of the month usually exceeds what is reported within the IPD due to timelines to produce the IPD.
C: What are the implications and consequences?	Early follow up of patients post discharge prioritised by HTT in line with evidence based practise to reduce the risk of suicide or self harm. Service users are at a higher risk of suicide or self harm within the first 3-7 days of discharge and follow up is important to minimise this risk.
D: What are we doing about it?	Daily notifications of discharges are sent to the responsible team to alert them to plan follow up and this is monitored by the CSM for Home Treatment. Teams continue to require support from the information team regarding data entry on RIO. The addition of FTB data to the shared care record will also enable staff to check if patients have been followed up, however this has been affected by FTB's patient record system issues.
E: What do we expect to happen?	We expect 7 day follow up standard of 95% to be maintained with HTTs acting on the daily discharge notification received.
F: How will we know when we have addressed issues?	Standard is being maintained with minimal or no input required from the information team to review data entry.

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA with Formal Review last 12 mths

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	85.5%	87.0%	86.8%	86.5%	86.8%	88.2%
B: Acute and Urgent Care	18.2%	18.2%	38.5%	12.5%	14.3%	50.0%
C: ICCR	82.0%	83.1%	87.0%	85.6%	85.1%	87.7%
D: Secure Serv & Offender Health	97.9%	97.9%	97.4%	97.4%	97.7%	98.4%
E: Specialties	70.1%	69.5%	80.5%	85.2%	82.5%	84.3%

Commentary

The number of reviews taking place has consistently declined over the last year and has been outside control limits since July 2019. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. November 2021 onwards showed an overall decline until July 2022, where the trend was reversed, and performance has started to increase with February 2023 being sustained at 88.18%. Within divisions and teams there is variation in performance with between 2-48reviews outstanding. 3 adult CMHTs have more than 30 reviews outstanding. ICCR and Specialties have a plan in place to increase performance back to 95% by October 2023. Older Adult CMHTs have a total of 17 outstanding. Adult CMHT account for 49%, older adult CMHT for 4%, Secure for 16% and AOT for 24% of the total outstanding.

CPA with Formal Review last 12 mths

February 2023

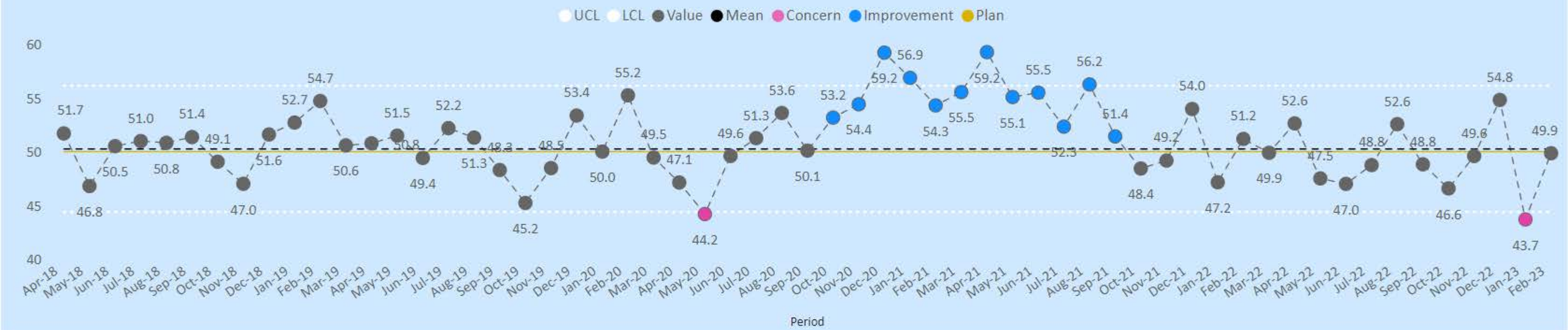
Question	Answers
A: What has happened?	The number of reviews taking place has consistently declined over the last year and has been outside control limits since July 2019. The rate was maintained at an average of 89% from April 2021 until October and then declined to 87%. November 2021 onwards showed an overall decline until July 2022, where the trend was reversed, and performance has started to increase with February 2023 being sustained at 88.18%. Within divisions and teams there is variation in performance with between 2-48reviews outstanding. 3 adult CMHTs have more than 30 reviews outstanding. ICCR and Specialties have a plan in place to increase performance back to 95% by October 2023. Older Adult CMHTs have a total of 17 outstanding. Adult CMHT account for 49%, older adult CMHT for 4%, Secure for 16% and AOT for 24% of the total outstanding.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people remains challenging at the moment. There is a reluctance for some older adults to attend face to face. ICCR: The AD has advised that there are a high number of vacancies and lack of capacity in medical clinics to book in CPA reviews. There are difficulties in recruiting medical staff and where there is a change in doctor, appointments are cancelled or rescheduled. A deep dive has shown that a number of service users should have been placed on care support. Specialties: Face to face contacts are increasing, however, caseloads of care coordinators are currently very high (some CPNs have 50+ against an ideal maximum of 35) it is felt that the scheduling and recording of formal CPA reviews has not been as robust as it should be. There has also been a reduction in the number of discharges with some patients being kept on for supportive monitoring where they could be appropriately discharged.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA reviews is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place to address data quality issues in HTT, specialties and secure care. A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA. ICCR The AD has advised that a deep dive has commenced to review whether service users should be on CPA or care support. Clinical leads are working with the medical staff and CPNs to arrange reviews. Progress will be reviewed on a weekly basis. Specialties: Team managers are being encouraged to use MyDashboard so staff are aware of reviews outstanding. These will also be discussed in supervision and managers meetings. Review for service users transferred back from CERTs will take place to see whether they need to remian on CPA or not.
E: What do we expect to happen?	ICCR and Specilaties: A target has been set to reach the 95% target by the end of September 2023.
F: How will we know when we have addressed issues?	When reviews are undertaken in a systematic way and performance increases and is maintained although it is noted that the system will change and is part of a wider strategic review

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT into recovery

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	48.8%	46.6%	49.6%	54.8%	43.7%	49.9%
E: Specialties	48.8%	46.6%	49.6%	54.8%	43.7%	49.9%

Commentary

The MTR rate has fluctuated and largely meets the 50% national target. MTR is the outcome measure to assess whether a service user who is being treated for anxiety or depression is no longer at clinical caseness at the end of their treatment. February 2023 position just below the 50% target at 49.85%.

IAPT into recovery

February 2023

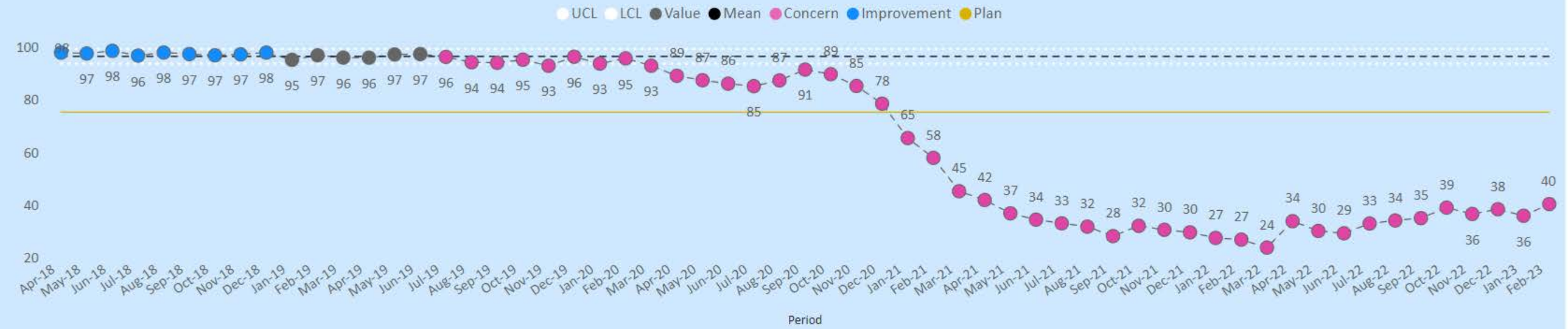
Question	Answers
A: What has happened?	The MTR rate has fluctuated and largely meets the 50% national target. MTR is the outcome measure to assess whether a service user who is being treated for anxiety or depression is no longer at clinical caseness at the end of their treatment. February 2023 position just below the 50% target at 49.85%.
B: Why has it happened?	Although below target, the MTR rate remains within control limits. There are a range of reasons (outside trust control) that do impact on maintaining the 50% target including; financial or housing difficulties, domestic violence, gang violence, failure to have asylum applications approved, which apply to some areas of Birmingham. Due to language difficulties, staff have to work through interpreters which can impact on the effectiveness of therapies through translation. Working with staff, the service aims to ensure that patients are seen at the step for the right treatment and BHM staff with language offer psychological therapy to the patients in their preferred language as much as possible.The Implementation of evidence based practise to support good quality recovery outcomes.
C: What are the implications and consequences?	In response to the COVID impact, NHSE/I and commissioners issued support recognising that performance in complying with national standards may be impacted and that performance would therefore be monitored from an assurance perspective during this time.
D: What are we doing about it?	Working with staff, the service aims to ensure that patients are seen at the right step for the right treatment to maintain and increase MTR rates. Action is also taken to contact patients who have disengaged from the service whilst at caseness. BHM staff with languages offer psychological therapy to the patients in their preferred language as much as possible.
E: What do we expect to happen?	Maintain/exceed the 50% MTR rate.
F: How will we know when we have addressed issues?	Routine monitoring within service and monthly reporting at Trust level.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 6 weeks

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	34.9%	38.9%	36.5%	38.3%	35.8%	40.2%
E: Specialties	34.9%	38.9%	36.5%	38.3%	35.8%	40.2%

Commentary

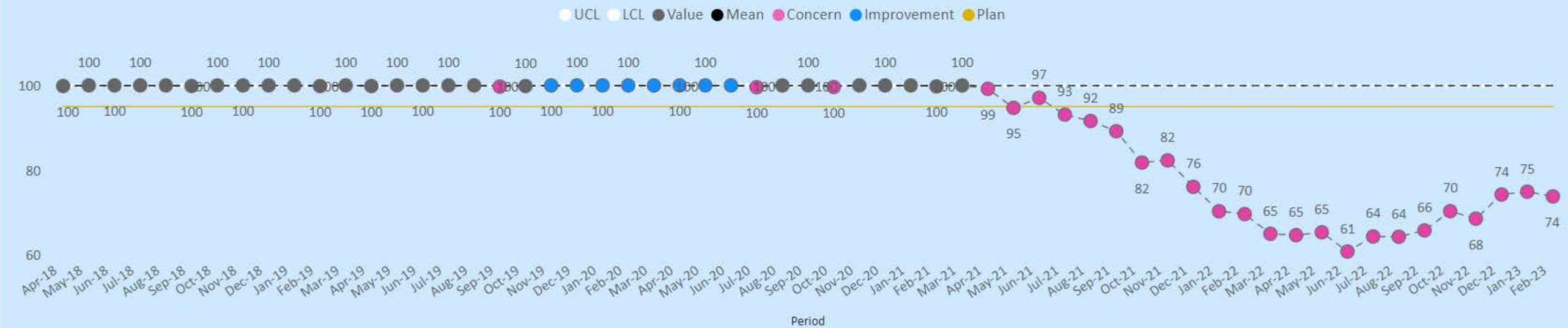
Performance has been on a reducing trend since March 2020 below the 75% target. July 2022 onwards has shown a steady increase with February 2023 at 40.2%, an increase compared to the previous month.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT seen in 18 weeks

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	65.7%	70.3%	68.5%	74.2%	74.9%	73.7%
E: Specialties	65.7%	70.3%	68.5%	74.2%	74.9%	73.7%

Commentary

Performance has been on a reducing trend for the last 12 months and has been below the 95% target for the last 12 months. Levels have been increasing from July 2022 with February at 73.74%.

Detailed Commentary

IAPT seen in 6 weeks

February 2023

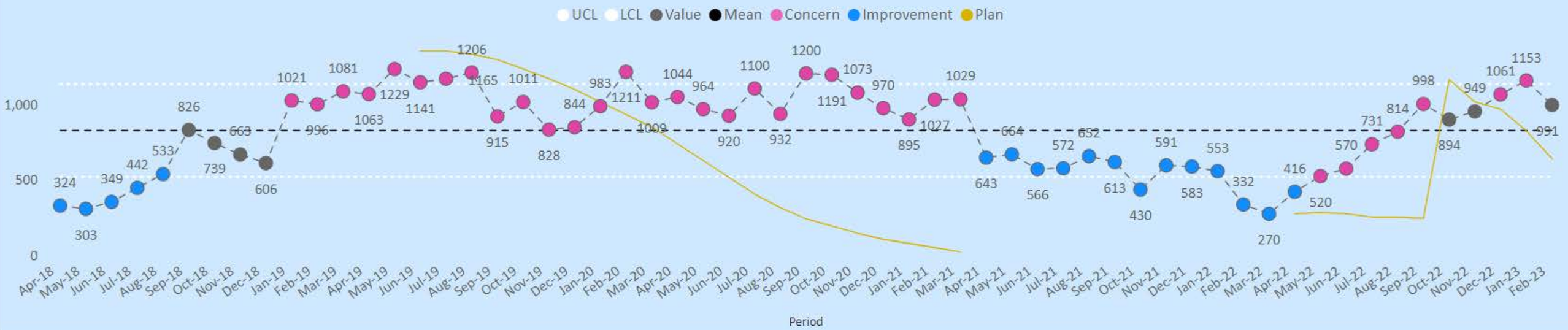
Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. July 2022 onwards has shown a steady increase with February 2023 at 40.2%, an increase compared to the previous month.
B: Why has it happened?	The ability to see patients face to face was impacted by Covid as access to GP surgeries and access to community facilities stopped. Face to face groups also stopped and, whilst these have now increased in BHM premises since easing of restrictions, they have needed to be undertaken in a COVID secure way and capacity is therefore reduced in the number of participants per group. The iAPT model relies on large group interventions to see the majority of patients at Step 2, with smaller numbers then requiring Step 3 - 1:1 intervention. The service also has a large number of vacancies following staff retirements and leavers. Over the past 5 years significant challenges have been faced around retention of staff who have left to take up further training, work outside of the NHS or move to posts which attract higher bandings in other Trusts. This has particularly impacted our ability to retain trainees who complete their training with BHM but then take higher banded position in other Trusts. There is also a national workforce challenge in specialised IAPT roles meaning the service is limited to recruiting from existing trained staff and available trainees. High intensity Therapist training is now only available in canterbury and requires staff to travel to Canterbury and London on regular basis and may not be attaractive to staff
C: What are the implications and consequences?	In response to the COVID impact, NHSE/I and commissioners issued support recognising that performance in complying with national standards may be impacted and that performance would therefore be monitored from an assurance perspective during this time. Patients are not being able to access services in a timely way and are currently waiting longer than the national target.
D: What are we doing about it?	A system wide forum has been set up with the support from the national IAPT team which will bring together providers and the lead IAPT commissioner to work on an integrated approach to IAPT across BSol and to address how we can work together to address demand and capacity. Internally: funding agreed to offer all High Intensity therapist at Band 7 bringing in line with other Trusts. This has already had an impact whereby the service has recently retained 10 of the 11 trainees, who started in October 2022. A communications strategy and social media campaign has commenced to support the rolling adverts for both qualified and future trainee posts. A review has taken place of clinical space in order to increase group capacity and GP premises have reopened to BHM. The removal of masks and social distancing from 12th September have allowed a further increase in group participants. Online groups are also well established, which show lower numbers of DNAs. An additional quality oversight managerial role is being recruited to free up clinicians from management duties and increase clinical contact hours. A team manager post has also been recruited to. Allocation of trainee places for 'new to IAPT' posts have been agreed and plans are in place to recruit to these, for both CBT and non-CBT modalities. Drop in sessions have been reinstated.
E: What do we expect to happen?	The service expects to see a continuing in the reversal of the downward trend against this KPI with a sustained improvement against the target to reach the 75% target by January 2025. This is based on the current staffing available and will be adjusted for improvment as staff are recruited. A further 3 intakes of trainees and the successful retention of these staff on completion of their training will help to address this.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	998	894	949	1061	1153	991
B: Acute and Urgent Care	998	894	949	1061	1153	991

Commentary

Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January 2022 at 575 bed days. Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days. April 2022 onwards has seen a significant increase until February 2023 which has decreased by 162 days to 991 days with 19 admissions to PICU beds,6 to an acute bed. There is sustained pressure for adult male beds and PICU beds. the full month's number to 55 OOA placements. A revised trajectory has been agreed with commissioners from October 2022 to July 2023 to reach 372 bed days by July 2023, which will focus on removing acute out of area placements and reducing PICU usage. The target for February 2023 is 636 OOA bed days and has been exceeded this month.

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

February 2023

Question	Answers
A: What has happened?	Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January 2022 at 575 bed days. Numbers started to fall with a significant reduction in February 2022 due to the increased PICU bed capacity to 332 days. This decrease continued in March 2022 to 270 OOA bed days. April 2022 onwards has seen a significant increase until February 2023 which has decreased by 162 days to 991 days with 19 admissions to PICU beds,6 to an acute bed. There is sustained pressure for adult male beds and PICU beds. the full month's number to 55 OOA placements. A revised trajectory has been agreed with commissioners from October 2022 to July 2023 to reach 372 bed days by July 2023, which will focus on removing acute out of area placements and reducing PICU usage. The target for February 2023 is 636 OOA bed days and has been exceeded this month. From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The increases over the last 10 months are a combination of a number of issues and risks. Taking into account the procurement of 22 additional beds with the Priory, for 12 PICU and 10 acute beds, demand for both acute and PICU beds remains high resulting in patients being placed in units further away from Birmingham. It has been highlighted that those placed outside the locally agreed additional beds experience a longer length of stay. Length of stay within BSMHFT beds has also increased with high acuity and high levels of observations required. It is also noted that all of the admissions are on an emergency basis. Staffing has also remained a challenge in terms in recruiting to vacancies and sickness. DTOCS accounted for 399 lost bed days and remains an issue.
C: What are the implications and consequences?	Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.
D: What are we doing about it?	The Performance Delivery Group deep dive took place in August and outlined the pressures and actions being taken to try and reduce OOA activity, in addition to those steps already in place. A task and finish group will be established to identify issues and solutions which will help reduce the current high levels of out of area placements. Actions currently include:

Birmingham and Solihull Mental Health NHS Foundation Trust

Out of Area Bed Days

February 2023

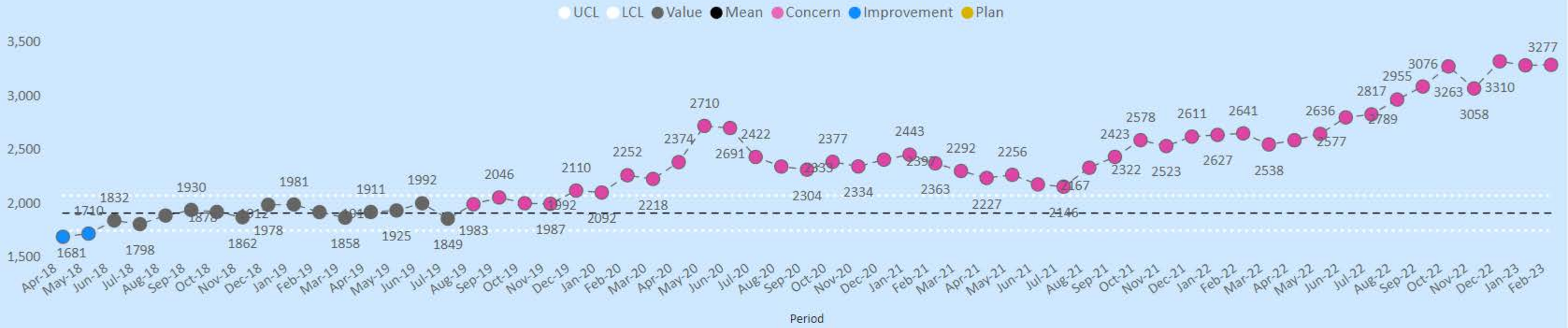
Question	Answers
	and local Trust reporting. Commissioners are also aware of this anomaly.
B: Why has it happened?	The increases over the last 10 months are a combination of a number of issues and risks. Taking into account the procurement of 22 additional beds with the Priory, for 12 PICU and 10 acute beds, demand for both acute and PICU beds remains high resulting in patients being placed in units further away from Birmingham. It has been highlighted that those placed outside the locally agreed additional beds experience a longer length of stay. Length of stay within BSMHFT beds has also increased with high acuity and high levels of observations required. It is also noted that all of the admissions are on an emergency basis. Staffing has also remained a challenge in terms in recruiting to vacancies and sickness. DTOCS accounted for 399 lost bed days and remains an issue.
C: What are the implications and consequences?	Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.
D: What are we doing about it?	The Performance Delivery Group deep dive took place in August and outlined the pressures and actions being taken to try and reduce OOA activity, in addition to those steps already in place. A task and finish group will be established to identify issues and solutions which will help reduce the current high levels of out of area placements. Actions currently include: Length of stay- To try and address the outlier length of stays for those patients placed out of area to be supported by a dedicated discharge manager whose focus will be on managing the needs of out of area patients with a view to supporting transfers back to their home localities where possible. Joint bed management meetings with FTB are in place. Work is also being undertaken to reduce delayed discharges by care planning with a focus on discharge and MDT review and with a focus on the OOA patients with the longest lengths of stay. Within the trust the acute day hospital capacity will be increased. Additional bed capacity- Active Care Group are opening 20 beds in King's Norton Birmingham- this presents an opportunity to bring patients closer to home which also leads to a shorter length of stay. Further discussions are taking place to understand if these would be suitable. Use of these local beds would also be subject to being classified as 'in area'. Longer term options include the potential for a capital build solution which is at an exploratory stage. A revised trajectory been submitted to NHSE as part of the 2023/24 planning round and feedback is awaited.
E: What do we expect to happen?	Monthly use of Out of area beds is expected to continue but reducing as the range of actions get implemented and embedded and more recently as a result of the SOP agreed with NHSE. However, it should be noted that the service is currently facing Covid-19 pressures in terms of impact on staff sickness absence levels. Out of area trajectory being reviewed for 2023/24 national planning submission and is currently being discussed.
F: How will we know when we have addressed issues?	When the numbers of OOA bed days reduce in line with the trajectory submitted in the action plan. Operational meetings have continued to take place to maintain the implementation of the actions required to support the actions on a sustainable basis. Stabilisation in terms of inpatient capacity and the Trust's plan to review new ways of working will further assist in taking forward this workstream.

Birmingham and Solihull Mental Health NHS Foundation Trust

Referrals over 3 mths with no contact

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	3076	3263	3058	3310	3273	3277
C: ICCR	1545	1607	1505	1521	1630	1527
D: Secure Serv & Offender Health	97	109	122	127	130	126
E: Specialties	1364	1435	1395	1403	1585	1585

Commentary

The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.
The number of patients who have not been seen after 3 months of referral has shown an increase from August 2021 reaching a peak in December 2022 of 3310. January 2023 has shown a small reduction which has been sustained in February at 3277. This measure has been above the upper control limit since December 2019.The number of referrals not seen within 3 months of referral has decreased in adult CMHT, Perinatal and Forensic CAMHS community. Neuropsychiatry service accounts for 24% and Adult CMHTs 26% of referrals open for over 3 months without a contact.

Referrals over 3 mths with no contact

February 2023

Question	Answers
A: What has happened?	The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular. The number of patients who have not been seen after 3 months of referral has shown an increase from August 2021 reaching a peak in December 2022 of 3310. January 2023 has shown a small reduction which has been sustained in February at 3277. This measure has been above the upper control limit since December 2019.The number of referrals not seen within 3 months of referral has decreased in adult CMHT, Perinatal and Forensic CAMHS community. Neuropsychiatry service accounts for 24% and Adult CMHTs 26% of referrals open for over 3 months without a contact.
B: Why has it happened?	During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. This indicator also relies on teams outcoming appointments on Rio and work is being undertaken with services on an ongoing basis to reduce the number outstanding. ICCR: have undertaken a deep dive of those with longer waits and have identified that there are a number with future appointments in place. Where there were no appointments a number themes were highlighted which has shown that a number are transfers from another BSMHFT/FTB team so are still actively under these teams, a number are recurrent DNAs and that actions from MDT are not followed through e.g. discharging patients. Regular caseload reviews not taking place as frequently as needed due to staff capacity issues. Specialties: We currently have an aging population and better awareness of mental health concerns within the population and at primary care level. This has led to a consistent increase in number of referrals to our Older Adult CMHT, particularly for patient with dementia, but has not been accompanied with any increase in the Older Adult CMHT workforce. Caseloads of care coordinators are currently high (some CPNs have 50+ against an ideal maximum of 35) reducing CPN capacity to see new assessments and take new patients on. There has also been a reduction in the number of discharges with some patients being kept on for supportive monitoring where they could be appropriately discharged. There are discrepancies in medical workforce numbers between the teams causing higher waits for medical outpatient clinics in some teams. There is also a significant number of patients in care homes where, due to pandemic restrictions, our service was unable to see or communicate with directly however, through carers were able to provide consultation and commence treatment, however these have remained on the waiting list. For all service it is important to note that where patients DNA, they are likely to have been provided with an appointment within 3 months - this is a particular issue for perinatal patients where due to having an infant patients frequently cancel or DNA appointments prior to eventually being seen. In bi-polar service, patients will already be under a CMHT in order to access their service. Waiting times being over 3 months will be due to having to wait for the next group cohort to commence which may be after 3 months depending on when they are referred.
C: What are the implications and consequences?	The implications are delayed assessment and therefore access to mental health services/treatments. All referrals within ICCR are triaged and risk assessed at the point of referral, so although delays may occur for a first appointment, if risks are identified referrals are fast tracked for assessment. All referrals receive information around crisis access, should their situation deteriorate into crisis whilst waiting . Waiting times for neuropsychiatry are to be expected as this is a tertiary specialist service where patients are seen for highly specialist consultation and, if they require secondary mental health care, would be under a local CMHT service

Birmingham and Solihull Mental Health NHS Foundation Trust

Referrals over 3 mths with no contact

February 2023

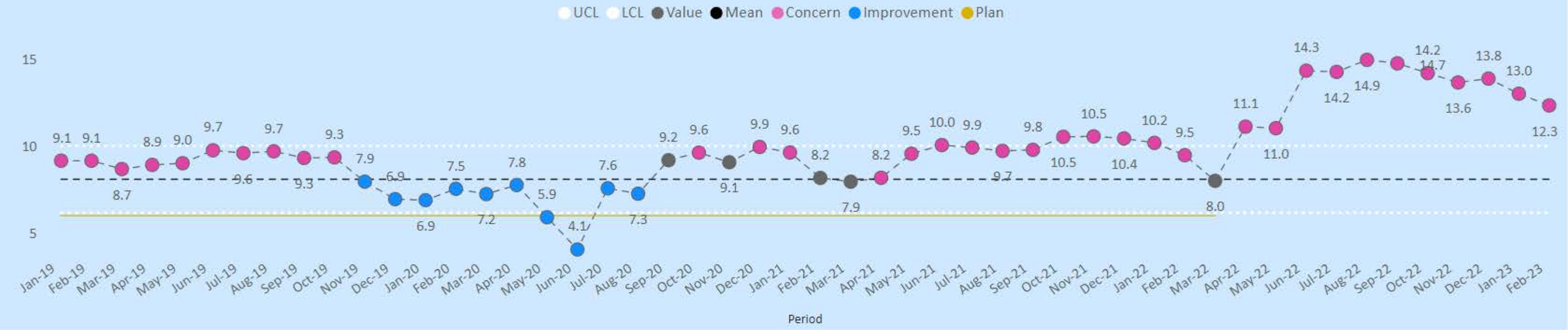
Question	Answers
C: What are the implications and consequences?	The implications are delayed assessment and therefore access to mental health services/treatments. All referrals within ICCR are triaged and risk assessed at the point of referral, so although delays may occur for a first appointment, if risks are identified referrals are fast tracked for assessment. All referrals receive information around crisis access, should their situation deteriorate into crisis whilst waiting . Waiting times for neuropsychiatry are to be expected as this is a tertiary specialist service where patients are seen for highly specialist consultation and, if they require secondary mental health care, would be under a local CMHT service
D: What are we doing about it?	ICCR: Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand and services are drawing up plans to agree the appropriate level of face to face contact for each service. Face to face activity has continued to increase over the past few months. Adult CMHTs have set up some Saturday clinics to help address backlog, however this relies on clinicians to support these. As Primary Care Liaison teams grow suitable patients will be moved from Secondary to primary care teams with eventual GP only care – This will generate capacity in CMHT to manage SMI. Solar are introducing additional group work initiative's to manage capacity where appropriate and have introduced peer volunteer support counselling roles which have been positively evaluated. Validation of caselaods is underway as part of th transformation of services. Temporary staff taken on to help with capacity to see service users. Specialties: A caseload audit is currently being undertaken picking up patients who have been waiting longer than 3 months. Regular contact (every 2 weeks) is being made with these patients by the duty clinician, offering telephone support and prioritising appointments if there has been a deterioration in presentation. Regular management supervision is focussing on care coordinator capacity, looking at where patients could be stepped down from care coordination to free staff up to do new assessments. Admin lead supporting the management of care support patients using Rio to identify where patients do not have follow up appointments (where they have missed the appointment) and booking these in through med secs. A new role of Clinical Development Lead is being recruited to provide a focus on sustaining improvement and performance and provide support to hotspot areas, improve the quality of care and develop the pathway for Older People. A small proportion of new referrals will be rerouted to primary care hub via the establishment of Community Transformation Primary Care hubs (only for Serious Mental Illness, not Dementia patients) and current caseloads will be referred to primary care teams where possible through reconciliation audits. Plans for weekend clinics to commence, particularly in hotspots like Solihull team - 3 staff commenced Saturday home assessments in October.
E: What do we expect to happen?	For Adult CMHTS we would expect to see changes over the next 24 months as community transformation develops and is embedded across all BSOl Primary care Networks. The aim is to work towards reducing the wait for first appointment, with a 20% reduction in those not seen within 18 weeks by October 2023. Within older adult CMHTs we expect there to be some improvement in waiting lists, however staffing in Solihull is challenging and will affect their ability to improve. The service however expects any improvement to be limited across the service due to the small number of patients suitable for community transformation development and the rising demand for dementia care in secondary services, with no additional funding in this area. It is unlikely that Neuropsychiatry waiting times will be improved.
F: How will we know when we have addressed issues?	Where national access standards are in place e.g. Eating Disorders, First episode psychosis, these are consistently met by services. For adult and older adult community services success will be meeting the national 4 week target which has yet to be formally introduced. The delivery of this standard is part of the community services transformation work plan and planned revised pathways to support service users.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Vacancies

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	14.7%	14.2%	13.6%	13.8%	13.0%	12.3%
B: Acute and Urgent Care	12.7%	12.1%	12.1%	12.6%	10.5%	10.9%
C: ICCR	18.5%	18.5%	19.5%	20.5%	18.5%	16.8%
D: Secure Serv & Offender Health	11.3%	10.7%	10.2%	10.9%	10.7%	10.2%
E: Specialties	9.2%	9.1%	10.5%	11.0%	11.1%	10.6%
F: Corporate	18.6%	18.2%	14.7%	12.9%	10.9%	10.1%

Commentary

(Blank)

Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Vacancies

February 2023

Question	Answers
A: What has happened?	The vacancy rate in Ferbruary has incresed to 12.4% by 1.74% and is above the KPI target of 6.0%. In April, new budgets were set and additional budget provided to the Trust allowing growth in our establishment. This large increase reflects the new allocation of additional budget. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Acute and Urgent Care – 10.3%, Chief Executive Locality – 19.1%, Exec Director - Medical Locality – 7.8%, Exec Director - Nursing Locality – 25.1%, Exec Director - Resources Locality – 4.2%, Exec Director - Strategy People and Partnerships Locality – 11.4%, ICCR – 18.0%, Specialties – 11.4%, Secure Services and Offender Health – 9.7%
B: Why has it happened?	Our establishment has grown by 99.57 WTE for this financial year.
C: What are the implications and consequences?	The national shortage of registered nurses particularly band 5 has not changed as and this is reflected in our local data. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include: Explore how we can improve the benefits we offer as part of our attraction package, focus on our benefit package which includes, flexible working and on specific wards only we will be offering recruitment and retention premium. After a successful application process, BSMHFT was selected in October 2022 , along with 15 other Trusts nationwide, to be part of the NHSE Overhauling Recruitment project working collaboratively with each other to collate ideas and improve the Selection section of each Trust's Recruitment Process. This work started in December 2022 and 4 workshops so far have been productive with a view to streamlining the process. This has led NHSE to being able to collate strategies with a view to being able to roll out amendments and guidance for improvement over the coming months. BSMHFT's EDI Lead and The People Partner for Resourcing will be hosting a Listen Up Live programme to all trust wide members, explaining the Trust's newly updated Recruitment Panel Guidance, incorporating Equity Panel members and updated Visible Diversity policies. This followed 2 Inclusive Recruitment Sessions at the start of January 2023 attended by Recruitment members with the Trust's EDI lead. The sessions concentrated on interview panels (and the recruitment process in general) maximising (visible) diversity and ensuring an even more equitable process, which will also ensure that the Trust's Recruitment and Selection Training will be more comprehensive and fully up to date with current guidance and legislation. The sessions explored in detail, how, at every step of the recruitment process, there is a need to refrain from the potential of unconscious bias.

Staff Vacancies

February 2023

Question	Answers
	The Trust will be working with local universities to attract second and third year students to consider the Trust as future employer. The Trust successfully participated in 'BSol Love Our Learners' event in December 2022. This event targeted second year students to consider BSol as a choice arear to work when they complete their degree. BSMHFT offered help with interview techniques, how to complete application forms. A Focus was on benefits such as flexible working when one works for the Trusts. The 2023 RCN NEC job's fair was attended by Workforce, Recruitment and Clinical Managers which proved successful. 27 RMN's were interviewed on the day and have subsequently been offered postions within the trust. A number of additional recruitment events are planned at the end of Q4 and intor Q1 - Ardenleigh jobs fair, South Solihull Jobs Fair and a Barbarry Jobs' Fair. This has proven successful in the past as a way of filling vacancies. A North and Central Acute and Urgent care Jobs fair, did prove fruitful with 14 RMN offers being made (all of which have now started) and the template used is being rolled out to plan and orchestrate these impending job fairs. Furthermore, partly due to comms raising the fear (and seeing tangible effects) of a lack of "buzz" around many, smaller localised and more frequent job fair events, a face-face Recruitment Events Strategy Planning morning was attended incorporating Safer Staffing, Nursing, Recruitment, Communications and Operational Leads with a view to (whilst ensuring the vested interests of each areas' needs are met) arranging more regular, targeted fairs for all nurses which will hopefully prove more fruitful. A Recruitment Projects and Initiatives meeting has been arranged to look at continuous improvement around process, reporting procedures and delivery and Project Flourish. The current Recruitment and Selection Policy is being updated by Senior People Partner for Coorporate. The Trust's International Recruitment Department(s) made offers to 40 Nurses within the last financial year, against a target of 32. The trust's aim is to recruit 60-70 for the next financial year. Processes are being arranged to ensure Job adverts are sent to all relevant bank workers at the same time as being posted – to endeavour to place bank workers that have expressed an interest. This may be without the need for the (complete) recruitment process to occur in order to hire, and thus expediting vacancies being filled.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. We are beginning to compete with private hospitals in the BSol areas who are prepared to offer significant financial attraction package which we currently are not able to match. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.

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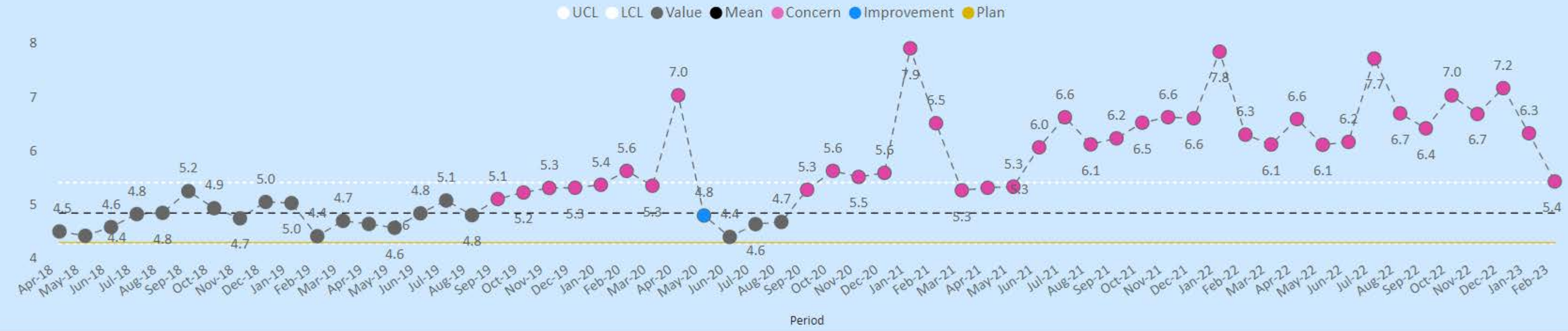
Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	6.4%	7.0%	6.7%	7.2%	6.3%	5.4%
B: Acute and Urgent Care	8.3%	8.9%	7.6%	8.5%	7.7%	6.5%
C: ICCR	6.0%	6.6%	6.7%	6.2%	5.1%	3.6%
D: Secure Serv & Offender Health	8.7%	10.3%	9.8%	10.8%	9.4%	8.2%
E: Specialties	4.5%	6.1%	5.7%	6.4%	5.2%	5.0%
F: Corporate	3.3%	3.3%	2.8%	3.1%	3.6%	3.3%

Commentary

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Detailed Commentary

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

February 2023

Question	Answers
A: What has happened?	Sickness absence saw an increase in February 2023 to 6.55% from January 2023 of 6.31%. Non-covid related sickness absence decreased by 0.78% to 4.91% in February and Covid-19 related sickness absence decreased by 0.12% to 0.5% in February from 0.59% in January. Short term sickness absence decreased by 0.87% to 1.98% in February. Long term sickness absence in February 3.43% is a decrease of 0.02% in January 3.45%. Overall sickness absence rates by division for January are as follows: Acute and Urgent Care – 6.50% Chief Executive Locality – 0.00%, Exec Director - Medical Locality – 2.77%, Exec Director - Nursing Locality – 4.42%, Exec Director - Resources Locality – 3.12%, Exec Director - Strategy People and Partnerships Locality – 3.00%, ICCR – 64.93%, Specialties – 3.61%, Secure Services and Offender Health – 8.09%
B: Why has it happened?	Coughs, cold flu slightly increased , which can be attributed to the seasonal Influenza and becomes the highest reasons for sickness absences. Anxiety, stress, depression, other psychiatric illnesses are the second highest reason for sickness absence, which to a large extent mirrors the concerns relating to the increase in cost-of-living expense. This will continue to be monitored and the potential impact of this on staffing levels.
C: What are the implications and consequences?	Continuity of care for patients is affected and reliance on bank and agency staff increases. Lower staffing levels due to high sickness absence also has an impact on safe staffing levels, workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People team continue to drill down to hotspot areas to support the efforts of the areas to reduce long term sickness. Long Team sickness cases are discussed at FPP and at local level through HR Clinics. Continuous audit of Directorate sickness. Data to be presented in monthly FPP meetings with comparisons undertaken against previous months data. General areas of concerns will be

Staff Sickness

February 2023

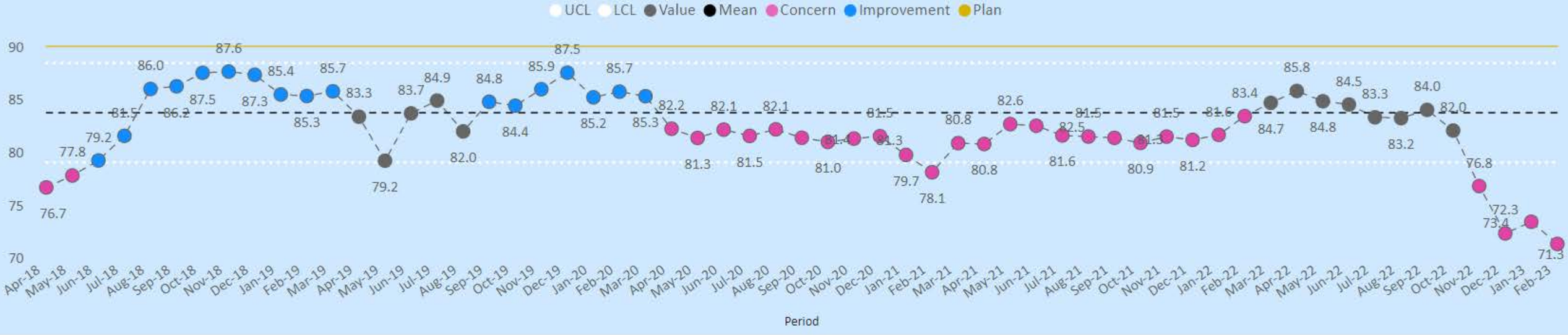
Question	Answers
	Continuous audit of Directorate sickness. Data to be presented in monthly FPP meetings with comparisons undertaken against previous months data. General areas of concerns will be highlighted and actions formulated to address them are communicated. More detailed conversations to be held with CMS/Team Leaders in clinics. Promotion of health and wellbeing initiatives across the directorate to support physical health, mental health and wellbeing of staff. The health and wellbeing page on Connect provides information on initiatives such as Occupational Health support (PAM), Physiotherapy provided by PAM, Workstation Assessments (DSE), and the Employee Assistance Programme (EAP) which is available 24 hours a day by phone. The Trust will be working with Occupational Health to provide 'Know Your Numbers' clinics where staff can book to attend health care clinics , there will also be webinars on stress, women's and men's health. Stress assessments are being promoted across the Trust to support earlier intervention. Information to be fed back to CMS who will provide updates in HR clinics. All long-term sickness cases that reach 16 weeks have a formal review to ensure that the appropriate plans are in place to enable a return to work and/or consider other options available, linking in with OH regarding redeployment/Ill Health retirement. The People Team are focussing on coaching managers through good practice initiatives and exploration of alternatives in managing sickness such as: - Wellbeing meetings/return to work - Final Review Meetings - Redeployment - Ill-health retirements - Refreshing a sickness absence FAQ - A new how to guide has been developed for managers and started to be circulated - Development of a sickness absence training package should go live by April/May 2023 and will link into the new Health, Wellbeing and Attendance Policy
E: What do we expect to happen?	Sickness absence rates will come within the Trust's target percentage as we move out of the winter period. COVID –19 Cases may also continue to increase. The People Team will also support increasing knowledge of supportive best practice for managers.
F: How will we know when we have addressed issues?	A sustained reduction in sickness levels reaching the Trust's target figure and bank/agency bookings for sickness which will be monitored and reported monthly.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Appraisals

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	84.0%	82.0%	76.8%	72.3%	73.4%	71.3%
B: Acute and Urgent Care	79.5%	79.5%	72.2%	67.3%	64.6%	55.2%
C: ICCR	85.6%	84.3%	80.0%	76.2%	77.0%	75.8%
D: Secure Serv & Offender Health	89.5%	86.3%	81.6%	74.4%	76.4%	77.5%
E: Specialties	84.7%	81.1%	76.4%	73.1%	77.2%	75.7%
F: Corporate	78.5%	77.5%	70.9%	69.1%	70.6%	69.7%

Commentary

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Staff Appraisals

February 2023

Question	Answers
A: What has happened?	Appraisal rates have decreased to 71.3%* in Feburary 23. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19. The appraisal rate breakdown by division for February is as follows: Acute and Urgent Care – 55.3%, Chief Executive Locality – 80% *, Exec Director - Medical Locality – 75%, Exec Director - Nursing Locality – 53.8%, Exec Director - Resources Locality – 75%, Exec Director - Strategy People and Partnerships Locality – 72.7%, ICCR – 75.9%, Specialties – 75.3% Secure Services and Offender Health – 77.7% This data only relates to AfC appraisals and not medical workforce. * Please note the L&D team are aware that the above figures are inaccurate and are taking appropriate action to improve.
B: Why has it happened?	As above L&D are interrogating the appraisal data, however we have understood that there are many anomalies in the reporting system and the data is therefore not correct. An example of the type of errors identified is also understood from staff selecting incorrect review forms, appraisal data not being pulled through etc.
C: What are the implications and consequences?	We have not met our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As above we are further investigating the anomalies that are impacting our incorrect compliance figures and will be actioning the following: Discuss and agree exclusion criteria/KPIs; Continue working closely with the ESR team to support inputting of accurate data; Targeted compliance work of 'hot spots' that is tailored to individuals and teams; Support sessions scheduled for each directorate Feb- April 2023; Increasing the profile of Appraisal support/materials available to staff via ongoing discussions with the Comms Team.

Staff Appraisals

February 2023

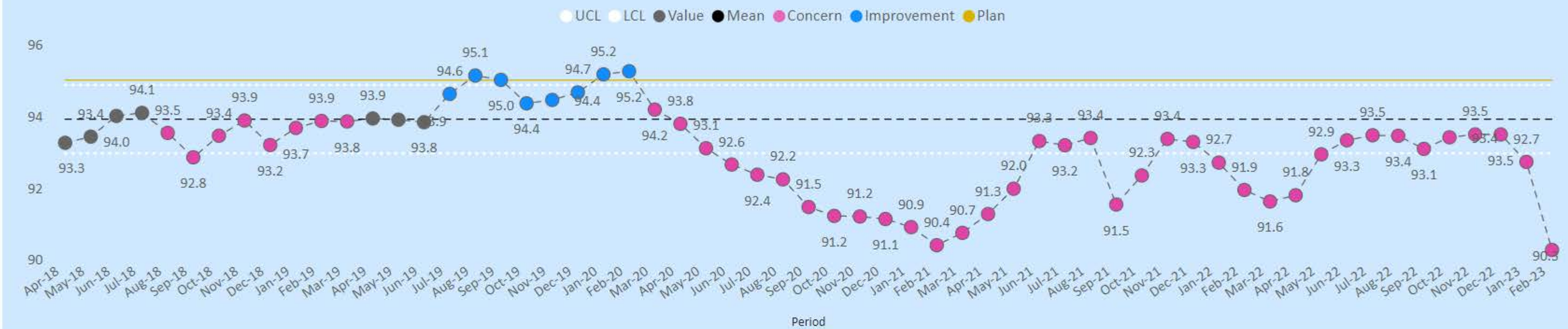
Question	Answers
	* Please note the L&D team are aware that the above figures are inaccurate and are taking appropriate action to improve.
B: Why has it happened?	As above L&D are interrogating the appraisal data, however we have understood that there are many anomalies in the reporting system and the data is therefore not correct. An example of the type of errors identified is also understood from staff selecting incorrect review forms, appraisal data not being pulled through etc.
C: What are the implications and consequences?	We have not met our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As above we are further investigating the anomalies that are impacting our incorrect compliance figures and will be actioning the following: Discuss and agree exclusion criteria/KPIs; Continue working closely with the ESR team to support inputting of accurate data; Targeted compliance work of 'hot spots' that is tailored to individuals and teams; Support sessions scheduled for each directorate Feb- April 2023; Increasing the profile of Appraisal support/materials available to staff via ongoing discussions with the Comms Team. Regular updates regarding the new system to AD's and through Appraisal drop ins to maintain engagement. BAU activities: Targeted compliance work- an L&D Administrator and support from the wider team are utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the new appraisal process. This approach has been reviewed to support and assist managers in quickly identifying those staff that are yet to complete their appraisal. We will review our current resource and identify additional support. Support sessions for all staff are scheduled to support the new appraisal process and a dedicated resource page via Connect.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on 1-2-1 and Appraisal data. The Appraisal compliance figure will continue to fluctuate due to the impact of the change in system/process, however we expect to see some recovery by the end of Q1 of the new Appraisal process.
F: How will we know when we have addressed issues?	The overall aim will be aligned to the new appraisal process in achieving an improvement in the quality of values-based appraisal conversations, enabling the development of an inclusive, compassionate culture.

Birmingham and Solihull Mental Health NHS Foundation Trust

Fundamental Training

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	93.1%	93.4%	93.5%	93.5%	92.7%	90.3%
B: Acute and Urgent Care	92.7%	92.4%	92.1%	92.3%	90.6%	89.2%
C: ICCR	94.0%	94.4%	94.1%	94.1%	93.9%	91.6%
D: Secure Serv & Offender Health	94.5%	94.3%	94.6%	94.5%	93.2%	91.9%
E: Specialties	94.1%	94.5%	94.4%	94.0%	93.7%	91.9%
F: Corporate	91.6%	92.8%	93.8%	94.4%	93.8%	92.5%

Commentary

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Fundamental Training

February 2023

Question	Answers
A: What has happened?	Substantive staff (Trust Target 95%, Commissioners Target 90%)) Overall, Trust's Fundamental Training compliance figure slightly increased from 90.2% in January to 90.3% in February 2023. FT breakdown by division: • Chief Executive Locality – 78.5%, • Exec Director - Medical Locality – 95.1%, • Exec Director - Nursing Locality – 90.7%, • Exec Director – Operations o Acute and Urgent Care – 89.3%, o ICCR – 91.4%, o Secure Services and Offender Health – 92% o Specialties – 91.9% • Exec Director - Resources Locality – 94.6%, • Exec Director - Strategy People and Partnerships Locality – 89.5.2%, TSS Bank Workers (Trust Target 75%) Bank FT compliance has decreased from 87.5 to 85.5 % at the end of February 2023. However, still over the commissioner's target.
B: Why has it happened?	Substantive staff FT compliance: All areas remain slightly below ideal Trust target 95% except for Exec Director – Medical. We have achieved the commissioner's expectation of 90% in nearly all areas except CEO, Acute and Urgent Care and Strategy People and Partnerships. Withdrawals have decreased; however, the volume of DNA's remain unsustainable & coupled with the increase in new starters compromises the agreed 12% buffer.
C: What are the implications and consequences?	Business, Administration and Financial Risks: Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas. Breach of commissioners' compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant.

Fundamental Training

February 2023

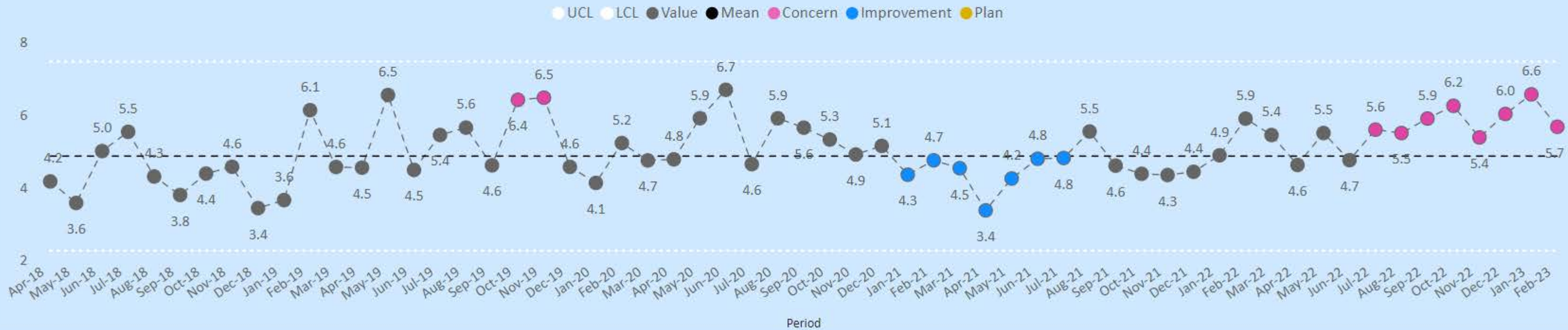
Question	Answers
	• Exec Director - Strategy People and Partnerships Locality – 89.5.2%, TSS Bank Workers (Trust Target 75%) Bank FT compliance has decreased from 87.5 to 85.5 % at the end of February 2023. However, still over the commissioner's target.
B: Why has it happened?	Substantive staff FT compliance: All areas remain slightly below ideal Trust target 95% except for Exec Director – Medical. We have achieved the commissioner's expectation of 90% in nearly all areas except CEO, Acute and Urgent Care and Strategy People and Partnerships. Withdrawals have decreased; however, the volume of DNA's remain unsustainable & coupled with the increase in new starters compromises the agreed 12% buffer.
C: What are the implications and consequences?	Business, Administration and Financial Risks: Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas. Breach of commissioners' compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant. TSS are not included in overall Trust compliance however are required to undertake training. The required training needs to provide TSS staff on time to be practice safely. Finance: Procuring external training for AVERTS and Resus (ELS & ILS) has extra cost implications.
D: What are we doing about it?	Training places adequate to reach target by the end of Q1 for ELS and ILS as Trust have been procured from external providers. Continue to chase up staff who are due for AVERTS 1 day Update training to reduce the number of staff to attend AVERTS 5-days. Also, we got approval from CGC group for increasing AVERTS amnesty from 15 to 18 months (for once time only) to get more space for 5 days AVERTS training for new starters and save time and cost for clinical areas as substantive staff who has just expired can attend 1 day rather than 5 days training. Training to provide more spaces to new starters and bank staff. We are now sending extra reminders around upcoming training. Businesses as usual process, to keep the compliance at the required percentages, L&D constantly chasing staff to fill the spaces. This is ongoing process that L&D team does. Additional training provision is available for TSS staff to increase capacity so TSS workforce can have the skills to practice safely in clinical environment.
E: What do we expect to happen?	Calculated trajectories have shown that FT recovery for substantive staff will be achieved in all subjects in Q4, as long as the DNA rate and staff turnover does not exceed the Trust agreed 12%.
F: How will we know when we have addressed issues?	With uptake of training offers and when the trajectories offered to the executive team and commissioners are achieved on the cited date. When expected compliance rates will reflect on insight reporting system.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff assaults / 1000 OBD

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	5.9	6.2	5.4	6.0	6.6	5.7
B: Acute and Urgent Care	11.1	11.9	9.0	7.6	9.2	9.4
C: ICCR		1.1		0.8	1.9	0.8
D: Secure Serv & Offender Health	3.4	2.4	3.1	2.7	1.9	2.1
E: Specialties	5.1	6.8	7.3	15.6	15.8	9.6

Commentary

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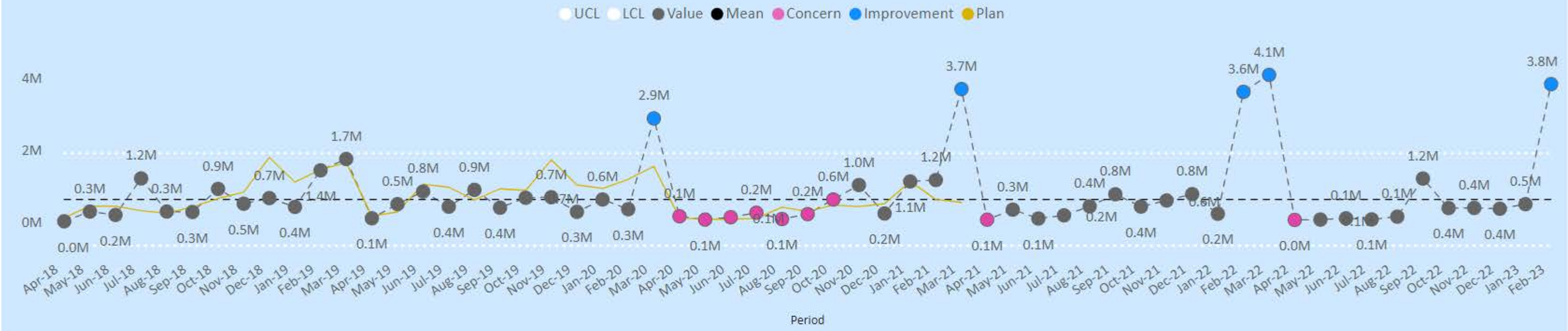
Birmingham and Solihull Mental Health NHS Foundation Trust

CAP Ex

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	£1,200k	£378k	£382k	£360k	£487k	£3,830k

Commentary

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CAP Ex

February 2023

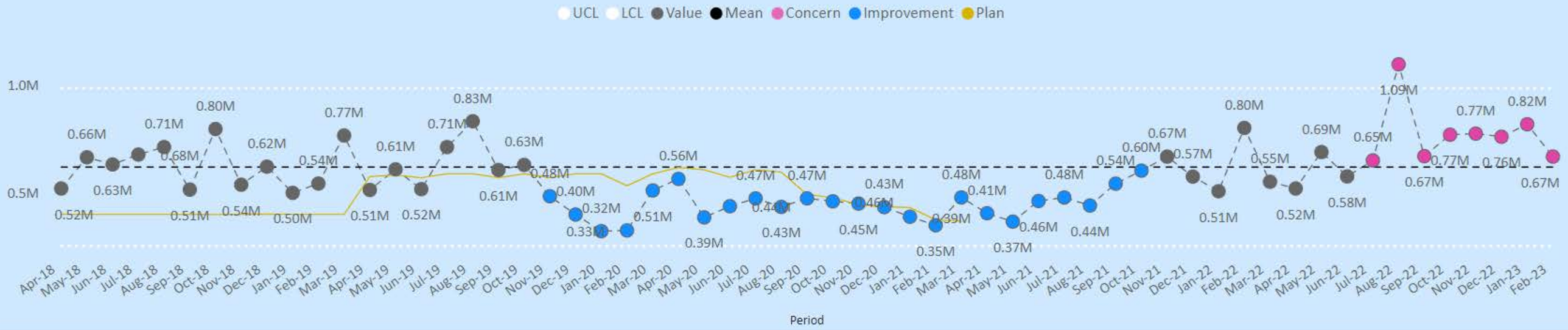
Question	Answers
A: What has happened?	February capital expenditure now includes full accrual for all the work that has happened to date and takes us above phased plan
B: Why has it happened?	All work in progress has now been fully assessed and the YTD spend has been corrected
C: What are the implications and consequences?	We might not achieve full plan, leading to potential issues with regulators and BSol ICB
D: What are we doing about it?	Taking regular assurance that we will achieve 22/23, trying to establish 23/24 programme early enough to avoid repetition of problems in 23/24
E: What do we expect to happen?	Full year spending will be in line with plan
F: How will we know when we have addressed issues?	Spending is in line with planned monbthly trajectory

Birmingham and Solihull Mental Health NHS Foundation Trust

Monthly Agency

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	£670k	£769k	£774k	£760k	£817k	£668k

Commentary

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Monthly Agency

February 2023

Question	Answers
A: What has happened?	There has been a decrease in agency spend from c.£782k in January 23 c.£667.6K in February 2023. This spend is above the NHSI monthly stretch target by £339. Year to date expenditure is £7.318m. We are £4.17m over the YTD stretch target.
B: Why has it happened?	There has been a significant decreases in spend across areas in medical agency and other clinical agency however increases in admin & nursing agency spend as can be seen below; 79K decrease in medical agency spend 87k decrease in nursing agency spend 8k increase in spend for other clinical agency. 9k increase in admin and clerical
C: What are the implications and consequences?	High agency spend increases the financial pressure the Trust is under and impacts the monthly deficit – this could contribute to the Trust failing to meet the control total facing the likelihood of sanctions. High agency usage also impacts on continuity of care for patients. BAF Risks: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in missed opportunities for cost improvement
D: What are we doing about it?	Agency controls are in place to ensure that spend remains below target: Throughout February, 30 additional bank positions were recruited and filled, alleviating the need for numerous agency shifts. An Agency Staff Diagnostic Toolkit was completed and passed on to B/Sol ICB to assist and aid with the reduction of agency spend. An Agency Reduction Paper completed by People Partner for Resourcing and Temporary Staffing has been submitted outlining numerous spend reduction recommendations. A Trust wide SOP is being developed to ensure Agency request confirm and challenges become even more stringent, requiring Executive approval – SMT authorisation and a clinical business case is already required for all Admin and Trust wide band 7 and above positions. Direct Engagement for Agency Staff meetings are on hold at the moment – prior to this and going forwards it will be a work in progress and a presentation from 247 Allocate will be carefully considered that demonstrated how Direct Engagement can have a significant effect on fill rates and also have significant, tangible cost saving implications. Longer term agency block bookings are being analysed to initiate a transfer to substantive positions.

Detailed Commentary

Monthly Agency

February 2023

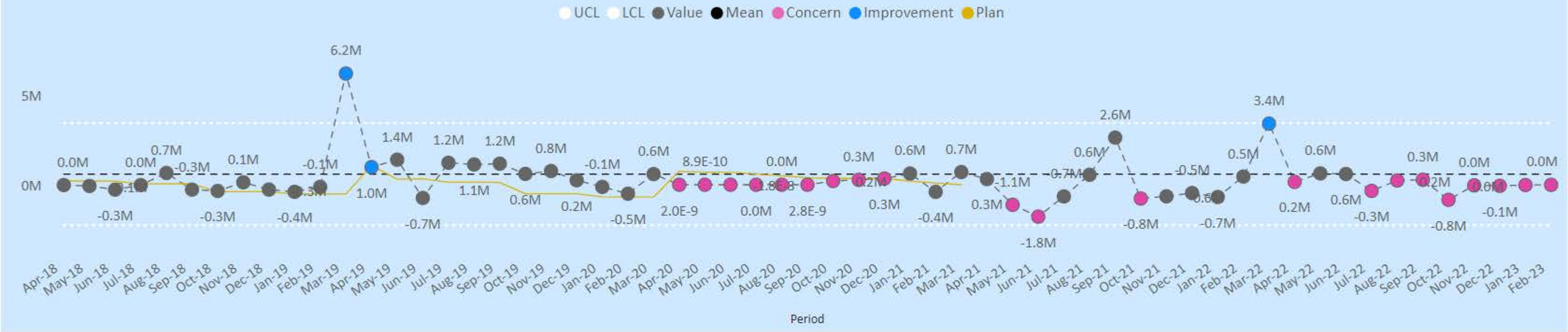
Question	Answers
	9k increase in admin and clerical
C: What are the implications and consequences?	High agency spend increases the financial pressure the Trust is under and impacts the monthly deficit – this could contribute to the Trust failing to meet the control total facing the likelihood of sanctions. High agency usage also impacts on continuity of care for patients. BAF Risks: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in missed opportunities for cost improvement
D: What are we doing about it?	Agency controls are in place to ensure that spend remains below target: Throughout February, 30 additional bank positions were recruited and filled, alleviating the need for numerous agency shifts. An Agency Staff Diagnostic Toolkit was completed and passed on to B/Sol ICB to assist and aid with the reduction of agency spend. An Agency Reduction Paper completed by People Partner for Resourcing and Temporary Staffing has been submitted outlining numerous spend reduction recommendations. A Trust wide SOP is being developed to ensure Agency request confirm and challenges become even more stringent, requiring Executive approval – SMT authorisation and a clinical business case is already required for all Admin and Trust wide band 7 and above positions. Direct Engagement for Agency Staff meetings are on hold at the moment – prior to this and going forwards it will be a work in progress and a presentation from 247 Allocate will be carefully considered that demonstrated how Direct Engagement can have a significant effect on fill rates and also have significant, tangible cost saving implications. Longer term agency block bookings are being analysed to initiate a transfer to substantive positions. Fortnightly Agency Spend Review Meetings are taking place to ascertain and plan measures and controls required to keep agency spend to a minimum.
E: What do we expect to happen?	We expect agency spend to reduce. However, it should be noted that the impact of Covid-19 on staffing levels as detailed in the increase in shifts requested for COVID-19 may impact on the Trust's ability to reduce agency spend usage.
F: How will we know when we have addressed issues?	Agency spend reduces further and remains under the NHSI target for the Trust.

Birmingham and Solihull Mental Health NHS Foundation Trust

Operating Surplus

Divisions

Statistical Process Control (SPC)



Break down by Division (with pink background where target not met)

Division	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
A: All	£279k	-£840k	-£34k	-£60k	-£16k	-£7k

Commentary

(Blank)

Detailed Commentary

Operating Surplus

February 2023

Question	Answers
A: What has happened?	YTD deficit of £0.61m against plan of breakeven
B: Why has it happened?	Significant pressure sin terms of out of area bed usage, temporary staffing and undelivered savings
C: What are the implications and consequences?	Failure to achieve financial plans and concerns with ICS and regulators
D: What are we doing about it?	Driving hard for additional efficiencies for 23/24
E: What do we expect to happen?	Considered significant risk of under achievement, need to drive significant transformational change
F: How will we know when we have addressed issues?	When we are delivering in line with requirement and have reliable pipeline of savings

Birmingham and Solihull Mental Health NHS Foundation Trust

FPPC 22nd March 2023

Performance metric trajectory updates

Trust Performance Metrics

At the February 2023 FPPC meeting, members requested the submission of improvement trajectories for the following metrics in line with the plans already provided:

Performance Metrics	People Metrics
• Inappropriate Out of Area bed days	• Vacancies
• IAPT waiting times 6 and 18 weeks	• Sickness
• New Referrals not seen within 3 months	• Appraisals
• CPA 12 month Reviews	• Bank and Agency fill rate
• 7 Day follow up	

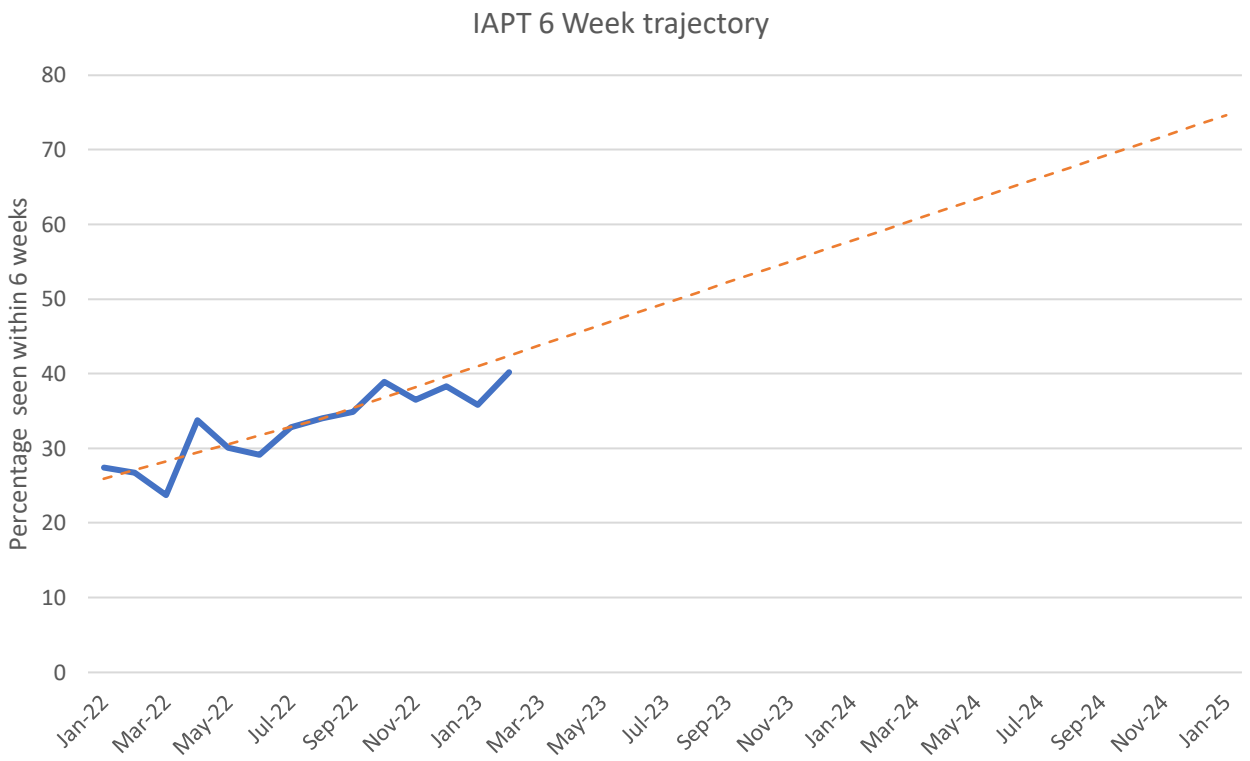
The above areas were discussed at the Performance Delivery Group on the 2nd March and relevant leads have provided an update on each area – see below.
A monthly update will be provided on progress with trajectories where this is in place.

Inappropriate Out of Area bed days

- Inappropriate Out of Area trajectories are being agreed as part of the national planning round for 2023/24.
- A first draft has been submitted to NHSE for consideration and finalisation. An update will therefore be provided next month.
- The current trajectories agreed with commissioners remain in place until the plan for next year has been formally signed-off.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT waiting times 6 weeks



Trajectory provided by Associate Director for Specialties

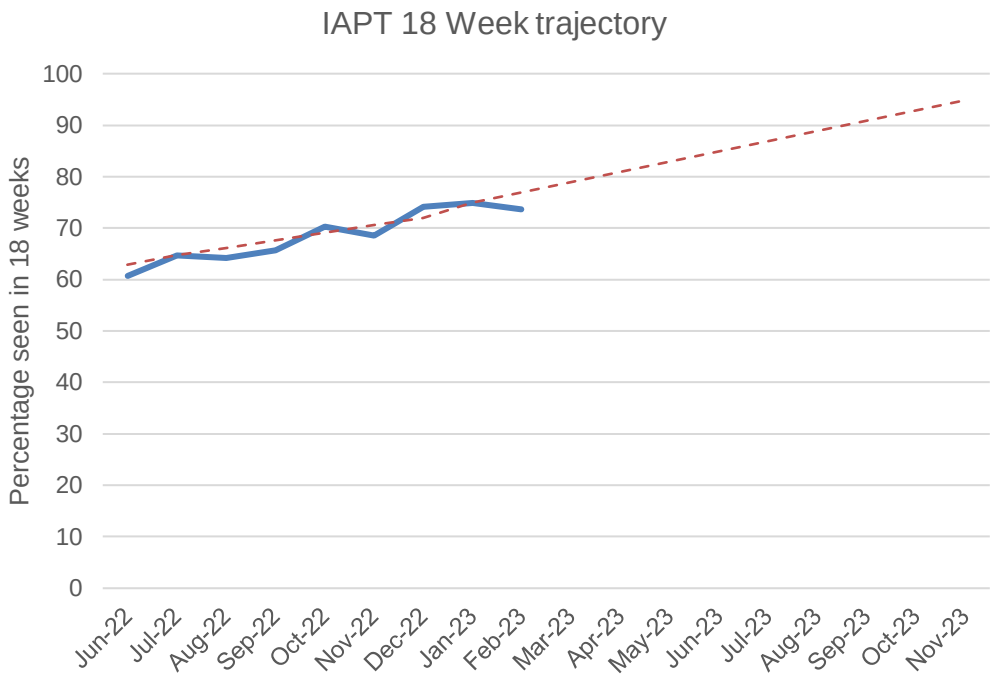
The aim is to reach the 75% target by January 2025

The trajectory is based on the current staffing available and planned but will need to be adjusted in year to reflect success with staffing levels recruited recognising the challenging context of national shortages of this staffing group. The trajectory is dependent largely on staff recruitment. In order to be able to see more patients and thus reduce waiting times.

The Specialties deep dive meeting on the 2nd March discussed the challenges the IAPT service are currently facing and the service agreed to review their action plan to see if there are additional actions that can be put in place. The trajectories should be read in conjunction with the action plan update provided to February FPPC meeting.

Birmingham and Solihull Mental Health NHS Foundation Trust

IAPT waiting times 18 weeks



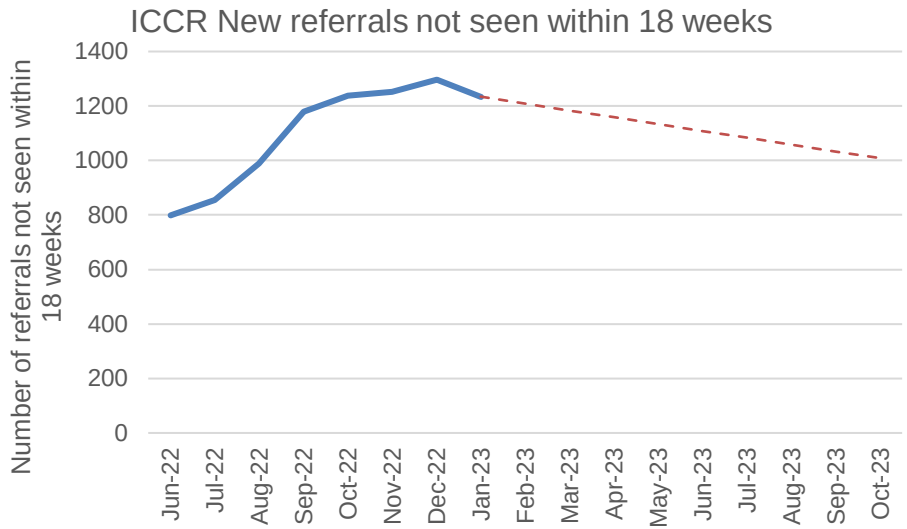
The aim is to reach the 95% target by November 2023.

The trajectory is based on the current staffing available and planned but will need to be adjusted in year to reflect success with staffing levels recruited recognising the challenging context of national shortages of this staffing group. The trajectory is dependent largely on staff recruitment. In order to be able to see more patients and thus reduce waiting times.

The Specialties deep dive meeting on the 2nd March discussed the challenges the IAPT service are currently facing and the service agreed to review their action plan to see if there are additional actions that can be put in place. The trajectories should be read in conjunction with the action plan update provided to February FPPC meeting.

Note - Trajectory provided by Associate Director for Specialties

New Referrals not seen within 3 months



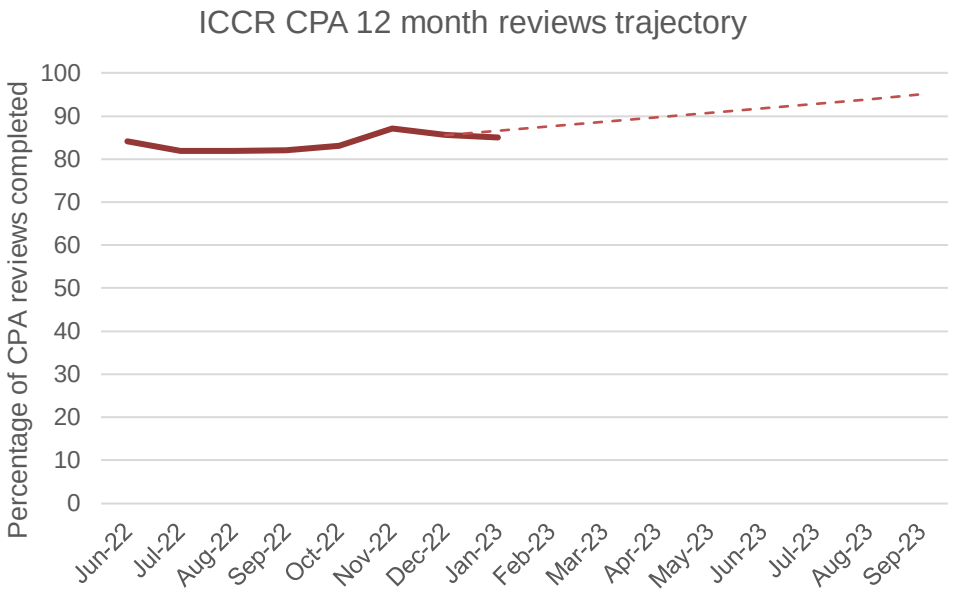
ICCR Due to the high number of patients waiting to be seen for a first appointment, the initial focus for the ICCR CMHTs will be to reduce the long waits focusing on service users waiting over 18 weeks. The trajectory is based on achieving a 20% reduction in the 18 week plus cohort by the end of October 2023.

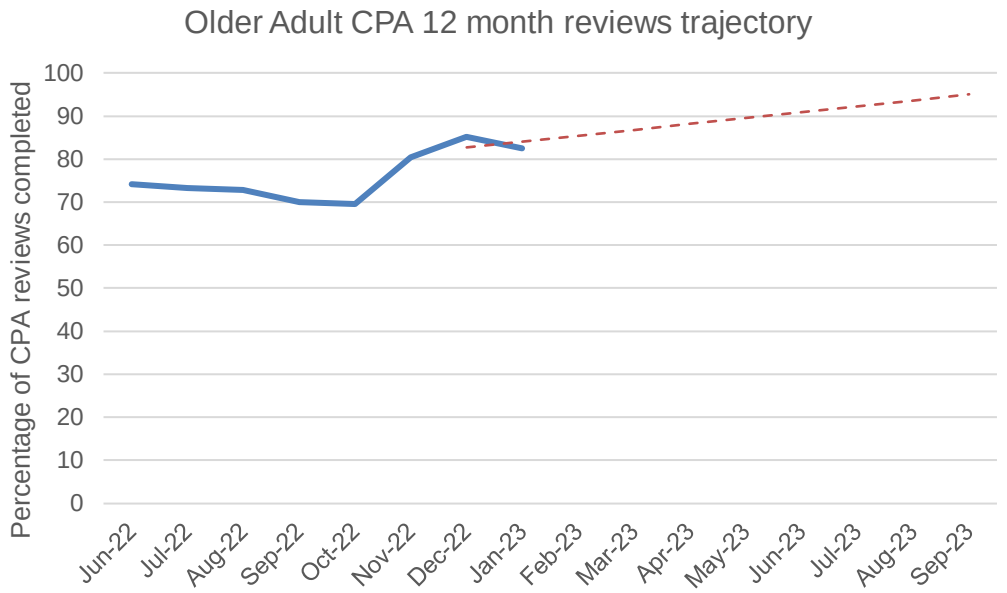
Older adults CMHTs – In line with the report submitted to February FPPC and discussed in detail at the Specialties Deep Dive meeting on 2nd March, the service is facing significant challenges including high caseload management and long term consultant and qualified nurse vacancies impacting on the ability to see new service user referrals within 3 months. It was agreed at the Deep Dive meeting that the immediate focus of the service plan is to focus on core services and review of staffing levels to ensure safe provision across teams including implementation of recruitment and retention plans. It should be noted therefore that an improvement trajectory would not be possible due to the above.

Note - ICCR Trajectory provided by Associate Director for ICCR. Older Adult CMHT position confirmed by Associate Director for Specialities.

Birmingham and Solihull Mental Health NHS Foundation Trust

CPA 12 month reviews





ICCR and older adults CMHTs – Improvement trajectory to achieve 95% by the end of September 2023. However it should be noted that the significant staffing challenges described in the previous slide will make this target challenging for Older adult CMHTs.

Note - Trajectory position provided by Associate Directors for Specialties and ICCR

Birmingham and Solihull Mental Health NHS Foundation Trust

7 Day follow up post discharge

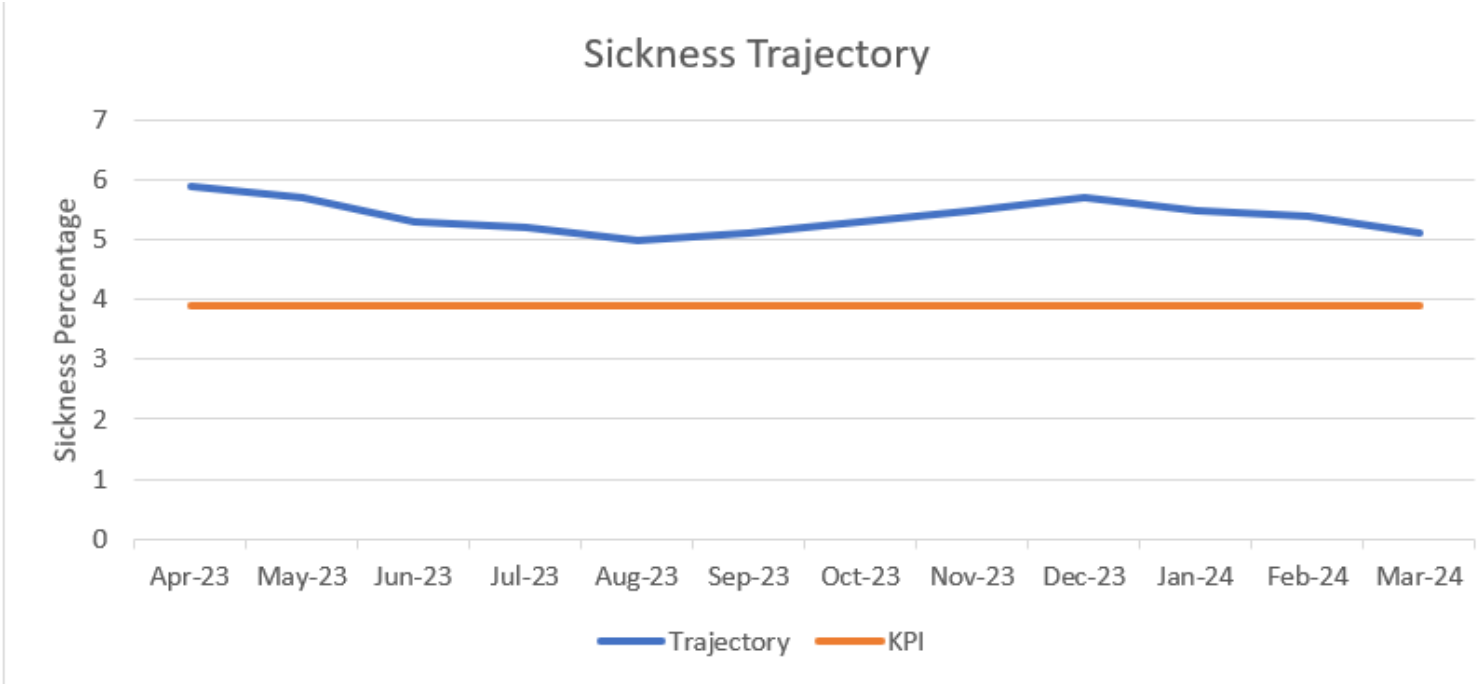
Maintaining a 95% standard on this qualitative metric is impacted on a combination of two key factors:

- To reduce the burden on services during Covid, we ceased the practise of confirming with other Trusts whether follow up had taken place for service users discharged to their services/area. This practise currently remains in place. Although the number of service users is small, the impact in percentage terms is high.
- Late data entry by staff on RIO is also a consistent theme, and although small in numbers, the impact in percentage terms is high. This area of data quality improvement is routinely discussed with ward managers to minimise occurrence.

As the above factors will vary month on month and ability to control both factors can be limited, it is not possible to establish an improvement trajectory.

Note – Commentary above provided by the AD for performance & Information

Sickness Absence



- The trajectory has incorporated seasonal impact variations to reflect previous summer and winter trends.
- The Trajectory has also been informed by NHS Digital data for NHS Mental Health Trusts in terms of long term and short-term trends.
- The people team are working with managers to support the management of long term sickness cases through a wide range of actions.

Note - Trajectory provided by People team

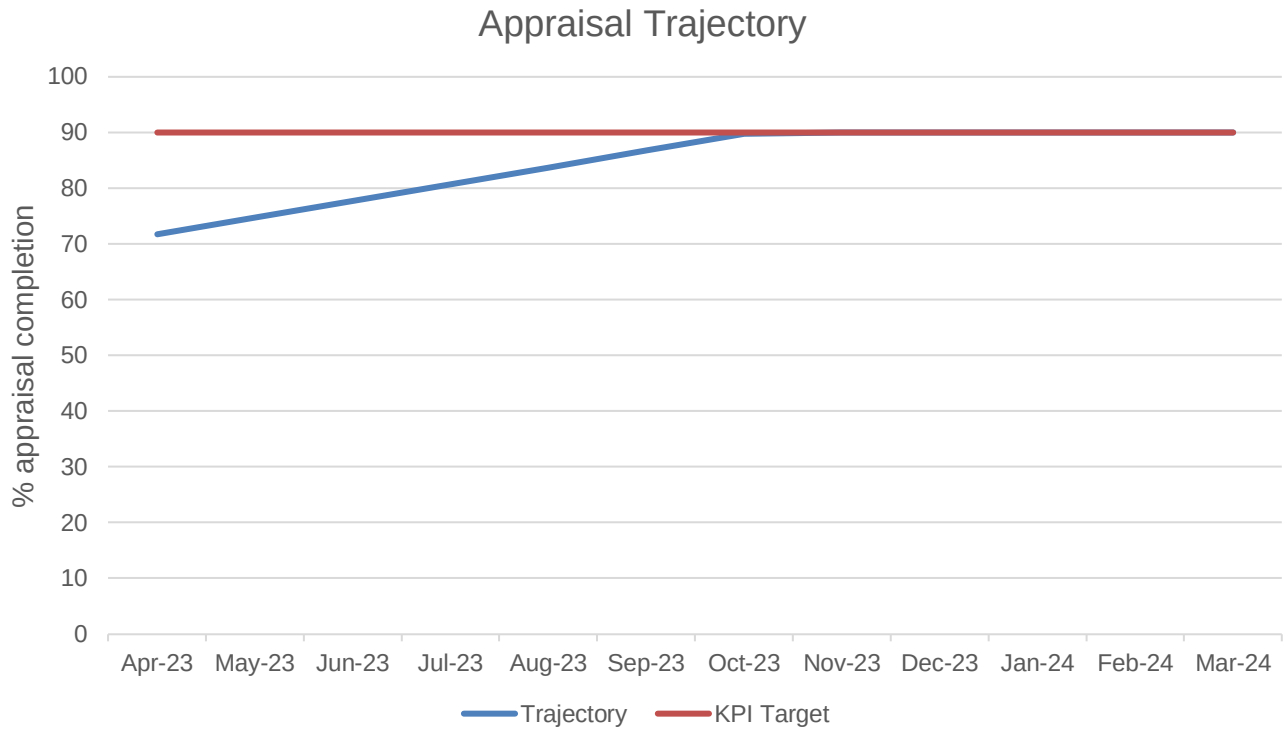
Birmingham and Solihull Mental Health NHS Foundation Trust

Vacancies

The HR lead has confirmed that the workforce plan for 2023/24 is being finalised as part of the national planning round. Once growth figures are established a phased trajectory will be developed and will be provided to FPPC on completion.

Birmingham and Solihull Mental Health NHS Foundation Trust

Appraisals

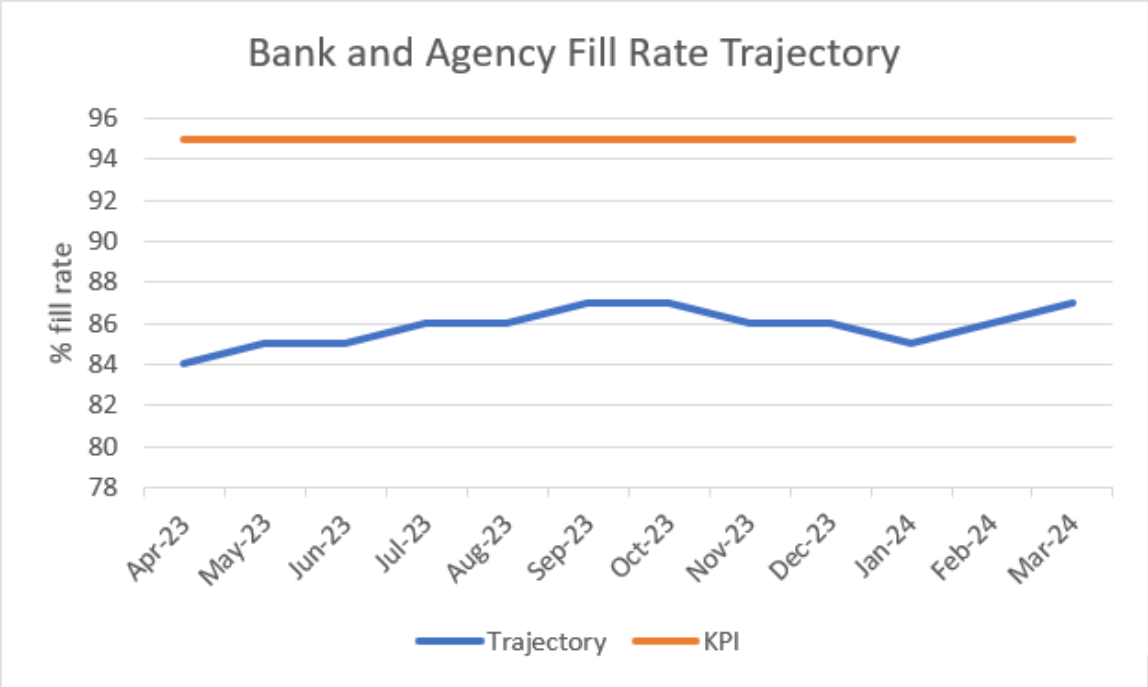


- A new appraisal system has been recently introduced which has had an impact on performance. This also means that appraisals during this year will be recorded in 2 different systems which makes monitoring challenging.
- A recovery plan has been developed which will include further targeted work, webinars and support to operational staff in navigating the new process on ESR.
- It has also been noted that there are a number of appraisals which have been created but not finalised. L&D staff will be reviewing these to assess levels of completion.

Note - Trajectory provided by People team

Birmingham and Solihull Mental Health NHS Foundation Trust

Bank and Agency fill rate



There will be little change with the current bank and agency fill rates unless there is a significant decrease in the number of bank shifts being requested.

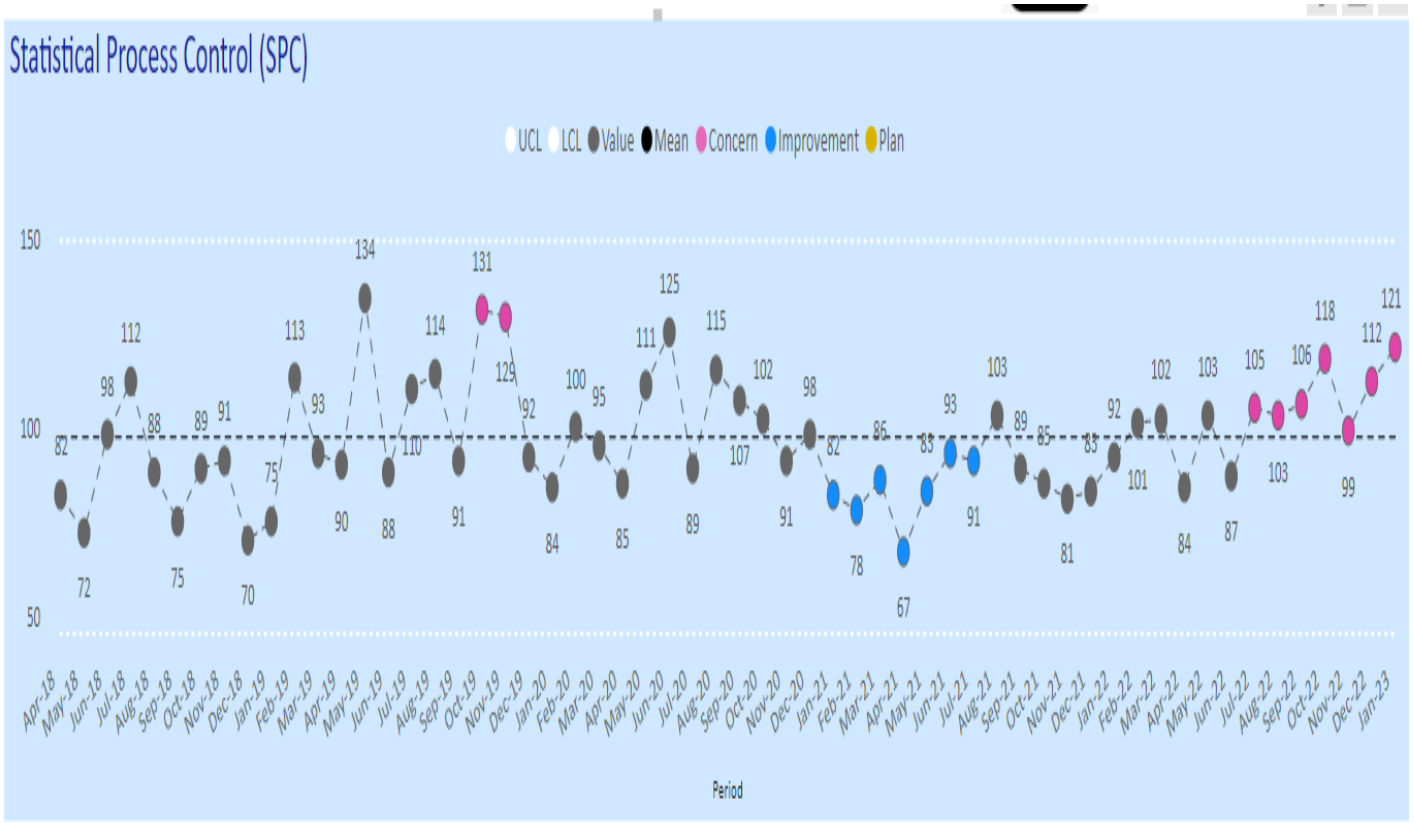
Action to improve recruitment and retention to employ new staff in line with the workforce plan as well as filling existing vacancies will support improvement on this metric.

Demand on bank shifts continues to be high with on average, nearly 18,000 shifts being requested each month.

Note - Trajectory provided by People team

Birmingham and Solihull Mental Health NHS Foundation Trust

Inpatient Assaults on Staff



Note - Trajectory provided by People team

- There were 112 reported staff assaults, 2 of which were categorised as medium harm. This is the 7th consecutive month that the data has been above the median showing an upward trend.
- 11 assaults were reported in Male PICU with 2 on Meadowcroft and 9 on Caffra. 1 of the incidents on Meadowcroft was categorised as moderate harm with the staff member requiring paramedic attendance. Bergamot recorded 27 patient on staff assaults,; 1 person has been recorded in 21 incidents as instigator. On Tazetta the single incident was categorised as moderate harm. This involved an informal service user attempting to punch a staff member leading to physical intervention. Service user was discharged from services and police contacted in relation to assault

9.3. Finance Report

Enclosure 1: Finance Report

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS**
AGENDA ITEM	**Item 9.3**
PAPER TITLE	**Financial Position including:** • Financial Performance April 2022 to February 2023 • 2023/24 Financial Plan • Going Concern Review • Capital Programme 2023/24 • Contract Renewal – SSL owned sites
DATE	29/3/2023
AUTHOR	Emma Ellis, Head of Finance & Contracts
EXECUTIVE SPONSOR	David Tomlinson, Executive Director of Finance

This paper is for ***(tick as appropriate):***		
☒ Action	☒ Discussion	☒ Assurance

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

Executive summary & Recommendations:

Financial Performance April 2022 to February 2023

Revenue position

The month 11 Group position is a deficit of £0.6m year to date, this is £0.6m adverse to the break even plan as submitted to NHSE on 20 June 2022. The position comprises a £1.2m deficit for the Trust, a £37k deficit for Summerhill Services Limited (SSL) and a £229k surplus position for the Reach Out Provider Collaborative. The month 11 Group deficit position is mainly driven by slippage on savings delivery and continuing out of area and staffing pressures.

The Trust continues to forecast a breakeven position for the year as a whole as it has been doing for several months.

Capital position

Month 11 Group capital expenditure is £7m, which is £1m ahead of year to date plan and £1.5m ahead of the revised forecast profile. The large increase in monthly spend

in February reflects both increased activity on capital works in the month and more realistically assessing work completed but not yet billed earlier in the year.

Cash position
The month 11 Group cash position is £65.2m.

2023/24 Financial Plan
On 23 March 2023 the draft 2023/24 revenue plan was submitted to NHSE at a deficit of £8m. The draft financial plan submitted by the Birmingham and Solihull Integrated Care System was a deficit of £120m. Following ongoing review across the system, adjustments of £5m have been identified to improve the financial plan to a £3m deficit. This is the agreed plan to be submitted to NHSE following system-wide CEO and CFO discussion and will form the basis of budget setting upload for 2023/24.
For BSMHFT, this includes the following adjustments:

- £6.1m of expenditure relating to Mental Health Investment Standard funding previously included in the BSMHFT plan was already included in ICS plans elsewhere and can therefore be removed
- Removal of double count income for the system - £1.1m
- Guidance from NHSE that excess non-pay inflation should be treated as a risk rather than be included within the submission - £0.5m
- Adjustment for fair share of overall ICS deficit - £0.3m

Because of the mandatory submission deadline, the submission has been approved by the Chief Executive and Director of Finance on behalf of the Board. The Board is asked to approve the submission.

Going Concern Review
In preparing its annual accounts, the Trust is obliged to confirm whether or not it is appropriate to do so on the going concern basis.
This matter was discussed at the Finance, Performance and Productivity Committee which endorsed the management assessment of going concern that it is appropriate. The Board is asked to approve this recommendation.
The external auditors will validate this approach as part of their year end audit work and report back to Audit Committee.

Capital Programme 2023/24
The draft 5 year capital plan was also submitted on 23 February 2023. The draft capital plan submitted for 2023/24 was £7m (this is based on £6.2m capital envelope plus a notional allocation of £0.7m being a fair share of the system capital investment fund (SCIF) – actual allocation of the SCIF is still subject to system review and agreement ahead of the final plan). In the absence of confirmed capital envelopes for future years, the capital plan for the 4 years from 2024/25 to 2027/28 has been submitted as £6.2m in line with our 2023/24 capital envelope.
The draft programme has been developed in line with the Capital Prioritisation Process agreed by the Board.
As per previous discussion at committees and the Board, the following items totalling £4.6m had already been pre-committed:

- Statutory Standards and Backlog Maintenance - £2,000k

- ICT - £930k
- CAMHS seclusion suite (funded externally) - £1,250k
- Completion of inpatient door sets - £400k

The usage of the balance of £2.4m has been reviewed by the Directors of Operations and Nursing in line with the Capital Prioritisation Process and is included as an appendix to this report.
The Finance, Performance & Productivity and Quality, Patient Experience & Safety Committees have reviewed these proposals and recommend their approval by the Board.

Contract Renewal – SSL owned sites
Currently, there are three SSL-owned sites where the lease contract with the Trust has either expired or is shortly due to expire; Tamarind Centre (expired 30 November 2022), Ardenleigh and Juniper (expired 22 December 2021). The Trust is required to make a decision about how to continue use of these sites.
It is recommended that the three contracts are extended using the current terms and conditions to 30 November 2043. The Board is asked to approve this recommendation and pre-approve the extension of Reaside, John Black and Maple Leaf Drive when they end on 31 December 2023 to the same date of 30 November 2043.

Reason for consideration:

The Board is asked to:

- Note the financial position and the assurance provided
- Approve the financial plan for 2023/24
- Approve the going concern treatment in the annual accounts
- Approve the capital programme for 2023/24
- Approv the extension of contract renewals for SSL owned sites as indicated

Previous consideration of report by:

Regular briefing on financial position with FPP chair. Consideration of capital programme at QPES and FPP

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

SUSTAINABILITY: Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population

Financial Implications ***(detail any financial implications)***

Group financial position

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

FPP Overall risk - There is a risk that the Trust fails to make best use of its resources
Engagement ***(detail any engagement with staff/service users)***
Ongoing financial briefings via Operational Management Team and Sustainability Board.

NHS
Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2022 to 28th February 2023

Month 11
Group financial position

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Group Summary	Annual Budget	YTD Position		
		Budget	Actual	Variance
	£'000	£'000	£'000	£'000
Income				
Healthcare Income	295,830	271,178	271,507	329
Other Income	107,927	98,933	104,687	5,753
Total Income	**403,758**	**370,111**	**376,194**	**6,083**
Expenditure				
Pay	(237,321)	(217,545)	(223,509)	(5,965)
Other Non Pay Expenditure	(130,284)	(119,427)	(121,130)	(1,703)
Drugs	(5,956)	(5,460)	(6,127)	(668)
Clinical Supplies	(871)	(799)	(591)	208
PFI	(11,130)	(10,203)	(9,827)	376
EBITDA	**18,195**	**16,679**	**15,009**	**(1,669)**
Capital Financing				
Depreciation	(9,983)	(9,151)	(9,105)	46
PDC Dividend	(1,930)	(1,769)	(1,766)	3
Finance Lease	(4,845)	(4,441)	(4,442)	(0)
Loan Interest Payable	(1,154)	(1,054)	(1,057)	(2)
Loan Interest Receivable	97	85	1,130	1,044
Surplus / (Deficit) before taxation	**380**	**348**	**(230)**	**(579)**
Profit/ (Loss) on Disposal	-	-	(32)	(32)
Taxation	(380)	(348)	(352)	(4)
Surplus / (Deficit)	**(0)**	**0**	**(614)**	**(615)**

Month 11 2022/23 Group Financial Position

The month 11 consolidated Group position is a deficit of £0.6m year to date. This is £0.6m adverse to the break even plan as submitted to NHSE on 20.6.22.

The Group position is mainly driven by the Trust month 11 deficit of £1.2m year to date. Key pressures contributing to the year to date deficit position are slippage on savings delivery, out of area pressures and staffing pressures, with a significant level of temporary staffing expenditure. These are partly offset by vacancies across the Trust and slippage relating to Service Development Fund (SDF) investment, SDF income has been deferred in relation to this. A paper regarding the approach to income deferral was approved at the Operational Management Team meeting on 14.3.23.

The Group position includes a £37k deficit for our wholly owned subsidiary, Summerhill Services Limited (SSL) and a £229k surplus position for the Reach Out Provider Collaborative in line with agreed contribution to Trust overheads year to date. For a segmental breakdown of the Group position, please see page 3.

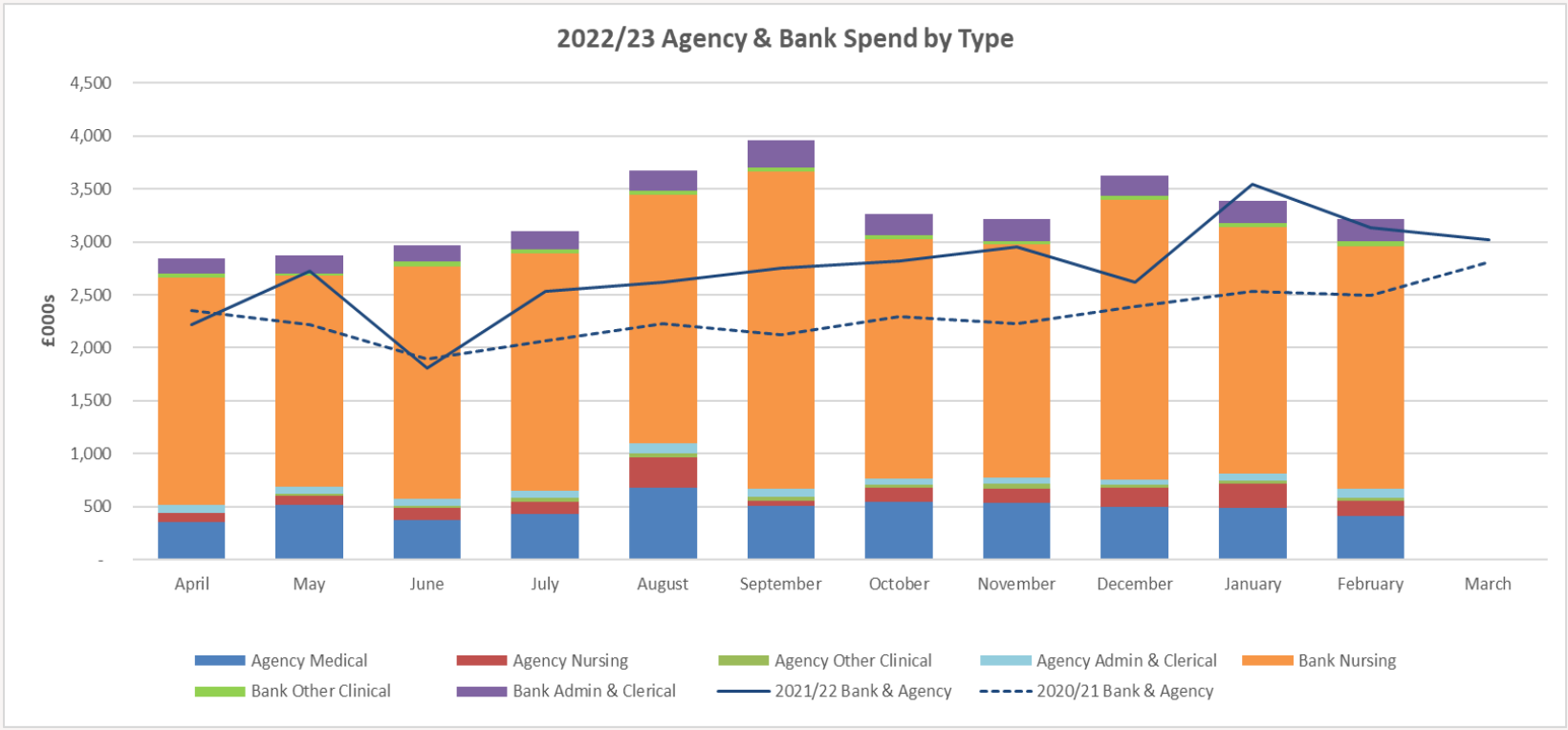
Month 11 Group position
Segmental summary

Group Summary	Trust	SSL	Reach Out	Consolidation	Group
	Actual	Actual	Actual	Actual	Actual
	£'000	£'000	£'000	£'000	£'000
Income					
Healthcare Income	271,507	-	-	-	271,507
Other Income	31,995	25,068	118,276	(70,652)	104,687
Total Income	**303,502**	**25,068**	**118,276**	**(70,652)**	**376,194**
Expenditure					
Pay	(213,121)	(9,509)	(1,130)	250	(223,509)
Other Non Pay Expenditure	(64,028)	(7,158)	(116,916)	66,973	(121,130)
Drugs	(6,457)	(2,723)	-	3,053	(6,127)
Clinical Supplies	(591)	-	-	-	(591)
PFI	(9,827)	-	-	-	(9,827)
EBITDA	**9,477**	**5,678**	**229**	**(376)**	**15,009**
Capital Financing					
Depreciation	(6,480)	(3,081)	-	455	(9,105)
PDC Dividend	(1,766)	-	-	-	(1,766)
Finance Lease	(4,438)	(350)	-	347	(4,442)
Loan Interest Payable	(1,057)	(1,933)	-	1,933	(1,057)
Loan Interest Receivable	3,062	0	-	(1,933)	1,130
Surplus / (Deficit) before Taxation	**(1,201)**	**315**	**229**	**427**	**(230)**
Profit/ (Loss) on Disposal	(32)	-			(32)
Taxation	-	(352)	-	-	(352)
Surplus / (Deficit)	**(1,233)**	**(37)**	**229**	**427**	**(614)**

Temporary staffing expenditure

Bank

Agency



The month 11 year to date temporary staffing expenditure is £36.1m. The graph above shows a breakdown of the temporary staffing expenditure by type.

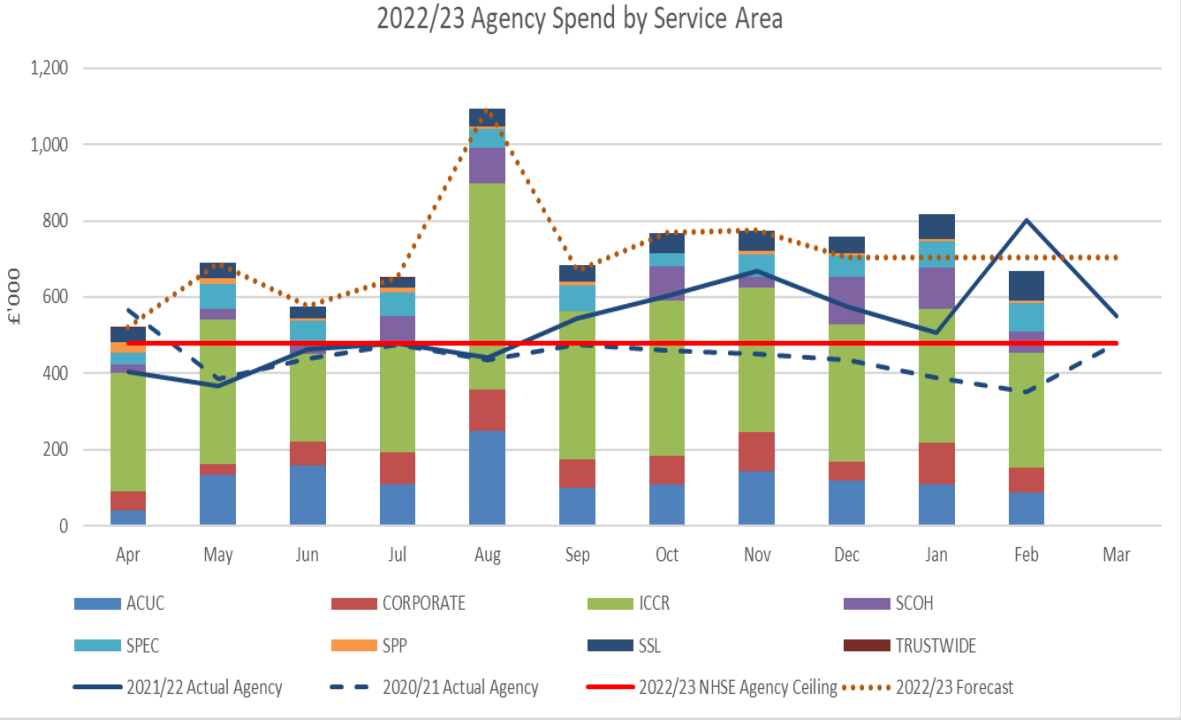
Bank expenditure £28.1m (78%) – the majority of bank expenditure relates to nursing bank shifts - £25.6m.

Agency expenditure £8m (22%) – the majority of agency expenditure relates to medical agency - £5.3m.

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

Agency expenditure analysis

Birmingham and Solihull Mental Health NHS Foundation Trust



Agency expenditure

Total year to date agency expenditure is £8m. This has predominantly been incurred within the following service areas: ICCR £3.9m, Acute & Urgent Care £1.4m, Specialties £0.6m and Corporate £0.8m.

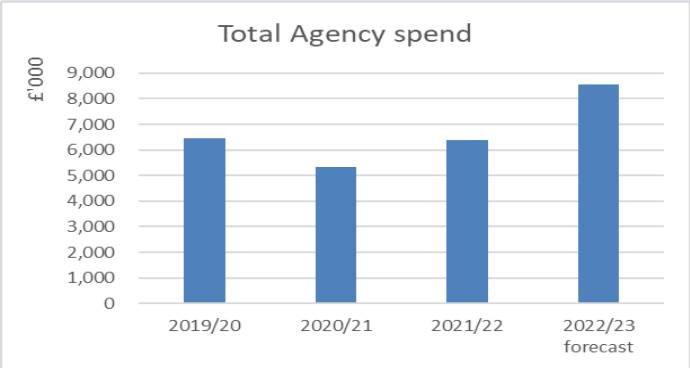
February expenditure of £668k is £149k less than prior month and is below the average monthly spend of £726k. The reduction in moth is partly due to February being a shorter month and a review of year to date accruals.

NHSE have set a system ceiling on agency spend for this financial year, calculated as 90% of 2021/22 spend: £5.7m for BSMHFT. Year to date spend exceeds the ceiling by £2.7m. The forecast spend for 2022/23 is £8.6m (£2.9m above ceiling). This is £2.2m (34%) above 2021/22 spend and £3.8m (60%) above 2020/21 spend.

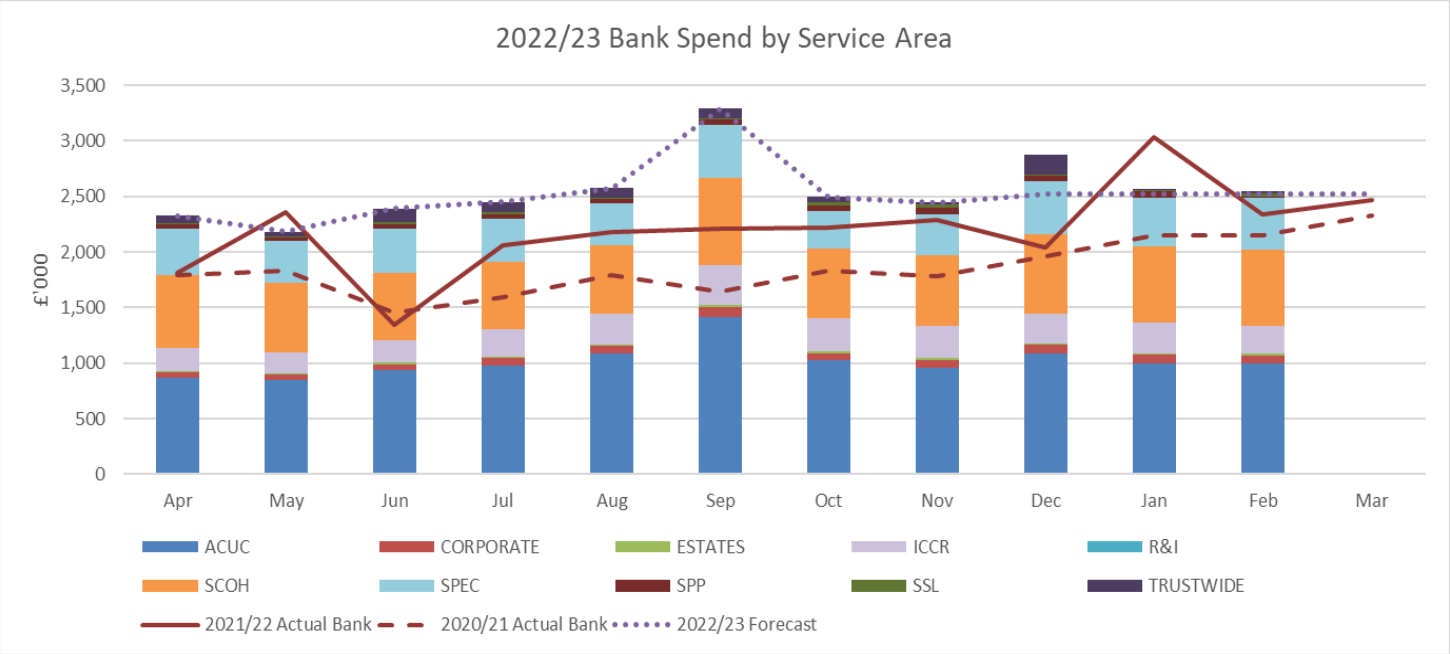
2023/24 Operational Planning guidance indicates a new KPI for agency expenditure, being a limit of 3.7% of the pay bill.

2022/23 year to date agency expenditure equates to 3.6% (2.8% in 2021/22).

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	2022/23 YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Agency Spend	520	689	576	650	1,095	670	769	774	760	817	668	**7,986**
NHSE Ceiling	479	479	479	479	479	479	479	479	479	479	479	**5,265**
Variance to NHSE ceiling	(41)	(210)	(97)	(171)	(616)	(191)	(290)	(295)	(281)	(339)	(189)	(2,721)
Agency Medical	358	515	378	433	677	510	542	539	495	490	411	5,347
Agency Nursing	86	87	113	117	285	43	136	135	180	231	144	1,557
Agency Other Clinical	(1)	20	20	40	45	46	25	40	34	23	31	322
Agency Admin & Clerical	77	67	66	61	88	71	65	60	50	73	82	759
Agency Spend	**520**	**689**	**576**	**650**	**1,095**	**670**	**769**	**774**	**760**	**817**	**668**	**7,986**



Bank expenditure analysis

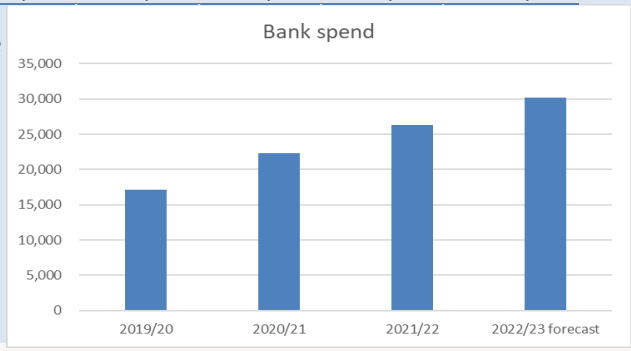


Bank expenditure

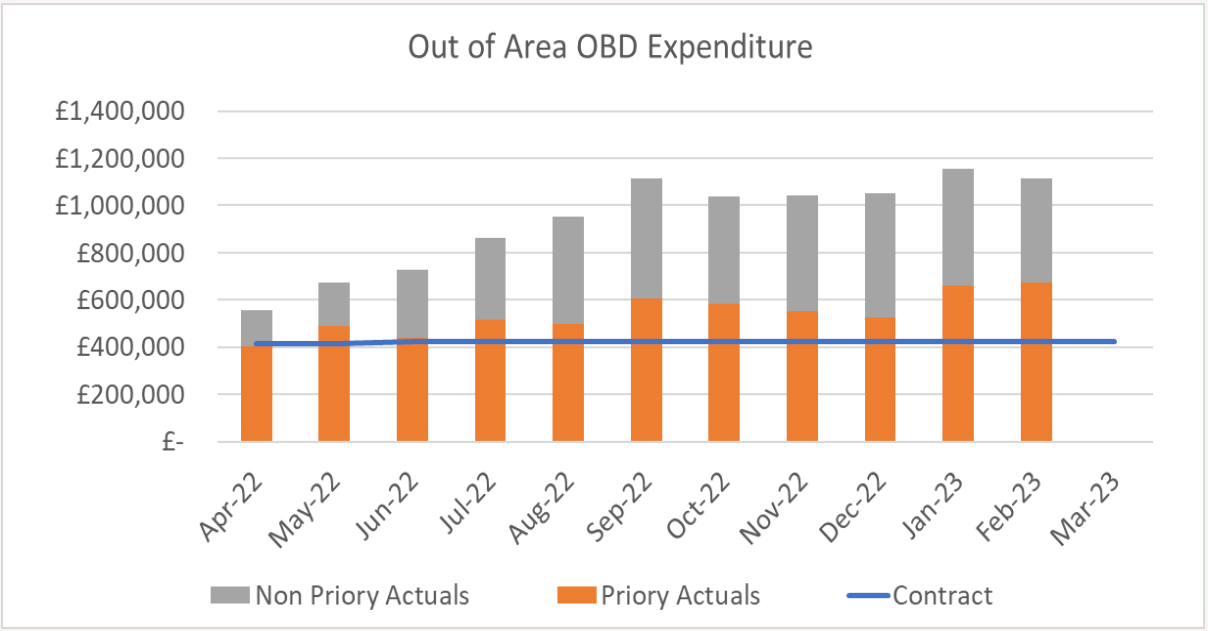
Type	April	May	June	July	August	September	October	November	December	January	February	YTD
Bank Nursing	2,140	1,991	2,196	2,241	2,348	2,991	2,260	2,205	2,635	2,325	2,291	25,620
Bank Other Clinical	42	20	39	40	34	45	35	29	41	35	45	405
Bank Admin & Clerical	145	172	155	171	193	253	197	209	190	208	208	2,102
Grand Total	**2,326**	**2,183**	**2,390**	**2,452**	**2,575**	**3,289**	**2,492**	**2,443**	**2,866**	**2,567**	**2,544**	**28,127**

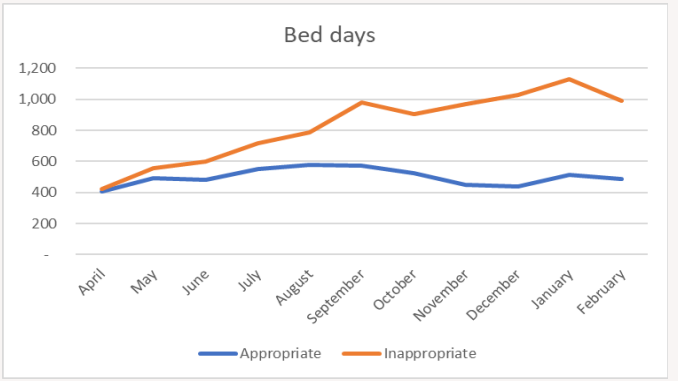
Total year to date bank expenditure at month 11 is £28.1m. This has predominantly been incurred within the following service areas: Acute & Urgent Care £11.2m, Secure and Offender Health £7.2m, Specialities £4.5m and ICCR £2.9m.

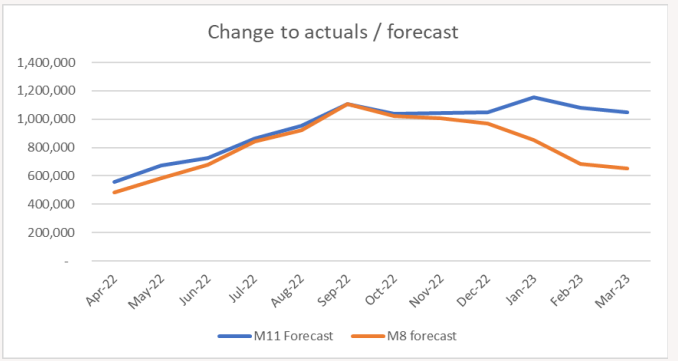
Total bank spend of £2.5m in February is in line with prior month and is just below the average monthly bank expenditure year to date of £2.6m. This is £0.4m above the 2021/22 monthly average and £0.7m above the 2020/21 average.
The forecast total bank spend for 2022/23 is £30m, this is £4m higher than 2021/22 (15%) and £8m higher than 2020/21 (36%).

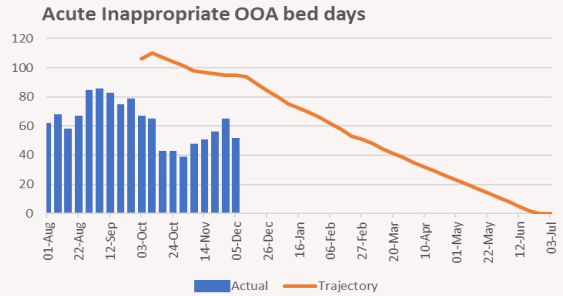


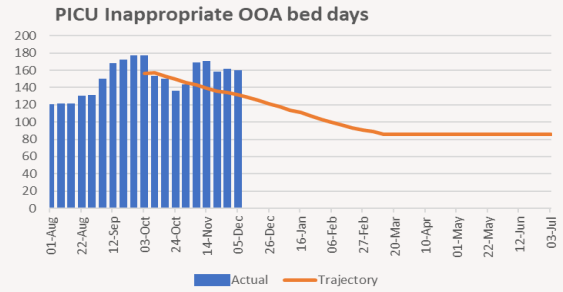
Out of Area overspend











The out of area plan set for 2022/23 was £5m, based on an agreed contract with Priory for provision of 22 out of area beds (10 Acute and 12 PICU). Actual expenditure year to date is £6m above plan.

The 2022/23 forecast out of area spend is now £13.7m (£8.7m overspend) based on latest data and contractual review following notice letter from Priory, which has caused us to fundamentally review our accruals methodology. The initial trajectory for reduction of inappropriate out of area spend (shown in the graphs opposite) assumed that Acute beds will reach zero inappropriate by July 2023. This suggested that total out of area spend would reduce recurrently by £2.4m. The recurrent out of area cost pressure is currently being reviewed given the divergence from trajectory.

Consolidated Statement of Financial Position (Balance Sheet)

Birmingham and Solihull Mental Health NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-22 £m's	NHSI Plan YTD 28-Feb-23 £m's	Actual YTD 28-Feb-23 £m's	NHSI Plan Forecast 31-Mar-23 £m's
Non-Current Assets				
Property, plant and equipment	186.5	201.5	204.6	201.9
Prepayments PFI	1.6	1.3	2.4	1.3
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	0.0	-
Deferred Tax Asset	0.1	0.1	0.1	0.1
Total Non-Current Assets	188.1	202.9	207.1	203.3
Current assets				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	11.1	19.6	11.1
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	51.6	65.2	49.9
Total Curent Assets	38.9	63.2	85.2	61.5
Current liabilities				
Trade and other payables	(29.4)	(47.0)	(58.9)	(46.2)
Tax payable	(4.4)	(4.8)	(5.0)	(4.8)
Loan and Borrowings	(2.7)	(2.7)	(2.5)	(2.7)
Finance Lease, current	-	(1.0)	(1.0)	(1.0)
Provisions	(1.2)	(1.2)	(1.5)	(1.2)
Deferred income	(13.2)	(25.3)	(36.1)	(25.3)
Total Current Liabilities	(50.9)	(82.0)	(105.1)	(81.2)
Non-current liabilities				
Loan and Borrowings	(29.5)	(25.1)	(25.1)	(25.1)
PFI lease	(49.3)	(46.0)	(46.0)	(45.8)
Finance Lease, non current	-	(5.7)	(8.1)	(5.6)
Provisions	(2.4)	(4.3)	(3.3)	(4.3)
Total non-current liabilities	(81.3)	(81.2)	(82.5)	(80.9)
Total assets employed	94.9	102.9	104.8	102.7
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	113.0	113.0	113.0
Revaluation reserve	27.5	36.8	36.8	36.8
Income and expenditure reserve	(43.1)	(46.9)	(45.0)	(47.1)
Total taxpayers' equity	94.9	102.9	104.8	102.7

SOFP Highlights

The Group cash position at the end of February 2023 is £65.2m (this includes Reach Out).

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 9 to 10.

Current Assets & Current Liabilities

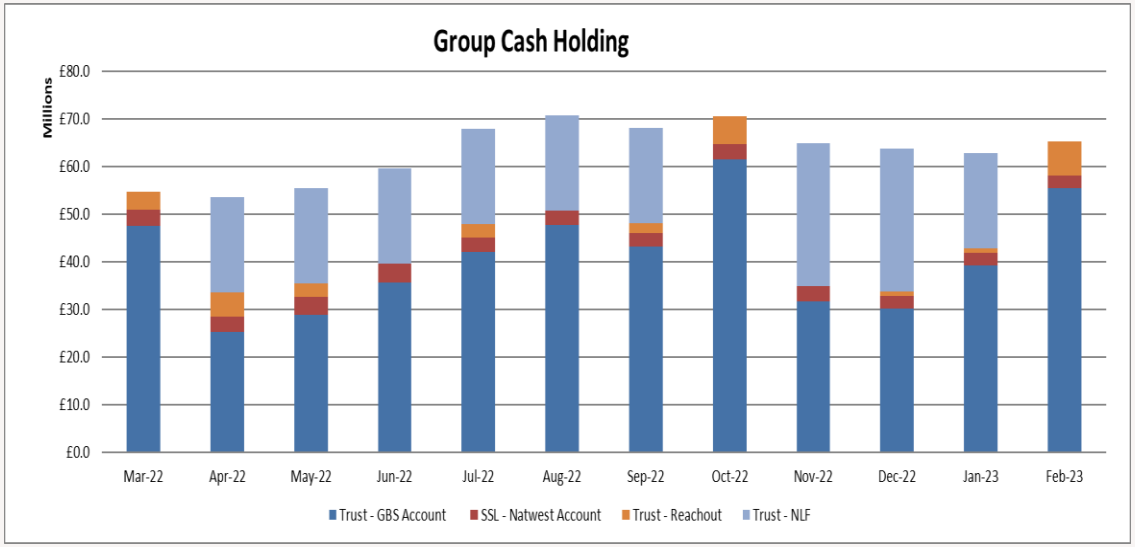
Ratios

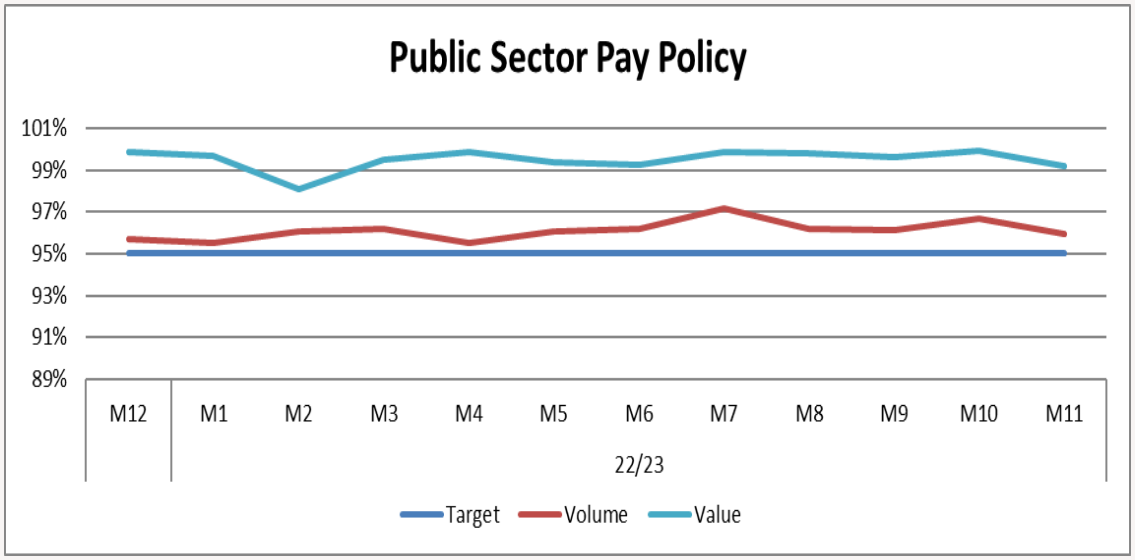
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	**£m's**
Current Assets	85.2
Current Liabilities	-105.1
Ratio	0.8

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

Cash & Public Sector Pay Policy





Cash

The Group cash position at the end of February 2023 is £65.2m.

Following the movement in interest rates, consideration was given to placing another short-term deposit with the National Loan Fund (NLF). This would have had to be returned by the 31.3.23 (due to the year end) but for this period our Government Banking Service (GBS) account was offering more favourable interest. We will look to place a longer term deposit with NLF in April 2023.

Better Payments

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

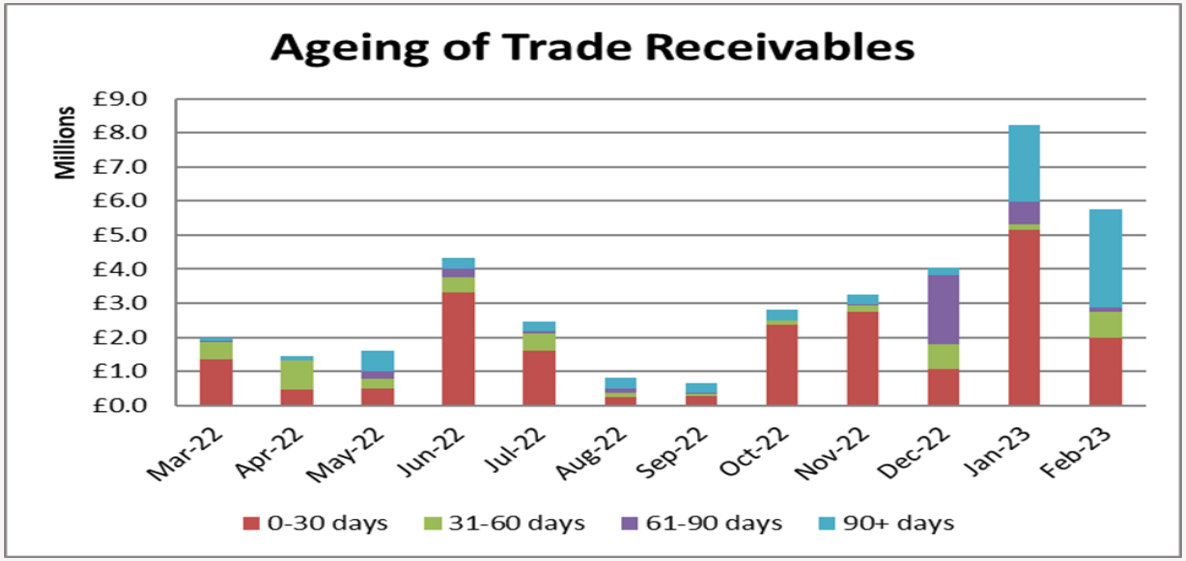
Performance against target is 97% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

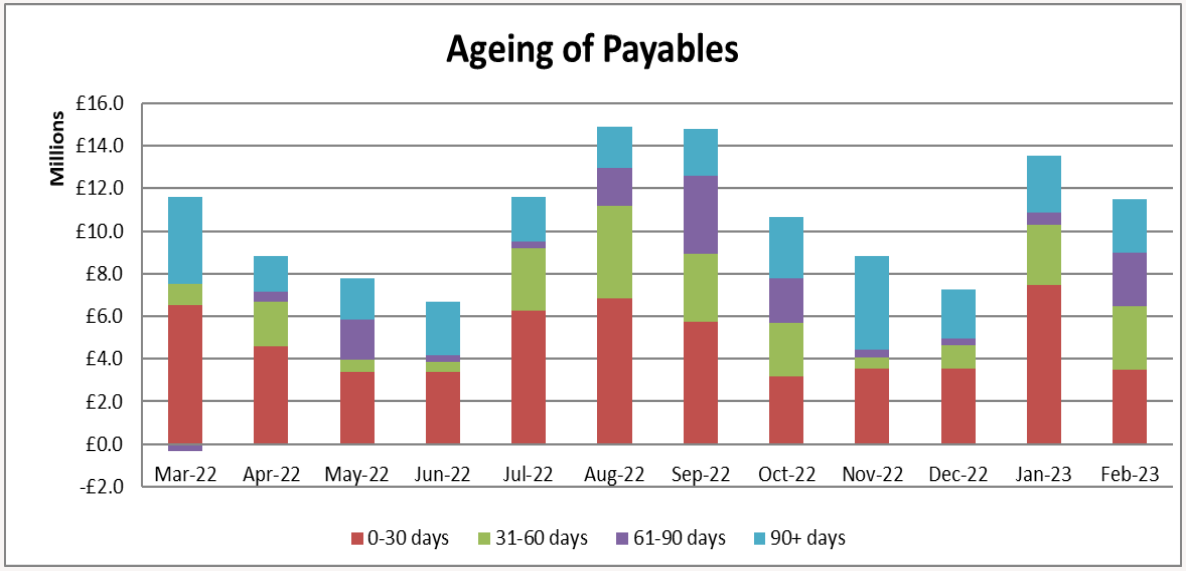
NHSEI wrote to the Finance Team to commend them on this consistent performance throughout the year in early March 2023.

Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	98%	✓	100%	✓
Non - NHS Creditors within 30 Days	96%	✓	98%	✓

Trust Receivables and Payables





Trade Receivables & Payables

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

Receivables :

- **0-30 days-** balance for scheduled monthly & ad hoc invoices with no known disputes at present. Payments of £366k received since 1.3.23.
- **31-60 days-** overall increase in month-main balance relates to UHB £444k (this has been approved for payment in March 23) the remainder of the balance relates to staff overpayments (on payment plans)
- **61-90 days-** mainly staff overpayments (on payment plans)
- **Over 90 days -** increase of balance relating to UHB £2m - received confirmation £1.3m will be paid on next payment run, remaining £638k under query due to services not fully provided, SWBH £519k in query, South Warwickshire PT £165k, DOH £57k still under review by DOH, staff overpayments (on payment plans).

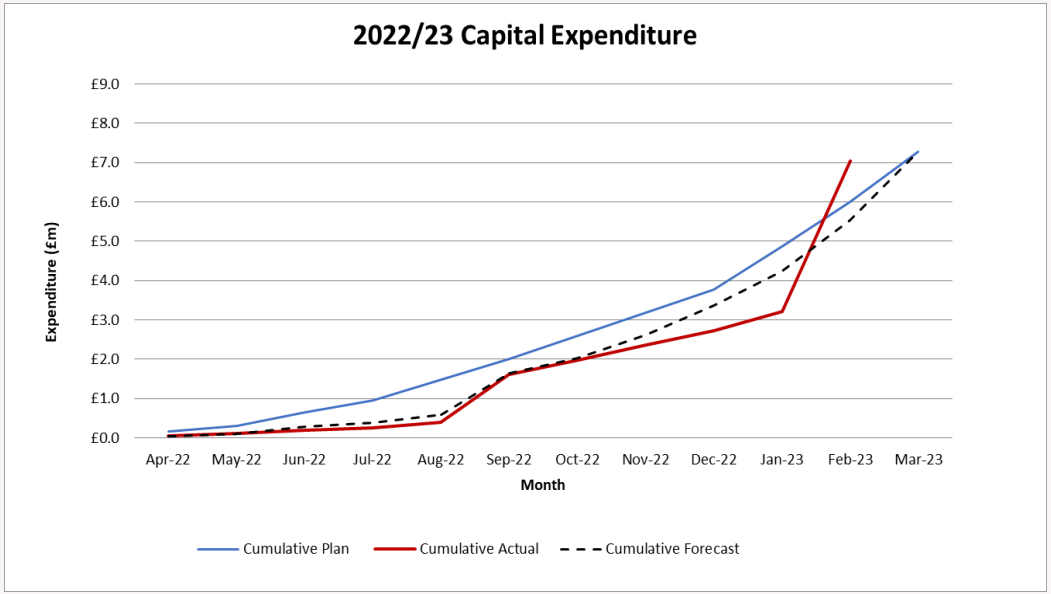
Trade Payables:
Over 90 days -

- Oxford NHS £526k Reach Out in query
- Non-NHS Suppliers (54+) £1.5m – mainly bed fees invoices in query, most accounts are awaiting credit notes or adjustments due to disputes/other. Some payments/queries settled in March 2023.

Month 11 YTD Capital Expenditure

Birmingham and Solihull Mental Health NHS Foundation Trust

Capital schemes	Annual Plan	Annual Forecast	YTD Plan	YTD Forecast	YTD Total Actual	YTD Variance to plan	YTD Variance to forecast
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Approved Schemes:							
Minor Projects (inc Carry-Forward)	1.2	1.3	1.1	0.8	0.2	-0.9	-0.6
SSBM Works	1.7	1.7	1.3	1.3	1.5	0.2	0.2
ICT Projects	0.8	0.8	0.6	0.6	0.8	0.1	0.1
Risk Assessment Works	3.6	3.6	3.0	2.8	4.6	1.6	1.8
Total	7.3	7.3	6.0	5.5	7.0	1.0	1.5
Right of use asset (SSL Hub)	0.0	1.6	0.0	1.6	1.6	1.6	0.0
Right of use asset (Bishop Wilson)	0.0	0.8	0.0	0.8	0.8	0.8	0.0



Month 11 Group Capital Expenditure

Month 11 Group capital expenditure is £7.0m year to date. This is £1.0m ahead of original plan and £1.5m ahead of the revised forecast profile.

IFRS 16 – capital implications

Due to the implementation of IFRS 16, we have been required to recognise two right of use assets in 2022/23. These relate to the lease of Bishop Wilson and the SSL hub. A CDEL (Capital Departmental Expenditure Limit) charge is incurred equal to the right of use asset value, therefore creating a £2.4m forecast variance to plan on CDEL as these were not originally planned for in 2022/23.

There may be a requirement to recognise an additional £0.08m right of use asset in month 12 for a nursing training bus that was funded by HEE prior to the implementation of IFRS 16 – we are awaiting further information, including confirmation of the delivery date.

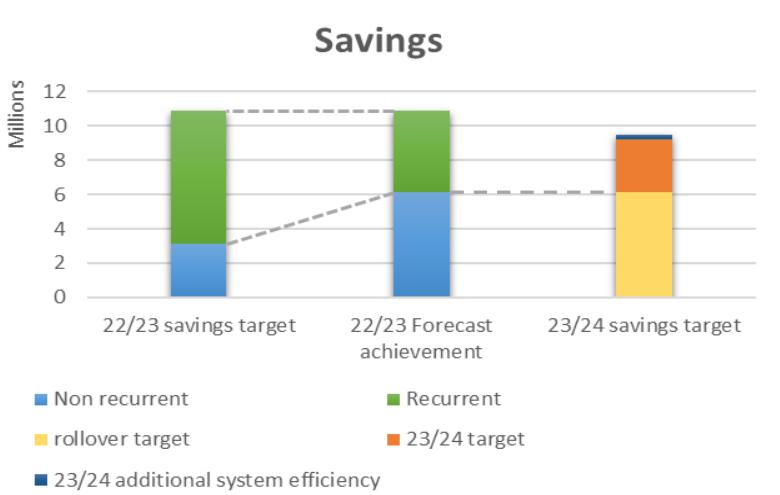
5 Year Capital Plan

On 23.2.23 a draft financial plan was submitted to NHSE. The total 2023/24 draft capital plan submitted was £7m, this is based on capital envelope of £6.2m plus notional allocation of £0.7m system capital investment fund (SCIF) which has been split across all system partners on a fair share basis for the purposes of the draft submission. The actual allocation of SCIF is still to be agreed by the system ahead of the final plan submission on 30.3.23. A capital prioritisation process has been undertaken to determine capital priorities for 2023/24, as set out in a separate capital prioritisation paper.

There was a requirement to submit high level capital plans to NHSE for the following 4 years from 2024/25 to 2027/28. In the absence of confirmed capital envelopes, the plan for each year has been submitted at £6.2m in line with our 2023/24 capital envelope.

Efficiencies

Partial assurance



Efficiency Savings 2022/23	Plan Full Year £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Forecast Full Year £'000	Forecast Variance £'000
Recurrent	7,756	7,110	4,353	(2,757)	4,749	(3,007)
Non recurrent	3,116	2,856	2,857	1	6,123	3,007
Total Efficiencies	**10,872**	**9,966**	**7,210**	**(2,756)**	**10,872**	**0**

Savings plan 2023/24	£'000
Non-recurrent	
Fully Developed	
Interest receivable (1%)	250
Plans in Progress	
Budget setting pay review (not wte)	500
Budget setting pension review	1,400
PFI - commercial performance settlement	600
Unidentified	
Unidentified	2,358
Non-recurrent Total	**5,108**
Recurrent	
Fully Developed	
Budget setting non pay review	1,250
Budget setting pay review (not wte)	1,000
Estates budget for Ross House (disposal)	150
Interest receivable (@2.25%)	200
OH contribution	1,950
Recurrent Total	**4,550**
Grand Total	**9,658**

2022/23 Efficiency Plan

The total efficiency target for 2022/23 is £10.9m (£7.8m recurrent and £3.1m non recurrent). As at month 11, year to date savings achievement is £7.2m, this is £2.8m adverse to the year to date plan.

It is forecast that there will be a shortfall against the recurrent savings target of £3m which will be offset non recurrently. This recurrent shortfall together with the requirement to meet the £3.1m in year non recurrent savings target on a recurrent basis, will take the savings rollover target into 2023/24 to £6.1m.

2023/24 Efficiency Target - £9.7m

The 2023/24 efficiency target is £9.7m as follows:

- £6.1m rollover savings target
- £3.1m national efficiency target of 1.1%
- £0.5m additional system savings requirement

For the draft financial plan submitted to NHSE on 23.2.23, the savings plan submitted comprised £4.6m recurrent savings plans and £5.1m non recurrent (including £2.4m unidentified plans) as shown in the table opposite.

Birmingham and Solihull Mental Health NHS Foundation Trust

2023/24 Financial Plan

2023/24 Revenue Financial Plan

The Draft Financial Plan 23/24 (version 3) - **£8m deficit** was submitted to NHSE on 23.2.23.

Version 1: £21m deficit

The bridge from the 22/23 break even plan to the £21m deficit underlying run rate is shown on page 15. The key factors contributing to the underlying deficit are out of area overspend, temporary staffing spend and savings shortfall plus the removal of 22/23 non recurrent income allocations.

Version 2: £38m deficit – submitted to the system on 13.2.23 for systemwide CFO review.

The bridge from the underlying deficit of £21m to the £38m deficit plan is shown on page 16 and is predominantly driven by:

- Removal of Service Delivery Funding (SDF) income. Recurrent SDF expenditure assumed in the plan but SDF income allocations held by the ICB until allocations have been agreed.
- Additional pressures in 23/24 include inflationary pressures above tariff and cost pressure funding.
- Planning assumption that the 1.1% efficiency target for 23/24 of £3m will be achieved

Version 3: £8m deficit - submitted as draft plan to NHSE 23.2.23

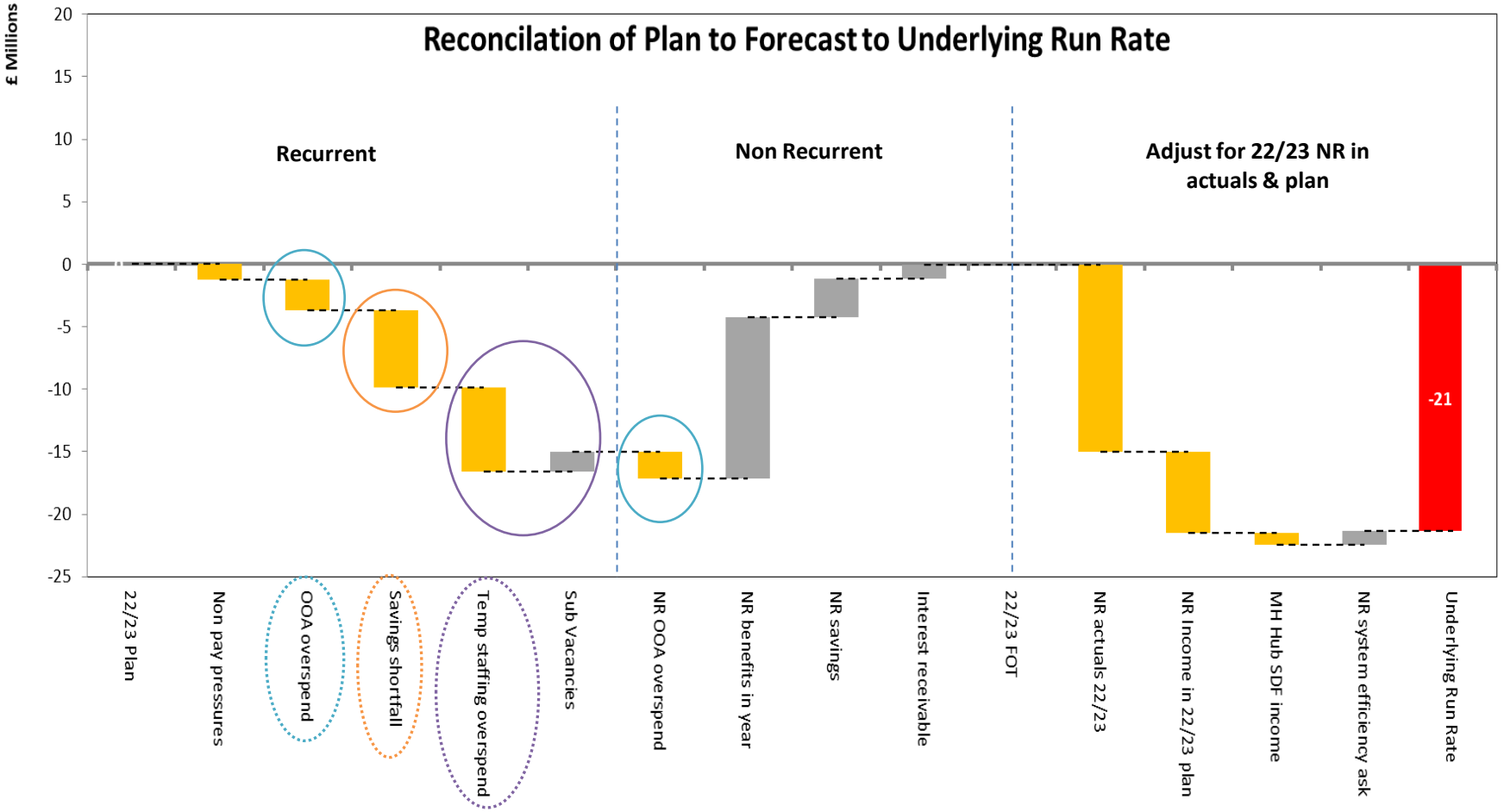
The bridge from the version 2 £38m deficit to the £8m deficit draft plan submitted to NHSE is shown on page 17. The improvement in plan is mainly driven by:

- 22/23 SDF income allocation £11m to offset recurrent expenditure plan - in version 2 income was held in ICB plan.
- Removal of £3m expenditure from plan following system agreement that growth income should be a bottom line benefit (part offsetting covid income loss)
- Agreement across the system that we should assume rollover savings target (£6m) will be achieved
- £8.7m allocation of systems reserves for draft submission – final allocation still to be agreed.
- Notional allocation of £12m MHIS funding and £5m SDF growth funding included in plan fully offset by expenditure – final allocations to be confirmed ahead of final plan submission.

System Financial Plan

The draft plan submitted for the system as a whole on 23.2.23 was a deficit of £120m. The final plan submission is due on 30.3.23. System conversations are ongoing with the aim of closing the £120m gap by reviewing run rates and cost pressures, finalising MHIS and SDF allocations/plans and further review/development of efficiency plans at organisation and system level.

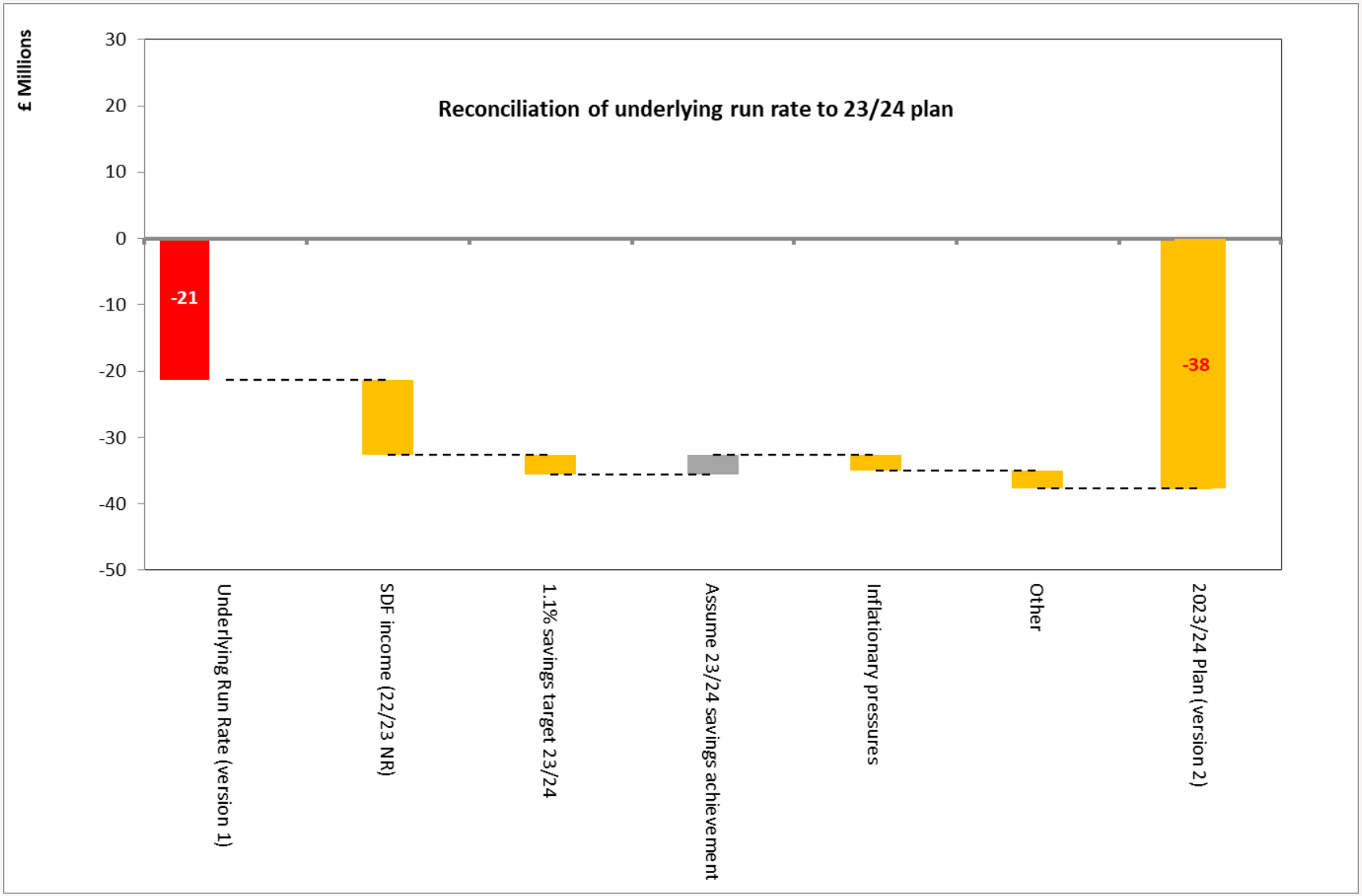
Underlying run rate



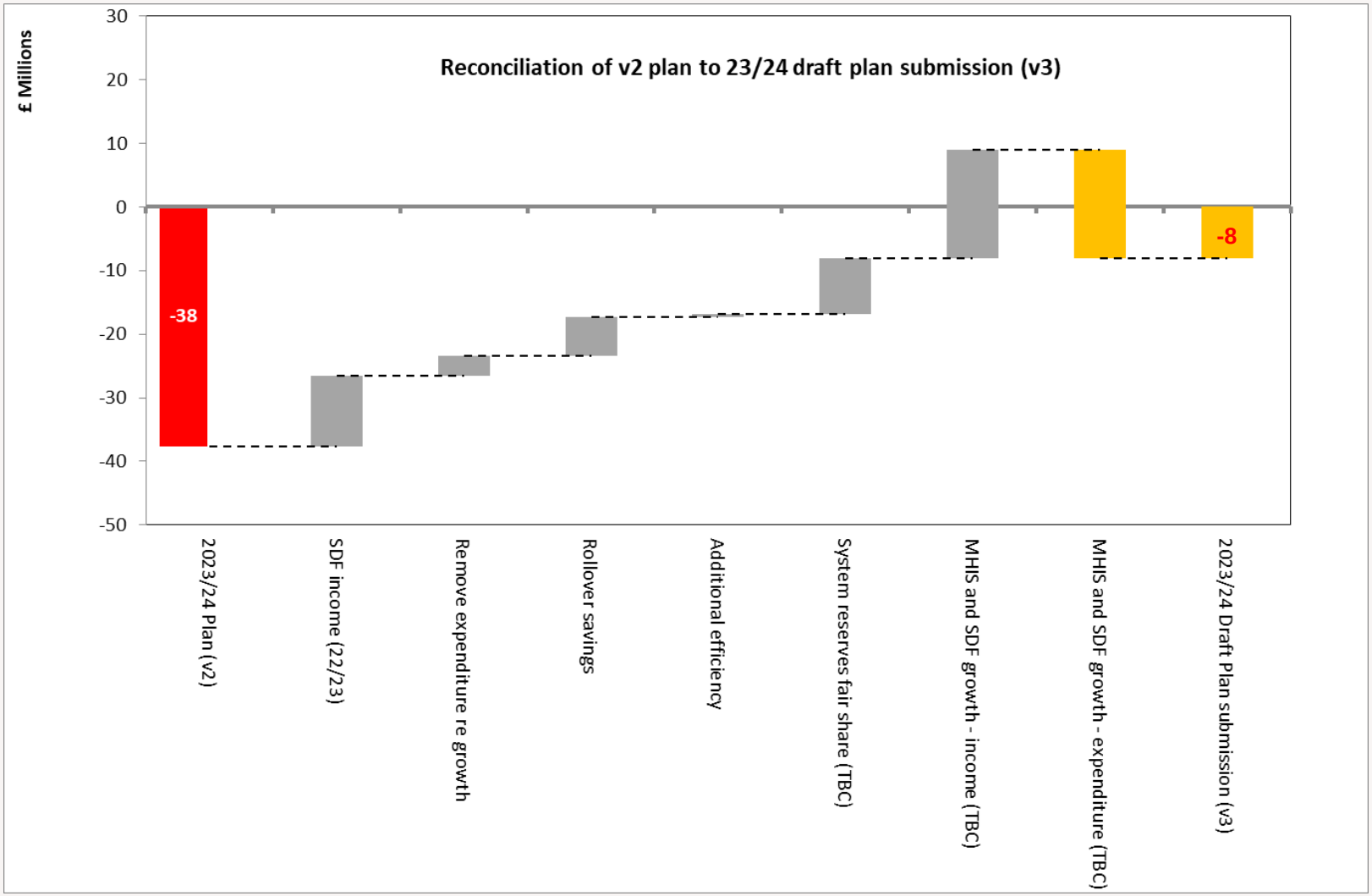
Forward look Actions:

1) Out of Area spend
2) Efficiencies
3) Temporary staffing

Underlying run rate to v2 2023/24 plan

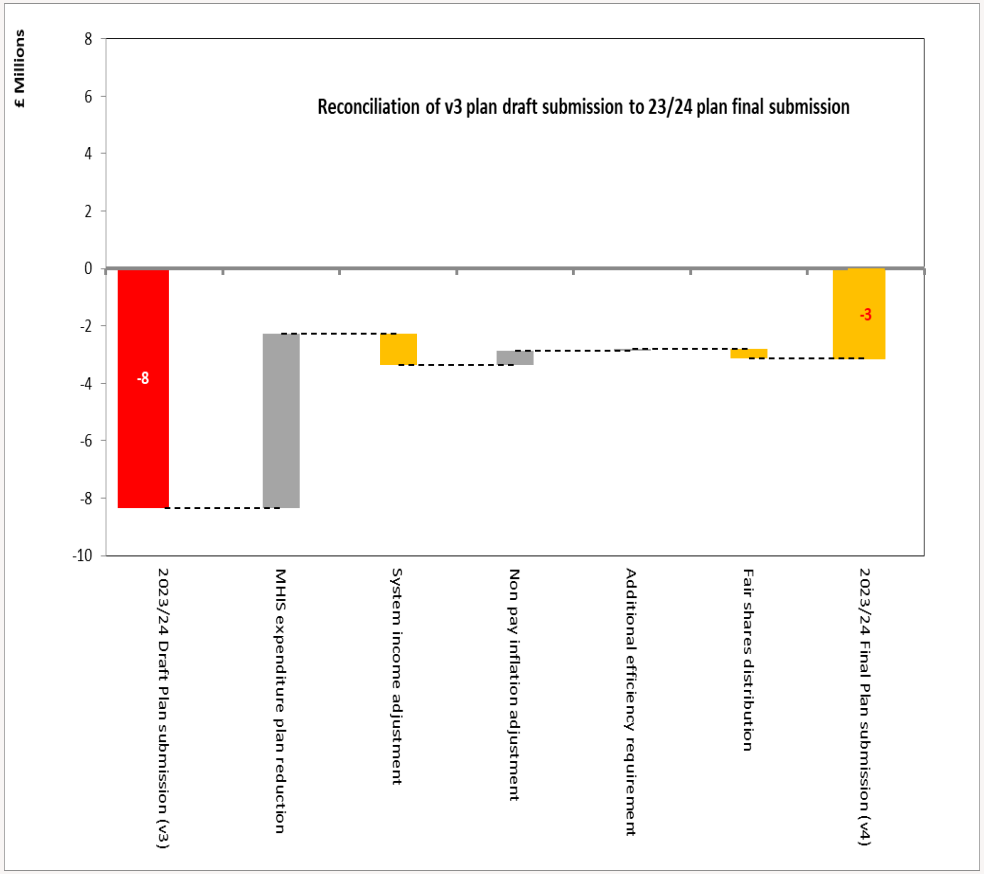


v2 plan to 2023/24 Draft Financial Plan submission



2023/24 Financial Plan
Final submission

Birmingham and Solihull Mental Health NHS Foundation Trust



Revenue Plan

The BSMHFT draft financial plan submitted to NHSE on 23.3.23 was £8m deficit. Following ongoing review across the system, adjustments of £5m have been identified to improve the financial plan to a £3m deficit. This is the agreed plan to be submitted to NHSE following system wide CEO and CFO discussion and will form the basis of budget setting upload for 2023/24. The changes are summarised as follows:

- **£6m MHIS expenditure plan reduction** - in the draft submission, £12m MHIS income was included in the BSMHFT plan with £12m offsetting expenditure. Further review of planned investments has concluded that £6.1m of MHIS expenditure was already included in system plans elsewhere, therefore this could be removed from the BSMHFT plan.
- **£(1)m system income adjustment -** a worsening of the income position for all system partners (due to a double count of ICB covid allocation in the draft plan) totalling £8.4m, with the BSMHFT share being £1.1m.
- **£0.5m non pay inflation adjustment -** made across all organisations to reduce non pay inflation from 5.5% to 4% following further guidance from NHSE.
- **£0.3m fair shares adjustment -** a final adjustment has been made to ensure each organisation has a fair share of the total agreed system deficit of £41.3m. This equates to 7.6% for BSMHFT, to give a final plan of £3.1m deficit - requiring a fair share adjustment of £342k.

5 Year Capital Plan

The 2023/24 capital plan to be submitted to NHSE on 30.3.23 will be as per the draft plan: £7m, this is based on capital envelope of £6.2m plus notional allocation of £0.7m system capital investment fund (SCIF) which has been split across all system partners on a fair share basis. The actual allocation of SCIF is still to be agreed by the system. A capital prioritisation process has been undertaken to determine capital priorities for 2023/24.

There is a requirement to submit high level capital plans to NHSE for the following 4 years from 2024/25 to 2027/28. In the absence of confirmed capital envelopes, the plan for each year has been submitted at £6.2m in line with our 2023/24 capital envelope.

Birmingham and Solihull Mental Health NHS Foundation Trust

Going Concern Review

Requirement to undertake Going Concern review

International Accounting Standard 1 Presentation of financial statements (IAS 1) requires management to assess an entity's ability to continue as a going concern when preparing that entity's financial statements. It is assumed that an entity will prepare its accounts on a going concern basis unless management intends to, or has no alternative but to, liquidate the entity or to cease trading. ***In the public sector, the HM Treasury Financial reporting manual (FReM)2 sets out an interpretation of this standard which focuses on whether the service(s) provided by the entity is going to be continued rather than whether the entity providing the service will continue to exist.***

NHS specific guidance is provided in the Department of Health and Social Care's Group accounting manual (GAM) and NHS Improvement's NHS foundation trust Annual reporting manual (FT ARM). The FReM says:

- ***'For non-trading entities, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. ….***

- Sponsored entities whose statements of financial position show total net liabilities should prepare their financial statements on the going concern basis unless, after discussion with their sponsors, the going concern basis is deemed in appropriate, and

- Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements'

As healthcare services continue to be provided, despite financial difficulties and/ or reorganisations this means that it is highly unlikely that an NHS body will prepare its accounts on anything other than a going-concern basis. The fact that a body is going to cease to exist does not necessarily affect its going concern status. The key consideration is whether the services the body is providing will continue to be provided in the public sector. For example, if an NHS trust is acquired by a foundation trust, the NHS trust remains a going concern if its assets will continue to be used to provide healthcare services although under the auspices of another NHS body. Equally, where CCGs merge, the services continue.

*Foundation trusts follow the FReM adaptation to IAS 1, as set out in paragraph 2.13 of the FT ARM4 : 'There is no presumption of going concern status for NHS foundation trusts****. Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis.'*** *It is clear an NHS body will be determined not to be a going concern in only exceptional circumstances; however, this interpretation does not exempt the management of NHS bodies from the requirement to undertake a going concern review – and this has not changed in 2020/21. What has changed is the focus of the review on service provision rather than financial sustainability. This also means it is unlikely that an NHS body would have any going concern uncertainties to disclose.*

(Extract taken from the Healthcare Financial Management Association Going Concern Briefing – April 2021)

Auditor's role in relation to Going Concern

International standard on auditing (UK) 570 Going concern (ISA 570) sets out the auditor's responsibility in relation to going concern. The standard was substantially revised in September 2019 and the revised standard is applicable to audits of financial statements for periods commencing on or after 15 December 2019. For NHS bodies this is 2020/21.

The Financial Reporting Council's (FRC) Statement of recommended practice – Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2020) (PN10) sets out the interpretation of going concern for non-trading entities within public sector in the UK.

PN10 recognises that the adaptation of IAS1 means the matter of whether the going concern basis is appropriate is not a significant focus for the auditor. Therefore a 'straightforward and standardised approach to compliance with ISA 570 will often be appropriate'.

Supplementary Guidance Note (SGN) 01: Going Concern – Auditors' responsibilities for local public bodies (the SGN), issued by the National Audit Office's Controller and Auditor General, has been prepared to assist auditors in meeting their responsibilities as the statutory auditor of local public bodies, under the Code of Audit Practice (the Code).
The SGN sets out guidance for auditors to have regard to in their assessment of going concern on audits of financial statements of local health and local government bodies and is relevant to audits from financial year 2020/21 and onwards. The SGN sets out the requirements (in accordance with ISA (UK) 570) of the auditor's risk assessment procedures in respect of understanding the entity and understanding the entity's controls around going concern and evaluating management's assessment.

(Extract taken from the Healthcare Financial Management Association Going Concern Briefing – April 2021)

Evidence that services will continue to be provided for the foreseeable future

PRN00021 2023/24 priorities and operational planning guidance v1.1 27 January 2023 states the following:
We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people

The guidance requests all systems to develop plans to implement the key actions to help deliver the national NHS objectives for 2023/24. The mental health objectives are set out below:

National NHS objectives 2023/24:

Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services

The NHSE 2023/24 planning and operational guidance sets out the following:

Mental health Key actions:
• *Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.*
• *Develop a workforce plan that supports delivery of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.*
• *Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality, and outcomes data.*
NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.

Evidence that services will continue to be provided for the foreseeable future

The NHS Mental Health Implementation Plan 2019/20 – 2023/24, published in July 2019, set out the following:
The NHS Long Term Plan renewed our commitment to pursue the most ambitious transformation of mental health care England has ever known. Today, the Mental Health Implementation Plan provides a new framework to ensure we deliver on this commitment at the local level. The Five Year Forward View for Mental Health, published in 2016, represented a major step, securing an additional £1 billion in funding for mental health, so that an additional 1 million people could access high quality services by 2020/21……With this Implementation Plan, a ringfenced local investment fund worth at least £2.3 billion a year in real terms by 2023/24 will ensure that the NHS provides high quality, evidence-based mental health services to an additional 2 million people.

The 2023/24 Revenue Finance and Contracting Guidance, set out the following:
ICBs will continue to receive Service Development Fund (SDF) allocations to support the delivery of the NHS Long Term Plan commitments in 2023/24…….NHS England has reviewed and streamlined the number of individual SDF allocations. Most of the SDF for 2023/24 will be bundled into higher level groupings…… ICBs must spend bundled SDF on the core set of initiatives for which it has been allocated, but can choose how to distribute the funding between those initiatives, other than where specific priorities are set out in the 2023/24 priorities and operational planning guidance.

Key financial commitments - Mental health services (section 106 – 109)
- The Mental Health Investment Standard (MHIS) will apply to ICBs and continue to be subject to an independent review. For 2023/24, the MHIS requires ICBs to increase spend on mental health services by ICB programme allocation base growth (prior to the application of the convergence adjustment) plus an additional amount to reflect further recurrent funding that has been added to ICB allocations for mental health in 2023/24…..
- Local system leaders, including the nominated lead mental health provider, should review each ICB's investment plan underpinning the MHIS to ensure it is credible to deliver the mental health activity commitments and the related workforce…. Where an ICB fails to deliver the mental health investment requirements, NHS England will consider appropriate action.
- The NHS Long Term Plan makes recurrent commitments on mental health services. While currently issued as non-recurrent SDF allocations, they are recurrent within the NHS mandate and therefore systems will continue to be funded to deliver these.
- Efficiencies applied to MHIS-related expenditure should be re-invested in mental health services such that systems continue to meet their MHIS requirements.

Management's assessment of Going Concern

International Accounting Standard 1 Presentation of financial statements (IAS 1) requires management to assess an entity's ability to continue as a going concern when preparing that entity's financial statements. In the public sector, the HM Treasury Financial reporting manual (FReM)2 sets out an interpretation of IAS 1 which focuses on **whether the service(s) provided by the entity is going to be continued** rather than whether the entity providing the service will continue to exist.

IAS 1 states that the review should take into account as much information about the future as possible but should look ahead at least 12 months from the end of the reporting period.

Recommendation

The evidence set out on pages 21 to 22 demonstrates the ongoing national commitment to the funding of mental health services. This together with block funding arrangements, Service Delivery Funding and Mental Health Investment Standard allocations for 2023/24 provides strong indication that the services provided by BSMHFT will continue for the foreseeable future. Notwithstanding any new national announcements around operational planning guidance, and revised national narrative around going concern, it is therefore recommended that the going concern basis of accounting should be used for the preparation of the 2022/23 year end accounts.

The Finance, Performance and Productivity Committee are asked to endorse this recommendation.

The Board of Directors are asked to approve the recommendation to use the going concern basis of accounting for the preparation of the 2022/23 year end accounts.

Birmingham and Solihull Mental Health NHS Foundation Trust

Major/Minor/Risk/Statutory Standards & Backlog Maintenance/ICT Capital Projects - 23/24, 24/25, 25/26 & 26/27

Location	Description of Works	Comments	Priority	£'s 2023/24	£'s 2024/25		£'s 2023/24 Priority Work Only	£'s 2024/25 Priority Work Only
Acute Care								
George Ward	Decommission and remove bath as not used, also highlighted as a risk		x	£ 10,000.00	£ -	Priority following Coroners report ? Cost	£ 10,000.00	£ -
Eden Acute	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	x	£ 100,000.00	£ -		£ 50,000.00	£ 50,000.00
Eden PICU	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	x	£ 80,000.00	£ -		£ 40,000.00	£ 40,000.00
Endeavour House	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk	x	£ 80,000.00	£ -		£ 40,000.00	£ 40,000.00
George Ward	Fencing at front of ward	H&S Risk Priority 1	x	£ 65,000.00	£ -		£ 32,500.00	£ 32,500.00
George Ward	Take down crumbling wall and install fencing	H&S Risk Priority 1	x	£ 5,000.00	£ -		£ 5,000.00	£ -
Newbridge House	Second Courtyard fencing	Security Risk Priority 1	x	£ 75,000.00	£ -		£ 37,500.00	£ 37,500.00
Eden Unit	Replacement pipework for control of Legionella	£55,000.00 moved back from 22/23 into 23/24	x	£ 55,000.00	£ -		£ 55,000.00	£ -
			Sub-Total	**£ 470,000.00**	**£ -**		**£ 270,000.00**	**£ 200,000.00**
Eden Acute	Small courtyard fence cloaking and remove slabs and install resin in courtyard	H&S Risk Priority 1	x - 2 years	£ 35,000.00	£ 35,000.00		£ 35,000.00	£ 35,000.00
Endeavour House	Re-configure Endeavour House to allow for better DDA compliance	H&S Risk Priority 1	x -2 years	£ 125,000.00	£ 125,000.00	Danni to review the detail and consider over 2 years or even in year 2. Vanessa to check with Natassia. Requires clarity to go back to the risk assessments and the actions. Wheelchair access. - Natassia and Tariro. Natassia to work with Estates re DDA management and access	£ 125,000.00	£ 125,000.00
Endeavour House	Extend Clinic into small Office - space adjustment	H&S Risk Priority 1	x - 2 years	£ 87,500.00	£ 87,500.00	Danni to review the detail and consider over 2 years or even year 2. Vanessa to check with Natassia re DDA.	£ 87,500.00	£ 87,500.00
Mary Seacole 1	Cloaking to Courtyard fence	Security Risk Priority 1 and Privacy & Dignity	x - 2 years	£ 10,000.00	£ 10,000.00	Review push back to the latter part of the year and year 2	£ 10,000.00	£ 10,000.00
Mary Seacole 2	Lounge to Courtyard - Britplas window and door	Security Risk Priority 1	x - 2 years	£ 12,500.00	£ 12,500.00	Review push back to the latter part of the year and year 2	£ 12,500.00	£ 12,500.00
Mary Seacole 2	Cloaking to Courtyard fence	Security Risk Priority 1 and Privacy & Dignity	x - 2 years	£ 10,000.00	£ 10,000.00	Review push back to the latter part of the year and year 2	£ 10,000.00	£ 10,000.00
			Sub-Total	**£ 280,000.00**	**£ 280,000.00**		**£ 280,000.00**	**£ 280,000.00**
George Ward	Water Management remedial works for the prevention of Legionella			£ 16,400.00	£ -		£ -	£ -
George Ward	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -		£ -	£ -
Mary Seacole 1	16 no. anti-ligature WC's and Trovex IPS panels			£ 240,000.00	£ -		£ -	£ -
Mary Seacole 1	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -		£ -	£ -
Mary Seacole 2	14 no. anti-ligature WC's and Trovex IPS panels			£ 210,000.00	£ -		£ -	£ -
Mary Seacole 2	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£ 80,000.00	£ -		£ -	£ -

Mary Seacole 1 & 2	To supply and fit a clinical hand wash basin to provide hand washing facilities to dining Room	Infection Prevention Request		£	20,000.00	£	-	Query cost and is this a priority	£	-	£ -
Mary Seacole/Meadowcroft	Secondary Power Generation	Important Business Continuity - Indicative Cost, awaiting Specialist Survey		£	750,000.00	£	-		£	-	£ -
Meadowcroft PICU	Anti-ligature WC's in En-Suites & Communal Areas			£	65,000.00	£	-		£	-	£ -
Meadowcroft PICU	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£	100,000.00	£	-		£	-	£ -
Newbridge House	10 no. anti-ligature WC's and Trovex IPS panels			£	150,000.00	£	-		£	-	£ -
Newbridge House	Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - H&S Risk		£	160,000.00	£	-		£	-	£ -
Oleaster	Caffra/Japonica/Magnolia/Tazetta - Upgrade 4 no. Assisted Bathroom to full anti-ligatur	Full anti-ligature specification, including new bath, new toilet, new washbasin, new grabrails, new lighting, n		£	200,000.00	£	-		£	-	£ -
Oleaster	Melissa - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Oleaster	Japonica - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Oleaster	Magnolia - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Oleaster	Tazetta - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Oleaster	Caffra - Anti-ligature Upgrade of Courtyards (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	150,000.00	£	-		£	-	£ -
Oleaster	Magnolia - Full mesh cover of courtyard to prevent contraband being launched in	No Clinical Supervision to Courtyards - Security and H&S Risk		£	150,000.00	£	-		£	-	£ -
Oleaster	Tazetta - Full mesh cover of courtyard to prevent contraband being launched in	No Clinical Supervision to Courtyards - Security and H&S Risk		£	150,000.00	£	-		£	-	£ -
Oleaster	Caffra - Full mesh cover of courtyard to prevent contraband being launched in	No Clinical Supervision to Courtyards - Security and H&S Risk		£	150,000.00	£	-		£	-	£ -
Zinnia	Saffron - Upgrade Assisted Bathroom to full anti-ligature specification	Full anti-ligature specification, including new bath, new toilet, new washbasin, new grabrails, new lighting, n		£	50,000.00	£	-		£	-	£ -
Zinnia	Saffron - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Zinnia	Lavender - Anti-ligature Upgrade of Courtyard (not including windows)	No Clinical Supervision to Courtyards - Security and H&S Risk		£	80,000.00	£	-		£	-	£ -
Eden ACUTE	Remedial Works - Passive Fire Protection Surveys (Important)	Important - Passive Fire Protection Surveys		**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Eden ACUTE	Remedial works – Water Management Risk Assessment			**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Eden PICU	Remedial Works - Passive Fire Protection Surveys (Important)	Important - Passive Fire Protection Surveys		**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Eden PICU	Remedial Works – Fire Risk Assessments			**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Eden PICU	Remedial works – Water Management Risk Assessment			£	5,000.00	£	-		£	-	£ -
George Ward	Electrical System Wiring - all cabling should be run in conduit and hospital grade			£	5,000.00	£	-		£	-	£ -
George Ward	Replacement of suspended ceiling with solid (prevent patient damage) including			£	53,000.00	£	-		£	-	£ -
Newbridge House	Remedial Works - Passive Fire Protection Surveys (Important)	Important - Passive Fire Protection Surveys	STK - to do the work	£	15,000.00	£	-		£	-	£ -
Newbridge House	Remedial Works – Fire Risk Assessments		STK - to do the work	£	5,000.00	£	-		£	-	£ -
Newbridge House	Remedial Works - Fixed Wire Test & inspection			£	5,000.00	£	-		£	-	£ -
Newbridge House	Remedial works – Water Management Risk Assessment			£	5,000.00	£	-		£	-	£ -
			Sub-Total	**£**	**3,374,400.00**	**£**	**-**		**£**	**-**	**£ -**
			TOTAL	**£**	**4,124,400.00**	**£**	**280,000.00**	**Acute & Urgent Care**	**£**	**550,000.00**	**£ 480,000.00**
Secure Services											
Ardenleigh	Security Upgrades		1	£	425,000.00	£	-		£	212,500.00	£ 212,500.00
Ardenleigh	Anti-ligature works		2	£	25,000.00	£	-		£	25,000.00	£ -

Tamarind	Various air-condition system replacements affecting seclusion and control room		3	£	200,000.00	£	-		£	100,000.00	£ 100,000.00
Reaside	Replace fire alarm system		4	£	180,000.00	£	-	Ideally needs doing in one year as at 'end of useful life', with spares difficult to obtain.	£	180,000.00	£ -
			Sub-Total	**£**	**830,000.00**	**£**	**-**		**£**	**517,500.00**	**£ 312,500.00**
Ardenleigh	Lighting upgrade	There were two upgrades one of ardenleigh and one of hillis lodge- both energy saving perspective- ardneleigh was costed around 200000 and hence added to get more value - **to push into Year 2**	5 2 years	£	-	£	200,000.00		£	-	£ 200,000.00
			TOTAL	**£**	**830,000.00**	**£**	**200,000.00**	**Secure Services**	**£**	**517,500.00**	**£ 512,500.00**
Specialties											
Maple Leaf Centre	Conversion of unused kitchen area into Perinatal Community Team base, including clinical and admin space	£315k	1	£	315,000.00	£	-	Approved at CRG for works to go ahead.	£	157,500.00	£ 157,500.00
Little Bromwich Centre	10 no. Anti-Barricade Doorsets and hinges - Consultation Room doors	£10k	2	£	10,000.00	£	-		£	10,000.00	£ -
Little Bromwich Centre	BHM Area - Convert 3 unused rooms to Consultation Rooms	£40k	3	£	40,000.00	£	-		£	40,000.00	£ -
Ashcroft	To complete all alterations to existing rooms for relocation of teams	£150k	4	£	150,000.00	£	-		£	75,000.00	£ 75,000.00
			Sub-Total	**£**	**515,000.00**	**£**	**-**		**£**	**282,500.00**	**£ 232,500.00**
Juniper	En-suite refurbishments	£150k	5 2 years	£	75,000.00	£	75,000.00		£	75,000.00	£ 75,000.00
			TOTAL	**£**	**590,000.00**	**£**	**75,000.00**	**Specialties**	**£**	**357,500.00**	**£ 307,500.00**
ICCR											
Endeavour Court	Creation of Clinic Room & External Fencing	£90k	1	£	90,000.00	£	-	Priority work move up the list.	£	45,000.00	£ 45,000.00
Endeavour Court (CAC)	Anti-Barricade Doorsets	£80k		£	80,000.00	£	-		£	-	£ -
Endeavour Court	Anti-ligature Upgrade of Courtyard (not including windows)	£80k		£	80,000.00	£	-		£	-	£ -
			Sub-Total	**£**	**250,000.00**	**£**	**-**		**£**	**45,000.00**	**£ 45,000.00**
Endeavour Court	Internal Courtyard landscaping	£100k	2 years	£	50,000.00	£	50,000.00		£	50,000.00	£ 50,000.00
Dan Mooney House	Alterations due to change in Complex Care Unit	£250k	2 2 years	£	125,000.00	£	125,000.00	Richard to discuss re spliting the work and feedback when spoken to the Estates.	£	125,000.00	£ 125,000.00
Lyndon Centre	Completion of total building refurbishment	£470k	3 2 years	£	235,000.00	£	235,000.00	Richard to discuss re spliting the work and feedback when spoken to the Estates.	£	235,000.00	£ 235,000.00
			Sub-Total	**£**	**410,000.00**	**£**	**410,000.00**		**£**	**410,000.00**	**£ 410,000.00**
Endeavour Court	New door for dignity & respect to Reception Search Room	£15k		£	15,000.00	£	-		£	-	£ -
Longbridge Centre	LED lighting upgrade	£75k		£	75,000.00	£	-		£	-	£ -
Lyndon Centre	Patient safety and Risk Assessment works	£6k		**IN FOR 24/25**		£	6,000.00		£	-	£ -
Lyndon Centre	Upgrade to internal fabric etc	£7k		**IN FOR 24/25**		£	9,000.00		£	-	£ -
Lyndon Centre	Various external works	£5k		**IN FOR 24/25**		£	3,000.00		£	-	£ -
Lyndon Centre	Upgrades to mechanical and electrical plant, fixtures and fittings	£18k		**IN FOR 24/25**		£	18,000.00		£	-	£ -
Dan Mooney House	Patient safety and Risk Assessment works	£9k		**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Dan Mooney House	Upgrade to internal fabric etc	£16k		**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -
Dan Mooney House	Various external works	£9k		**APPROVED UNDER SSBM WORKS 23/24**					£	-	£ -

Dan Mooney House	Replace fire alarm system	down for 24/25		IN FOR 24/25	£	25,000.00		£ -	£ -
Dan Mooney House	Upgrade to mechanical and electrical plant, fixtures and fittings	£12k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
David Bromley House	Patient safety and Risk Assessment works	£5k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
David Bromley House	Upgrades to internal fabrics etc	£13k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
David Bromley House	Various external works	£17k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
David Bromley House	Upgrades to mechanical and electrical plant, fixtures and fittings	£20k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Hertford House	Upgrades to mechanical and electrical plant, fixtures and fittings	£15k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Hertford House	Upgrades to internal fabric, etc	£6k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Hertford House	Various external works	£3k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Hertford House	Patient safety and risk assessment works	£16k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Maple Leaf Centre	Patient safety and risk assessment works	£6k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Newington Centre	Patient safety and Risk Assessment works	£3k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Rookery Gardens	Redecorations	down for 24/25		IN FOR 24/25	£	5,000.00		£ -	£ -
Rookery Gardens	Staff Assist System Enhancement	£30k		IN FOR 24/25	£	30,000.00		£ -	£ -
Warstock Lane	Patient safety and Risk Assessment works	£5k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Warstock Lane	Upgrades to mechanical and electrical plant, fixtures and fittings	£16k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Warstock Lane	External works, including stonework repairs	£12k		APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Small Heath Health Centre	Remedial Works - Passive Fire Protection Surveys (Important)			APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Small Heath Health Centre	Remedial works - Fire risk assessments			APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Small Heath Health Centre	Remedial Works - Fixed Wire Test & inspection			APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
Small Heath Health Centre	Remedial Works - Water Management Risk assessment			APPROVED UNDER SSBM WORKS 23/24				£ -	£ -
			Sub-Total	**£ 90,000.00**		**£ 96,000.00**		**£ -**	**£ -**
			TOTAL	**£ 750,000.00**		**£ 506,000.00**	**ICCR**	**£ 455,000.00**	**£ 455,000.00**
		NOTE: This sum **DOES NOT** include the £449,099.90 prioritised shortfall required in 23/24 for the manufacture of 'Kingsway' doorsets or the installation costs for any of the doorsets. (Please see separate e-mail/spreadsheet for costs) - Natassia share the objective evidence. Natassia to work with Tariro and the team. Natassia to work with Coumar as there was an incident previously at Reaside.	**GRAND TOTAL**	**£ 6,294,400.00**		**£ 1,061,000.00**	**NOTE:** This sum **DOES NOT** include the £449,099.90 prioritised shortfall required in 23/24 for the manufacture of 'Kingsway' doorsets or the installation costs for any of the doorsets. (Please see separate e-mail/spreadsheet for costs)	**£ 1,880,000.00**	**£ 1,755,000.00**
				2023/24		**2023/24**		**£'s 2023/24 Priority Work Only**	**£'s 2024/25 Priority Work Only**
							Doorset Manufacture Shortfall (No Installation Costs)	**£ 449,099.90**	
							GRAND TOTAL	**£ 2,329,099.90**	

Birmingham & Solihull Mental Health Foundation Trust and Summerhill Services Limited

Contracts renewal – SSL owned sites

Background

Summerhill Services Limited (SSL) is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and commenced trading on 2 April 2012. SSL owns, leases and contract manages 48 clinical sites across Birmingham and Solihull. The principal activity of the company is to offer a holistic facilities management service for BSMHFT.

SSL has grown at pace, leading to a multi-million-pound property portfolio, as well as operating several sites on behalf of stakeholders through leases and occupation arrangements. SSL offer a multi-faceted approach and provision; transport and portering services, capital, and project management, PFI management, contract management, consultancy and a business monitoring, performance, and reporting service.

The combined BSMHFT and SSL business model has always been to provide agile, efficient, clinically focused services and sustainable solutions, through a single point of contact for all facilities management and support services to Birmingham and Solihull Mental Health Foundation Trust.

Contract Summary

BSMHFT have several separate contracts with SSL across all services and sites, this has happened in a stepped approach and as such the contracts come up for renewal in a piece meal approach based on the date of creation. Since its inception in 2012, there have been four sets of major transactions involving SSL and BSMHFT (detail in appendix 1).

- The sale to SSL and lease back by BSMHFT of Tamarind on 30th November 2012
- The sale to SSL and lease back by BSMHFT of Juniper and Glenthorne (Ardenleigh) on 22nd December 2016
- The sale to SSL and lease back by BSMHFT of part of Reaside, John Black and Maple Leaf Drive on 1st June 2018.
- The most recent transaction, the ‘Estate Transfer’ on 1st July 2019, was a lease to SSL and licence back to BSMHFT of 14 buildings.

Each of these transactions had a managed services lease agreement where SSL provides the same offering to each location. The offering for the later Estates transfer is slightly different to the other transfers because of the PFI contract management, estate planning/service and repair of the leased properties elements

Tamarind from 1st December 2017 due to expire on 30th November 2022 having previously been extended

Reaside, John Black and Maple Leaf Drive from 1st June 2018 for five years due to expire on 31st December 2023.

The Estate Transfer from 1st July 2019 to 30th April 2029.

A breakdown of current contracts and end-dates is included within Appendix 1.

Site Categorisation

BSMHFT sites fit in to one of five categorisations

- **Sites leased by the Trust**

  SSL provides cleaning and any catering required for these sites and the landlord provides estates/maintenance.

  SSL also provides a Property & lease management service to ensure these leases are managed correctly and efficiently.

- **Sites leased to SSL**

  These properties are leased to SSL but the facilities management and estates / maintenance is provided by a PFI partner.

  SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by the Trust**

  SSL provides all facilities management and estates/ maintenance services to these sites.

- **Sites owned by PFI Partners**

  The majority of these sites, the PFI partners provide facilities management and estates/ maintenance – SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

  A small number of PFI sites the PFI partner only provides estates / maintenance services. In these sites SSL provides a full hotel-services offer – catering, housekeeping and domestic services.

SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by SSL**

  SSL provides a fully managed lease which includes all housekeeping, domestic services, catering and estates / maintenance.

Full details of site categorisation are included within Appendix 2.

Value For Money Proposal for SSL

From the outset of SSL, each transaction was based on a business case presented to the Trust Board which demonstrated the savings, return on investment and the benefits of the transfer. There are three key elements SSL are baselined and measured to establish value for money; staff, services and financial return.

SSL operate a flexible staff model – offering a competitive salary (above A4C) but with a reduced pension in comparison to NHS employees, this is further enhanced by insurance and services, offering a modern and highly competitive package. SSL's recruitment time is on average 25% quicker than the Trust for a similar style role.

Service offering - SSL deliver a fully Integrated soft and hard FM services package to the Trust which is measured against agreed performance indicators set by the Trust

Financial return - SSL offers a tax efficiency that cannot be delivered from within the NHS due to national restrictions on public bodies. From the reclamation of VAT on utility costs, general expenses, and capital costs which means that SSL has saved the Trust more than £26m over the contract period.

Quality and Delivery of Service

The Trust and SSL have shareholder and an operational stakeholder meeting where the performance indicators are shared and discussed along with the performance risks and issues to delivery. The shareholder meetings are held between the Chair and CEO of the Trust and the MD of SSL. The operational group is led by the trust chief operating officer and has relevant associate directors as well as operational service leads from SSL.

Issue to be Resolved

Currently, there are three SSL-owned sites where the lease contract with the Trust has either expired or is shortly due to expire; Tamarind Centre (due to expire 30th November 2022), Ardenleigh and Juniper (expired 22nd December 2021). The Trust is required to make a decision about how to continue use of these sites, and options are set out in the following section.

Options

- **Option 1 – Extend current leasing arrangement with SSL**

  It is proposed that the contracts are extended, duplicated current terms and conditions, with a harmonised end-date of 30th November 2043. Costs have been provided by the SSL finance team to extend the current arrangements;

Site	Annual Unitary Charge (£)	Estimated Annual FM Charge (£)
Tamarind	2,135,280	2,504,358
Ardenleigh	1,212,336	2,451,351
Juniper	709,548	1,237,865
Reaside	303,456	2,151,141
Rookery Gardens	103,608	149,047
Maple Leaf	98,760	186,761
Total	**4,562,988**	**8,680,523**

  The costs for the annual unitary charge are fixed, unless additional capital works are completed on the sites. The FM charges are variable and based on actual cost plus a 5% fee (as per current SSL contractual arrangements). This structure allows the Trust to benefit from reclaiming the 20% VAT cost on these charges. The figures quoted for FM charges are an estimate based on the prior 12 months actual costs.

  This option would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services.

  By making contract end-dates consistent, this will also reduce resources required, including financial, contracting and legal support required to manage the contracts. Appropriate financial reviews will need to be conducted periodically, at intervals to be agreed between BSMHFT and SSL.

- **Option 2 – Contracts not renewed and buildings bought back in-house under Trust**

  This option would be classed as a significant transaction by NHSEI and require a business case and a fully audited review and sign off. This would require the repurchase of the sites from SSL or the reacquisition via a dissolvement of the SSL (which would have an impact on other SSL operations). This option would incur significant resource and cost implications, including for external advice and consultancy, as well as increased capital charges.

This option would also require a further TUPE transfer of staff back from SSL to BSMHFT, which would create workforce instability and incur additional costs. It would also reverse any ongoing future savings that the Trust can benefit from through the VAT reclaim arrangements with SSL.

- **Option 3 – Contract not renewed and alternate sites sought**

  This option would involve significant costs for finding, leasing and bringing up to standard, as well as the implications of the requirement to replace the tenant or sell the estate.

  The sites in question are highly specialised assets, which are configured for clinical use and therefore would take significant time to find replacement tenants, and costs would continue to be incurred by the Group during this period.

Recommendation

It is recommended that Option1 is chosen, to extend current leasing arrangements between BSMHFT and SSL, and harmonise all contract end-dates to 30th November 2043.

This option would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services requirements. This proposal would create no additional costs, which promotes financial sustainability for the Group, and is within current budgetary envelopes.

Appendix 1 – Current Contract Position

Site	Type of Agreement	Start Date	Renewal Date
Tamarind	Loan Agreement	30/11/12	30/11/37
Tamarind	Group Service Agreement	30/11/12	30/11/37
Tamarind	Sale Contract	30/11/12	
Tamarind	Lease Agreement	30/11/12	30/11/37
Tamarind	Managed Lease Contract	01/12/17	01/12/22
Ardenleigh	Loan Agreement	22/12/16	22/12/41
Ardenleigh	Group Service Agreement	22/12/16	22/12/21
Ardenleigh	Sale Contract	22/12/16	
Ardenleigh	Lease Agreement	22/12/16	22/12/41
Juniper	Loan Agreement	22/12/16	22/12/41
Juniper	Group Service Agreement	22/12/16	22/12/21
Juniper	Sale Contract	22/12/16	
Juniper	Lease Agreement	22/12/16	22/12/41
Juniper	Deed of Covenant	22/12/16	
Reaside	Loan Agreement	01/06/18	
Reaside	Group Service Agreement	01/06/18	01/06/23
Reaside	Sale Contract	01/06/18	
Reaside	Lease Agreement	01/06/18	01/06/43
Maple Leaf	Loan Agreement	01/06/18	
Maple Leaf	Group Service Agreement	01/06/18	01/06/23
Maple Leaf	Sale Contract	01/06/18	
Maple Leaf	Lease Agreement	01/06/18	01/06/43
Various	Tenant Agreement	Jun-19	
Various	Landlord Agreement	Jun-19	
Various	Fully Managed Service	Jun-19	
Various	Property Management Agreement	Jun-19	

Appendix 2 – SSL Property and Managed Leases

Property		Postal Address	Title Number	Owned By	Facilities Management Service	Estates Management Service	SSL Service Provision
LEASED PROPERTIES							
Adams Hill				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
B1				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Bishop Wilson Clinic				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Callum Lodge				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Express Signs				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Freshfields				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Grove Avenue		a		Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Middlewood House site (inc The Bridge & Clarity House)				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Orsborn House				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
Phoenix Day Centre				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
William Booth Centre				Leased By BSMHFT	Assorted FM Services provided by SSL	Landlord	Assorted FM Services provided by SSL & lease management
LAND							
Rubery Hill Land				Owned By BSMHFT	No service Provided		No Service Required
OWNED BY BSMHFT (Managed Service PFI)							
Eden Unit	Inpatient	355 Slade Rd Erdington, B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
George Ward	Inpatient	355 Slade Rd, Erdington, B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Little Bromwich Centre	Outpatient	150 Hob Moor Rd, Small Heath, B10 9JH	WM820557	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Newbridge House	Outpatient	130 Hob Moor Rd, Small Heath, B10 9JH	WM820695	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Northcroft	Outpatient	190 Reservoir Rd, Erdington B23 6DW	WM787838	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Small Heath Health Centre	Outpatient	42 Chapman Rd Small Heath B10 0PG	WM558794	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Venture House	Corporate	Fentham Rd Erdington B23 6AL	WM727641	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Nightingale House	Vacant	Hob Moor Rd, Small Heath, B10 9JH	WM820557	Lease to SSL	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
OWNED BY BSMHFT (Fully Managed Service SSL)							
Dan Mooney House	Inpatient	1 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	WM933526	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
David Bromley House	Inpatient	2-4 Woodside Crescent, Downing Close, Knowle, Solihull, B93 0QA	WM933526	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hertford House	Inpatient	29 Old Warwick Road, Olton, Solihull, B92 7JQ	WK178660	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hillis Lodge	Inpatient	Hollymoor Way, Northfield, B31 5HE	WM696952	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Longbridge Health & Community Centre	Outpatient	10 Park Way, Birmingham Great Park, Rubery, B45 9PL	WM698718	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Lyndon Resource Centre	Outpatient	Hobs Meadow, Solihull, B92 8PW	WM228771	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Newington Resource Centre	Outpatient	Newington Road, Hamar Way, Marston Green, B37 7RW	WM742508	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Shenley Fields	Outpatient	15 Shenley Fields Drive, Northfield, B31 1XH	WM354675	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Uffculme Centre inc	Corporate	52 Queensbridge Road, Moseley, B13 8QY	WM629873	BSMHFT	SSL Managed Service (Excl Catering)	SSL Managed Service (Excl Catering)	SSL Managed Service (Excl Catering)
Uffculme site buildings (Tall Trees, Coach House, Old Lodge, Estates Office, Creative Arts)	Mixed use	52 Queensbridge Road, Moseley, B13 8QY	WM629873	BSMHFT	SSL Managed Service (Excl Catering)	SSL Managed Service (Excl Catering)	SSL Managed Service (Excl Catering)
Warstock Lane	Outpatient	Warstock Lane, Billesley, B14 4AP	WM629864	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Main House	Vacant	201 Hollymoor Way, Northfield, B31 5HE	WM696952	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Hollyhill	Vacant	Rubery Lane, Rubery, B45 9AY	WM696803	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
Ross House	Vacant	Sheldon Drive, Northfield, B31 5EJ	WM788320	BSMHFT	SSL Managed Service	SSL Managed Service	SSL Managed Service
PFI PROPERTIES							
Ashcroft Unit	Inpatient	The Moorings, Hockley, B18 5SD	WM727644	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Endeavour Court	Inpatient	210 Reservoir Rd Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Endeavour House	Inpatient	202 Reservoir Road Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Forward House	Inpatient	Slade Road, Erdington, B23 7JQ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Mary Seacole House	Inpatient	Lodge Rd, Winson Green, B18 5SD	WM727644	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
Reservoir Court	Inpatient	220 Reservoir Rd Erdington, B23 6DJ	WM727641	PFI	PFI Managed Service via Amey	PFI Managed Service via Amey	SSL Contract Management of PFI Service
The Barberry	Inpatient	25 Vincent Drive, Edgbaston, B15 2FG	WM930799	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
The Oleaster	Inpatient	6 Mindelsohn Crescent, Edgbaston, B15 2SY	WM930799	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
The Zinnia Centre	Inpatient	100 Showell Green Lane, B11 4HL	WM743181	PFI	SSL Hotel Services	PFI Managed Service	SSL Hotel Services / SSL Contract management of PFI Services
OWNED BY SSL							
Ardenleigh	Inpatient	385 Kingsbury Road, Erdington, B24 9SA	WK220477	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
John Black Day Hospital	Outpatient	4 Maple Leaf Drive, Marston Green B37 7JB	WM742512	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Juniper Centre	Inpatient	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	WM906216	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Reaside	Inpatient	Birmingham Great Park, Bristol Road South, Rubery, B45 9BE	WM696803	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Rookery Gardens	Inpatient	385 Kingsbury Road, Erdington, B24 9SA	WK220477	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Tamarind	Inpatient	165 Yardley Green Road, Bordesley Green, B9 5PU	WM681118	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service
Maple Leaf Drive	Vacant	2 Maple Leaf Drive, Marston Green B37 7JB	WM742512	SSL	SSL Managed Service	SSL Managed Service	SSL Managed Service

9.4. Gender Pay Gap Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**Board of Directors**		
Agenda item	**9.4 (a)**		
Paper title	Gender Pay Gap 2022		
Date	5 April 2023		
Author (s)	Jas Kaur		
Executive sponsor	Patrick Nyarumbu		
Executive sign-off	☒ Yes	☐ No	(Tick as appropriate)

This paper is for (tick as appropriate):		
☐ Decision	☐ Discussion	☒ Assurance

Equality & Diversity ***(all boxes MUST be completed)***	
Does this report reduce inequalities for our service users, staff and carers?	Yes, by considering the pay gap for; gender, age, ethnicity, sexual orientation and disability.
What data has been considered to understand the impact?	ESR self-declaration

Executive summary & Recommendations:

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public bodies with 250 or more employees on the snapshot date of 31st March of any given year to report their gender pay gap.

We have grown our substantive workforce by 88 colleagues with a very small percentage increase of women's representation from 70.9% (3386 in 2021) to 71% (3451 in 2022).

Our gender pay gap for 2022 is 8.76%, with a median of 1.56%; reduction on mean of 9.07% and an increase on the median of 0.00% reported in 2021.

The bonus gender pay gap has reached equity.

The mean age pay gap has increased for women aged 51+ in 2022.

The mean ethnicity pay gap has increased from 4.18% in 2021 to 5.53% in 2022.

The mean disability pay gap has decreased from 9.5% in 2021 to 4.98% in 2022.

The sexual orientation pay gap has moved from 0.33% in 2021 to -1.82% in 2022.

Recommendations:

- Utilise gender pay gap to increase understanding in the importance of accurate data and self-declaration.
- Socialise the gender pay gap information across Divisions to enable informed decisions, awareness and ownership.
- Encourage Divisions to explore their own internal data.

- Embed data informed positive action initiatives through FLOURISH.
- Intentions are to reduce the pay gap across the protected characteristics through informed decision making.

Explore positive action approaches through intersections.

What is the ask? *(Please state specifically what you like the meeting, committee or Board to do).*

e.g. The Board is requested to:
*1. **Approve** the content of this report and support recommendations.*

Confirm level of assurance demonstrated and evidenced in the report (tick as appropriate):

☐ Substantial Assurance
☒ Reasonable Assurance
☐ Limited Assurance
☐ No Assurance

Previous consideration of report by: (If applicable)

People Committee
Transforming Culture and Staff experience Committee

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

PEOPLE: Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users

Financial Implications *(detail any financial implications)*

People are our largest asset

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*

N/A

Equality impact assessments:

Legal requirement to publish Gender Pay Gap annually.
Engagement *(detail any engagement with staff/service users)*
Acronyms *(List out any acronyms used in the report)*

Defining levels of assurance:

Level of assurance	Definition
Substantial Assurance	The evidence provided demonstrates there is a sound system of governance, risk management and that internal and existing controls are operating effectively and are consistently applied to support the achievement of objectives in the Division or Department.
Reasonable Assurance	The evidence provided demonstrates there is generally a sound system of governance, risk management and controls in place. However, there are some issues e.g. with quality, non-compliance and performance that have been identified which may put at risk the achievement of objectives in the Division or Department, hence there is scope for improvement.
Limited Assurance	The evidence provided demonstrates there are significant gaps, weaknesses or non-compliance that have been identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the Division/Department.
No Assurance	There is absolutely no evidence to demonstrate, hence immediate action is required to address the fundamental gaps, weaknesses or non-compliance that have been identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the Division or Department.
Assurance (System/process-based assurance & outcome-based assurance)	Provides certainty through the evidence you may triangulate in demonstrating confidence that systems and processes are working properly and what needs to happen is happening (i.e. system/process-based assurance). However, this may not imply that expected outcomes will be achieved as planned (outcome-based assurance). It is often useful to stop and ask: • Do we really know what we think we know? • Where does the assurance come from? • How reliable is this assurance? • What is this assurance telling us?
Reassurance	This is the feeling of being assured and may be based on good performance, the lack of contradictory evidence or perhaps because someone with a professional background or expertise or management, tells you that something is so, and so it must be true.
Assurance is defined as - "...an objective examination of evidence for the purpose of providing an	

independent assessment on governance, risk management, and control processes for the organization." (HM Treasury – 2012).

BSMHFT
Gender Pay Gap Analysis
as at 31st March 2022

Authors: Jas Kaur, Head of Equality, Diversity & Inclusion

Recipient: BSMHFT reported their gender pay gap to gov.uk on XXXX

Contents

Appendices

1. Introduction

1.1 The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public bodies with 250 or more employees on the snapshot date of 31st March of any given year to report their gender pay gap.

1.2 It is important to note that the gender pay gap is different to equal pay.

1.3 Equal pay deals with pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

1.4 The gender pay gap shows the difference between the average (mean or median) earnings of men and women. It is expressed as a percentage of men's earnings.

1.5 A positive percentage figure reveals that typically, or overall, females have lower pay or bonuses than male employees. Whereas, a negative figure reveals that males have lower pay or bonuses. Albeit unlikely, a zero percentage figure would indicate no gap between the pay or bonuses of typical male and female employees.

1.6 This gender pay gap exists because women tend to work in lower-paid occupations and sectors, and occupy less senior roles. Many women take time out of the labour market and work part-time because of unequal sharing of care responsibilities. Stereotypes and workplace culture are also factors.

1.7 Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how talent is being maximised.

1.8 The regulations require that the following calculations are completed:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of males receiving a bonus payment
- The proportion of females receiving a bonus payment
- The proportion of males and females in each quartile pay band

1.9 It can be seen that the calculations make use of two types of averages:

- The **mean**, commonly known as the average, is calculated when you add up the wages of all employees and divide the figure by the number of employees. The mean gender pay gap is the difference between mean male pay and mean female pay. For example, if

the hourly gender pay gap at a company is 32%, then for every £100 earned by a man a woman would earn £68.

- The **median** is the figure that falls in the middle of a range when everyone's wages are lined up from smallest to largest. The median gap is the difference between the employee in the middle of the range of male wages and the middle employee in the range of female wages.
- The median is typically a more representative figure as the mean can be skewed by outlying figures. A large difference between the mean and the median can be indicative of inequality at either end of the pay spectrum.

1.10 The results from the above calculations must be displayed on the Trust's website and be maintained for a minimum of three years, although the Trust could decide to maintain it for longer than this in order to demonstrate long-term progress.

1.11 This reports sets out the above calculations as at the snapshot date of 31st March 2022. In line with the Trust's ongoing commitment to equality, diversity and inclusion the pay gap is also analysed by the protected characteristics; age, ethnicity, disability and sexuality.

1.12 Please note, as each separate legal entity must calculate and publish separate gender pay gap reports, all employees of Summer Hill Supplies Ltd have been removed from this analysis.

1.13 The full dataset of full-pay relevant employees totalled 4,854. 1,403 of these being male (29%) and 3451, (71%) female.

2. Gender Pay Gap and Pay Quartiles

2.1 In terms of the overall gender pay gap figures, a mean gap of 8.76**%** was calculated, alongside a median of **1.56%.** This mean gap is lower than the 2021 figure of 9.07% whilst the median gap is higher than the 2021 figure of 0%. The headline figures are displayed in Figure 1.

	Average Hourly Rate	Median Hourly Rate
Male	£19.44	£16.50
Female	£17.74	£16.24
Difference	1.70	0.26
Pay Gap %	8.76%	1.56%

**Please note that in order for the median gap to be displayed it has not been possible to round the figures to two decimal places.*

Figure 1. Gender pay gap headline figures

2.2 Given the large differential between the mean average and the median, further analysis was completed in an effort to understand the impact both ends of the pay spectrum were having.

2.3 Firstly the employees were ranked by rate per hour and the bottom 50 and the top 50 ranked employees were removed from the data set. The gender pay gap was then recalculated, with the following results.

	Average Hourly Rate	Median Hourly Rate
Male	£18.55	£16.41
Female	£17.57	£16.28
Difference	0.98	0.13
Pay Gap %	5.28%	0.78%

Figure 2. Gender pay gap headline figures, with a top and bottom slice of 50 removed

2.4 The original data was subsequently revisited and the first and last decile, as ranked by rate by hour, were removed. That is, the middle 80% of data was analysed. The results were as follows.

	Average Hourly Rate	Median Hourly Rate
Male	£16.69	£16.13
Female	£16.70	£16.46
Difference	-0.01	-0.33
Pay Gap %	-0.07%	-2.05%

Figure 3. Gender pay gap headline figures, with top and bottom deciles removed

3.5 The pay quartiles for all 4,854 relevant full-pay employees were then calculated.

	start at (RPH)	finishes at (RPH)	Count Male	Count Female	% Male 2022	% Female 2022	% Male 2021	% Female 2021	% Male 2020	% Female 2020
Q1	£4.30	£12.67	334	879	27.54%	72.46%	27.46%	72.54%	26.77%	73.23%
Q2	£12.67	£16.31	352	862	29.00%	71.00%	30.39%	69.61%	29.25%	70.75%
Q3	£16.32	£20.68	323	890	26.63%	73.37%	26.07%	73.93%	24.41%	75.59%
Q4	£20.70	£162.18	394	820	32.45%	67.55%	32.08%	67.92%	34.44%	65.56%

Figure 4. Pay quartiles, including 2020 data for comparative purposes

3. Bonus Gender Pay Gap

3.1 Bonuses, as defined by the regulations, include anything that relates to profit sharing, productivity, performance, incentive and commission. They can be received in the form of cash, vouchers, securities, securities options, and interests in securities. Non-consolidated bonuses are included.

3.2 For this analysis, the bonus gender pay gap has been calculated with regard to the payment amounts made under the Clinical Excellence Awards only. In line with the regulations all payments made during the 12 month period ending with 31st March 2022 have been incorporated. That is payments made during the period 1st April 2019 to 31st March 2022. Further, in line with the regulations, all such bonuses received within this period have been included regardless of the period to which the bonus is attributed.

3.3 The results were as follows:

	Average Bonus Pay	Median Bonus Pay
Male	£3,774.91	£3,774.91
Female	£3,774.91	£3,774.91
Difference	0.00	0.00
Pay Gap %	0.00%	0.00%

Figure 5. Bonus gender pay gap headline figures

3.4 Bonus pay shows equity.

4. Gender Pay Gap by Age Group

4.1 It has been widely reported that unequal sharing of care responsibilities contributes to a higher proportion of women taking part-time work, which is generally lower paid. Consequently the gender pay gap widens, particularly for those employees over 40.

4.2 The Trust's gender pay gap across employee age cohorts was thus calculated. The results are set out below.

	Average Hourly Rate	Median Hourly Rate
Males	£10.30	£10.91
Females	£11.51	£12.48
Difference	-1.21	-1.57
Pay Gap %	-11.80%	-14.39%

Figure 6. Gender pay gap headline figures, staff aged 16-20

	Average Hourly Rate	Median Hourly Rate
Males	£15.01	£14.10
Females	£14.90	£13.95
Difference	0.11	0.14
Pay Gap %	0.73%	1.01%

Figure 7. Gender pay gap headline figures, staff aged 21-30

	Average Hourly Rate	Median Hourly Rate
Males	£17.69	£16.26
Females	£17.94	£16.74
Difference	-0.25	-0.48
Pay Gap %	-1.43%	-2.97%

Figure 8. Gender pay gap headline figures, staff aged 31-40

	Average Hourly Rate	Median Hourly Rate
Males	£20.31	£16.60
Females	£19.37	£17.46
Difference	0.94	-0.86
Pay Gap %	4.61%	-5.19%

Figure 9. Gender pay gap headline figures, staff aged 41-50

	Average Hourly Rate	Median Hourly Rate
Males	£20.51	£17.54
Females	£18.55	£16.13
Difference	1.96	1.41
Pay Gap %	9.57%	8.03%

Figure 10. Gender pay gap headline figures, staff aged 51-60

	Average Hourly Rate	Median Hourly Rate
Males	£22.77	£19.96
Females	£17.08	£14.26
Difference	5.69	5.70
Pay Gap %	24.99%	28.55%

Figure 11. Gender pay gap headline figures, staff aged 61 and over

5. Ethnicity Pay Gap

5.1 For the purposes of this analysis staff were extracted from the sample if their ESR code for ethnic origin was recorded as either 'not stated' or 'undefined'. In total this amounted to 626 staff out of the sample of 4,854. Remaining staff were allocated into one of the two following groups on the basis of their ethnic origin, as coded in ESR:

- White British, White Irish, White – Any other White background
- All other ethnic origin codes

5.2 The former group contained 2,287 staff, equating to 54.09% of the remaining sample. The latter contained 1,941; 45.91% of the remaining sample (increase on 2021).

5.3 To ascertain the ethnicity pay gap, the calculations were completed for white staff and staff of all other ethnic groups, with earnings for staff of all other ethnic groups expressed as a percentage of earnings for white staff.

	Average Hourly Rate	Median Hourly Rate
White	£18.59	£16.52
Black, Asian, Minority Ethnic	£17.60	£15.65
Difference	0.99	0.87
Pay Gap %	5.35%	5.28%

Figure 12. Ethnicity pay gap headline figures

6. Disability Pay Gap

6.1 When reviewing the ESR data set it was noted that 765 staff had entries of 'Not declared' and 'Undefined' against their disability category. These were removed from the data set accordingly.

6.2 This left a total of 3,844 staff, 94.01% of which stated that they did not have a disability, with the remainder 245; 5.99% declaring themselves disabled.

6.3 In order to calculate the disability pay gap, the calculations were completed for non-disabled staff and disabled staff, with earnings for disabled staff expressed as a percentage of earnings for non-disabled staff.

	Average Hourly Rate	Median Hourly Rate
Non Disabled	£18.15	£16.18
Disabled	£17.25	£16.52
Difference	0.90	-0.34
Pay Gap %	4.98%	-2.12%

Figure 13. Disability pay gap headline figures

7. Sexual Orientation Pay Gap

7.1 In relation to sexuality, examination of the ESR data showed that a total of 1,239 staff were categorised as either 'I do not wish to disclose my sexual orientation' or 'Undefined'. When these were extracted a sample size of 3615 remained. 162 of these staff (4.48%) categorised themselves as lesbian, gay or bisexual. The remaining 3453 (95.52%) described themselves as heterosexual.

7.2 In order to calculate the sexuality pay gap, the calculations were completed for heterosexual staff and lesbian, gay or bisexual staff, with earnings for lesbian, gay or bisexual staff expressed as a percentage of earnings for heterosexual staff.

7.3 The results were as follows. These should be interpreted with some caution due to the relatively small sample size being observed.

	Average Hourly Rate	Median Hourly Rate
Heterosexual	£17.74	£16.25
LGB	£18.06	£16.52
Difference	-0.32	-0.27
Pay Gap %	-1.82%	-1.67%

Figure 14. Sexuality pay gap headline figures

9.4.1. WRES Report

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	Board of Directors		
Agenda item	**Item 9.4 (b)**		
Paper title	**Workforce Race Equality Standard Regional & National Comparison Summary for the 2021/22 reporting year**		
Date	5 April 2023		
Author (s)	Jas Kaur		
Executive sponsor	Patrick Nyarumbu		
Executive sign-off	☒ Yes	☐ No	(Tick as appropriate)

This paper is for (tick as appropriate):		
☐ Decision	☒ Discussion	☒ Assurance

Equality & Diversity ***(all boxes MUST be completed)***	
Does this report reduce inequalities for our service users, staff and carers?	Yes, by considering the differential race inequality experience
What data has been considered to understand the impact?	ESR self-declaration

Executive summary & Recommendations:

The documents attached provide a summary of the national and regional Workforce Race Equality Standard (WRES) considerations in comparison to the local BSMHFT data.

Key headlines from the 2021/22 summary are:

- +ive The Race Disparity Ratio for the non clinical workforce, middle to upper level is lower than the national and regional ratio, ranked in the top 18% of all UK Trusts.
- +ive The Board representation is ranked in the top 5% of all Trusts in the UK
- -ive The lower to upper ratio for the clinical workforce is considerably higher than the regional and national ratio. Ranked in 5th percentile.
- -ive The likelihood of being appointed from shortlisting for Black, Asian and Minority Ethnic colleagues is the worst in the region and ranked in the 68th percentile.
- -ive The experience of harassment, bullying and abuse from patients, relative or the public across the Trust is considerably worse than the regional and national experience for all staff.

What is the ask? ***(Please state specifically what you like the meeting, committee or Board to do).***

e.g. The Board is requested to:
Note *the content of this report*

Confirm level of assurance demonstrated and evidenced in the report (tick as appropriate):

☐ Substantial Assurance
☐ Reasonable Assurance
☒ Limited Assurance
☐ No Assurance

Previous consideration of report by: (If applicable)

People Committee

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

PEOPLE: Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users

Financial Implications *(detail any financial implications)*

People are our largest asset.

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*

N/A

Equality impact assessments:

Information highlights the adverse experience of colleagues from a Black, Asian and Minority Ethnic background, attempts to address are highlighted within the People Strategy and FLOURISH development plans.

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

Acronyms *(List out any acronyms used in the report)*

Defining levels of assurance:

Level of assurance	Definition
Substantial Assurance	The evidence provided demonstrates there is a sound system of governance, risk management and that internal and existing controls are operating effectively and are consistently applied to support the achievement of objectives in the Division or Department.
Reasonable Assurance	The evidence provided demonstrates there is generally a sound system of governance, risk management and controls in place. However, there are some issues e.g. with quality, non-compliance and performance that have been identified which may put at risk the achievement of objectives in the Division or Department, hence there is scope for improvement.
Limited Assurance	The evidence provided demonstrates there are significant gaps, weaknesses or non-compliance that have been identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the Division/Department.
No Assurance	There is absolutely no evidence to demonstrate, hence immediate action is required to address the fundamental gaps, weaknesses or non-compliance that have been identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the Division or Department.
Assurance (System/process-based assurance & outcome-based assurance)	Provides certainty through the evidence you may triangulate in demonstrating confidence that systems and processes are working properly and what needs to happen is happening (i.e. system/process-based assurance). However, this may not imply that expected outcomes will be achieved as planned (outcome-based assurance). It is often useful to stop and ask: • Do we really know what we think we know? • Where does the assurance come from? • How reliable is this assurance? • What is this assurance telling us?
Reassurance	This is the feeling of being assured and may be based on good performance, the lack of contradictory evidence or perhaps because someone with a professional background or expertise or management, tells you that something is so, and so it must be true.
Assurance is defined as - "...an objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization." (HM Treasury – 2012).	

Birmingham and Solihull Mental Health NHS Foundation Trust

Organisation Code: RXT

Region: Midlands

Workforce Race Equality Standard 2017 - 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

Midlands

Summary for the 2021/22 reporting year

RXT

Trust type: **Mental Health and Learning Disability with or without Community**

Indicator number and description			Trust	Midlands	Mental Health	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band							
BME representation in the workforce overall			37.6%	23.3%	20.4%	24.2%	
Pay band at which BME under-representation first occurs	**Non-clinical**	Band 4 -	Proportional	Band 3	Proportional	Band 3	
		Band 5 +	Proportional	Band 8A	Band 7	Band 8A	
	Clinical	Band 4 -	Band 4	Band 4	Band 4	Band 3	
		Band 5 +	Band 6	Band 6	Band 6	Band 6	
	Medical		Proportional	Consultant	Consultant	Consultant	
Race disparity ratios	**Non-clinical**	Lower:middle	1.57	0.97	0.78	0.88	64%
		Middle:upper	0.84	1.44	1.26	1.42	18%
		Lower:upper	1.32	1.41	0.99	1.25	25%
	Clinical	Lower:middle	2.16	1.93	1.45	1.70	52%
		Middle:upper	1.64	1.25	1.21	1.37	47%
		Lower:upper	3.54	2.41	1.76	2.34	58%
Indicator 2: likelihood of appointment from shortlisting							
likelihood ratio White / BME			1.52	1.46	1.52	1.54	62%
Indicator 3: likelihood of entering formal disciplinary proceedings							
likelihood ratio BME / White			1.34	1.01	1.88	1.14	31%
Indicator 4: likelihood of undertaking non-mandatory training							
likelihood ratio White / BME			1.25	1.11	0.94	1.12	44%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months							
BME			37.0%	27.8%	32.0%	29.2%	89%
White			33.6%	26.6%	25.5%	27.0%	92%
Indicator 6: harassment, bullying or abuse from staff in last 12 months							
BME			25.5%	27.9%	22.8%	27.6%	42%
White			24.6%	22.4%	17.8%	22.5%	70%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion							
BME			41.2%	42.8%	47.3%	44.4%	81%
White			53.7%	59.7%	61.4%	58.7%	86%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months							
BME			16.4%	17.5%	14.2%	17.0%	50%
White			10.5%	6.7%	6.0%	6.8%	96%
Indicator 9: BME representation on the board minus BME representation in the workforce							
Overall			+0.9%.	-11.4%.	-0.8%.	-11.0%.	4%
Voting members			+0.9%.	-8.1%.	+0.1%.	-10.8%.	5%
Executive members			-9.0%.	-11.2%.	-4.0%.	-14.6%.	34%

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below. Please refer to the user guide in the appendix to this report for more detail.

Indicator 1 race disparity ratios and indicators 2 to 4: colour coding for the degree of inequality

Inequality, large degree
Inequality, medium degree
Inequality, small degree
Equity / proportional

Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark

Benchmark
Very high
High
Quite high
Similar to benchmark
Quite low
Low
Very low

Indicator 9: colour coding for the degree of inequality

Underrepresentation by three or more board members
Underrepresentation by two board members
Underrepresentation by one board member
Equity / proportional representation

Percentile ranks: colour coding

Best 5%
Best 10%
Best 25%
Middle 50%
Worst 25%
Worst 10%
Worst 5%

A note on interpreting the colour-coding in the summary table:

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the "Trust" column, but yellow, orange, or red in the "Percentile rank" column (or vice versa). The colour coding in the "Trust" column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the "Percentile rank" column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the "Trust" and "Percentile rank" columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.

Introduction

This report features a summary of workforce race equality standard (WRES) metrics for Birmingham and Solihull Mental Health NHS Foundation Trust.

This is the second time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust. The NHS standard contract requires Trusts to submit an annual report to the coordinating commissioner on progress in implementing their annual WRES action plan. It is intended that this data report will allow each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. The report also highlights areas where the Trust is performing well – we hope it is possible in these situations to learn from good practice and share that with other providers. The Trust's data is tabulated alongside data for the region, as well as data from Trusts of similar type. The intention is to benchmark against relevant comparators. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

The disaggregated metrics also allows accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being 'diluted' when numbers are looked at as a whole.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided alongside this report. The user guide includes guidance on interpreting the metrics, the colour coding used in the tables of analysis, and the graphs and charts included in the report. We welcome feedback from you about the report, and of course are keen to work with you in developing action plans for the Trust.

The current reporting year for the purposes of this report is 2022. Data for indicators 1 to 4 are taken from WRES data portal submissions relating to the workforce as at the end of March 2022. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2021.

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst BME staff
Indicator 1: Career progression in non-clinical roles (lower to middle levels)
Indicator 2: likelihood of appointment from shortlisting

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
Indicator 9: Board representation (overall and voting members)

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The WRES team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

Indicator 1

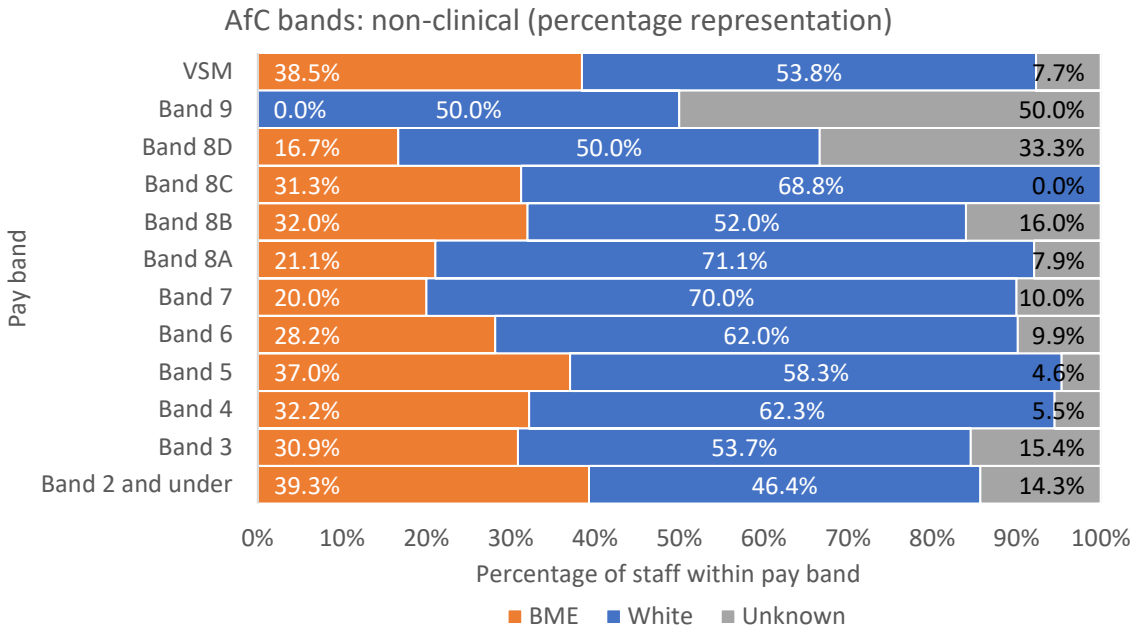
Non-clinical staff on AfC paybands

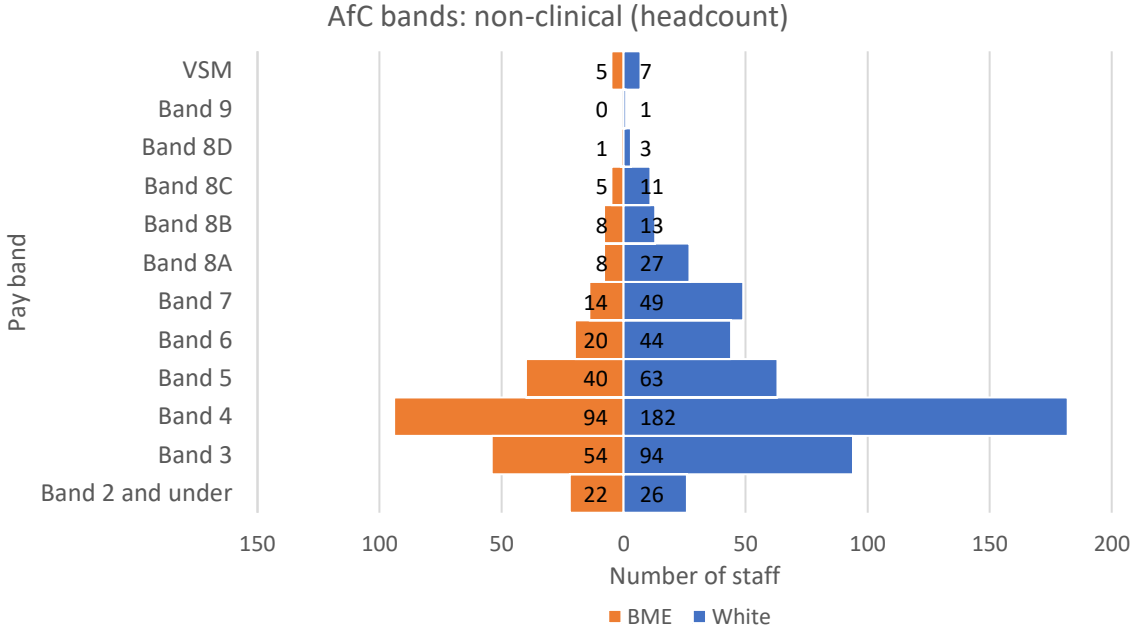
BME staff were represented at 31.1% in all non-clinical AfC roles.
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 32.5%, overall.
- BME staff were proportionately represented by pay band.

At Band 5 and over (graduate and management level roles):

- BME representation was 28.9%, overall.
- BME staff were proportionately represented by pay band.





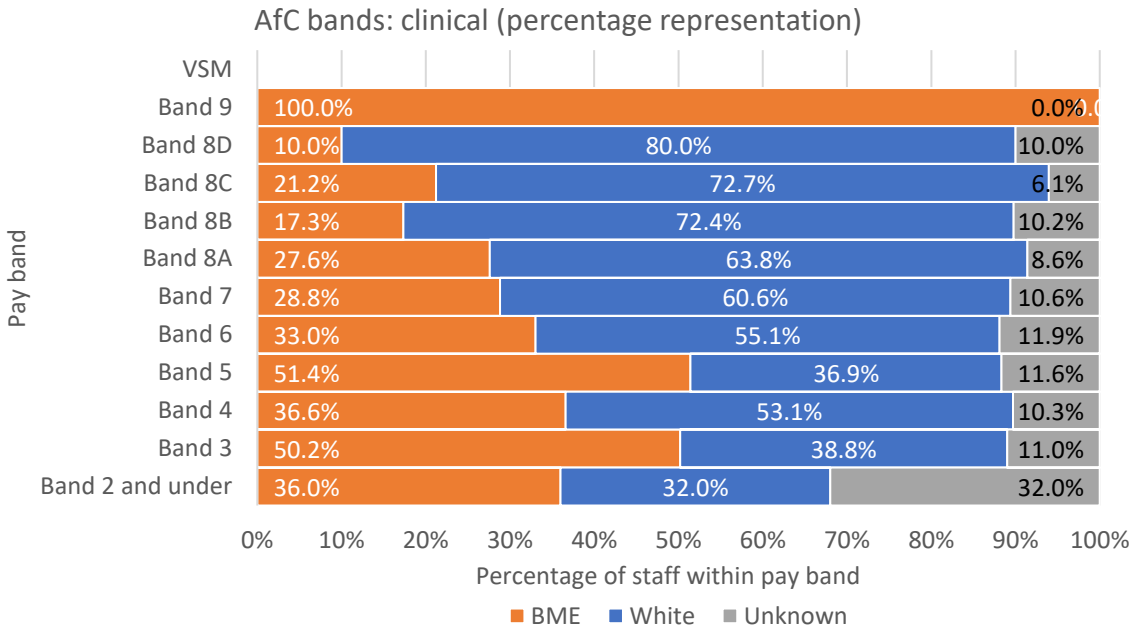
Clinical staff on AfC paybands

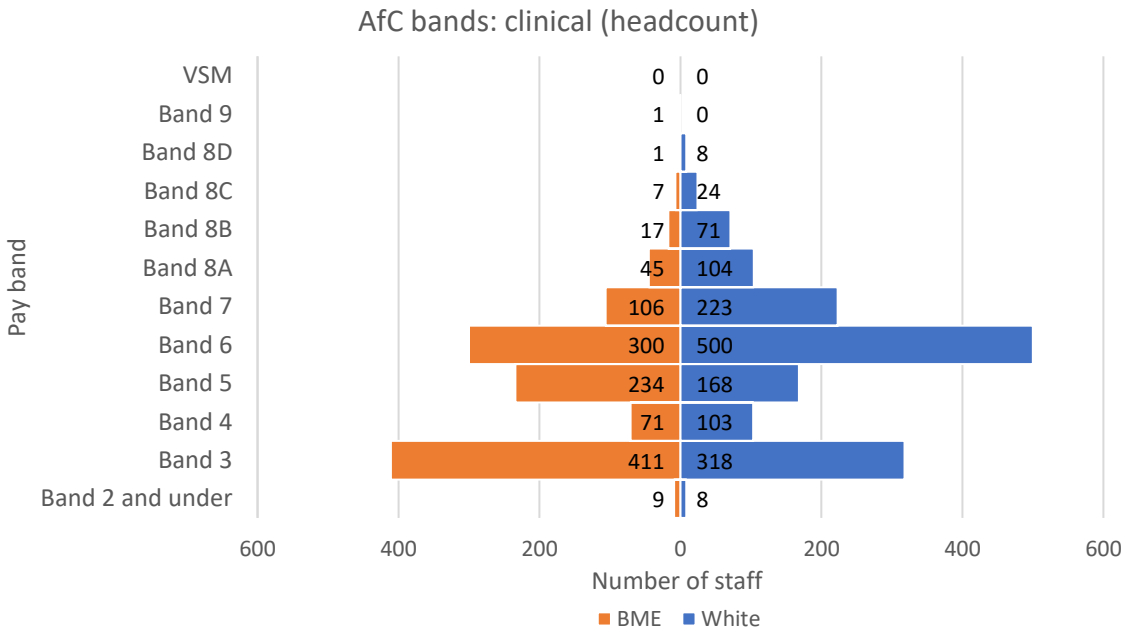
BME staff were represented at 39.1% in all clinical AfC roles.
At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 47.3%, overall.
- BME staff were underrepresented at Band 4, 36.6%.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 34.9%, overall.
- BME staff were underrepresented at Band 6 and above, 30.2%.

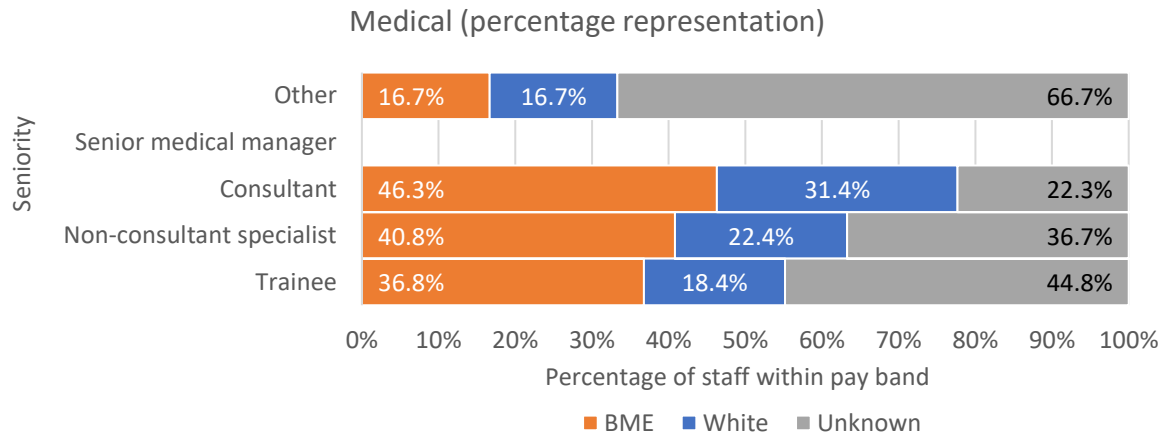


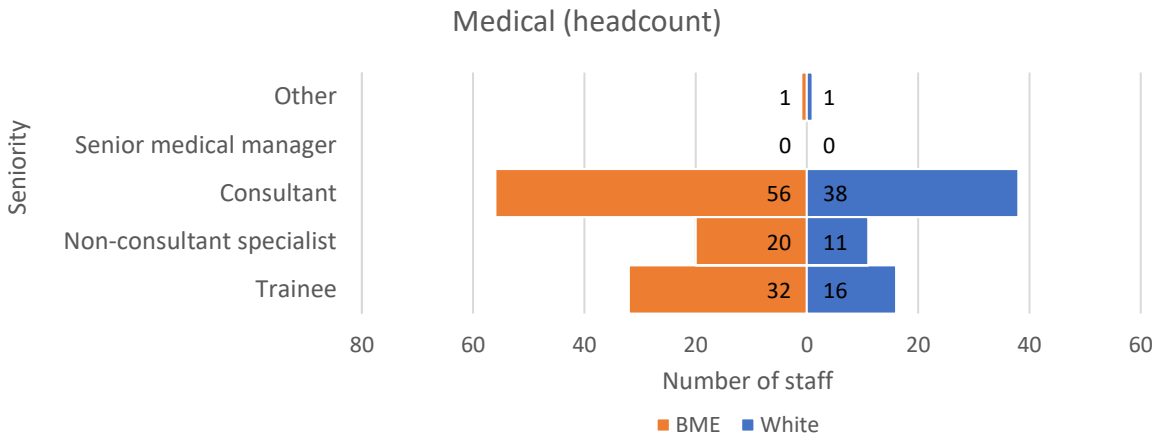


Medical staff

BME representation was 41.4% in all medical and dental roles.
Amongst medical and dental staff:

- BME staff were proportionately represented by level.





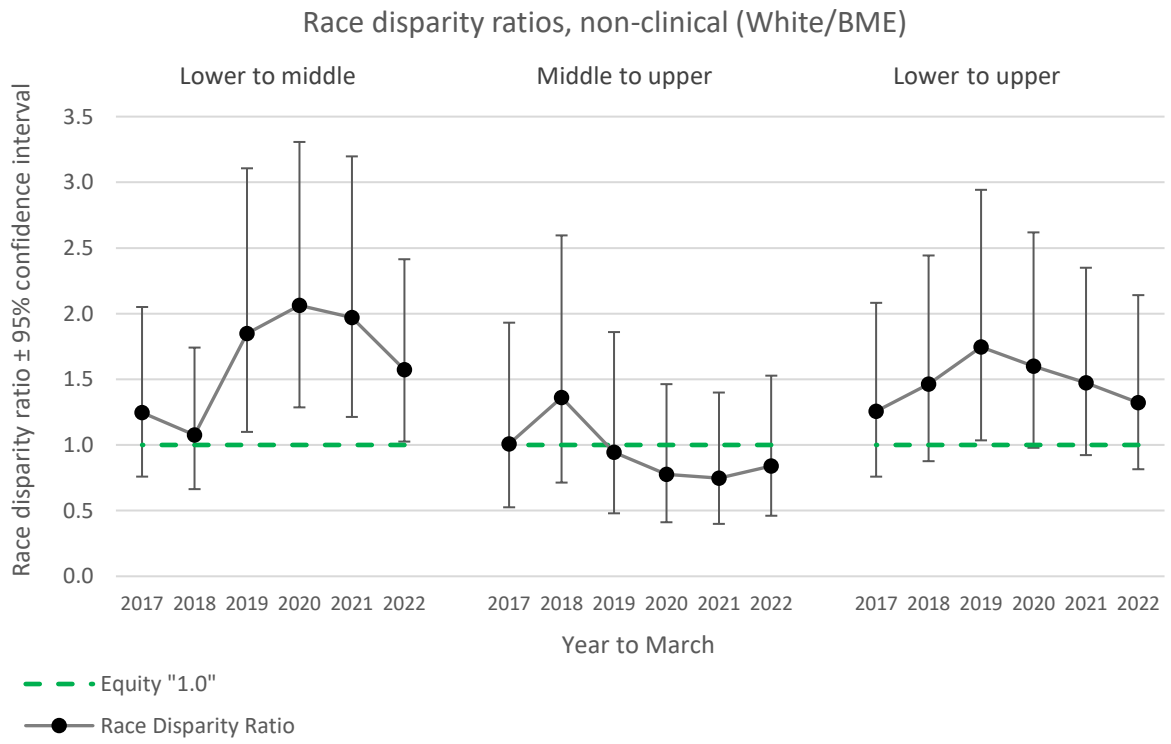
Race disparity ratios for non-clinical staff on AfC paybands

At March 2022:

Lower to middle: 1.57; higher than "1.0" or equity to a small degree.
The Trust performed better than 36% of Trusts and worse than 64% of Trusts.

Middle to upper: 0.84; not significantly different from "1.0" or equity.
The Trust performed better than 82% of Trusts and worse than 18% of Trusts.

Lower to upper: 1.32; not significantly different from "1.0" or equity.
The Trust performed better than 75% of Trusts and worse than 25% of Trusts.



Lower: non-clinical bands 5 and under
Middle: non-clinical bands 6 to 7
Upper: non-clinical bands 8a and above

The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff. Please refer to the user guide for further explanation.

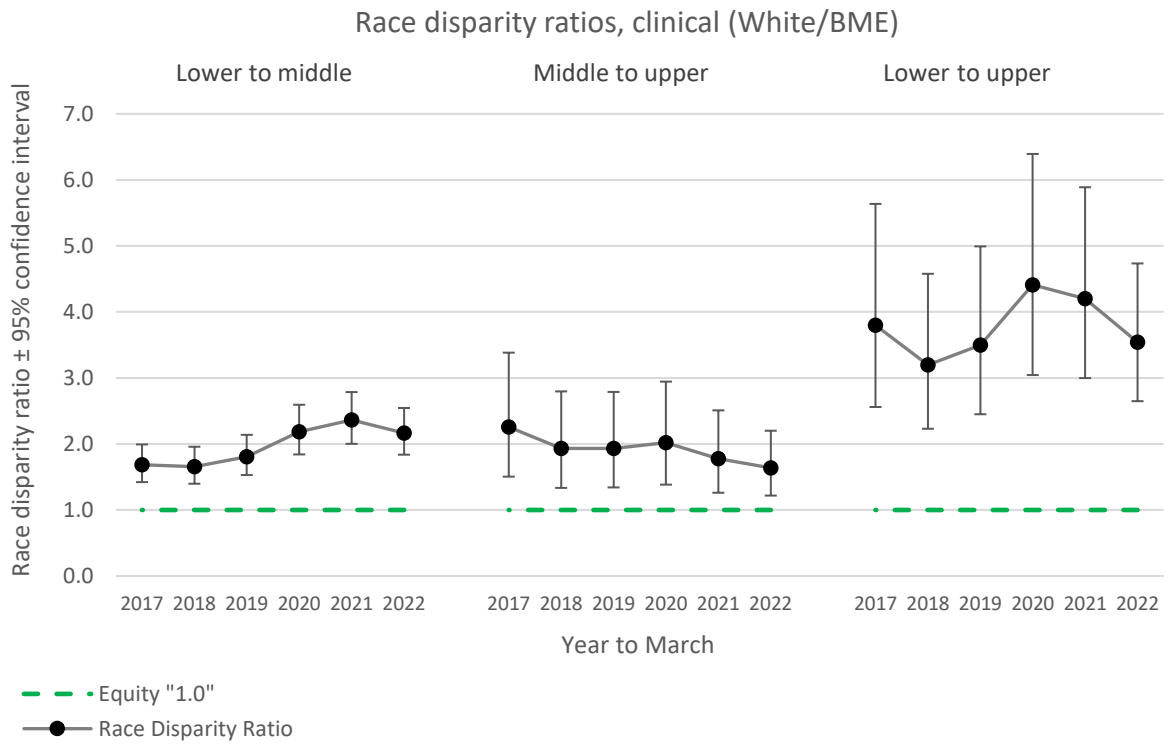
Race disparity ratios for clinical staff on AfC paybands

At March 2022:

Lower to middle: 2.16; higher than "1.0" or equity to a small degree.
The Trust performed better than 48% of Trusts and worse than 52% of Trusts.

Middle to upper: 1.64; higher than "1.0" or equity to a small degree.
The Trust performed better than 53% of Trusts and worse than 47% of Trusts.

Lower to upper: 3.54; higher than "1.0" or equity to a medium degree.
The Trust performed better than 42% of Trusts and worse than 58% of Trusts.



Lower: clinical bands 5 and under
Middle: clinical bands 6 to 7
Upper: clinical bands 8a and above

Indicator 2

The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

At March 2022 the likelihood ratio was 1.52; higher than "1.0" or equity to a small degree. Specifically, 433 out of 1438 white candidates were appointed from shortlisting (30.1% of white candidates) compared to 381 out of 1929 BME candidates (19.8% of BME candidates).

The Trust performed better than 38% of Trusts and worse than 62% of Trusts.

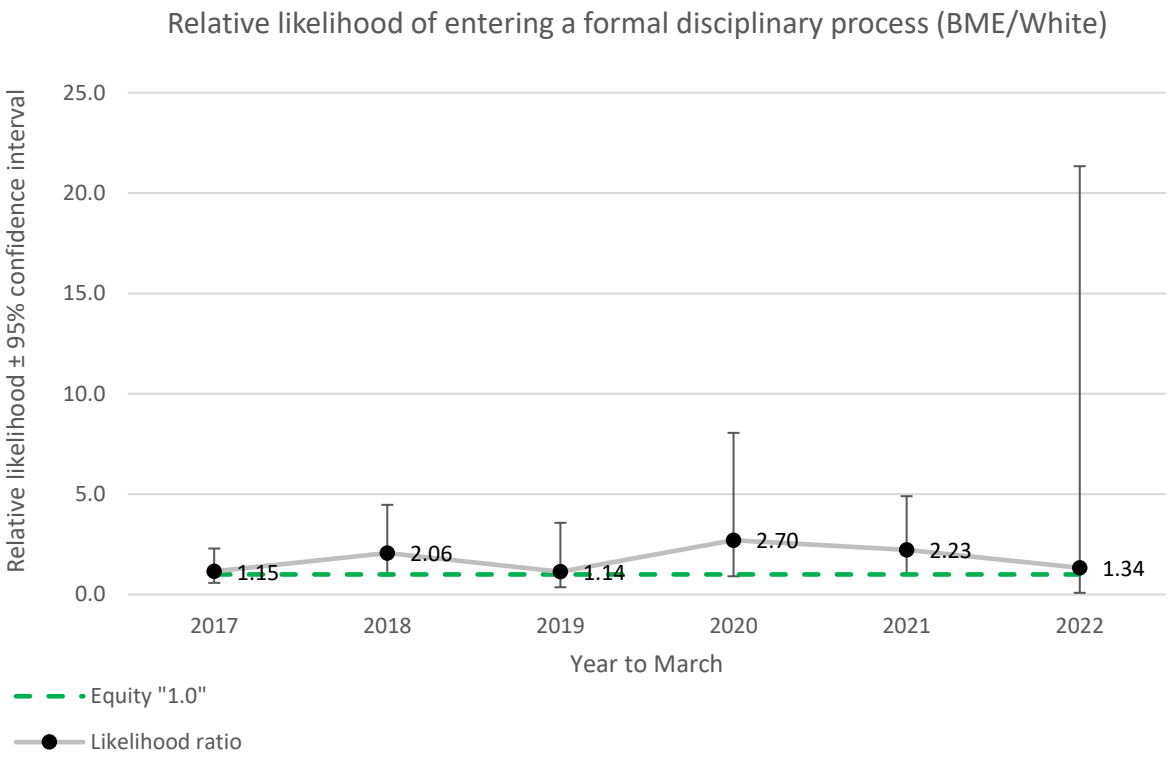
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

Indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

At March 2022 the likelihood ratio was 1.34; not significantly different from "1.0" or equity. Specifically, 1 out of 1582 BME staff entered formal disciplinary proceedings (0.06% of the BME workforce) compared to 1 out of 2113 white staff (0.05% of the white workforce).

The Trust performed better than 69% of Trusts and worse than 31% of Trusts.



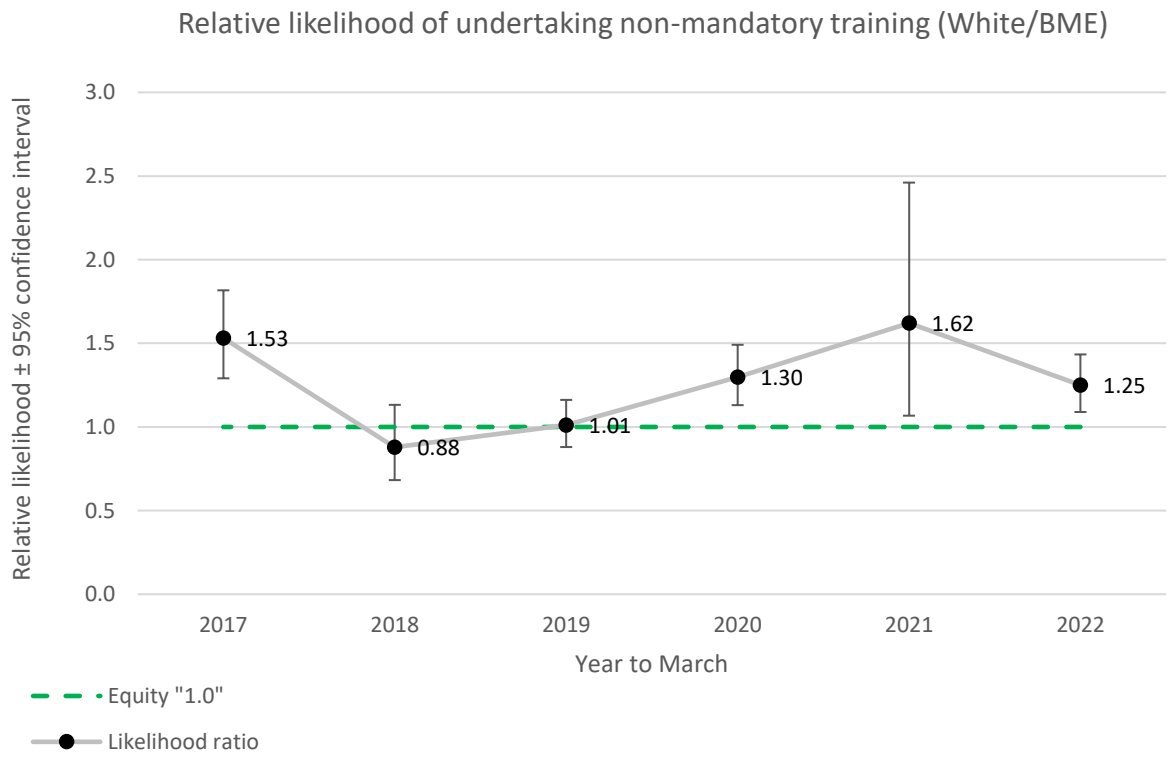
Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

Indicator 4

The relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to BME staff

At March 2022 the likelihood ratio was 1.25; higher than "1.0" or equity to a small degree. Specifically, 444 out of 2113 white staff undertook non-mandatory training (21.0% of the white workforce) compared to 266 out of 1582 BME staff (16.8% of the BME workforce).

The Trust performed better than 56% of Trusts and worse than 44% of Trusts.



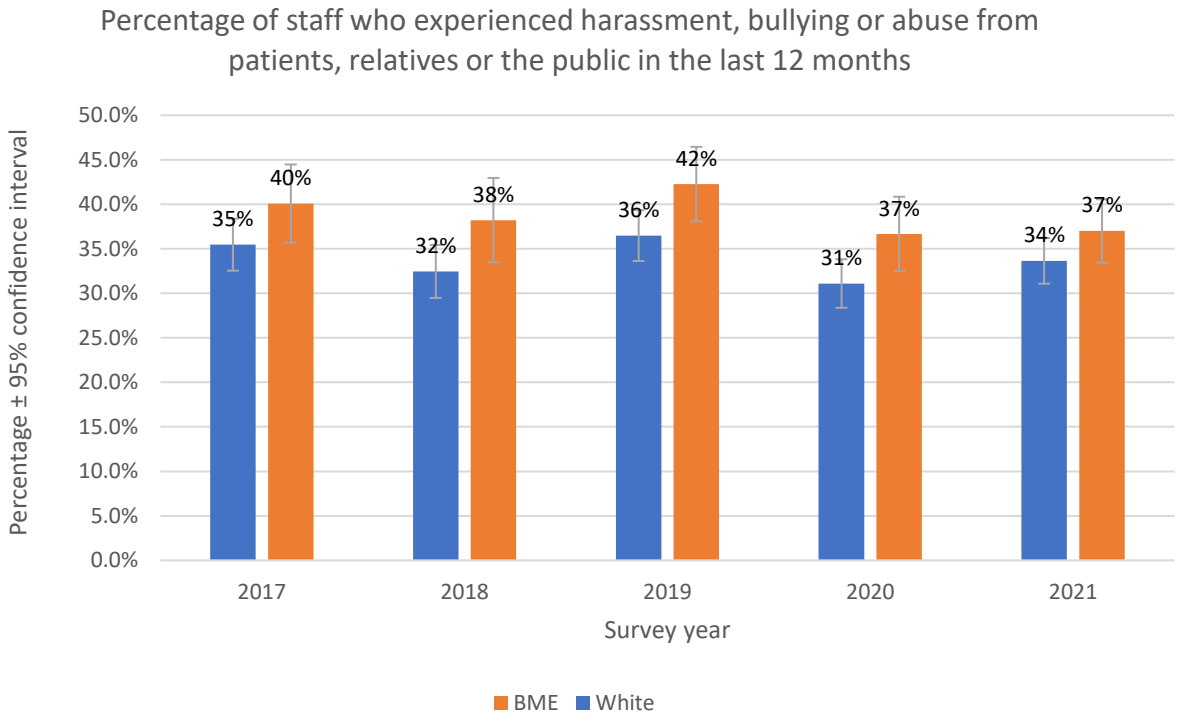
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

Indicator 5

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 37.0%, and for White staff, 33.6%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 11% of Trusts and worse than 89% of Trusts.



Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2017	2018	2019	2020	2021
Grouped	White	35%	32%	36%	31%	34%
	BME	40%	38%	42%	37%	37%
Detailed	White British	35%	32%	36%	31%	33%
	White "other"	44%	43%	41%	35%	45%
	Asian	33%	33%	37%	32%	32%
	Black	44%	44%	46%	39%	38%
	Mixed/other	45%	35%	46%	40%	46%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2017	2018	2019	2020	2021
Overall	37%	35%	39%	33%	35%
White women	36%	32%	35%	29%	33%
BME women	38%	32%	40%	36%	36%
White men	34%	33%	41%	39%	35%
BME men	41%	49%	48%	38%	36%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2017	2018	2019	2020	2021
Allied health prof.	White	26%	24%	30%	24%	20%
	BME	33%	31%	43%	35%	26%
Medical and dental	White	49%	53%	50%	55%	64%
	BME	61%	53%	55%	44%	51%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	54%	48%	53%	47%	48%
	BME	57%	62%	54%	49%	52%
Healthcare assistants	White	58%	58%	51%	51%	58%
	BME	49%	51%	59%	49%	46%
Wider healthcare team	White	17%	14%	13%	12%	17%
	BME	15%	13%	11%	9%	14%
General management	White	18%	22%	19%	7%	19%
	BME	18%	SUPP	SUPP	SUPP	10%
Other	White	16%	24%	33%	25%	19%
	BME	14%	0%	16%	32%	20%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

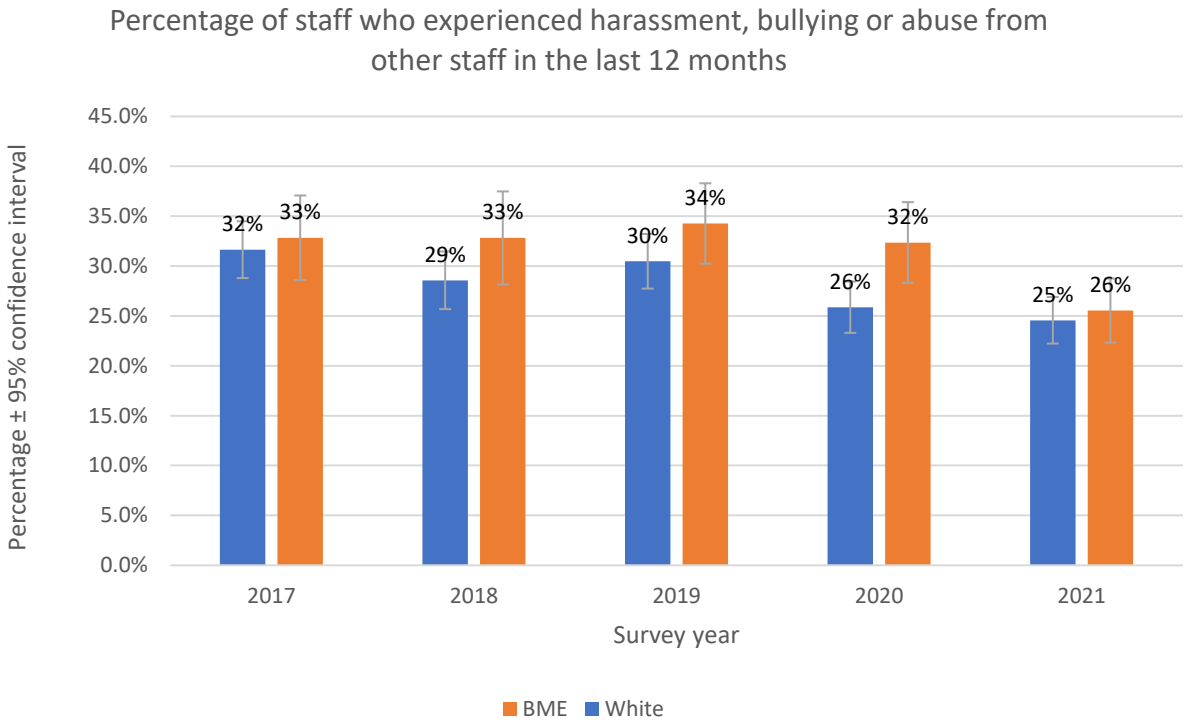
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 6

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was similar for BME staff, 25.5%, and for White staff, 24.6%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 58% of Trusts and worse than 42% of Trusts.



Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2017	2018	2019	2020	2021
Grouped	White	32%	29%	30%	26%	25%
	BME	33%	33%	34%	32%	26%
Detailed	White British	31%	28%	30%	26%	24%
	White "other"	41%	37%	34%	27%	26%
	Asian	35%	33%	34%	32%	28%
	Black	29%	30%	33%	29%	21%
	Mixed/other	38%	40%	38%	43%	30%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2017	2018	2019	2020	2021
Overall	32%	30%	32%	28%	25%
White women	32%	27%	32%	27%	25%
BME women	34%	35%	40%	34%	27%
White men	27%	32%	26%	23%	22%
BME men	29%	30%	26%	25%	18%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2017	2018	2019	2020	2021
Allied health prof.	White	33%	28%	26%	23%	22%
	BME	30%	42%	32%	36%	25%
Medical and dental	White	29%	27%	32%	18%	18%
	BME	22%	32%	30%	29%	28%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	38%	30%	31%	29%	31%
	BME	35%	42%	33%	34%	28%
Healthcare assistants	White	25%	32%	40%	38%	27%
	BME	30%	23%	36%	23%	25%
Wider healthcare team	White	24%	28%	29%	23%	18%
	BME	33%	28%	44%	34%	22%
General management	White	42%	35%	43%	36%	31%
	BME	42%	SUPP	SUPP	SUPP	10%
Other	White	30%	24%	27%	17%	16%
	BME	43%	9%	33%	32%	25%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

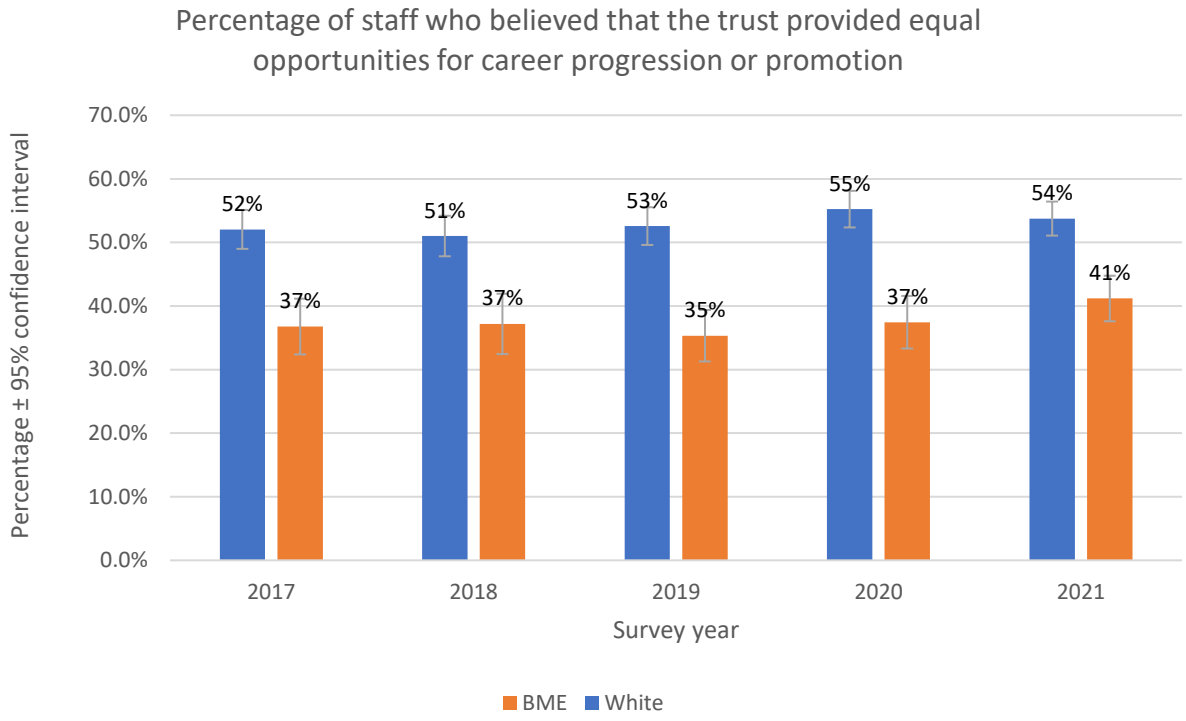
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 7

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 41.2%, than for White staff, 53.7%.

In terms of the percentage of BME staff who believed that the trust provided equal opportunities for career progression or promotion, the Trust performed better than 19% of Trusts and worse than 81% of Trusts.



Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity

Ethnicity		Survey year				
		2017	2018	2019	2020	2021
Grouped	White	52%	51%	53%	55%	54%
	BME	37%	37%	35%	37%	41%
Detailed	White British	53%	52%	53%	56%	54%
	White "other"	45%	43%	46%	52%	48%
	Asian	40%	43%	39%	46%	47%
	Black	34%	35%	30%	33%	36%
	Mixed/other	38%	29%	40%	31%	41%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and gender

Ethnicity and gender	Survey year				
	2017	2018	2019	2020	2021
Overall	47%	46%	47%	49%	49%
White women	54%	51%	54%	57%	55%
BME women	35%	37%	35%	39%	41%
White men	51%	55%	52%	53%	50%
BME men	44%	38%	38%	41%	46%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2017	2018	2019	2020	2021
Allied health prof.	White	52%	46%	54%	49%	55%
	BME	52%	43%	32%	32%	41%
Medical and dental	White	49%	49%	57%	73%	58%
	BME	38%	43%	48%	48%	43%
Ambulance (operational)	White	SUPP	SUPP		SUPP	
	BME	SUPP	SUPP		SUPP	
Nurses and midwives	White	52%	52%	54%	57%	52%
	BME	39%	34%	34%	41%	41%
Healthcare assistants	White	51%	55%	48%	48%	48%
	BME	44%	35%	45%	35%	44%
Wider healthcare team	White	54%	55%	51%	58%	57%
	BME	29%	30%	23%	34%	39%
General management	White	53%	58%	50%	69%	54%
	BME	8%	SUPP	SUPP	SUPP	50%
Other	White	57%	51%	47%	53%	59%
	BME	18%	40%	36%	32%	44%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

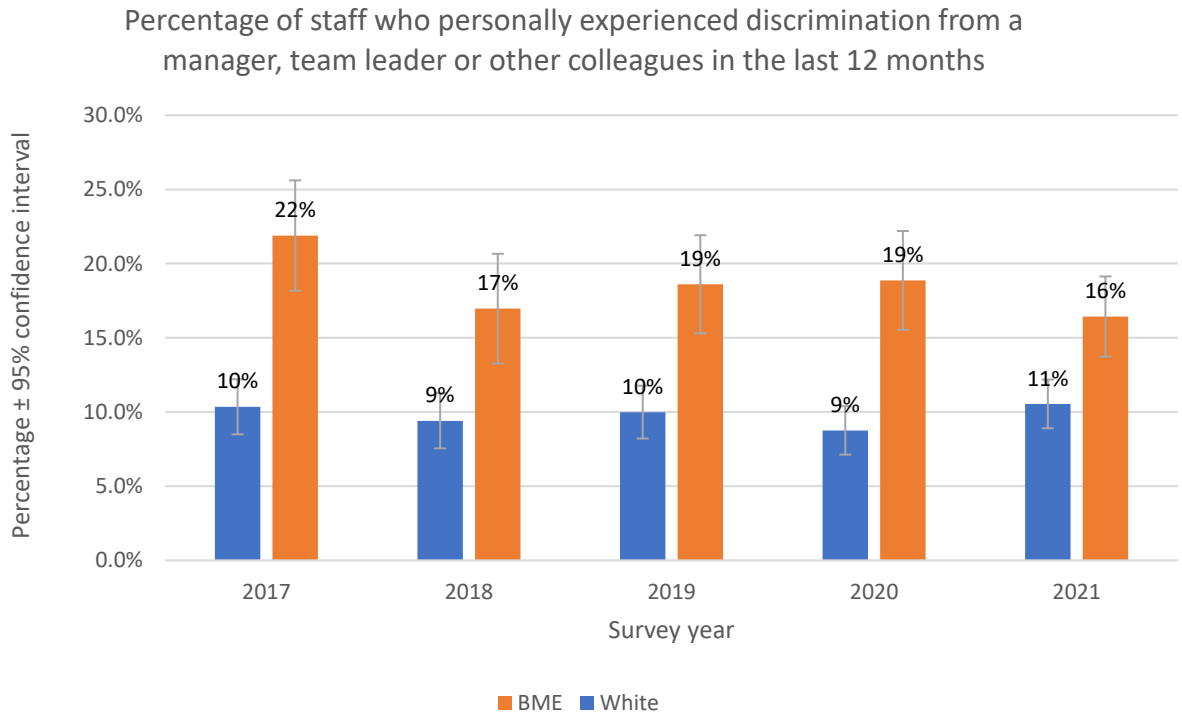
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 8

The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 16.4%, than for White staff, 10.5%.

In terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 50% of Trusts and worse than 50% of Trusts.



Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2017	2018	2019	2020	2021
Grouped	White	10%	9%	10%	9%	11%
	BME	22%	17%	19%	19%	16%
Detailed	White British	10%	9%	9%	9%	10%
	White "other"	19%	14%	23%	11%	15%
	Asian	22%	17%	19%	17%	14%
	Black	22%	15%	17%	18%	18%
	Mixed/other	21%	21%	24%	25%	18%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2017	2018	2019	2020	2021
Overall	14%	12%	13%	12%	13%
White women	10%	8%	10%	8%	10%
BME women	23%	18%	21%	19%	16%
White men	8%	10%	9%	9%	10%
BME men	19%	17%	16%	16%	16%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2017	2018	2019	2020	2021
Allied health prof.	White	9%	9%	9%	7%	7%
	BME	13%	26%	16%	24%	16%
Medical and dental	White	24%	13%	12%	5%	8%
	BME	13%	16%	14%	15%	14%
Ambulance (operational)	White	SUPP	SUPP		SUPP	
	BME	SUPP	SUPP		SUPP	
Nurses and midwives	White	13%	9%	9%	10%	14%
	BME	25%	22%	22%	19%	19%
Healthcare assistants	White	8%	17%	20%	21%	15%
	BME	33%	6%	16%	22%	20%
Wider healthcare team	White	7%	6%	8%	7%	8%
	BME	15%	11%	21%	14%	13%
General management	White	15%	4%	14%	3%	19%
	BME	33%	SUPP	SUPP	SUPP	10%
Other	White	14%	12%	9%	6%	7%
	BME	32%	10%	24%	22%	16%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

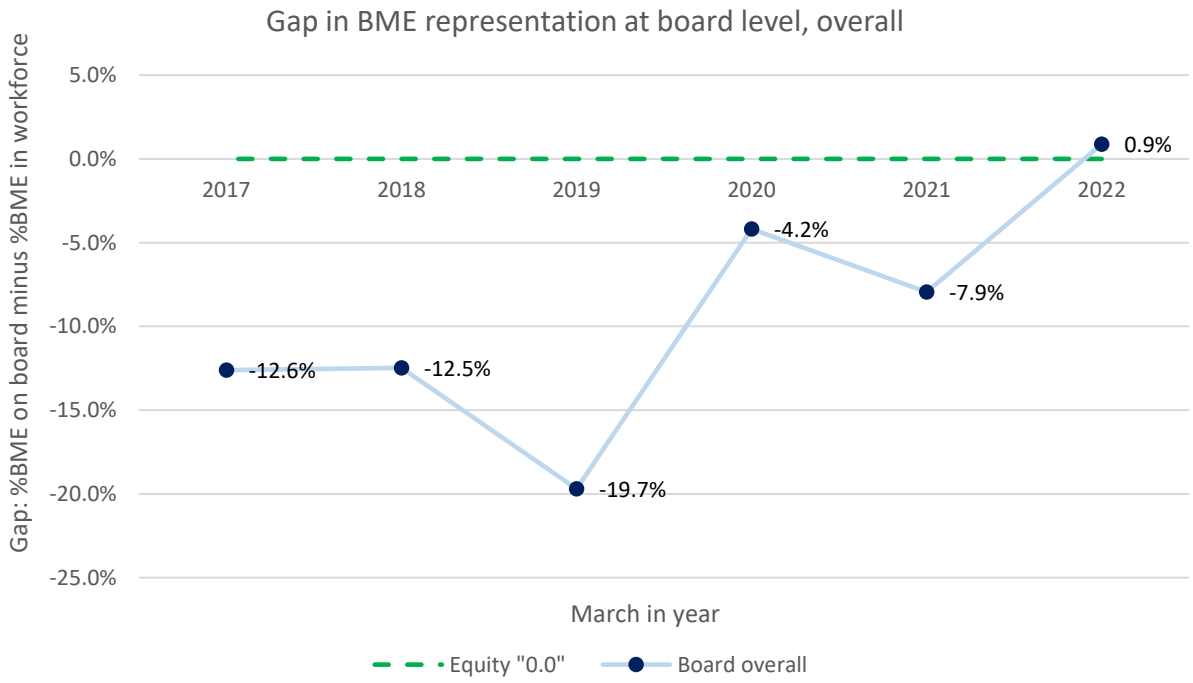
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 9

Overall board membership

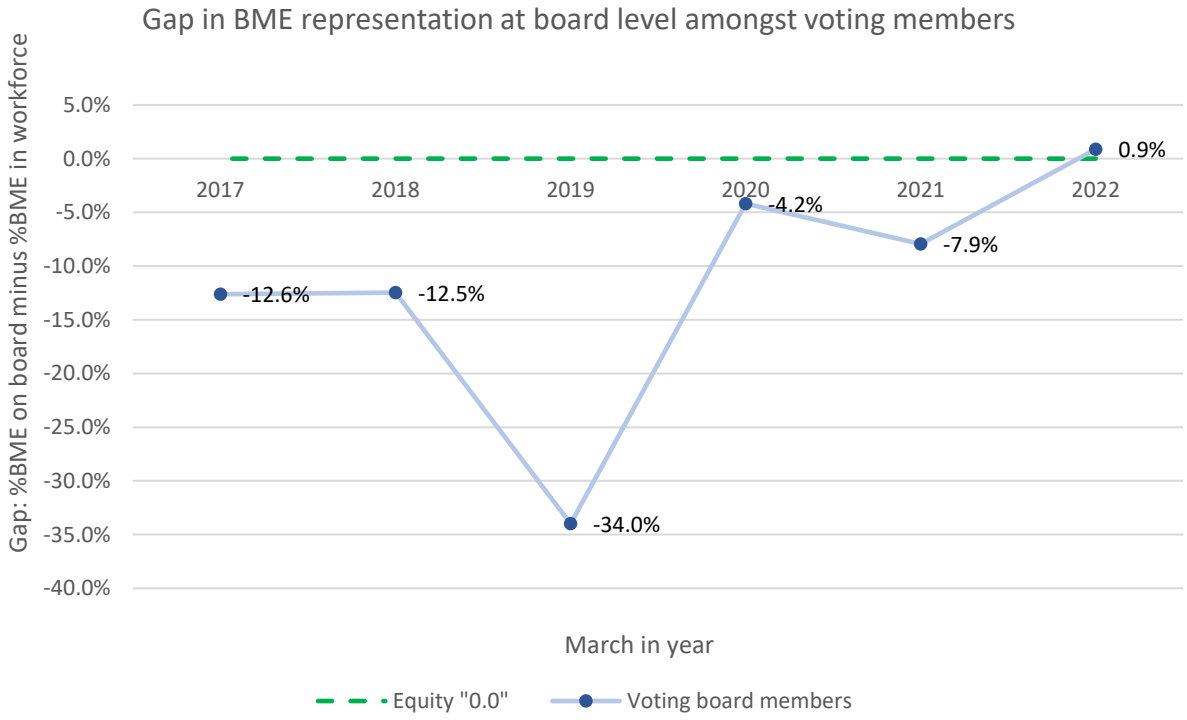
At March 2022, the difference between BME representation on the board and in the worforce was +0.9%. BME members were at least proportionately represented on the board in terms of a headcount. The Trust performed better than 96% of Trusts and worse than 4% of Trusts.



The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce. These calculations are made for all board members considered together, as well as for voting members and executive members considered separately.

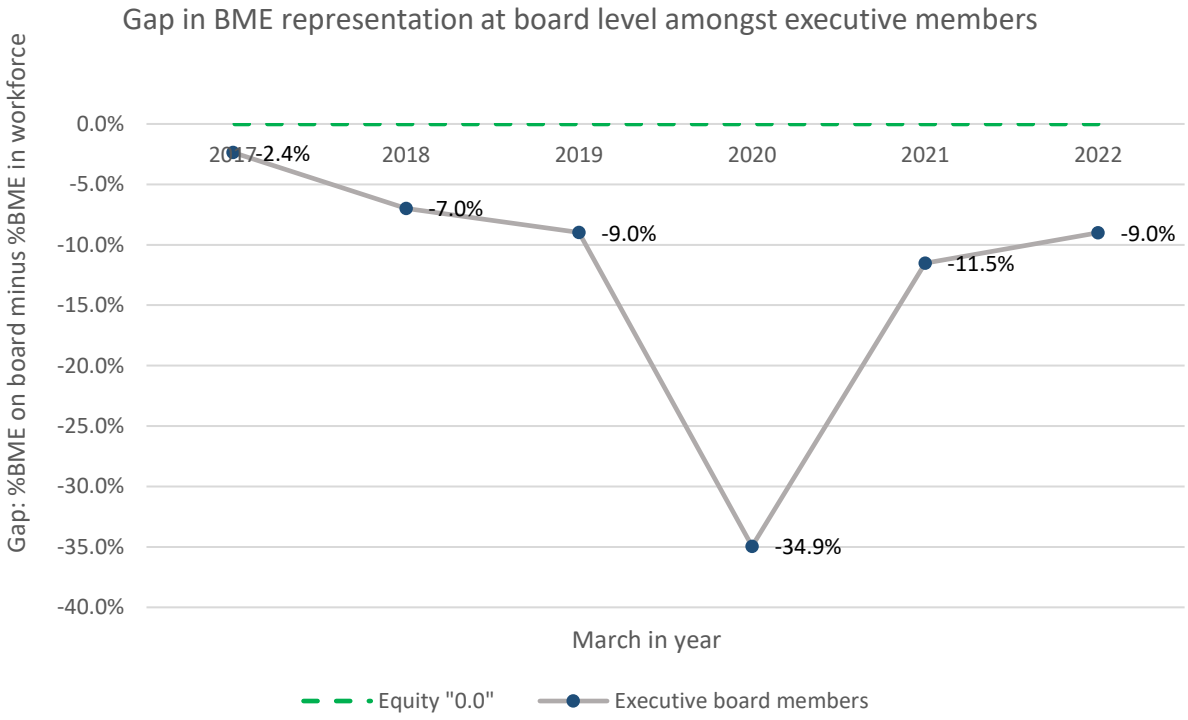
Voting board membership

At March 2022, the difference between BME representation on the board and in the worforce was +0.9% amongst voting members. BME members were at least proportionately represented on the board in terms of a headcount of voting members. The Trust performed better than 95% of Trusts and worse than 5% of Trusts.



Executive board membership

At March 2022, the difference between BME representation on the board and in the worforce was -9.0% amongst executive members. BME members were underrepresented on the board by one executive member in terms of a headcount. The Trust performed better than 66% of Trusts and worse than 34% of Trusts.



Appendix: Scatter Graphs and Frequency Distributions

How to interpret scatter graphs

Scatter graphs can show how two or more variables are related. Consequently, in this report, scatter graphs are used to show how each Trust performed on the staff survey-based WRES metrics (indicators 5 to 8) for BME staff compared to White staff. In the example below, each Trust is represented by a dot. The position of the Trust in terms of its x and y co-ordinates on the graph is determined by the percentage of White staff at that Trust who experienced harassment, bullying or abuse from patients (horizontal x-axis) and the percentage of BME staff at that Trust who experienced harassment, bullying or abuse from patients (vertical y-axis). In this graph there is a tendency for Trusts that have higher rates of abuse from patients against BME staff to also have higher rates of abuse from patients against White staff. The colour-coding in this graph denotes trust type. It can be seen that Ambulance Trusts, in red, tend to have high rates of abuse from patients against BME staff and especially high rates of abuse from patients against White staff.

Each Trust is represented by a single dot, that is colour-coded according to either the Trust's region or trust-type (depending on which graph is being studied). For instance, at this Mental Health Trust (colour-coded green) 44.6% of BME staff experienced harassment, bullying or abuse from patients compared to 29.4% of White staff.

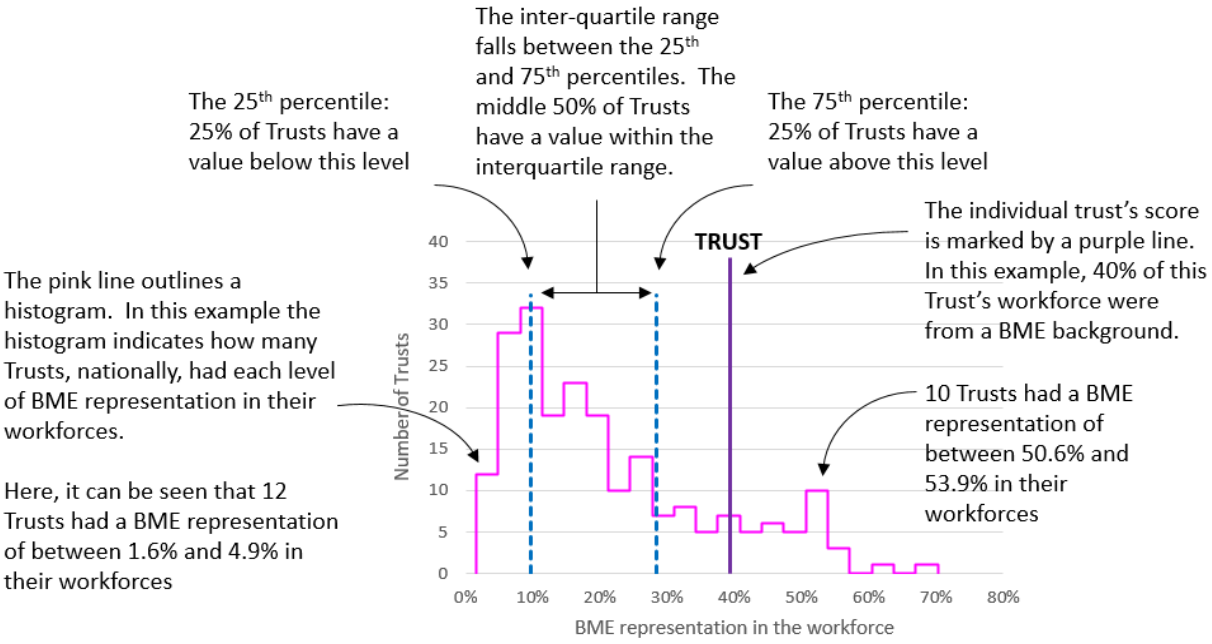
Trusts that fall within the solid grey lines have similar outcomes for BME and White staff (according to the four-fifths rule for assessing disproportionate impact). The dotted grey line marks where outcomes are identical for BME and White staff.

The Trust that is the subject of the report has its position marked by a large, yellow dot with a black border. For instance, the position of this Trust's marker indicates that at this organisation, 26.1% of BME staff experienced harassment, bullying or abuse from patients compared to 26.4% of White staff.

The red and green lines mark the thresholds for Trusts that are performing especially well (best 5%, green) or poorly (worst 5%, red) for BME and/or White staff.

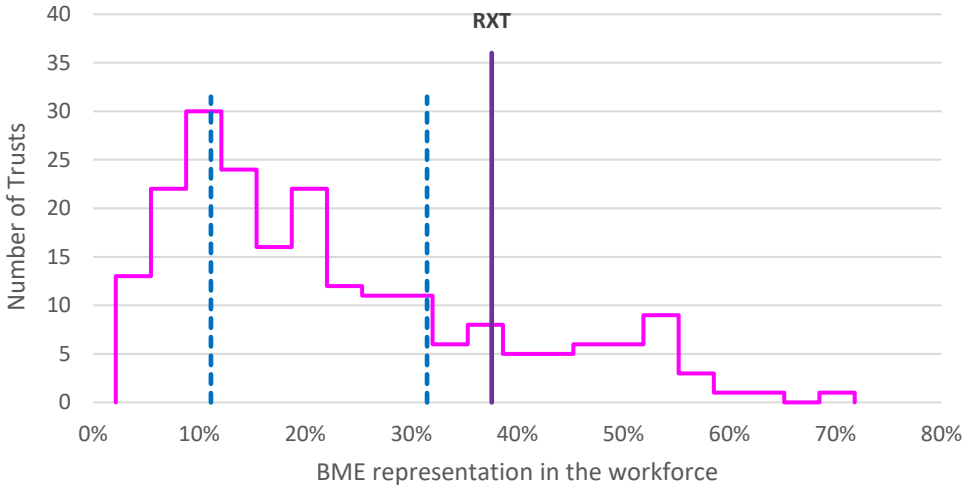
How to interpret frequency distributions

Frequency distributions are statistical charts. In the example below, the frequency distribution shows how many Trusts had various levels of BME representation in their workforces.

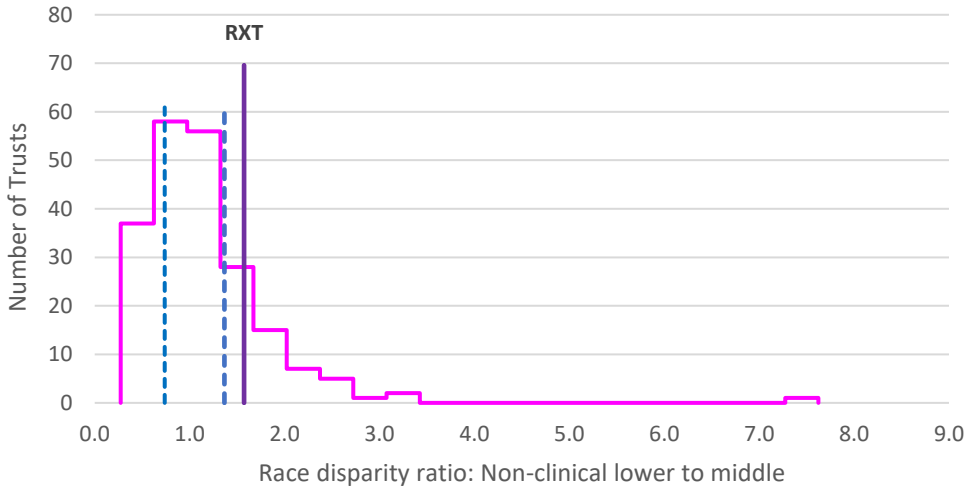


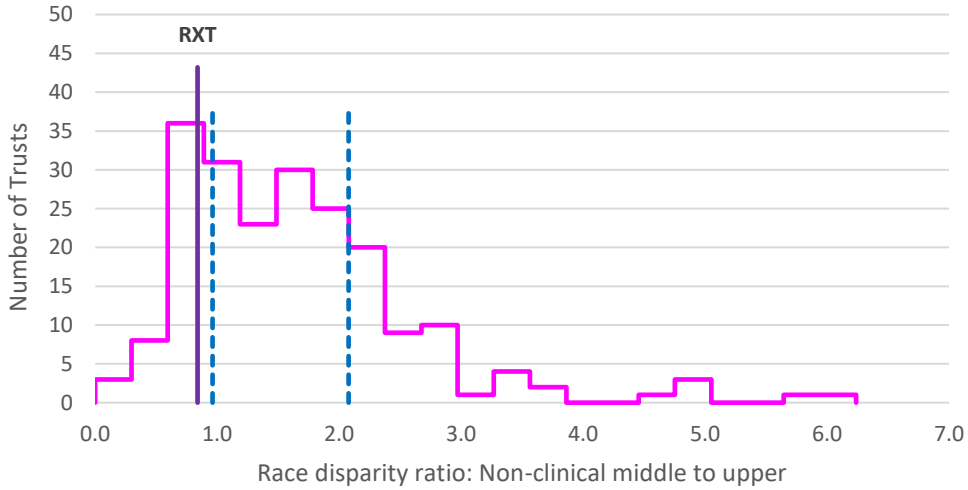
Frequency distributions and scatter graphs that illustrate the position of this Trust against the distribution of values for other Trusts, nationally, are presented below for each indicator.

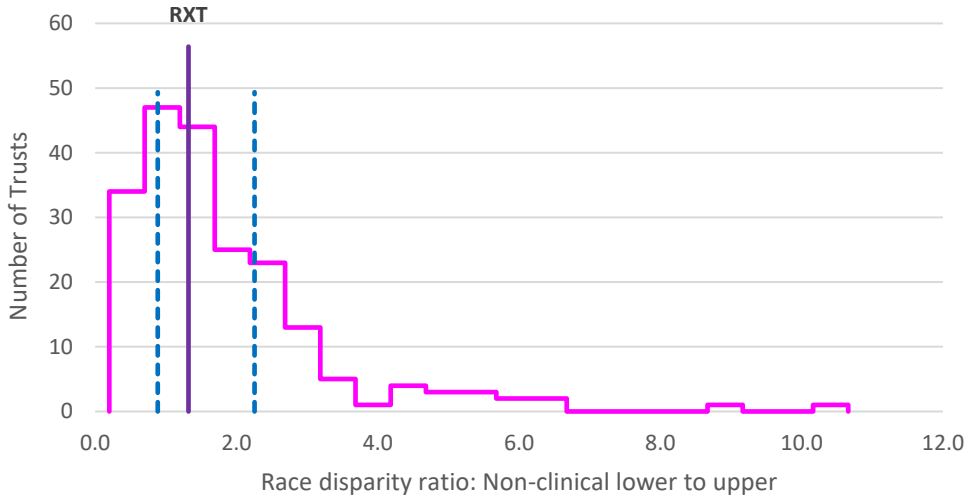
Indicator 1: Percentage BME representation in the workforce



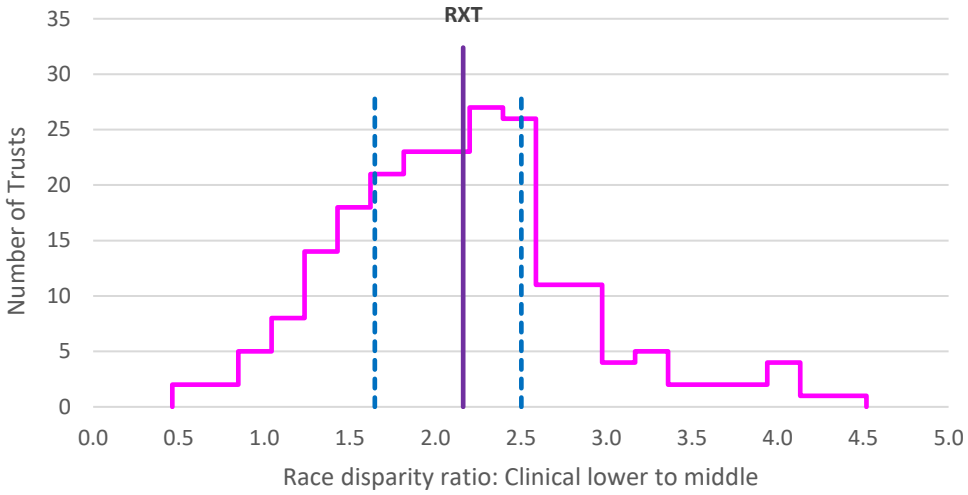
Indicator 1: Non-clinical race disparity ratios

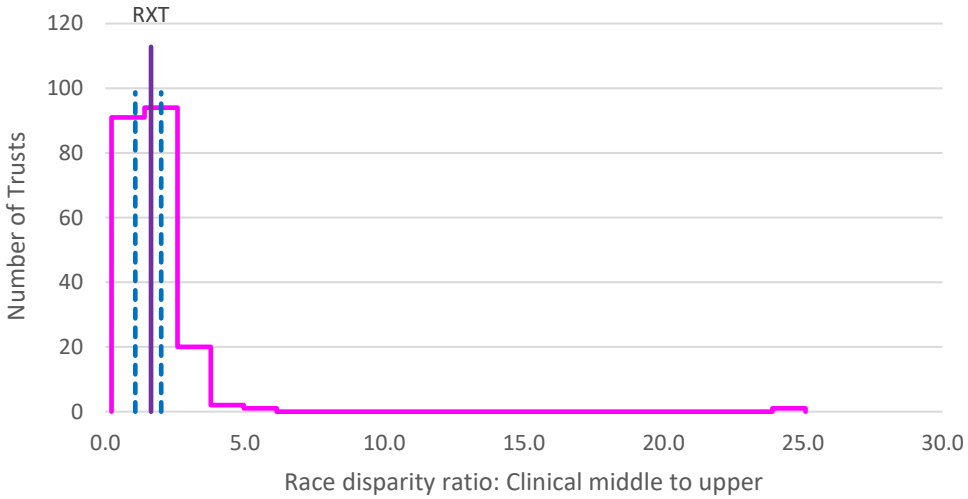


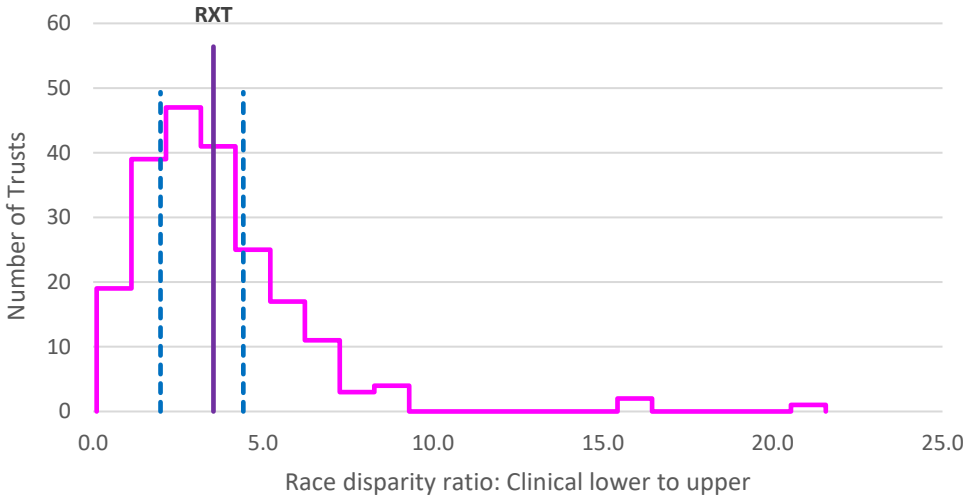




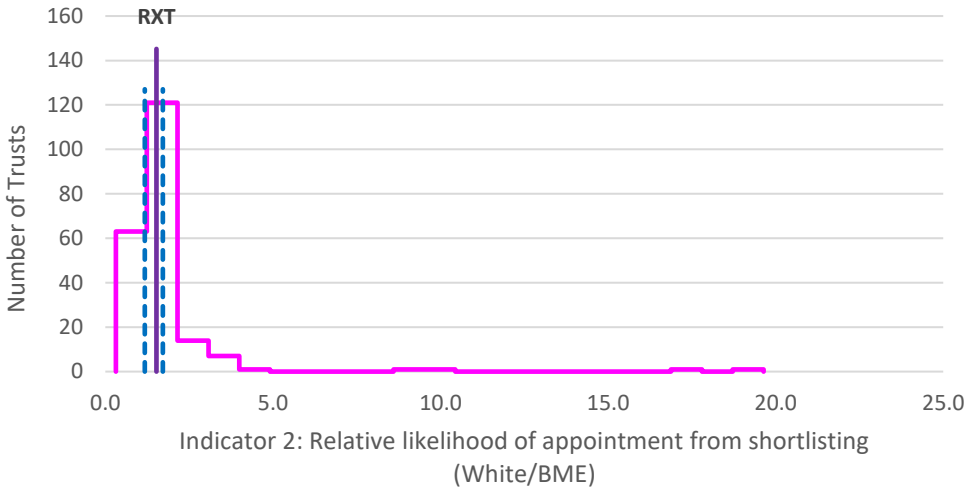
Indicator 1: Clinical race disparity ratios



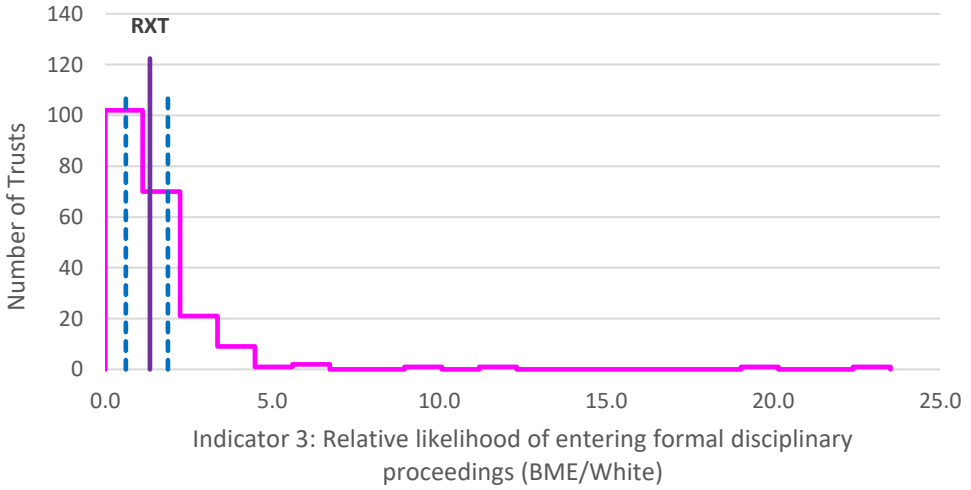




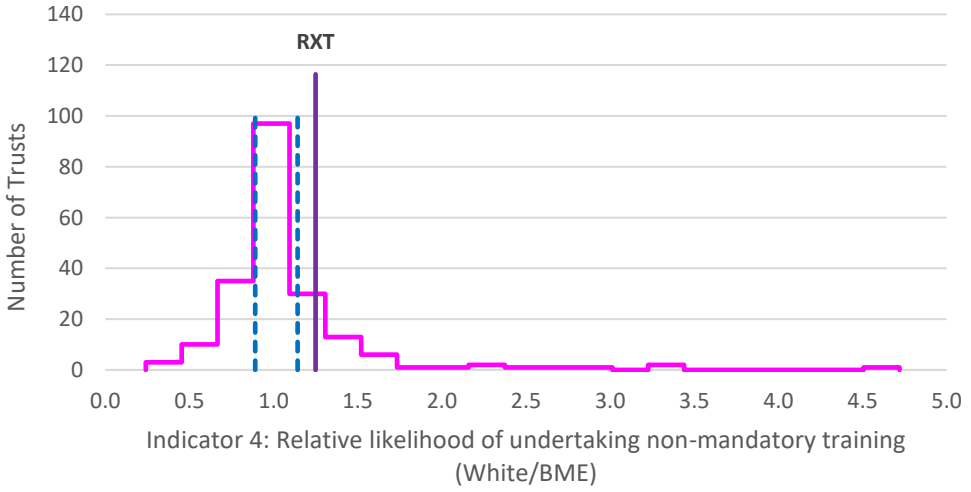
Indicator 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants



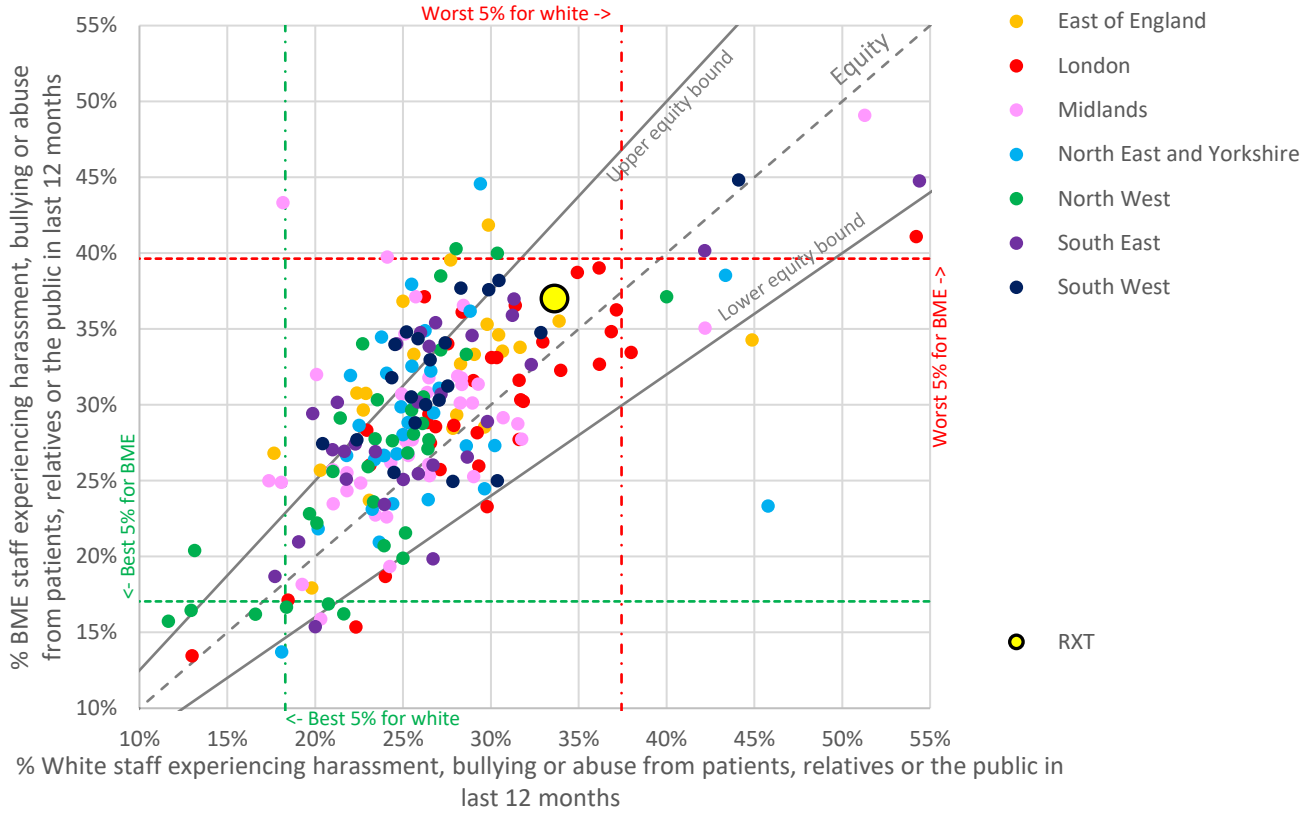
Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to white staff



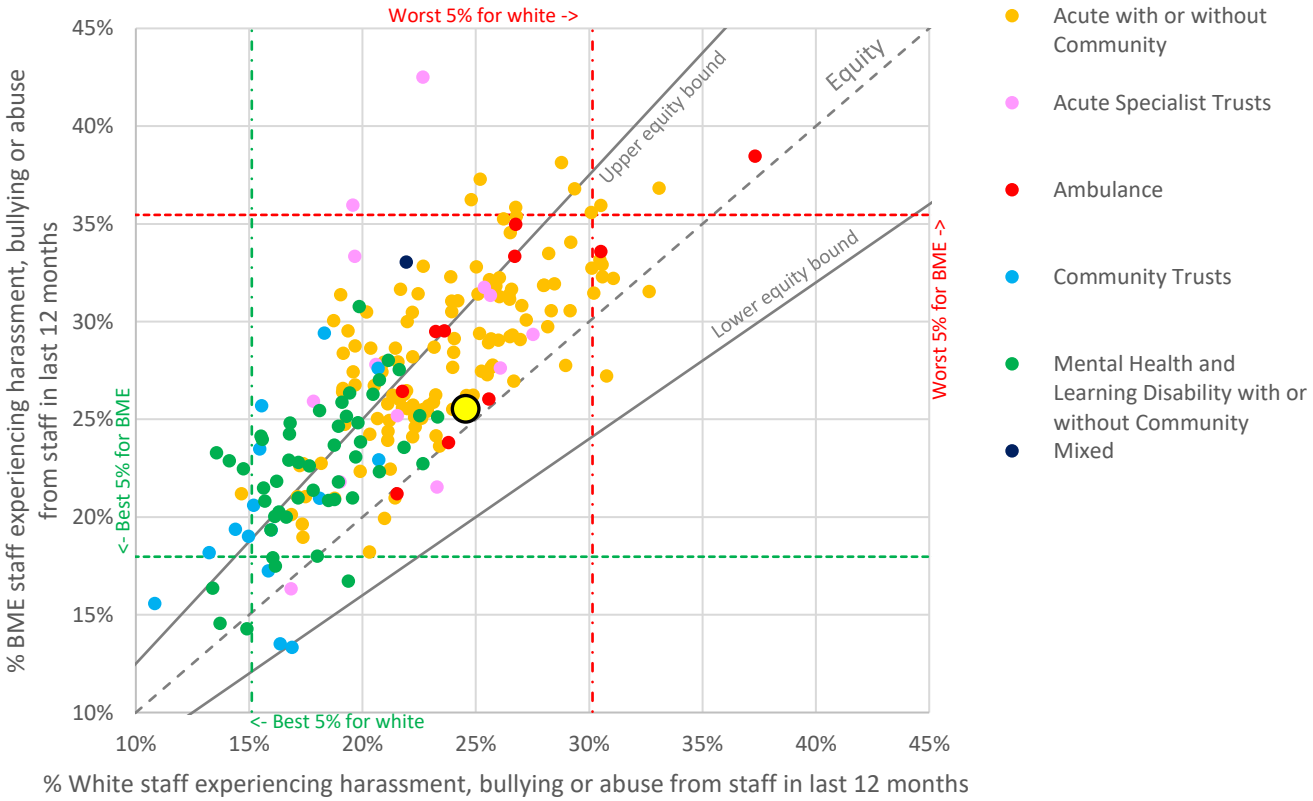
Indicator 4: The relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to BME staff



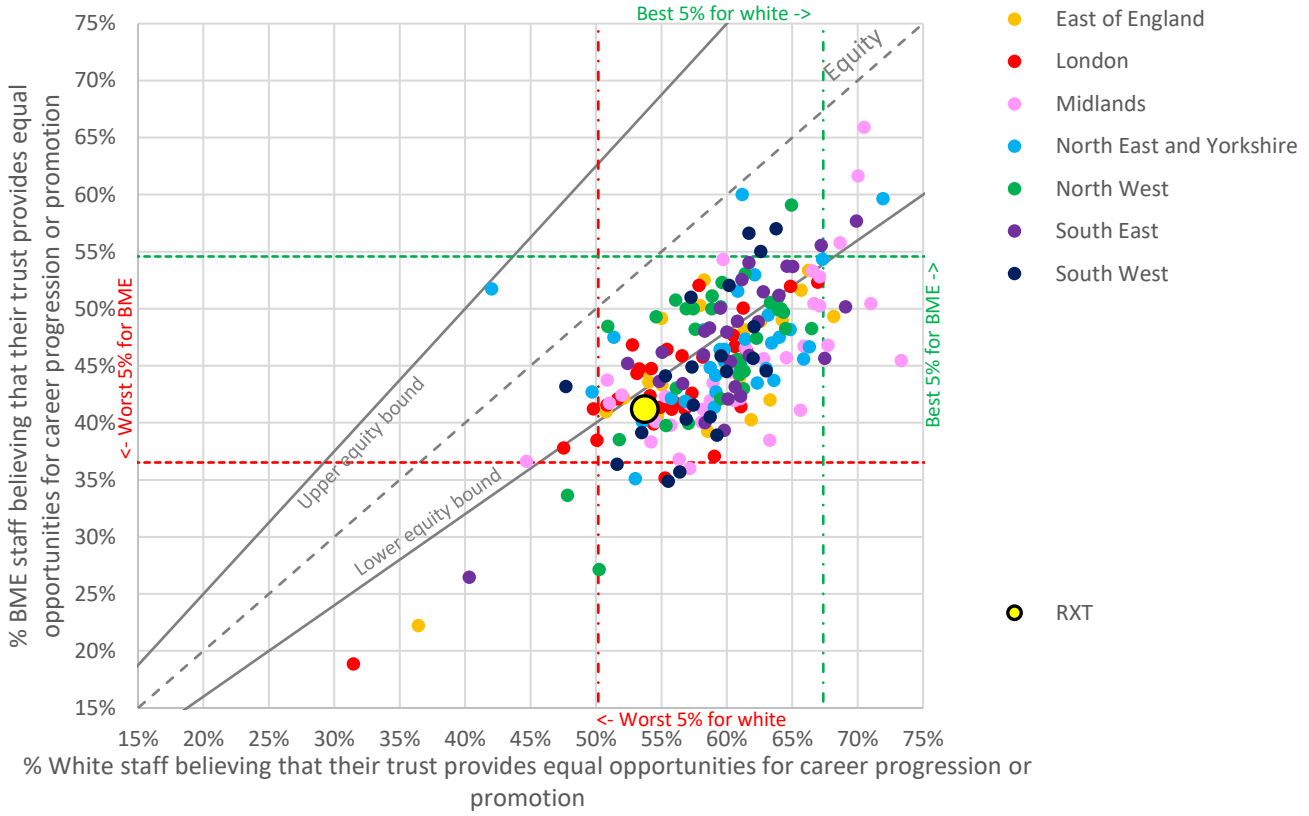
Indicator 5: The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

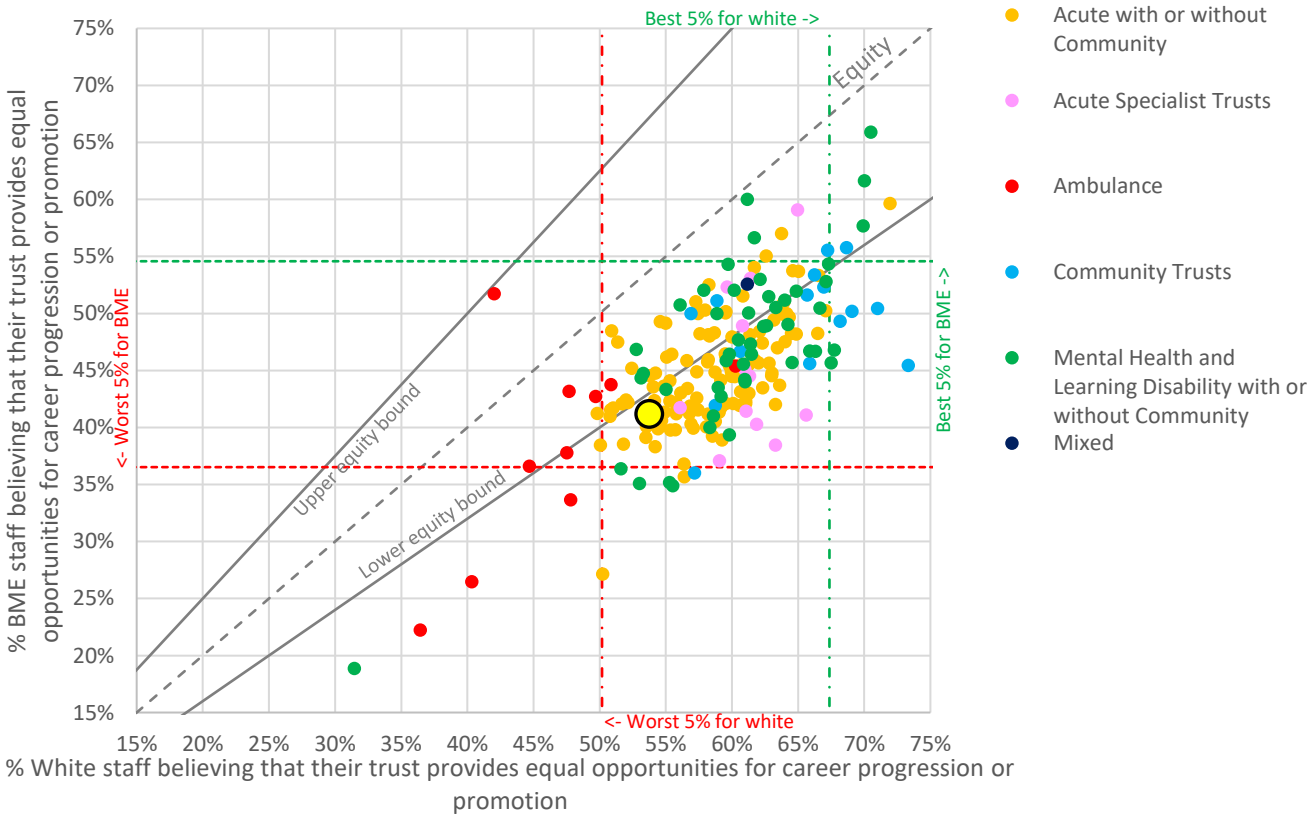


Indicator 6: The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

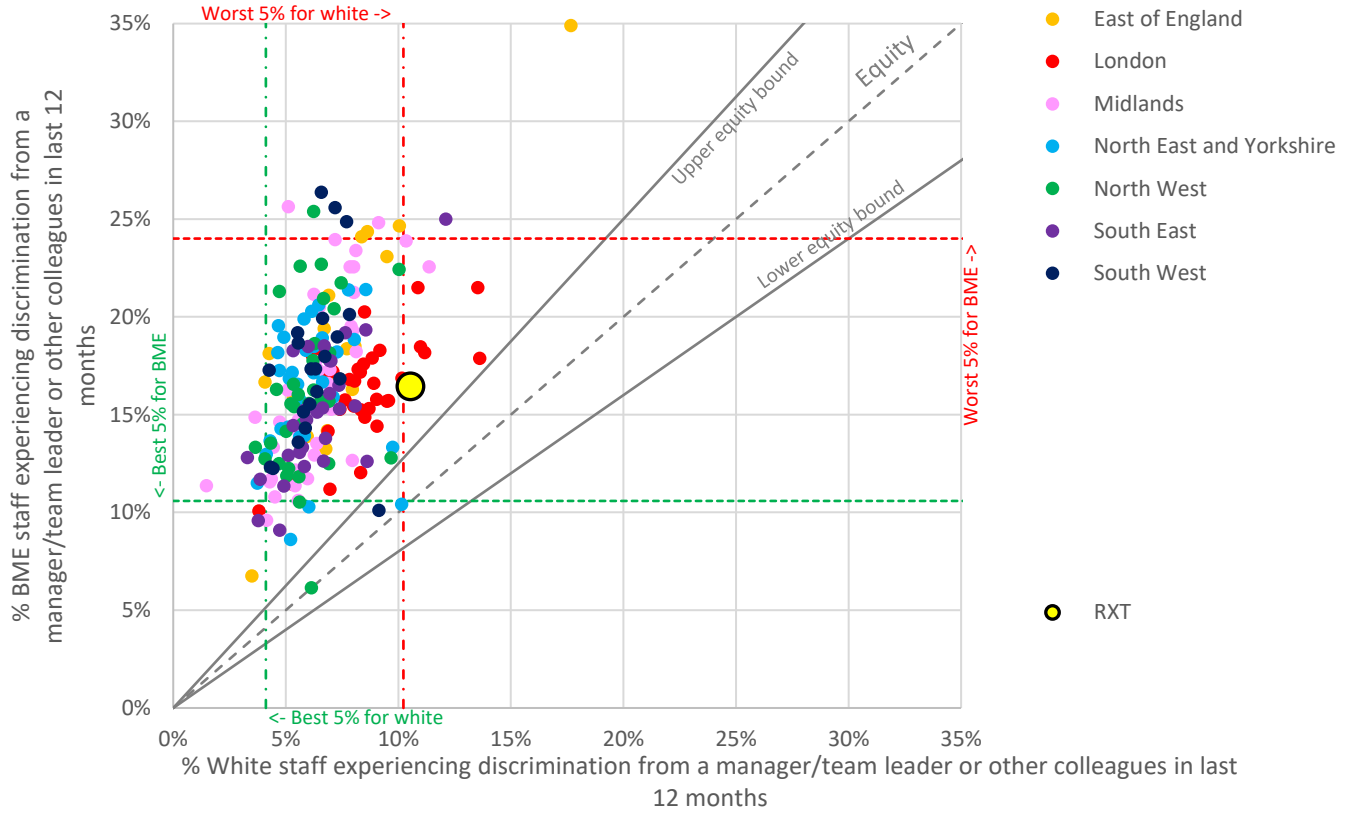


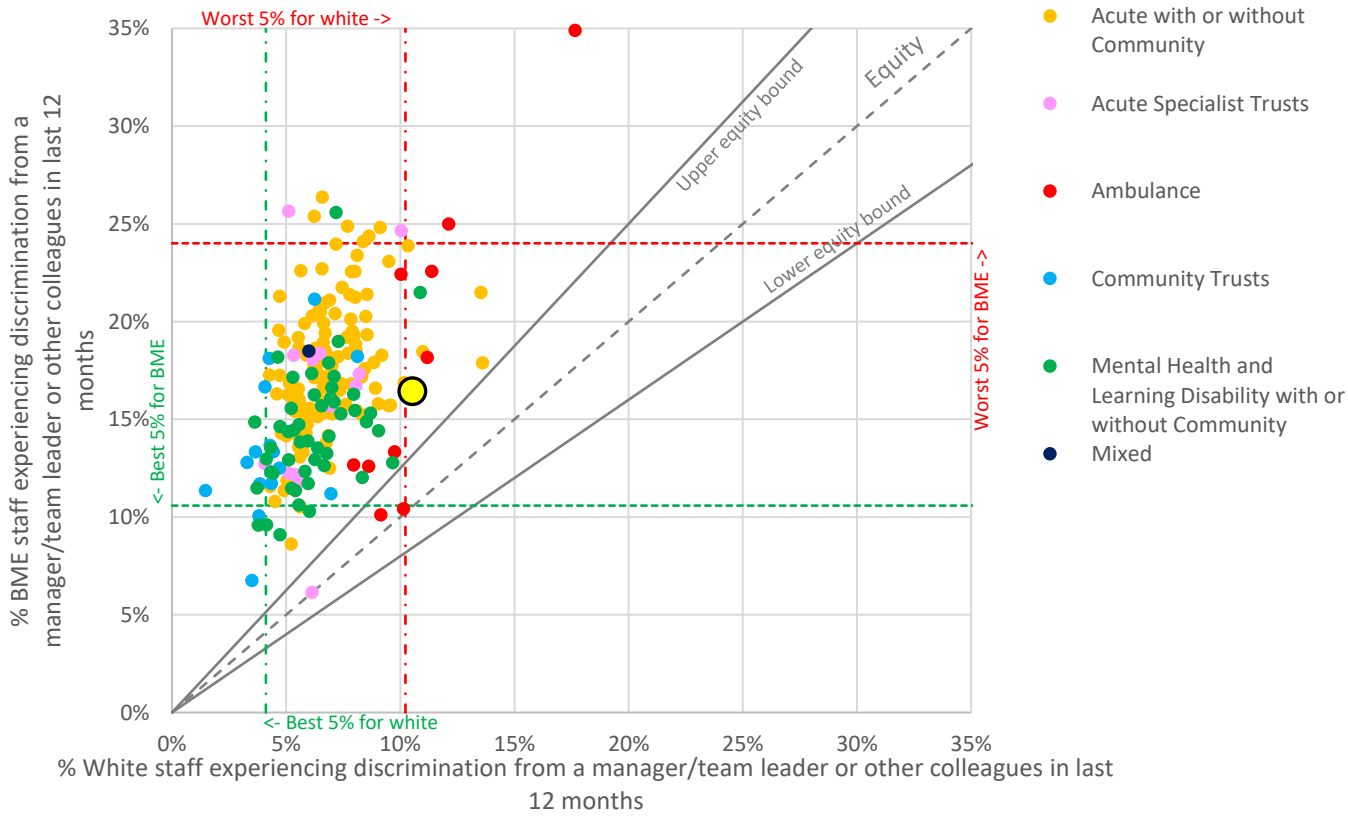
Indicator 7: The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion



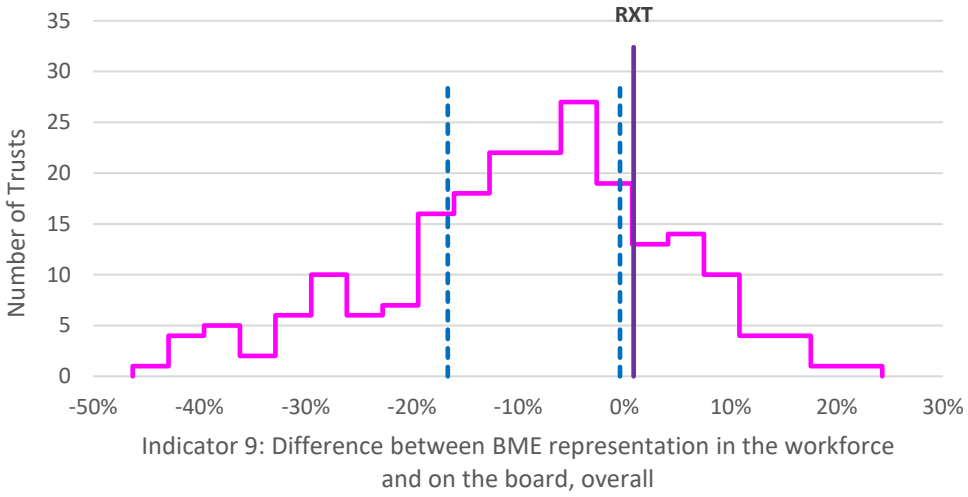


Indicator 8: The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

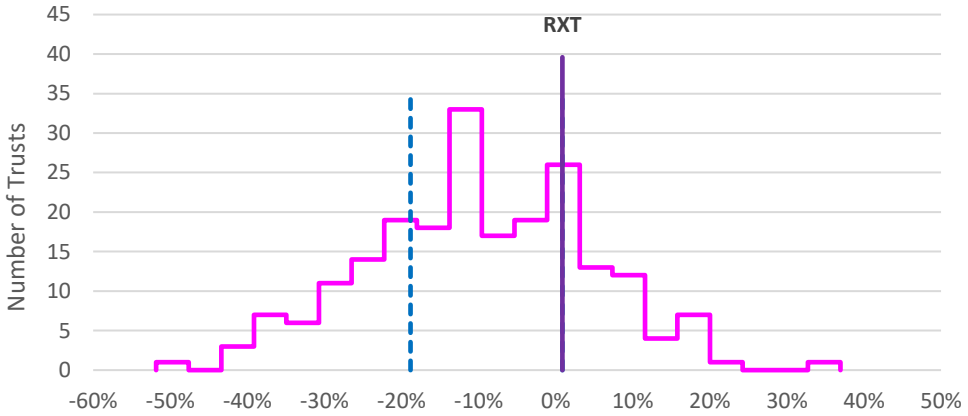




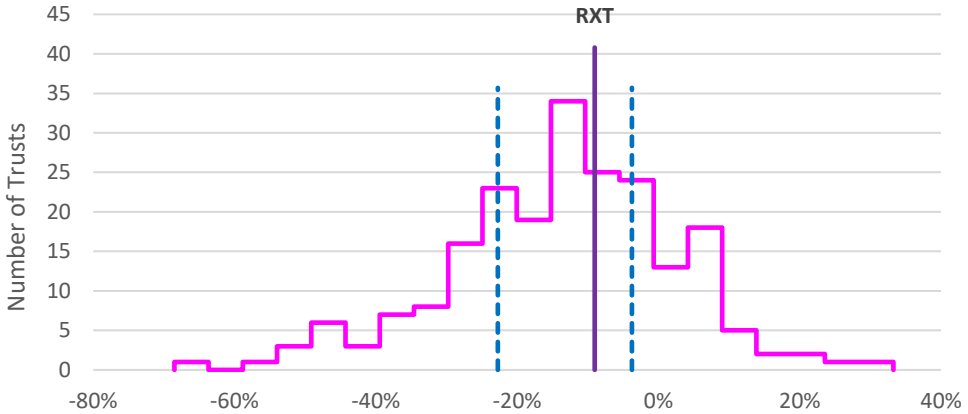
Indicator 9: Board membership, the difference between BME representation on the board and BME representation in the workforce



Indicator 9: Difference between BME representation in the workforce and on the board, overall



Indicator 9: Difference between BME representation in the workforce and amongst voting board members



Indicator 9: Difference between BME representation in the workforce and amongst executive board members

on the day BRIEFING

NHS Providers

NHS Workforce Race Equality Standard report 2022

On 22 February 2023, NHS England published the annual Workforce Race Equality Standard (WRES) data report. The 2022 report continues to make use of more granular data than pre-2020 versions, reporting by ethnicity, sex, region and occupation - a welcome inclusion that will aid the development of targeted initiatives to tackle race inequality through an intersectional lens.

The foreword by Navina Evans, chief workforce officer, NHS England and Em Wilkinson-Brice, national director for people, NHS England, makes reference to recommendations from the 'Leadership for a collaborative and inclusive future' review (published June 2022) calling for equality, diversity and inclusion to be embedded at all levels within the health service. The foreword also makes the moral case for tackling race inequality, as in previous years, while making the case for the link between improved staff experience and better patient outcomes for the first time in this report's history.

The WRES report uses the term "Black and minority ethnic" to describe ethnic minority staff. However, this briefing will not use this term, the acronym "BME", or the alternative acronym "BAME". Instead, NHS Providers uses the full description "Black, Asian and minority ethnic" or "ethnic minority" as preferred descriptions to denote the same aggregation where disaggregation into more appropriate, distinct categorisations of ethnicity is not possible.

Key findings

- The overall percentage of ethnic minority staff in the NHS has been increasing year-on-year and now stands at 24.2% (up from 22.4% in 2021, a 1.8% increase). This is likely due to an increase in international recruitment
- Very senior manager (VSM) diversity has also increased to 10.3% from 9.2% in 2021 (a 1.1% increase), while the number of ethnic minority board members now stands at 13.2%, up from 12.6% in 2021 (an increase of 0.6%)

- An increasingly diverse overall workforce means, however, that despite increased board diversity, the gap between whole workforce and board member diversity is widening, with the largest gap at executive level
- There has been no change in the higher relative likelihood of ethnic minority staff entering a formal disciplinary process compared to their white peers (1.14 since 2021)
- Overall, the percentage of ethnic minority staff who believe their employer offers equal opportunities for promotion or progression to all staff has marginally increased to 44.4% (from 44.0% in 2021) but remains lower than the 47.5% reported in 2018. Only 35.4% of black staff believe their employer offers equal opportunities to all, a significant change from 57.5% last year and a decrease of 22.1%
- Reports of abuse, bullying and harassment from patients, their families and the public have increased for all staff since 2021, but there remains a gap (2.2%) in the experience of this behaviour between ethnic minority staff and their white peers
- The number of staff reporting discrimination by a manager or another member of staff has also increased for all since 2020, with ethnic minority staff 10.2% more likely to experience this than white staff

2022 report

The below briefing summarises the nine WRES indicators under the themes of representation, equal opportunity, and discrimination and harassment. Data for the WRES is collected via the Data Collection Framework (DCF), with a return rate of 100%, and via the NHS Staff Survey. For indicators that utilise NHS staff survey data, that data is from 2021, published in 2022.

Representation

The overall percentage of ethnic minority staff across the NHS workforce has increased year-on-year and now stands at 24.2% in 2022, compared to 22.4% in 2021 and up from 19.1% in 2018. At VSM level, the percentage of ethnic minority staff has also increased year-on-year, with 10.3% of staff from an ethnic minority, compared to 9.2% in 2021 and 6.9% in 2018. In previous years granular data has been published showing breakdowns by region and Agenda for Change (AfC) band. This year's report sees the addition of increased granularity across clinical and non-clinical roles, as well as the medical workforce.

By region, London is the most diverse with 49.9% of the workforce from an ethnic minority compared to the South West, where 12.8% of staff are from an ethnic minority. When considered by AfC band, band 5 sees the highest percentage of staff from an ethnic minority (34.3%, compared to 29.7% in

2021), while bands 8d and 9 see the lowest at 10.4% (both 9.4% in 2021). Ethnic minority staff at VSM level represent 10.3% of the workforce (9.2% in 2021).

Band 6 is the most diverse band for non-clinical roles, with 18.8% of staff from an ethnic minority. The percentage of ethnic minority staff is highest in non-clinical bands 5 to 7 roles, yet as the graph below shows (Figure 6), the range does not see dramatic variation across bands. For clinical roles, band 5 is the most diverse band with 36.8% of staff from an ethnic minority. It is worth noting that the next most diverse band for clinical roles is band 2 and under at 24.0%, a difference of 12.8%. Compared to non-clinical roles there is more variation between bands in clinical roles (Figure 8, below), with a high percentage of diversity in clinical band 5 likely the result of international nurse recruitment. The race disparity ratios included in the 2022 report show disparity in the non-clinical and clinical workforces, except in the lower to middle AfC bands for non-clinical roles. The representation gap has been decreasing in non-clinical roles, while it has been increasing in clinical roles.

Figure 6. AfC bands: non-clinical (percentage representation)

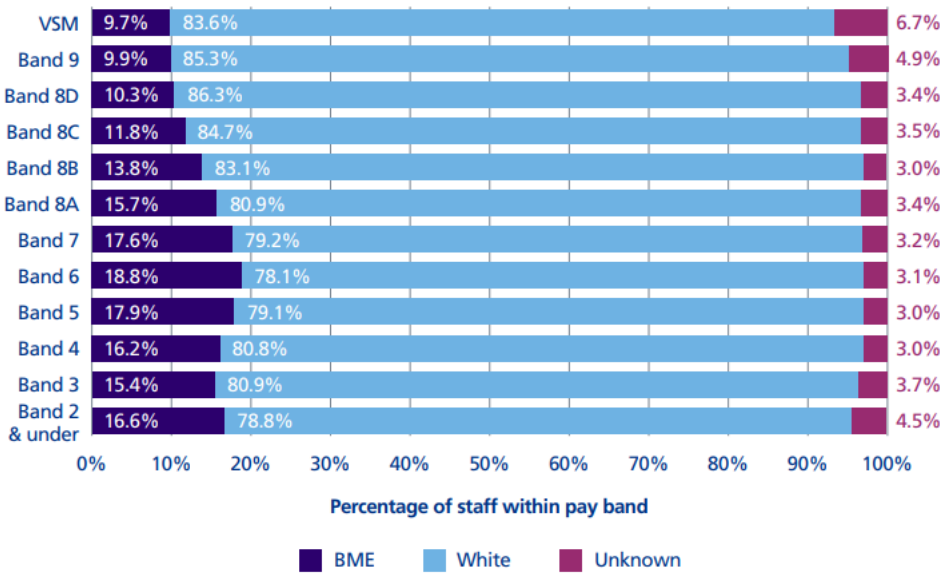
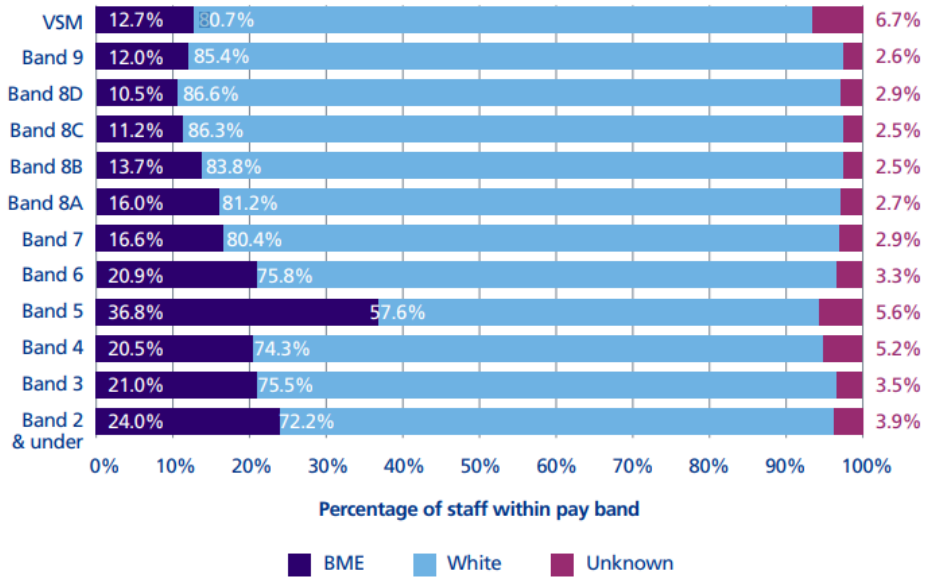


Figure 8. AfC bands: Clinical (percentage representation)



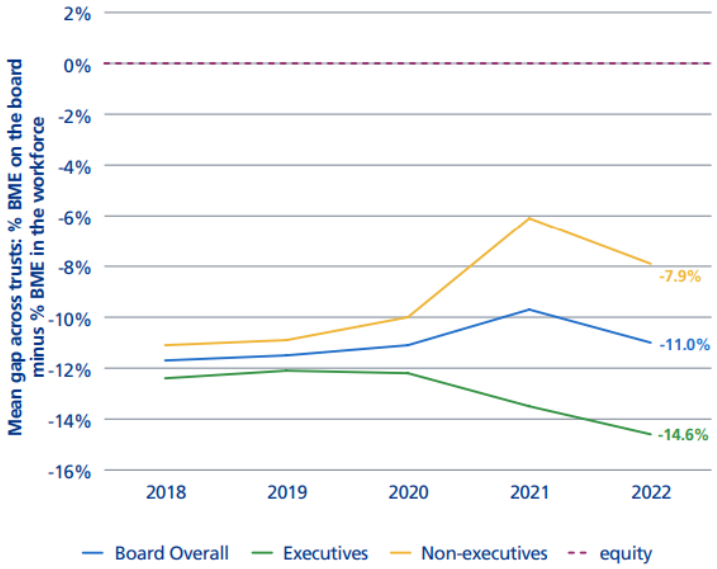
In medical roles, the highest percentage of ethnic minority staff are in non-consultant specialist roles (57.5%), with 46.2% of trainees from an ethnic minority compared to 39.0% of consultants and 31.0% of senior medical managers. In medicine overall, ethnic minority staff make up 44.3% of the workforce.

Today, NHS England also published a 'commitment to collaborate' with Health Education England, NHS Employers, NHS Resolution, the Academy of Medical Royal Colleges, the British Medical Association and the General Medical Council (GMC) as part of the Medical Workforce Race Equality Standard (MWRES). This document outlines five areas of focus:

1. Reducing the disciplinary gap and disproportionate referrals to the GMC
2. Improving diversity in senior medical leadership
3. Increasing diversity on Royal Medical College councils
4. Ensuring meaningful arrangements at a local level for international medical graduates
5. Supporting specialty and associate specialist doctors (SAS) to progress to leadership roles.

Indicator 9 looks at representation at board level and shows an increase in overall board diversity at a national level (13.2% up from 12.6% in 2021). Executive board member diversity has also increased to 9.6% compared to 8.9% in 2021. While there has been an increase in the diversity of board members, the report flags that increasing diversity in the overall workforce means that the mean gap between overall workforce and board diversity is increasing. This most pronounced for executives (Figure 40).

Figure 40.



Equal opportunity

Indicator 2 considers the relative likelihood of white applicants being appointed from shortlisting compared to ethnic minority applicants. It shows improvement to 1.54 compared to 1.61 in 2021, but the relative likelihood was 1.45 in 2018. At 72% of trusts, white applicants are more likely to be appointed from shortlisting than ethnic minority applicants. However, the report notes that regionally the South East and North West have seen year-on-year improvements.

There has not been a change to the higher likelihood of ethnic minority staff entering a formal disciplinary process compared to their white peers (Indicator 3) between 2022 and 2021 (1.14 in both years), with improvement slowing since 2018/19. There is widespread variation on this indicator regionally, while London remains the most challenged.

Access to non-mandatory training and continued professional development (CPD) is measured in Indicator 4, which shows improvement to 1.12 compared to 1.14 in 2021. However, progress on this measure has slowed since 2017. The report notes that all regions "fell within the non-adverse range of 0.80 to 1.25".

Indicator 7 considers the percentage of staff who believe their organisation provides access to equal opportunities for career progression or promotion. In 2021, 44.4% of ethnic minority staff agreed compared to 58.7% of white staff. This compares to 44.0% of ethnic minority staff and 59.6% of white staff in 2020. At almost all trusts (99.5%) ethnic minority staff report their organisation has fewer

progression opportunities compared to their white peers, while men are less likely to believe there are opportunities for promotion or progression compared to women (53.0% and 57.4% respectively). These figures have reduced significantly since 2020, when 80.2% of men and 85.7% of women believed there were equal opportunities for progression at their organisation. Only 35.4% of black staff believe their organisation offers equal opportunity for progression, compared to 57.5% in 2020. Additionally, only 41.4% of staff from Irish Traveller and Gypsy communities believe there are equal opportunities for progression at their organisation, compared to 47.5% in 2020.

Discrimination and harassment

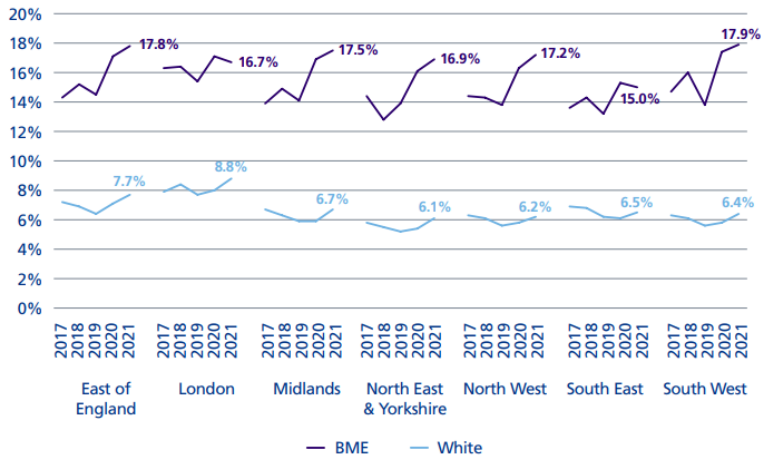
Indicators 5, 6 and 8 utilise data from the 2021 NHS staff survey data published in 2022. Our briefing on these results is available here. Nationally collated NHS staff survey data for 2022 is due to be published on 9 March 2023, and we will publish a briefing on it then.

Experiences of harassment, bullying or abuse from patients, their relatives or the public are measured in Indicator 5. This data shows an increase in incidents since 2020 (28.9%), standing at 29.2% in 2021. Across all years since 2015, ethnic minority staff have been more likely to experience these behaviours compared to their white peers. Regionally, levels of abuse, bullying or harassment are highest for staff from an ethnic minority in the South West (31.3%, compared to 27.5% for their white peers). White staff in London are more likely to experience these behaviours from patients, their relatives and the public (31.3% compared to 30.2% for ethnic minority staff), but this is the only region where this is the case. Women from Irish Traveller or Gypsy communities are the most likely to experience these behaviours compared to all other ethnic groups (42.8%), while women are more likely to experience bullying, harassment or abuse than men overall (27.6% compared to 26.1% in 2021, and 26.8% compared to 26.0% in 2020). When disaggregated by profession, operational ambulance staff are the most likely to experience bullying, harassment or abuse from patients (53.7% compared to 54.2% in 2020), particularly if they are a woman from an ethnic minority. Among registered nurses and nursing and healthcare assistants, white men (44.0%) and ethnic minority men (41.1%) were the most likely to experience these behaviours from patients.

Indicator 6 shows the percentage of staff experiencing harassment, bullying or abuse from staff, has reduced to 27.6% in 2021 from 28.8% in 2020 for ethnic minority staff. The gap between ethnic minority staff and their white peers experiencing these behaviours remains (5.1% in 2021 compared to 5.6% in 2020). Across all regions ethnic minority staff are more likely to experience these behaviours compared to their white peers. However, by profession, ethnic minority women are more likely to experience these behaviours (27.5%), particularly when working in general management (32.8%).

The percentage of staff experiencing discrimination from a manager, team leader or other colleague (Indicator 8) has increased for all staff since 2019, but the gap between the experience of this behaviour by ethnic minority staff (17.0%) compared to their white peers (6.8%) remains large at 10.2% in 2021. Figure 33 demonstrates this at a regional level. NHS England note that there was a marked increase in reports of this behaviour by ethnic minority staff between 2019 and 2020.

Figure 33.



When considered by ethnicity and gender, ethnic minority women were most likely to experience this behaviour (17.1% in 2021 compared to 16.9% in 2020), particularly when working in general management (21.8%). Men from Irish Traveller or Gypsy communities were most likely to have experienced discrimination from another member of staff (24.7%).

Next steps and NHS Providers resources

NHS England note their new operating framework published in October 2022, and their role in supporting integrated care boards (ICBs) to deliver on their plans to tackle race inequality.

As outlined in the foreword of the 2022 WRES report, it is important that the recommendations from the 'Leadership for a collaborative and inclusive future' review are implemented and embedded. The results included in the 2022 WRES report show there is significant work to be done to tackle race inequality, while outlining the moral and business case for doing so. Trust leaders will be undertaking work to understand their local results in more detail to ascertain areas for action.

We continue to engage with stakeholders on tackling race inequality in the NHS and look forward to the expected publication of NHS England's equality, diversity and inclusion improvement plan in spring 2023. NHS Providers is committed to supporting members to tackle race inequality, as outlined in our 'Race 2.0 – Time for real change' report published in March 2022.

We have recently published a number of resources for board members, including '10 questions for boards', 'Why we need to focus on race'. We believe that racism is not for ethnic minority people to solve and have developed a number of resources to support leaders to become more comfortable with the lexicon of race. Resources include videos with trust leaders entitled 'My journey as a white ally'; a podcast and 'ten questions for white allies' to help members challenge themselves and each other on how to embed race equality and champion anti-racism. We have also worked in partnership with the NHS England WRES team to develop resources on inclusive recruitment and talent management outlining evidence based solutions that will deliver improvements in experience and outcomes for ethnic minority people. Our race equality support offer includes regular events and webinars, with more details on upcoming events available here. In November 2022, NHS Providers also published a anti-racism statement and action plan that underpin our public commitment to become an actively anti-racist organisation.

NHS Providers view

Responding to the NHS Workforce Race Equality Standard report, Sir Julian Hartley, chief executive at NHS Providers said:

"Nobody working for the NHS should be subject to discrimination, bullying, harassment and abuse from colleagues or patients. Trust leaders are determined to stamp out this kind of behaviour.

"Trust leaders and staff know there is still lots to do to improve equal opportunities, inclusive recruitment and to reduce the 'disciplinary gap'. It cannot be right that a section of the workforce is still more likely than their colleagues to face unfair treatment and disciplinary action.

"There's no room for racism in the NHS, Britain's biggest employer of people from ethnic minorities.

"Trusts are committed to ensuring that staff at every level are treated with dignity and respect. The recent government-commissioned Messenger review underlined the importance of equality, diversity, and inclusion (EDI) in establishing an NHS-wide culture where leaders feel equipped to deal with all

forms of discrimination, as well as the value of EDI roles. It is crucial that the review's recommendations are taken forward.

"Work to instil values and behaviours which create a more equal, diverse and inclusive health service, ensuring fair treatment and opportunity for everyone, is important. Ensuring the psychological safety of staff is not only key to retention and recruitment but also benefits patient care and outcomes.

"It's great to see greater diversity in the overall NHS workforce and in executive boards but there must be no let-up in the drive to appoint more ethnic minority senior staff.

"NHS Providers' report Race 2.0, Time for real change, showed the scale of the challenge we face. We are supporting trust leaders to tackle the impact of structural racism on staff and patients."

9.5. Staff Survey

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**	
Agenda item	**Item 9.5**	
Paper title	Staff Survey Results 2023	
Date	5th April	
Author (s)	John Travers, Staff Experience and Engagement Lead	
Executive sponsor	Patrick Nyarumbu, Director of Strategy, People and Partnerships	
Executive sign-off	☒ Yes	☐ No

This paper is for (tick as appropriate):		
☐ Decision	☒ Discussion	☒ Assurance

Equality & Diversity ***(all boxes MUST be completed)***	
Does this report reduce inequalities for our service users, staff and carers?	Yes
What data has been considered to understand the impact?	The report captures and considers staff experience from a major annual survey.

Executive summary & Recommendations:

The full results from the 2022 NHS Staff Survey have been delivered as Board colleagues were briefed on in early March. A further summary report is attached along with the published data.

These results show that our employees' overall experience of being part of BSMHFT has marginally declined year on year; significantly so with regard to the themes of being recognised and rewarded and overall morale. The committee will remember this follows on from a decline in 2021.

The results are already being shared on a team-by-team basis. Teams are being assisted to analyse and reflect upon their individual scores and to take actions to make changes. Our People and OD Department is also reflecting on the results, engaging with colleagues and deciding what it means in terms of adapting our ongoing people-focused work programmes.

As we share the results more widely we we'll listen to views across the organisation to develop specific plans in response. This will mean we can clearly say what we said and did at both a corporate level and at a team level.

The results have been shared along with further details at both the Transforming Culture and Staff Experience Committee and the People Committee already where plans on responding have been set out in more detail.

The Board is asked to note, the recommended actions in the paper which are being taken forward and that further assurance continues to be sought in sub-committees.

What is the ask? *(Please state specifically what you like the meeting, committee or Board to do).*

e.g. The Board is requested to:

1. **NOTE** this updated data from the National NHS Staff Survey 2022.
2. GAIN ASSURANCE that the data is being considered and responded to appropriately and that detailed assurance is being gathered by the appropriate Board sub-committees.

Confirm level of assurance demonstrated and evidenced in the report (tick as appropriate):

☐ Substantial Assurance
☒ Reasonable Assurance
☐ Limited Assurance
☐ No Assurance

Previous consideration of report by: (If applicable)

Transforming Culture and Staff Experience Sub-Committee and People Committee have both considered this report.

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

PEOPLE: Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users

Financial Implications *(detail any financial implications)*

NA

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*

NA

Equality impact assessments:

NA

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

A round of engagement is already underway with colleagues at the Trust to share and respond to the findings of the report.

Acronyms *(List out any acronyms used in the report)*

NHS Staff Survey Results 2023

1. Situation

1.1. The results of the 2022 NHS Staff Survey have been received and published. The published benchmark and breakdown report of the results is attached alongside this report.

1.2. These results show that our employees' experience of being part of BSMHFT has not changed significantly year on year falling marginally and by less than 1 per cent on average.

1.3. One way to look at our comparative performance is by comparing theme scores. We are now below the mental health average numerically on eight of nine People Promise themes meaning we are at the average on only one theme (Learning). In both the previous two years we were at the mental health trust average on three themes.

1.4. There are significant changes on aspects of staff experience within this wider trend too. Our score on the theme of people feeling recognised and rewarded has fallen significantly and is now very close to being aligned to the worst in the country for a mental health trust. Our score on morale, while remaining near the average, has also fallen significantly year on year. (See benchmark report page 147)

1.5. Moreover, the near stasis means longstanding concerns remain. Our people continue to experience more discrimination than nearly all similar NHS trusts. When asked if they had personally experienced discrimination from managers, colleagues or staff at work from in the last 12 months, 13.7% of colleagues said yes (12.6%, 2021). A score statistically indistinguishable from the worst comparable score in the country of 13.8%.

1.6. Similarly, there is now an 11.1 per cent deficit to the average on the perception of whether the organisation takes positive action on health and wellbeing (gap was 8.5%). (See benchmark report page 67)

1.7. After several years of consistent improvement, for the second year running our colleagues have become less engaged. As the People Pulse predicated in-year, there has been a negative (-6.1%) shift in perception of the quality of care we offer. This shift leaves us 11% below the average when colleagues are asked if a friend/relative needed treatment whether they would be happy with standard of care provided by organisation.

1.8. There has been a similar significant downward shift in perception in recommending the organisation as a place to work (-5.3%) moving us below the average (57.1% v 62.8%). (See benchmark report page 49)

2. Background

2.1. We have received our final staff survey results and they have been published online. These answers compare us to a group of other NHS trusts who provide mental health care. We have also received individual comments from colleagues.

2.2. As the table below shows, the total number of responses this year was almost exactly the same as last year. In addition we have received a separate data set of 290 answers by Bank Only Colleagues. Overall we have received more than 2,500 answers which is a new high for the Trust.

2.3. We have improved response rate relative to other mental health trusts where the response rate for trusts has fallen this year as the table below shows

2.4. Further and perhaps most importantly, the number of teams getting to 11 answers and thereby expecting a team result has increased ahead of our improvement target of 90 teams to 92 teams.

Uptake measure	**2020**	**2021**	**2022**
Total answers	1860	2220	2230
Rate of answer (%)	47.1	54.9	54.8
Median response rate (MHTs)	49.3	54.6	50.6
First Line Teams (n)	64	75	92

2.5. There are two important contexts to note in our falling short of target. One is the degree of pressure on frontline staffing levels which was more acute this year. The other may have been the impact of the CQC inspection, our rates were above last year in initial weeks but fell during the weeks of the CQC visits and did not recapture that lost ground against target thereafter.

2.6. There are 112 directly comparable questions to last year of which 92 can be numerically compared. The attached reports draw comparisons across 52 similar mental health led trusts and share the results more widely.

2.7. Bank Only Colleagues responded in a much lower proportion than permanent colleagues as expected – not least with this being the first year they could answer. We were uncertain of what level of take up to expect in the first year and set ourselves a target of 25%.

2.8. Our final take-up rate for Bank Only Colleagues was 30.11% with 290 answers. This is almost 6% above the mental health average and closer to the highest return rate at a mental health trust which was 33.61%.

2.9. While bank only colleagues feel less involved, they are more motivated in some respects and are greater advocates of BSMHFT as an employer and provider of care. For example, 66.8% of Bank colleagues would recommend us as a place to work compared to 56.9% of permanent colleagues. Perhaps understandably in some ways, bank only colleagues are less connected to managers. More concerningly they appear to experience more violence than permanent colleagues and also appear to encounter less civility in the workplace than other colleagues.

2.10. An engagement plan is in place to disseminate, discuss and respond to results throughout the Trust.

3. Assessment – comparison on major themes year on year

3.1. In line with the marginal change described above, the majority of question scores (79 out of 92) have not changed significantly from 2021 to 2022. Scores have considerably worsened on 12 questions this year, with only 1 score improving in a statistically significant way (people feel less pressured by their manager to come to work when not feeling well enough).

3.2. In 2021 16 out of 56 comparable scores were significantly worse, year on year. In 2020 there had been significant improvement on nine of the ten major themes with 40 out of 75 scores improving with statistical significance. That year had marked the third in row with generally improving scores. This year is the second in a row where the number of improving scores is outweighed by the number of falling scores.

3.3. One way to look at our comparative performance is by comparing theme scores. We are now below the mental health average numerically on eight of nine People Pulse themes meaning we are at the average on only one theme (Learning). In both the previous two years we were at the mental health average on three themes.

3.4. The overall score on engagement is unchanged. Subsets of our engagement score have, however, declined year on year so the fall from an overall score of 7.1 in 2020 to 6.9 last year means we are now further from that previous high which reflected at least three consecutive years of improvement.

3.5. The fall in the engagement score is particularly focused on recommending the Trust for care or as a place to work. There has been a negative (-6%) shift in perception of the quality of care we offer (If friend/relative needed treatment would be happy with standard of care provided by organisation) that is key to this change. On place to work, the fall is -5% compounding the four per cent fall last year and for the three questions on the motivational aspect of engagement where it is significant at an average fall of 2% compounding the fall of 3% last year. The measure of engagement which has held up over the past two years is that of involvement, this may reflect the longer-term work done, our refreshed values and our quality improvement work.

3.6. Colleagues reporting that the organisation has made reasonable adjustment(s) for colleagues with a disability is closer to the average than the most comparable question in previous years but remains lower than other mental health trusts at 75.1%. (See benchmark report page 108).

4. Assessment – sub-themes and topics

4.1. We continue to perform relatively well in terms of colleagues feeling that their appraisal helped them to improve how they do their job. There remains plenty of room for improvement however as our 'high' score represents only 24% of employees.

4.2. Our score on the sub-theme of inclusion has worsened year on year numerically, remains the worst nationally and is further away from the NHS average this year rather than last. We also score lowest on the sub-theme for compassionate leadership. For Diversity and equality sub-theme we are numerically further away from the average than in the past.

4.3. While engagement is below the NHS average numerically, having fallen year on year, it is not statistically different. We are the worst rated Trust for the Morale sub-theme of work pressure.

4.4. Our scores on the Teamwork metrics has fallen back below the average and the sub-theme score is the worst for a mental health trust. We remain significantly below average overall. None of the seven comparable measures on teamwork improved significantly year on year maintaining and slightly extending a deficit position against the average of around 5%.

4.5. Perceptions of recognition (4% below the mental health average) have followed a similar two-year decline. People felt increasingly valued by our Trust from 2016-20. A 14% improvement to 50%, this has declined two years running to 44.7% - 5.5% below the mental health average.

4.6. These themes appear to indicate that our pronounced and static deficit remains in Equality, Diversity and Inclusion. Year on year in this area, one question level score has worsened with statistical significance compared to the average as more colleagues have experienced discrimination from patients/service users, their relatives or other members of the public.

4.7. Our people continue to experience more discrimination than nearly all similar NHS mental health trusts. When asked if they had personally experienced discrimination from managers, colleagues or staff at work from in the last 12 months, 13.7% of colleagues said yes (12.6%, 2021). A score statistically indistinguishable from the worst comparable score in the country of 13.8%. The average score elsewhere on this question fell to 7.1%.

4.8. It is almost a similar story of stasis on bullying, harassment and abuse although one can see some continued minor progress here. For example, it is positive to report that one of our most improved scores is on the reporting of bullying and harassment which has increased by 3.4% taking us above the average. This may be a sign of the impact of our steadily developing work in promoting our Trust Values and the supporting behavioural framework, developing our Freedom to Speak Up service and the Enough is Enough campaign. The experience of bullying from colleagues and by managers is still high but have both fallen for three consecutive years.

4.9. On the other hand violence experienced involving managers is back at 2018 levels. In addition, violence from the public, as with violence from other colleagues is numerically higher than the past two years.(See page 73 of Benchmark Report) One in Three colleagues experienced bullying, harassment and abuse from the public this year which is towards the worst end of the mental health spectrum.

4.10. There is a shift in relative perception on pay reflecting a change across the wider NHS. Only 1 in 4 colleagues at BSMHFT are satisfied by the level of pay compared to around 3 in 10 colleagues in the wider sample. Being located in England's second city may be a contributing factor here. This is may in part explain some of the fall in the perception on the wider theme of reward and recognition overall.

4.11. Another notable differential in experience at our Trust and other mental health trusts in this sample is with regard to flexible working. Nine per cent fewer colleagues than the average (48.4% v 57.6%) at our Trust believe we are committed to helping balance work and home life (See benchmark report page 81). This reflects a wider relative deficit that has been reflected in the People Pulse in the past and was evident in last year's staff survey (49.3% v 55%). Having said all that, there were some tentative signs of a change in perception around flexible working in the most recent People Pulse data in January which may reflect more recent engagement work.

4.12. The relative metrics related to being compassionate and inclusive have also declined in relative terms. In comparison to the average, we appear to score at the bottom end of the scale on these questions including on being polite and kind: both nine per cent below the average (gap was -6.8% in 2021 for polite and -8.2% for being kind).

4.13. Our colleagues are less likely than the average to feel safe about raising concerns about anything that concerns them in the organisation. They are also less likely than the average to feel that the organisation would address *any* concerns raised (both figures are in the order of 10% below the average)/Although the gap to the average on feeling secure about raising clinical concerns is not significantly different our score has fallen from 74.2% to 70.5% this year.

4.14. Our colleagues appear to be worse than the average on the majority of measures regarding burnout which is a negative - albeit marginal - relative shift compared to last year (see pages 69-70 of benchmark report). In this context it is also worth noting that we have retained one of the lower scores for people working extra *unpaid* hours at our Trust (4% better than mental health average) and slightly more of our colleagues feel they have realistic time pressures compared to the average of other mental health trusts.

5. Assessment - Bank Only Colleagues

5.1. This is the first time we have received comparative results for bank only colleagues in a survey aligned to the NHS Staff Survey. The value of this data will grow over time as a marker of our progress in supporting these valued colleagues.

5.2. Particular caution will be necessary in interpreting the relative results in this sample as it is relatively small in absolute and relative terms and we know very little about the comparability of other samples from other trusts at this stage and indeed have not yet received any comparative data to consider.

5.3. There is an interesting thematic polarity with variable contrasts in results compared to permanent colleagues. While bank only colleagues feel less involved, they are more motivated in some respects and are greater advocates of BSMHFT as an employer and provider of care. 66.8% would recommend us as a place to work compared to 56.9% of permanent colleagues and the data says bank only colleagues are less burnt out.

5.4. Perhaps understandably in some ways, bank only colleagues are less connected to managers. More concerningly they appear to experience more violence than permanent staff and also appear to encounter less civility in the workplace than other colleagues.

6. Free Text Comments

6.1. Colleagues were invited to answer free text questions at various points in the survey. As every year, every colleague is invited to provide any additional comments about working in this organisation. Around 1 in 4 colleagues responded.

6.2. There was a spread of comments with five major themes emerging which generally match with the themes in this year's People Pulse survey. The themes, in order of quantity are 'Disconnect', 'Happier this year', 'Short staffing', 'Recognised & Valued' and 'Racism & Discrimination'.

6.3. We added a second question this year: is there any one thing that could be done to improve your experience of working at BSMHFT? This attracted responses from around 1 in 3 colleagues.

6.4. Here the response had three major themes around staffing, values, and visible leadership/comms. In combination these three themes accounted for around 60% of comments. There were several suggestions around system and processes; calls for better pay came from 1 in 13 respondents.

6.5. These comments have been looked at in detail by our executive team and staff engagement and experience lead in understanding our results.

7. Pattern of Change in Directorates and teams

7.1. Work to share the pattern of changes that coalesce to form the Trust scores through experience in teams and directorates is already underway.

7.2. There are some notable differences in experiences between directorates and teams both in absolute terms and in relative terms. For example, there is a step change in recognition in our Acute and Urgent directorate that pushes against the prevailing score at the Trust. In ICCR there is a clear improvement in bullying that is probably significant in the Trust's overall development. In Secure Care and Offender Health people are more likely to report bullying and bullying by managers has reduced in Specialties where there has been a clear improvement across the whole theme of flexible working and scores are generally above the trust average.

8. Response

8.1. Our response to the staff survey will be at two levels. At a corporate level the results will be shared and considered with programme leads via our committee structure and elsewhere so that existing people programmes are adapted to take account of the learning offered.

8.2. At a team level, results are already being disseminated within directorates, divisions and teams to enable to consider what appropriate changes should be tried as a result. This work will be overseen through local governance structures reporting into Performance Delivery Group.

8.3. John Travers would be pleased to share or discuss any further questions about the staff survey findings with members of the Board at any time.

9. Recommendation

9.1. This paper recommends the Board notes the findings of the 2022 Staff Survey and that the sharing of results will go on around the Trust in line with an agreed engagement plan as actions are developed in response.

9.2. The Board to receive further assurance through the People Committee regarding progress against our collective response to the staff survey findings.

NAME **John Travers**
TITLE **Employee Experience and Engagement Lead**
DATE **29 March 2023**

Appendices

1. NSS22 Benchmark Reports_RXT.pdf (Published trust level dataset and analysis)
2. NSS22 Breakdown Reports_RXT.pdf (Published breakdown by directorates and services)

Survey Coordination Centre

NHS

Birmingham and Solihull Mental Health NHS Foundation Trust

NHS Staff Survey Benchmark report 2022

Contents

Survey Coordination Centre

Introduction

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

About this Report

Survey Coordination Centre

About this report

This benchmark report for Birmingham and Solihull Mental Health NHS Foundation Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate*. Data in this report are weighted** to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.
**Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

Survey Coordination Centre

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b		

Report structure

Survey Coordination Centre

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the graphs used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise Elements, Themes and Sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise Elements, Themes and Sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These graphs are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).**

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and Theme results for 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Using the report

Survey Coordination Centre

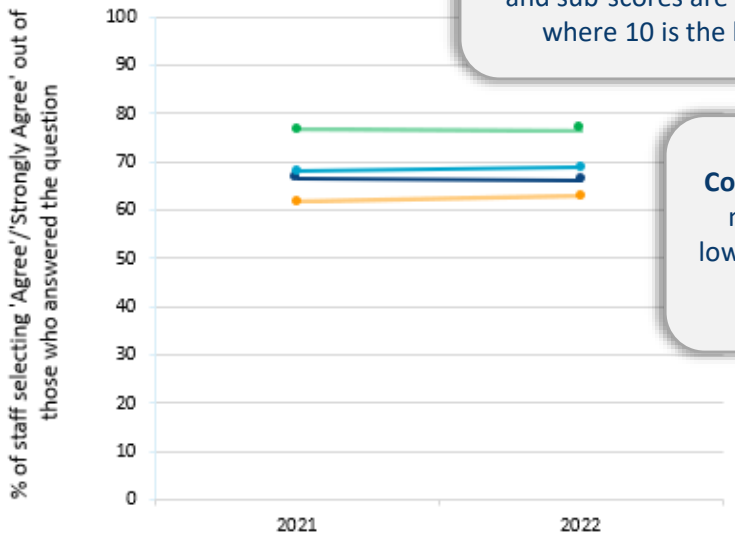
Please note this is example data

Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (for summary measure) specified at the top of each slide.

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).

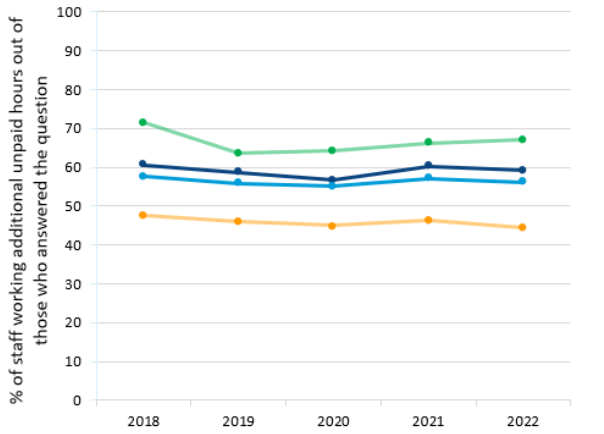


Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.

	2021	2022
Your org	66.5%	66.3%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%

Number of responses for the organisation for the given question.

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	60.5%	58.7%	56.8%	60.2%	59.2%
Best	71.4%	63.6%	64.2%	66.1%	67.3%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Worst	47.7%	46.0%	45.0%	46.5%	44.6%

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results.**

Tips on how to read, interpret and use the data are included in the Appendices

Please note: charts will only display data for the years where an organisation has data. For example, an organisation with two years of trend data will see charts such as q10c with data only in the 2021 and 2022 portions of the chart and table.

Organisation details

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Organisation details

Survey Coordination Centre

NHS

Birmingham and Solihull Mental Health NHS Foundation Trust

2022 NHS Staff Survey

Organisation details

Completed questionnaires	2230
2022 response rate	55%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts

2022 benchmarking group details

Organisations in group: 51

Median response rate: 50%

No. of completed questionnaires: 115361

For more information on benchmarking group definitions please see the Technical document.

People Promise Elements, Themes and sub-score results

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

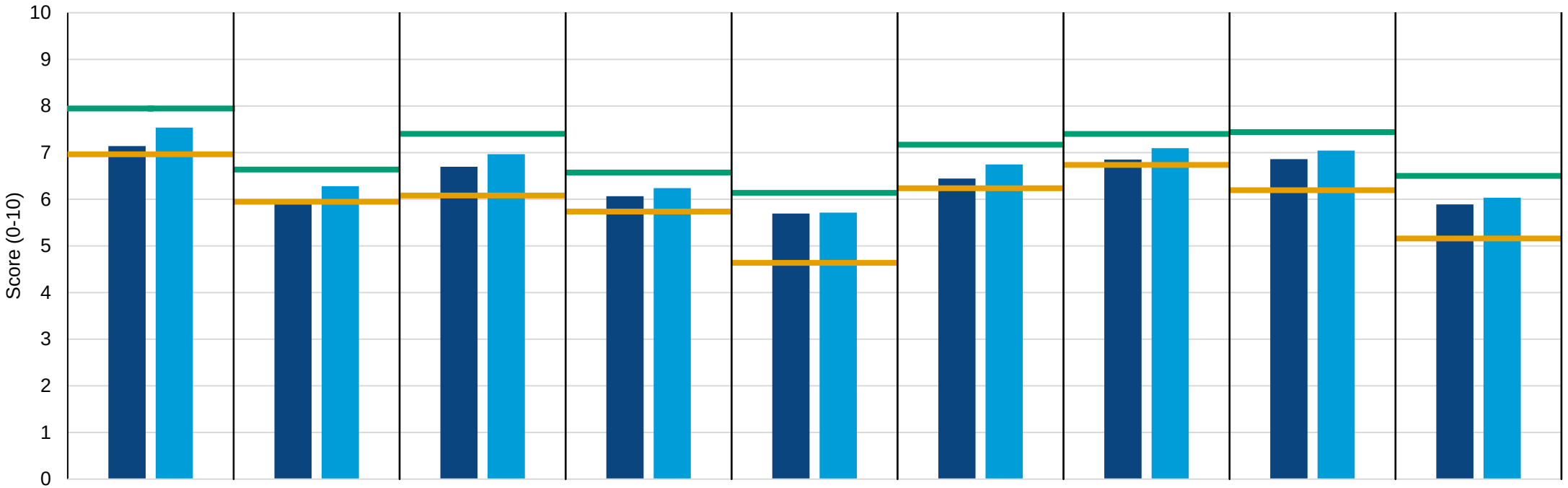
People Promise Elements, Themes and Sub-scores: Overview

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise Elements and Themes: Overview

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



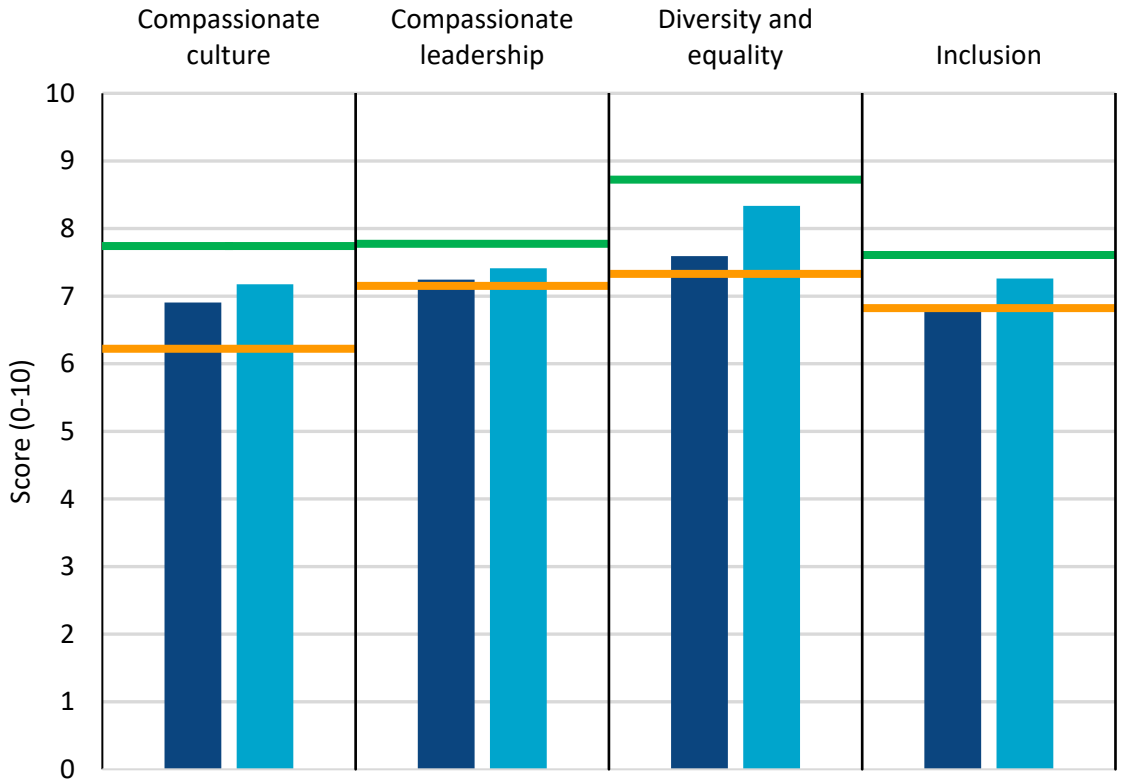
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.1	6.0	6.7	6.1	5.7	6.4	6.9	6.9	5.9
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	2227	2225	2215	2209	2128	2223	2227	2228	2228

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

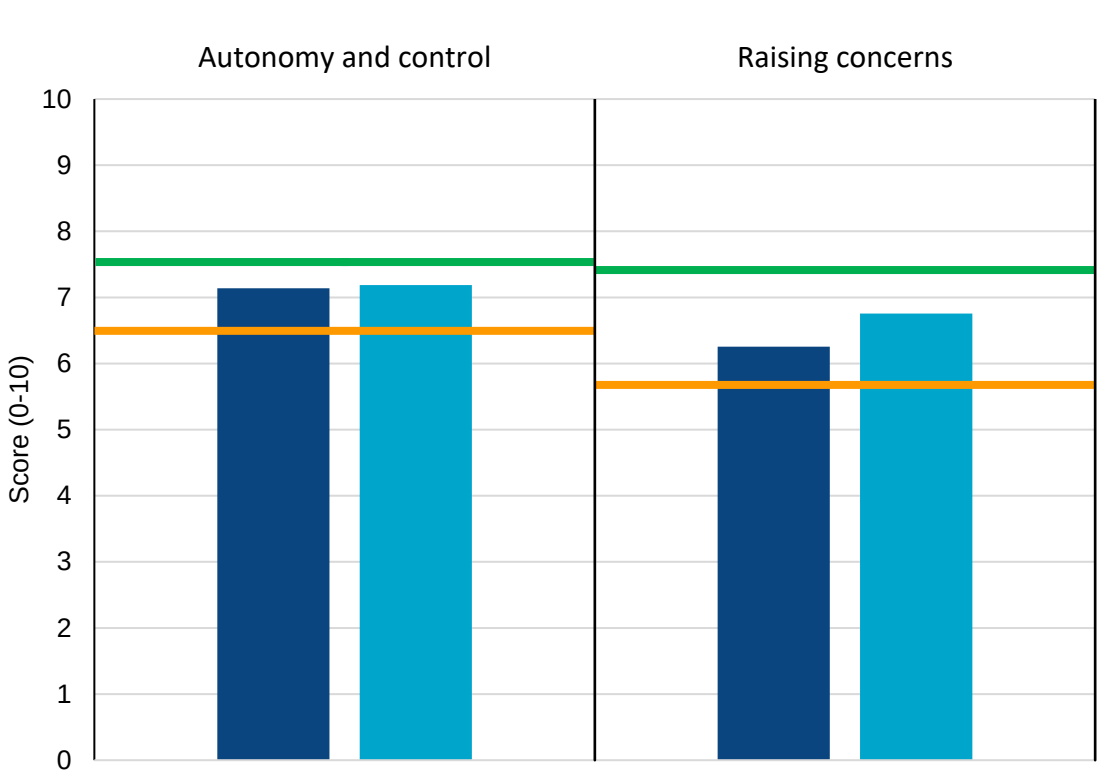
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.9	7.2	7.6	6.8
Best	7.7	7.8	8.7	7.6
Average	7.2	7.4	8.3	7.3
Worst	6.2	7.2	7.3	6.8
Responses	2220	2223	2223	2224

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	7.1	6.3
Best	7.5	7.4
Average	7.2	6.8
Worst	6.5	5.7
Responses	2228	2215

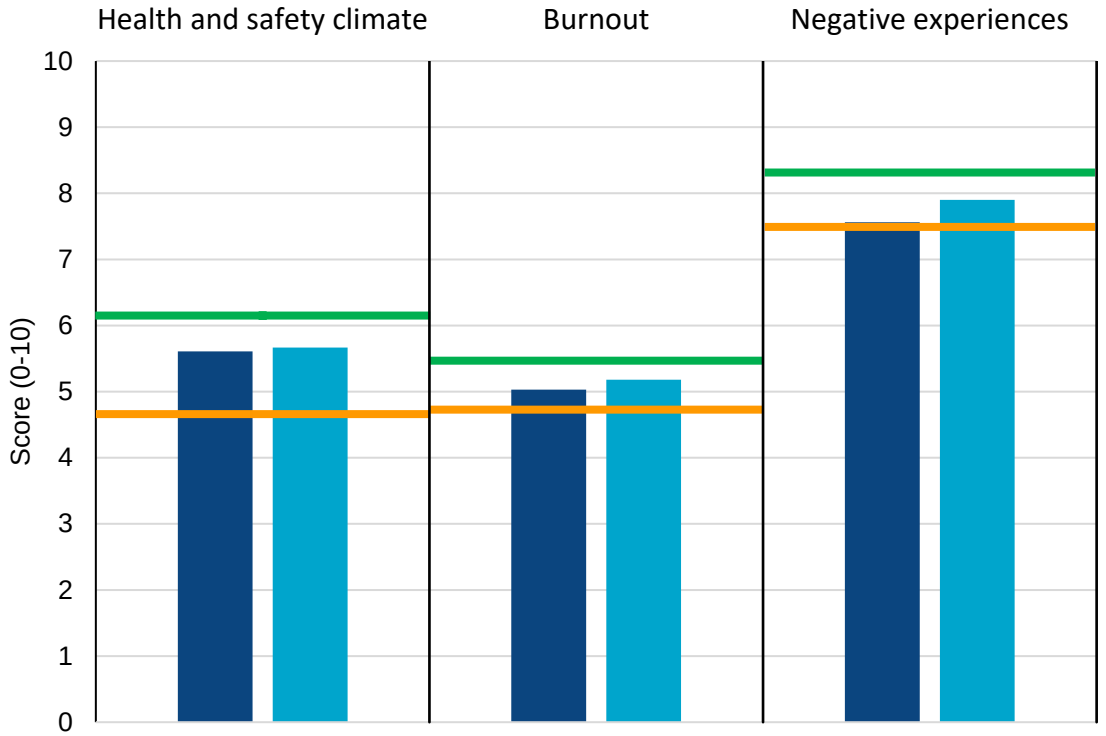
N.B. People Promise Element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 20.

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

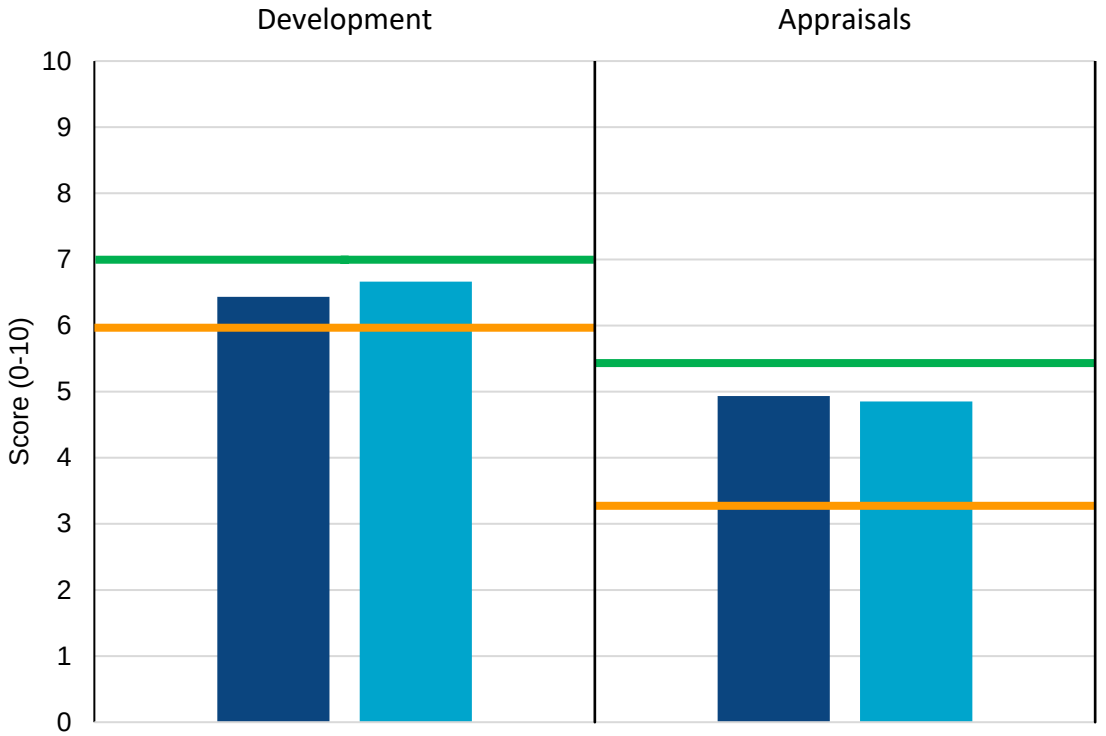
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.6	5.0	7.6
Best	6.2	5.5	8.3
Average	5.7	5.2	7.9
Worst	4.7	4.7	7.5
Responses	2228	2225	2210

Promise element 5: We are always learning



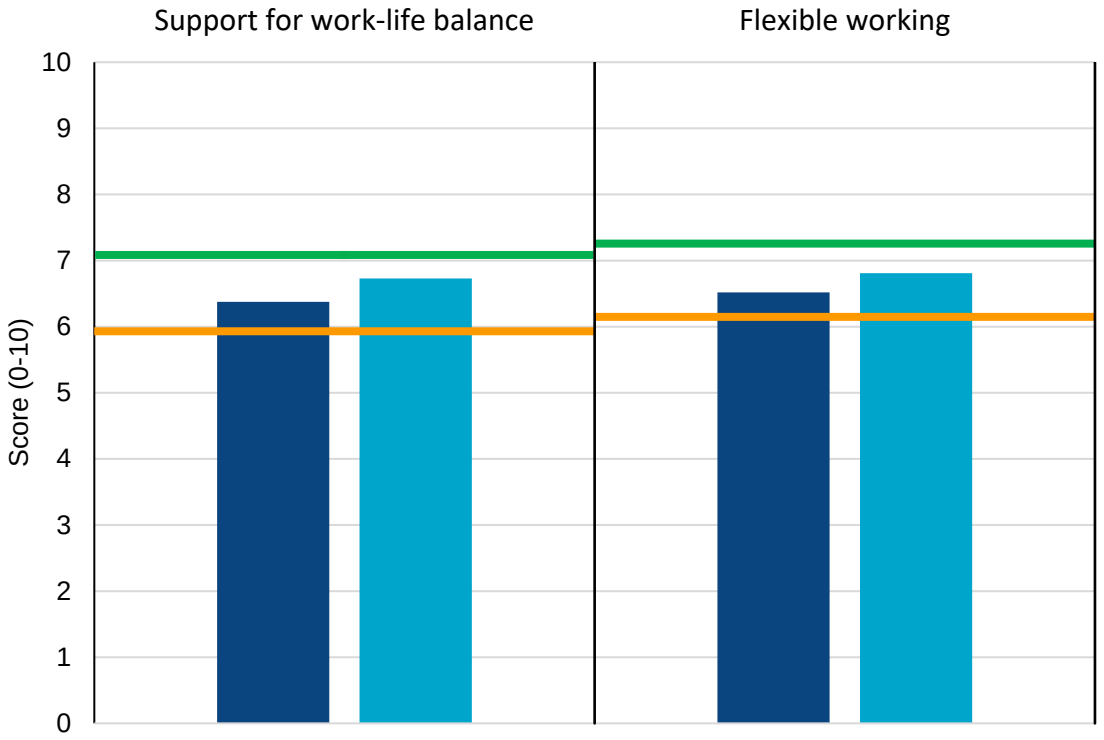
	Development	Appraisals
Your org	6.4	4.9
Best	7.0	5.4
Average	6.7	4.9
Worst	6.0	3.3
Responses	2223	2132

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

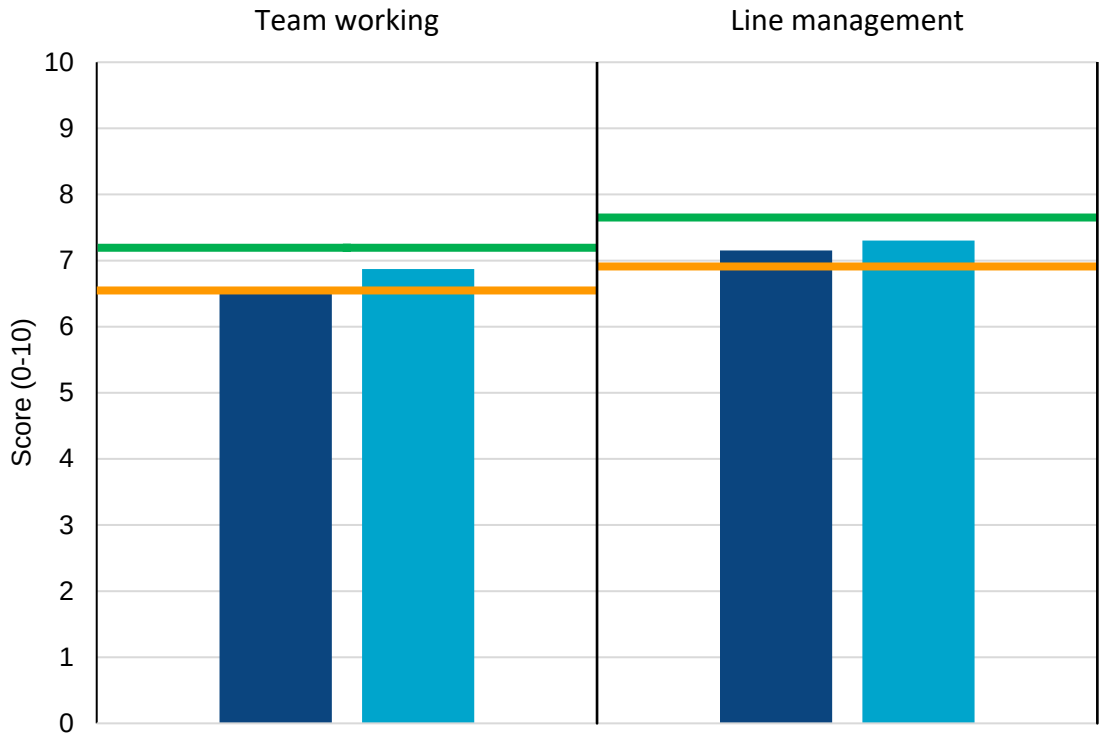
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.4	6.5
Best	7.1	7.3
Average	6.7	6.8
Worst	5.9	6.1
Responses	2225	2225

Promise element 7: We are a team



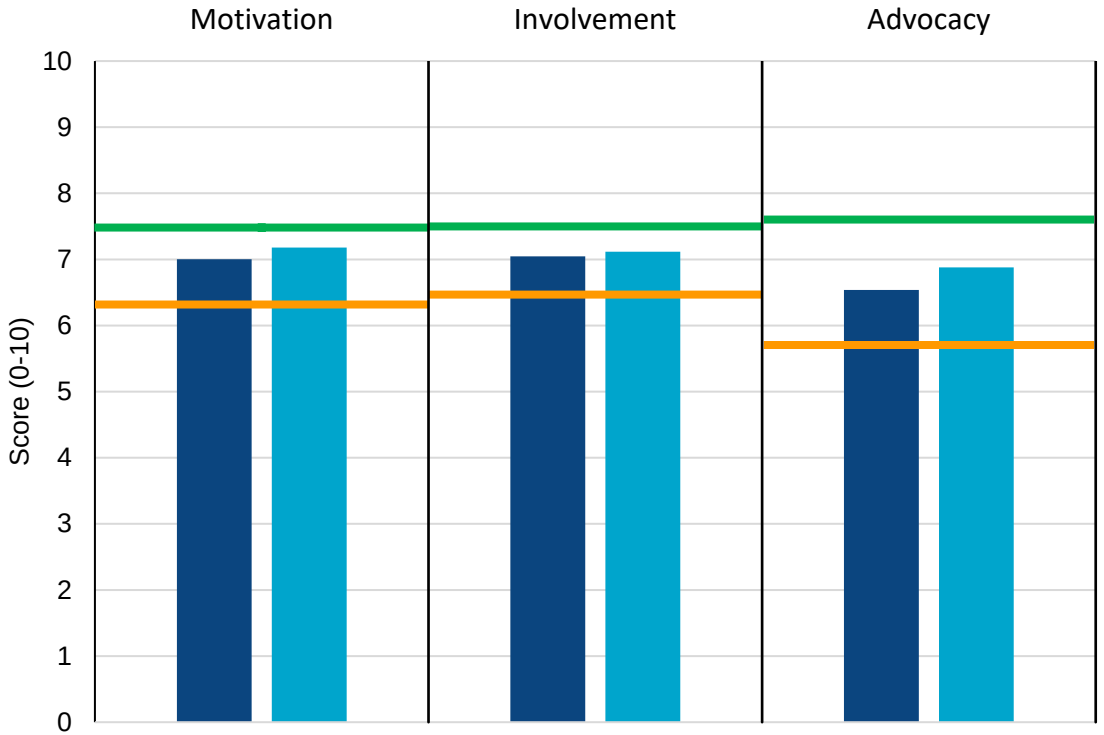
	Team working	Line management
Your org	6.5	7.2
Best	7.2	7.7
Average	6.9	7.3
Worst	6.5	6.9
Responses	2228	2227

People Promise Elements, Themes and Sub-scores: Sub-score Overview

Survey Coordination Centre

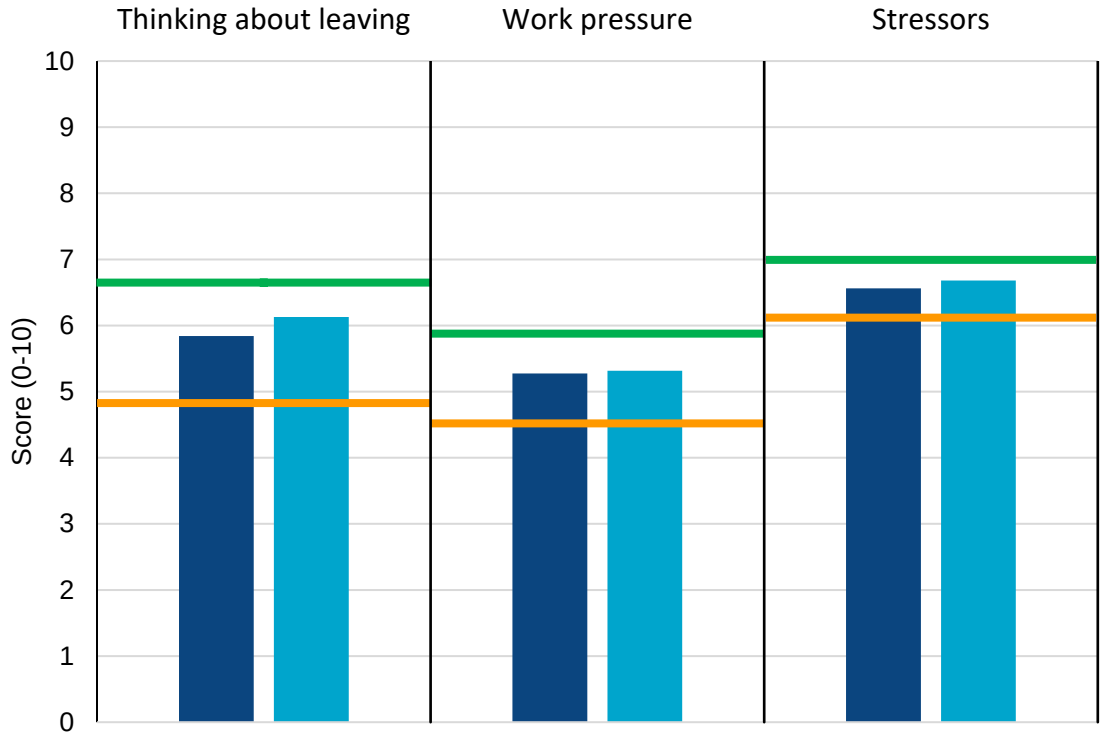
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.0	7.0	6.5
Best	7.5	7.5	7.6
Average	7.2	7.1	6.9
Worst	6.3	6.5	5.7
Responses	2201	2226	2220

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	5.8	5.3	6.6
Best	6.6	5.9	7.0
Average	6.1	5.3	6.7
Worst	4.8	4.5	6.1
Responses	2213	2227	2224

People Promise Elements, Themes and Sub-scores: Trends

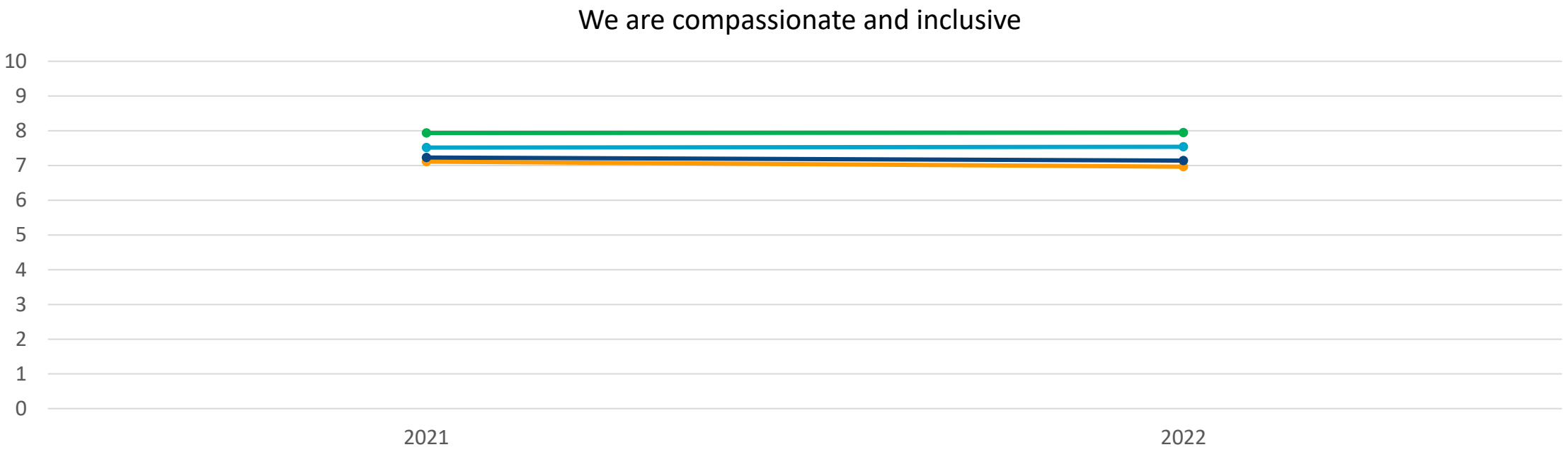
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	2021	2022
Your org	7.2	7.1
Best	7.9	7.9
Average	7.5	7.5
Worst	7.1	7.0
Responses	2164	2227

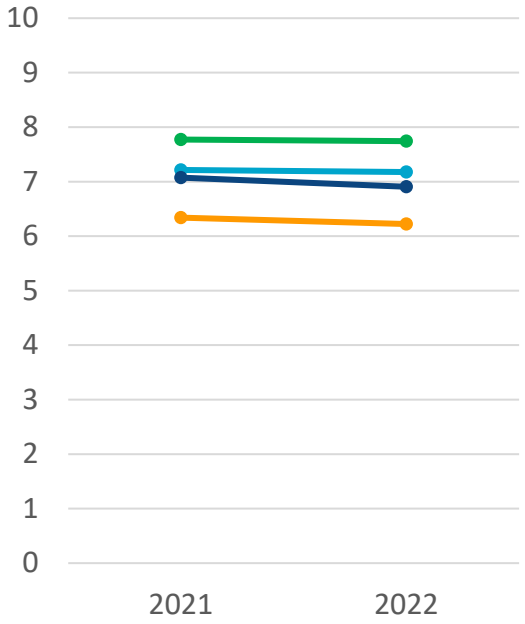
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

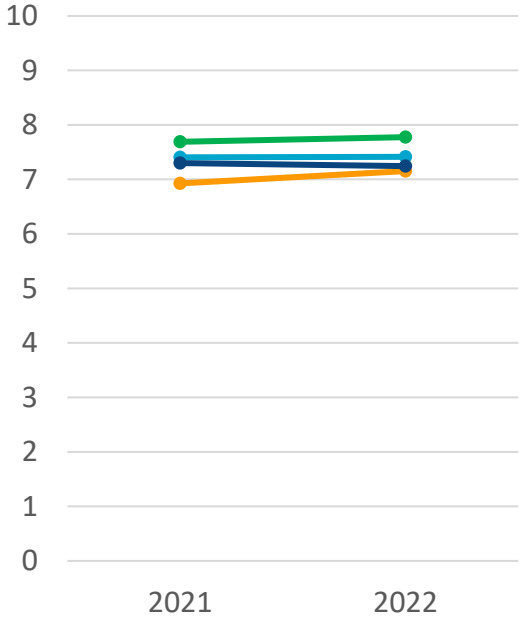
Promise element 1: We are compassionate and inclusive

Compassionate culture



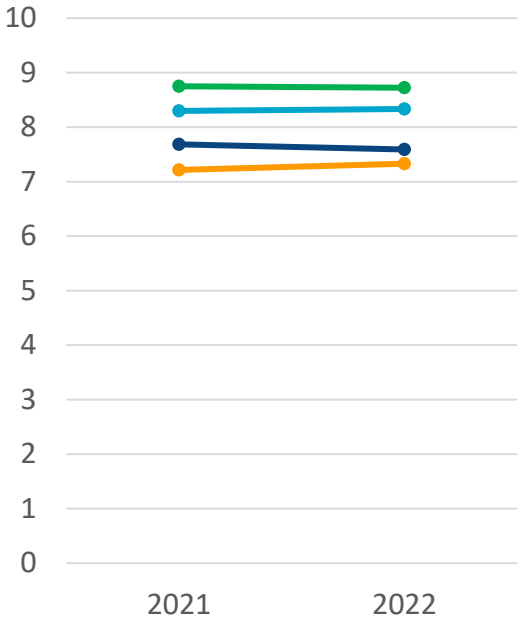
	2021	2022
Your org	7.1	6.9
Best	7.8	7.7
Average	7.2	7.2
Worst	6.3	6.2
Responses	2145	2220

Compassionate leadership



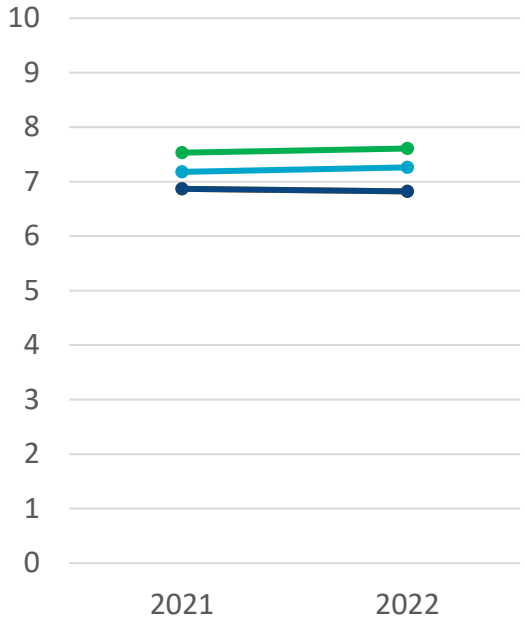
	2021	2022
Your org	7.3	7.2
Best	7.7	7.8
Average	7.4	7.4
Worst	6.9	7.2
Responses	2175	2223

Diversity and equality



	2021	2022
Your org	7.7	7.6
Best	8.7	8.7
Average	8.3	8.3
Worst	7.2	7.3
Responses	2161	2223

Inclusion



	2021	2022
Your org	6.9	6.8
Best	7.5	7.6
Average	7.2	7.3
Worst	6.9	6.8
Responses	2182	2224

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 2: We are recognised and rewarded

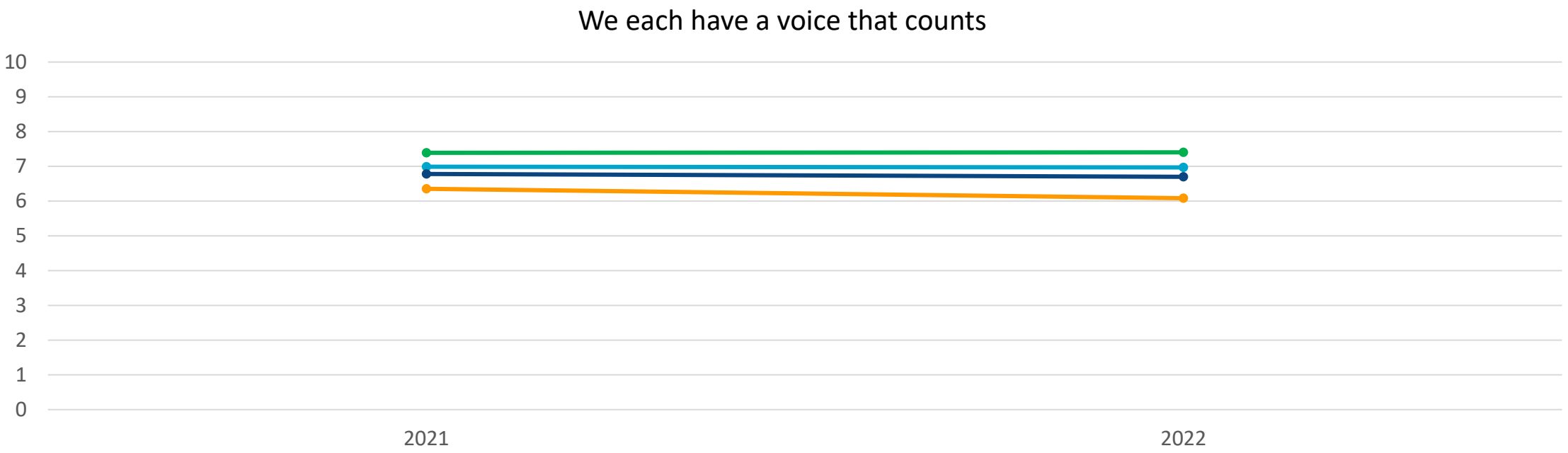
	2021	2022
Your org	6.1	6.0
Best	6.8	6.6
Average	6.3	6.3
Worst	5.9	5.9
Responses	2197	2225

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



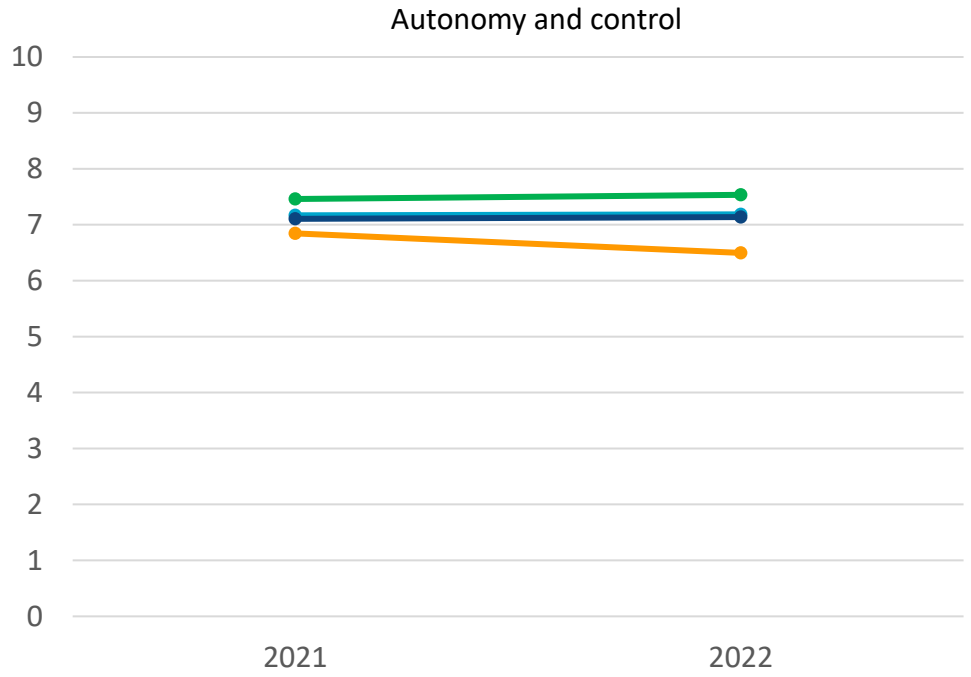
	2021	2022
Your org	6.8	6.7
Best	7.4	7.4
Average	7.0	7.0
Worst	6.4	6.1
Responses	2133	2215

People Promise Elements, Themes and Sub-scores: Sub-score trends

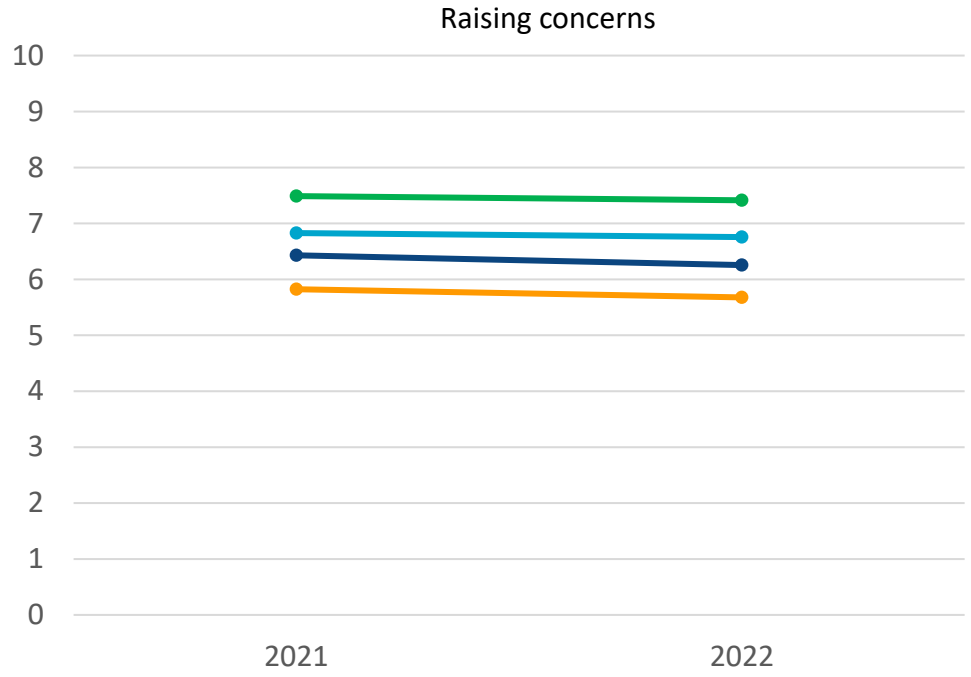
Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



	2021	2022
Your org	7.1	7.1
Best	7.5	7.5
Average	7.2	7.2
Worst	6.8	6.5
Responses	2208	2228



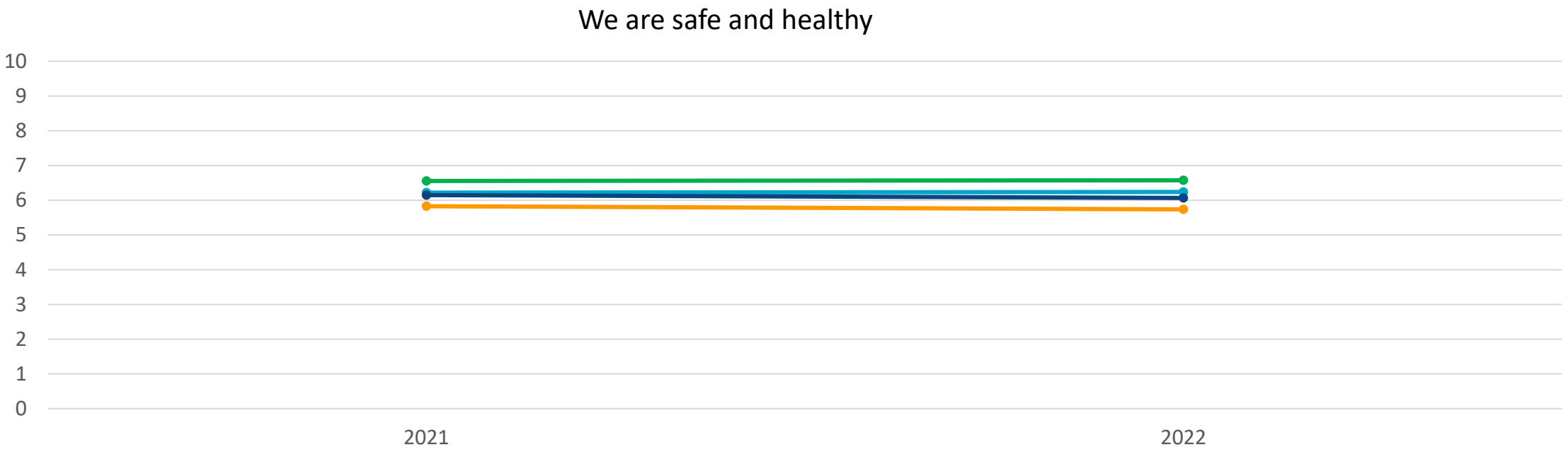
	2021	2022
Your org	6.4	6.3
Best	7.5	7.4
Average	6.8	6.8
Worst	5.8	5.7
Responses	2133	2215

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	2021	2022
Your org	6.1	6.1
Best	6.6	6.6
Average	6.2	6.2
Worst	5.8	5.7
Responses	2158	2209

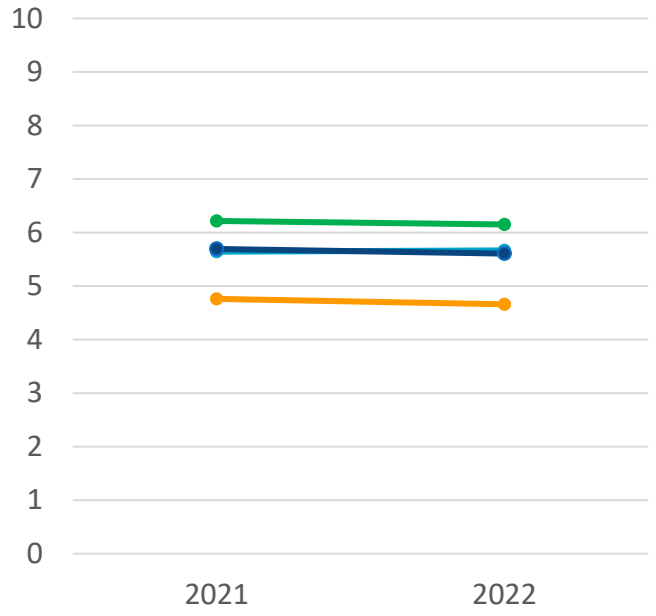
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

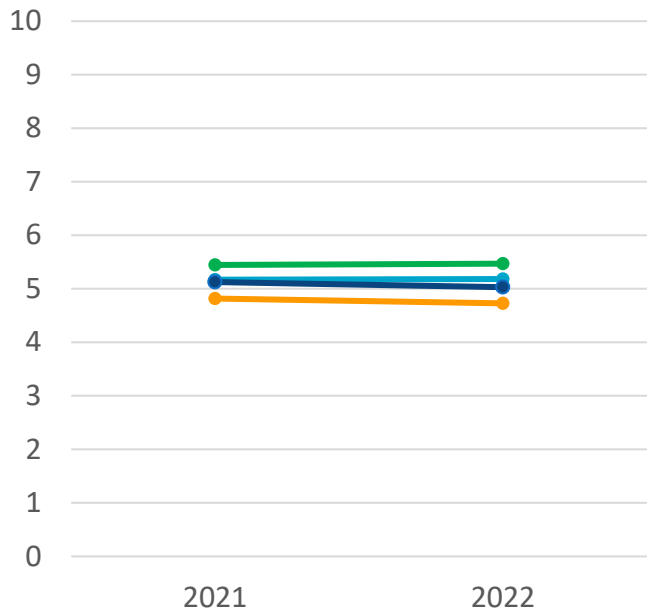
Promise element 4: We are safe and healthy

Health and safety climate



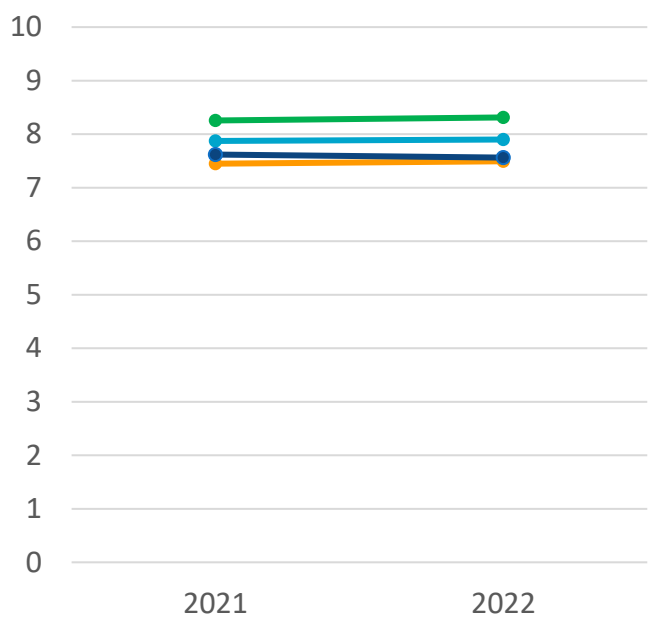
	2021	2022
Your org	5.7	5.6
Best	6.2	6.2
Average	5.6	5.7
Worst	4.8	4.7
Responses	2207	2228

Burnout



	2021	2022
Your org	5.1	5.0
Best	5.4	5.5
Average	5.2	5.2
Worst	4.8	4.7
Responses	2167	2225

Negative experiences



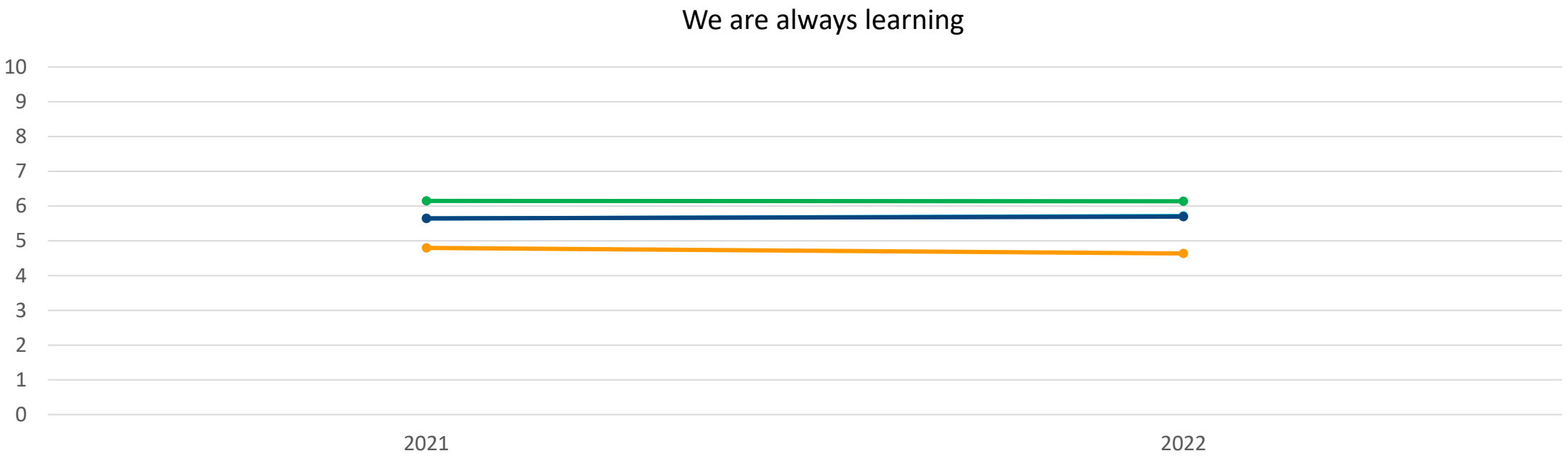
	2021	2022
Your org	7.6	7.6
Best	8.3	8.3
Average	7.9	7.9
Worst	7.4	7.5
Responses	2161	2210

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning



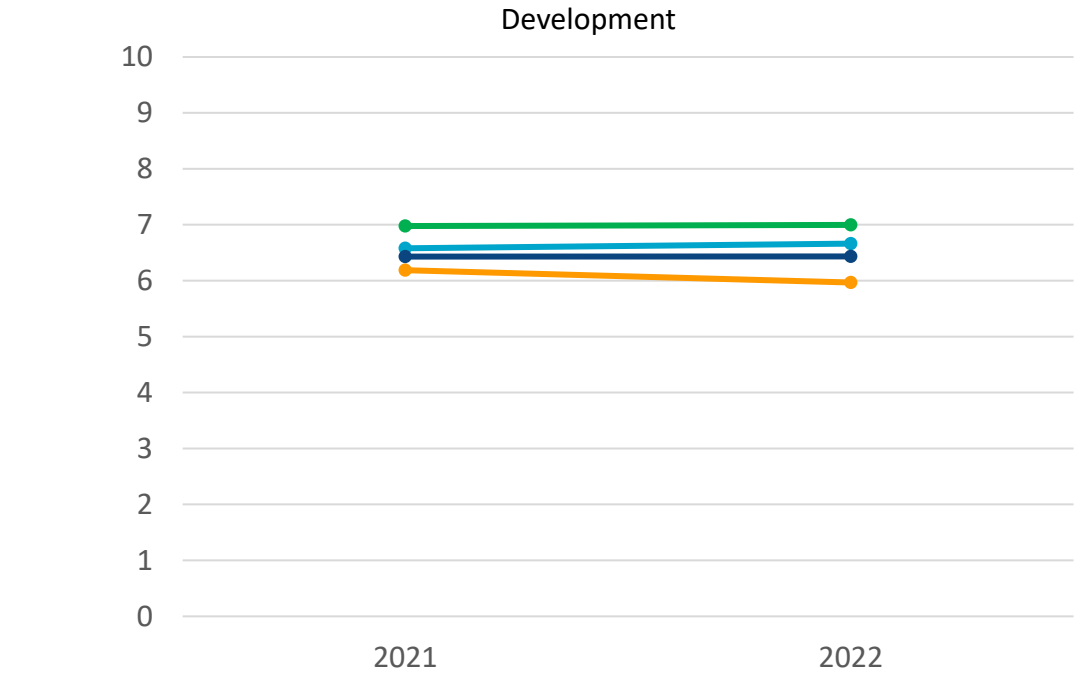
	2021	2022
Your org	5.6	5.7
Best	6.1	6.1
Average	5.6	5.7
Worst	4.8	4.6
Responses	2067	2128

People Promise Elements, Themes and Sub-scores: Sub-score trends

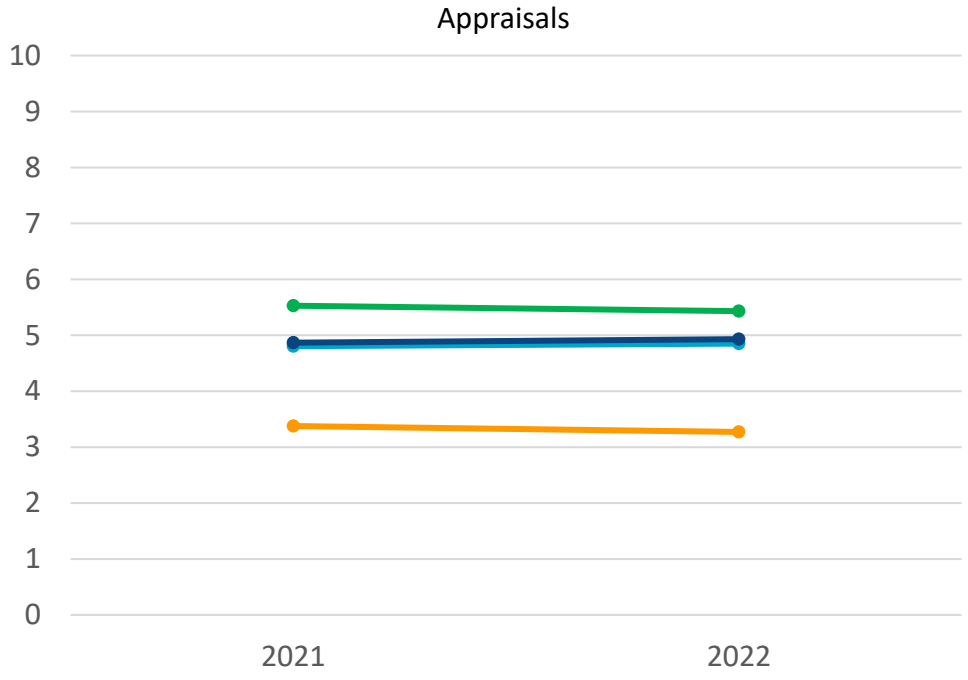
Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning



	2021	2022
Your org	6.4	6.4
Best	7.0	7.0
Average	6.6	6.7
Worst	6.2	6.0
Responses	2152	2223



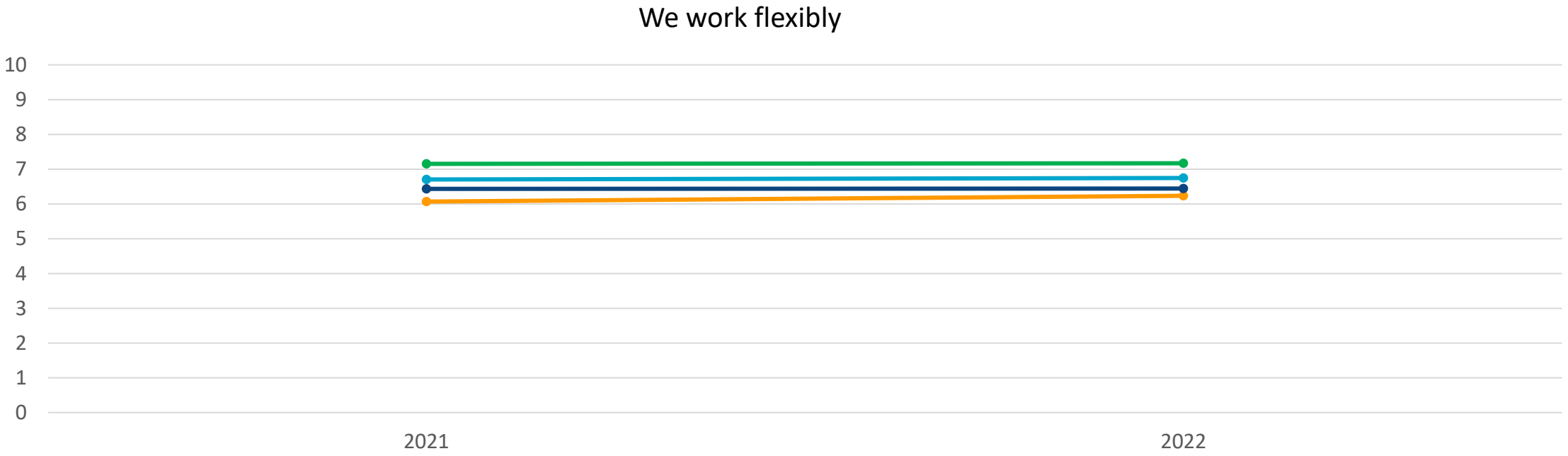
	2021	2022
Your org	4.9	4.9
Best	5.5	5.4
Average	4.8	4.9
Worst	3.4	3.3
Responses	2074	2132

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	2021	2022
Your org	6.4	6.4
Best	7.2	7.2
Average	6.7	6.7
Worst	6.1	6.2
Responses	2185	2223

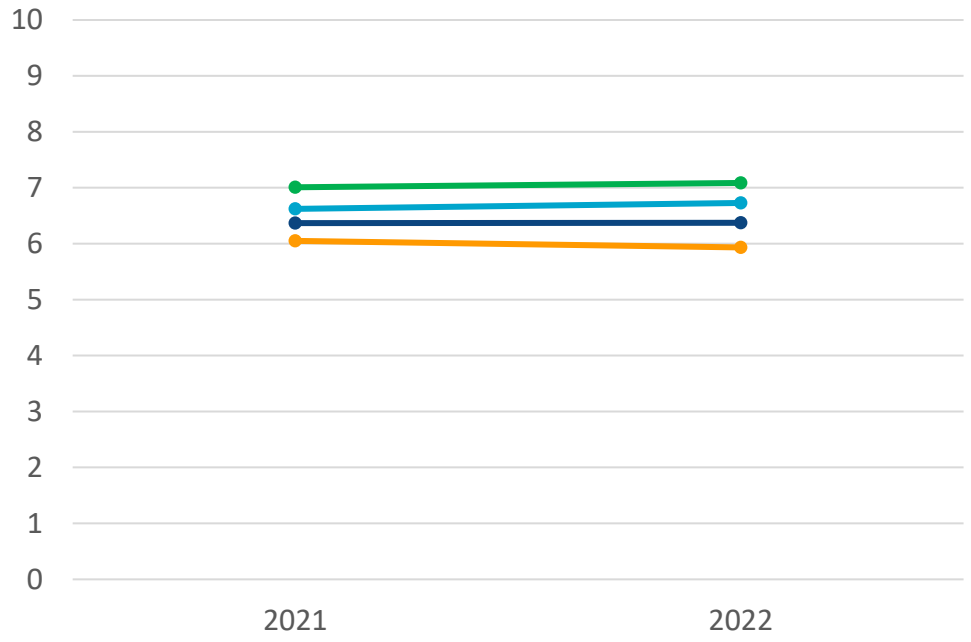
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

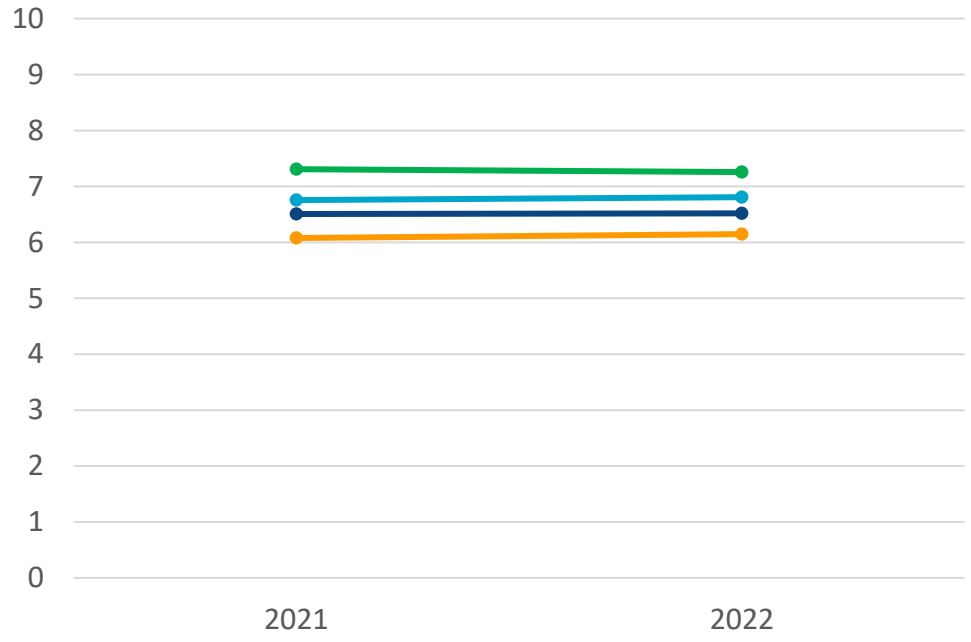
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022
Your org	6.4	6.4
Best	7.0	7.1
Average	6.6	6.7
Worst	6.0	5.9
Responses	2196	2225

Flexible working



	2021	2022
Your org	6.5	6.5
Best	7.3	7.3
Average	6.8	6.8
Worst	6.1	6.1
Responses	2193	2225

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team

	2021	2022
Your org	6.9	6.9
Best	7.4	7.4
Average	7.1	7.1
Worst	6.6	6.7
Responses	2176	2227

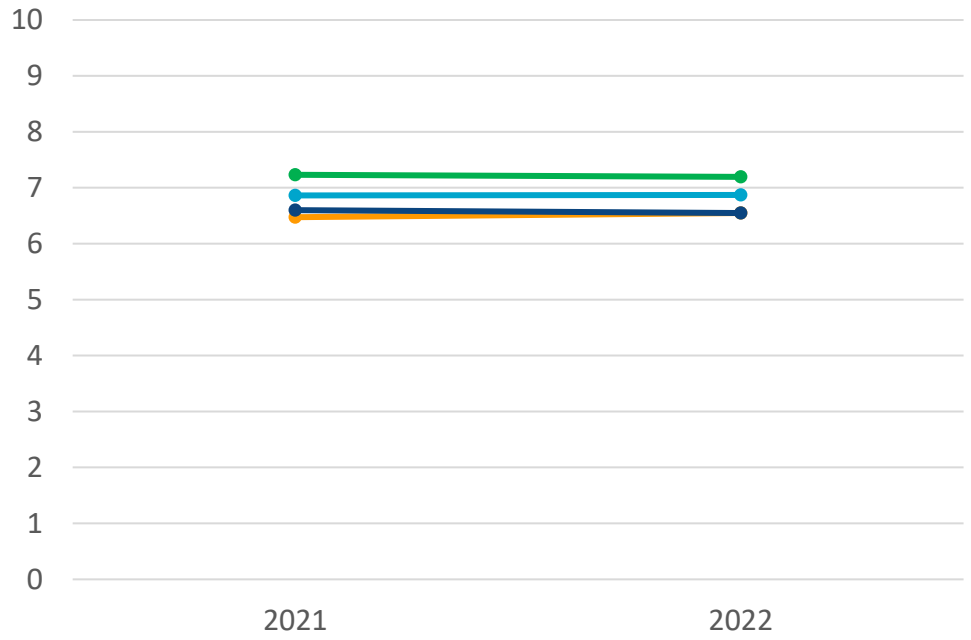
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

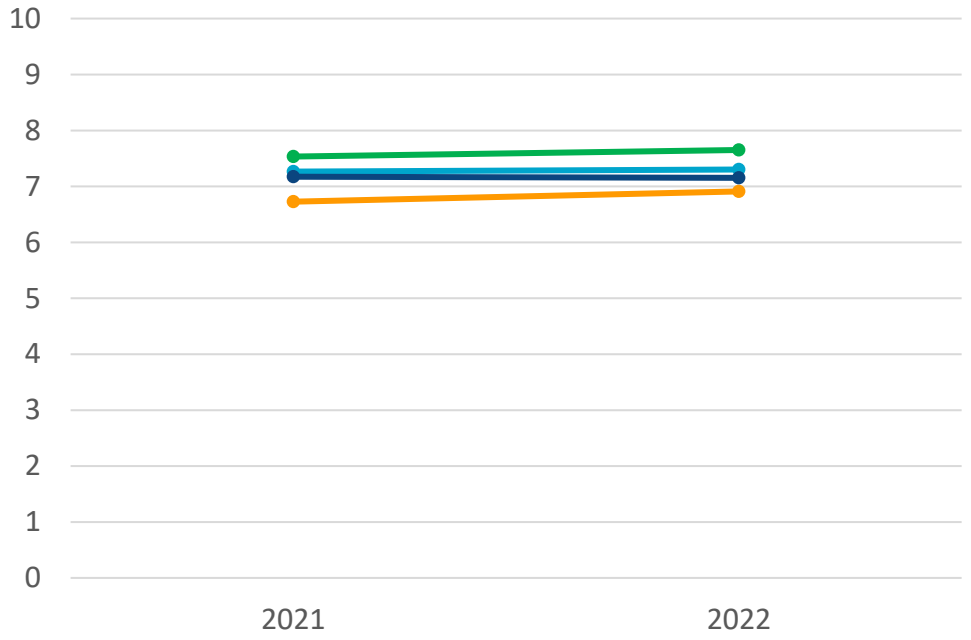
Promise element 7: We are a team

Team working



	2021	2022
Your org	6.6	6.5
Best	7.2	7.2
Average	6.9	6.9
Worst	6.5	6.5
Responses	2187	2228

Line management



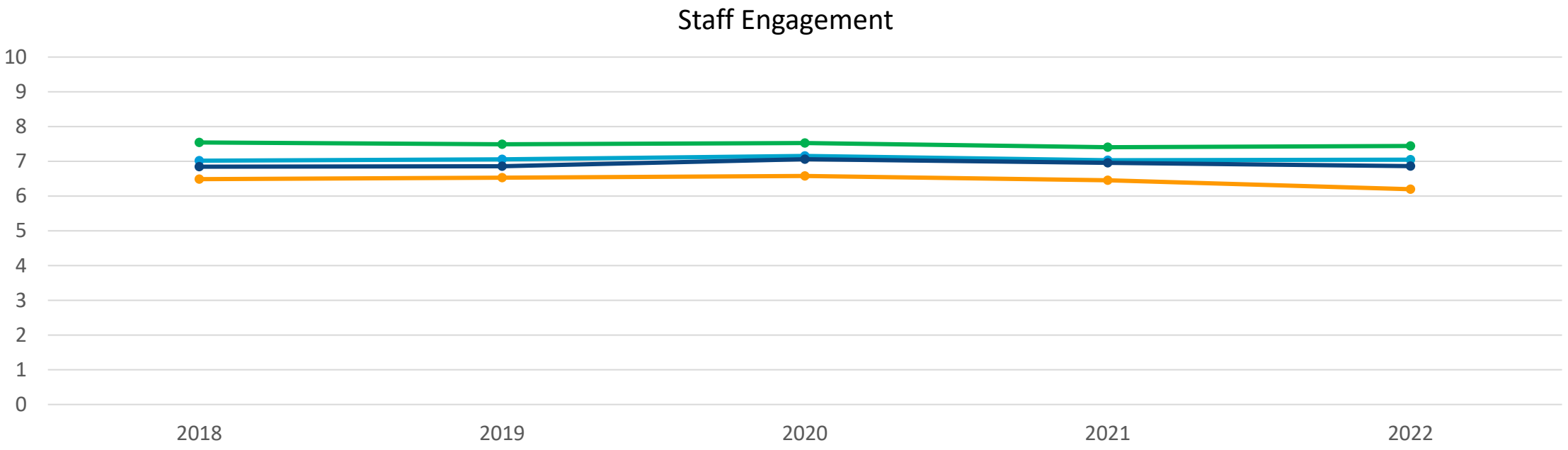
	2021	2022
Your org	7.2	7.2
Best	7.5	7.7
Average	7.3	7.3
Worst	6.7	6.9
Responses	2176	2227

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement



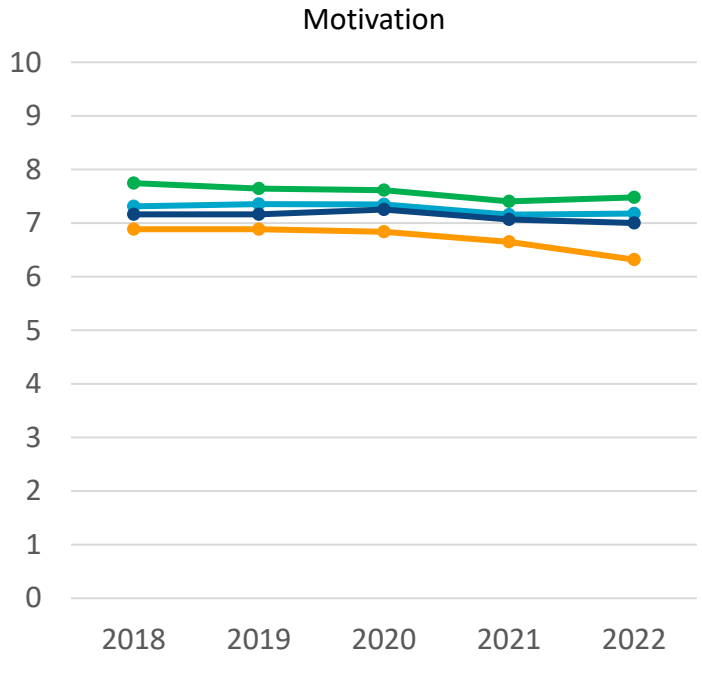
	2018	2019	2020	2021	2022
Your org	6.8	6.9	7.1	7.0	6.9
Best	7.5	7.5	7.5	7.4	7.4
Average	7.0	7.1	7.2	7.0	7.0
Worst	6.5	6.5	6.6	6.5	6.2
Responses	1483	1768	1830	2205	2228

People Promise Elements, Themes and Sub-scores: Sub-score trends

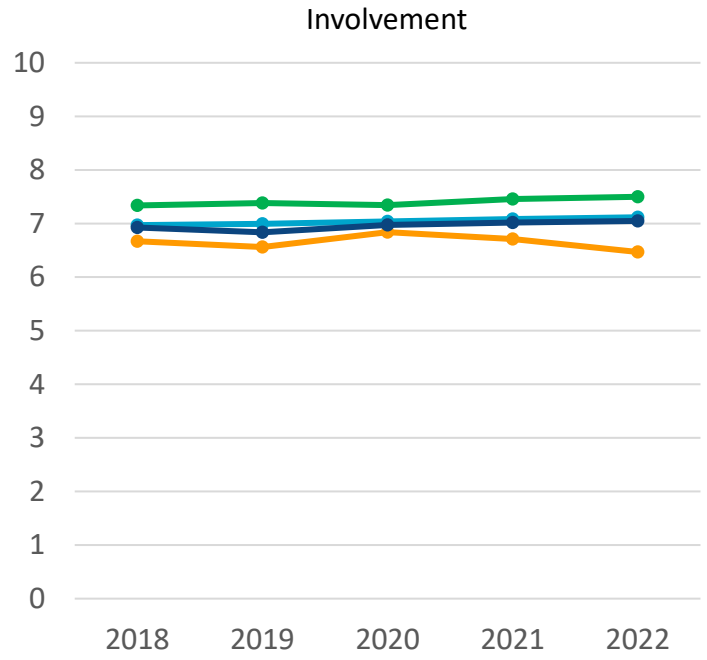
Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

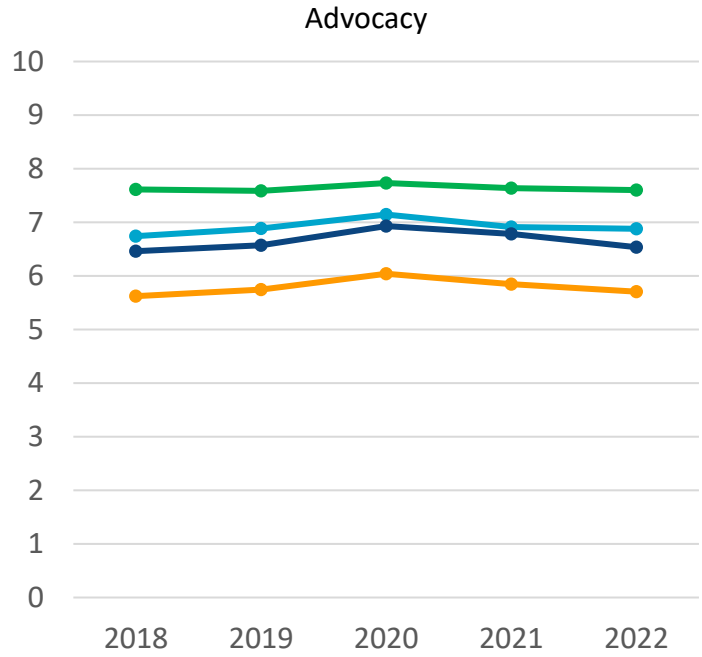
Theme: Staff Engagement



	2018	2019	2020	2021	2022
Your org	7.2	7.2	7.3	7.1	7.0
Best	7.7	7.6	7.6	7.4	7.5
Average	7.3	7.4	7.3	7.2	7.2
Worst	6.9	6.9	6.8	6.6	6.3
Responses	1445	1754	1827	2186	2201



	2018	2019	2020	2021	2022
Your org	6.9	6.8	7.0	7.0	7.0
Best	7.3	7.4	7.3	7.5	7.5
Average	7.0	7.0	7.0	7.1	7.1
Worst	6.7	6.6	6.8	6.7	6.5
Responses	1489	1772	1829	2208	2226



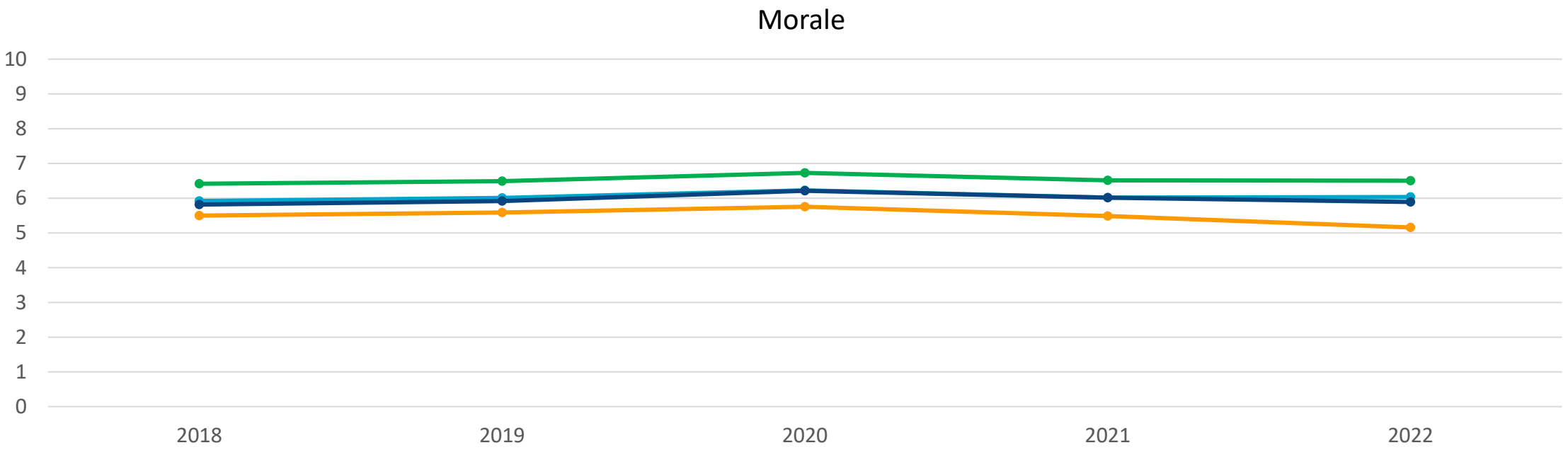
	2018	2019	2020	2021	2022
Your org	6.5	6.6	6.9	6.8	6.5
Best	7.6	7.6	7.7	7.6	7.6
Average	6.7	6.9	7.1	6.9	6.9
Worst	5.6	5.7	6.0	5.8	5.7
Responses	1391	1693	1791	2146	2220

People Promise Elements and Themes: Trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale



	2018	2019	2020	2021	2022
Your org	5.8	5.9	6.2	6.0	5.9
Best	6.4	6.5	6.7	6.5	6.5
Average	5.9	6.0	6.2	6.0	6.0
Worst	5.5	5.6	5.8	5.5	5.2
Responses	1462	1748	1822	2200	2228

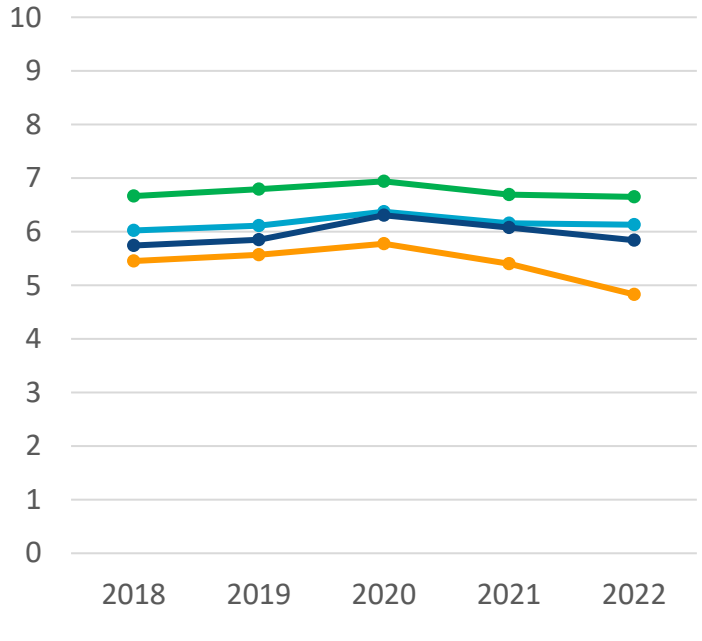
People Promise Elements, Themes and Sub-scores: Sub-score trends

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

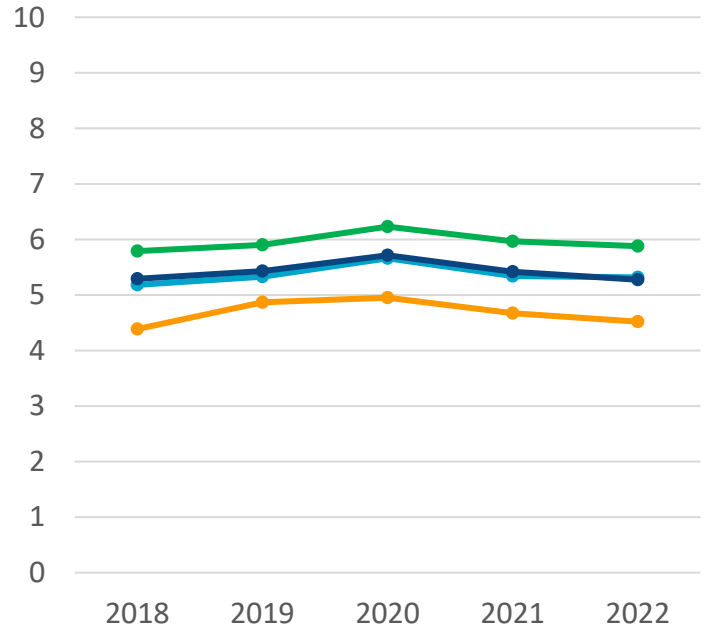
Theme: Morale

Thinking about leaving



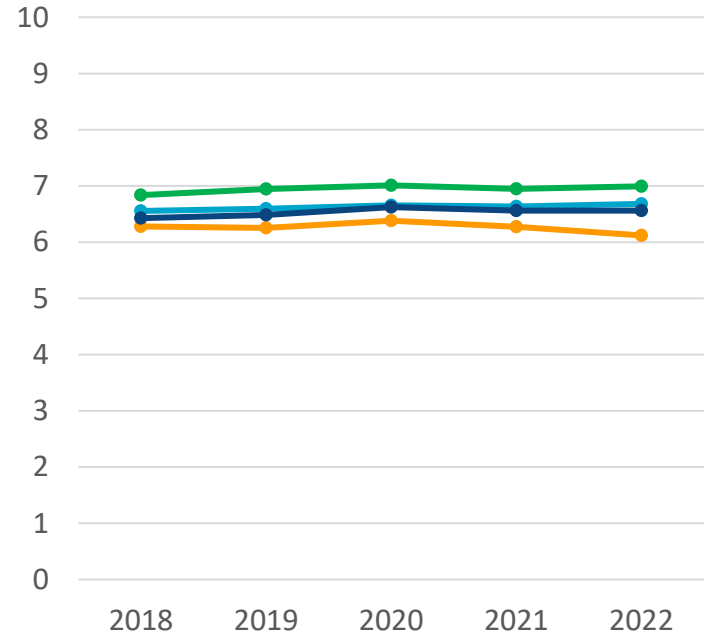
	2018	2019	2020	2021	2022
Your org	5.7	5.8	6.3	6.1	5.8
Best	6.7	6.8	6.9	6.7	6.6
Average	6.0	6.1	6.4	6.2	6.1
Worst	5.5	5.6	5.8	5.4	4.8
Responses	1388	1687	1786	2141	2213

Work pressure



	2018	2019	2020	2021	2022
Your org	5.3	5.4	5.7	5.4	5.3
Best	5.8	5.9	6.2	6.0	5.9
Average	5.2	5.3	5.7	5.3	5.3
Worst	4.4	4.9	5.0	4.7	4.5
Responses	1488	1771	1828	2208	2227

Stressors



	2018	2019	2020	2021	2022
Your org	6.4	6.5	6.6	6.6	6.6
Best	6.8	6.9	7.0	6.9	7.0
Average	6.6	6.6	6.7	6.6	6.7
Worst	6.3	6.3	6.4	6.3	6.1
Responses	1460	1741	1822	2192	2224

Covid-19 Classification breakdowns

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Covid-19 classification breakdowns

Survey Coordination Centre

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	1 ☐ Yes	2 ☐ No
b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	1 ☐ Yes	2 ☐ No
c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?	1 ☐ Yes	2 ☐ No

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

Further information

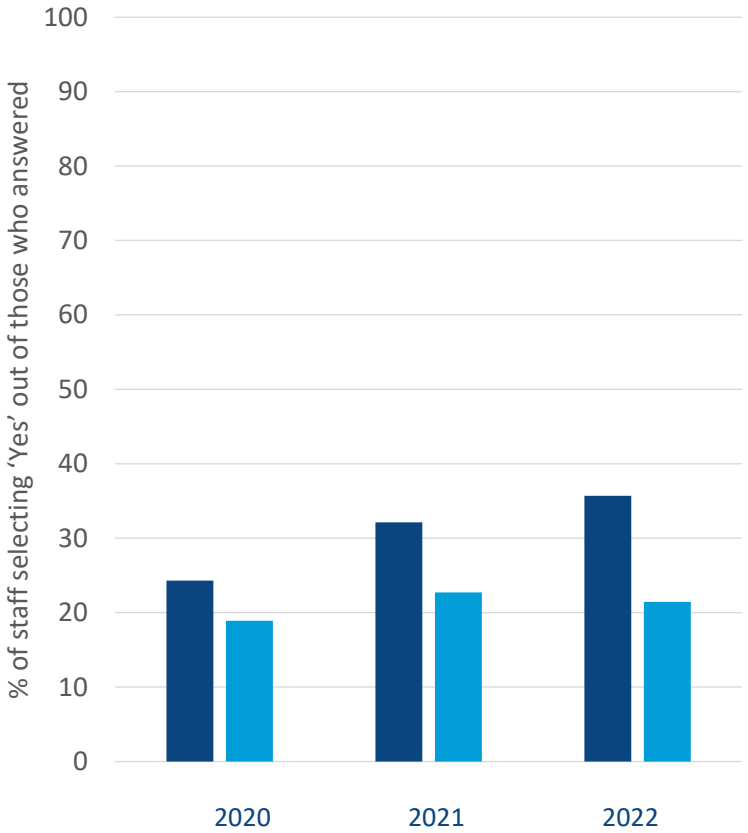
Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

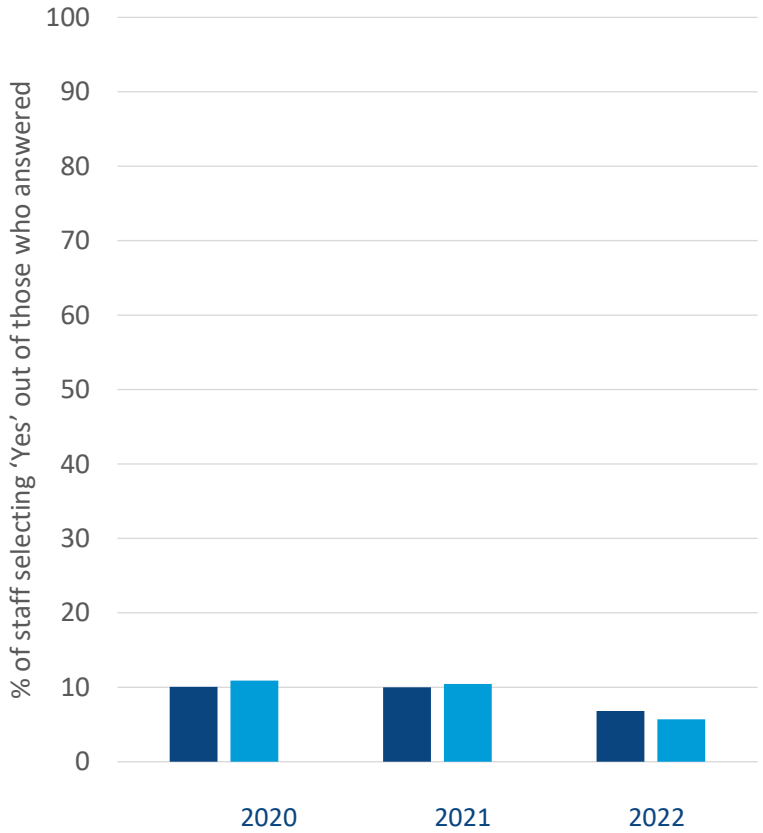
NHS

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



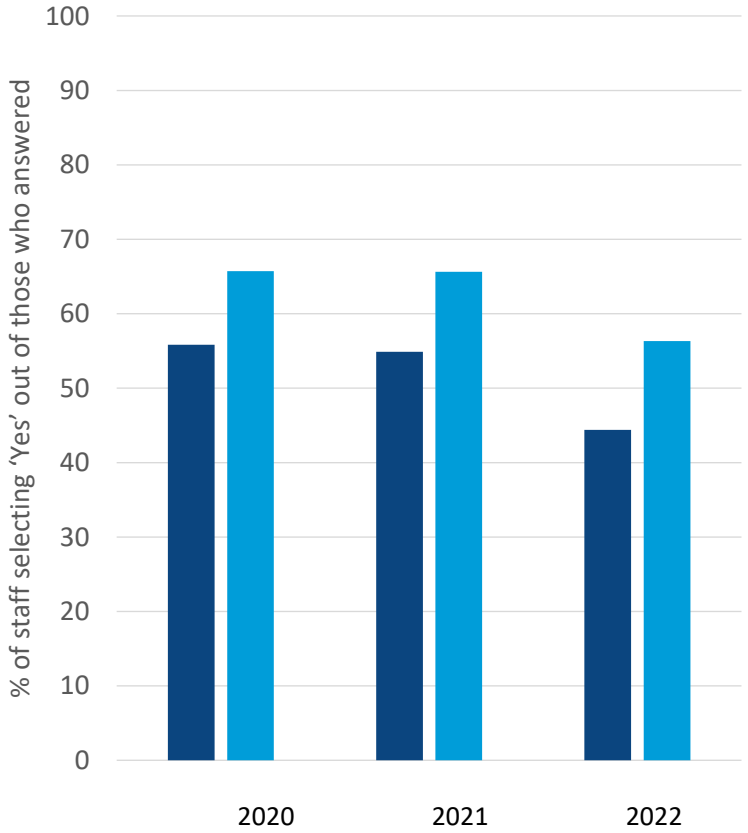
	2020	2021	2022
Your org	24.3%	32.1%	35.7%
Average	18.9%	22.7%	21.4%
Responses	1782	2144	2221

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
Your org	10.1%	10.0%	6.8%
Average	10.9%	10.4%	5.7%
Responses	1778	2140	2218

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



	2020	2021	2022
Your org	55.8%	54.9%	44.4%
Average	65.7%	65.6%	56.3%
Responses	1784	2141	2219

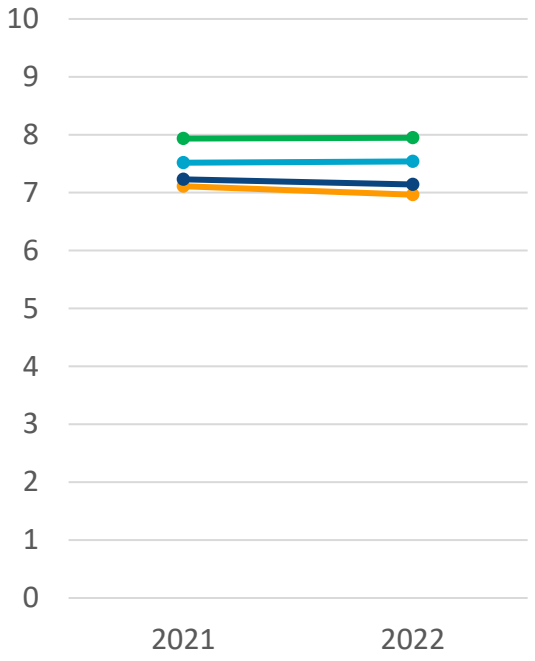
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

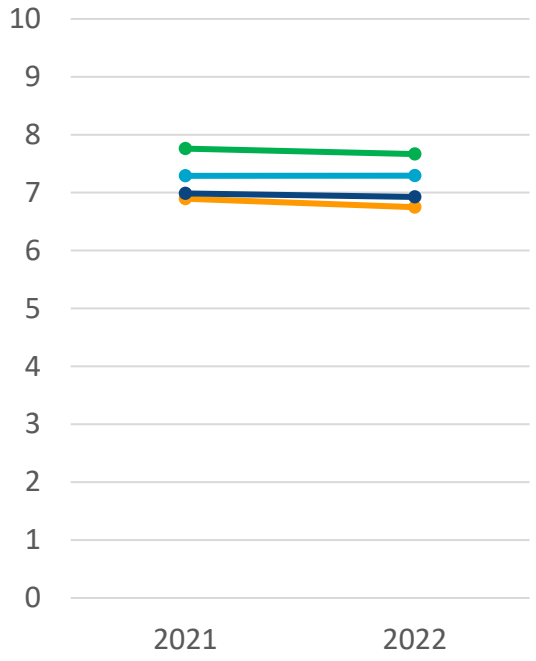
Promise element 1: We are compassionate and inclusive

All staff



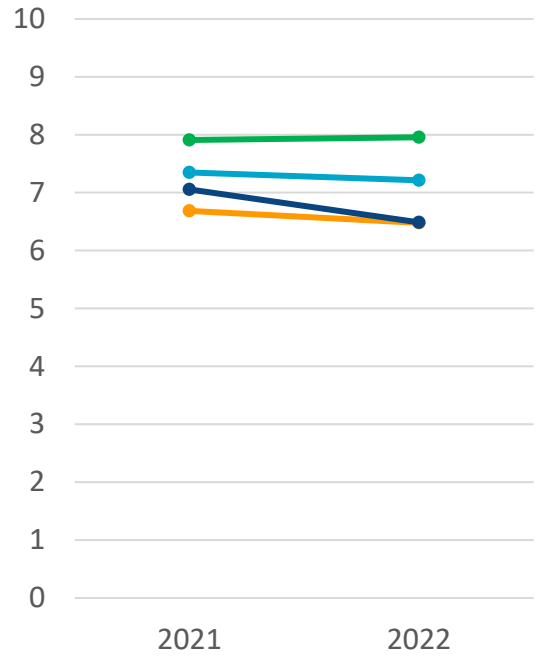
	2021	2022
Your org	7.2	7.1
Highest	7.9	7.9
Average	7.5	7.5
Lowest	7.1	7.0
Responses	2164	2227

Worked on a Covid-19 ward or specific area



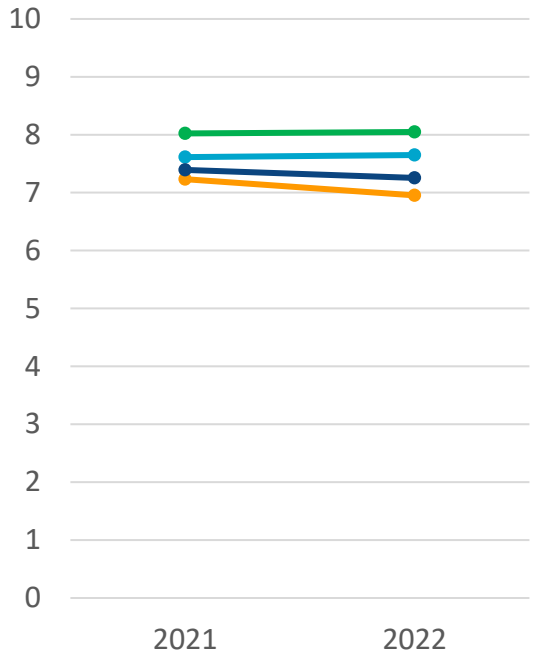
	2021	2022
Your org	7.0	6.9
Highest	7.8	7.7
Average	7.3	7.3
Lowest	6.9	6.7
Responses	689	792

Redeployed



	2021	2022
Your org	7.1	6.5
Highest	7.9	8.0
Average	7.3	7.2
Lowest	6.7	6.5
Responses	214	151

Required to work remotely / from home



	2021	2022
Your org	7.4	7.3
Highest	8.0	8.0
Average	7.6	7.6
Lowest	7.2	7.0
Responses	1173	984

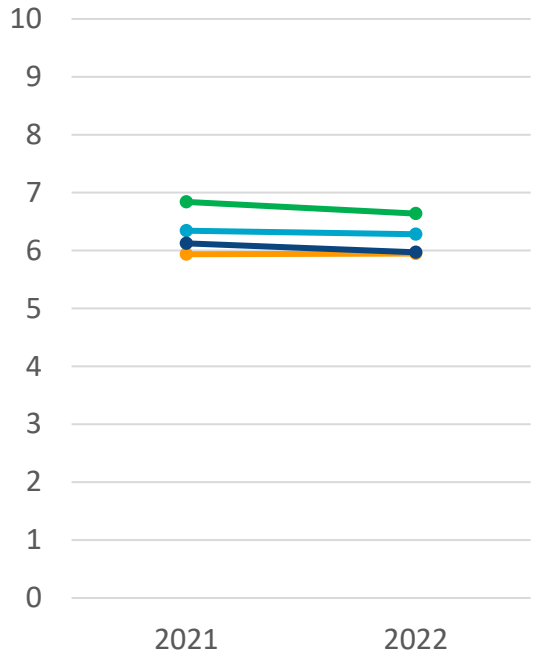
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

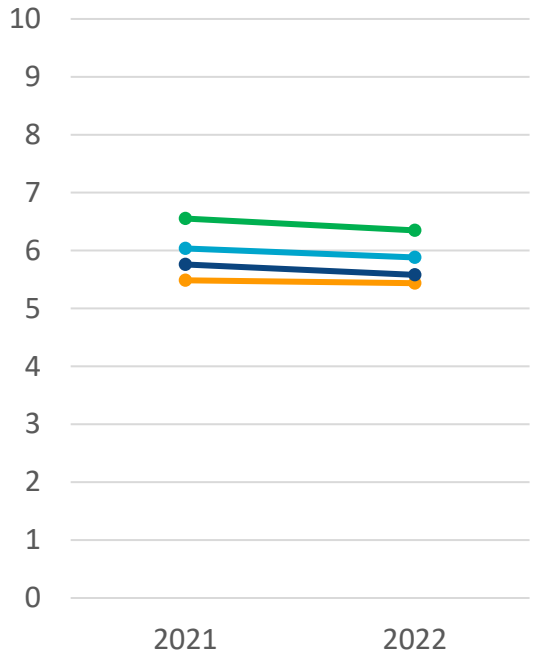
Promise element 2: We are recognised and rewarded

All staff



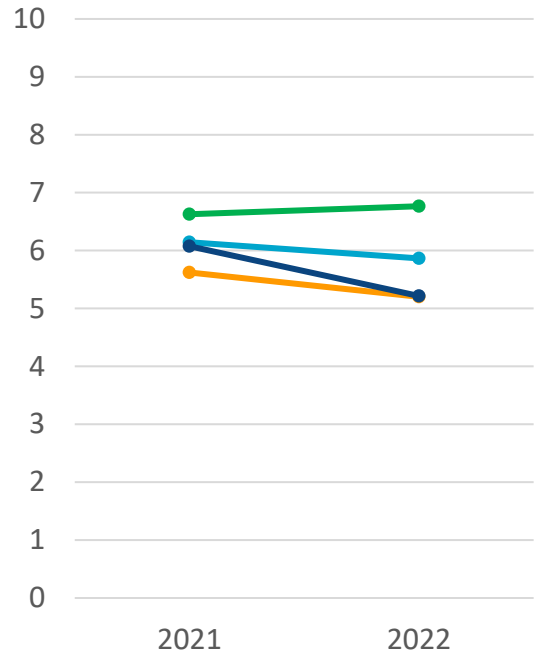
	2021	2022
Your org	6.1	6.0
Highest	6.8	6.6
Average	6.3	6.3
Lowest	5.9	5.9
Responses	2197	2225

Worked on a Covid-19 ward or specific area



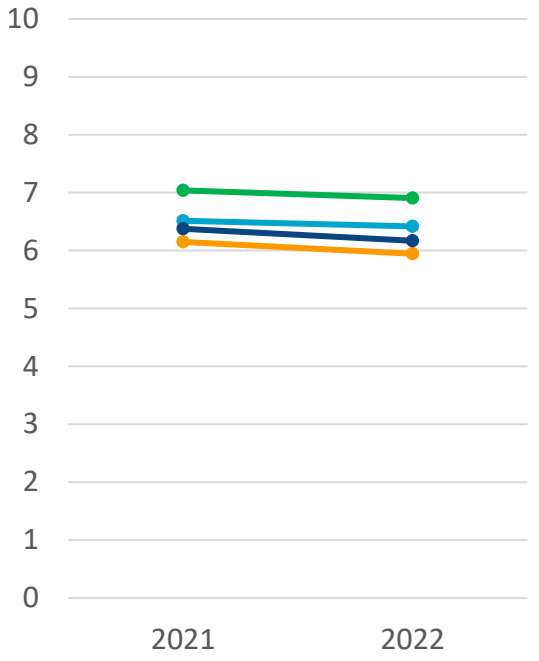
	2021	2022
Your org	5.8	5.6
Highest	6.6	6.3
Average	6.0	5.9
Lowest	5.5	5.4
Responses	686	790

Redeployed



	2021	2022
Your org	6.1	5.2
Highest	6.6	6.8
Average	6.1	5.9
Lowest	5.6	5.2
Responses	213	151

Required to work remotely / from home



	2021	2022
Your org	6.4	6.2
Highest	7.0	6.9
Average	6.5	6.4
Lowest	6.1	5.9
Responses	1174	983

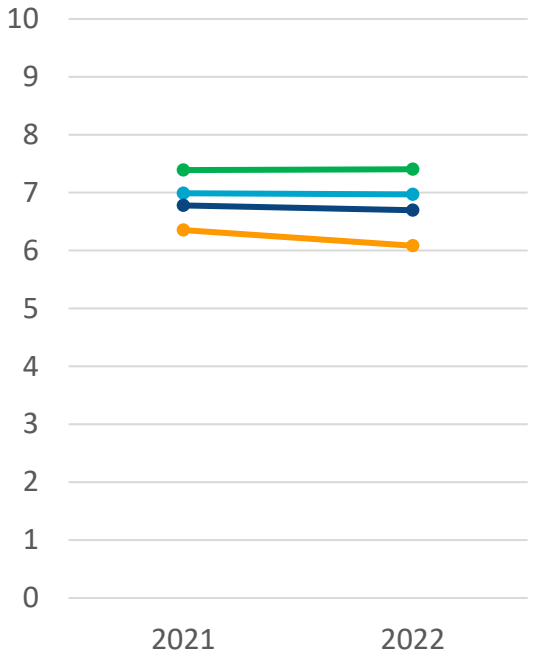
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

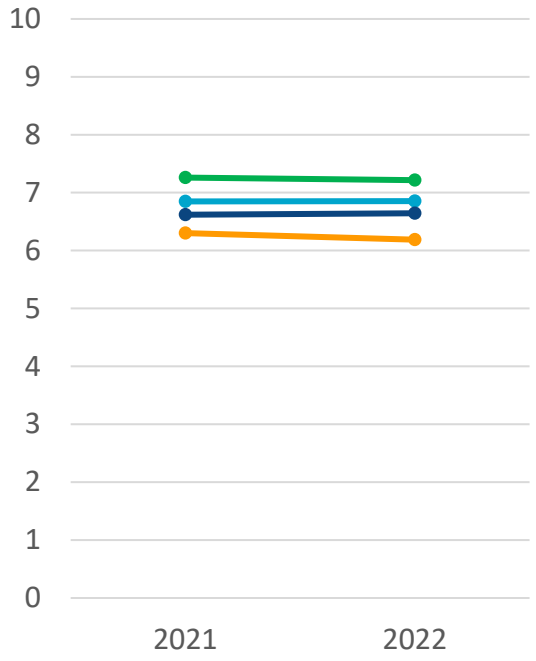
Promise element 3: We each have a voice that counts

All staff



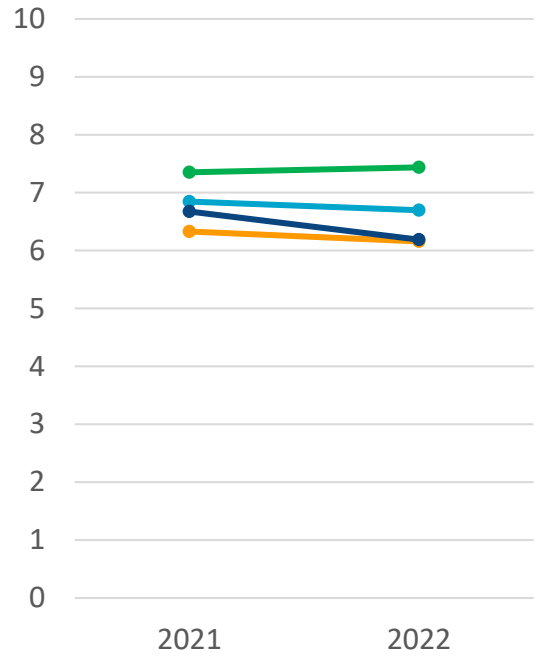
	2021	2022
Your org	6.8	6.7
Highest	7.4	7.4
Average	7.0	7.0
Lowest	6.4	6.1
Responses	2133	2215

Worked on a Covid-19 ward or specific area



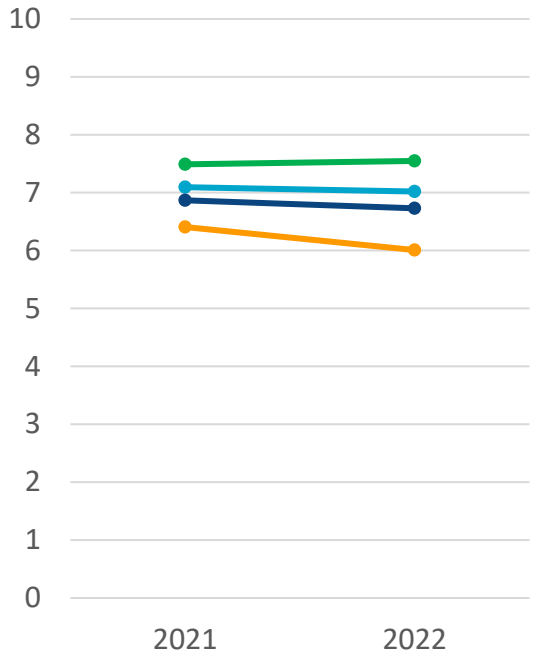
	2021	2022
Your org	6.6	6.6
Highest	7.3	7.2
Average	6.8	6.9
Lowest	6.3	6.2
Responses	687	790

Redeployed



	2021	2022
Your org	6.7	6.2
Highest	7.4	7.4
Average	6.8	6.7
Lowest	6.3	6.2
Responses	213	150

Required to work remotely / from home



	2021	2022
Your org	6.9	6.7
Highest	7.5	7.5
Average	7.1	7.0
Lowest	6.4	6.0
Responses	1167	979

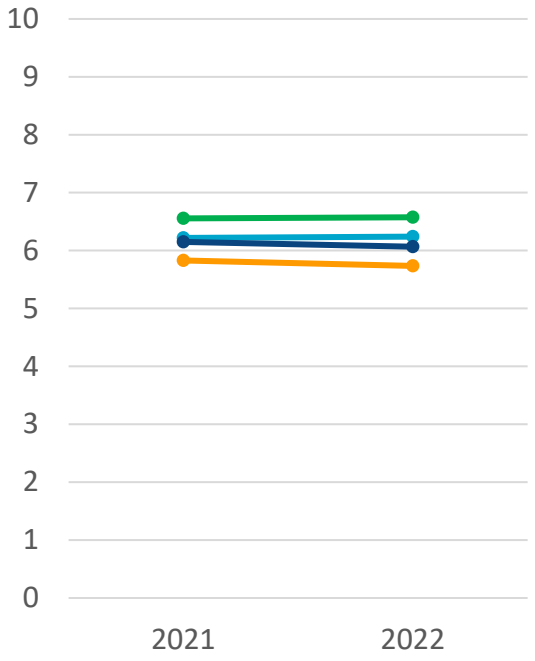
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

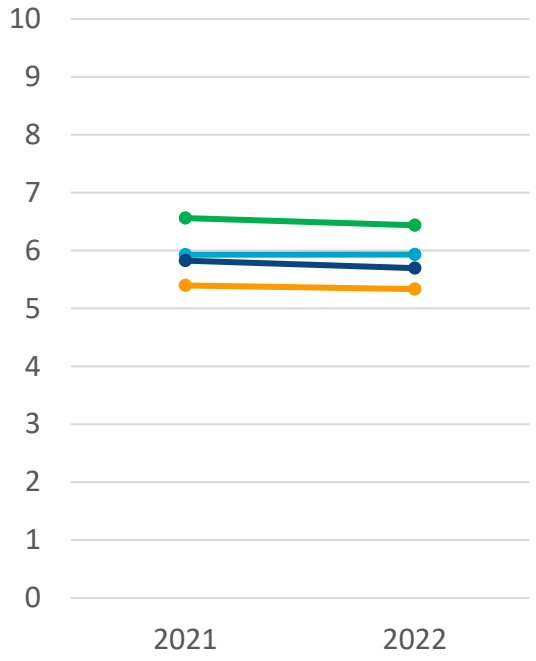
Promise element 4: We are safe and healthy

All staff



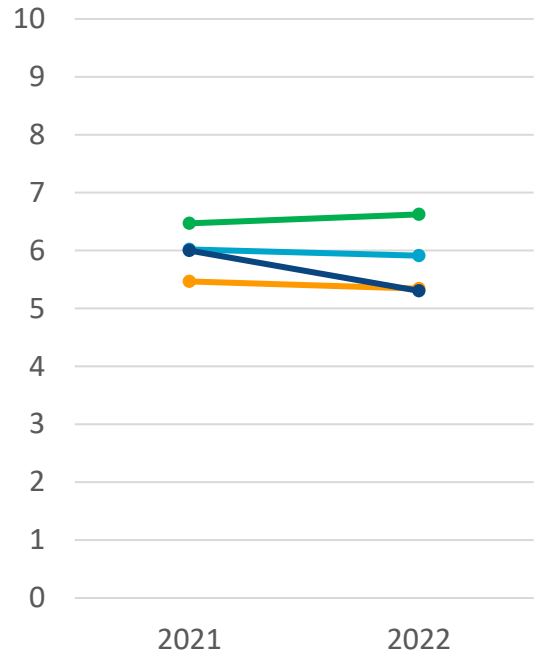
	2021	2022
Your org	6.1	6.1
Highest	6.6	6.6
Average	6.2	6.2
Lowest	5.8	5.7
Responses	2158	2209

Worked on a Covid-19 ward or specific area



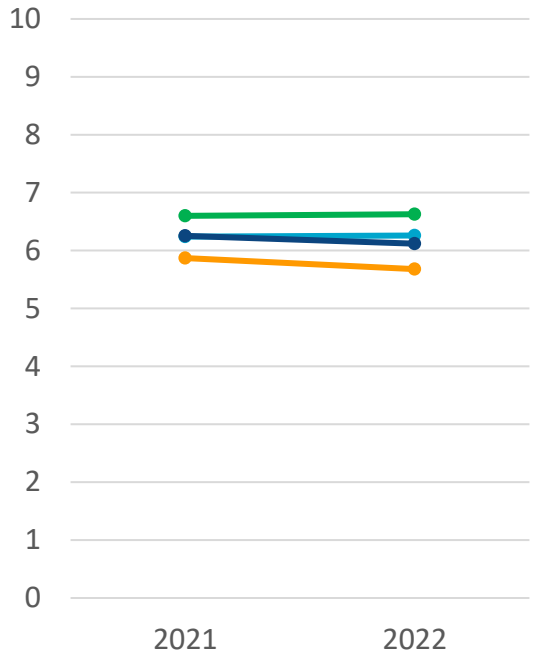
	2021	2022
Your org	5.8	5.7
Highest	6.6	6.4
Average	5.9	5.9
Lowest	5.4	5.3
Responses	681	783

Redeployed



	2021	2022
Your org	6.0	5.3
Highest	6.5	6.6
Average	6.0	5.9
Lowest	5.5	5.3
Responses	213	148

Required to work remotely / from home



	2021	2022
Your org	6.3	6.1
Highest	6.6	6.6
Average	6.2	6.3
Lowest	5.9	5.7
Responses	1171	981

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

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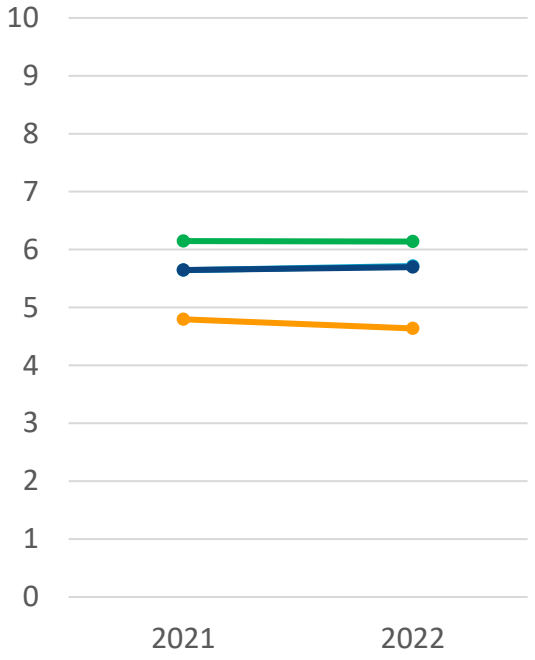
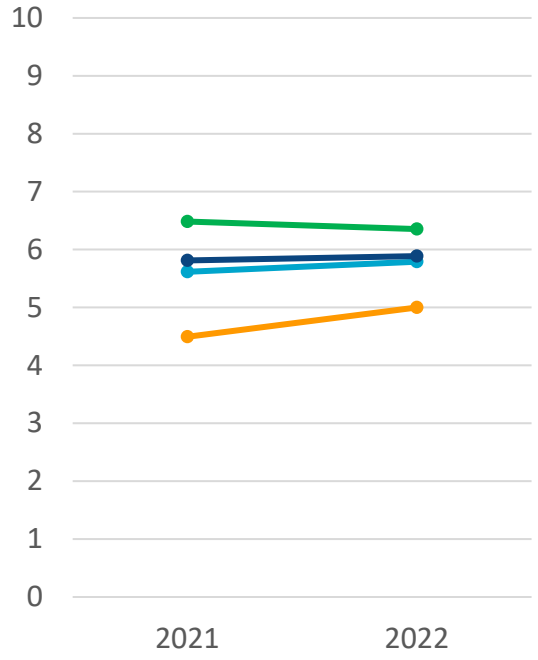
Promise element 5: We are always learning

All staff



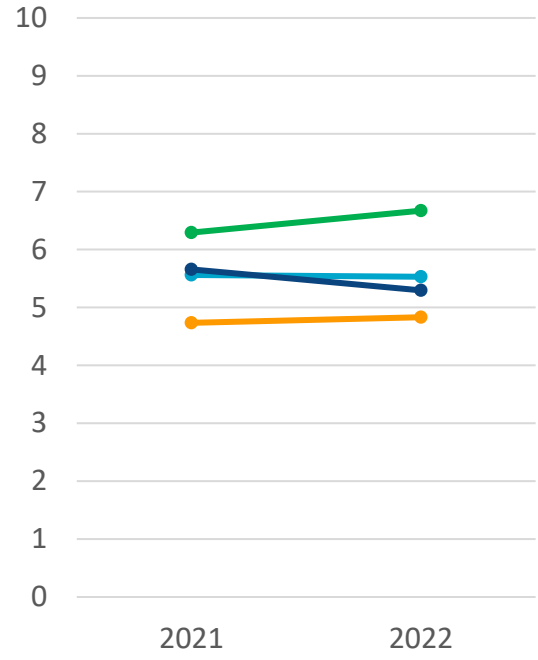
	2021	2022
Your org	5.6	5.7
Highest	6.1	6.1
Average	5.6	5.7
Lowest	4.8	4.6
Responses	2067	2128

Worked on a Covid-19 ward or specific area



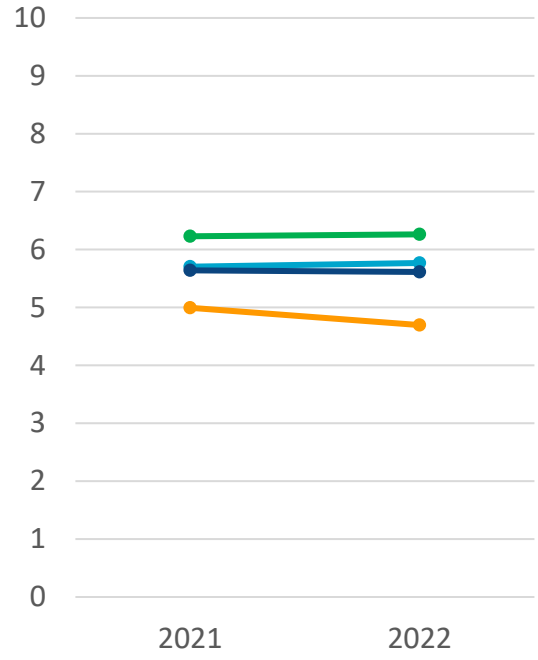
	2021	2022
Your org	5.8	5.9
Highest	6.5	6.4
Average	5.6	5.8
Lowest	4.5	5.0
Responses	662	754

Redeployed



	2021	2022
Your org	5.7	5.3
Highest	6.3	6.7
Average	5.6	5.5
Lowest	4.7	4.8
Responses	201	141

Required to work remotely / from home



	2021	2022
Your org	5.6	5.6
Highest	6.2	6.3
Average	5.7	5.8
Lowest	5.0	4.7
Responses	1128	953

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

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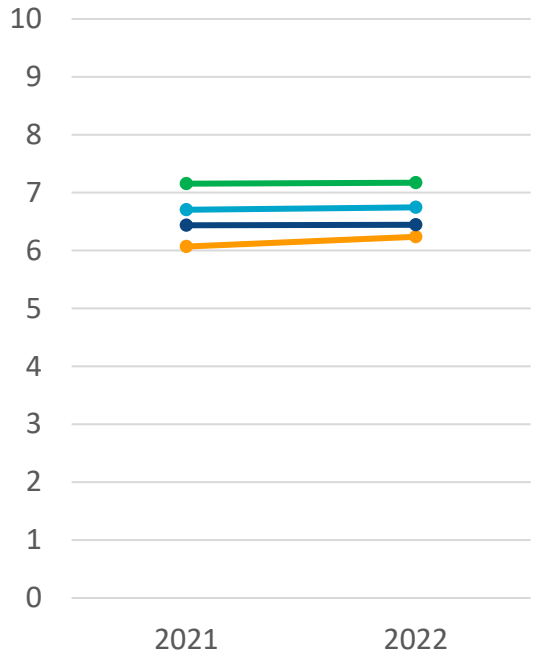
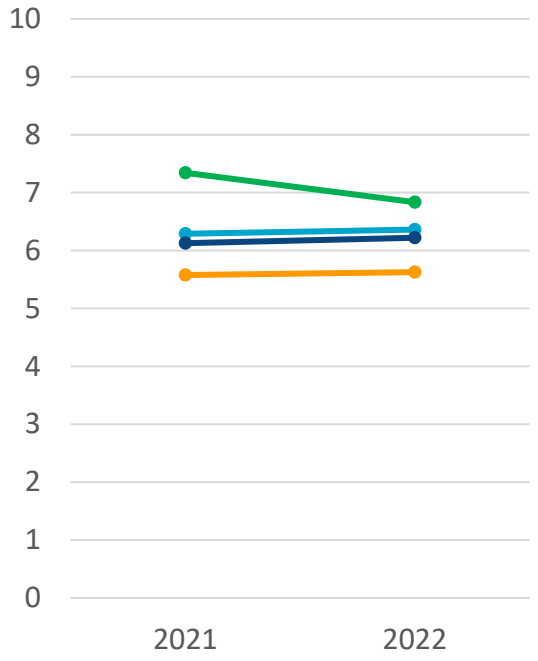
Promise element 6: We work flexibly

All staff



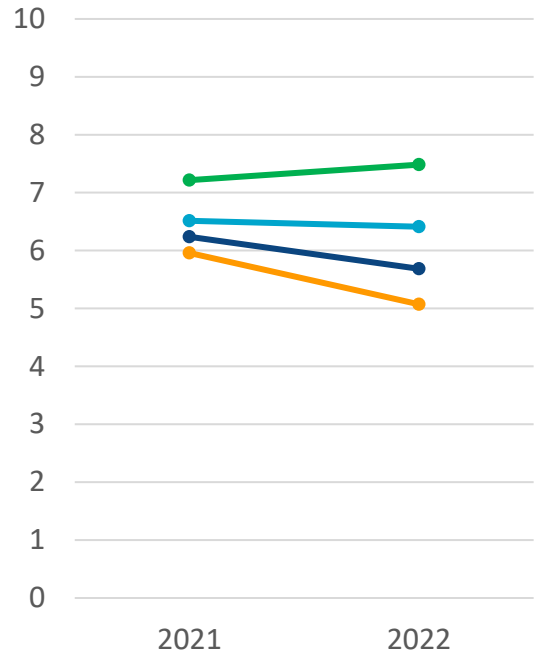
	2021	2022
Your org	6.4	6.4
Highest	7.2	7.2
Average	6.7	6.7
Lowest	6.1	6.2
Responses	2185	2223

Worked on a Covid-19 ward or specific area



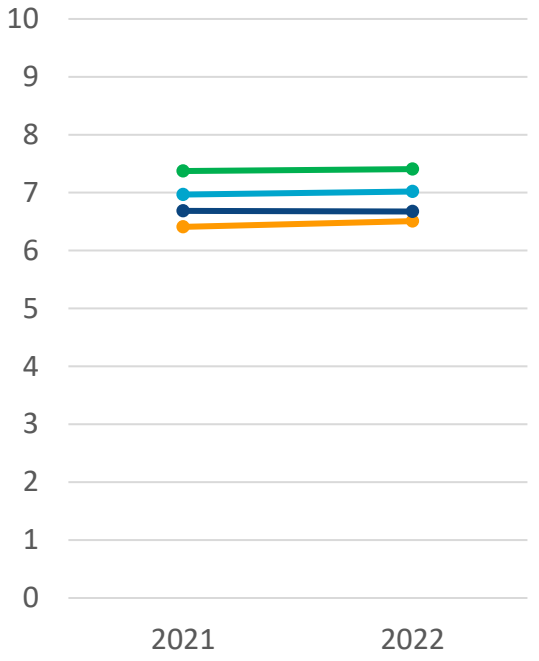
	2021	2022
Your org	6.1	6.2
Highest	7.3	6.8
Average	6.3	6.4
Lowest	5.6	5.6
Responses	682	790

Redeployed



	2021	2022
Your org	6.2	5.7
Highest	7.2	7.5
Average	6.5	6.4
Lowest	6.0	5.1
Responses	213	151

Required to work remotely / from home



	2021	2022
Your org	6.7	6.7
Highest	7.4	7.4
Average	7.0	7.0
Lowest	6.4	6.5
Responses	1172	983

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

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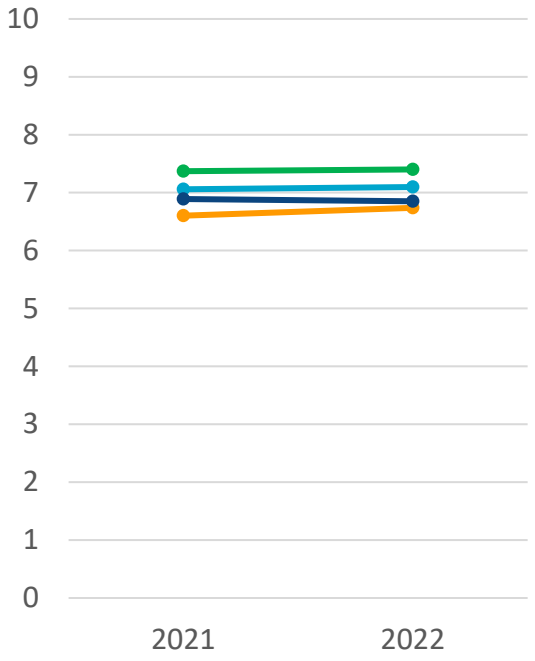
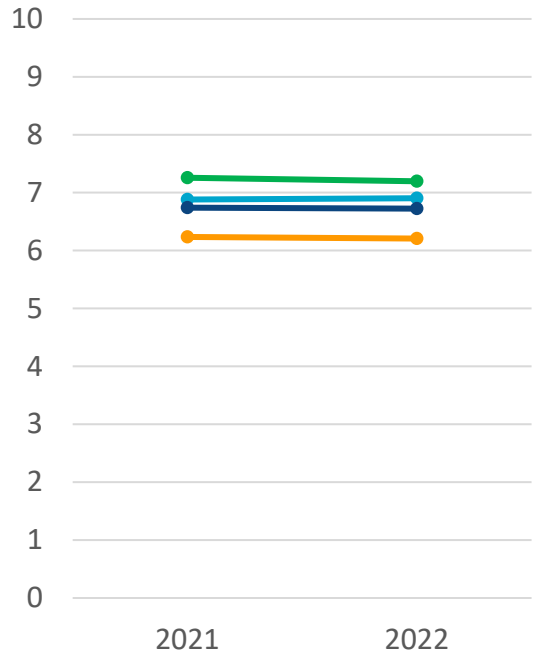
Promise element 7: We are a team

All staff



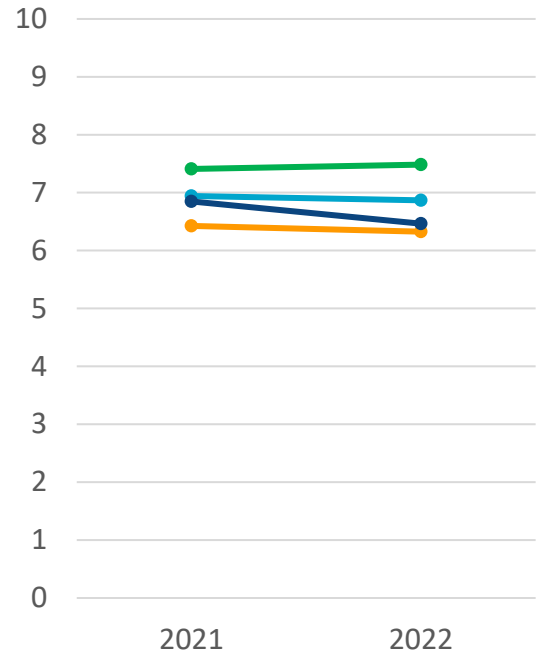
	2021	2022
Your org	6.9	6.9
Highest	7.4	7.4
Average	7.1	7.1
Lowest	6.6	6.7
Responses	2176	2227

Worked on a Covid-19 ward or specific area



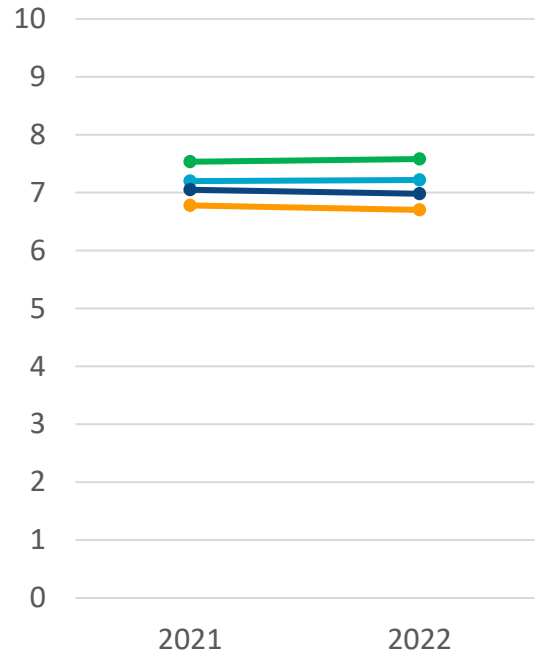
	2021	2022
Your org	6.7	6.7
Highest	7.3	7.2
Average	6.9	6.9
Lowest	6.2	6.2
Responses	688	792

Redeployed



	2021	2022
Your org	6.8	6.5
Highest	7.4	7.5
Average	6.9	6.9
Lowest	6.4	6.3
Responses	213	151

Required to work remotely / from home



	2021	2022
Your org	7.1	7.0
Highest	7.5	7.6
Average	7.2	7.2
Lowest	6.8	6.7
Responses	1174	983

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

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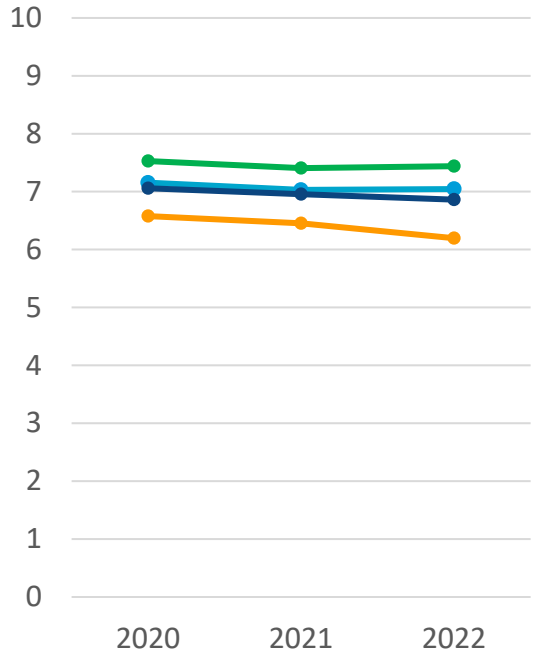
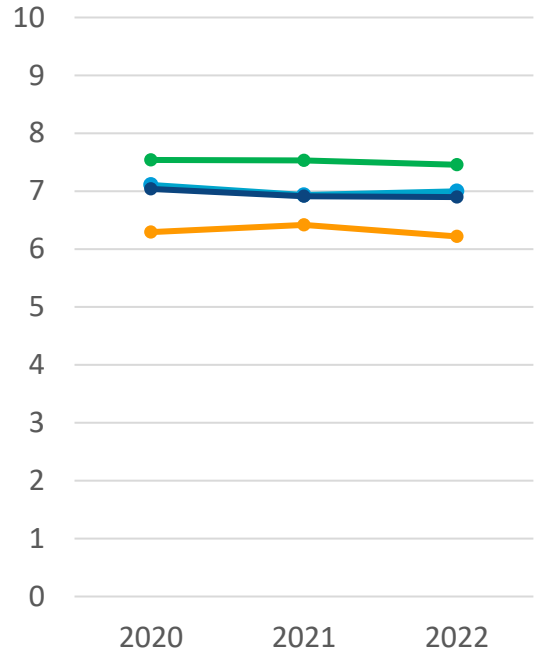
Theme: Staff Engagement

All staff



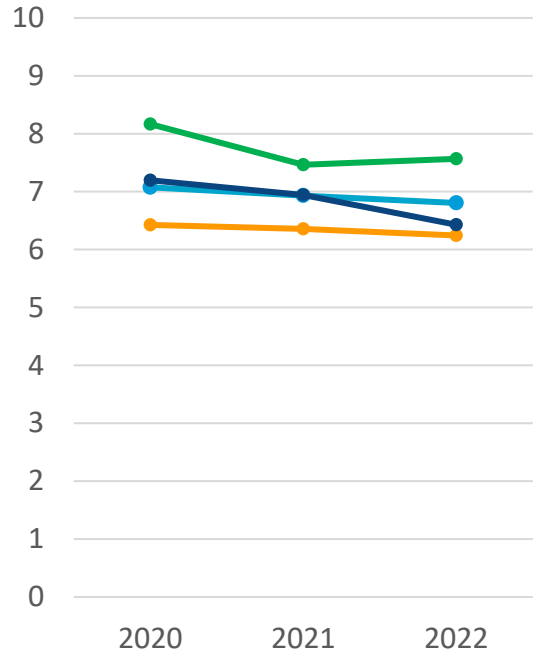
	2020	2021	2022
Your org	7.1	7.0	6.9
Highest	7.5	7.4	7.4
Average	7.2	7.0	7.0
Lowest	6.6	6.5	6.2
Responses	1830	2205	2228

Worked on Covid-19 specific ward or area



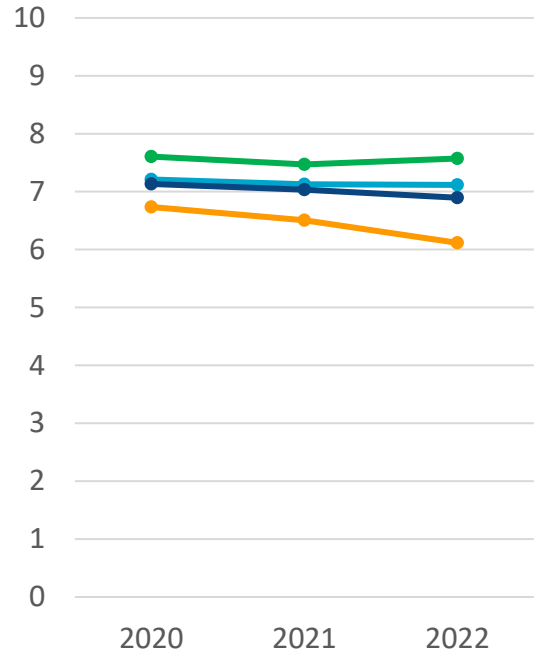
	2020	2021	2022
Your org	7.0	6.9	6.9
Highest	7.5	7.5	7.5
Average	7.1	6.9	7.0
Lowest	6.3	6.4	6.2
Responses	433	689	792

Redeployed



	2020	2021	2022
Your org	7.2	6.9	6.4
Highest	8.2	7.5	7.6
Average	7.1	6.9	6.8
Lowest	6.4	6.4	6.2
Responses	179	214	151

Required to work remotely / from home



	2020	2021	2022
Your org	7.1	7.0	6.9
Highest	7.6	7.5	7.6
Average	7.2	7.1	7.1
Lowest	6.7	6.5	6.1
Responses	996	1175	984

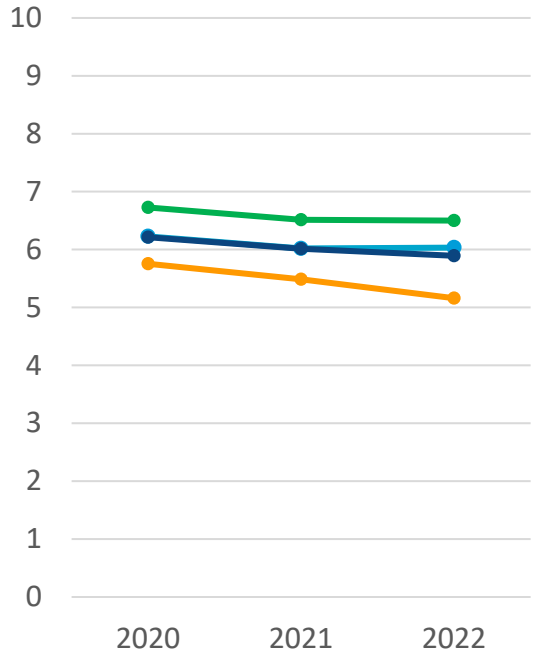
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

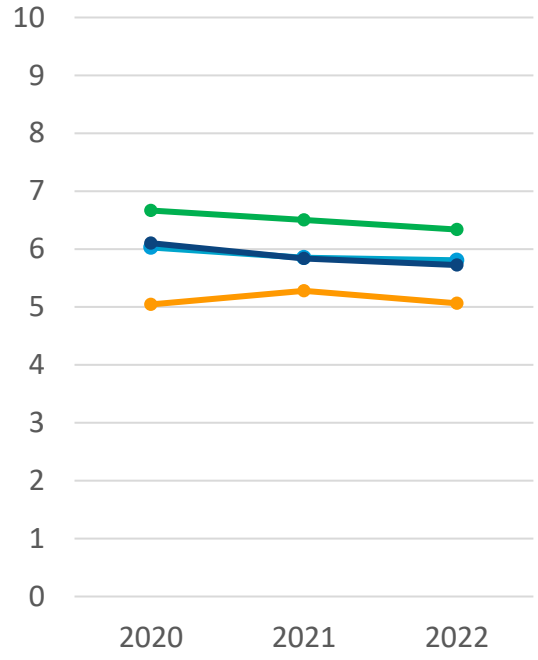
Theme: Morale

All staff



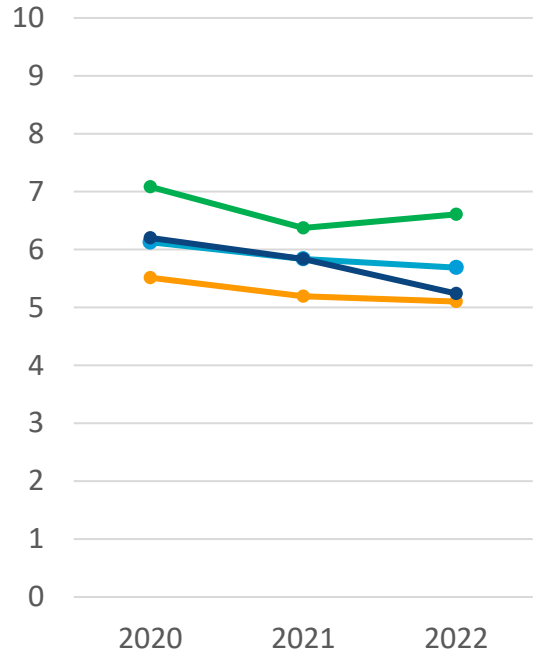
	2020	2021	2022
Your org	6.2	6.0	5.9
Highest	6.7	6.5	6.5
Average	6.2	6.0	6.0
Lowest	5.8	5.5	5.2
Responses	1822	2200	2228

Worked on Covid-19 specific ward or area



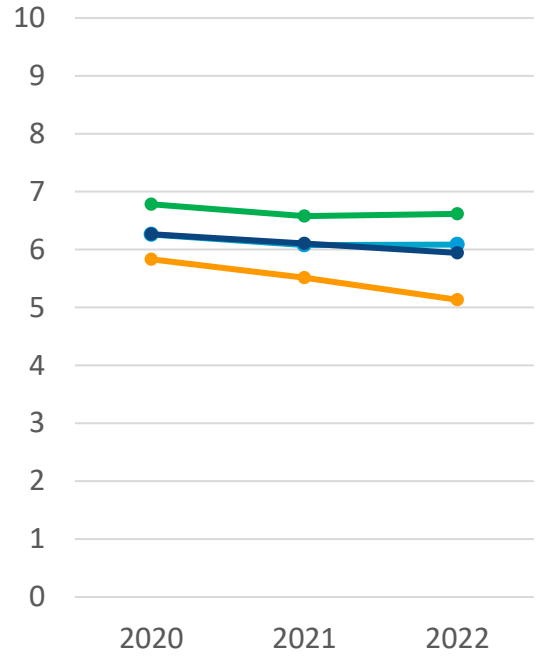
	2020	2021	2022
Your org	6.1	5.8	5.7
Highest	6.7	6.5	6.3
Average	6.0	5.9	5.8
Lowest	5.0	5.3	5.1
Responses	433	689	792

Redeployed



	2020	2021	2022
Your org	6.2	5.8	5.2
Highest	7.1	6.4	6.6
Average	6.1	5.8	5.7
Lowest	5.5	5.2	5.1
Responses	179	214	151

Required to work remotely / from home



	2020	2021	2022
Your org	6.3	6.1	5.9
Highest	6.8	6.6	6.6
Average	6.3	6.1	6.1
Lowest	5.8	5.5	5.1
Responses	996	1175	984

People Promise element – We are compassionate and inclusive

Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

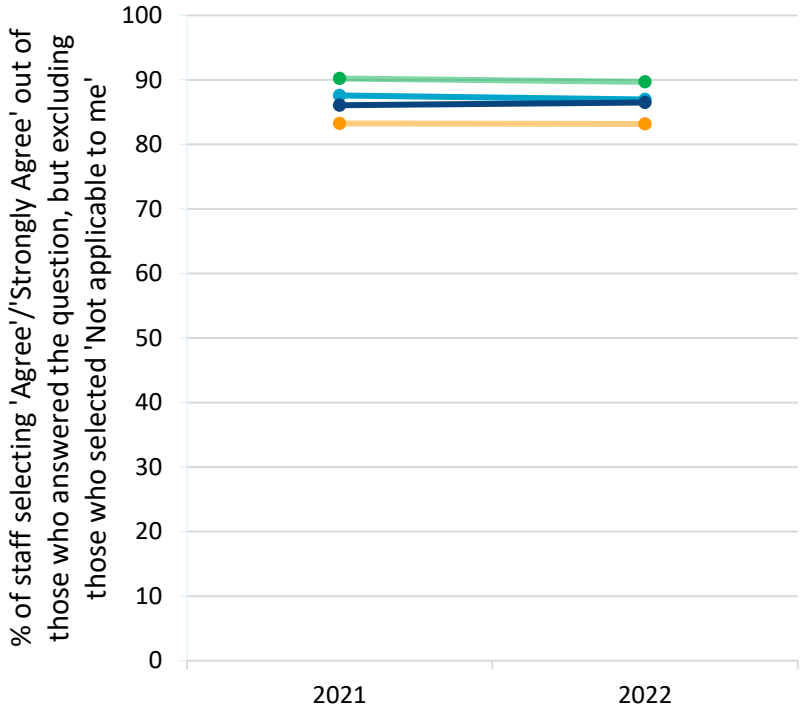
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

Survey Coordination Centre

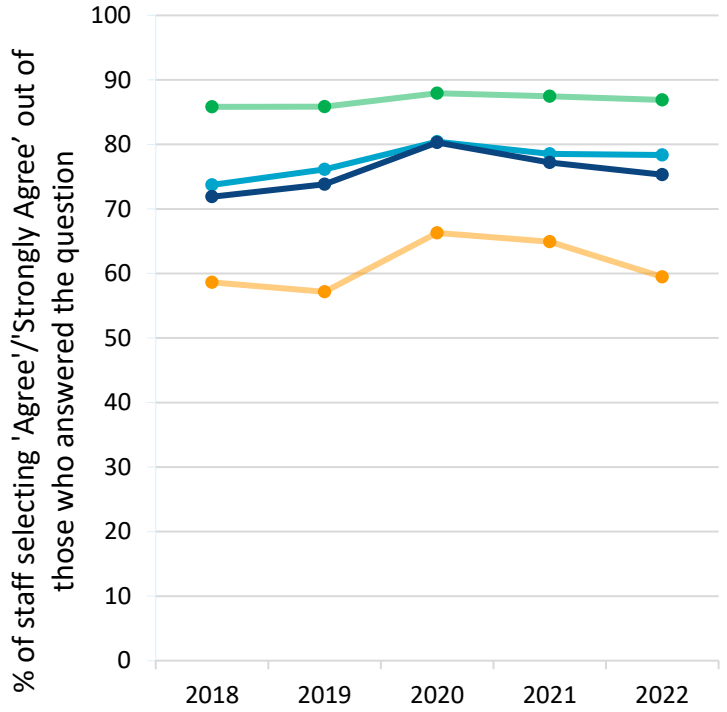
NHS

Q6a I feel that my role makes a difference to patients / service users.



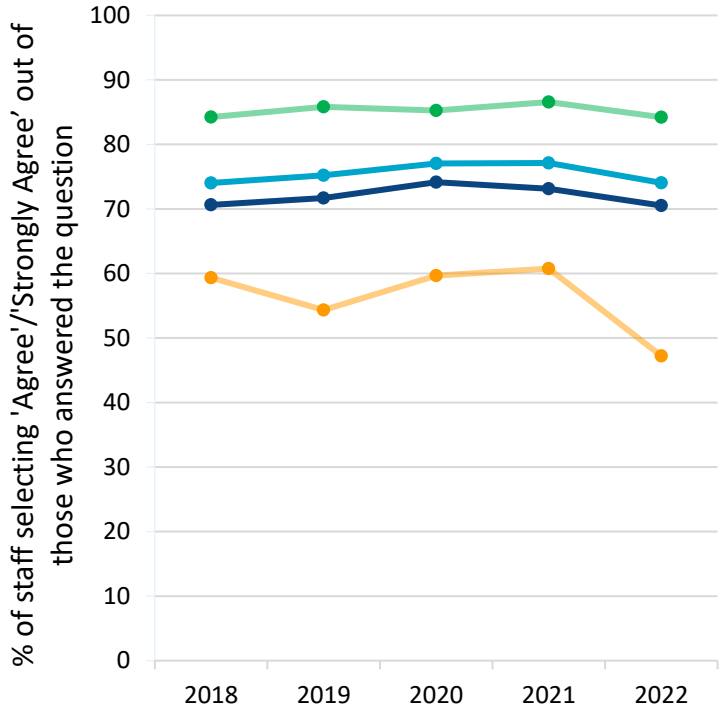
	2021	2022
Your org	86.1%	86.5%
Best	90.2%	89.7%
Average	87.6%	87.0%
Worst	83.2%	83.2%
Responses	2103	2151

Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	71.9%	73.8%	80.3%	77.2%	75.3%
Best	85.8%	85.9%	87.9%	87.5%	86.9%
Average	73.7%	76.1%	80.4%	78.5%	78.3%
Worst	58.6%	57.2%	66.3%	64.9%	59.5%
Responses	1390	1692	1790	2145	2217

Q23b My organisation acts on concerns raised by patients / service users.



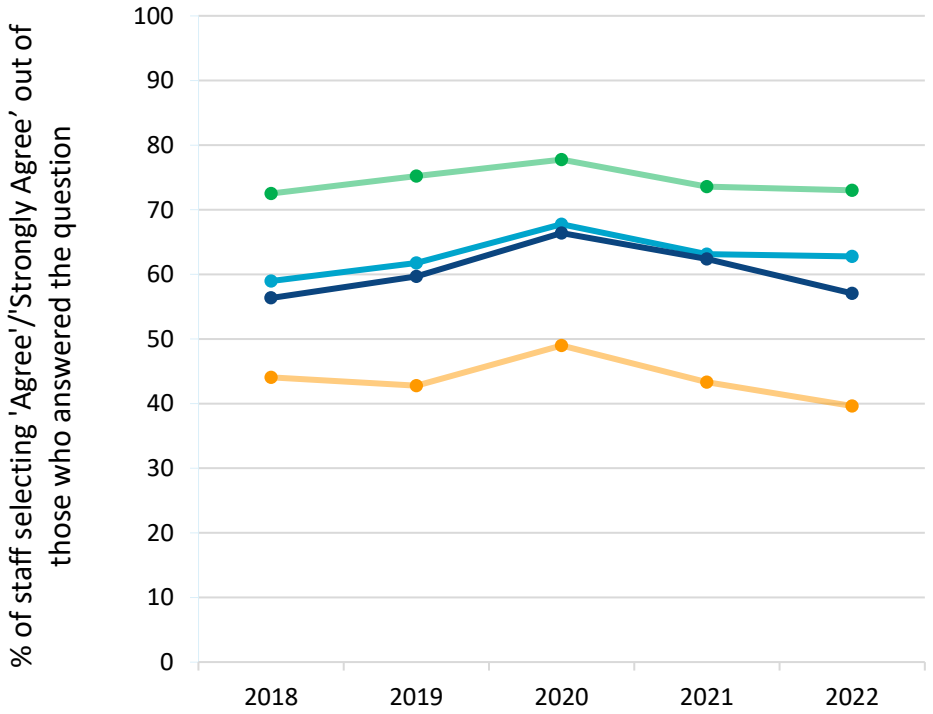
	2018	2019	2020	2021	2022
Your org	70.6%	71.7%	74.2%	73.1%	70.5%
Best	84.2%	85.8%	85.3%	86.6%	84.2%
Average	74.0%	75.2%	77.1%	77.1%	74.0%
Worst	59.3%	54.3%	59.7%	60.8%	47.2%
Responses	1390	1691	1790	2143	2217

People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

Survey Coordination Centre

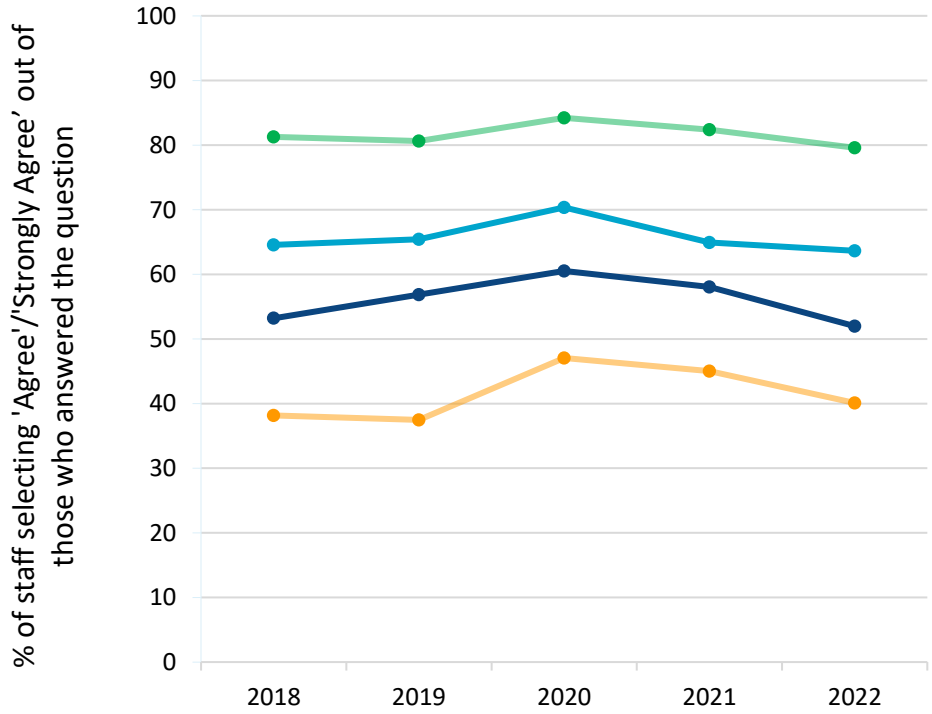
NHS

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	56.3%	59.7%	66.4%	62.4%	57.1%
Best	72.5%	75.2%	77.8%	73.6%	73.0%
Average	59.0%	61.8%	67.8%	63.1%	62.8%
Worst	44.1%	42.8%	49.0%	43.3%	39.6%
Responses	1392	1690	1789	2141	2216

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



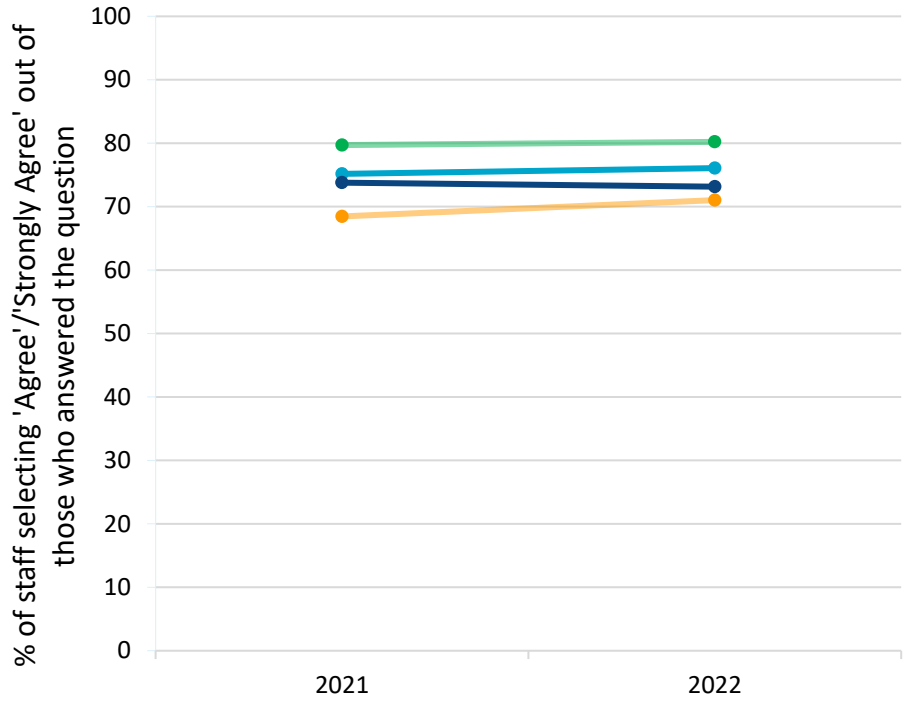
	2018	2019	2020	2021	2022
Your org	53.2%	56.9%	60.5%	58.1%	52.0%
Best	81.3%	80.6%	84.2%	82.4%	79.6%
Average	64.6%	65.4%	70.4%	64.9%	63.6%
Worst	38.2%	37.5%	47.1%	45.0%	40.1%
Responses	1385	1691	1787	2142	2216

People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership

Survey Coordination Centre

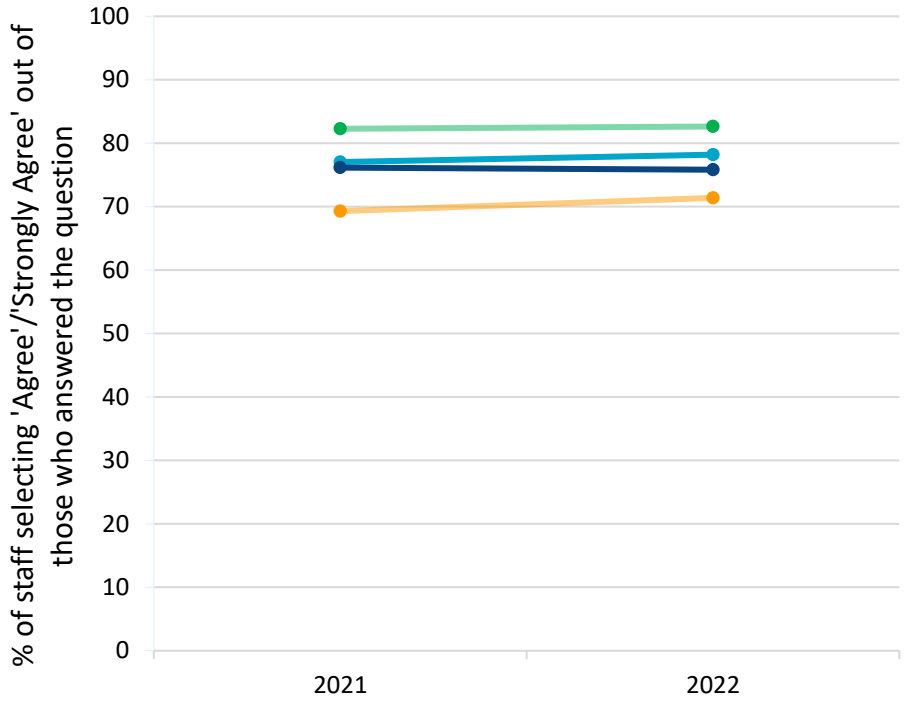
NHS

Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	73.8%	73.1%
Best	79.7%	80.2%
Average	75.2%	76.1%
Worst	68.4%	71.0%
Responses	2177	2223

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



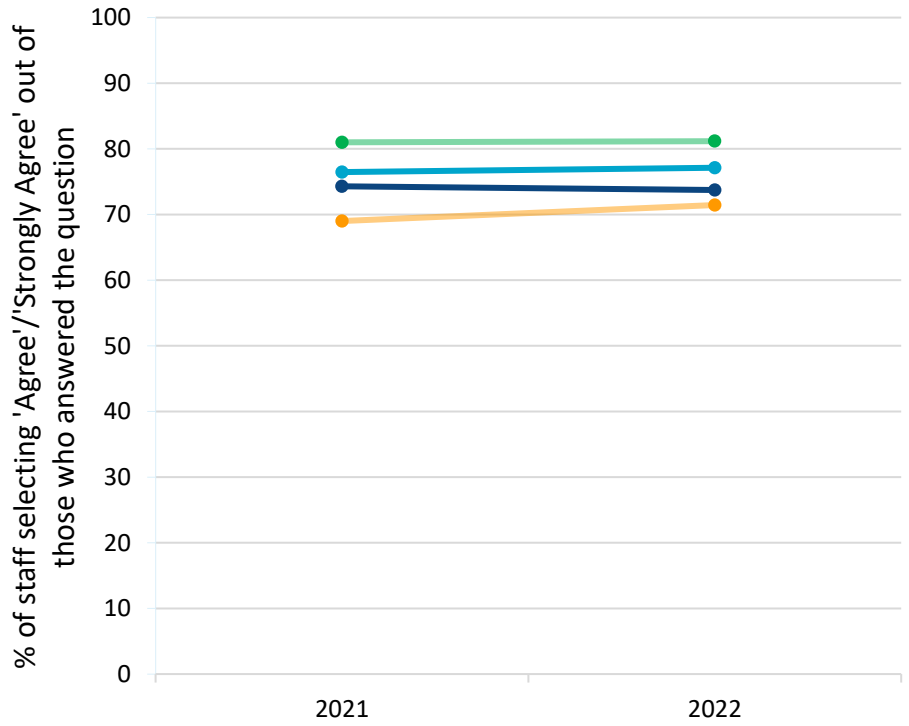
	2021	2022
Your org	76.1%	75.8%
Best	82.3%	82.6%
Average	77.0%	78.2%
Worst	69.3%	71.4%
Responses	2173	2224

People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership

Survey Coordination Centre

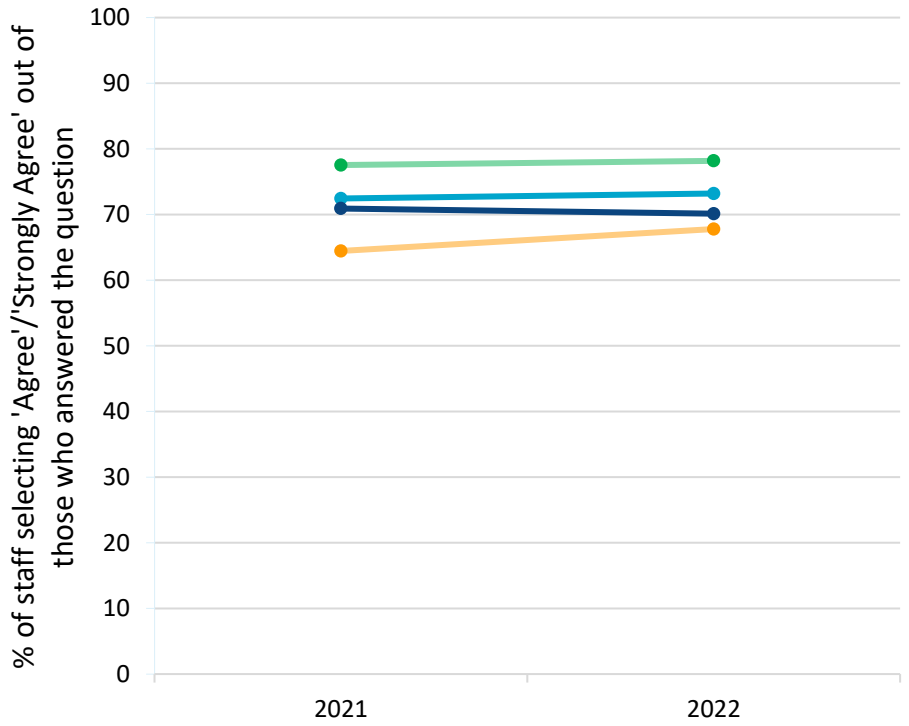
NHS

Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	74.3%	73.7%
Best	81.0%	81.2%
Average	76.5%	77.1%
Worst	69.0%	71.4%
Responses	2174	2222

Q9i My immediate manager takes effective action to help me with any problems I face.

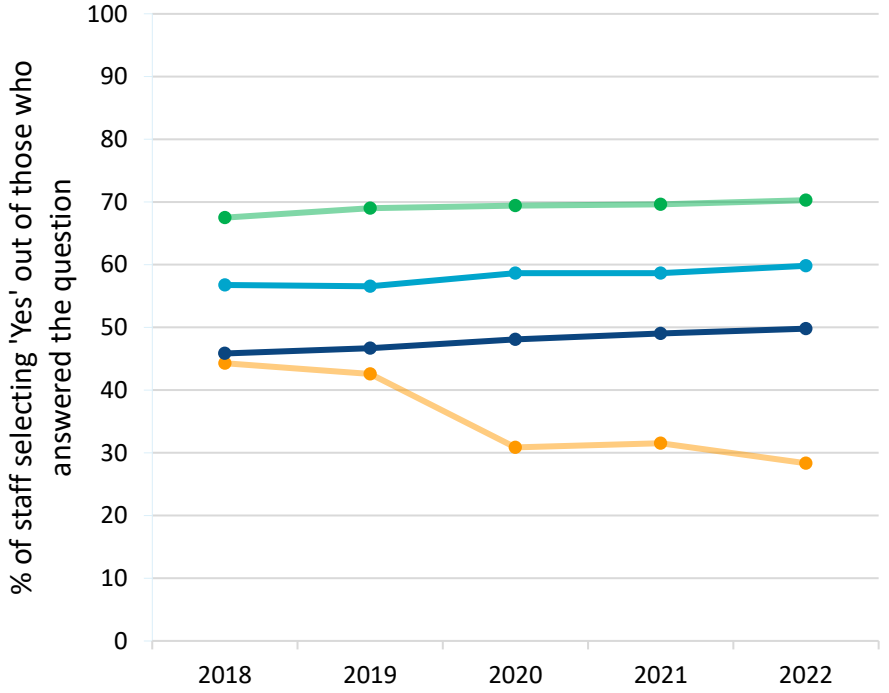


	2021	2022
Your org	70.9%	70.1%
Best	77.5%	78.2%
Average	72.4%	73.2%
Worst	64.5%	67.8%
Responses	2171	2220

People Promise elements and theme results – We are compassionate and inclusive: Diversity and equality

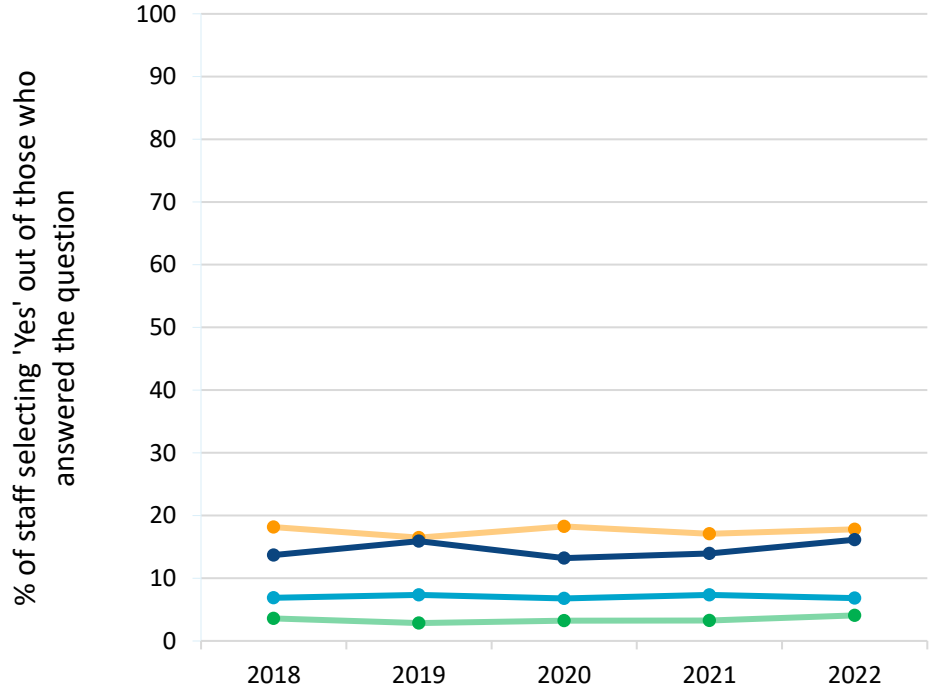
Survey Coordination Centre

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	45.9%	46.7%	48.1%	49.0%	49.8%
Best	67.5%	69.0%	69.4%	69.6%	70.3%
Average	56.8%	56.6%	58.7%	58.6%	59.8%
Worst	44.3%	42.6%	30.9%	31.5%	28.3%
Responses	1417	1715	1789	2141	2206

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

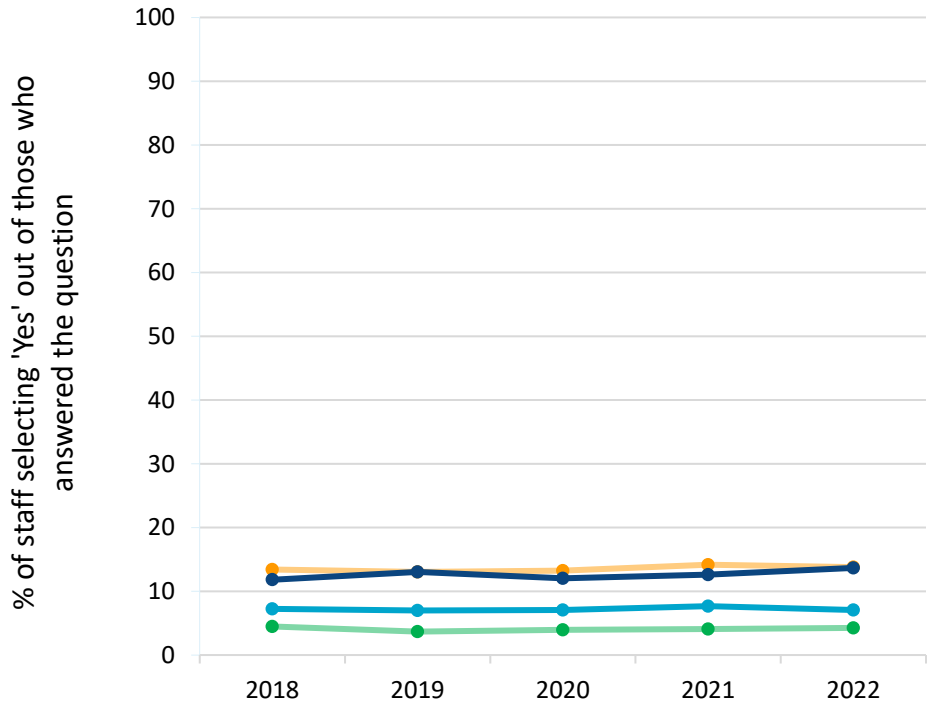


	2018	2019	2020	2021	2022
Your org	13.7%	15.9%	13.2%	14.0%	16.1%
Best	3.6%	2.9%	3.2%	3.3%	4.1%
Average	6.9%	7.3%	6.8%	7.3%	6.8%
Worst	18.2%	16.5%	18.3%	17.1%	17.8%
Responses	1406	1716	1794	2152	2214

People Promise elements and theme results – We are compassionate and inclusive: Diversity and equality

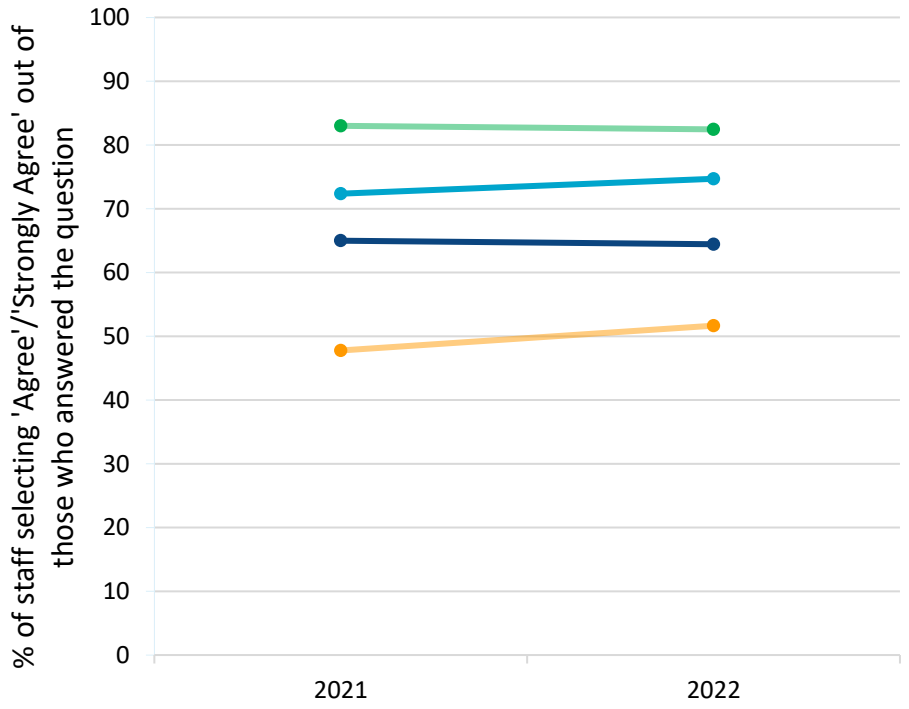
Survey Coordination Centre

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	11.8%	13.1%	12.0%	12.6%	13.7%
Best	4.5%	3.7%	4.0%	4.1%	4.3%
Average	7.3%	7.0%	7.1%	7.7%	7.1%
Worst	13.4%	13.1%	13.2%	14.2%	13.8%
Responses	1412	1713	1798	2151	2193

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



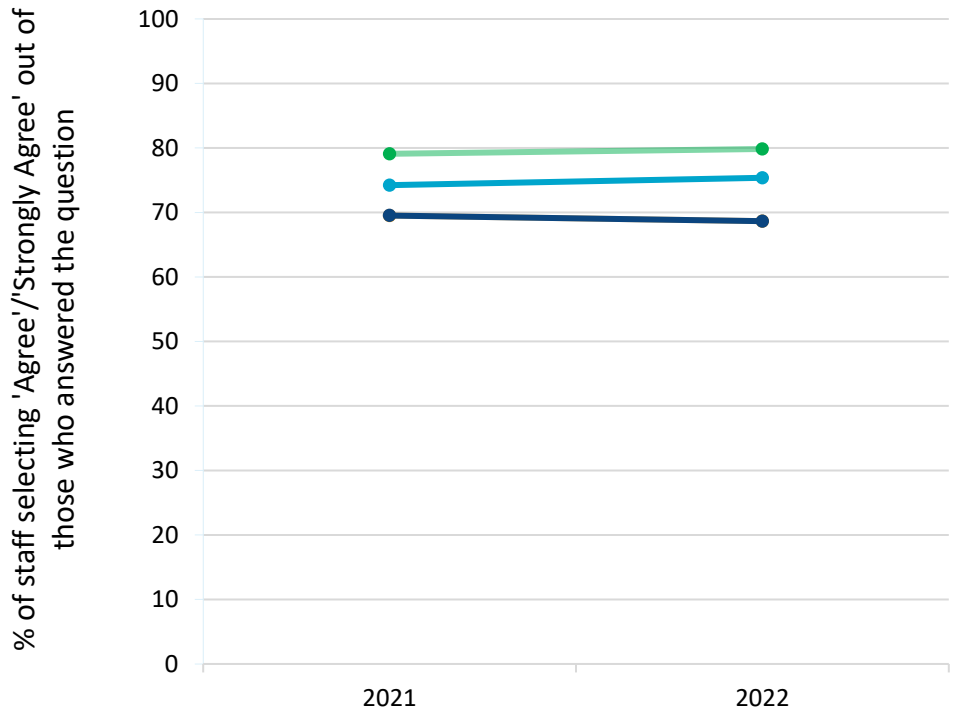
	2021	2022
Your org	65.0%	64.4%
Best	83.0%	82.5%
Average	72.4%	74.7%
Worst	47.8%	51.7%
Responses	2157	2222

People Promise elements and theme results – We are compassionate and inclusive: Inclusion

Survey Coordination Centre

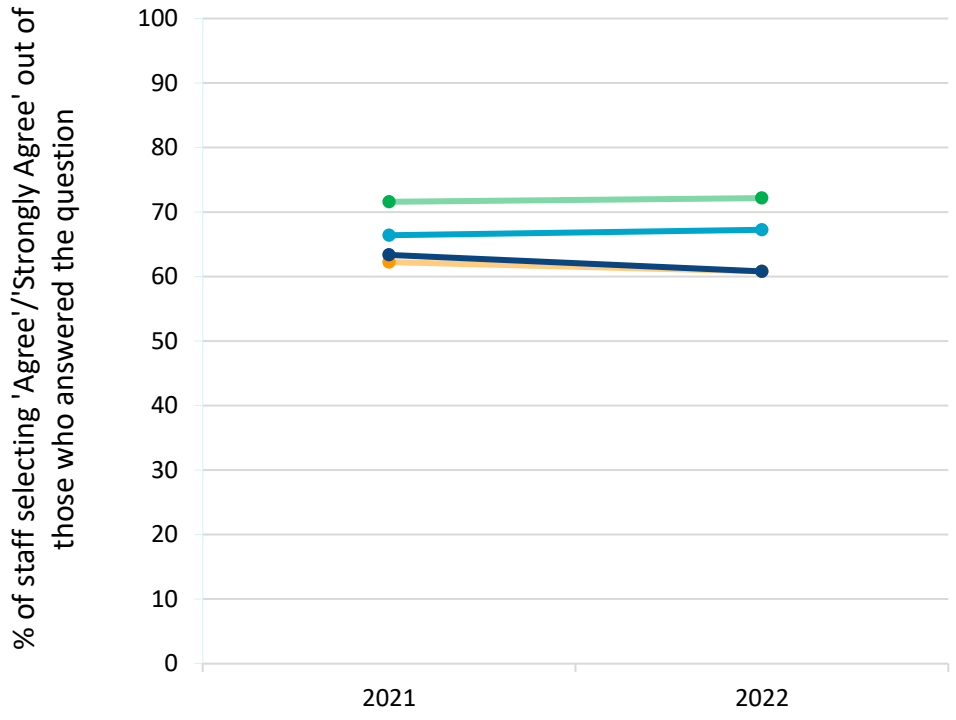
NHS

Q7h I feel valued by my team.



	2021	2022
Your org	69.5%	68.6%
Best	79.1%	79.8%
Average	74.2%	75.4%
Worst	69.5%	68.6%
Responses	2186	2227

Q7i I feel a strong personal attachment to my team.

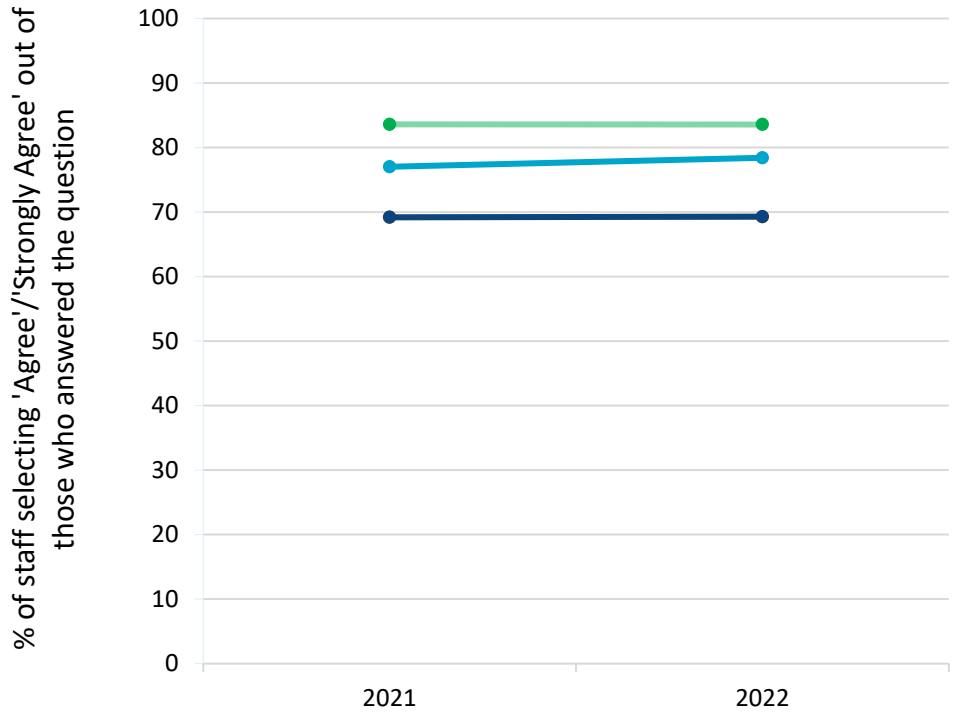


	2021	2022
Your org	63.4%	60.8%
Best	71.6%	72.2%
Average	66.4%	67.3%
Worst	62.2%	60.8%
Responses	2184	2218

People Promise elements and theme results – We are compassionate and inclusive: Inclusion

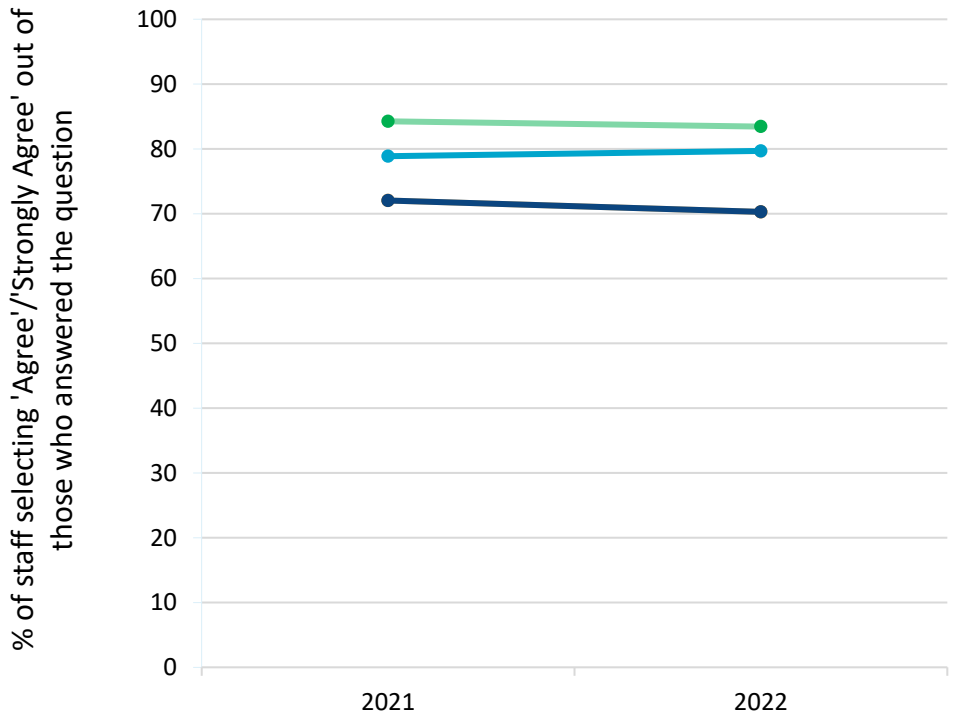
Survey Coordination Centre

Q8b The people I work with are understanding and kind to one another.



	2021	2022
Your org	69.2%	69.3%
Best	83.6%	83.6%
Average	77.0%	78.4%
Worst	69.2%	69.3%
Responses	2183	2224

Q8c The people I work with are polite and treat each other with respect.



	2021	2022
Your org	72.0%	70.3%
Best	84.3%	83.4%
Average	78.9%	79.7%
Worst	72.0%	70.3%
Responses	2183	2224

People Promise element – We are recognised and rewarded

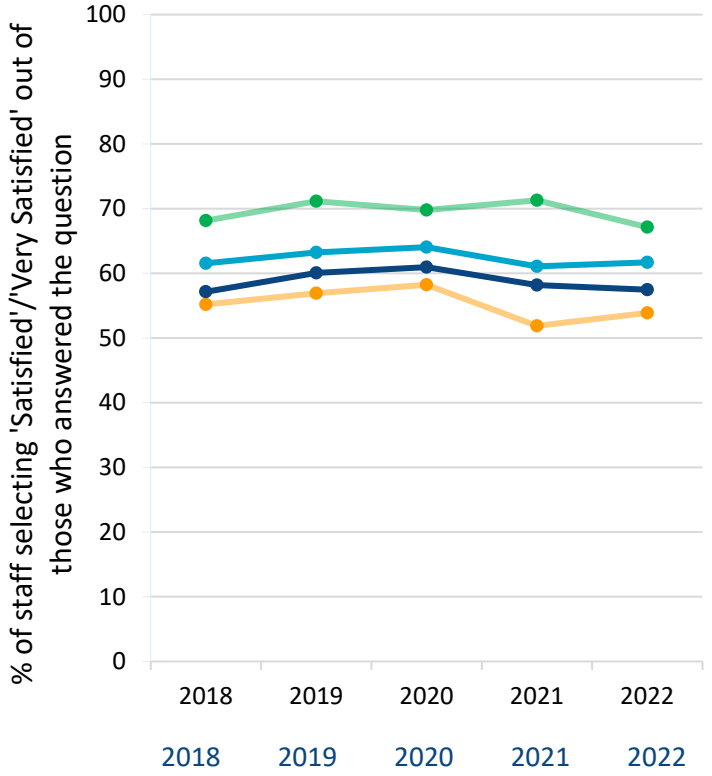
Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are recognised and rewarded

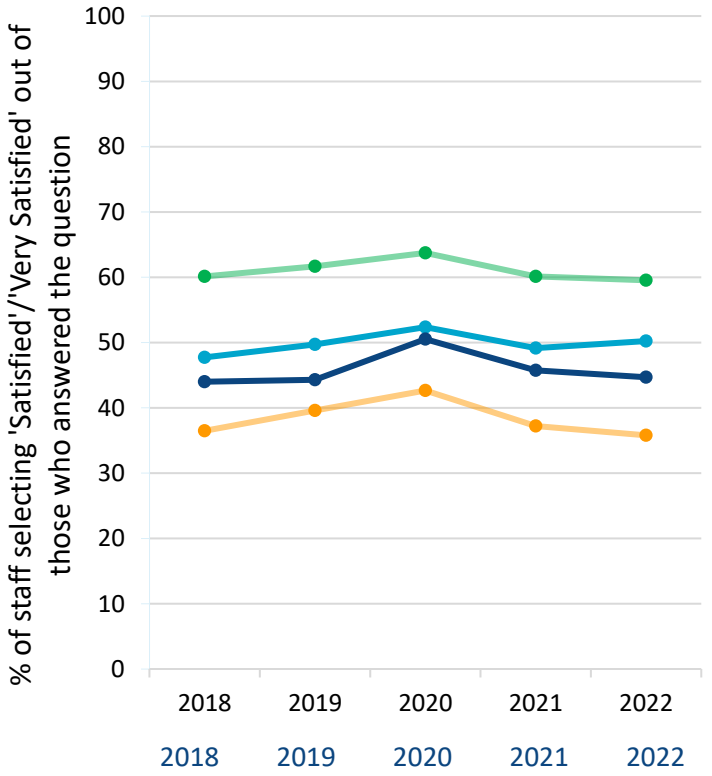
Survey Coordination Centre

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



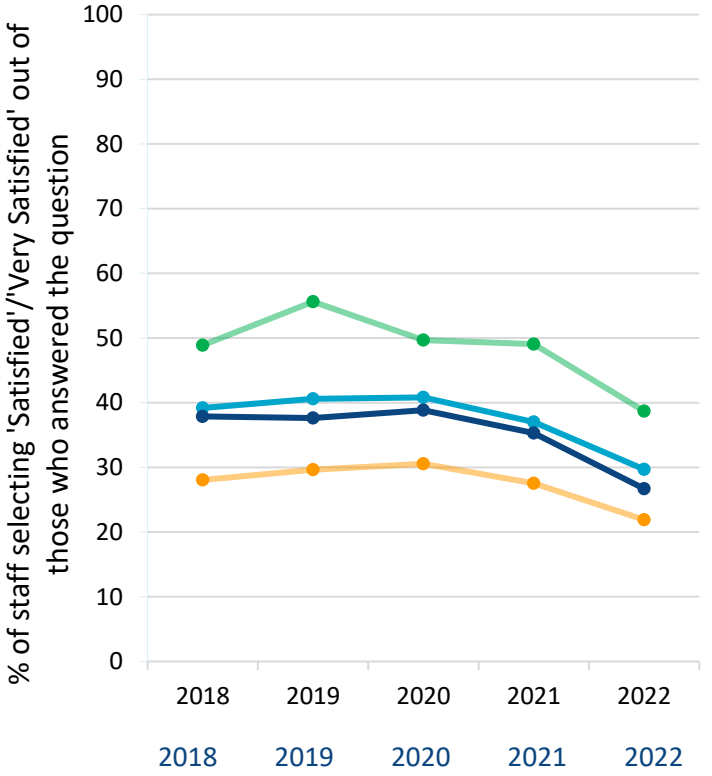
	2018	2019	2020	2021	2022
Your org	57.2%	60.1%	61.0%	58.2%	57.5%
Best	68.1%	71.1%	69.8%	71.3%	67.1%
Average	61.5%	63.2%	64.1%	61.1%	61.7%
Worst	55.2%	56.9%	58.2%	51.9%	53.9%
Responses	1461	1748	1823	2192	2223

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	44.0%	44.3%	50.5%	45.7%	44.7%
Best	60.1%	61.7%	63.7%	60.1%	59.5%
Average	47.7%	49.7%	52.4%	49.1%	50.2%
Worst	36.5%	39.6%	42.6%	37.2%	35.8%
Responses	1451	1745	1819	2194	2225

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

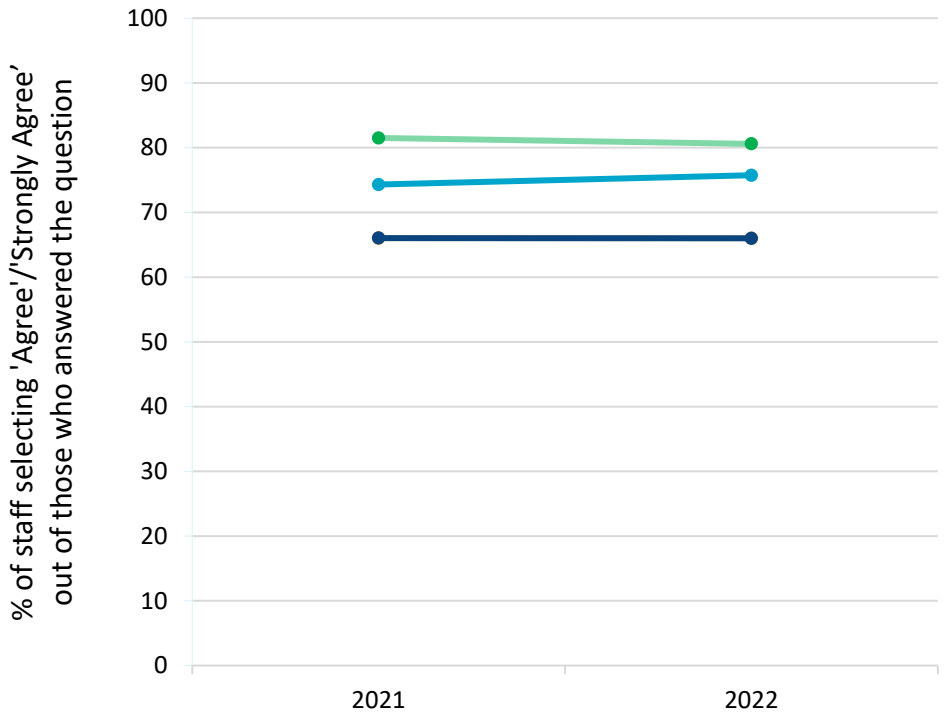


	2018	2019	2020	2021	2022
Your org	37.9%	37.6%	38.8%	35.3%	26.7%
Best	48.9%	55.6%	49.7%	49.0%	38.7%
Average	39.2%	40.6%	40.8%	37.0%	29.7%
Worst	28.1%	29.6%	30.5%	27.5%	21.9%
Responses	1455	1743	1820	2196	2221

People Promise elements and theme results – We are recognised and rewarded

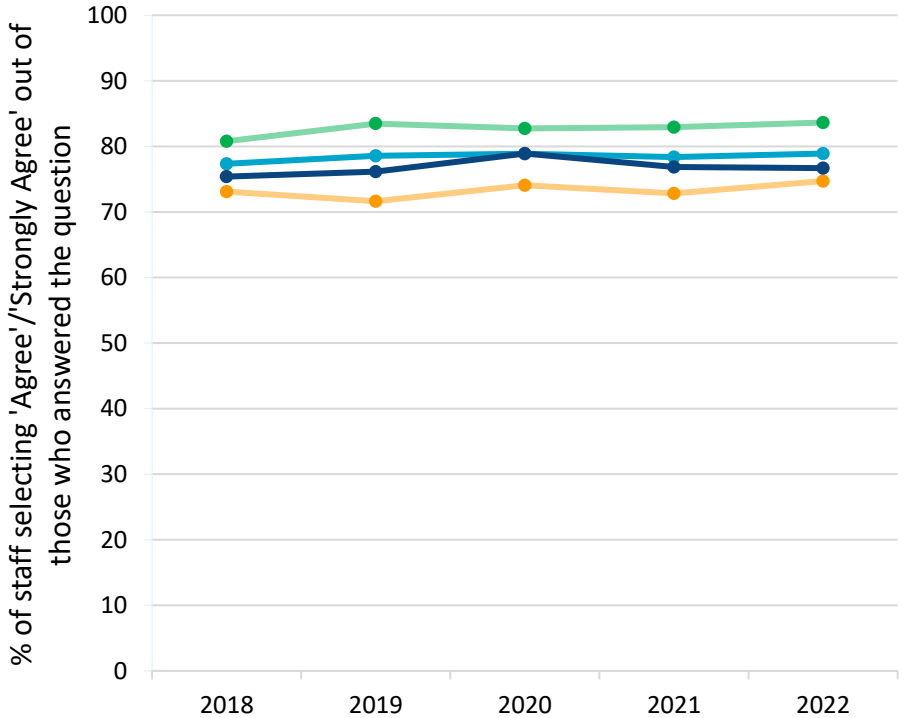
Survey Coordination Centre

Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	66.0%	66.0%
Best	81.5%	80.6%
Average	74.3%	75.7%
Worst	66.0%	66.0%
Responses	2183	2225

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	75.4%	76.2%	78.9%	76.9%	76.7%
Best	80.8%	83.5%	82.7%	82.9%	83.7%
Average	77.3%	78.6%	78.9%	78.4%	78.9%
Worst	73.1%	71.6%	74.1%	72.8%	74.7%
Responses	1445	1736	1811	2172	2222

People Promise element – We each have a voice that counts

Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

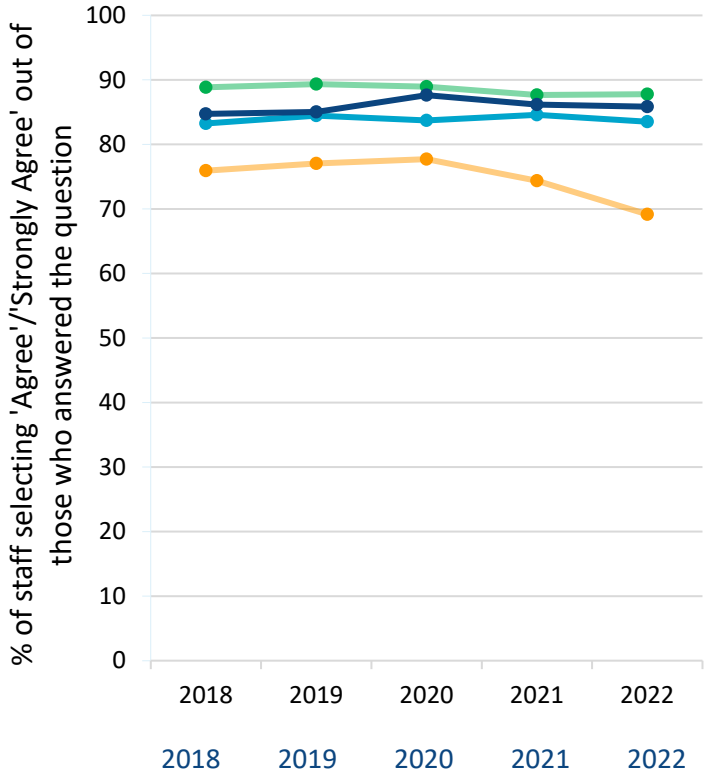
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We each have a voice that counts: Autonomy and control

Survey Coordination Centre

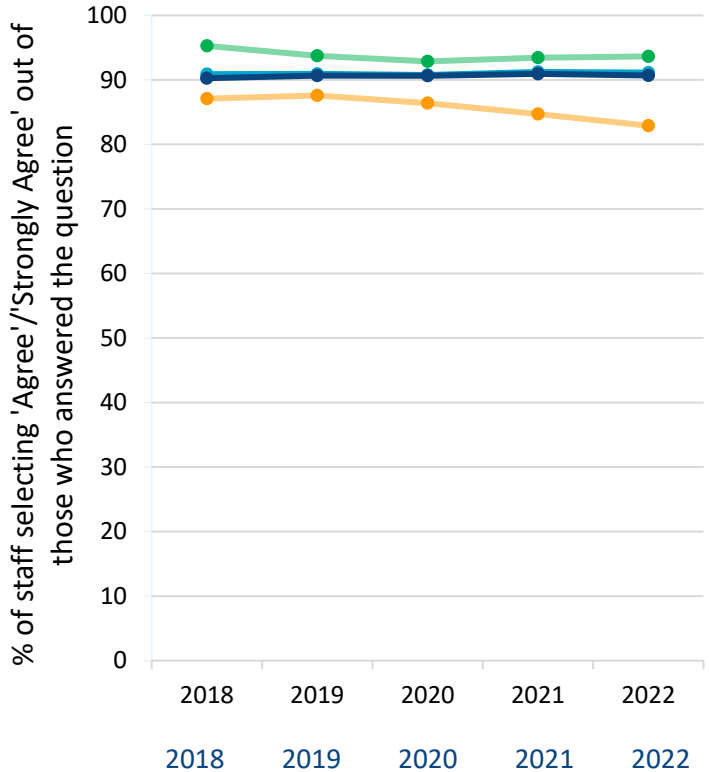
NHS

Q3a I always know what my work responsibilities are.



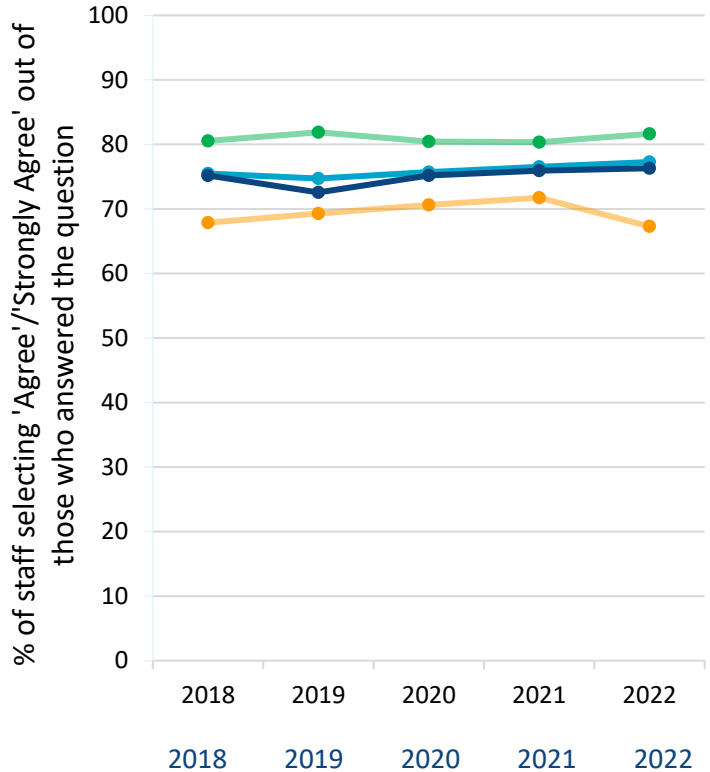
	2018	2019	2020	2021	2022
Your org	84.7%	85.0%	87.6%	86.2%	85.8%
Best	88.8%	89.3%	88.9%	87.7%	87.8%
Average	83.3%	84.4%	83.7%	84.6%	83.5%
Worst	75.9%	77.0%	77.7%	74.4%	69.2%
Responses	1489	1772	1843	2201	2223

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	90.3%	90.7%	90.6%	90.9%	90.7%
Best	95.3%	93.7%	92.9%	93.4%	93.6%
Average	90.9%	90.9%	90.7%	91.2%	91.1%
Worst	87.1%	87.6%	86.4%	84.7%	82.9%
Responses	1474	1770	1838	2204	2225

Q3c There are frequent opportunities for me to show initiative in my role.



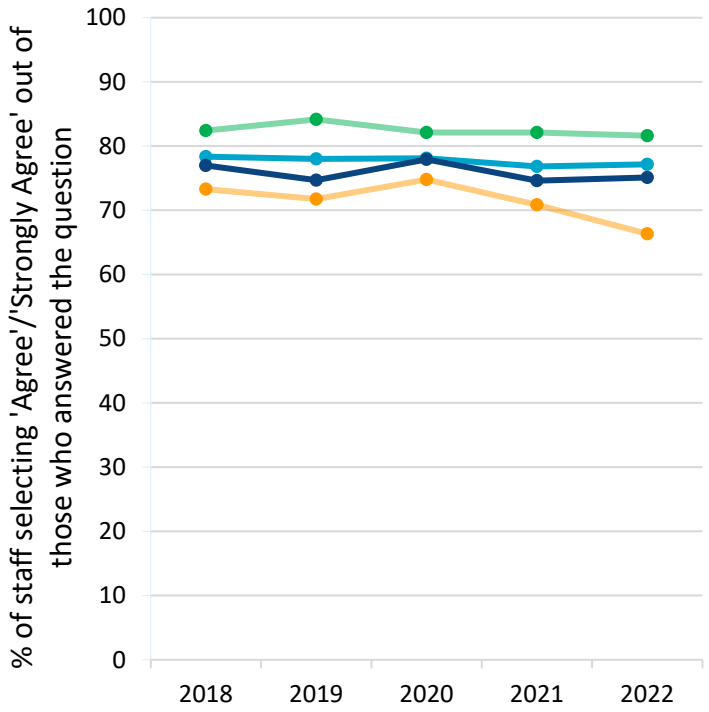
	2018	2019	2020	2021	2022
Your org	75.2%	72.6%	75.2%	75.9%	76.3%
Best	80.5%	81.9%	80.4%	80.4%	81.6%
Average	75.5%	74.7%	75.7%	76.5%	77.3%
Worst	67.9%	69.3%	70.6%	71.7%	67.3%
Responses	1492	1771	1831	2207	2226

People Promise elements and theme results – We each have a voice that counts: Autonomy and control

Survey Coordination Centre

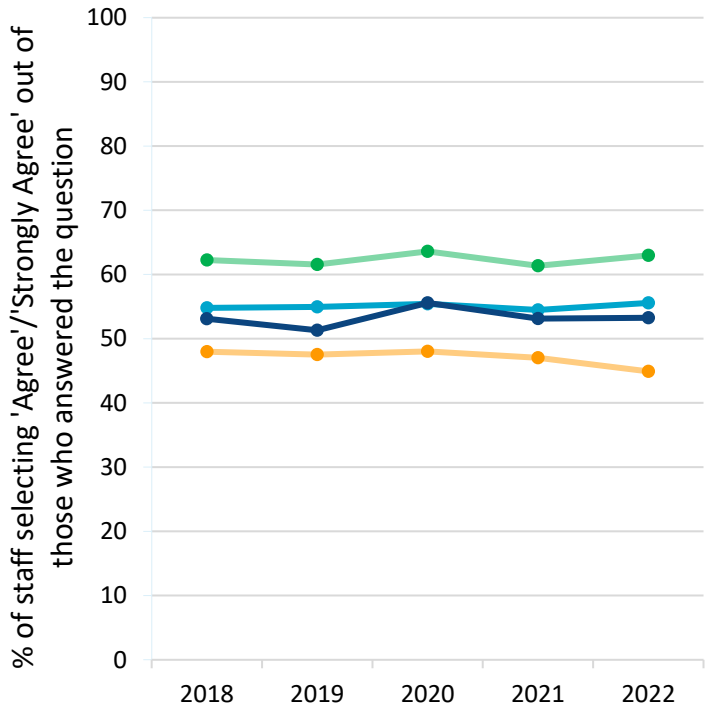
NHS

Q3d I am able to make suggestions to improve the work of my team / department.



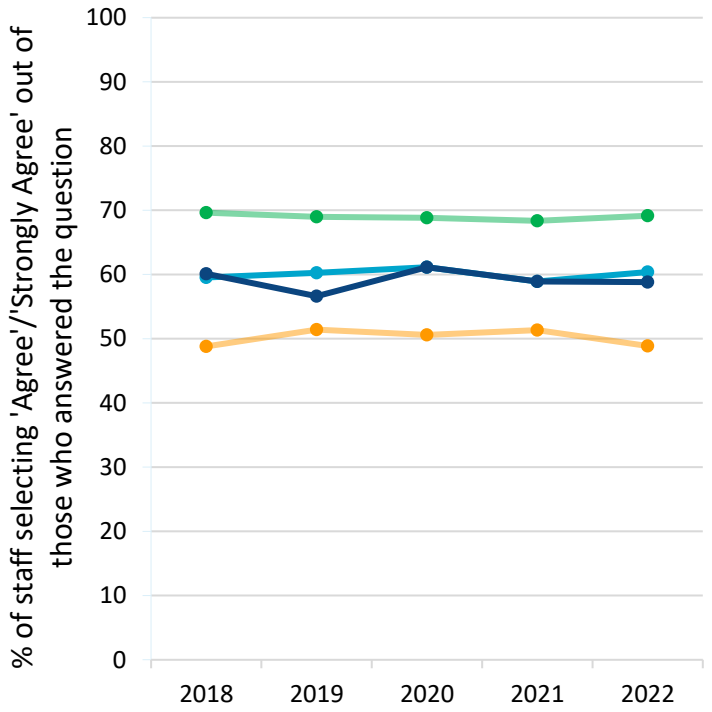
	2018	2019	2020	2021	2022
Your org	77.0%	74.7%	77.9%	74.6%	75.1%
Best	82.4%	84.2%	82.1%	82.1%	81.6%
Average	78.3%	78.0%	78.1%	76.8%	77.1%
Worst	73.3%	71.7%	74.8%	70.9%	66.3%
Responses	1485	1770	1829	2207	2226

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	53.1%	51.3%	55.6%	53.1%	53.2%
Best	62.3%	61.6%	63.6%	61.3%	63.0%
Average	54.8%	55.0%	55.4%	54.5%	55.6%
Worst	48.0%	47.5%	48.0%	47.0%	44.9%
Responses	1484	1771	1828	2202	2228

Q3f I am able to make improvements happen in my area of work.

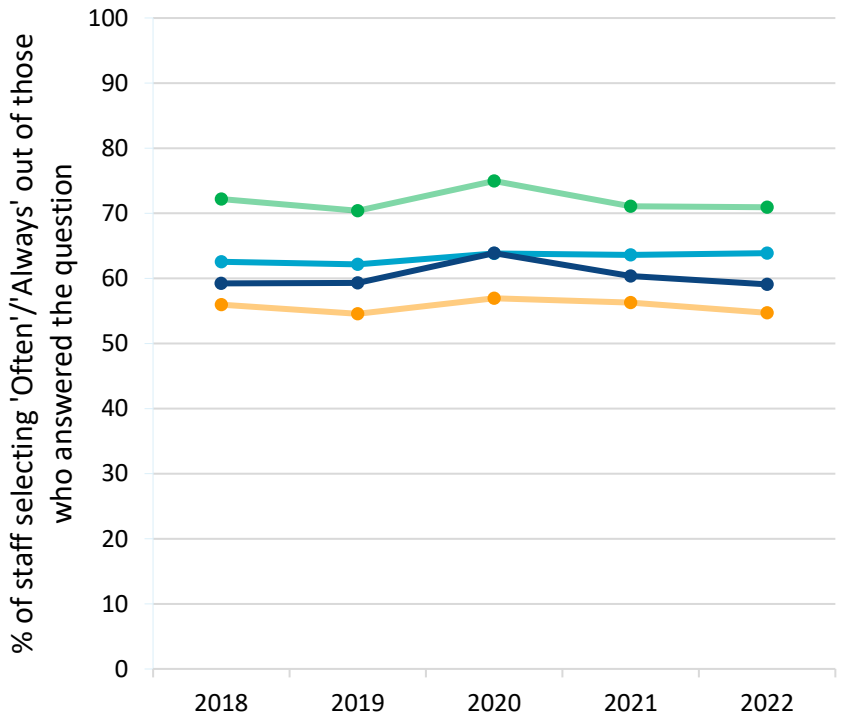


	2018	2019	2020	2021	2022
Your org	60.1%	56.6%	61.1%	58.9%	58.8%
Best	69.6%	69.0%	68.8%	68.4%	69.1%
Average	59.5%	60.3%	61.1%	58.9%	60.4%
Worst	48.8%	51.4%	50.6%	51.3%	48.9%
Responses	1482	1766	1823	2202	2221

People Promise elements and theme results – We each have a voice that counts: Autonomy and control

Survey Coordination Centre

Q5b I have a choice in deciding how to do my work.

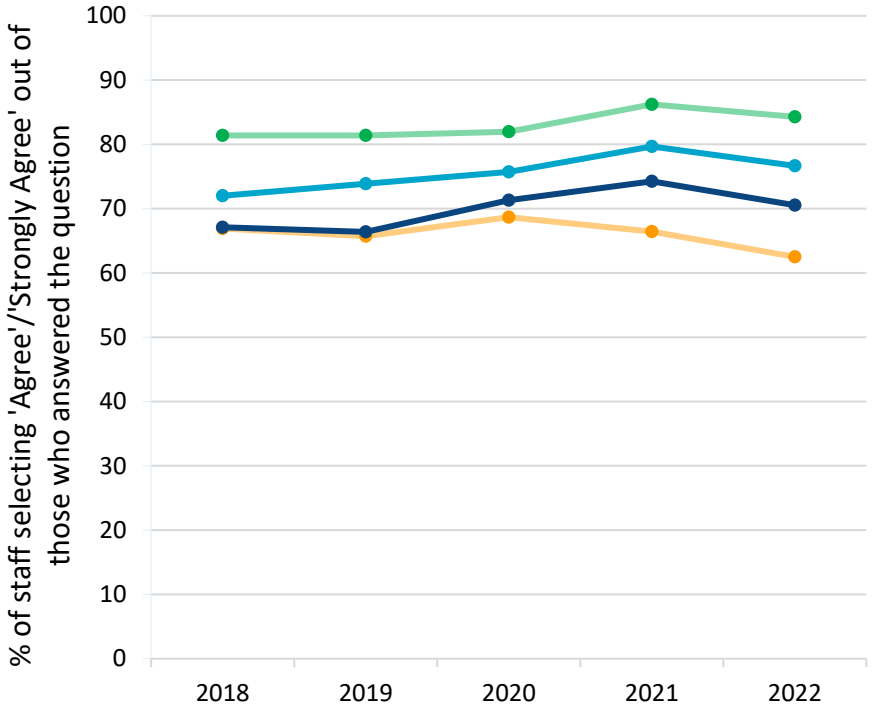


	2018	2019	2020	2021	2022
Your org	59.2%	59.3%	63.9%	60.4%	59.1%
Best	72.2%	70.4%	75.0%	71.1%	70.9%
Average	62.6%	62.1%	63.8%	63.6%	63.9%
Worst	56.0%	54.6%	56.9%	56.3%	54.7%
Responses	1456	1737	1822	2190	2220

People Promise elements and theme results – We each have a voice that counts: Raising concerns

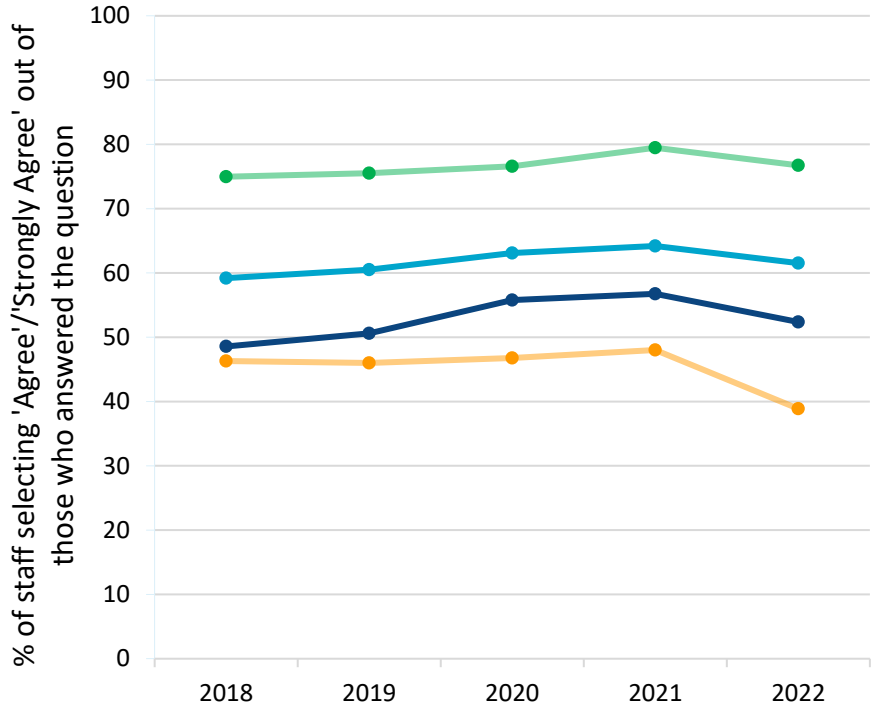
Survey Coordination Centre

Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	67.1%	66.4%	71.3%	74.2%	70.5%
Best	81.4%	81.4%	82.0%	86.2%	84.3%
Average	72.0%	73.9%	75.7%	79.7%	76.7%
Worst	66.9%	65.7%	68.7%	66.4%	62.5%
Responses	1409	1708	1796	2149	2221

Q19b I am confident that my organisation would address my concern.



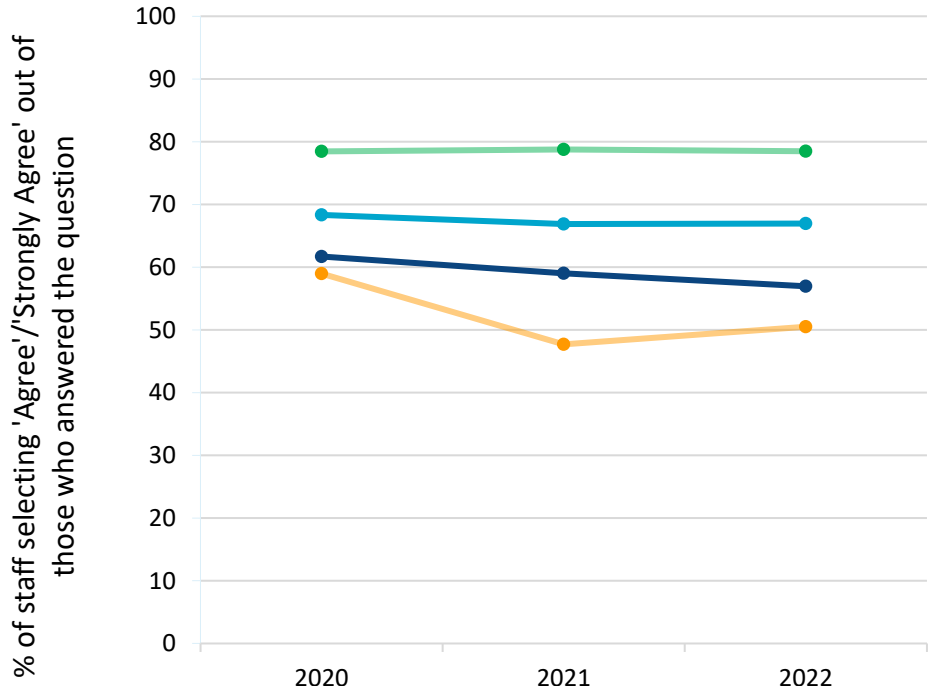
	2018	2019	2020	2021	2022
Your org	48.6%	50.6%	55.8%	56.7%	52.4%
Best	75.0%	75.5%	76.6%	79.5%	76.7%
Average	59.2%	60.5%	63.1%	64.2%	61.5%
Worst	46.3%	46.0%	46.8%	48.0%	38.9%
Responses	1406	1707	1796	2148	2216

People Promise elements and theme results – We each have a voice that counts: Raising concerns

Survey Coordination Centre

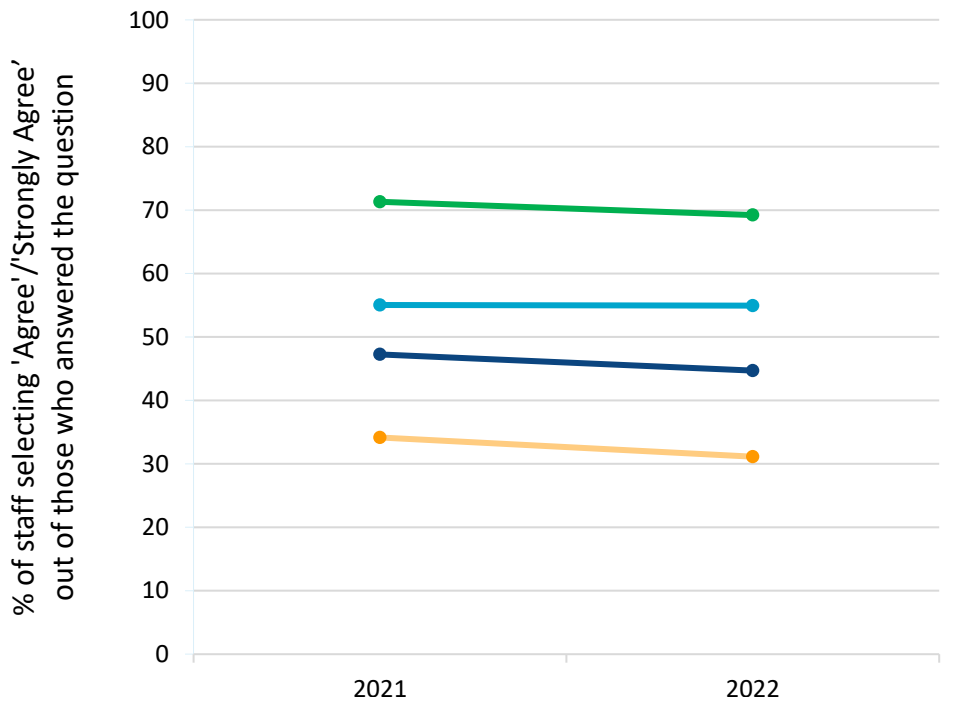
NHS

Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	61.7%	59.0%	57.0%
Best	78.5%	78.8%	78.5%
Average	68.3%	66.9%	67.0%
Worst	59.0%	47.7%	50.5%
Responses	1790	2143	2218

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	47.3%	44.7%
Best	71.3%	69.2%
Average	55.0%	55.0%
Worst	34.2%	31.1%
Responses	2142	2217

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

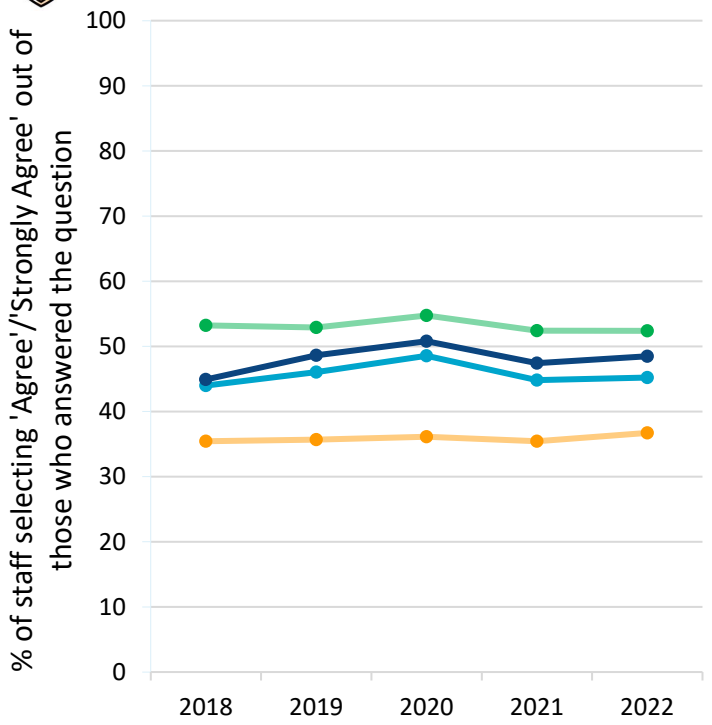
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey Coordination Centre

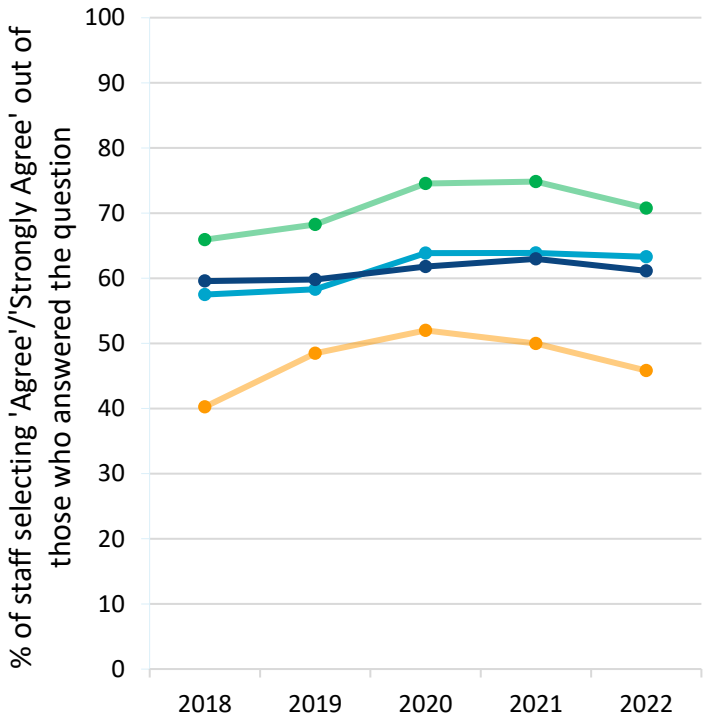
NHS

Q3g I am able to meet all the conflicting demands on my time at work.



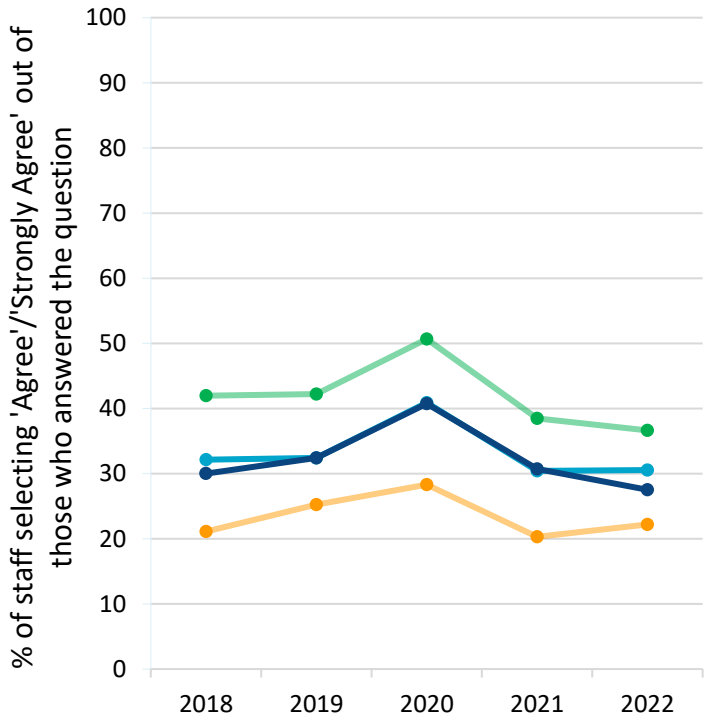
	2018	2019	2020	2021	2022
Your org	44.9%	48.6%	50.8%	47.4%	48.5%
Best	53.2%	52.9%	54.8%	52.4%	52.4%
Average	44.0%	46.0%	48.6%	44.8%	45.2%
Worst	35.4%	35.7%	36.1%	35.4%	36.7%
Responses	1480	1766	1817	2203	2225

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	59.6%	59.8%	61.8%	63.0%	61.1%
Best	65.9%	68.3%	74.5%	74.8%	70.8%
Average	57.5%	58.3%	63.8%	63.9%	63.3%
Worst	40.2%	48.5%	52.0%	50.0%	45.8%
Responses	1483	1762	1819	2202	2225

Q3i There are enough staff at this organisation for me to do my job properly.

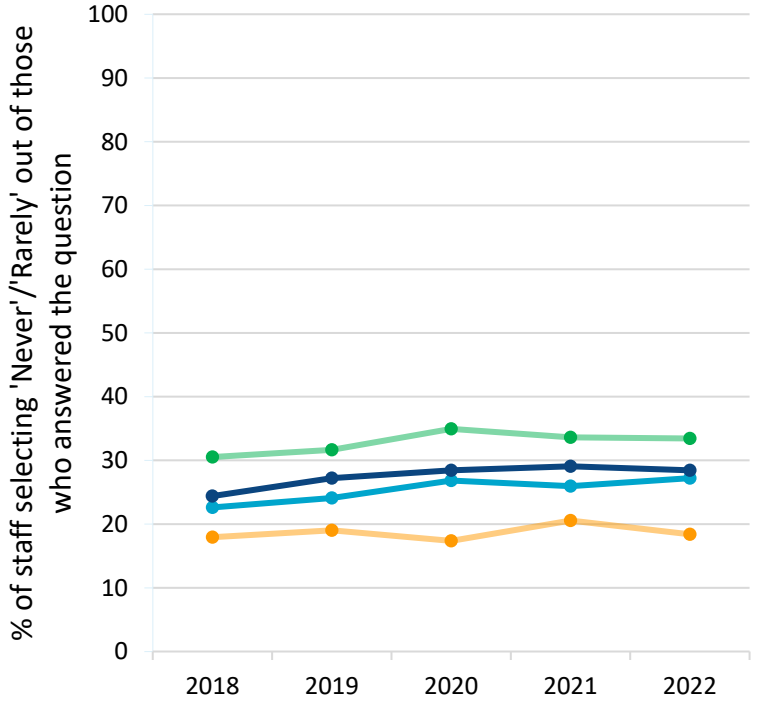


	2018	2019	2020	2021	2022
Your org	30.0%	32.4%	40.7%	30.7%	27.5%
Best	42.0%	42.2%	50.7%	38.5%	36.6%
Average	32.1%	32.4%	40.9%	30.4%	30.5%
Worst	21.1%	25.2%	28.3%	20.3%	22.2%
Responses	1481	1766	1826	2205	2224

People Promise elements and theme results – We are safe and healthy: Health and safety climate

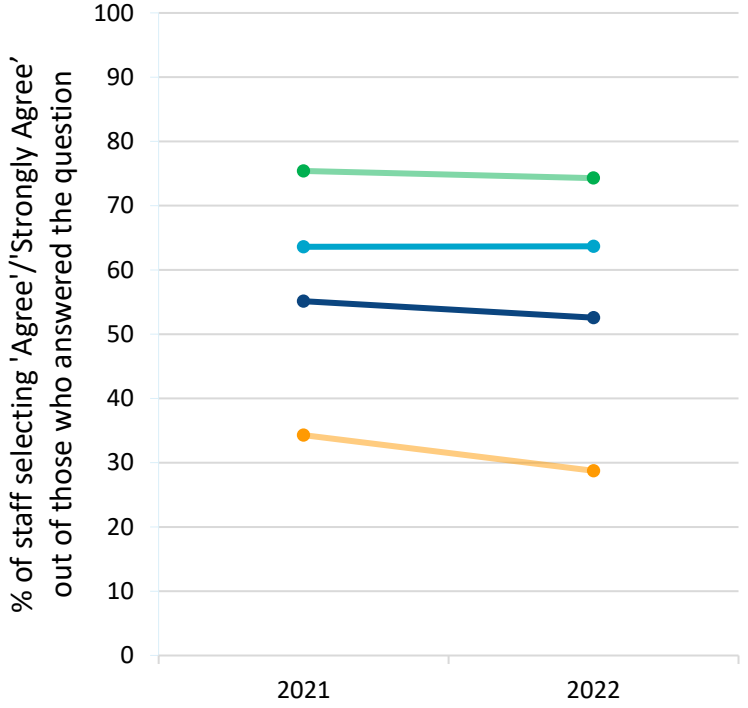
Survey Coordination Centre

Q5a I have unrealistic time pressures.



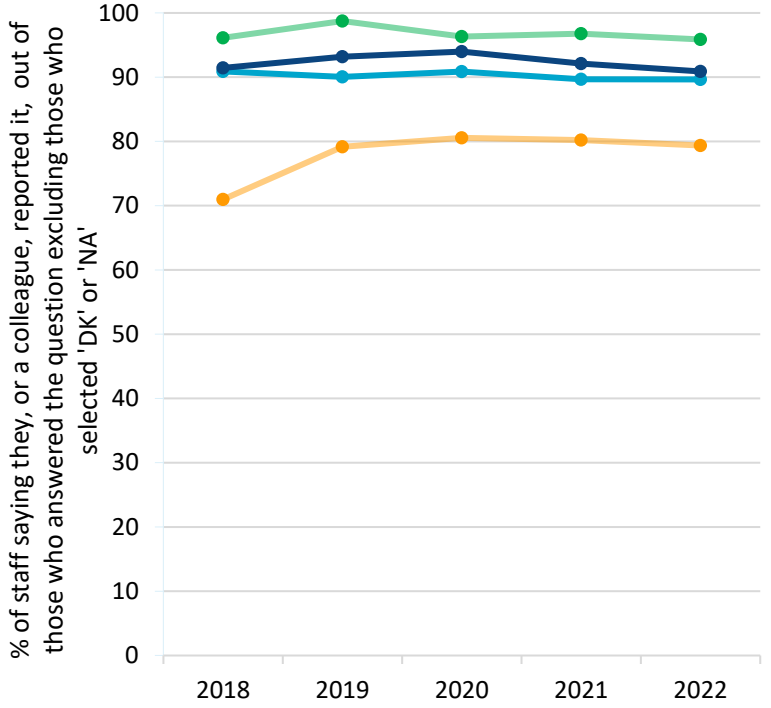
	2018	2019	2020	2021	2022
Your org	24.4%	27.2%	28.4%	29.1%	28.4%
Best	30.5%	31.6%	34.9%	33.6%	33.4%
Average	22.6%	24.1%	26.8%	26.0%	27.2%
Worst	17.9%	19.0%	17.4%	20.6%	18.4%
Responses	1461	1739	1821	2180	2218

Q11a My organisation take positive action on health and well-being.



	2021	2022
Your org	55.1%	52.6%
Best	75.4%	74.3%
Average	63.6%	63.7%
Worst	34.3%	28.7%
Responses	2158	2188

Q13d The last time you experienced physical violence at work, did you or a colleague report it?



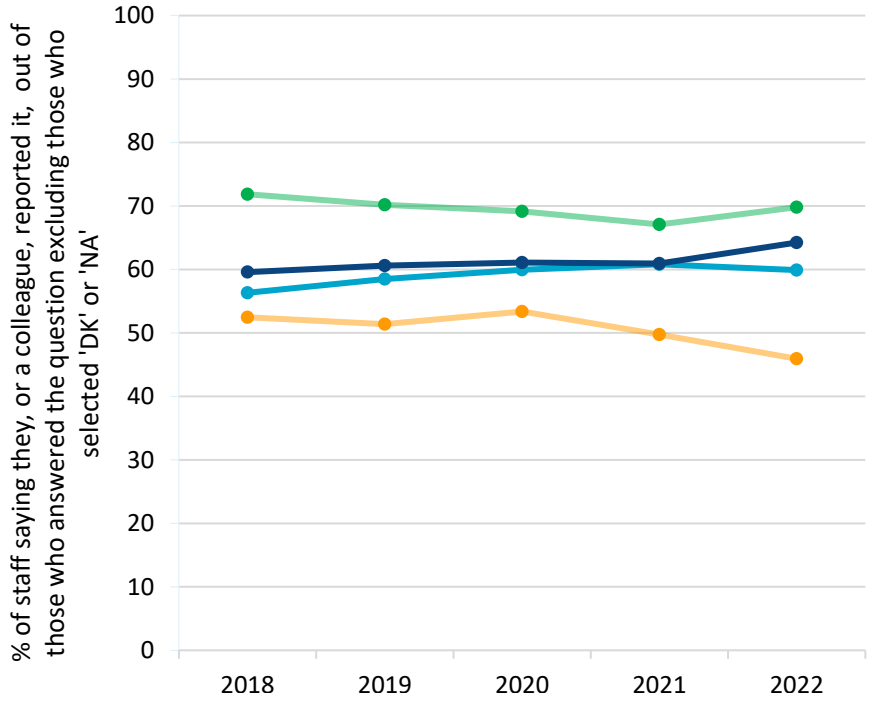
	2018	2019	2020	2021	2022
Your org	91.4%	93.2%	94.0%	92.1%	90.9%
Best	96.1%	98.7%	96.3%	96.8%	95.9%
Average	90.9%	90.0%	90.9%	89.7%	89.6%
Worst	71.0%	79.2%	80.5%	80.2%	79.4%
Responses	302	415	378	415	472

People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey Coordination Centre

NHS

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



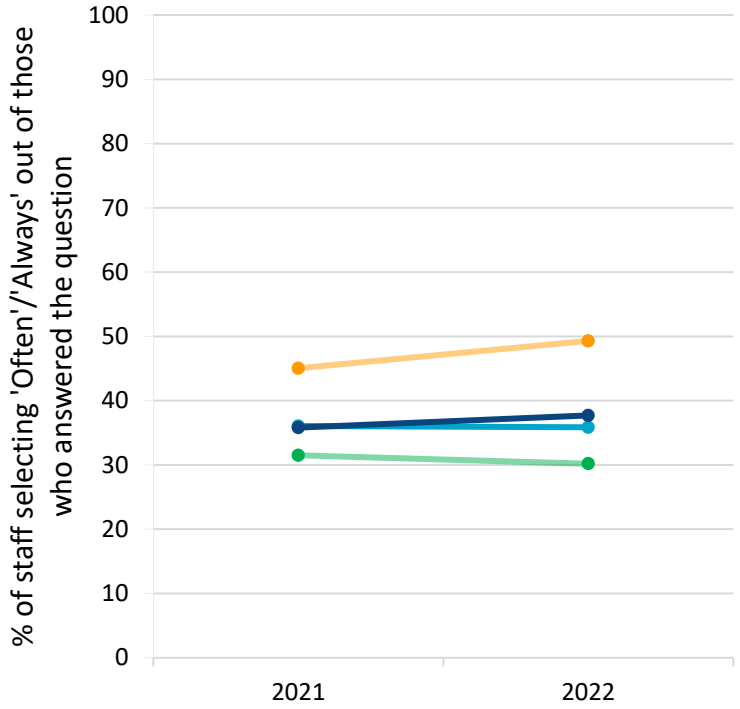
	2018	2019	2020	2021	2022
Your org	59.6%	60.6%	61.1%	60.9%	64.3%
Best	71.9%	70.2%	69.2%	67.1%	69.8%
Average	56.3%	58.5%	60.0%	60.8%	59.9%
Worst	52.5%	51.4%	53.4%	49.7%	45.9%
Responses	605	806	723	891	919

People Promise elements and theme results – We are safe and healthy: Burnout

Survey Coordination Centre

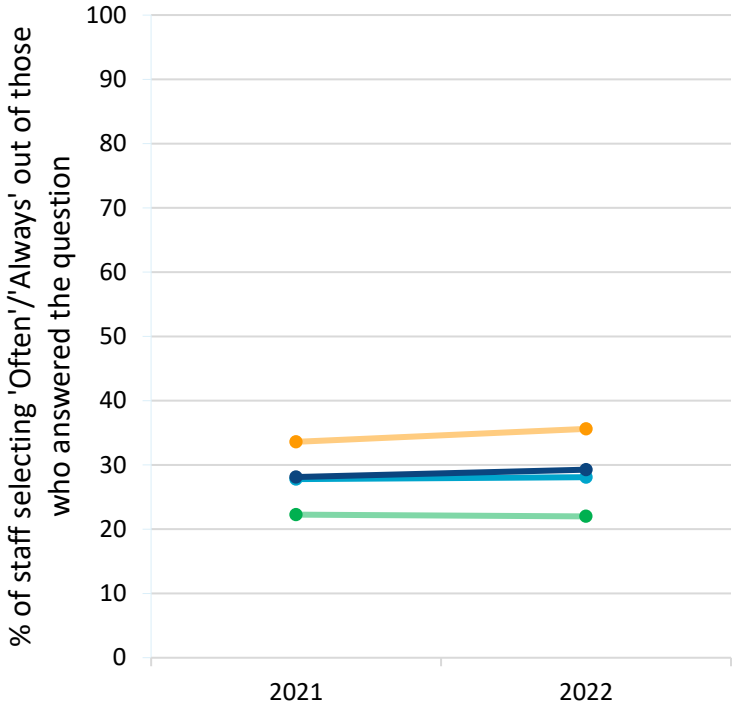
NHS

Q12a How often, if at all, do you find your work emotionally exhausting?



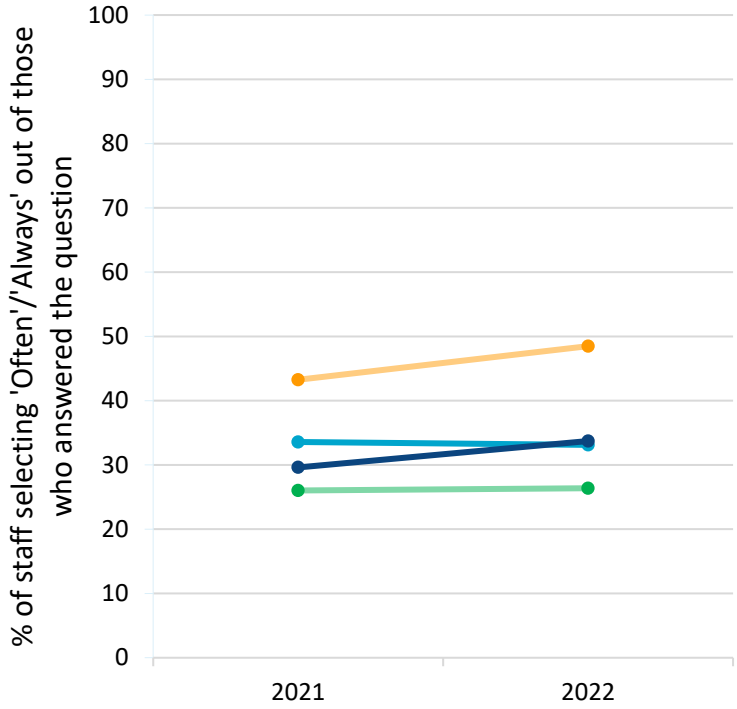
	2021	2022
Your org	35.8%	37.7%
Best	31.5%	30.2%
Average	36.1%	35.8%
Worst	45.1%	49.3%
Responses	2167	2225

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022
Your org	28.1%	29.3%
Best	22.3%	22.0%
Average	27.8%	28.1%
Worst	33.6%	35.6%
Responses	2163	2220

Q12c How often, if at all, does your work frustrate you?



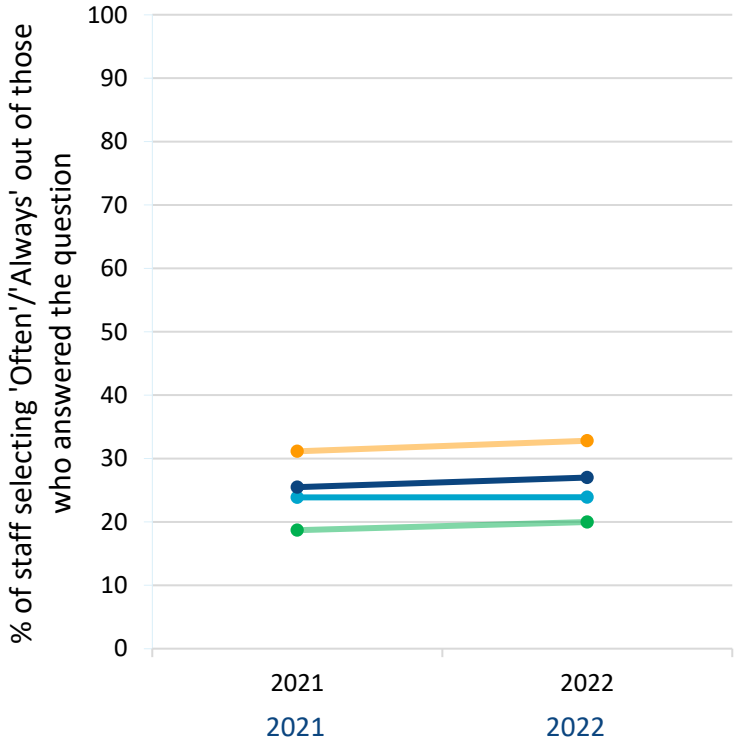
	2021	2022
Your org	29.6%	33.7%
Best	26.0%	26.4%
Average	33.6%	33.1%
Worst	43.2%	48.5%
Responses	2164	2215

People Promise elements and theme results – We are safe and healthy: Burnout

Survey Coordination Centre

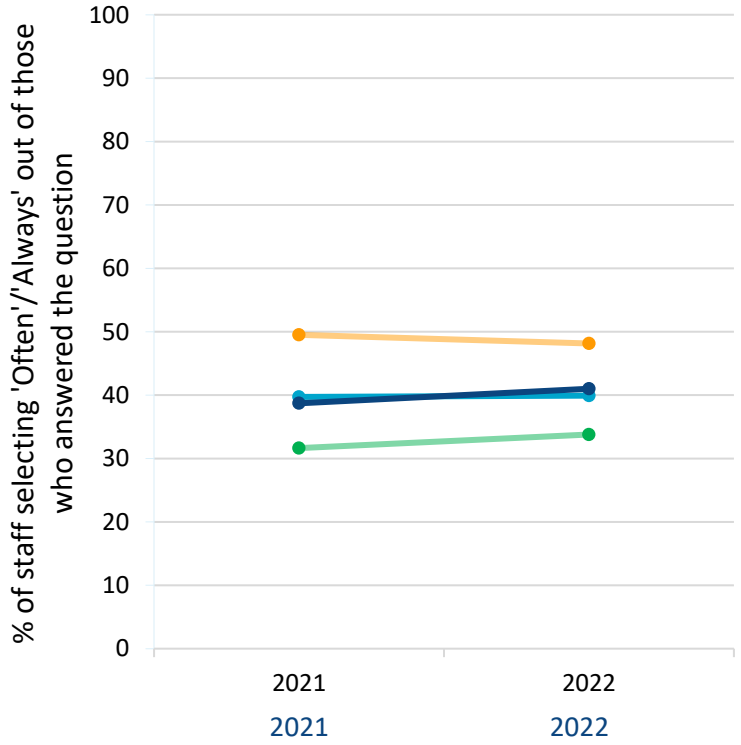
NHS

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



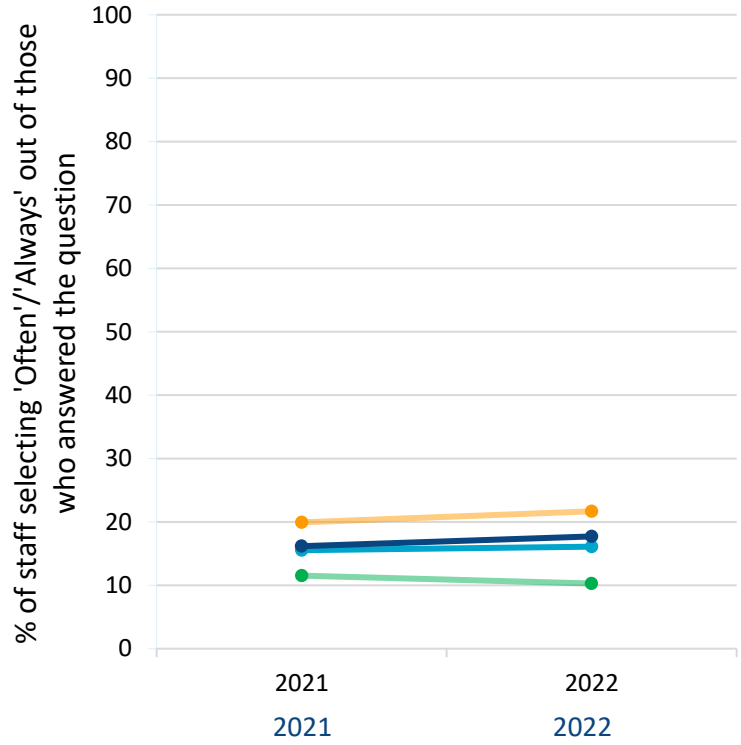
	2021	2022
Your org	25.5%	27.0%
Best	18.7%	20.0%
Average	23.9%	23.9%
Worst	31.1%	32.8%
Responses	2165	2219

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



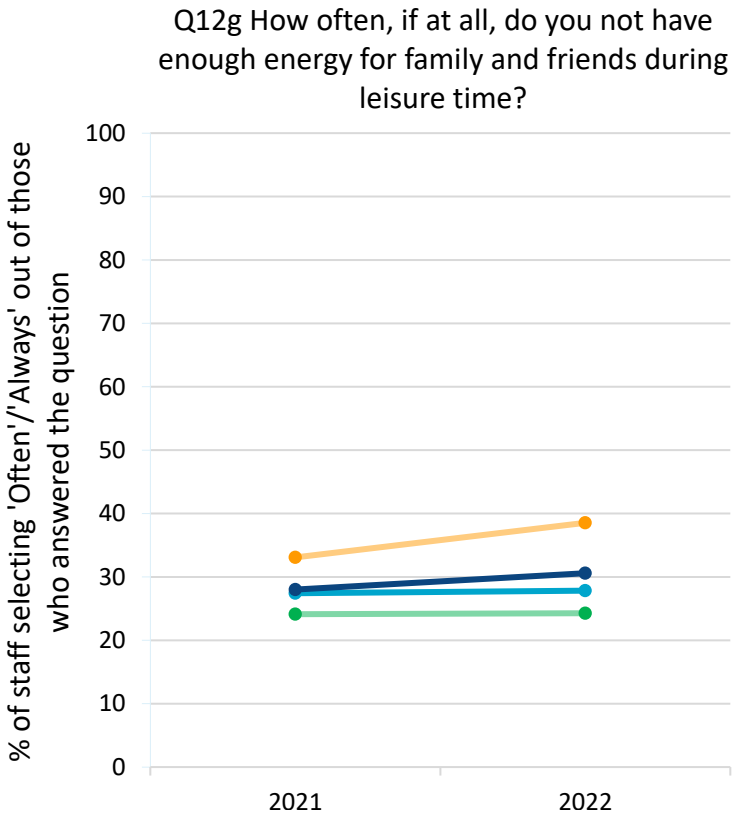
	2021	2022
Your org	38.7%	41.0%
Best	31.6%	33.8%
Average	39.7%	39.9%
Worst	49.5%	48.2%
Responses	2165	2219

Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022
Your org	16.2%	17.7%
Best	11.5%	10.3%
Average	15.5%	16.1%
Worst	19.9%	21.7%
Responses	2162	2220

People Promise elements and theme results – We are safe and healthy: Burnout



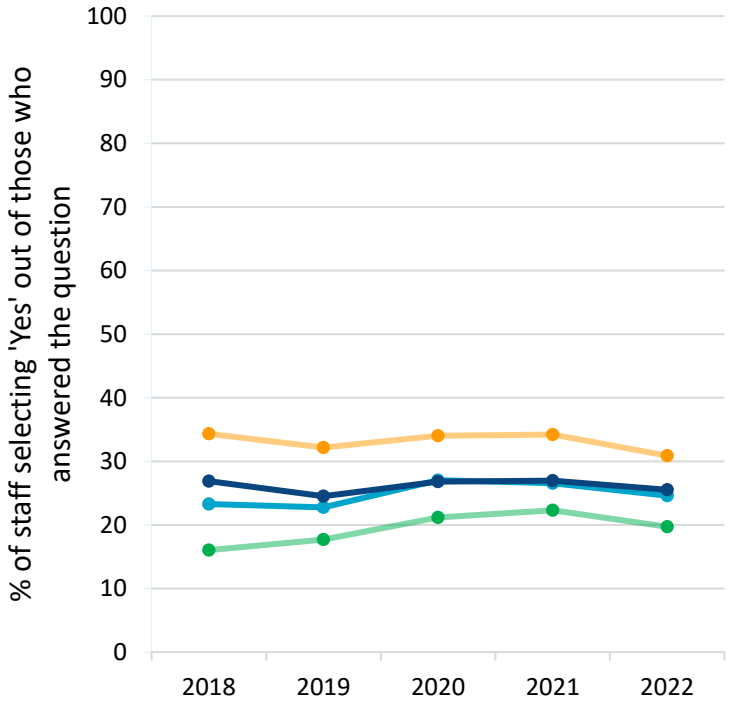
	2021	2022
Your org	28.0%	30.6%
Best	24.1%	24.3%
Average	27.4%	27.8%
Worst	33.1%	38.5%
Responses	2166	2223

People Promise elements and theme results – We are safe and healthy: Negative experiences

Survey Coordination Centre

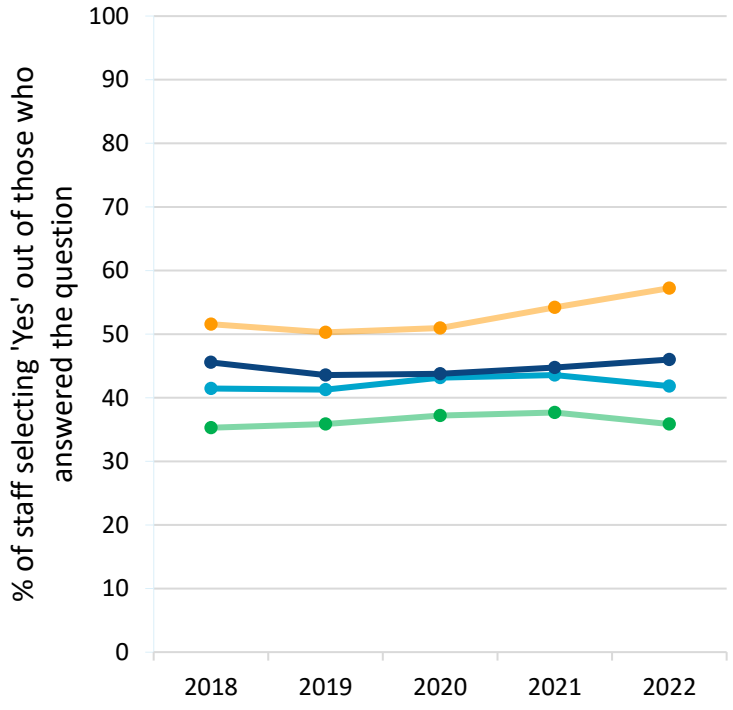
NHS

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



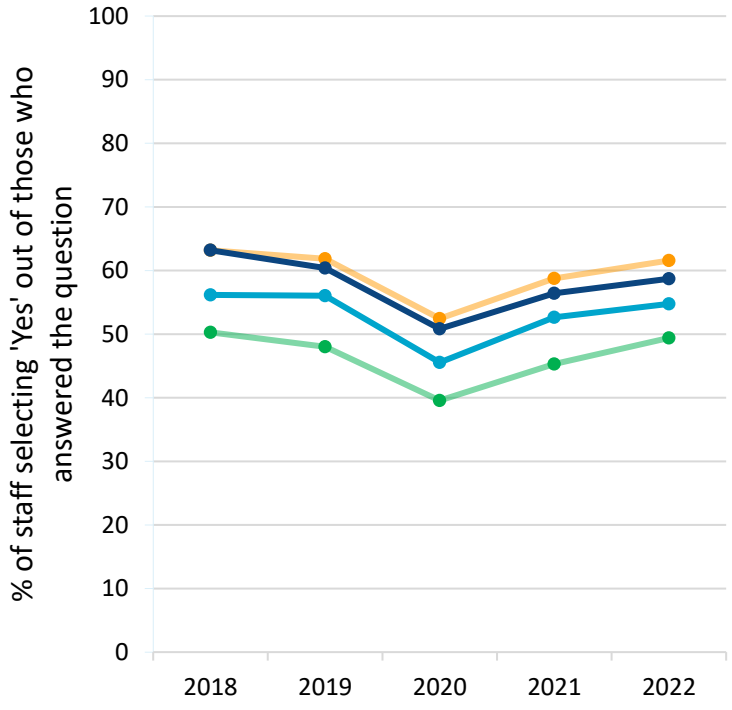
	2018	2019	2020	2021	2022
Your org	26.9%	24.5%	26.8%	26.9%	25.5%
Best	16.0%	17.7%	21.2%	22.3%	19.7%
Average	23.3%	22.8%	27.0%	26.5%	24.6%
Worst	34.3%	32.2%	34.0%	34.2%	30.9%
Responses	1434	1728	1802	2171	2223

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	45.6%	43.6%	43.8%	44.7%	46.0%
Best	35.3%	35.9%	37.2%	37.7%	35.9%
Average	41.4%	41.3%	43.2%	43.6%	41.8%
Worst	51.6%	50.3%	50.9%	54.2%	57.2%
Responses	1438	1731	1806	2175	2213

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?

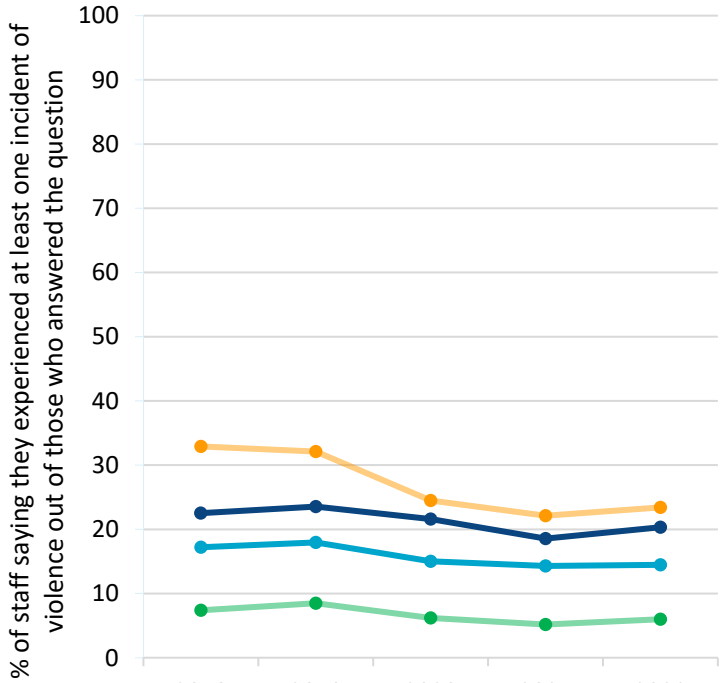


	2018	2019	2020	2021	2022
Your org	63.2%	60.4%	50.8%	56.4%	58.7%
Best	50.3%	48.0%	39.6%	45.3%	49.4%
Average	56.2%	56.0%	45.5%	52.7%	54.7%
Worst	63.2%	61.8%	52.4%	58.7%	61.6%
Responses	1439	1729	1806	2173	2223

People Promise elements and theme results – We are safe and healthy: Negative experiences

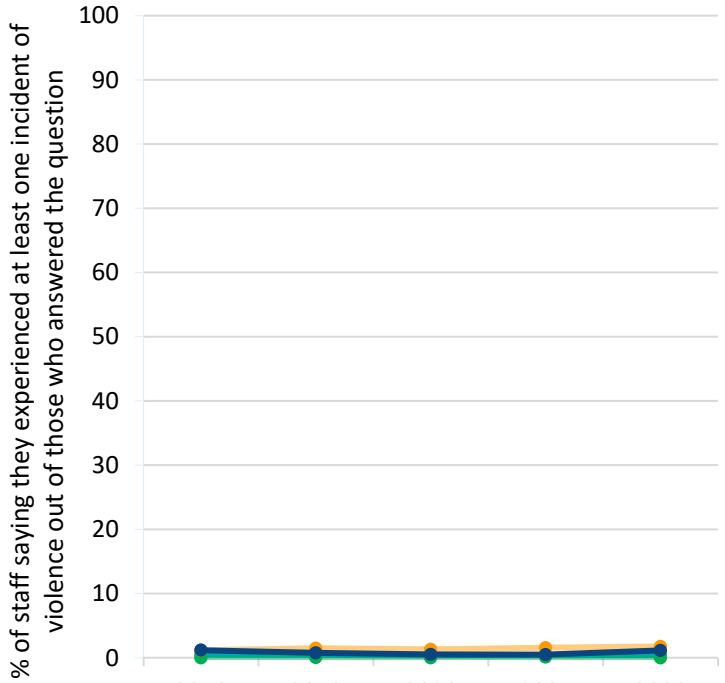
Survey Coordination Centre

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



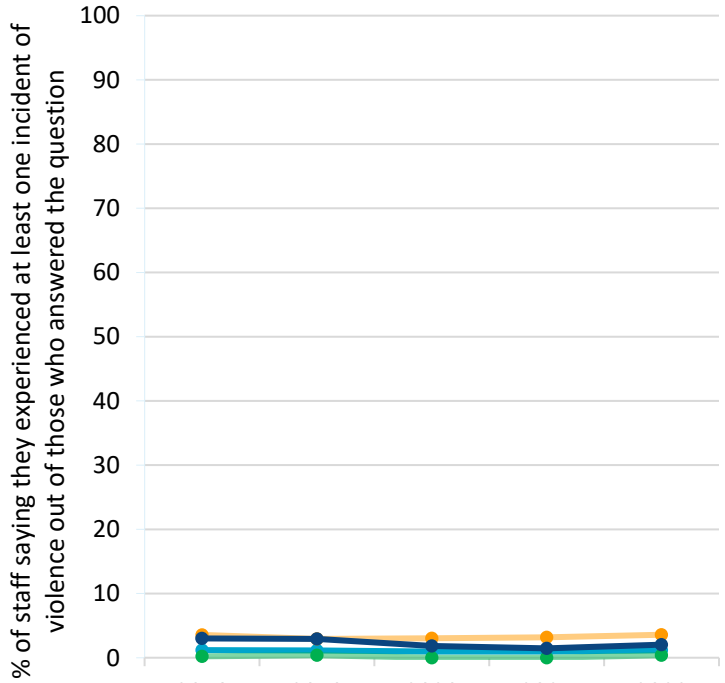
	2018	2019	2020	2021	2022
Your org	22.5%	23.5%	21.6%	18.6%	20.3%
Best	7.4%	8.5%	6.2%	5.2%	6.0%
Average	17.2%	18.0%	15.0%	14.3%	14.5%
Worst	32.9%	32.1%	24.5%	22.1%	23.4%
Responses	1425	1729	1802	2168	2218

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	1.2%	0.8%	0.5%	0.5%	1.2%
Best	0.0%	0.1%	0.0%	0.1%	0.0%
Average	0.5%	0.4%	0.4%	0.4%	0.4%
Worst	1.2%	1.5%	1.3%	1.6%	1.8%
Responses	1380	1704	1785	2136	2154

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



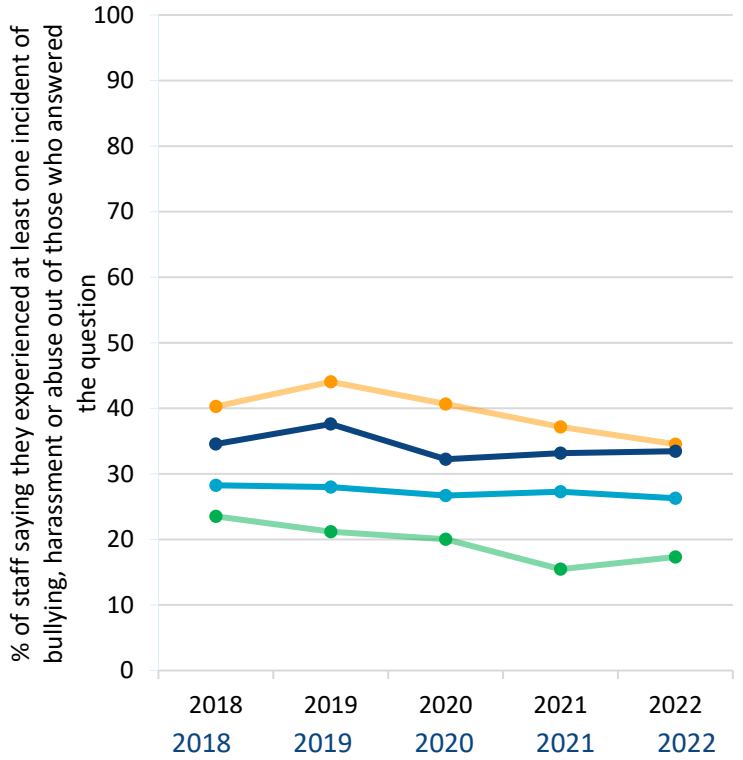
	2018	2019	2020	2021	2022
Your org	3.0%	2.9%	1.8%	1.5%	2.0%
Best	0.2%	0.4%	0.0%	0.0%	0.4%
Average	1.2%	1.1%	1.0%	1.0%	1.2%
Worst	3.6%	2.9%	3.0%	3.2%	3.6%
Responses	1389	1703	1788	2126	2104

People Promise elements and theme results – We are safe and healthy: Negative experiences

Survey Coordination Centre

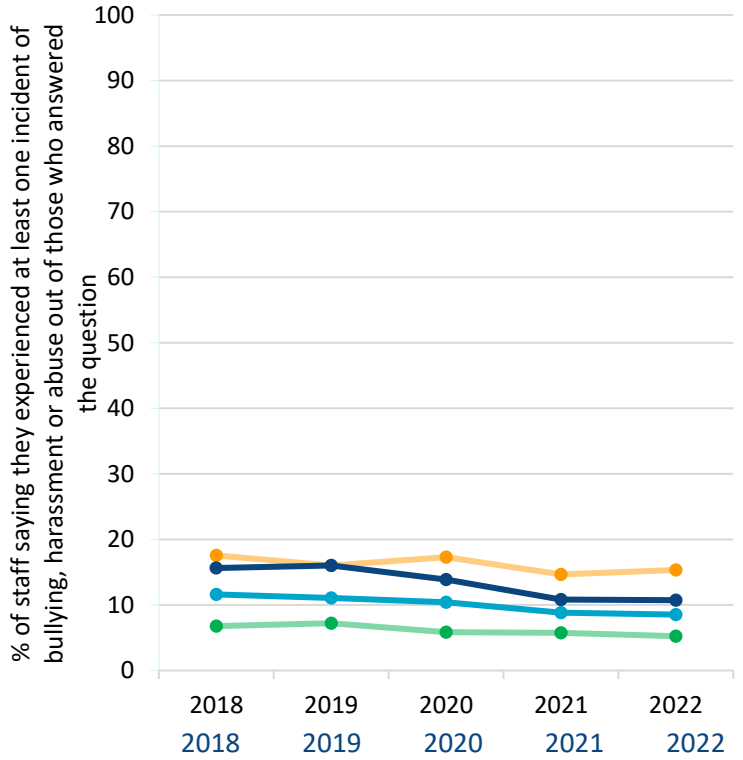
NHS

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



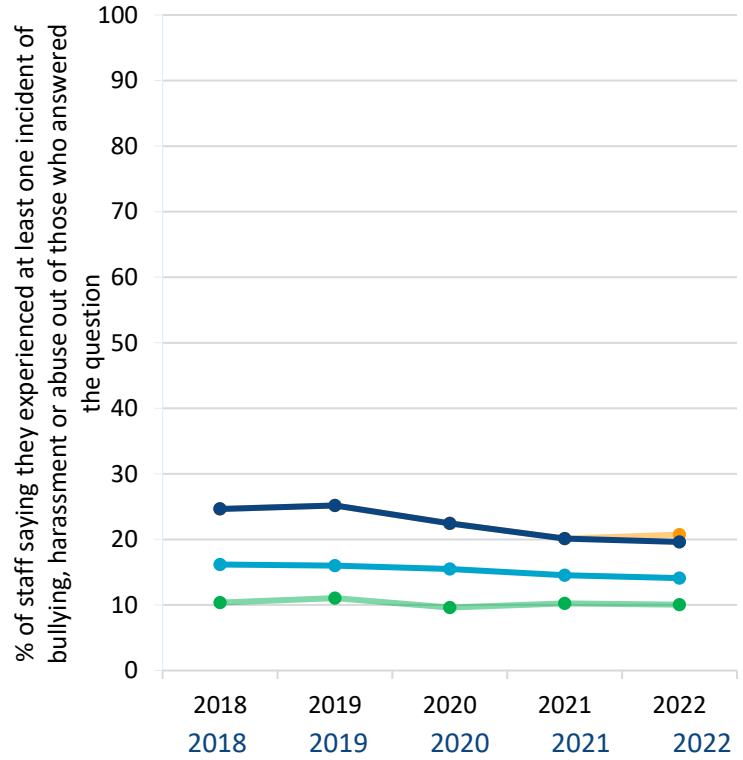
	2018	2019	2020	2021	2022
Your org	34.5%	37.6%	32.2%	33.2%	33.4%
Best	23.5%	21.2%	20.0%	15.5%	17.3%
Average	28.3%	28.0%	26.7%	27.3%	26.3%
Worst	40.3%	44.0%	40.6%	37.2%	34.5%
Responses	1425	1718	1728	2094	2213

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	15.6%	16.0%	13.9%	10.8%	10.7%
Best	6.8%	7.2%	5.8%	5.8%	5.2%
Average	11.6%	11.1%	10.4%	8.8%	8.5%
Worst	17.6%	16.0%	17.3%	14.7%	15.3%
Responses	1391	1700	1724	2067	2178

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	24.6%	25.2%	22.5%	20.1%	19.6%
Best	10.4%	11.1%	9.6%	10.2%	10.0%
Average	16.2%	16.0%	15.5%	14.5%	14.1%
Worst	24.6%	25.2%	22.5%	20.1%	20.7%
Responses	1387	1703	1730	2065	2169

People Promise element – We are always learning

Questions included:
Development – Q22a, Q22b, Q22c, Q22d, Q22e
Appraisals – Q21b, Q21c, Q21d

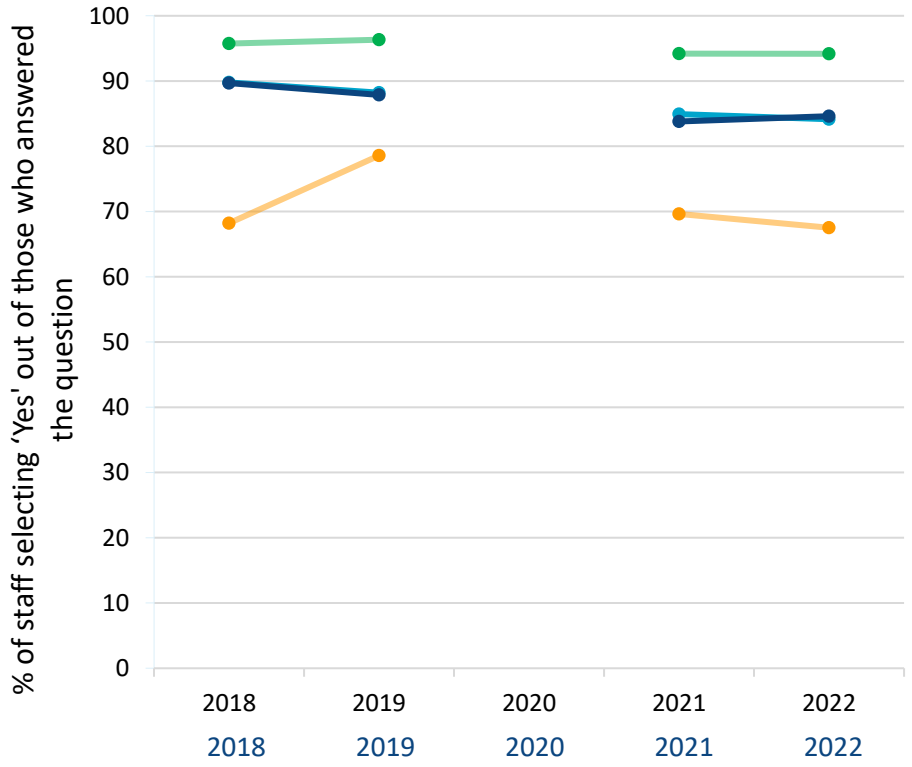
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are always learning: Development

Survey Coordination Centre

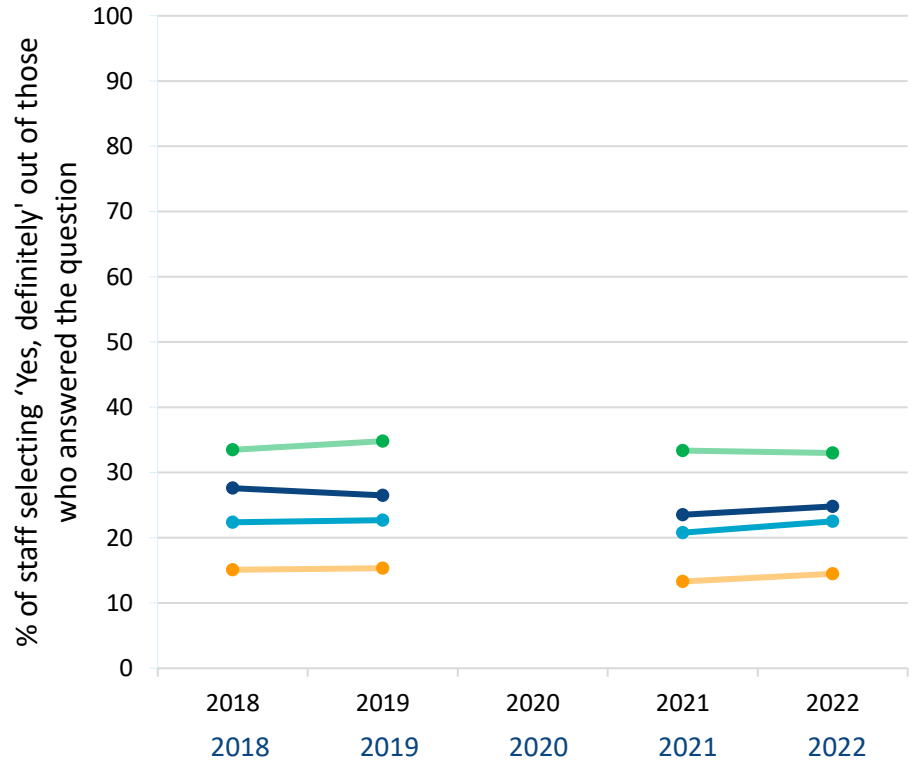
*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2018	2019	2020	2021	2022
Your org	89.7%	87.9%	-	83.8%	84.6%
Best	95.7%	96.3%	-	94.2%	94.2%
Average	89.8%	88.2%	-	84.9%	84.1%
Worst	68.2%	78.6%	-	69.6%	67.5%
Responses	1398	1694	-	2158	2222

Q21b It helped me to improve how I do my job.

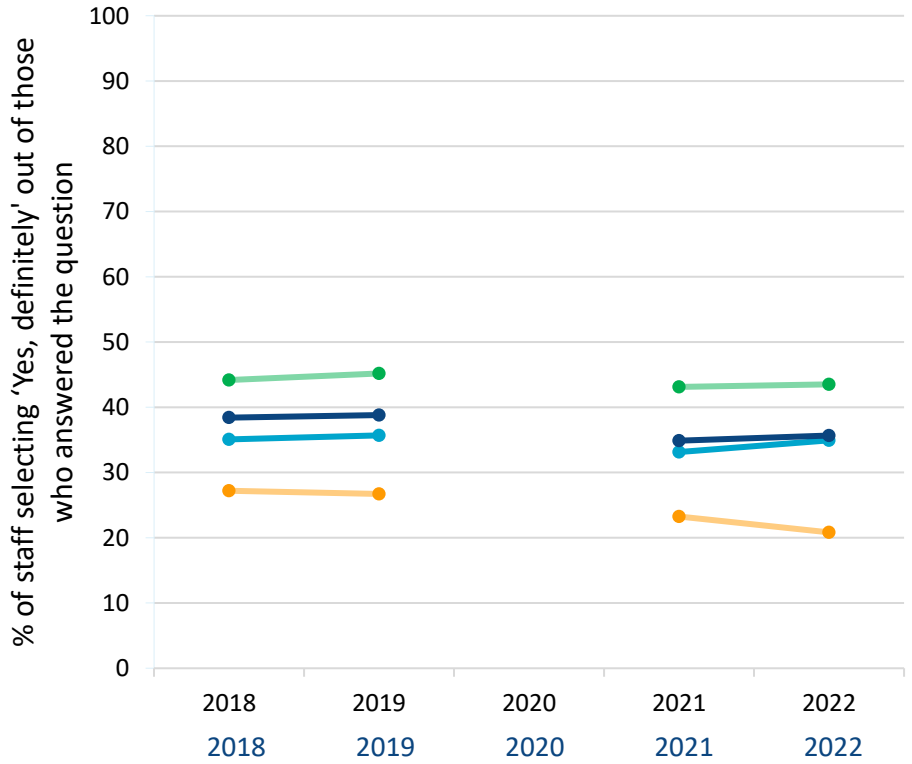


	2018	2019	2020	2021	2022
Your org	27.6%	26.5%	-	23.5%	24.8%
Best	33.5%	34.8%	-	33.4%	33.0%
Average	22.4%	22.7%	-	20.8%	22.5%
Worst	15.1%	15.3%	-	13.3%	14.5%
Responses	1239	1491	-	1810	1883

People Promise elements and theme results – We are always learning: Development

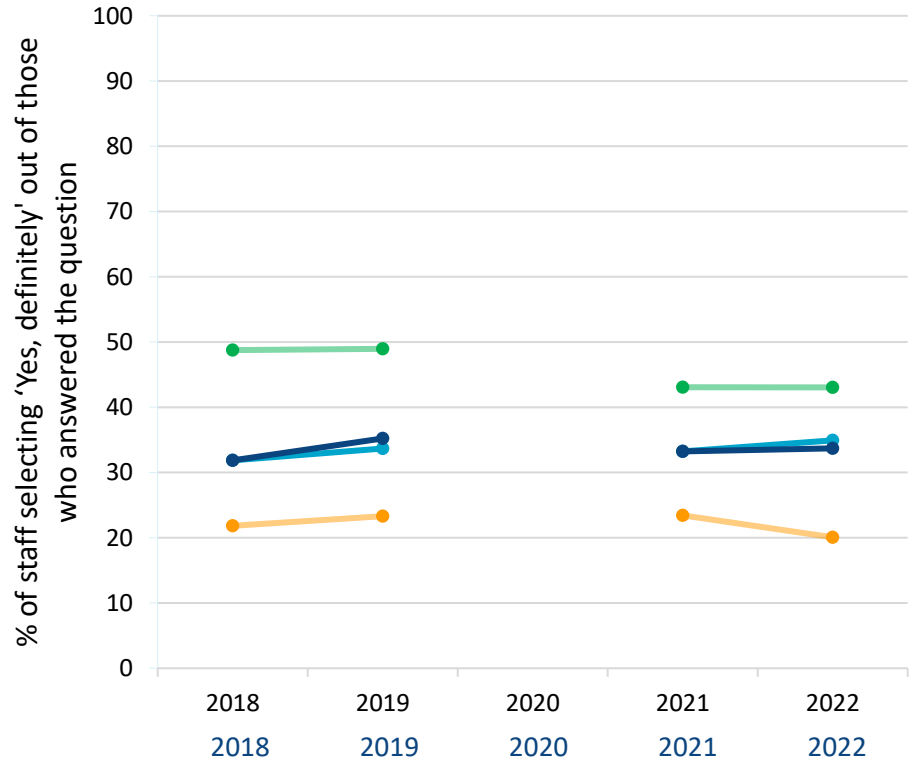
Survey Coordination Centre

Q21c It helped me agree clear objectives for my work.



	2018	2019	2020	2021	2022
Your org	38.4%	38.8%	-	34.9%	35.7%
Best	44.2%	45.2%	-	43.1%	43.5%
Average	35.1%	35.7%	-	33.1%	34.9%
Worst	27.2%	26.7%	-	23.3%	20.8%
Responses	1239	1491	-	1814	1885

Q21d It left me feeling that my work is valued by my organisation.

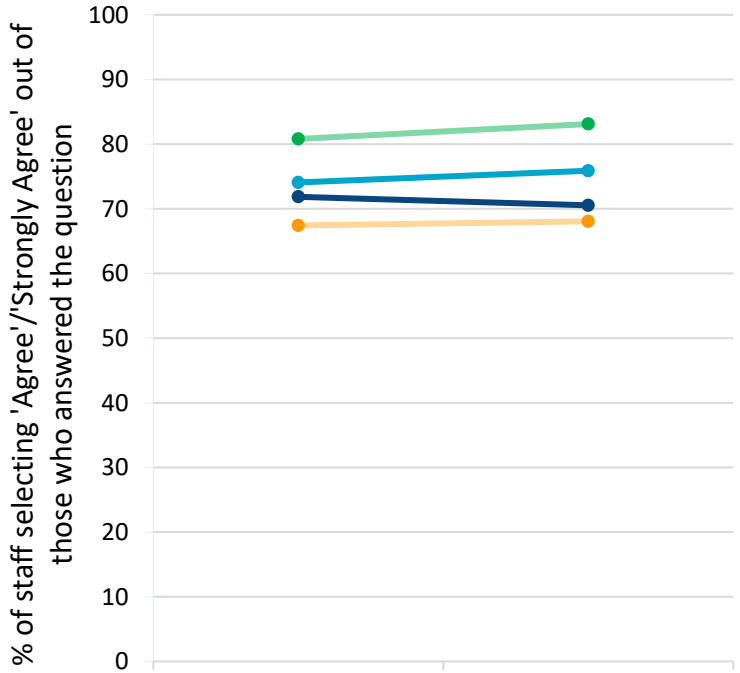


	2018	2019	2020	2021	2022
Your org	31.9%	35.2%	-	33.2%	33.7%
Best	48.7%	48.9%	-	43.1%	43.1%
Average	31.9%	33.7%	-	33.2%	34.9%
Worst	21.8%	23.3%	-	23.4%	20.1%
Responses	1242	1491	-	1814	1882

People Promise elements and theme results – We are always learning: Development

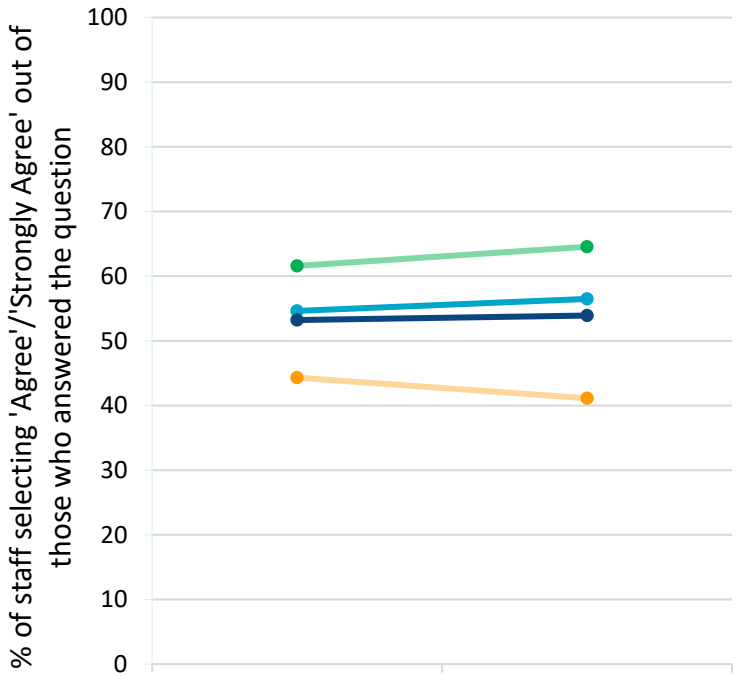
Survey Coordination Centre

Q22a This organisation offers me challenging work.



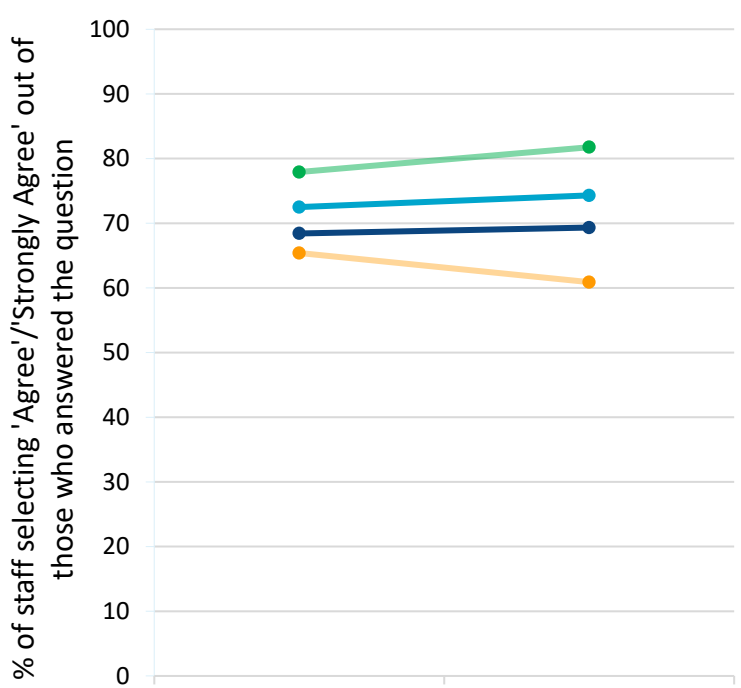
	2021	2022
Your org	71.9%	70.5%
Best	80.8%	83.1%
Average	74.1%	75.9%
Worst	67.4%	68.1%
Responses	2148	2219

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	53.2%	53.9%
Best	61.6%	64.5%
Average	54.6%	56.5%
Worst	44.3%	41.1%
Responses	2152	2219

Q22c I have opportunities to improve my knowledge and skills.

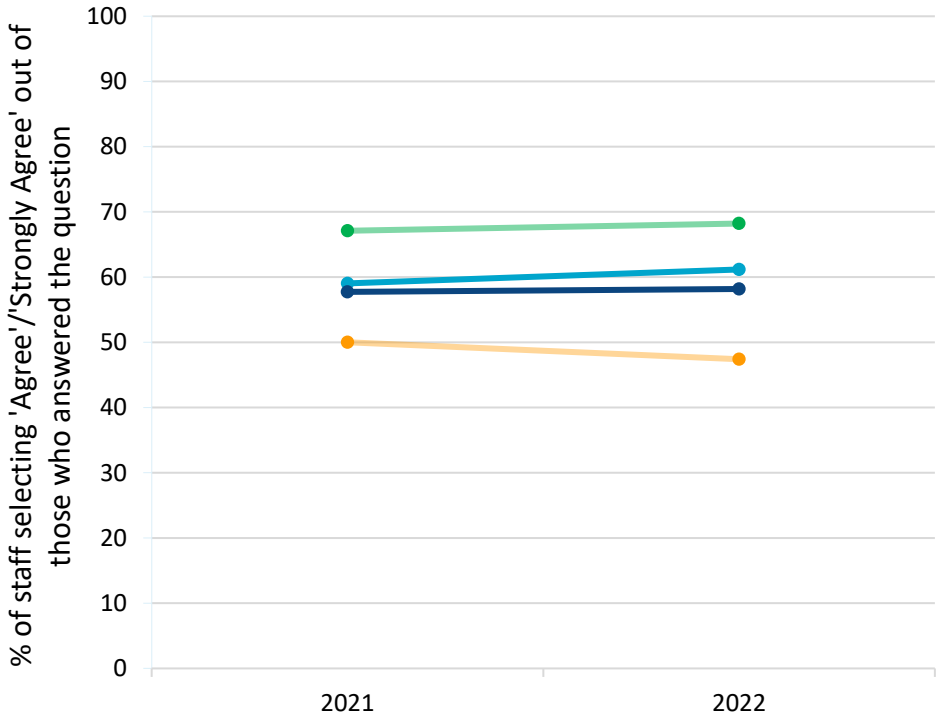


	2021	2022
Your org	68.4%	69.3%
Best	77.9%	81.8%
Average	72.5%	74.3%
Worst	65.4%	60.9%
Responses	2150	2218

People Promise elements and theme results – We are always learning: Development

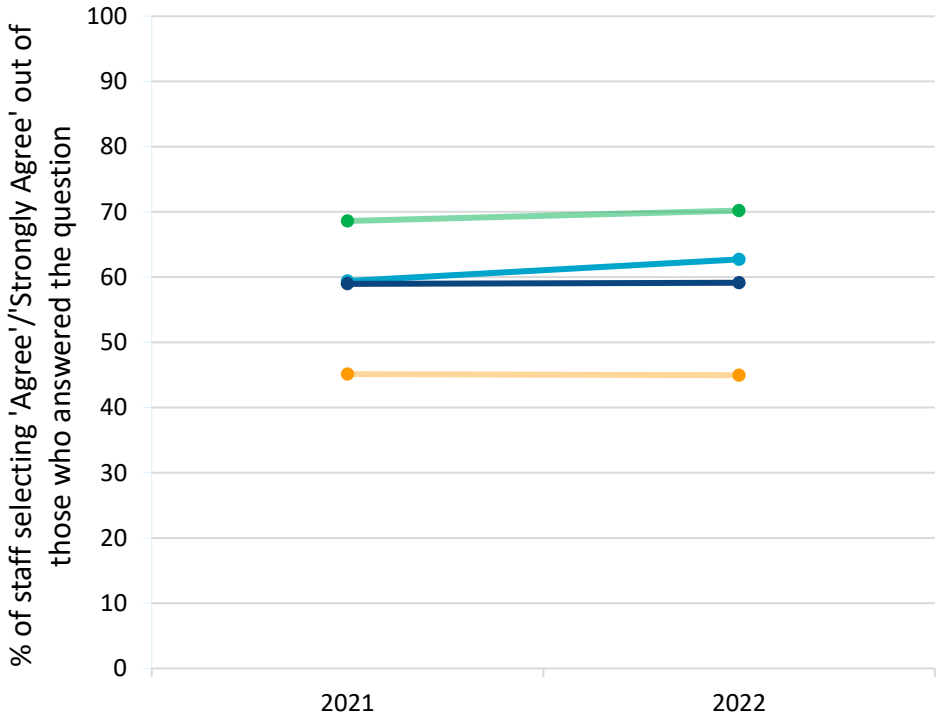
Survey Coordination Centre

Q22d I feel supported to develop my potential.



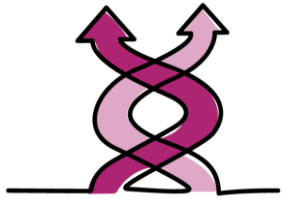
	2021	2022
Your org	57.7%	58.2%
Best	67.1%	68.2%
Average	59.0%	61.2%
Worst	50.0%	47.4%
Responses	2150	2220

Q22e I am able to access the right learning and development opportunities when I need to.



	2021	2022
Your org	59.0%	59.1%
Best	68.6%	70.2%
Average	59.4%	62.7%
Worst	45.1%	44.9%
Responses	2151	2223

People Promise element – We work flexibly



Questions included:
Support for work-life balance – Q6b, Q6c, Q6d
Flexible working – Q4d

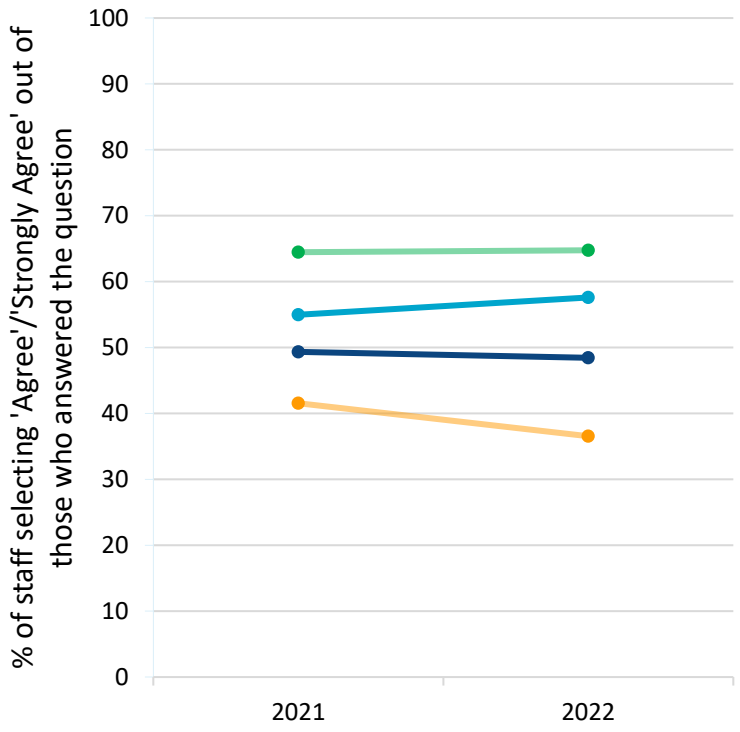
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We work flexibly: Support for work-life balance

Survey Coordination Centre

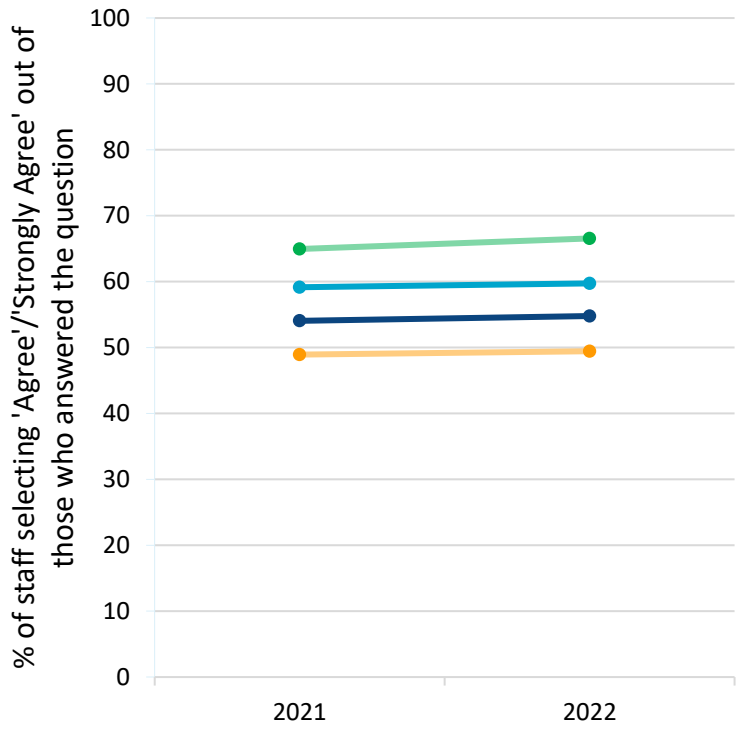
NHS

Q6b My organisation is committed to helping me balance my work and home life.



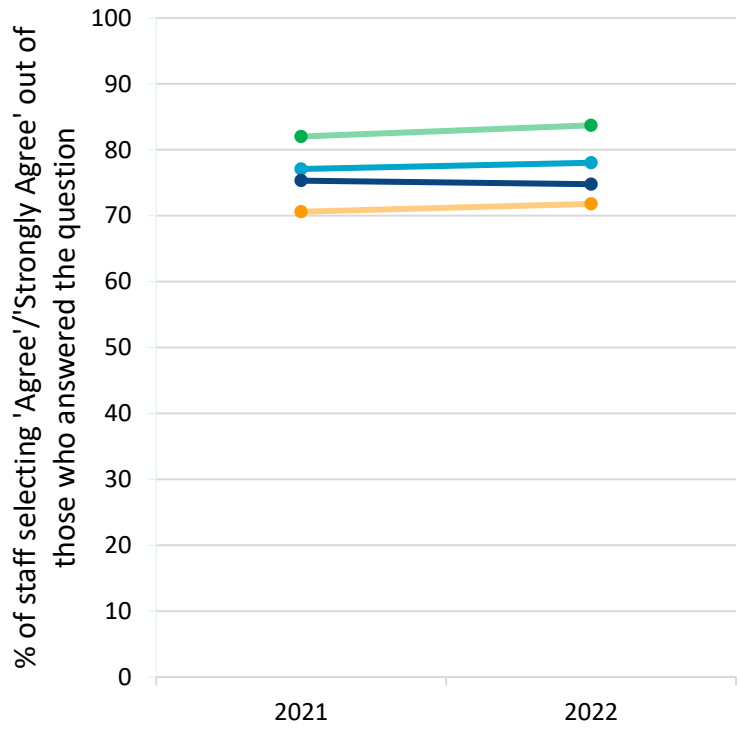
	2021	2022
Your org	49.3%	48.4%
Best	64.5%	64.7%
Average	55.0%	57.6%
Worst	41.5%	36.6%
Responses	2191	2224

Q6c I achieve a good balance between my work life and my home life.



	2021	2022
Your org	54.1%	54.8%
Best	64.9%	66.5%
Average	59.1%	59.7%
Worst	48.9%	49.4%
Responses	2195	2225

Q6d I can approach my immediate manager to talk openly about flexible working.

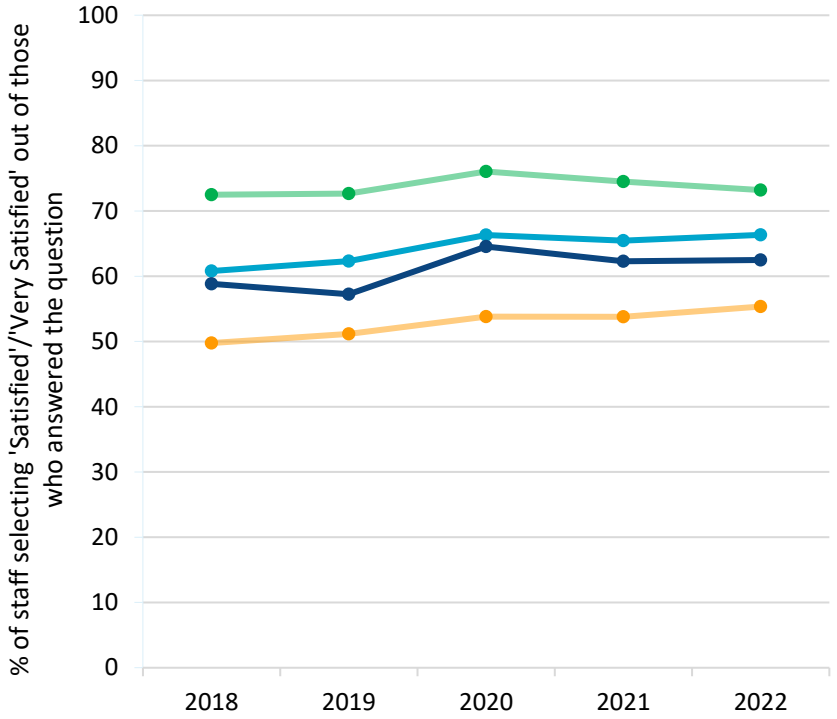


	2021	2022
Your org	75.3%	74.8%
Best	82.0%	83.7%
Average	77.1%	78.0%
Worst	70.6%	71.8%
Responses	2195	2225

People Promise elements and theme results – We work flexibly: Flexible working

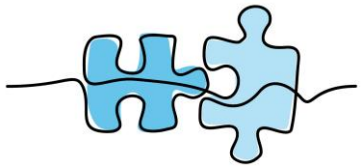
Survey Coordination Centre

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	58.8%	57.2%	64.5%	62.3%	62.5%
Best	72.5%	72.7%	76.1%	74.5%	73.2%
Average	60.8%	62.3%	66.3%	65.5%	66.3%
Worst	49.8%	51.2%	53.8%	53.8%	55.4%
Responses	1451	1741	1823	2193	2225

People Promise element – We are a team



Questions included:
Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
Line management – Q9a, Q9b, Q9c, Q9d

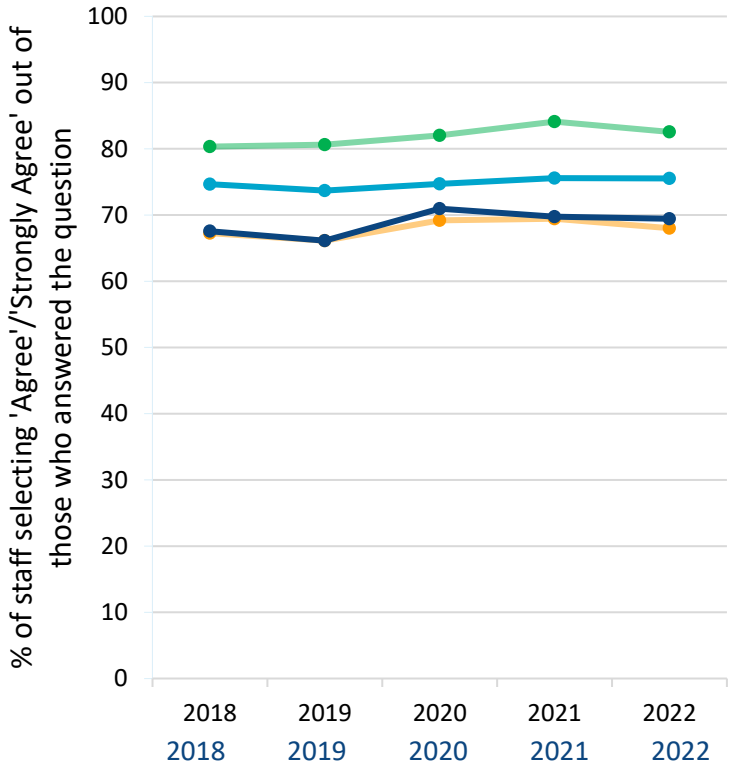
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are a team: Teamworking

Survey Coordination Centre

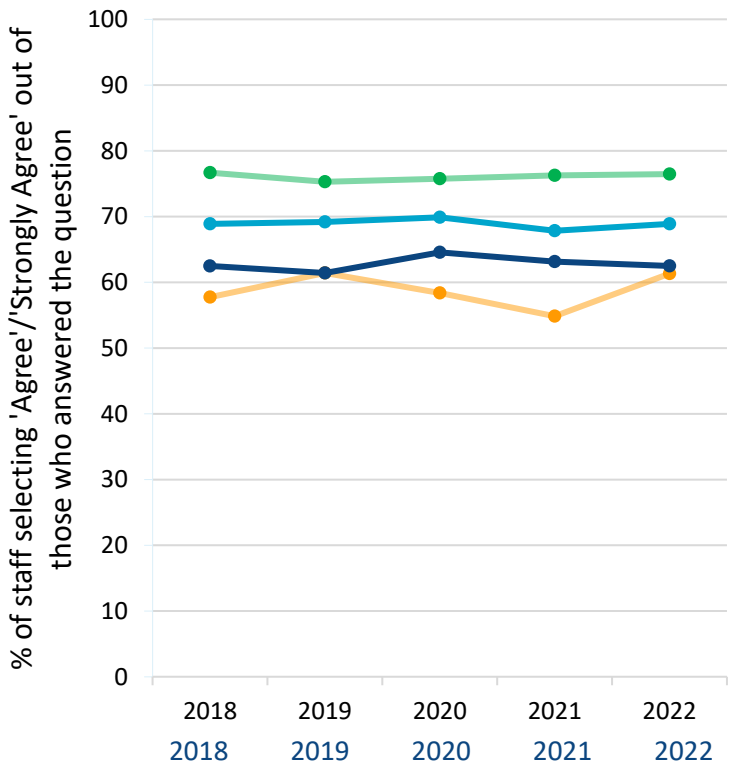
NHS

Q7a The team I work in has a set of shared objectives.



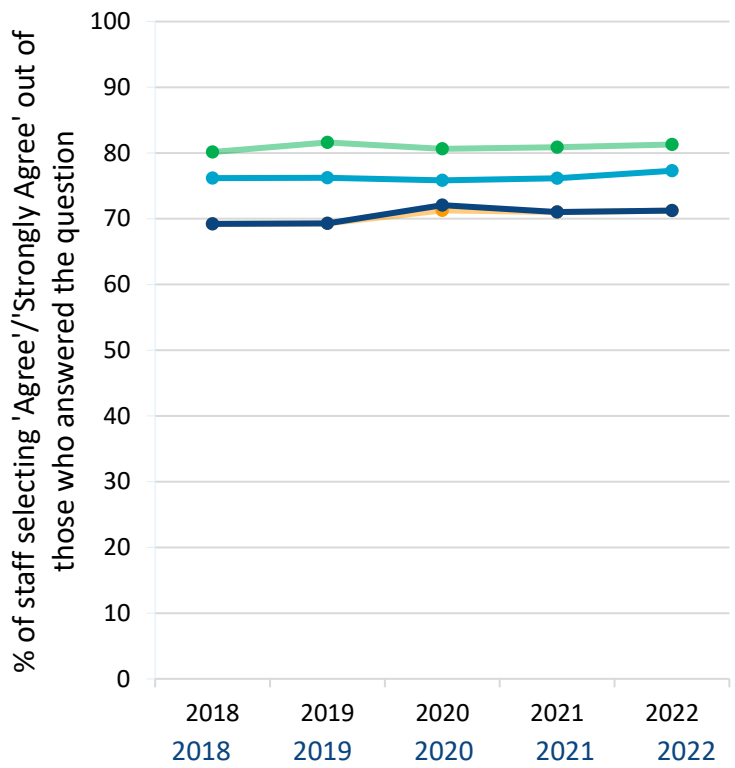
	2018	2019	2020	2021	2022
Your org	67.6%	66.1%	71.0%	69.7%	69.4%
Best	80.3%	80.6%	82.0%	84.1%	82.6%
Average	74.7%	73.7%	74.7%	75.6%	75.5%
Worst	67.3%	66.1%	69.2%	69.4%	68.0%
Responses	1476	1751	1813	2181	2226

Q7b The team I work in often meets to discuss the team's effectiveness.



	2018	2019	2020	2021	2022
Your org	62.5%	61.4%	64.6%	63.1%	62.5%
Best	76.7%	75.3%	75.8%	76.3%	76.5%
Average	68.9%	69.2%	69.9%	67.9%	68.9%
Worst	57.7%	61.4%	58.4%	54.9%	61.3%
Responses	1483	1767	1827	2182	2225

Q7c I receive the respect I deserve from my colleagues at work.

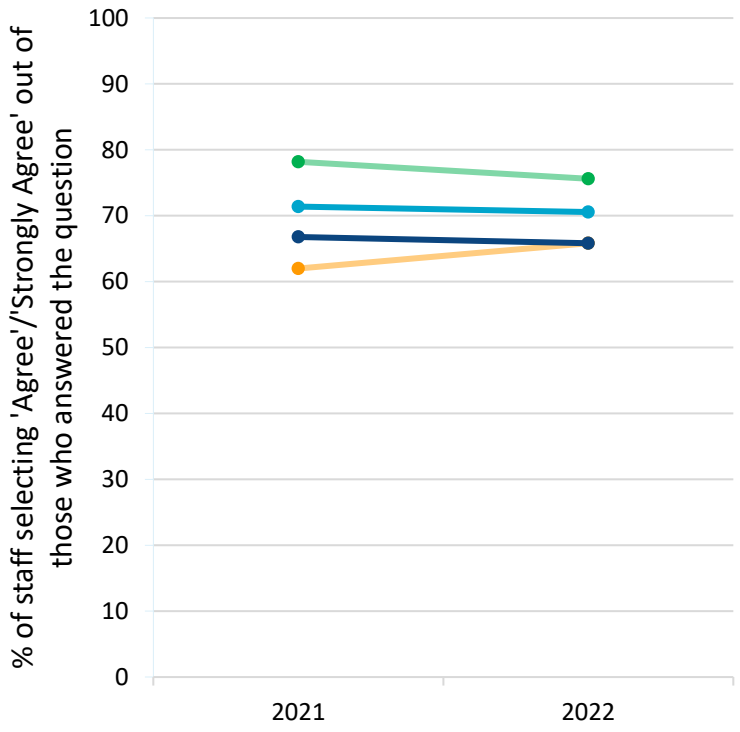


	2018	2019	2020	2021	2022
Your org	69.2%	69.3%	72.1%	71.0%	71.2%
Best	80.2%	81.6%	80.6%	80.9%	81.3%
Average	76.2%	76.2%	75.8%	76.1%	77.3%
Worst	69.2%	69.3%	71.3%	71.0%	71.2%
Responses	1484	1771	1826	2185	2222

People Promise elements and theme results – We are a team: Teamworking

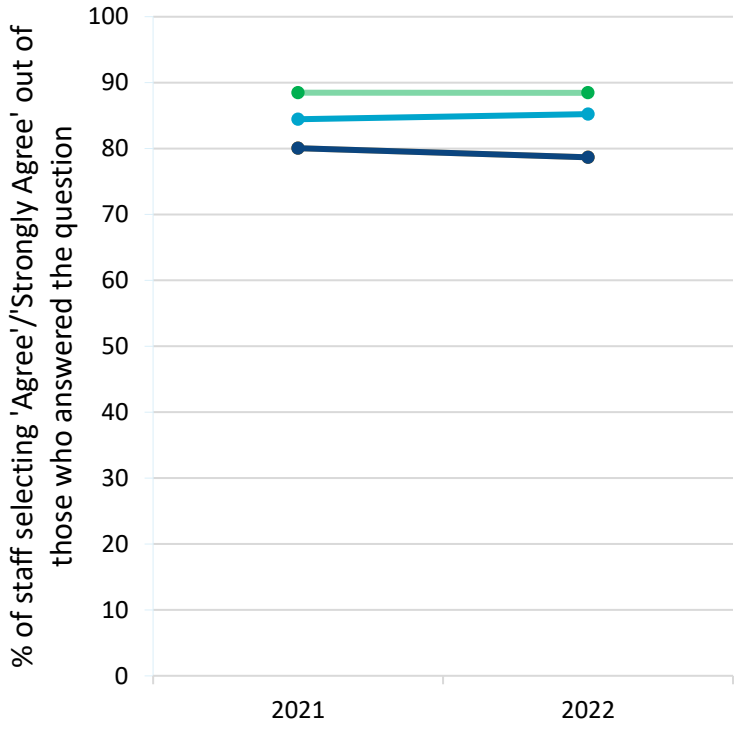
Survey Coordination Centre

Q7d Team members understand each other's roles.



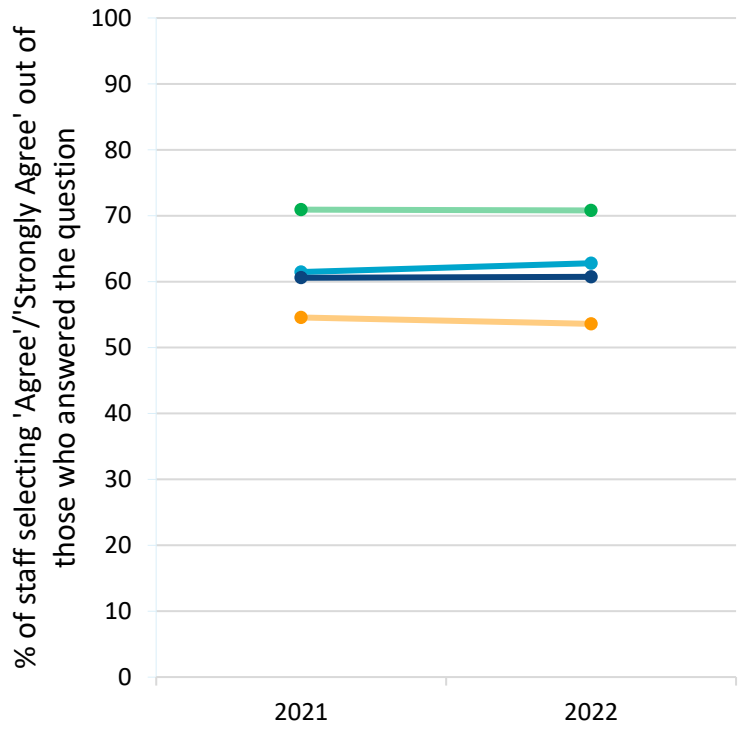
	2021	2022
Your org	66.8%	65.8%
Best	78.2%	75.6%
Average	71.4%	70.6%
Worst	62.0%	65.8%
Responses	2186	2227

Q7e I enjoy working with the colleagues in my team.



	2021	2022
Your org	80.0%	78.7%
Best	88.5%	88.5%
Average	84.4%	85.2%
Worst	80.0%	78.7%
Responses	2184	2227

Q7f My team has enough freedom in how to do its work.

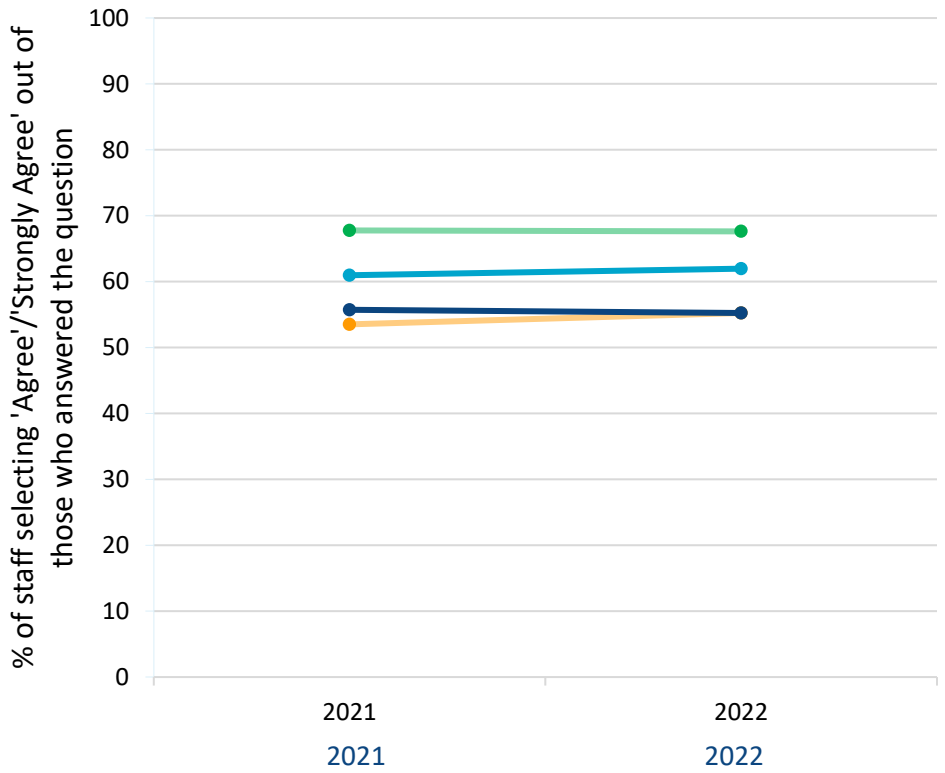


	2021	2022
Your org	60.6%	60.7%
Best	70.9%	70.8%
Average	61.5%	62.8%
Worst	54.6%	53.6%
Responses	2184	2227

People Promise elements and theme results – We are a team: Teamworking

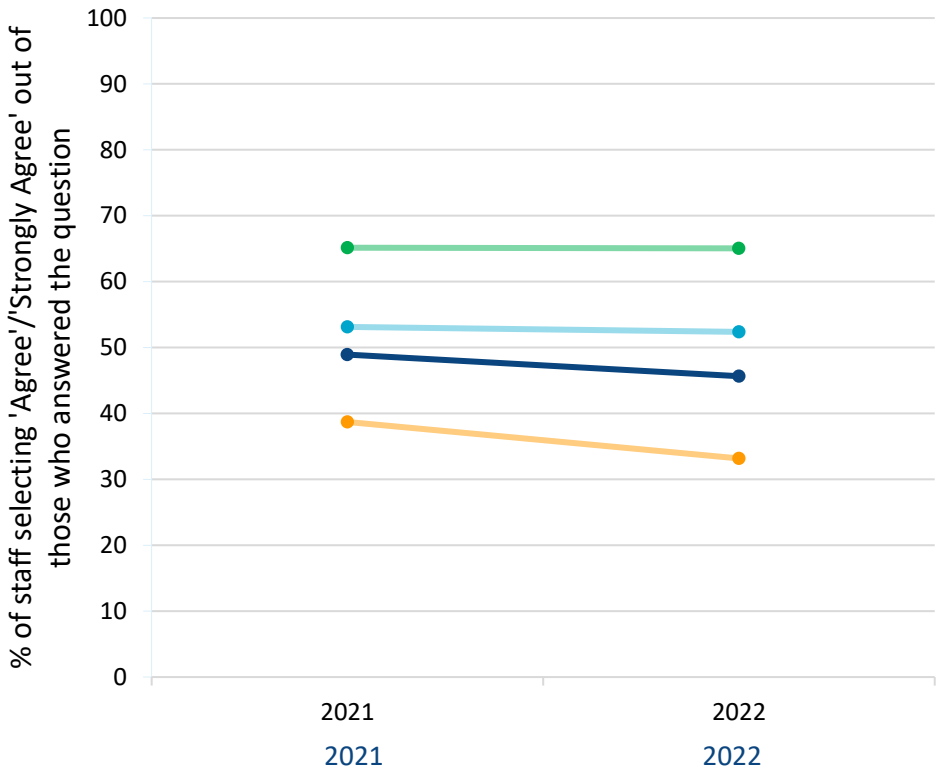
Survey Coordination Centre

Q7g In my team disagreements are dealt with constructively.



	2021	2022
Your org	55.7%	55.2%
Best	67.8%	67.6%
Average	61.0%	62.0%
Worst	53.5%	55.2%
Responses	2184	2225

Q8a Teams within this organisation work well together to achieve their objectives.



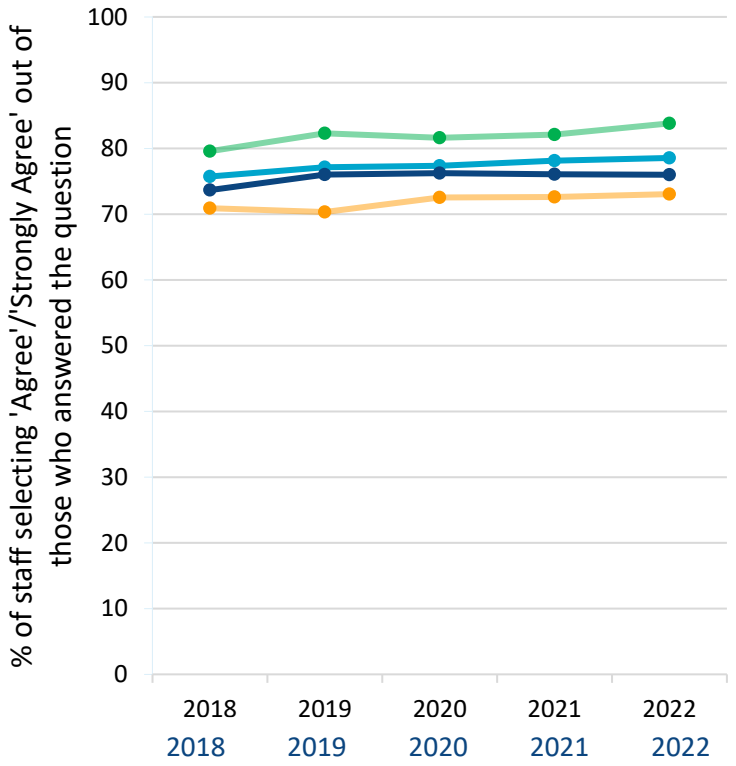
	2021	2022
Your org	48.9%	45.7%
Best	65.1%	65.0%
Average	53.1%	52.4%
Worst	38.7%	33.2%
Responses	2182	2223

People Promise elements and theme results – We are a team: Line management

Survey Coordination Centre

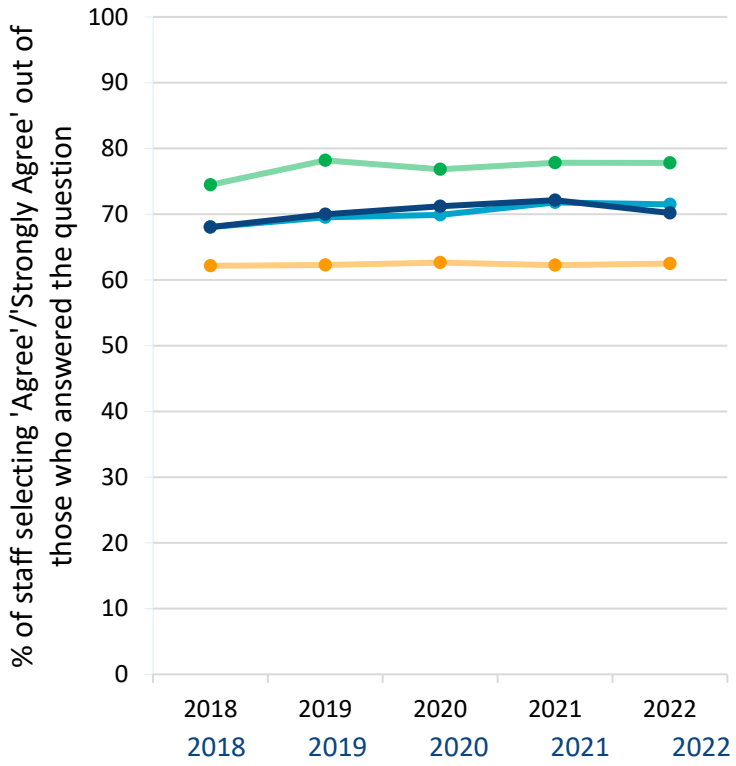
NHS

Q9a My immediate manager encourages me at work.



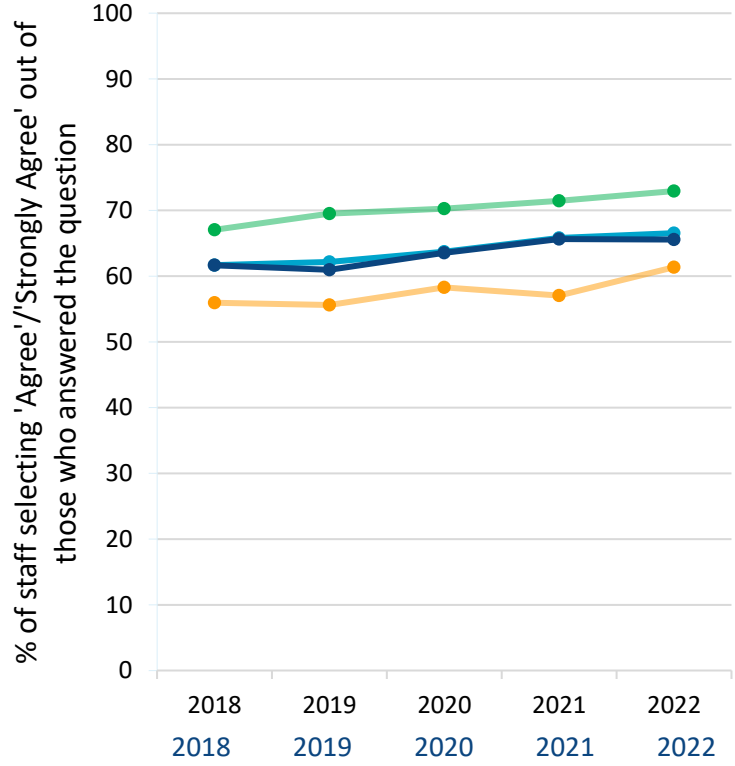
	2018	2019	2020	2021	2022
Your org	73.7%	76.0%	76.2%	76.1%	76.0%
Best	79.6%	82.3%	81.6%	82.1%	83.8%
Average	75.7%	77.1%	77.4%	78.1%	78.5%
Worst	70.9%	70.3%	72.5%	72.6%	73.1%
Responses	1453	1739	1812	2178	2226

Q9b My immediate manager gives me clear feedback on my work.



	2018	2019	2020	2021	2022
Your org	68.0%	70.0%	71.2%	72.1%	70.2%
Best	74.5%	78.2%	76.8%	77.8%	77.8%
Average	68.0%	69.5%	69.9%	71.8%	71.5%
Worst	62.1%	62.3%	62.6%	62.3%	62.5%
Responses	1445	1739	1813	2177	2219

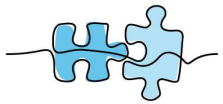
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



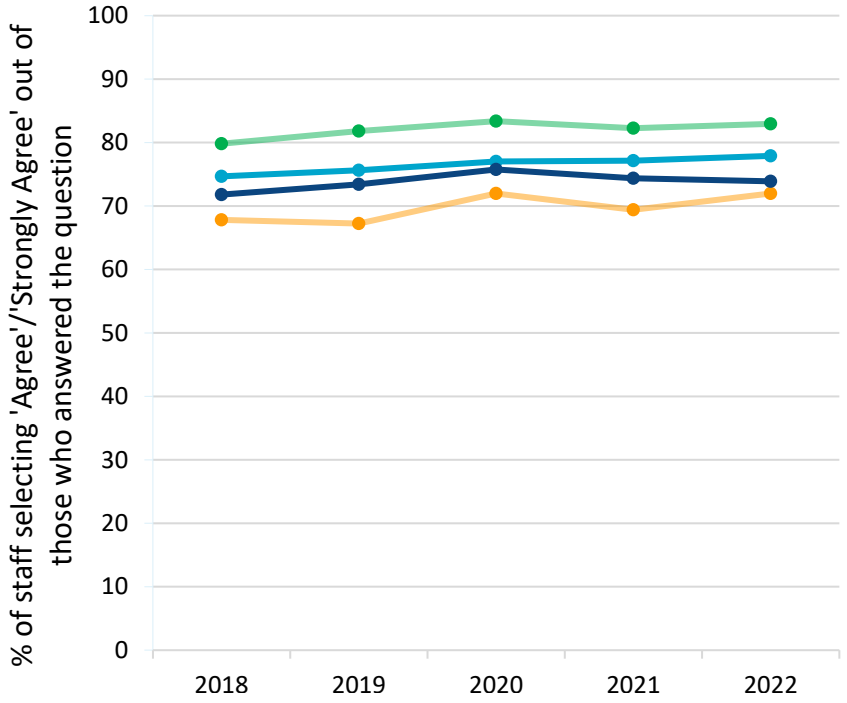
	2018	2019	2020	2021	2022
Your org	61.7%	61.0%	63.5%	65.6%	65.6%
Best	67.0%	69.5%	70.3%	71.5%	72.9%
Average	61.7%	62.2%	63.7%	65.8%	66.6%
Worst	56.0%	55.6%	58.3%	57.0%	61.3%
Responses	1444	1739	1813	2169	2224

People Promise elements and theme results – We are a team: Line management

Survey Coordination Centre



Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	71.8%	73.4%	75.8%	74.4%	73.9%
Best	79.8%	81.8%	83.4%	82.3%	83.0%
Average	74.7%	75.6%	77.0%	77.2%	77.9%
Worst	67.8%	67.2%	72.0%	69.4%	72.0%
Responses	1442	1736	1812	2175	2227

Theme – Staff engagement

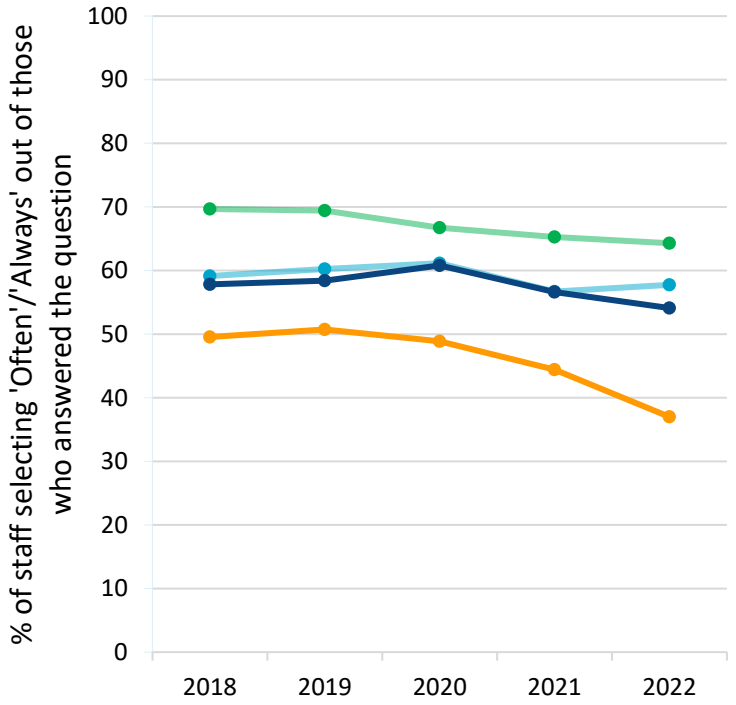
Questions included:
Motivation – Q2a, Q2b, Q2c
Involvement – Q3c, Q3d, Q3f
Advocacy – Q23a, Q23c, Q23d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – Staff engagement: Motivation

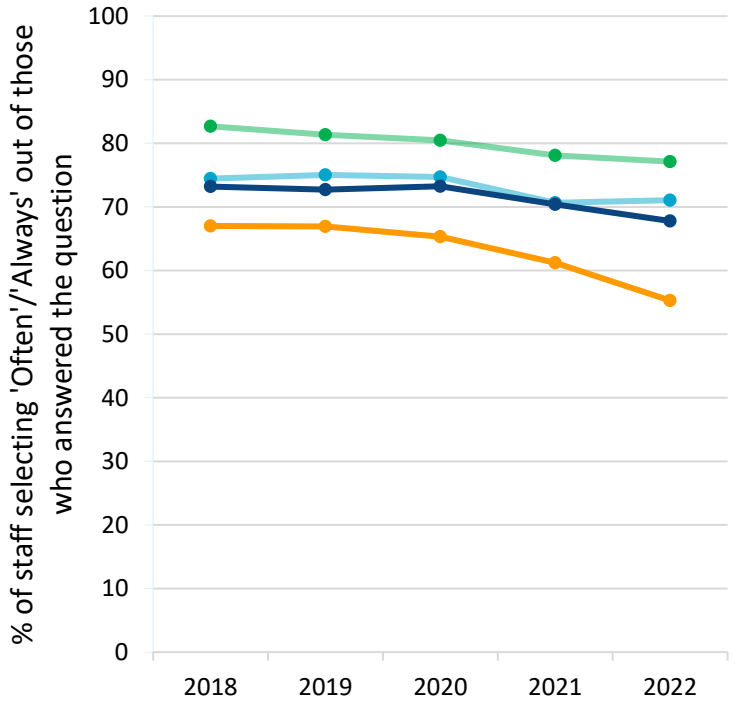
Survey Coordination Centre

Q2a I look forward to going to work.



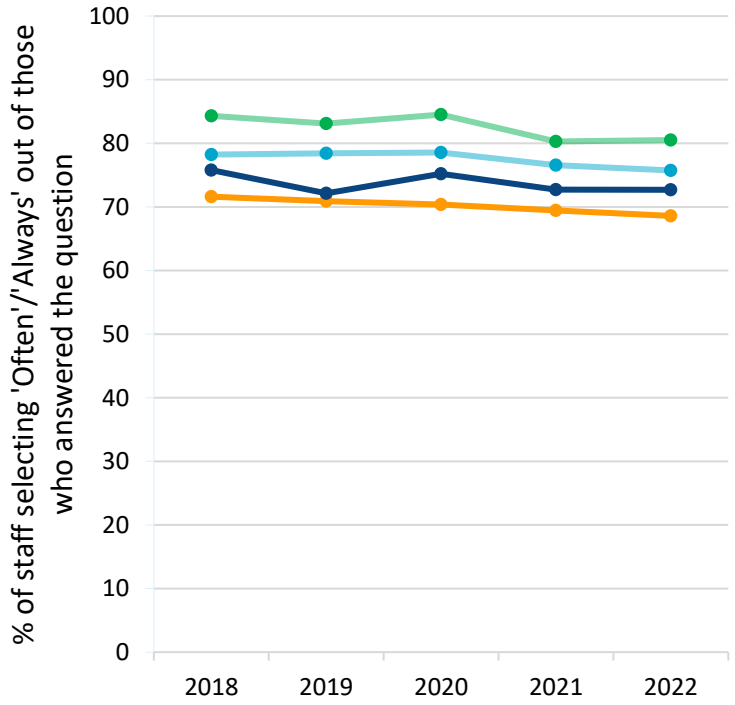
	2018	2019	2020	2021	2022
Your org	57.8%	58.4%	60.8%	56.6%	54.1%
Best	69.7%	69.4%	66.7%	65.3%	64.3%
Average	59.1%	60.2%	61.1%	56.7%	57.8%
Worst	49.5%	50.7%	48.9%	44.4%	37.0%
Responses	1482	1765	1842	2207	2222

Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
Your org	73.2%	72.7%	73.3%	70.4%	67.8%
Best	82.7%	81.3%	80.5%	78.1%	77.1%
Average	74.5%	75.0%	74.7%	70.7%	71.1%
Worst	67.0%	66.9%	65.3%	61.2%	55.3%
Responses	1451	1758	1834	2189	2200

Q2c Time passes quickly when I am working.

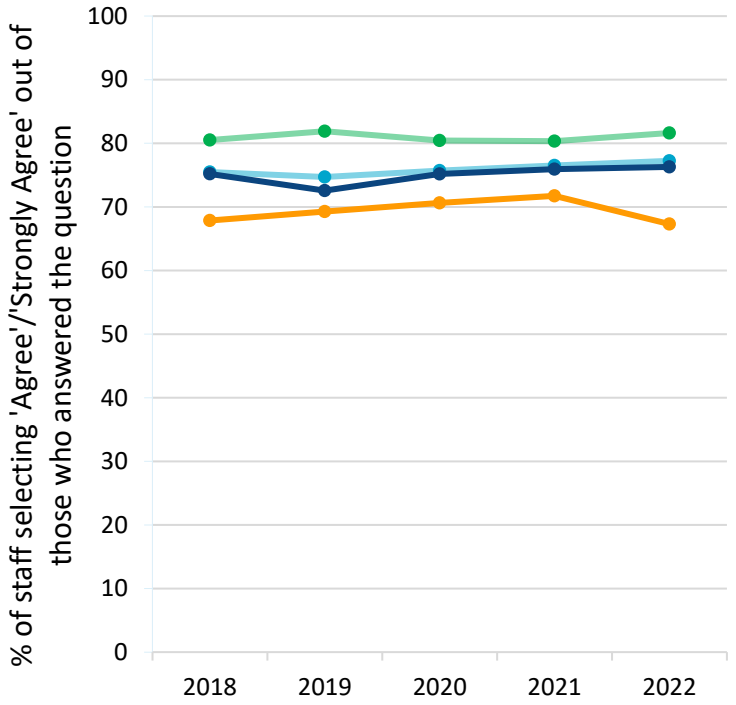


	2018	2019	2020	2021	2022
Your org	75.8%	72.1%	75.2%	72.7%	72.7%
Best	84.3%	83.1%	84.5%	80.3%	80.5%
Average	78.2%	78.4%	78.6%	76.6%	75.7%
Worst	71.6%	70.9%	70.4%	69.4%	68.6%
Responses	1446	1758	1827	2194	2203

People Promise elements and theme results – Staff engagement: Involvement

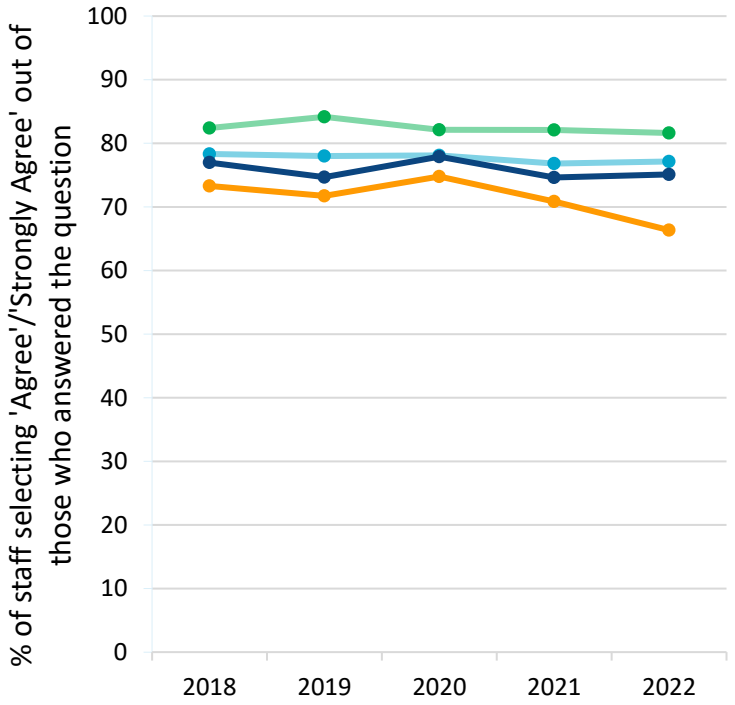
Survey Coordination Centre

Q3c There are frequent opportunities for me to show initiative in my role.



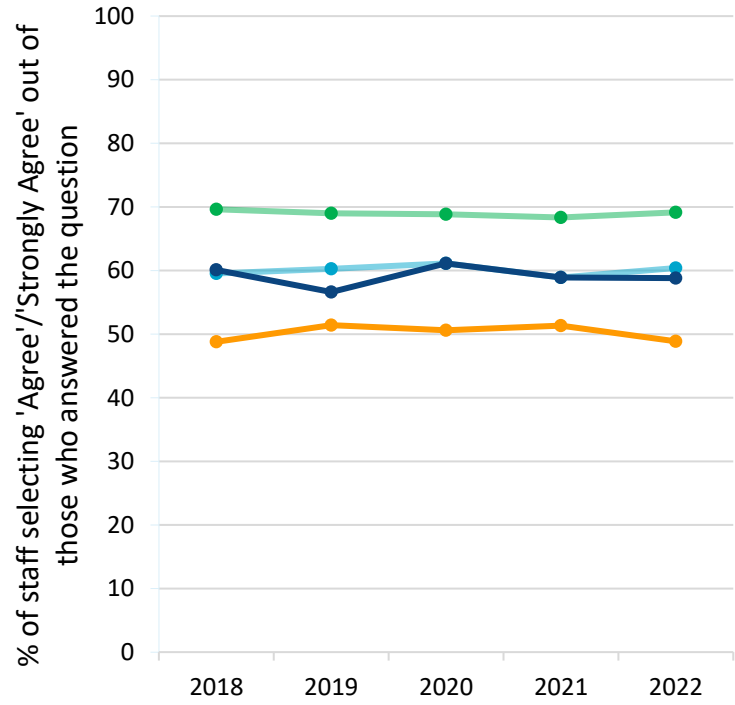
	2018	2019	2020	2021	2022
Your org	75.2%	72.6%	75.2%	75.9%	76.3%
Best	80.5%	81.9%	80.4%	80.4%	81.6%
Average	75.5%	74.7%	75.7%	76.5%	77.3%
Worst	67.9%	69.3%	70.6%	71.7%	67.3%
Responses	1492	1771	1831	2207	2226

Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	77.0%	74.7%	77.9%	74.6%	75.1%
Best	82.4%	84.2%	82.1%	82.1%	81.6%
Average	78.3%	78.0%	78.1%	76.8%	77.1%
Worst	73.3%	71.7%	74.8%	70.9%	66.3%
Responses	1485	1770	1829	2207	2226

Q3f I am able to make improvements happen in my area of work.



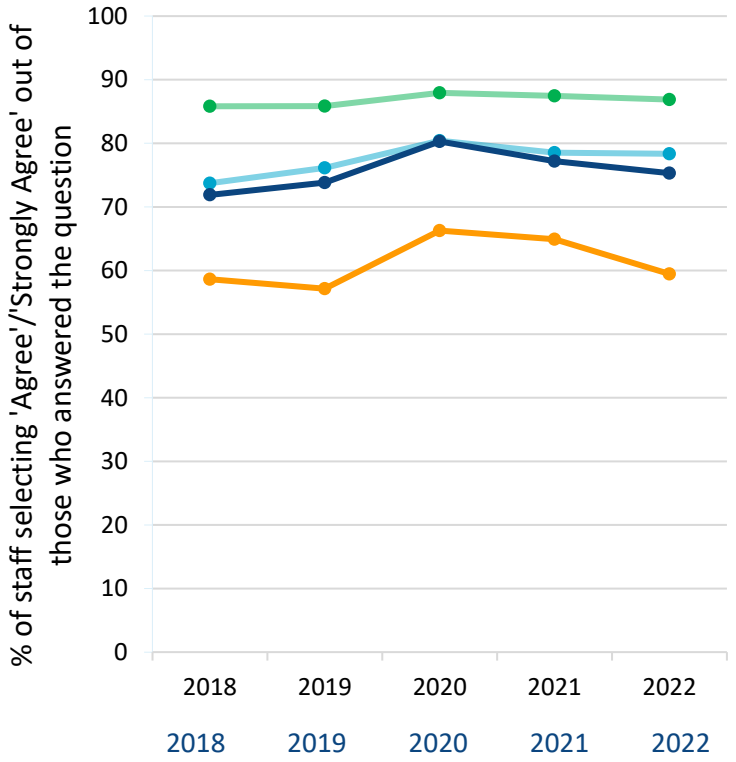
	2018	2019	2020	2021	2022
Your org	60.1%	56.6%	61.1%	58.9%	58.8%
Best	69.6%	69.0%	68.8%	68.4%	69.1%
Average	59.5%	60.3%	61.1%	58.9%	60.4%
Worst	48.8%	51.4%	50.6%	51.3%	48.9%
Responses	1482	1766	1823	2202	2221

People Promise elements and theme results – Staff engagement: Advocacy

Survey Coordination Centre

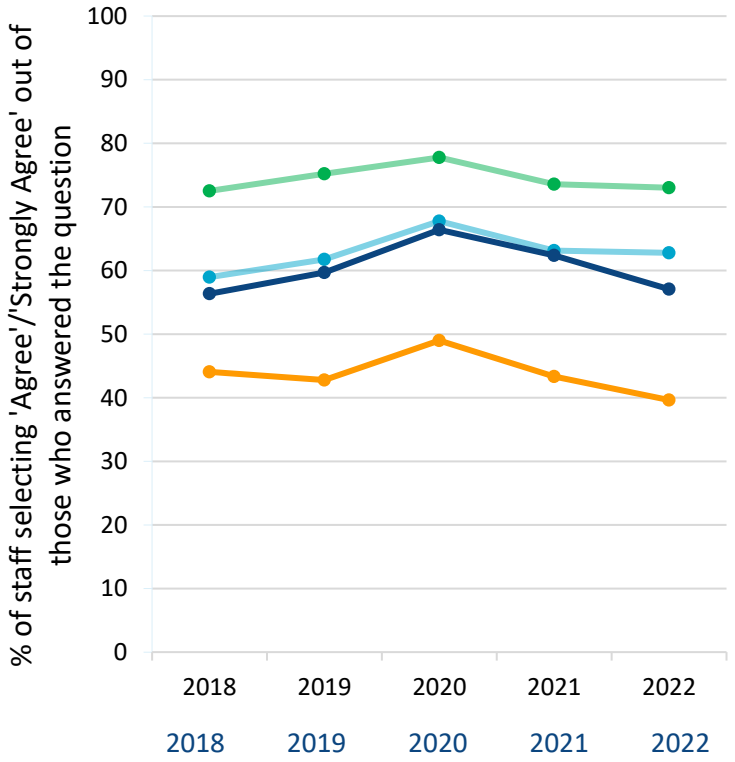
NHS

Q23a Care of patients / service users is my organisation's top priority.



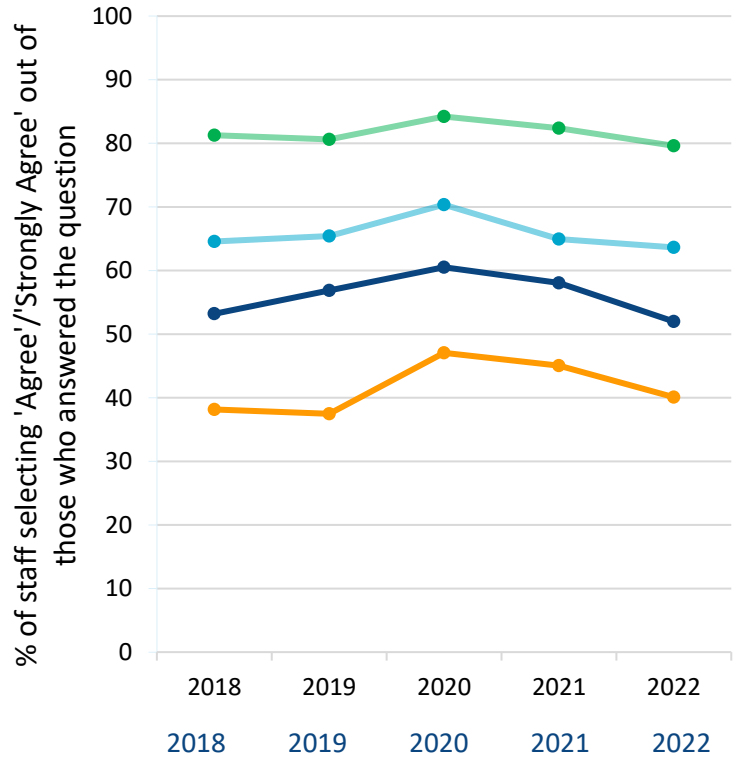
	2018	2019	2020	2021	2022
Your org	71.9%	73.8%	80.3%	77.2%	75.3%
Best	85.8%	85.9%	87.9%	87.5%	86.9%
Average	73.7%	76.1%	80.4%	78.5%	78.3%
Worst	58.6%	57.2%	66.3%	64.9%	59.5%
Responses	1390	1692	1790	2145	2217

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	56.3%	59.7%	66.4%	62.4%	57.1%
Best	72.5%	75.2%	77.8%	73.6%	73.0%
Average	59.0%	61.8%	67.8%	63.1%	62.8%
Worst	44.1%	42.8%	49.0%	43.3%	39.6%
Responses	1392	1690	1789	2141	2216

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Your org	53.2%	56.9%	60.5%	58.1%	52.0%
Best	81.3%	80.6%	84.2%	82.4%	79.6%
Average	64.6%	65.4%	70.4%	64.9%	63.6%
Worst	38.2%	37.5%	47.1%	45.0%	40.1%
Responses	1385	1691	1787	2142	2216

Theme - Morale

Questions included:
Thinking about leaving – Q24a, Q24b, Q24c
Work pressure – Q3g, Q3h, Q3i
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

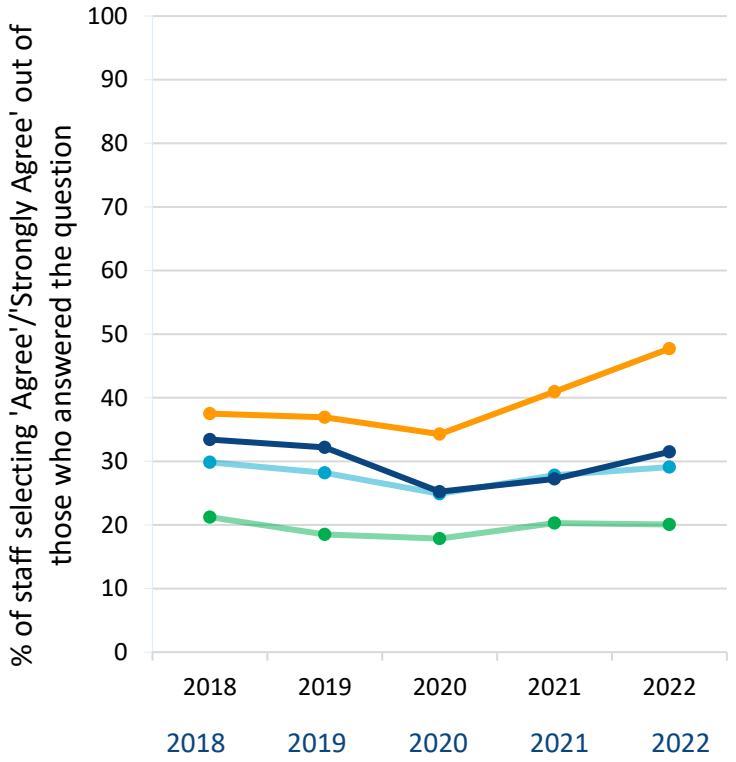
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – Morale: Thinking about leaving

Survey Coordination Centre

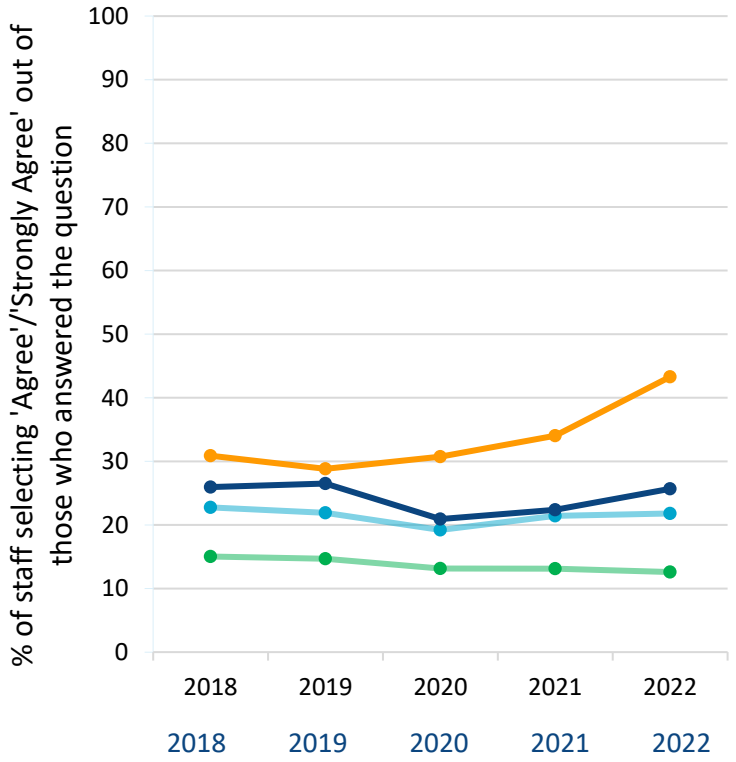
NHS

Q24a I often think about leaving this organisation.



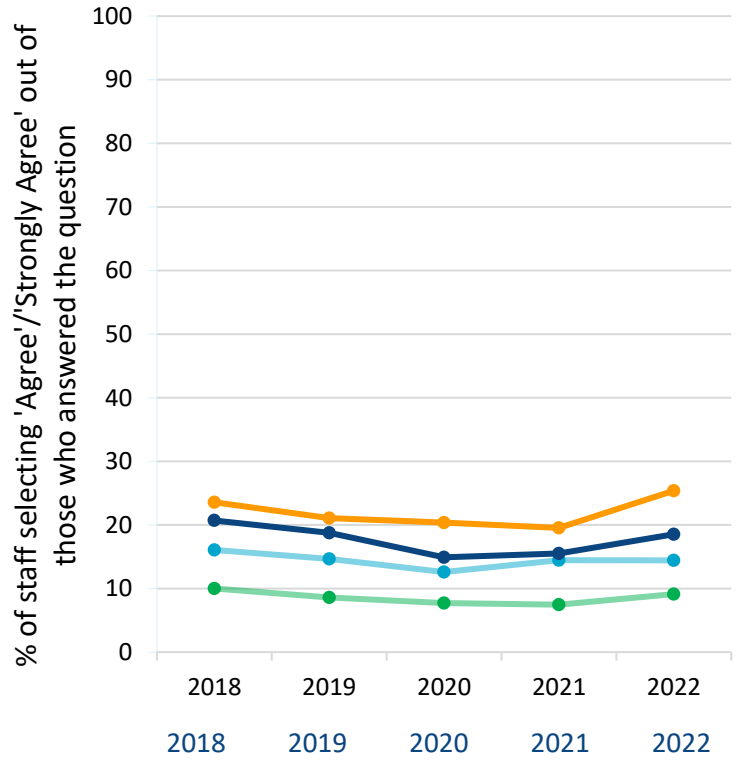
	2018	2019	2020	2021	2022
Your org	33.4%	32.2%	25.2%	27.2%	31.5%
Best	21.2%	18.5%	17.9%	20.3%	20.1%
Average	29.9%	28.2%	24.9%	27.8%	29.1%
Worst	37.5%	36.9%	34.3%	41.0%	47.7%
Responses	1392	1686	1787	2140	2211

Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	26.0%	26.5%	20.9%	22.4%	25.7%
Best	15.0%	14.7%	13.1%	13.1%	12.6%
Average	22.8%	21.9%	19.2%	21.4%	21.8%
Worst	30.9%	28.8%	30.7%	34.0%	43.3%
Responses	1388	1688	1786	2140	2211

Q24c As soon as I can find another job, I will leave this organisation.



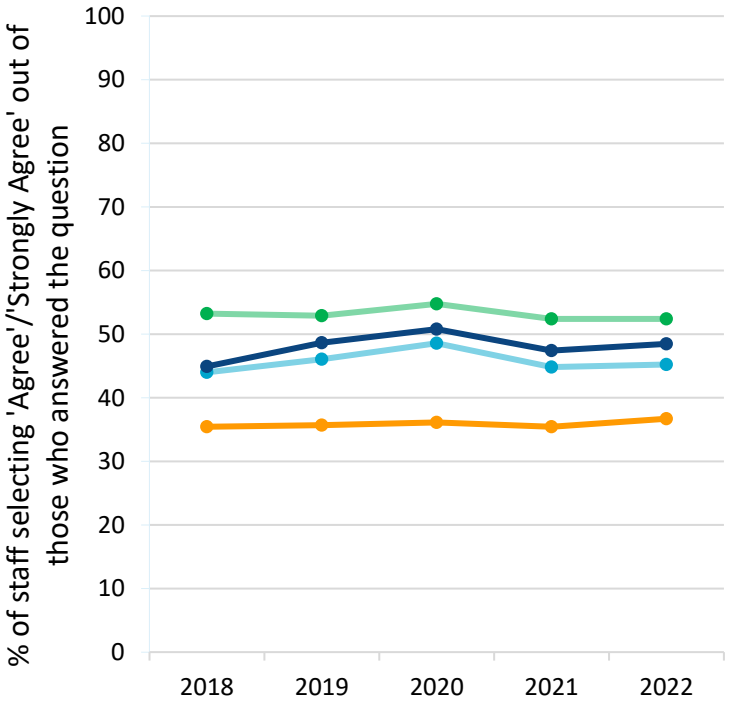
	2018	2019	2020	2021	2022
Your org	20.7%	18.8%	14.9%	15.5%	18.5%
Best	10.0%	8.6%	7.7%	7.5%	9.1%
Average	16.1%	14.7%	12.6%	14.5%	14.4%
Worst	23.6%	21.1%	20.4%	19.5%	25.4%
Responses	1320	1684	1784	2140	2208

People Promise elements and theme results – Morale: Work pressure

Survey Coordination Centre

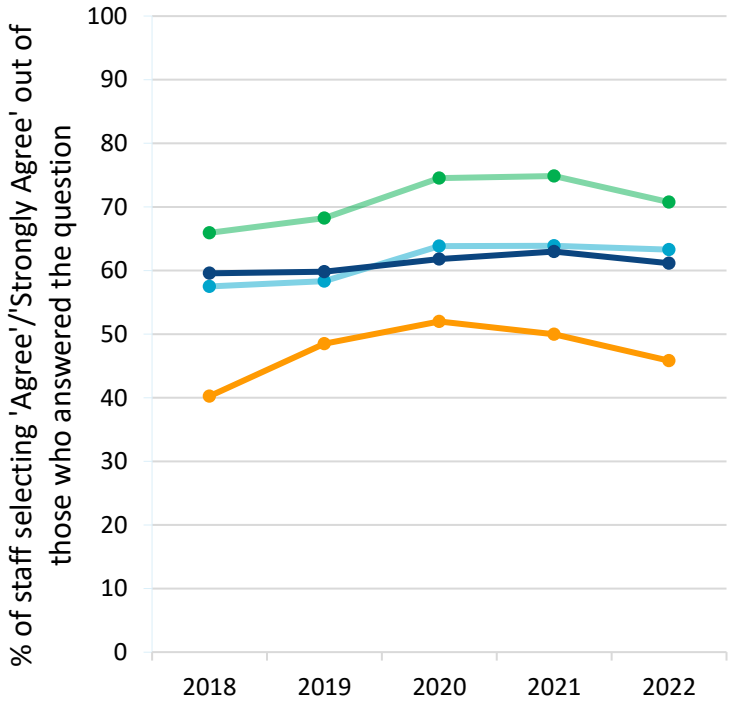
NHS

Q3g I am able to meet all the conflicting demands on my time at work.



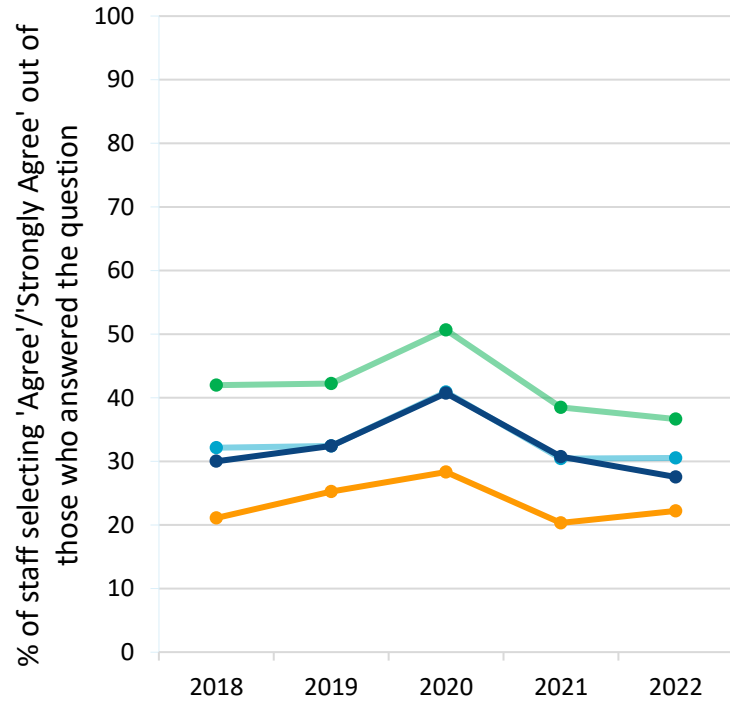
	2018	2019	2020	2021	2022
Your org	44.9%	48.6%	50.8%	47.4%	48.5%
Best	53.2%	52.9%	54.8%	52.4%	52.4%
Average	44.0%	46.0%	48.6%	44.8%	45.2%
Worst	35.4%	35.7%	36.1%	35.4%	36.7%
Responses	1480	1766	1817	2203	2225

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	59.6%	59.8%	61.8%	63.0%	61.1%
Best	65.9%	68.3%	74.5%	74.8%	70.8%
Average	57.5%	58.3%	63.8%	63.9%	63.3%
Worst	40.2%	48.5%	52.0%	50.0%	45.8%
Responses	1483	1762	1819	2202	2225

Q3i There are enough staff at this organisation for me to do my job properly.



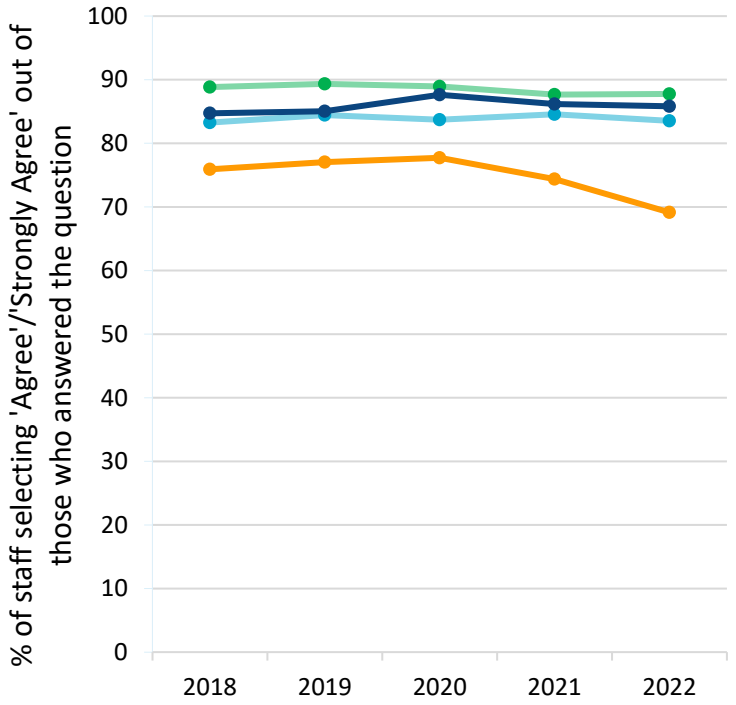
	2018	2019	2020	2021	2022
Your org	30.0%	32.4%	40.7%	30.7%	27.5%
Best	42.0%	42.2%	50.7%	38.5%	36.6%
Average	32.1%	32.4%	40.9%	30.4%	30.5%
Worst	21.1%	25.2%	28.3%	20.3%	22.2%
Responses	1481	1766	1826	2205	2224

People Promise elements and theme results – Morale: Stressors

Survey Coordination Centre

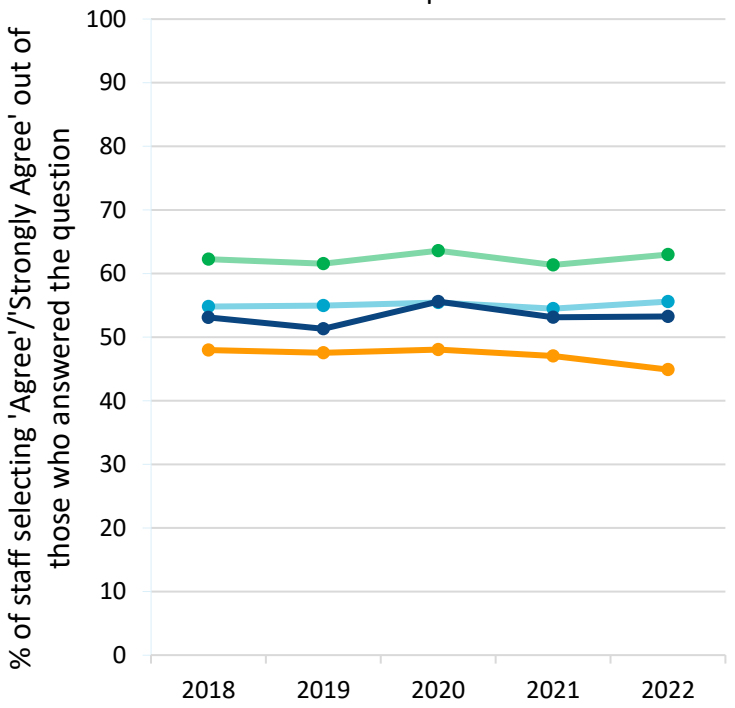
NHS

Q3a I always know what my work responsibilities are.



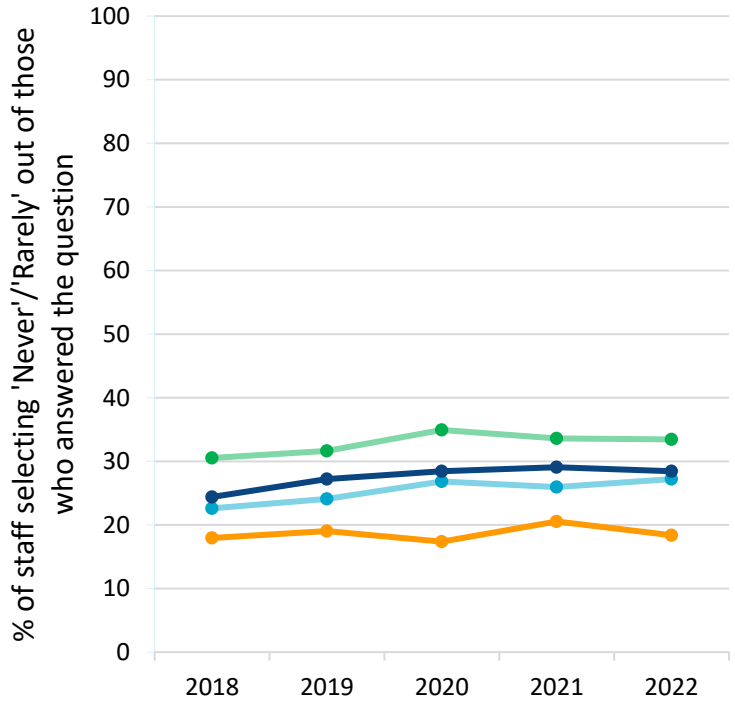
	2018	2019	2020	2021	2022
Your org	84.7%	85.0%	87.6%	86.2%	85.8%
Best	88.8%	89.3%	88.9%	87.7%	87.8%
Average	83.3%	84.4%	83.7%	84.6%	83.5%
Worst	75.9%	77.0%	77.7%	74.4%	69.2%
Responses	1489	1772	1843	2201	2223

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	53.1%	51.3%	55.6%	53.1%	53.2%
Best	62.3%	61.6%	63.6%	61.3%	63.0%
Average	54.8%	55.0%	55.4%	54.5%	55.6%
Worst	48.0%	47.5%	48.0%	47.0%	44.9%
Responses	1484	1771	1828	2202	2228

Q5a I have unrealistic time pressures.



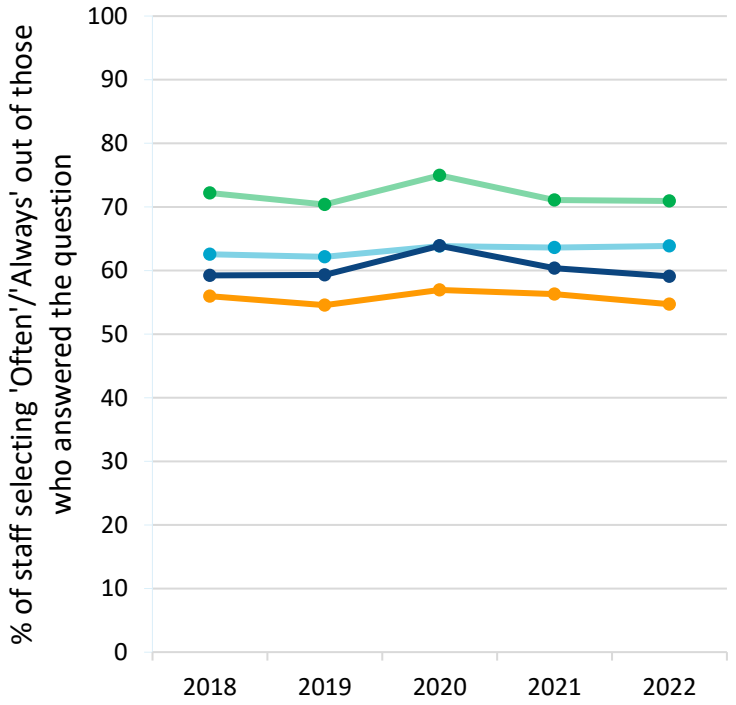
	2018	2019	2020	2021	2022
Your org	24.4%	27.2%	28.4%	29.1%	28.4%
Best	30.5%	31.6%	34.9%	33.6%	33.4%
Average	22.6%	24.1%	26.8%	26.0%	27.2%
Worst	17.9%	19.0%	17.4%	20.6%	18.4%
Responses	1461	1739	1821	2180	2218

People Promise elements and theme results – Morale: Stressors

Survey Coordination Centre

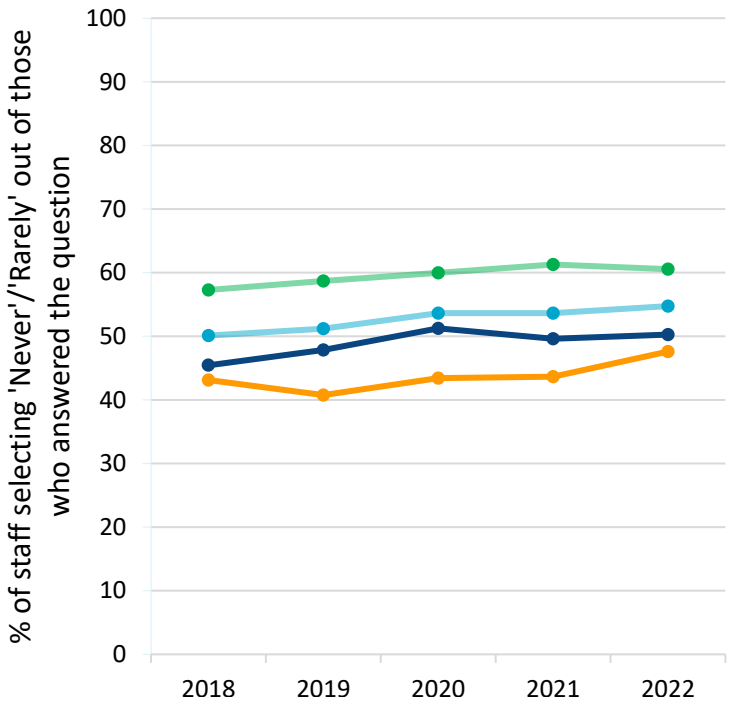
NHS

Q5b I have a choice in deciding how to do my work.



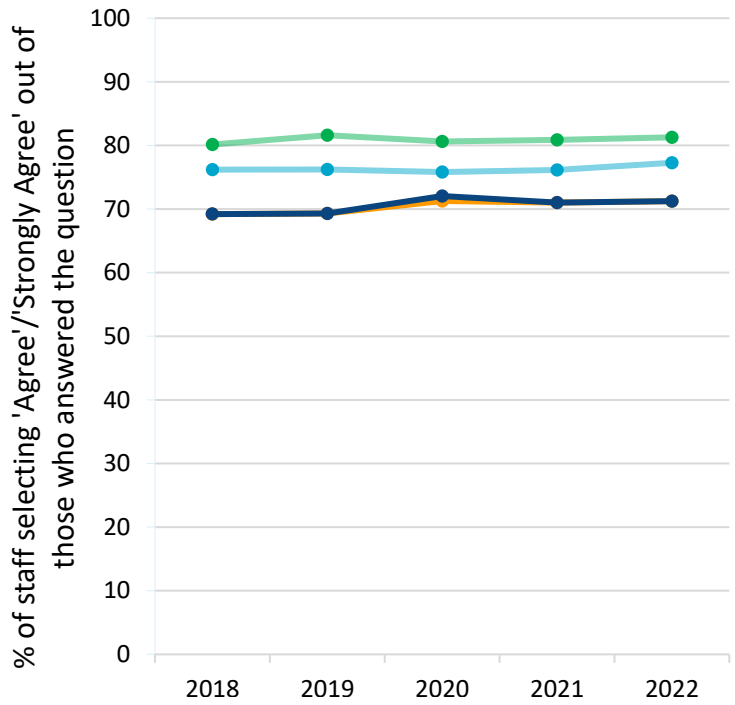
	2018	2019	2020	2021	2022
Your org	59.2%	59.3%	63.9%	60.4%	59.1%
Best	72.2%	70.4%	75.0%	71.1%	70.9%
Average	62.6%	62.1%	63.8%	63.6%	63.9%
Worst	56.0%	54.6%	56.9%	56.3%	54.7%
Responses	1456	1737	1822	2190	2220

Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	45.4%	47.8%	51.2%	49.6%	50.3%
Best	57.3%	58.7%	60.0%	61.3%	60.6%
Average	50.1%	51.2%	53.6%	53.6%	54.8%
Worst	43.1%	40.8%	43.4%	43.6%	47.6%
Responses	1458	1735	1821	2190	2222

Q7c I receive the respect I deserve from my colleagues at work.



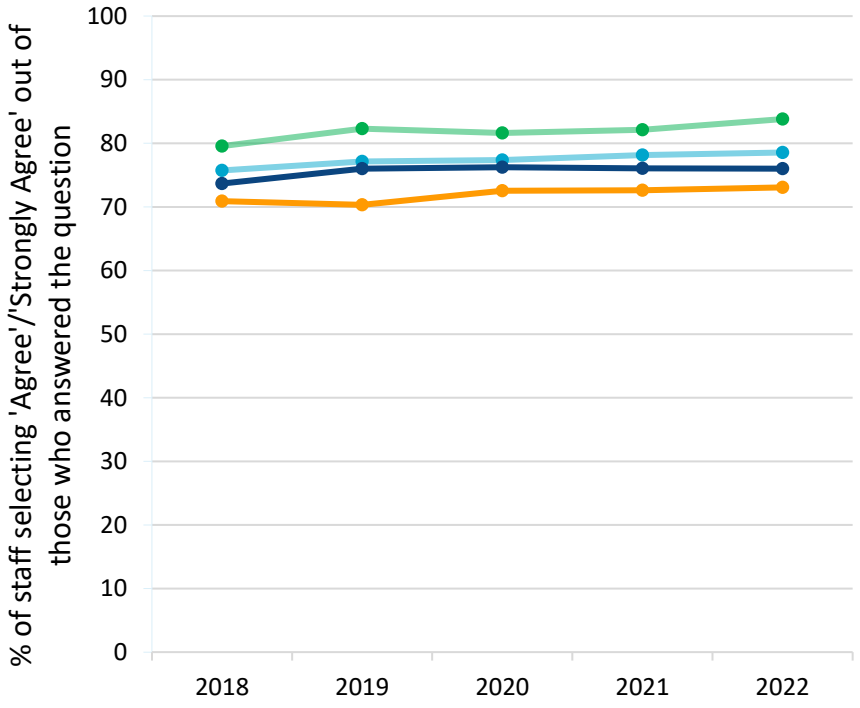
	2018	2019	2020	2021	2022
Your org	69.2%	69.3%	72.1%	71.0%	71.2%
Best	80.2%	81.6%	80.6%	80.9%	81.3%
Average	76.2%	76.2%	75.8%	76.1%	77.3%
Worst	69.2%	69.3%	71.3%	71.0%	71.2%
Responses	1484	1771	1826	2185	2222

People Promise elements and theme results – Morale: Stressors

Survey Coordination Centre

NHS

Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	73.7%	76.0%	76.2%	76.1%	76.0%
Best	79.6%	82.3%	81.6%	82.1%	83.8%
Average	75.7%	77.1%	77.4%	78.1%	78.5%
Worst	70.9%	70.3%	72.5%	72.6%	73.1%
Responses	1453	1739	1812	2178	2226

Survey Coordination Centre

NHS England

Question not linked to People Promise elements or themes

Questions included:
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

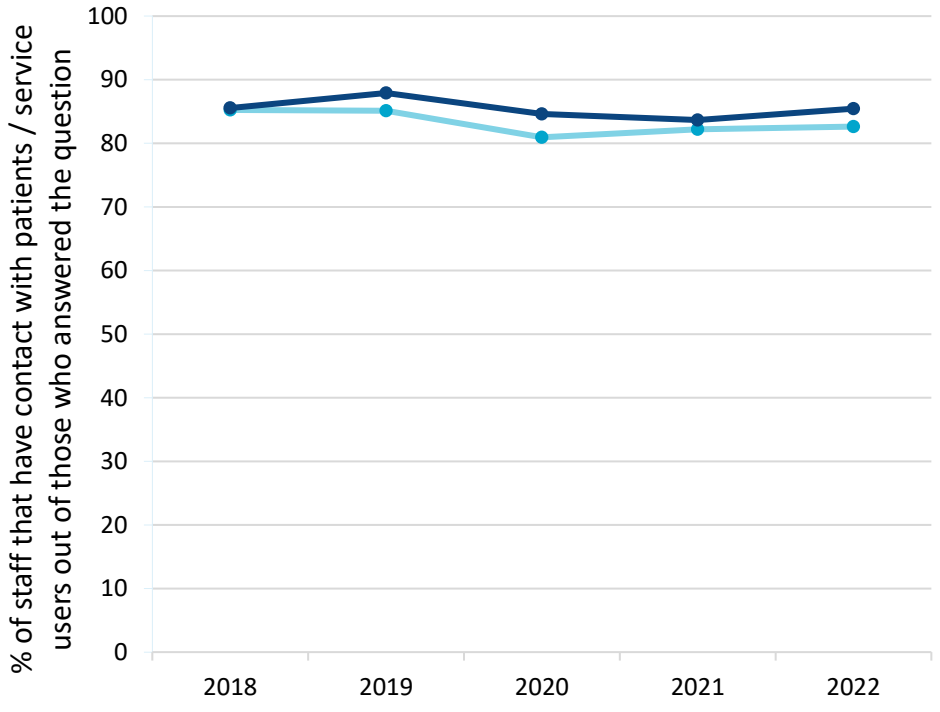
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – Questions not linked to People Promise elements or themes

Survey Coordination Centre

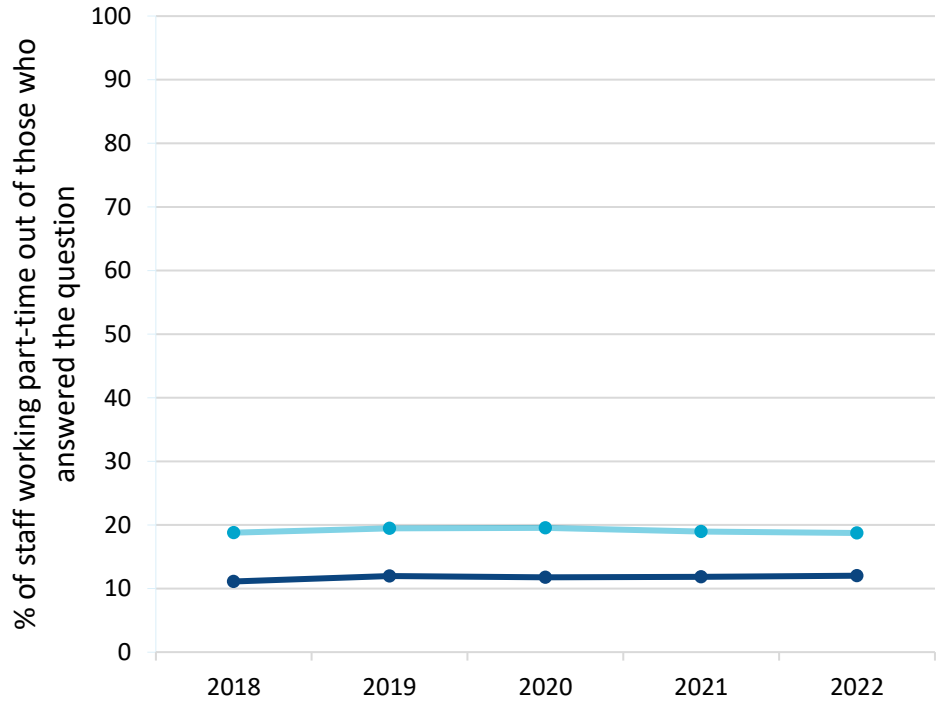
NHS

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
Your org	85.5%	87.9%	84.6%	83.7%	85.4%
Average	85.2%	85.1%	80.9%	82.2%	82.6%
Responses	1391	1778	1854	2217	2218

Q10a How many hours a week are you contracted to work?

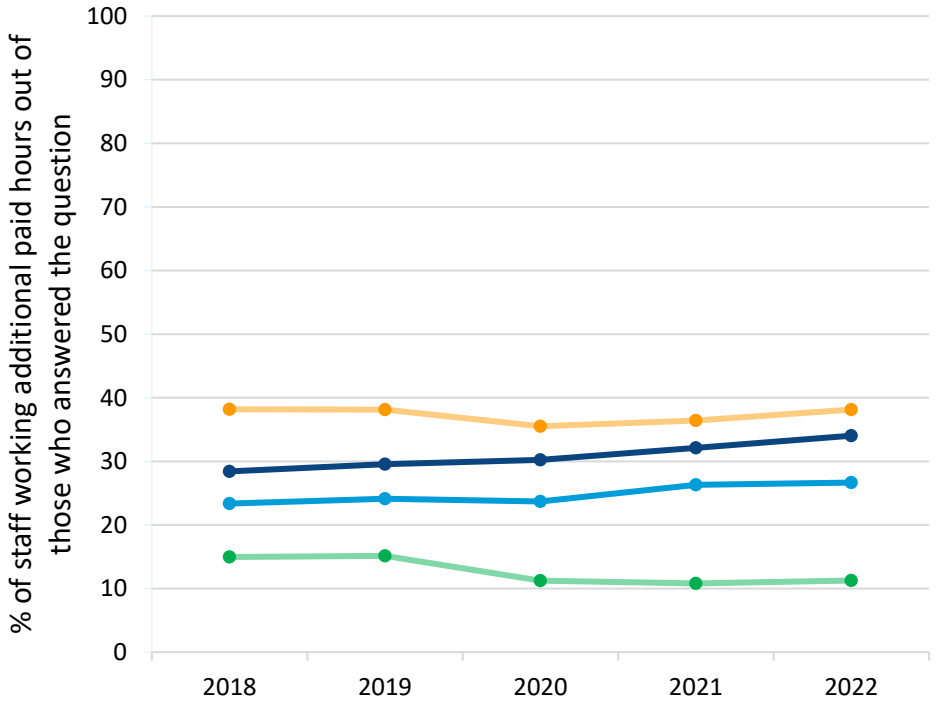


	2018	2019	2020	2021	2022
Your org	11.1%	12.0%	11.8%	11.8%	12.0%
Average	18.8%	19.5%	19.5%	19.0%	18.7%
Responses	1431	1713	1785	2112	2164

People Promise elements and theme results – Questions not linked to People Promise elements or themes

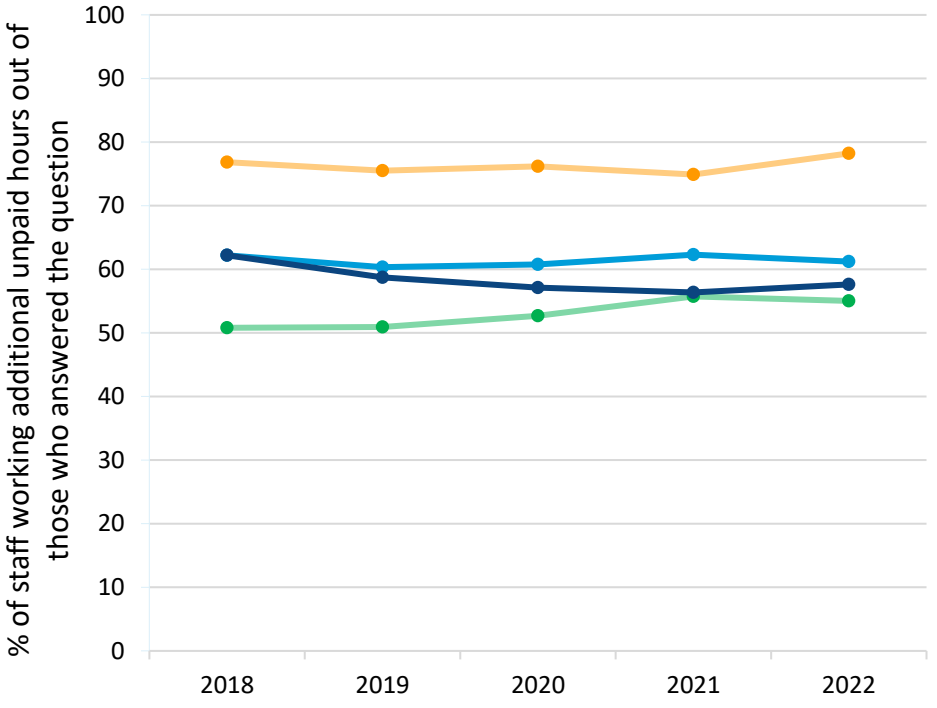
Survey Coordination Centre

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	28.4%	29.5%	30.2%	32.1%	34.0%
Lowest	15.0%	15.2%	11.2%	10.8%	11.3%
Average	23.4%	24.1%	23.7%	26.3%	26.7%
Highest	38.2%	38.1%	35.5%	36.4%	38.1%
Responses	1390	1720	1802	2165	2218

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



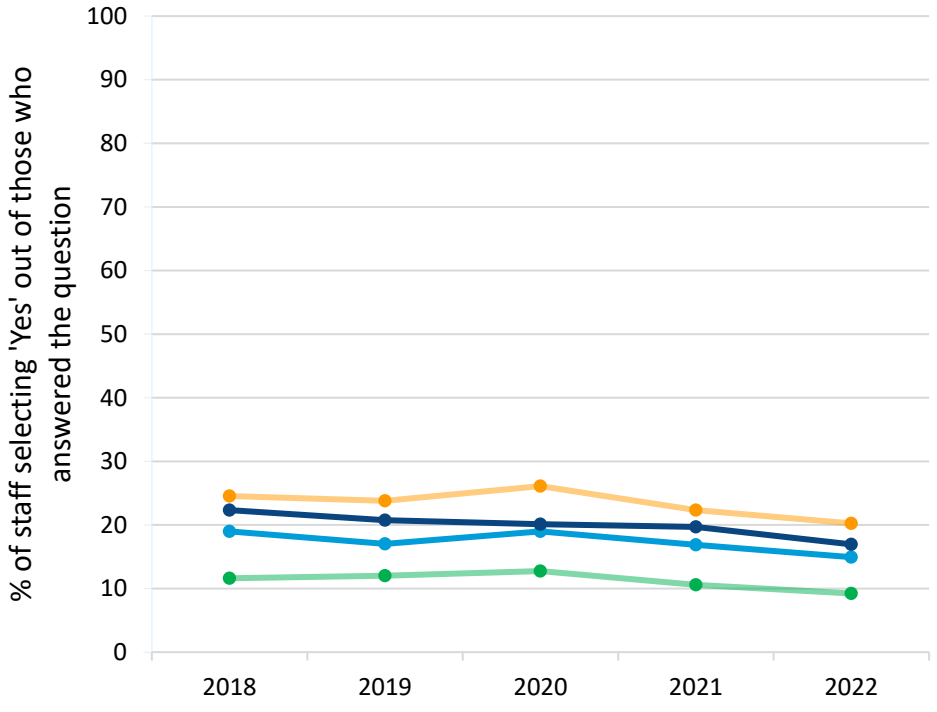
	2018	2019	2020	2021	2022
Your org	62.2%	58.7%	57.1%	56.4%	57.6%
Lowest	50.8%	50.9%	52.7%	55.7%	55.0%
Average	62.2%	60.3%	60.8%	62.3%	61.2%
Highest	76.8%	75.5%	76.2%	74.9%	78.2%
Responses	1398	1712	1806	2166	2216

People Promise elements and theme results – Questions not linked to People Promise elements or themes

Survey Coordination Centre

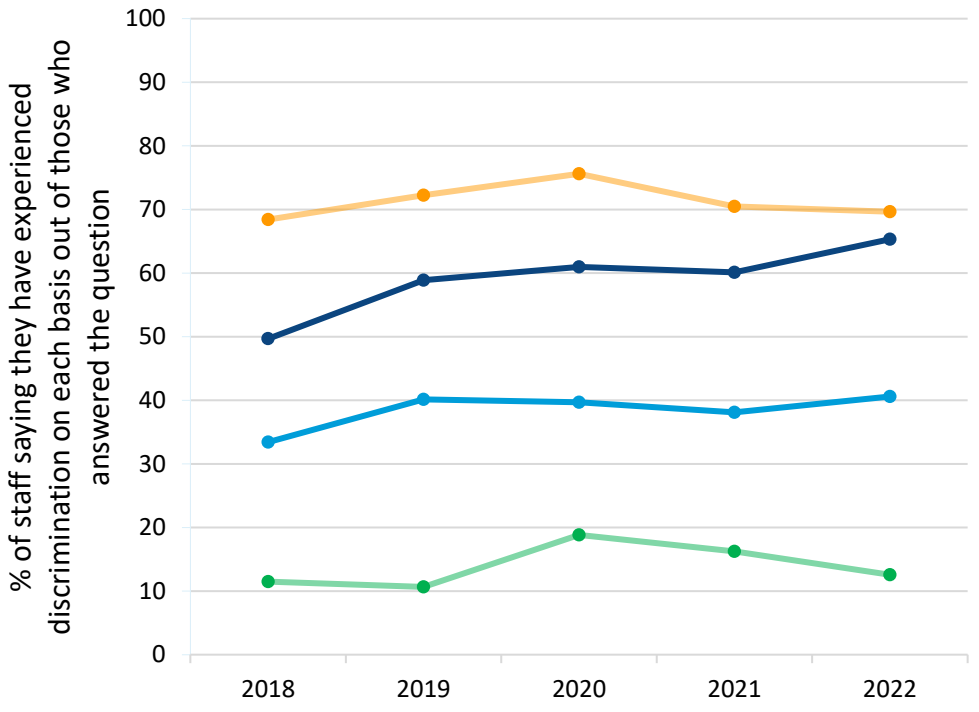
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	22.3%	20.7%	20.1%	19.7%	16.9%
Best	11.6%	12.0%	12.7%	10.6%	9.2%
Average	19.0%	17.0%	19.0%	16.9%	14.9%
Worst	24.6%	23.8%	26.1%	22.3%	20.2%
Responses	880	1034	906	1224	1311

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.

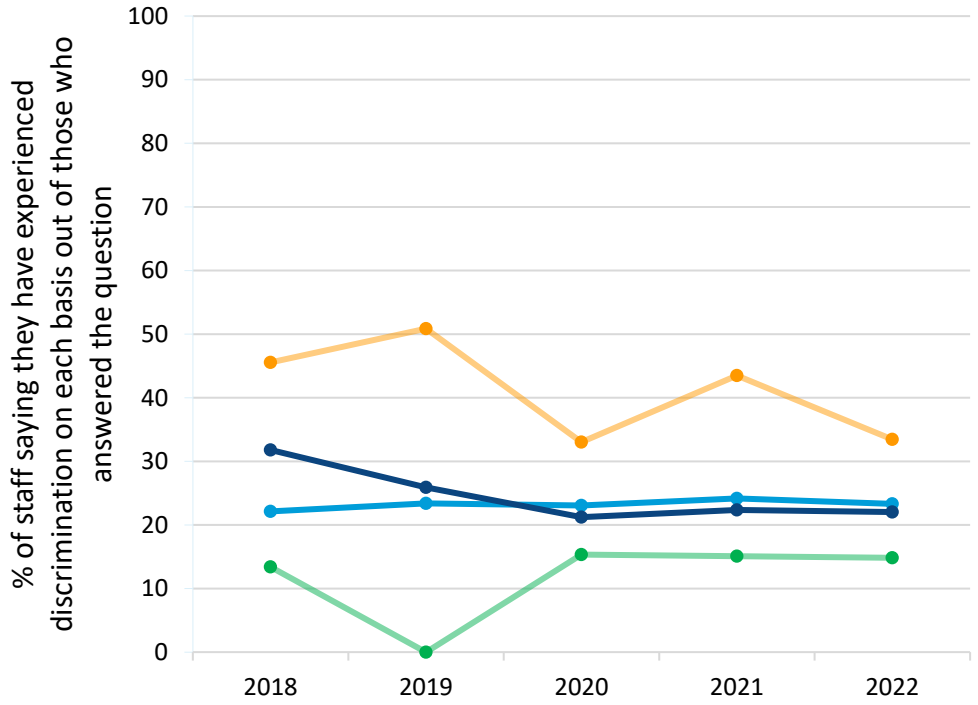


	2018	2019	2020	2021	2022
Your org	49.7%	58.9%	61.0%	60.1%	65.3%
Best	11.5%	10.6%	18.8%	16.3%	12.6%
Average	33.4%	40.1%	39.7%	38.1%	40.6%
Worst	68.4%	72.2%	75.6%	70.5%	69.6%
Responses	306	421	377	499	576

People Promise elements and theme results – Questions not linked to People Promise elements or themes

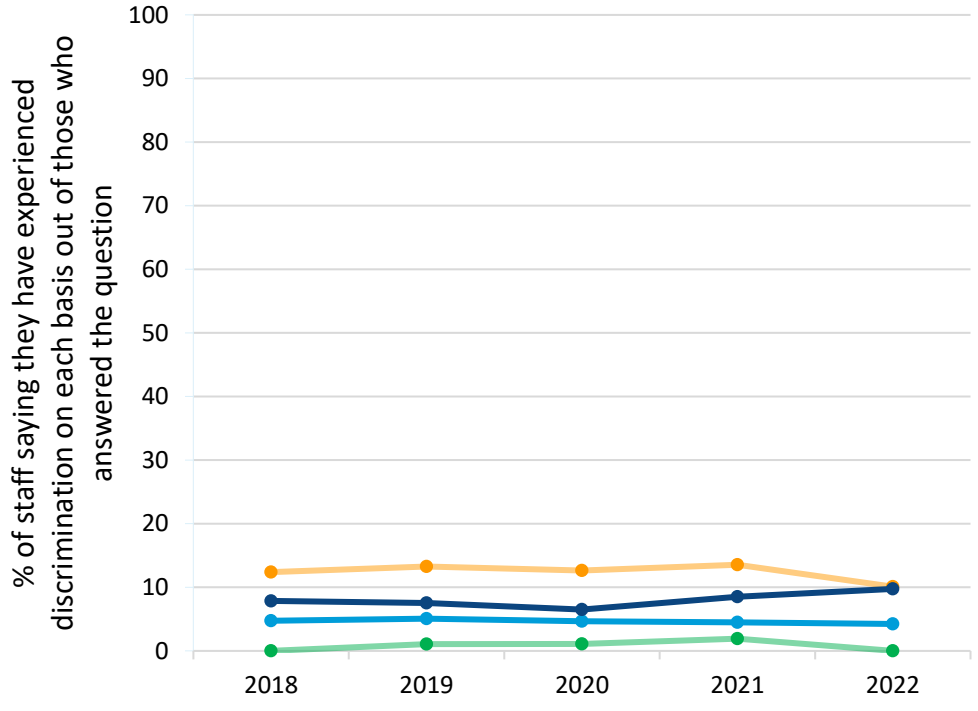
Survey Coordination Centre

Q16c.2 On what grounds have you experienced discrimination? – Gender.



	2018	2019	2020	2021	2022
Your org	31.8%	25.9%	21.2%	22.4%	22.0%
Best	13.4%	0.0%	15.3%	15.1%	14.8%
Average	22.1%	23.4%	23.1%	24.2%	23.3%
Worst	45.6%	50.8%	33.0%	43.5%	33.4%
Responses	306	421	377	499	576

Q16c.3 On what grounds have you experienced discrimination? – Religion.

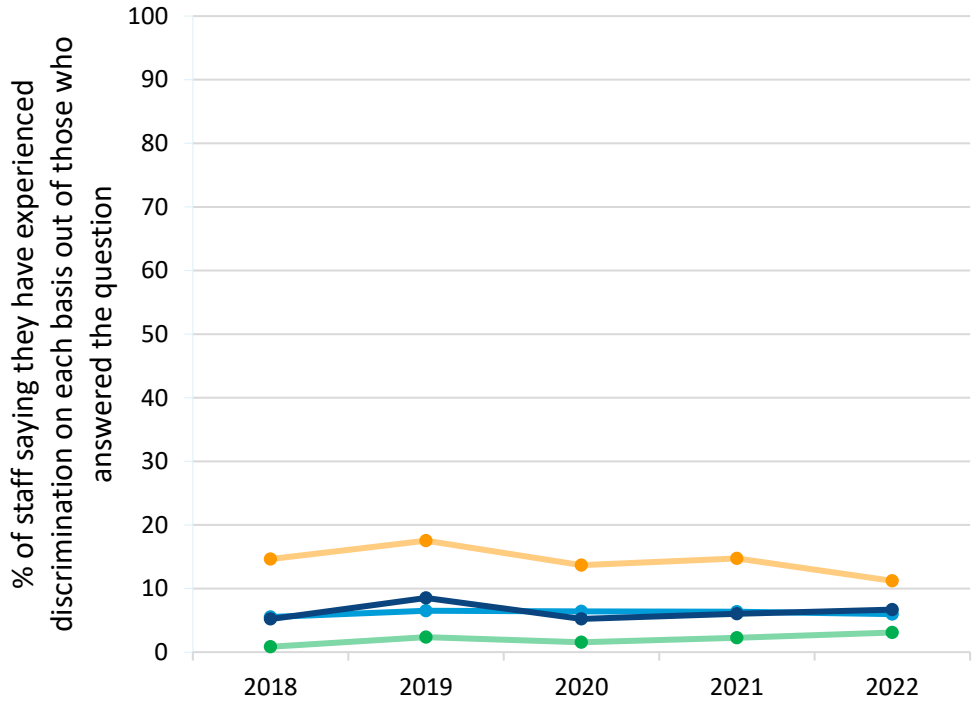


	2018	2019	2020	2021	2022
Your org	7.9%	7.5%	6.5%	8.5%	9.7%
Best	0.0%	1.1%	1.1%	1.9%	0.0%
Average	4.7%	5.1%	4.7%	4.5%	4.2%
Worst	12.4%	13.3%	12.6%	13.5%	10.1%
Responses	306	421	377	499	576

People Promise elements and theme results – Questions not linked to People Promise elements or themes

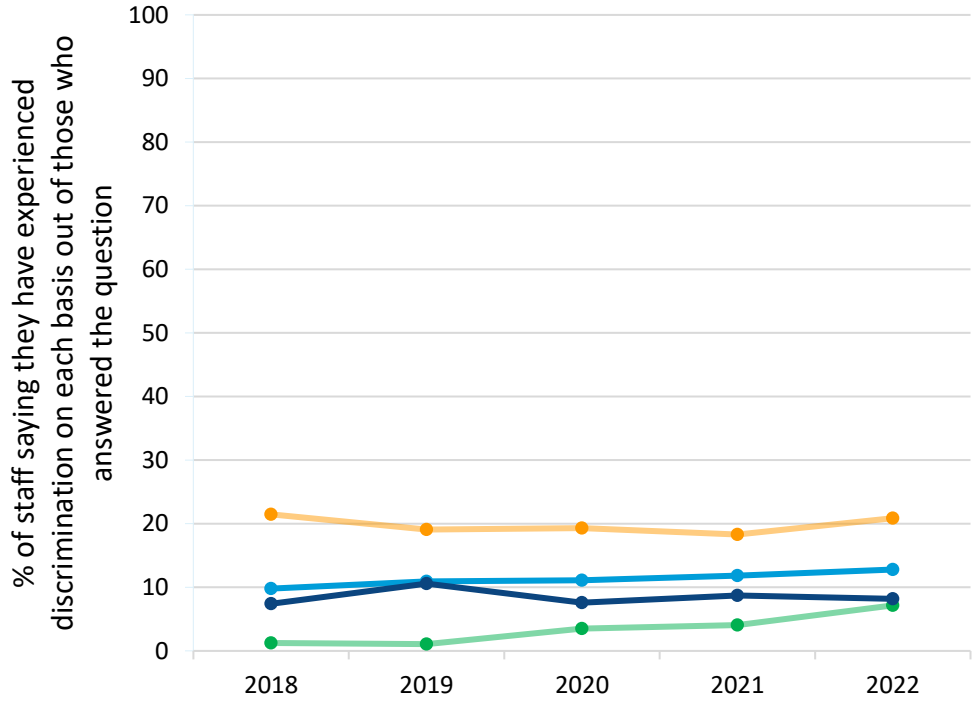
Survey Coordination Centre

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



	2018	2019	2020	2021	2022
Your org	5.2%	8.5%	5.2%	6.0%	6.7%
Best	0.8%	2.4%	1.5%	2.2%	3.1%
Average	5.5%	6.5%	6.4%	6.4%	6.0%
Worst	14.6%	17.5%	13.7%	14.7%	11.2%
Responses	306	421	377	499	576

Q16c.5 On what grounds have you experienced discrimination? – Disability.

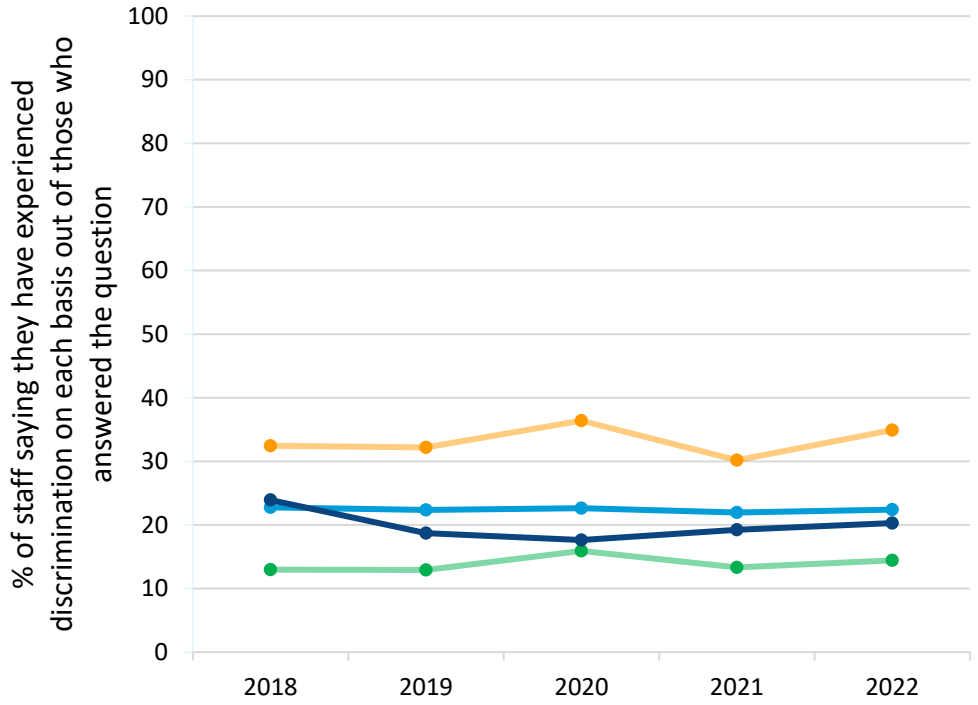


	2018	2019	2020	2021	2022
Your org	7.4%	10.6%	7.6%	8.7%	8.2%
Best	1.2%	1.1%	3.5%	4.1%	7.2%
Average	9.8%	10.9%	11.1%	11.8%	12.8%
Worst	21.5%	19.1%	19.3%	18.3%	20.9%
Responses	306	421	377	499	576

People Promise elements and theme results – Questions not linked to People Promise elements or themes

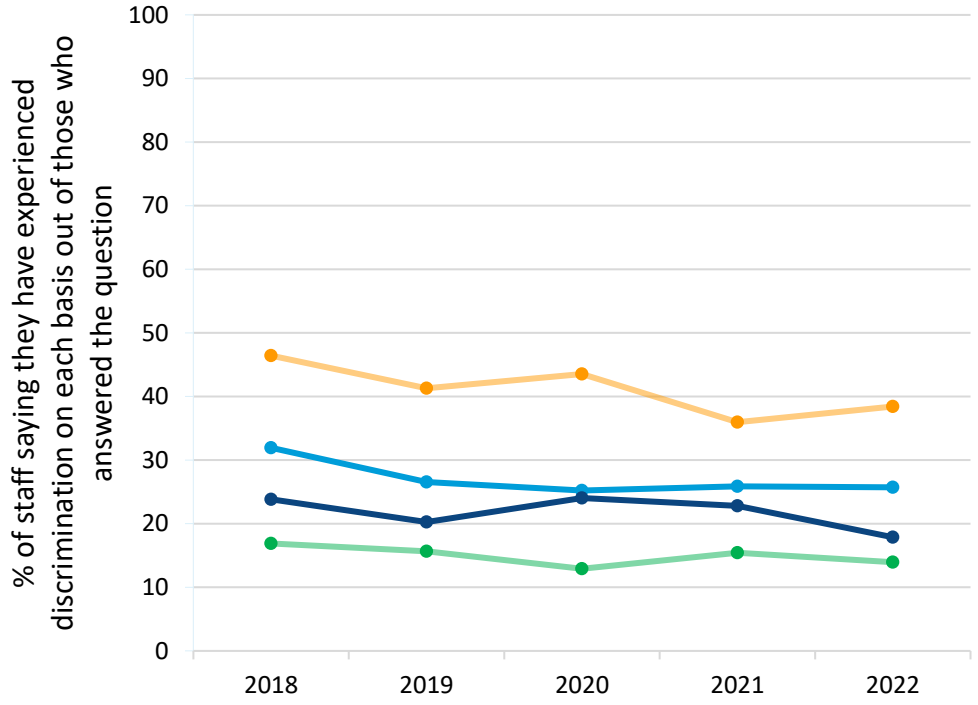
Survey Coordination Centre

Q16c.6 On what grounds have you experienced discrimination? – Age.



	2018	2019	2020	2021	2022
Your org	23.9%	18.7%	17.6%	19.2%	20.3%
Best	13.0%	12.9%	15.9%	13.3%	14.4%
Average	22.8%	22.4%	22.6%	22.0%	22.4%
Worst	32.4%	32.2%	36.4%	30.2%	34.9%
Responses	306	421	377	499	576

Q16c.7 On what grounds have you experienced discrimination? – Other.

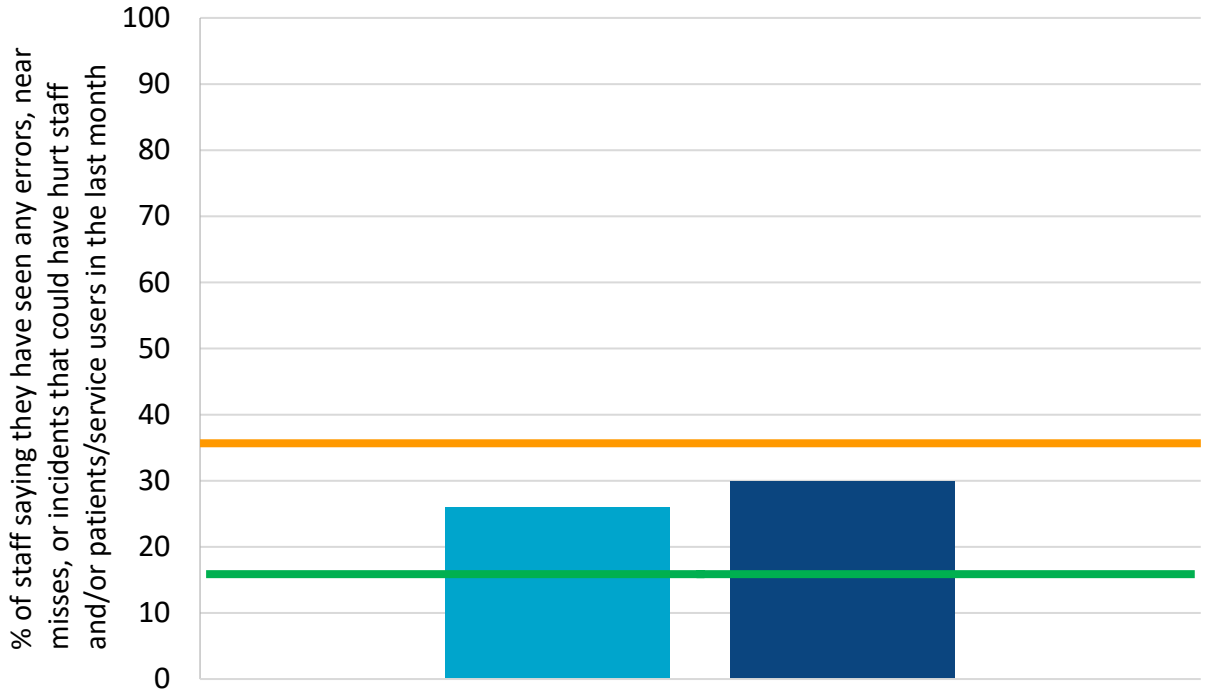


	2018	2019	2020	2021	2022
Your org	23.8%	20.3%	24.0%	22.8%	17.9%
Best	16.9%	15.7%	12.9%	15.4%	13.9%
Average	31.9%	26.6%	25.2%	25.9%	25.7%
Worst	46.4%	41.3%	43.5%	36.0%	38.4%
Responses	306	421	377	499	576

People Promise elements and theme results – Questions not linked to People Promise elements or themes

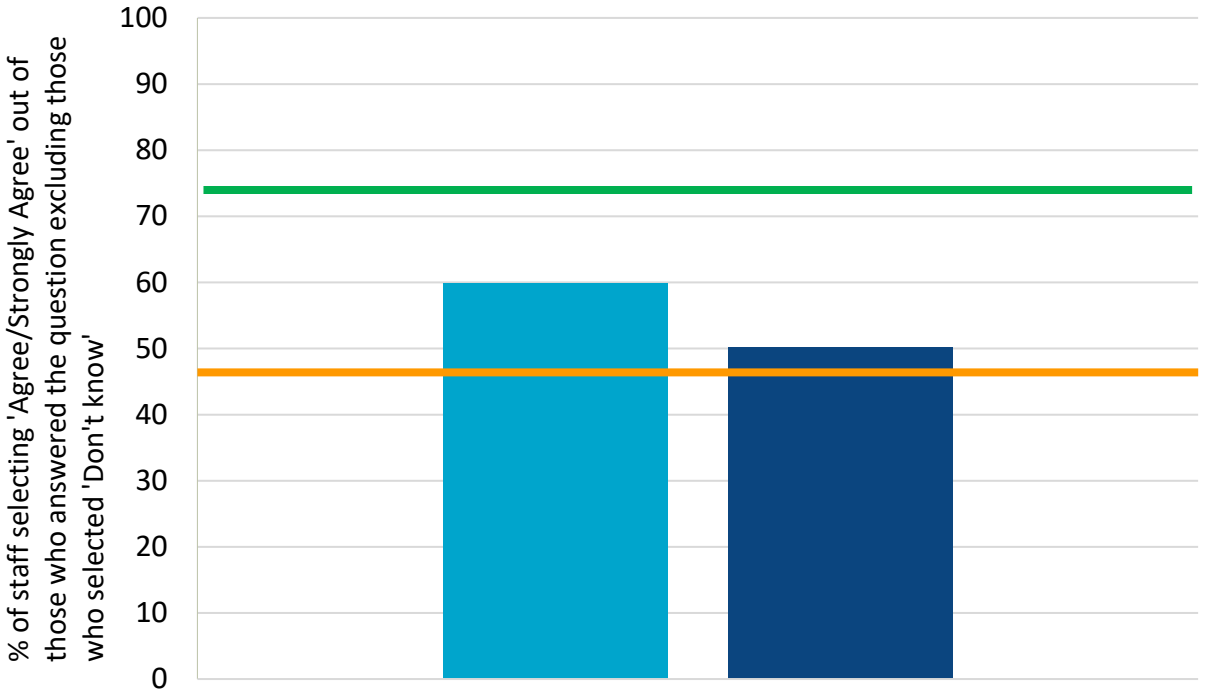
Survey Coordination Centre

Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022
Your org	29.9%
Best	15.9%
Average	26.0%
Worst	35.7%
Responses	2183

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.

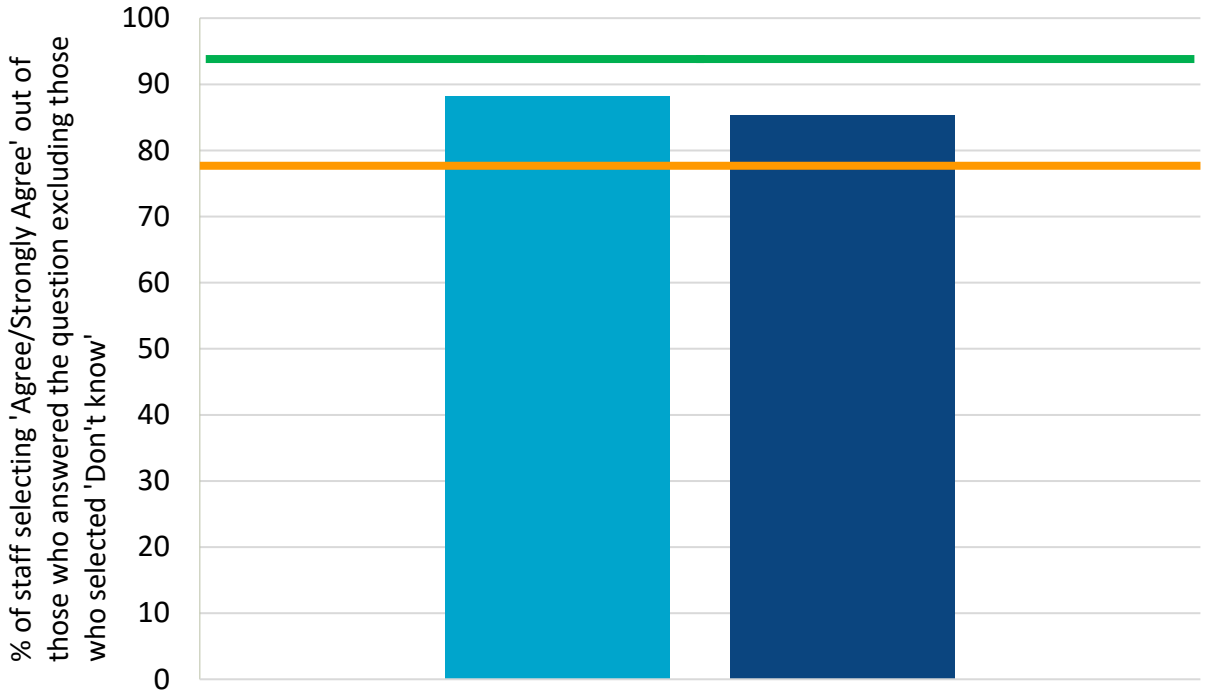


	2022
Your org	50.1%
Best	74.0%
Average	59.9%
Worst	46.4%
Responses	1722

People Promise elements and theme results – Questions not linked to People Promise elements or themes

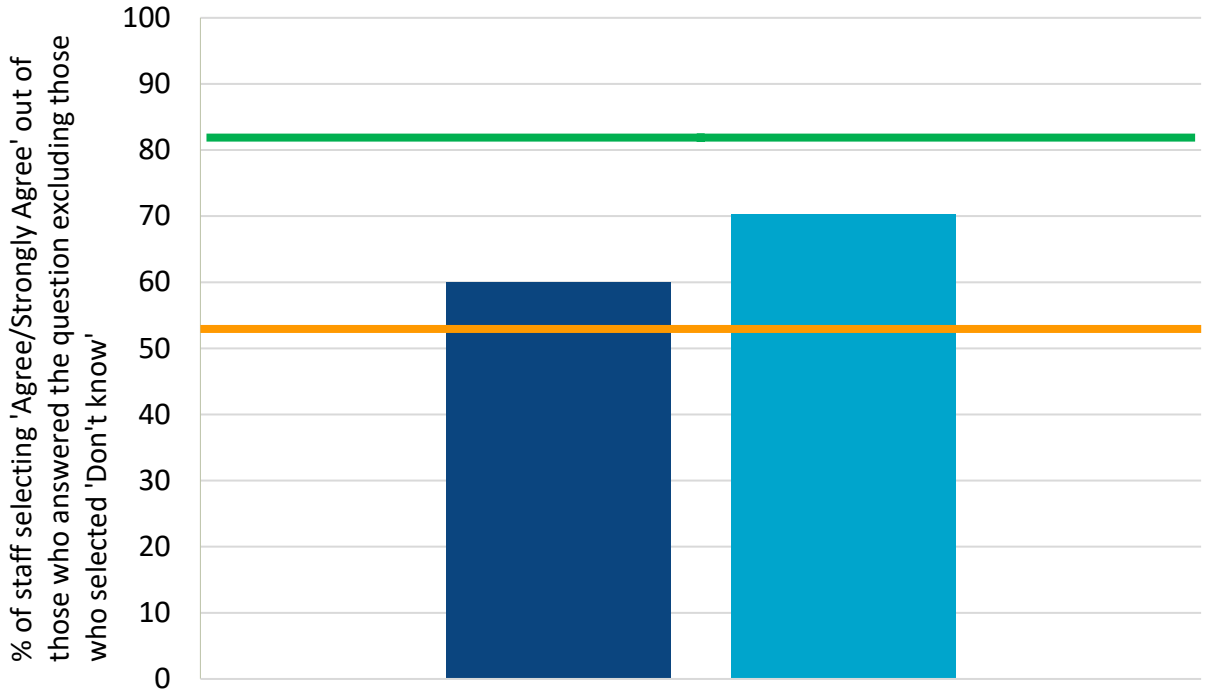
Survey Coordination Centre

Q18b My organisation encourages us to report errors, near misses or incidents.



	2022
Your org	85.4%
Best	93.8%
Average	88.3%
Worst	77.7%
Responses	2133

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.

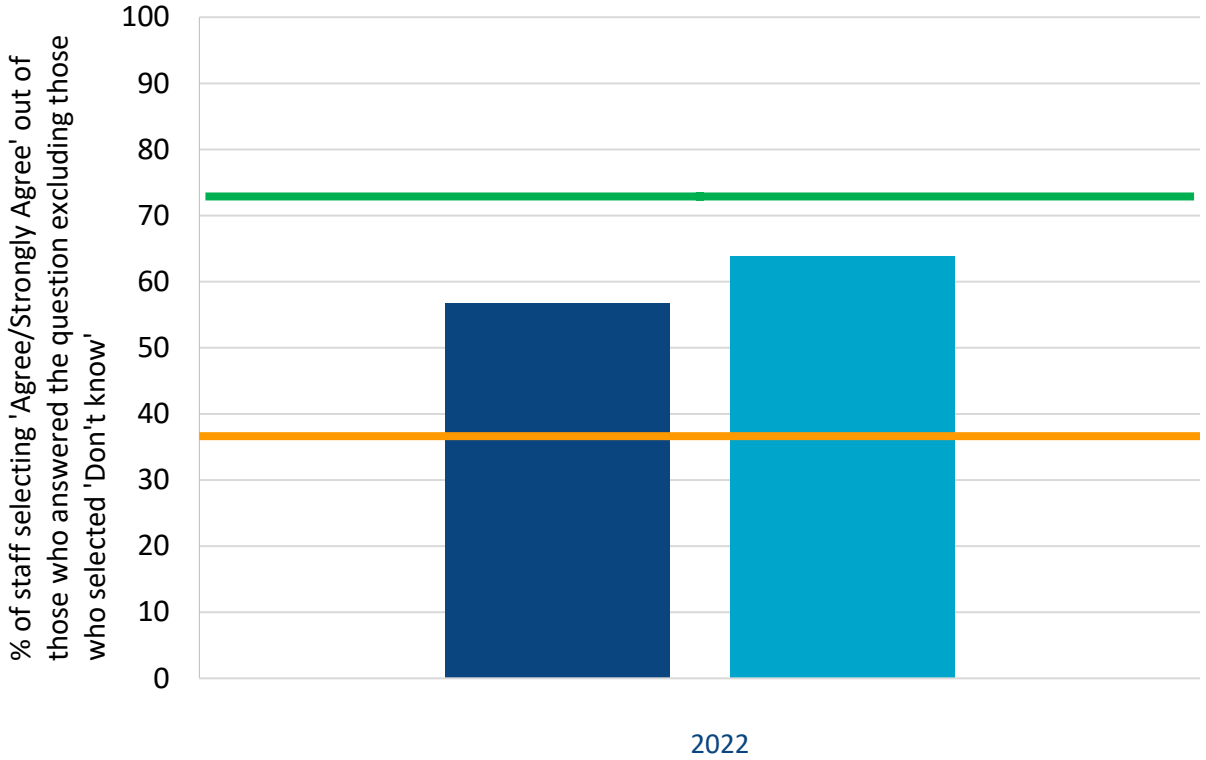


	2022
Your org	60.0%
Best	81.9%
Average	70.3%
Worst	52.9%
Responses	1948

People Promise elements and theme results – Questions not linked to People Promise elements or themes

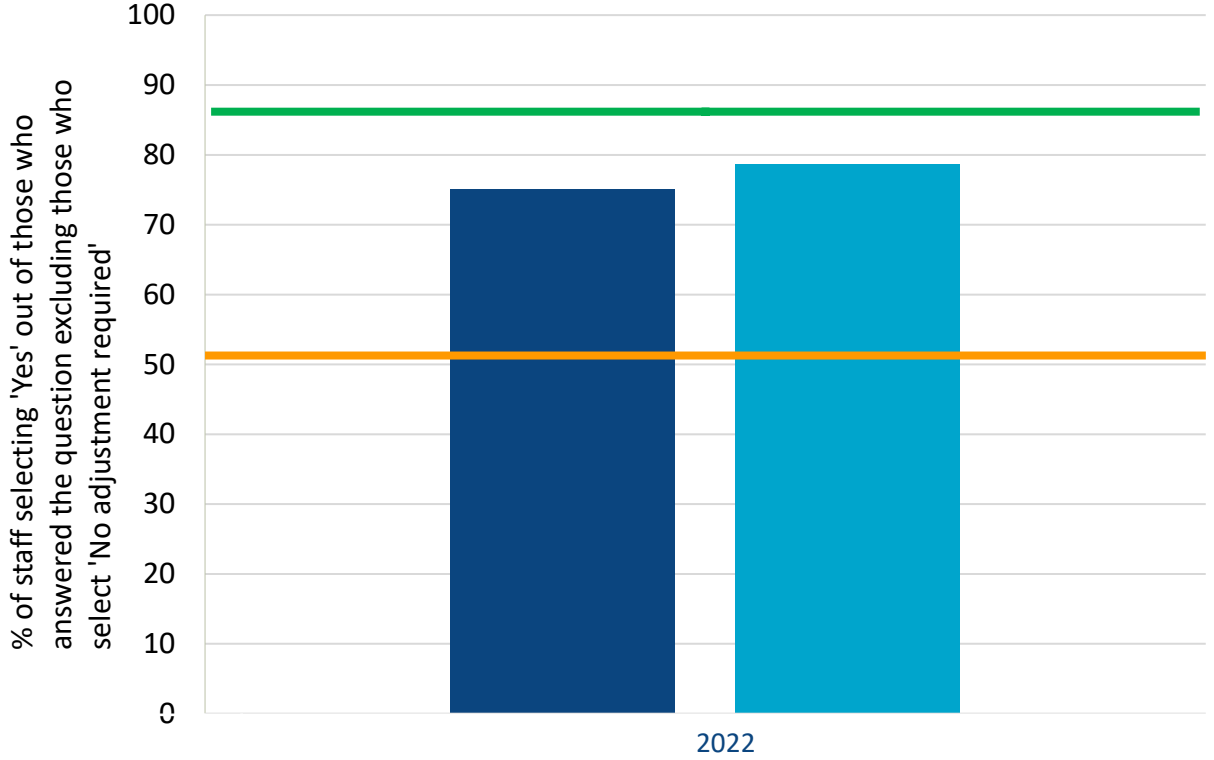
Survey Coordination Centre

Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



Your org	56.7%
Best	72.9%
Average	63.9%
Worst	36.6%
Responses	1969

Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

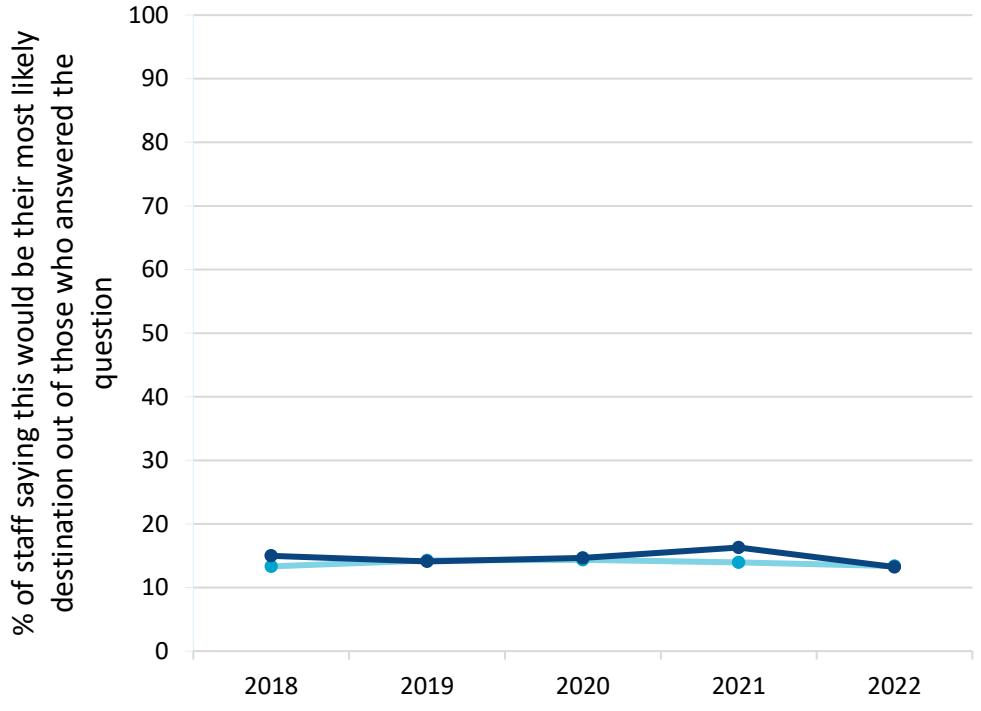


Your org	75.1%
Best	86.2%
Average	78.7%
Worst	51.3%
Responses	363

People Promise elements and theme results – Questions not linked to People Promise elements or themes

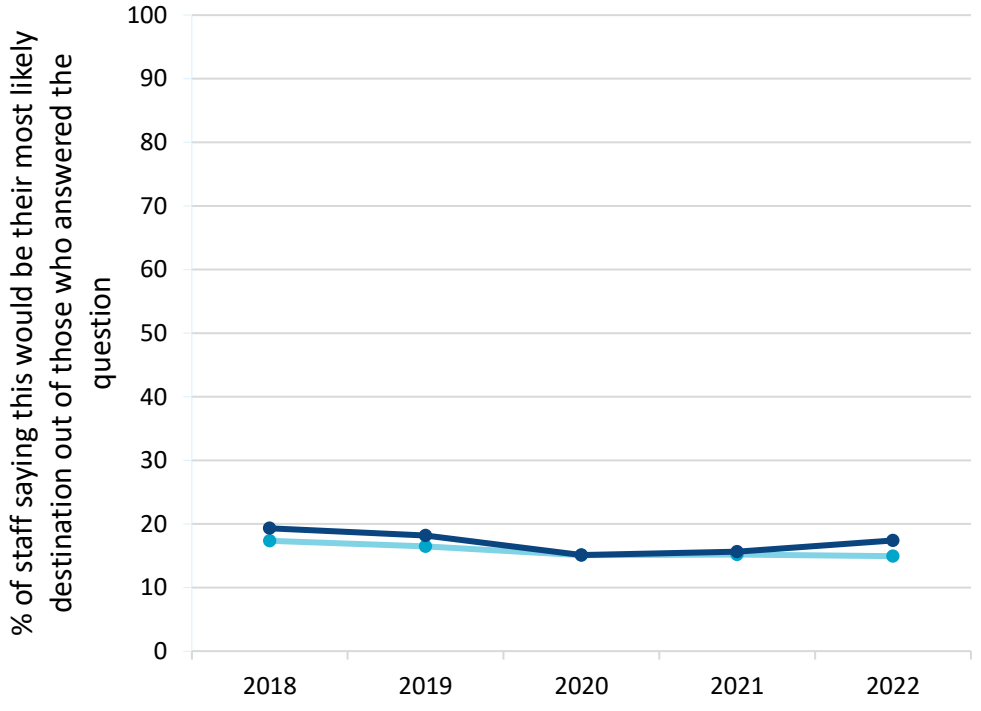
Survey Coordination Centre

Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2018	2019	2020	2021	2022
Your org	15.0%	14.1%	14.7%	16.3%	13.2%
Average	13.3%	14.3%	14.4%	14.0%	13.4%
Responses	1320	1651	1753	2057	2108

Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

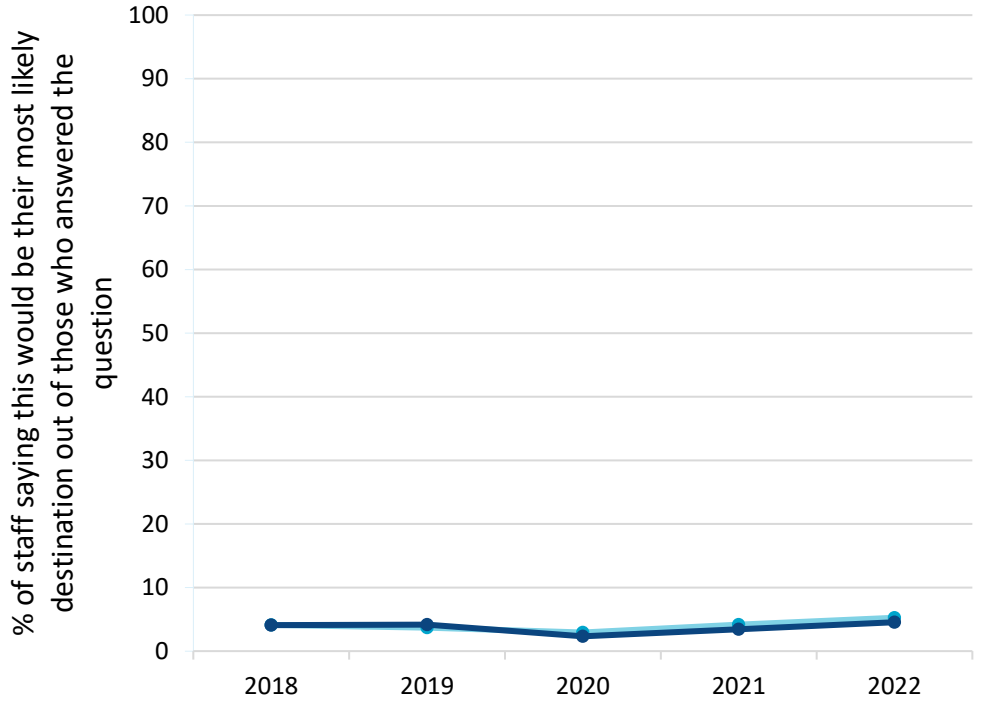


	2018	2019	2020	2021	2022
Your org	19.3%	18.2%	15.1%	15.7%	17.4%
Average	17.4%	16.5%	15.1%	15.2%	14.9%
Responses	1320	1651	1753	2057	2108

People Promise elements and theme results – Questions not linked to People Promise elements or themes

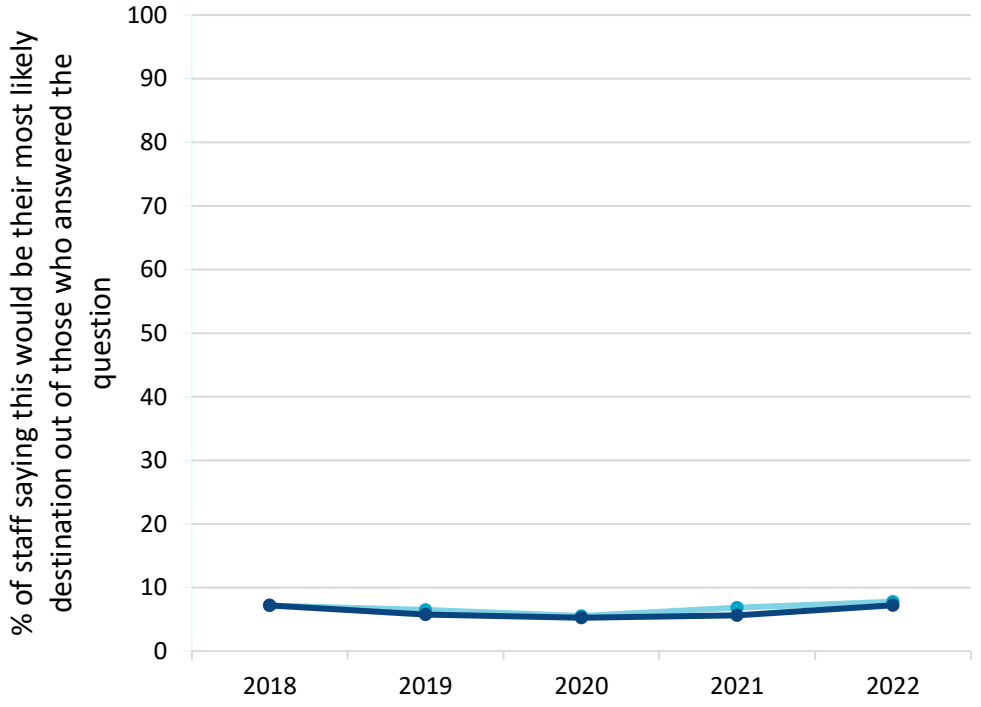
Survey Coordination Centre

Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2018	2019	2020	2021	2022
Your org	4.1%	4.2%	2.3%	3.5%	4.6%
Average	4.1%	3.7%	2.9%	4.2%	5.3%
Responses	1320	1651	1753	2057	2108

Q24d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.

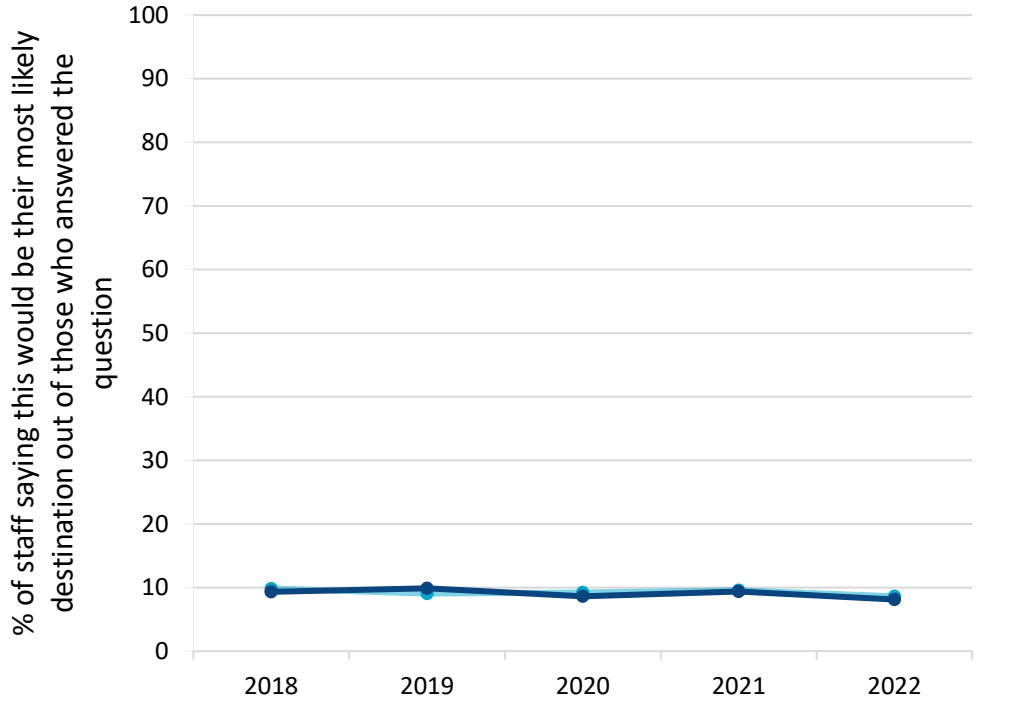


	2018	2019	2020	2021	2022
Your org	7.2%	5.8%	5.2%	5.6%	7.2%
Average	7.2%	6.5%	5.5%	6.8%	7.8%
Responses	1320	1651	1753	2057	2108

People Promise elements and theme results – Questions not linked to People Promise elements or themes

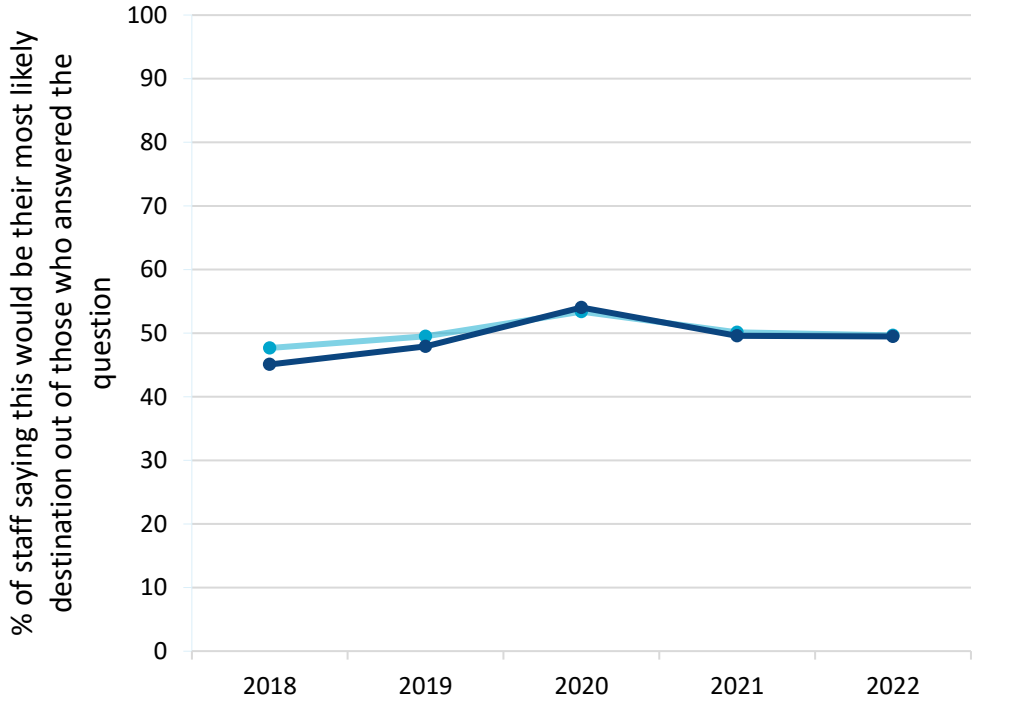
Survey Coordination Centre

Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
Your org	9.3%	9.9%	8.6%	9.4%	8.1%
Average	9.8%	9.1%	9.2%	9.6%	8.6%
Responses	1320	1651	1753	2057	2108

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
Your org	45.1%	47.9%	54.0%	49.6%	49.5%
Average	47.7%	49.5%	53.4%	50.1%	49.7%
Responses	1320	1651	1753	2057	2108

Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Equality Standards

Survey Coordination Centre

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2018-2022 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2022 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q30b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

This year, the text for q30b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

Survey Coordination Centre NHS

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

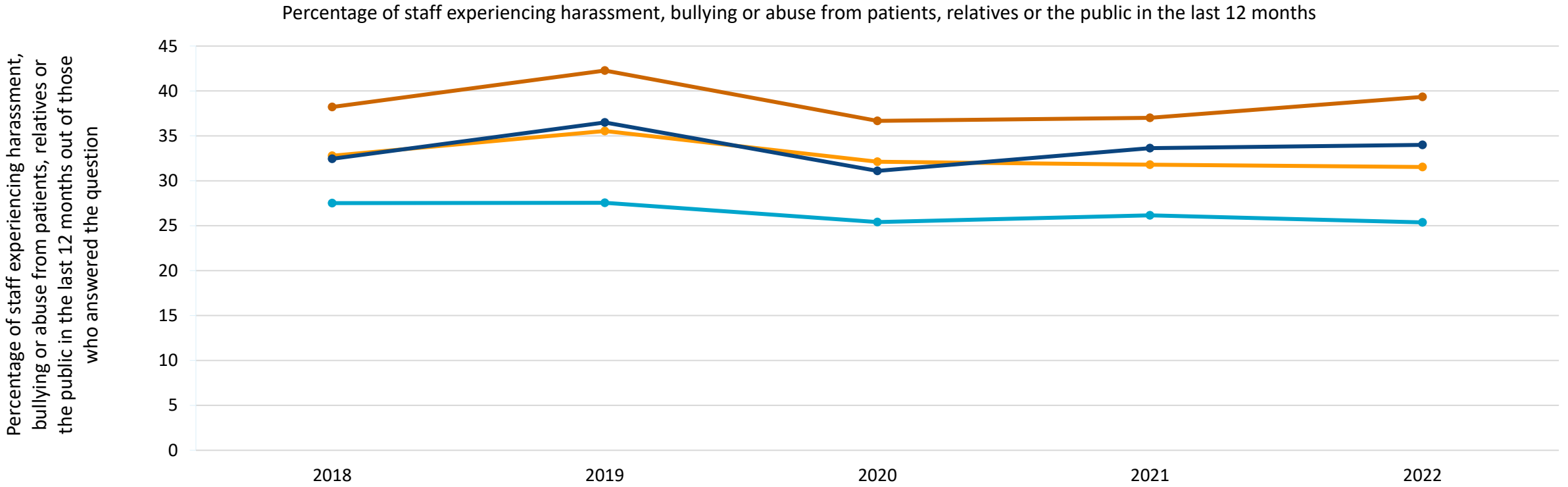
Workforce Race Equality Standards (WRES)

N.B.
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre



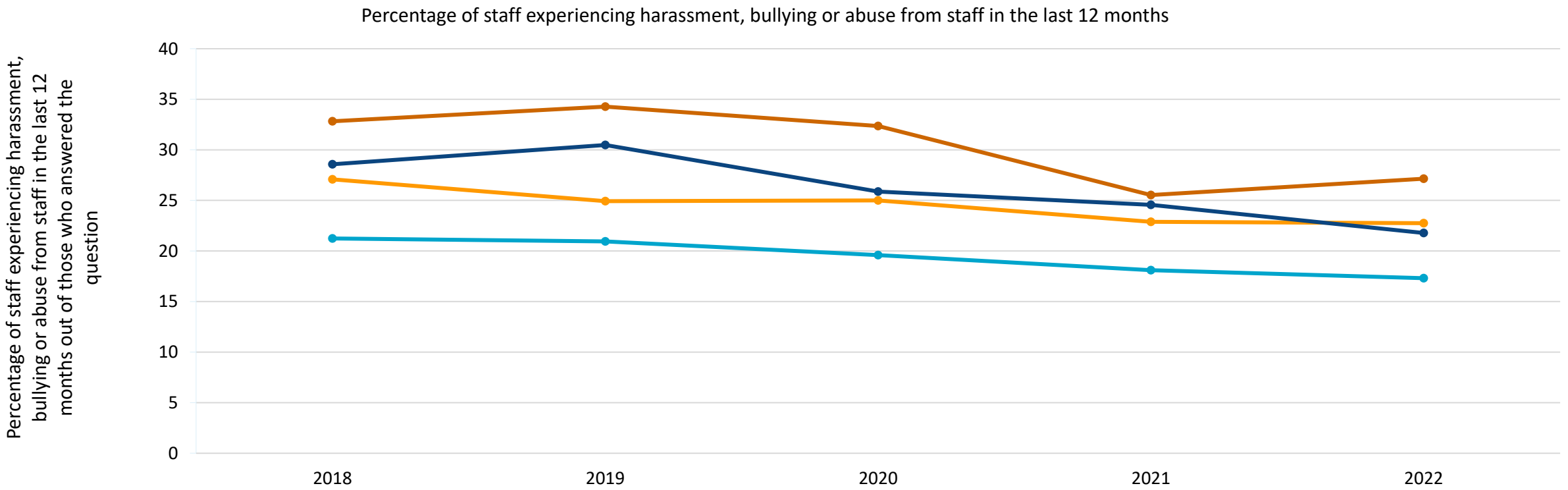
	2018	2019	2020	2021	2022
White staff: Your org	32.5%	36.5%	31.1%	33.6%	34.0%
All other ethnic groups*: Your org	38.2%	42.3%	36.7%	37.0%	39.3%
White staff: Average	27.5%	27.6%	25.4%	26.2%	25.4%
All other ethnic groups*: Average	32.8%	35.5%	32.1%	31.8%	31.5%
White staff: Responses	949	1088	1106	1308	1344
All other ethnic groups*: Responses	403	537	510	708	826

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre



	2018	2019	2020	2021	2022
White staff: Your org	28.6%	30.5%	25.9%	24.6%	21.8%
All other ethnic groups*: Your org	32.8%	34.3%	32.4%	25.5%	27.1%
White staff: Average	21.2%	21.0%	19.6%	18.1%	17.3%
All other ethnic groups*: Average	27.1%	24.9%	25.0%	22.9%	22.8%
White staff: Responses	938	1086	1113	1307	1345
All other ethnic groups*: Responses	390	534	513	705	814

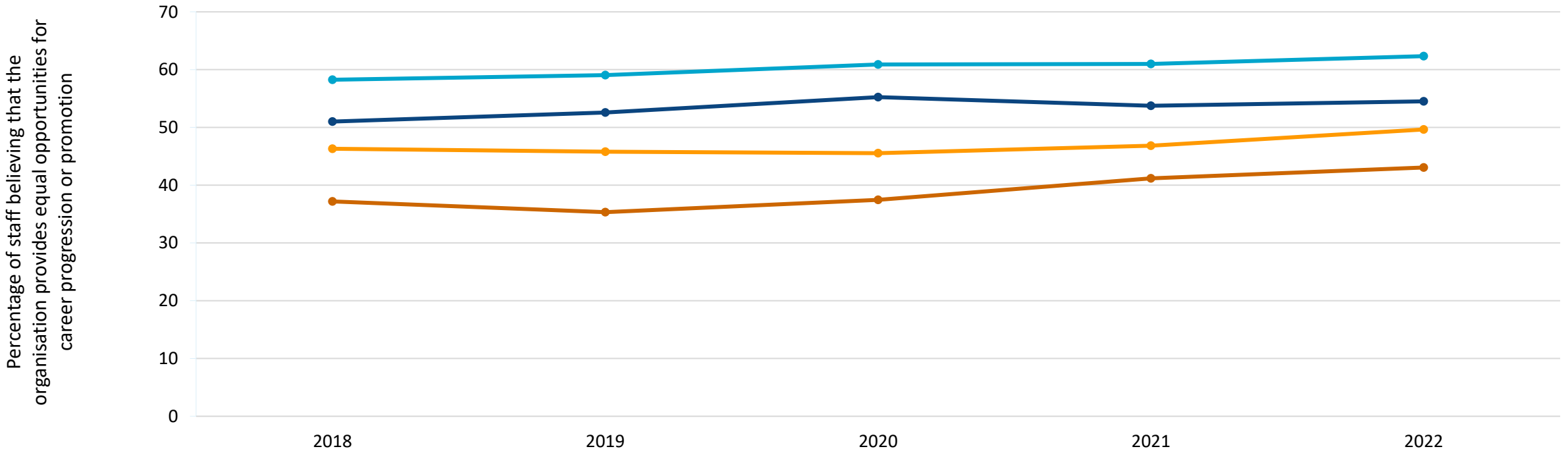
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
White staff: Your org	51.0%	52.6%	55.2%	53.7%	54.5%
All other ethnic groups*: Your org	37.2%	35.3%	37.5%	41.2%	43.0%
White staff: Average	58.3%	59.0%	60.9%	61.0%	62.3%
All other ethnic groups*: Average	46.3%	45.8%	45.5%	46.8%	49.6%
White staff: Responses	945	1088	1146	1334	1341
All other ethnic groups*: Responses	398	535	526	726	820

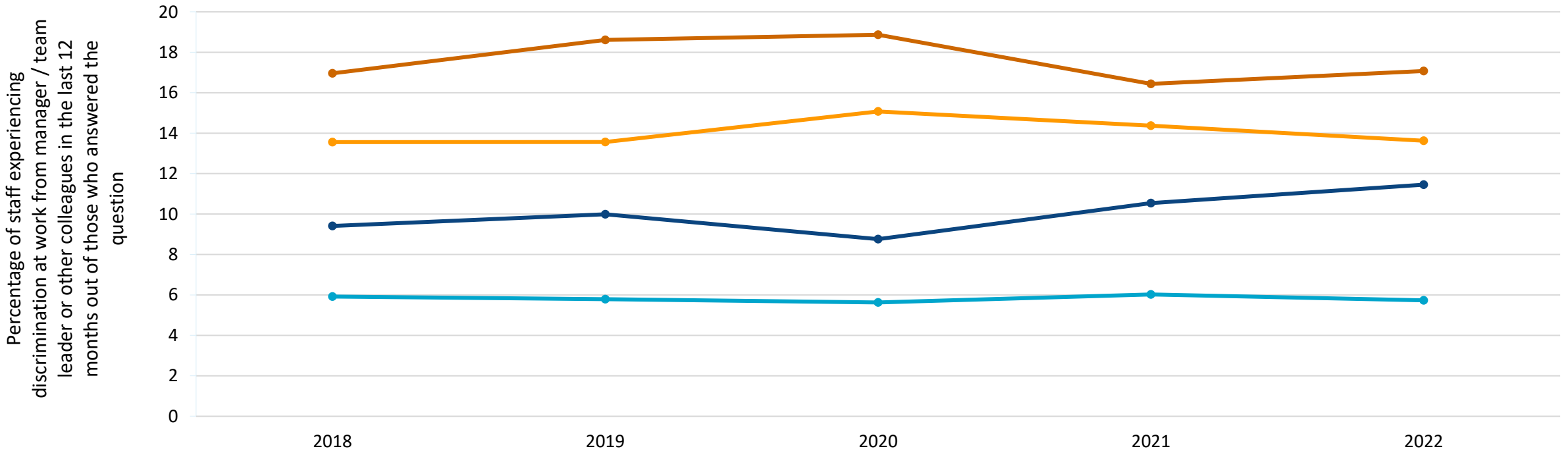
*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
White staff: Your org	9.4%	10.0%	8.8%	10.5%	11.5%
All other ethnic groups*: Your org	17.0%	18.6%	18.9%	16.4%	17.1%
White staff: Average	5.9%	5.8%	5.6%	6.0%	5.7%
All other ethnic groups*: Average	13.6%	13.6%	15.1%	14.4%	13.6%
White staff: Responses	946	1091	1153	1347	1336
All other ethnic groups*: Responses	395	532	530	724	814

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

Workforce Disability Equality Standards (WDES)

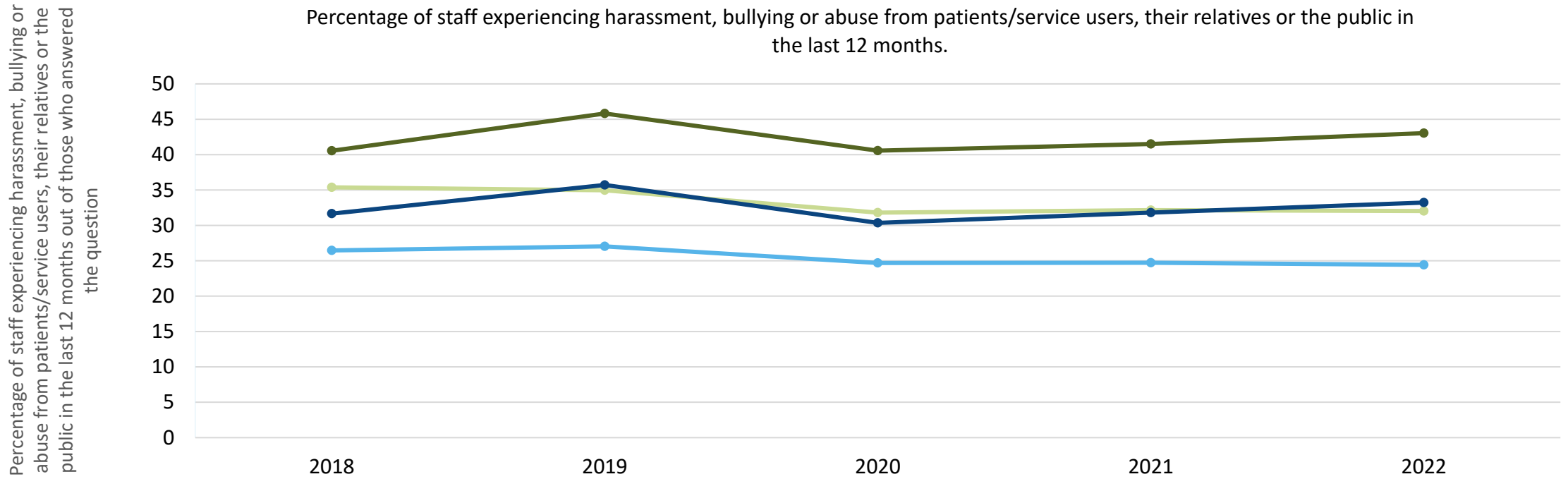
N.B.
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

Survey Coordination Centre

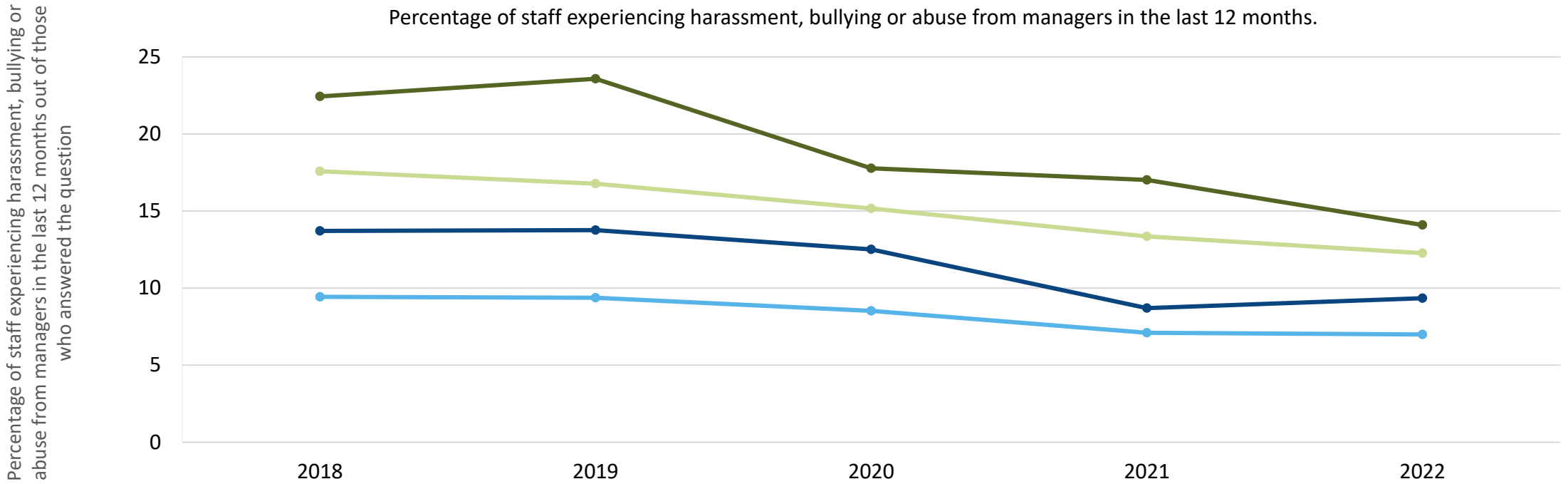
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	40.6%	45.8%	40.6%	41.5%	43.0%
Staff without a LTC or illness: Your org	31.7%	35.7%	30.4%	31.8%	33.2%
Staff with a LTC or illness: Average	35.4%	35.0%	31.8%	32.2%	32.0%
Staff without a LTC or illness: Average	26.5%	27.0%	24.7%	24.7%	24.4%
Staff with a LTC or illness: Responses	323	430	451	571	604
Staff without a LTC or illness: Responses	1017	1246	1232	1490	1589

Workforce Disability Equality Standards

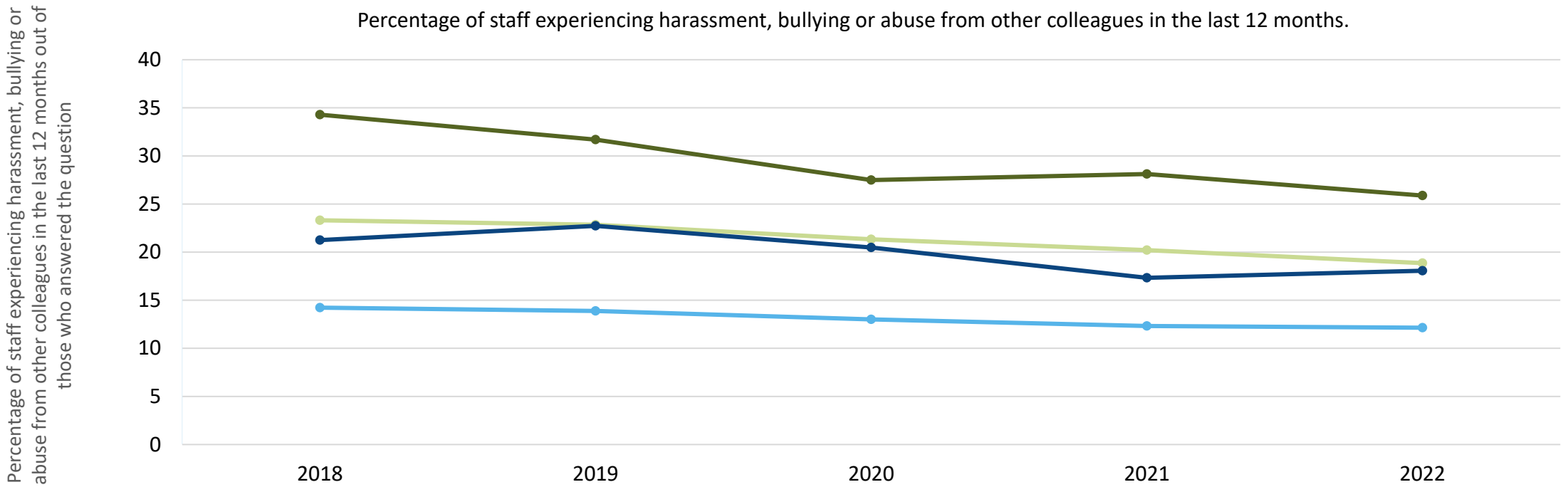
Survey Coordination Centre



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	22.4%	23.6%	17.8%	17.0%	14.1%
Staff without a LTC or illness: Your org	13.7%	13.8%	12.5%	8.7%	9.3%
Staff with a LTC or illness: Average	17.6%	16.8%	15.2%	13.4%	12.3%
Staff without a LTC or illness: Average	9.4%	9.4%	8.5%	7.1%	7.0%
Staff with a LTC or illness: Responses	312	424	450	564	596
Staff without a LTC or illness: Responses	999	1235	1231	1471	1562

Workforce Disability Equality Standards

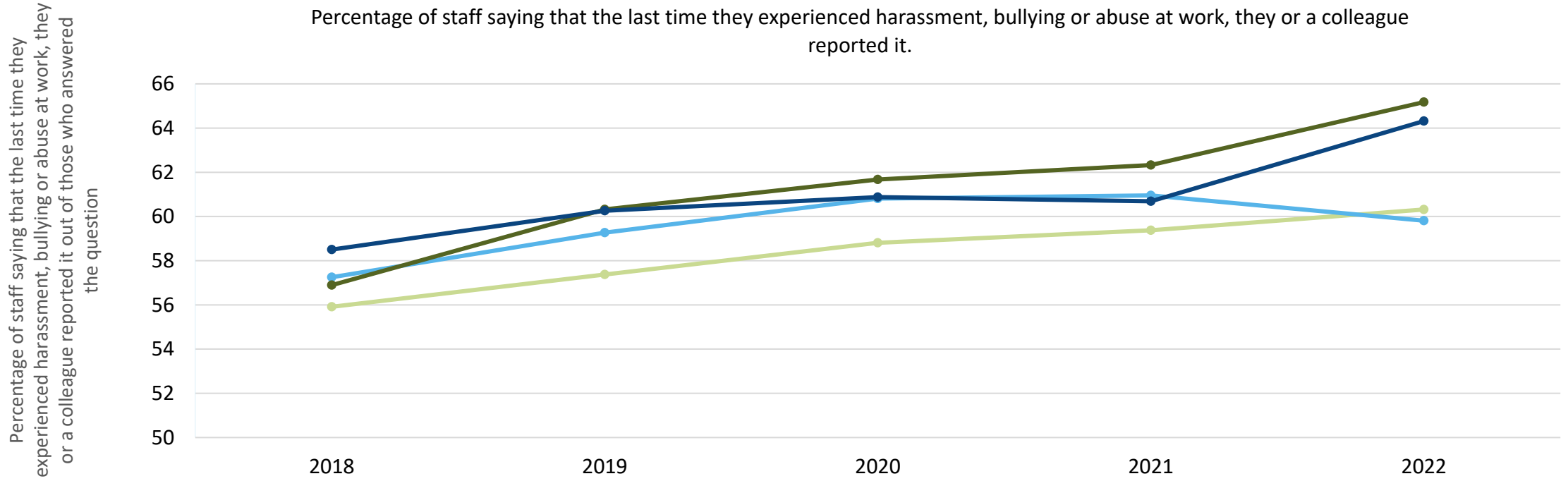
Survey Coordination Centre



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.3%	31.7%	27.5%	28.1%	25.9%
Staff without a LTC or illness: Your org	21.2%	22.7%	20.5%	17.3%	18.1%
Staff with a LTC or illness: Average	23.3%	22.8%	21.3%	20.2%	18.9%
Staff without a LTC or illness: Average	14.2%	13.9%	13.0%	12.3%	12.1%
Staff with a LTC or illness: Responses	315	426	451	562	599
Staff without a LTC or illness: Responses	993	1236	1235	1471	1550

Workforce Disability Equality Standards

Survey Coordination Centre

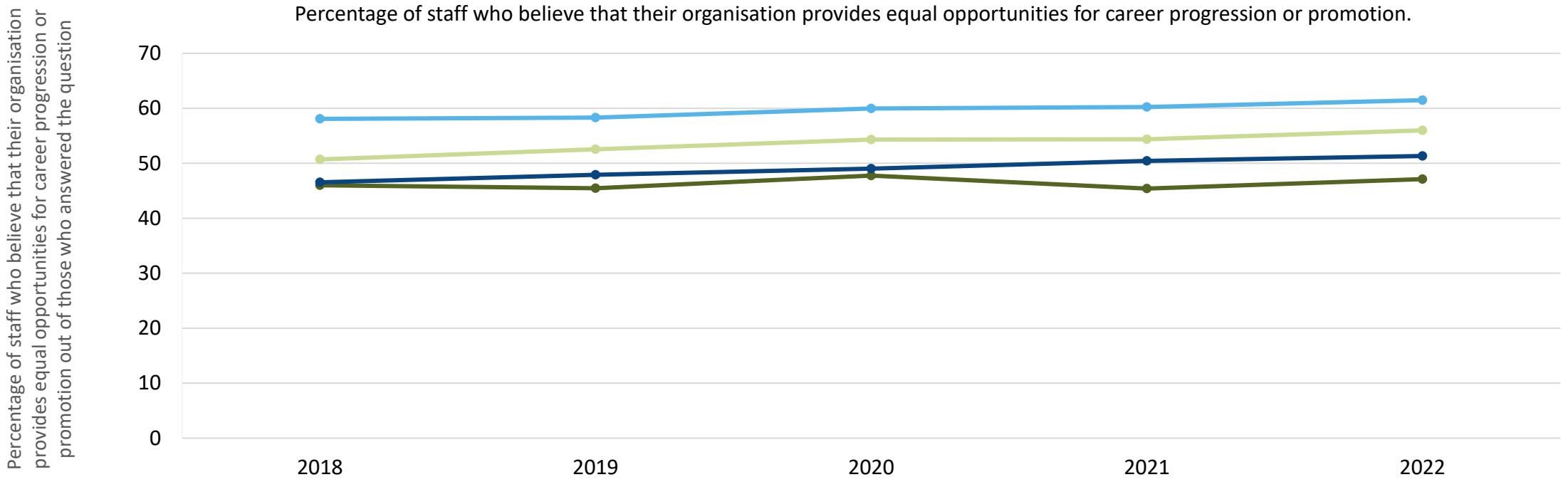


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	56.9%	60.3%	61.7%	62.3%	65.2%
Staff without a LTC or illness: Your org	58.5%	60.3%	60.9%	60.7%	64.3%
Staff with a LTC or illness: Average	55.9%	57.4%	58.8%	59.4%	60.3%
Staff without a LTC or illness: Average	57.3%	59.3%	60.8%	61.0%	59.8%
Staff with a LTC or illness: Responses	174	247	227	292	313
Staff without a LTC or illness: Responses	388	536	478	580	597

Workforce Disability Equality Standards

Survey Coordination Centre

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

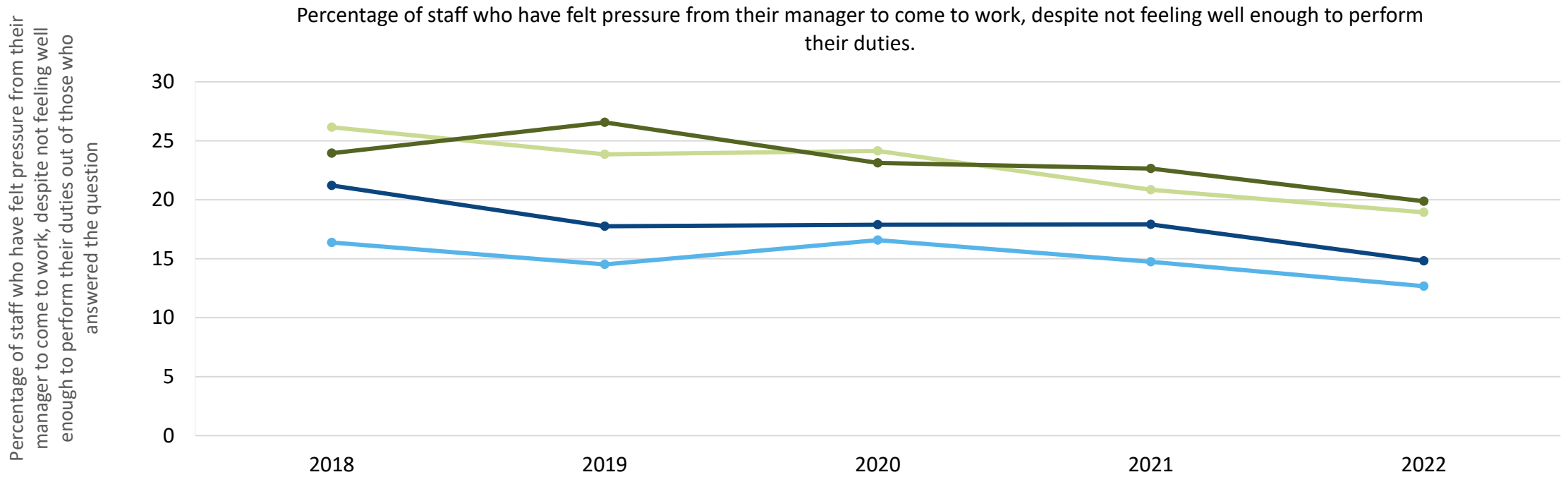


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	46.0%	45.5%	47.8%	45.4%	47.1%
Staff without a LTC or illness: Your org	46.5%	47.9%	49.0%	50.4%	51.3%
Staff with a LTC or illness: Average	50.7%	52.5%	54.3%	54.4%	56.0%
Staff without a LTC or illness: Average	58.1%	58.3%	60.0%	60.2%	61.5%
Staff with a LTC or illness: Responses	324	429	467	586	605
Staff without a LTC or illness: Responses	1010	1244	1277	1523	1580

Workforce Disability Equality Standards

Survey Coordination Centre

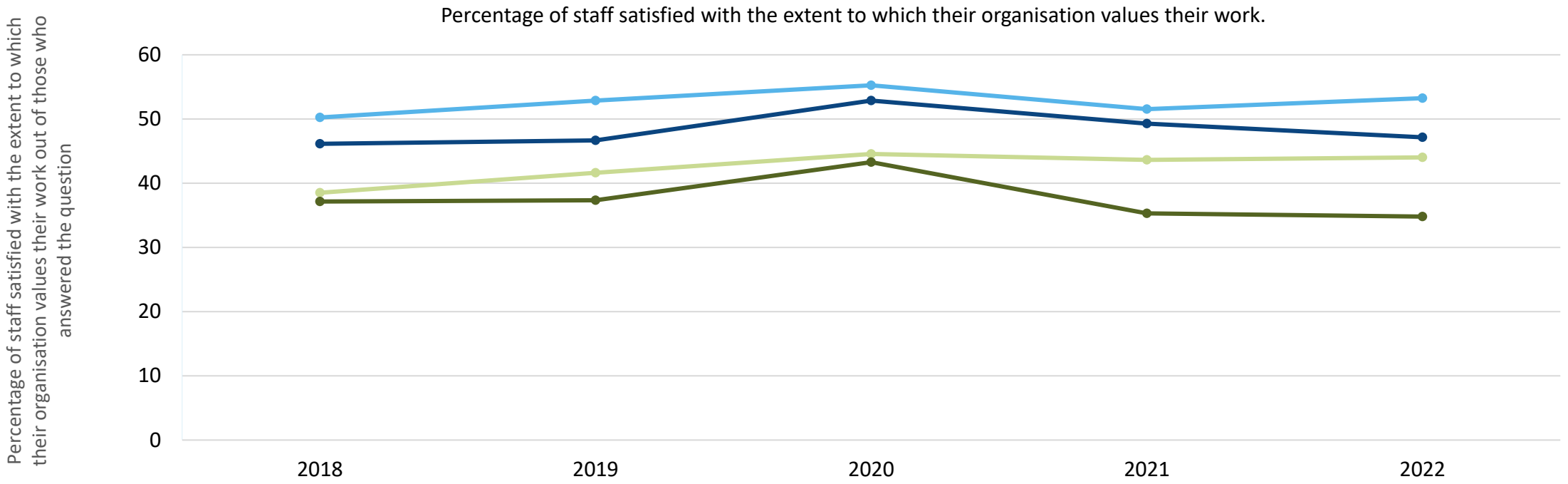
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	23.9%	26.6%	23.1%	22.7%	19.9%
Staff without a LTC or illness: Your org	21.2%	17.8%	17.9%	17.9%	14.8%
Staff with a LTC or illness: Average	26.2%	23.9%	24.1%	20.8%	18.9%
Staff without a LTC or illness: Average	16.4%	14.5%	16.6%	14.7%	12.7%
Staff with a LTC or illness: Responses	238	335	307	415	453
Staff without a LTC or illness: Responses	580	676	576	782	844

Workforce Disability Equality Standards

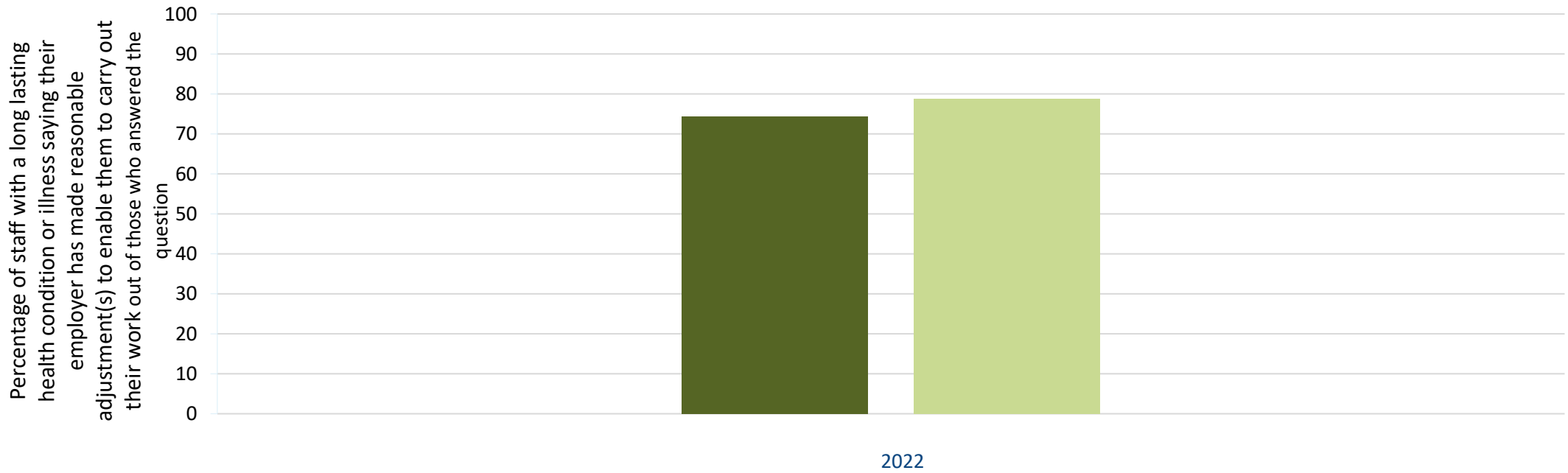
Survey Coordination Centre



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	37.2%	37.4%	43.3%	35.3%	34.8%
Staff without a LTC or illness: Your org	46.1%	46.7%	52.9%	49.3%	47.1%
Staff with a LTC or illness: Average	38.5%	41.6%	44.6%	43.6%	44.0%
Staff without a LTC or illness: Average	50.2%	52.9%	55.2%	51.5%	53.2%
Staff with a LTC or illness: Responses	323	431	469	592	609
Staff without a LTC or illness: Responses	1012	1249	1286	1532	1593

Workforce Disability Equality Standards

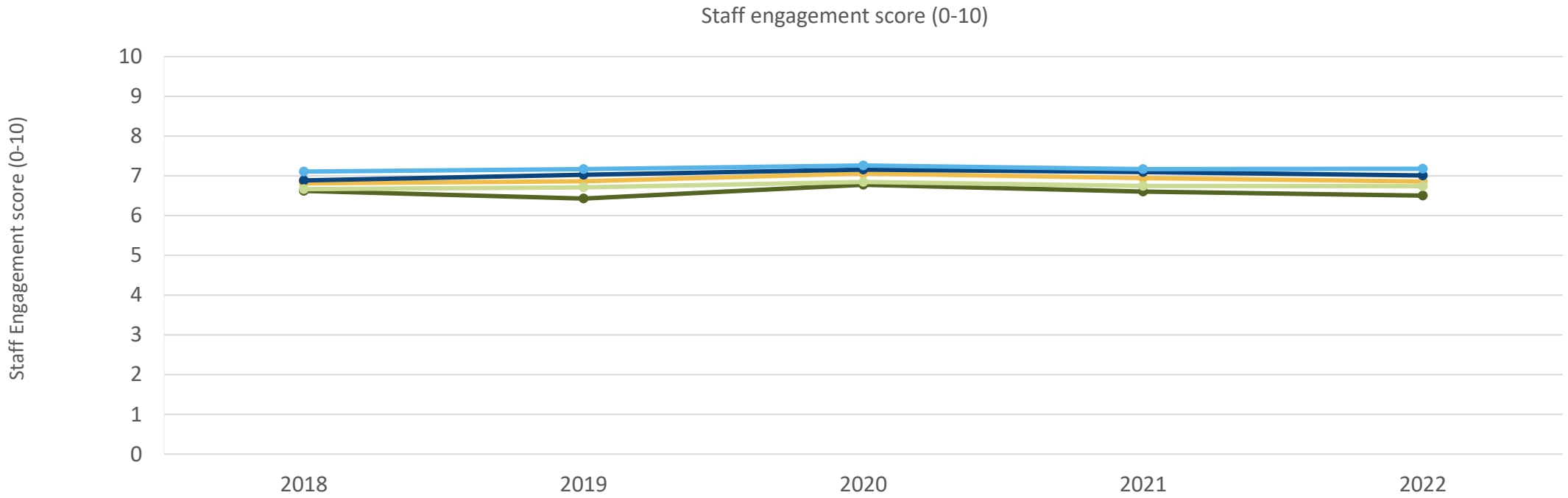
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022
Staff with a LTC or illness: Your org	74.4%
Staff with a LTC or illness: Average	78.8%
Staff with a LTC or illness: Responses	363

Workforce Disability Equality Standards

Survey Coordination Centre



	2018	2019	2020	2021	2022
Organisation average	6.8	6.9	7.1	6.9	6.9
Staff with a LTC or illness: Your org	6.6	6.4	6.8	6.6	6.5
Staff without a LTC or illness: Your org	6.9	7.0	7.2	7.1	7.0
Staff with a LTC or illness: Average	6.7	6.7	6.8	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.2	7.3	7.2	7.2
Staff with a LTC or illness: Responses	325	431	470	593	610
Staff without a LTC or illness: Responses	1017	1254	1289	1540	1596

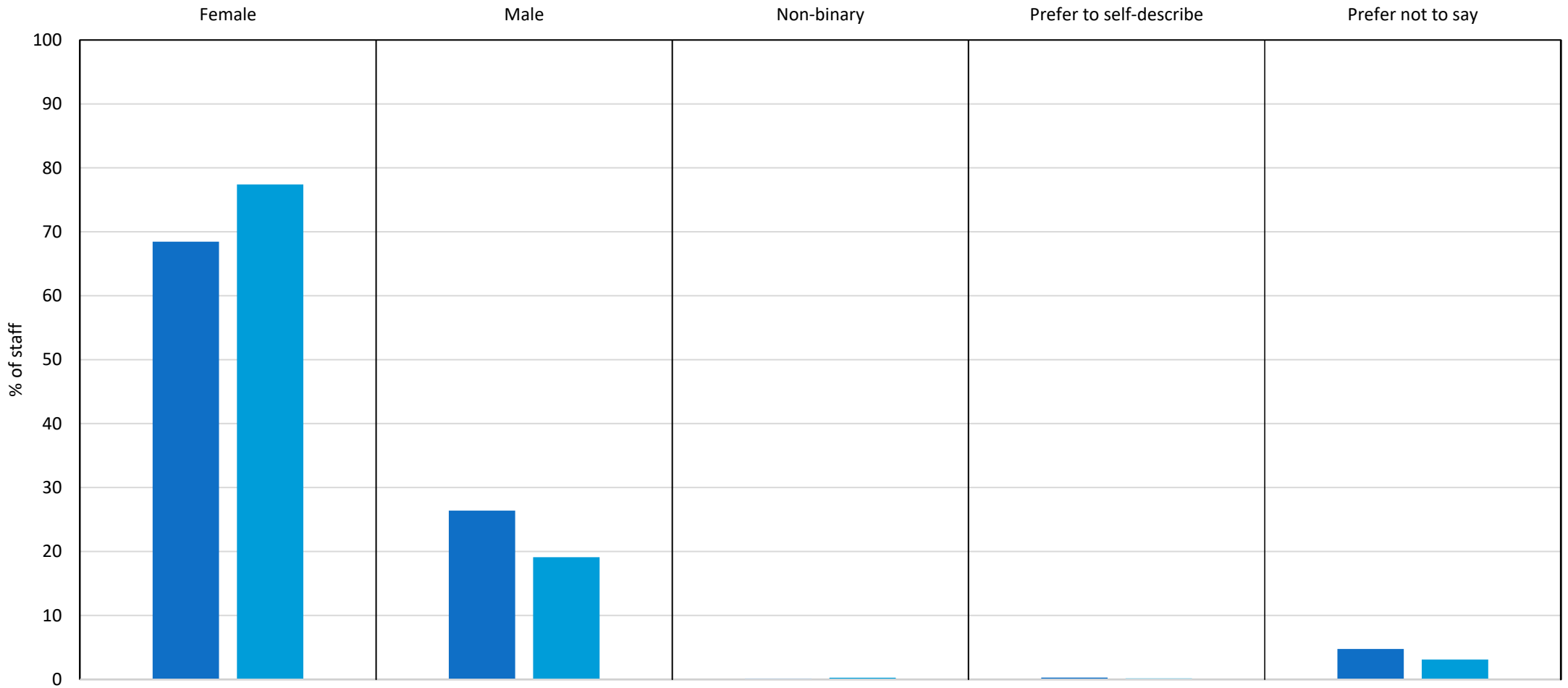
N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

This section will show demographic information for 2022.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

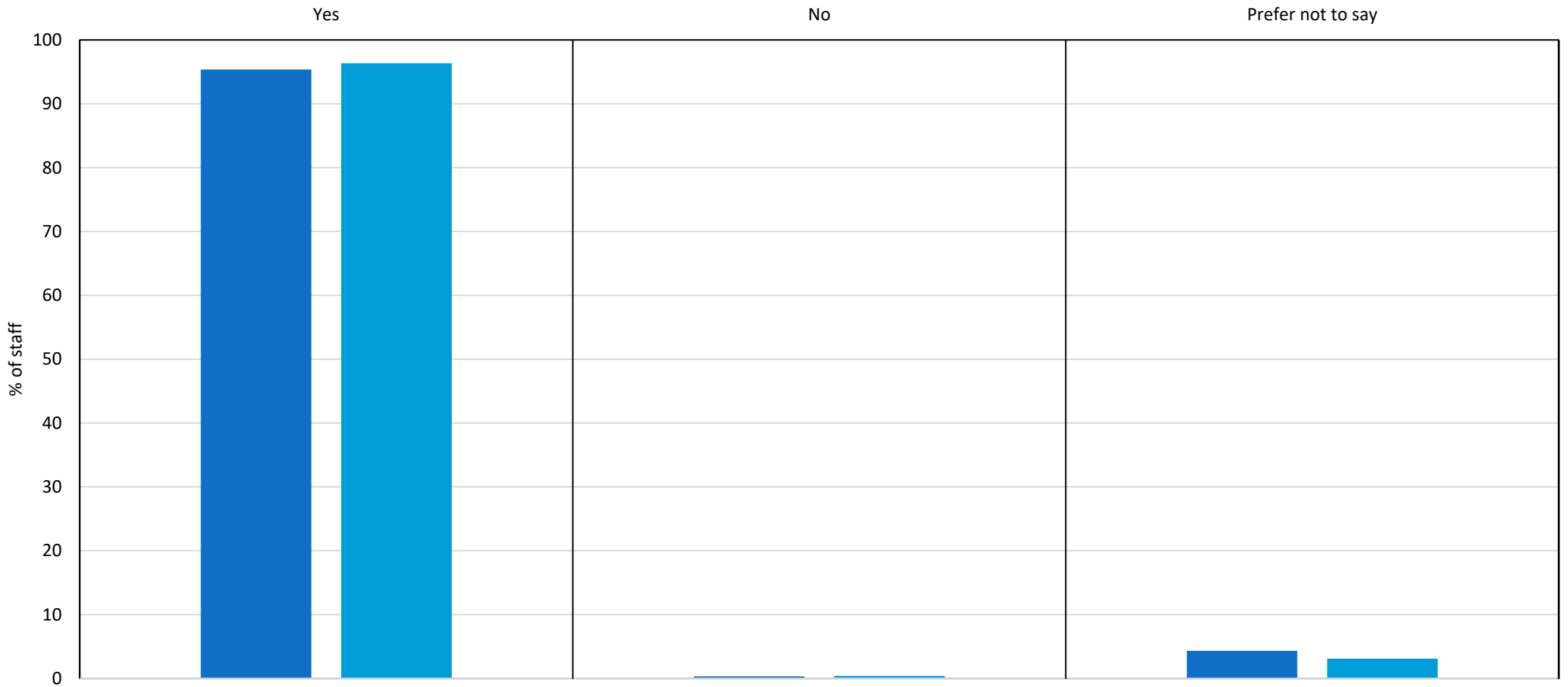
Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	68.5%	26.4%	0.1%	0.3%	4.7%
Average	77.4%	19.1%	0.3%	0.2%	3.1%
Responses	2213	2213	2213	2213	2213

Background details – Is your gender identity the same as the sex you were assigned at birth?

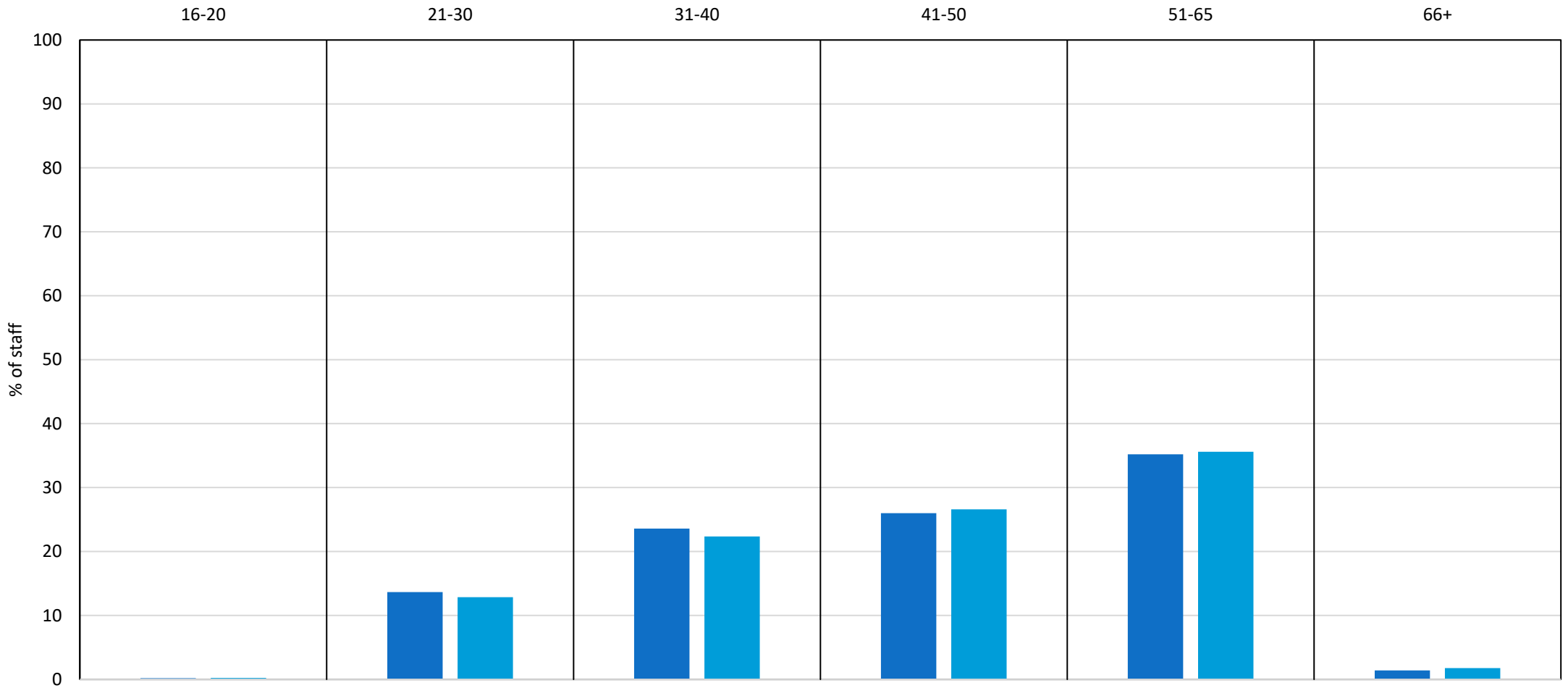
Survey Coordination Centre



	Yes	No	Prefer not to say
Your org	95.4%	0.3%	4.3%
Average	96.4%	0.4%	3.1%
Responses	2201	2201	2201

Background details - Age

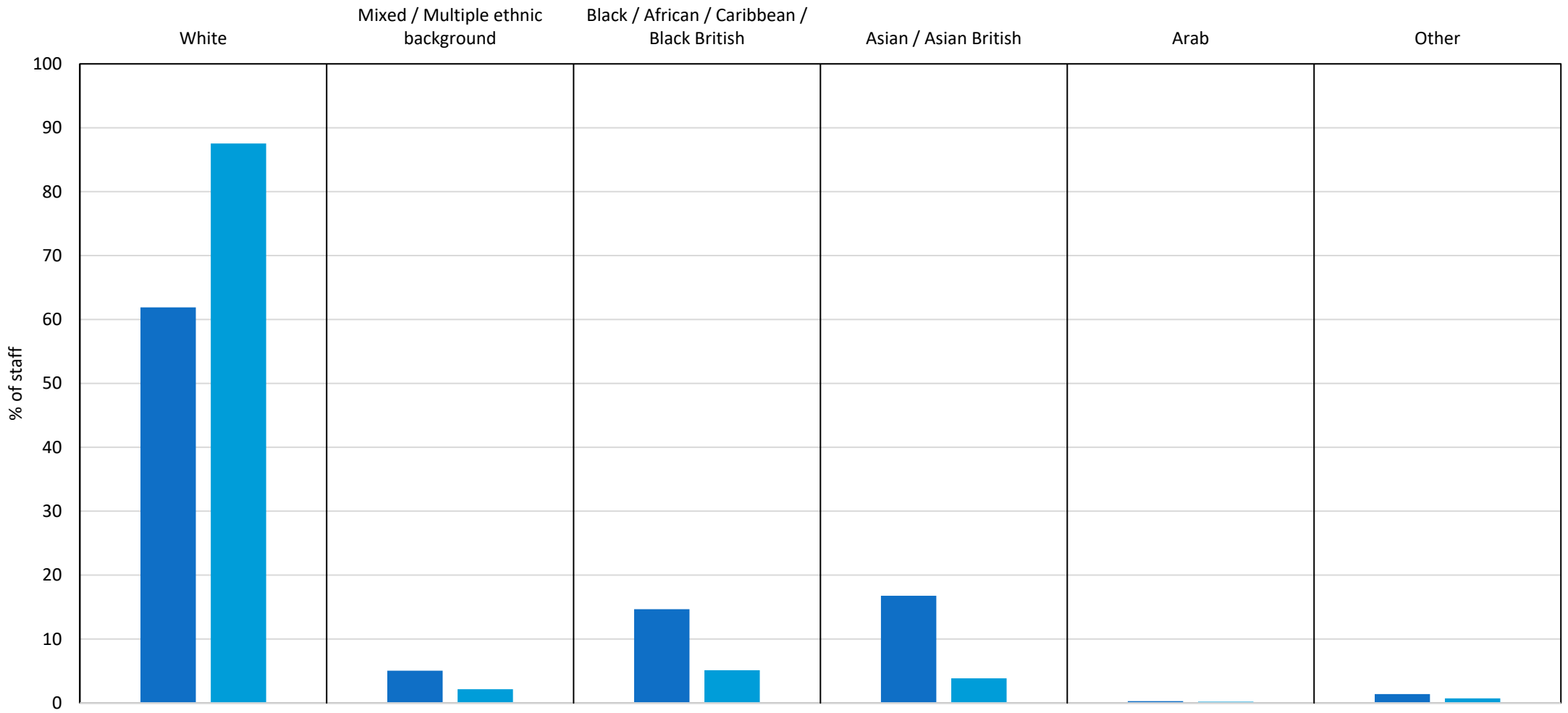
Survey Coordination Centre



	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.2%	13.7%	23.6%	26.0%	35.2%	1.4%
Average	0.2%	12.9%	22.3%	26.6%	35.6%	1.8%
Responses	2205	2205	2205	2205	2205	2205

Background details - Ethnicity

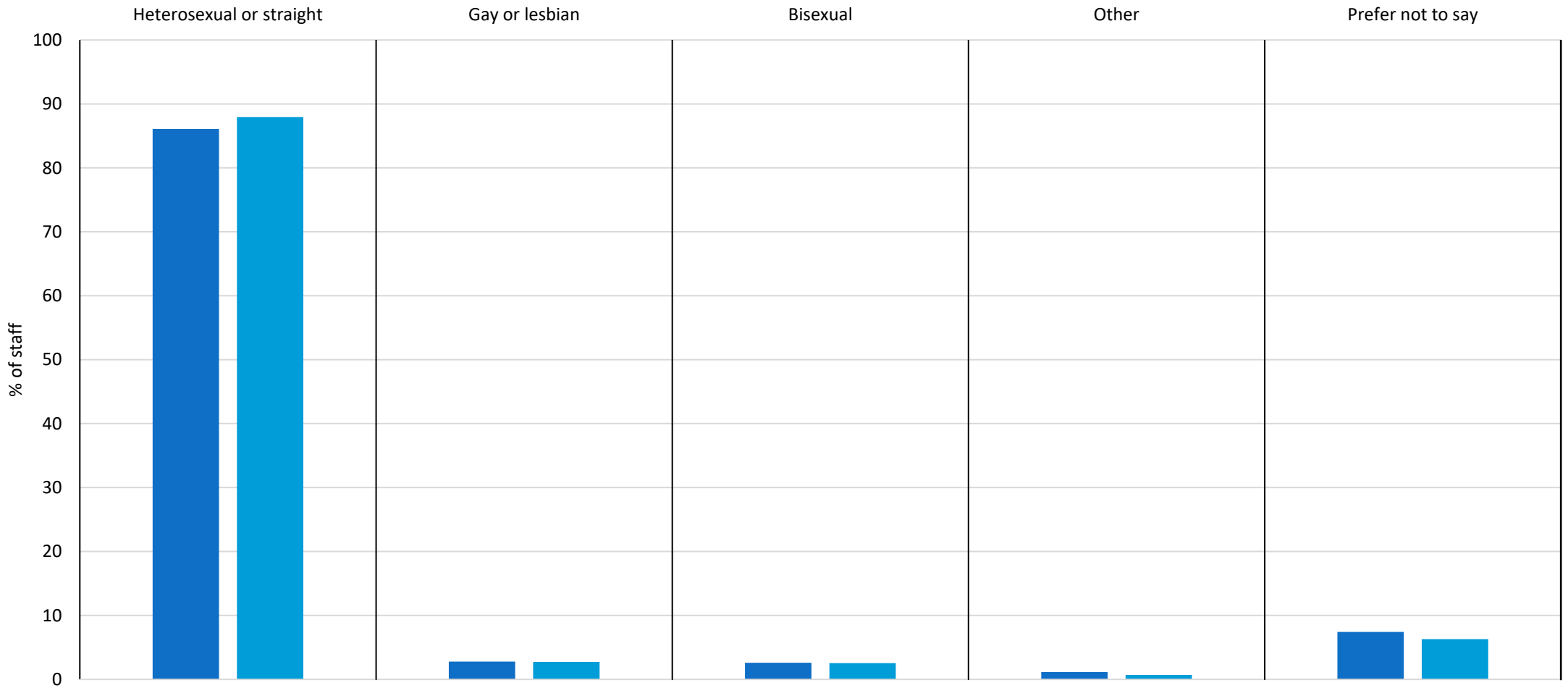
Survey Coordination Centre



	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
Your org	61.9%	5.0%	14.7%	16.8%	0.3%	1.4%
Average	87.5%	2.1%	5.1%	3.8%	0.2%	0.7%
Responses	2183	2183	2183	2183	2183	2183

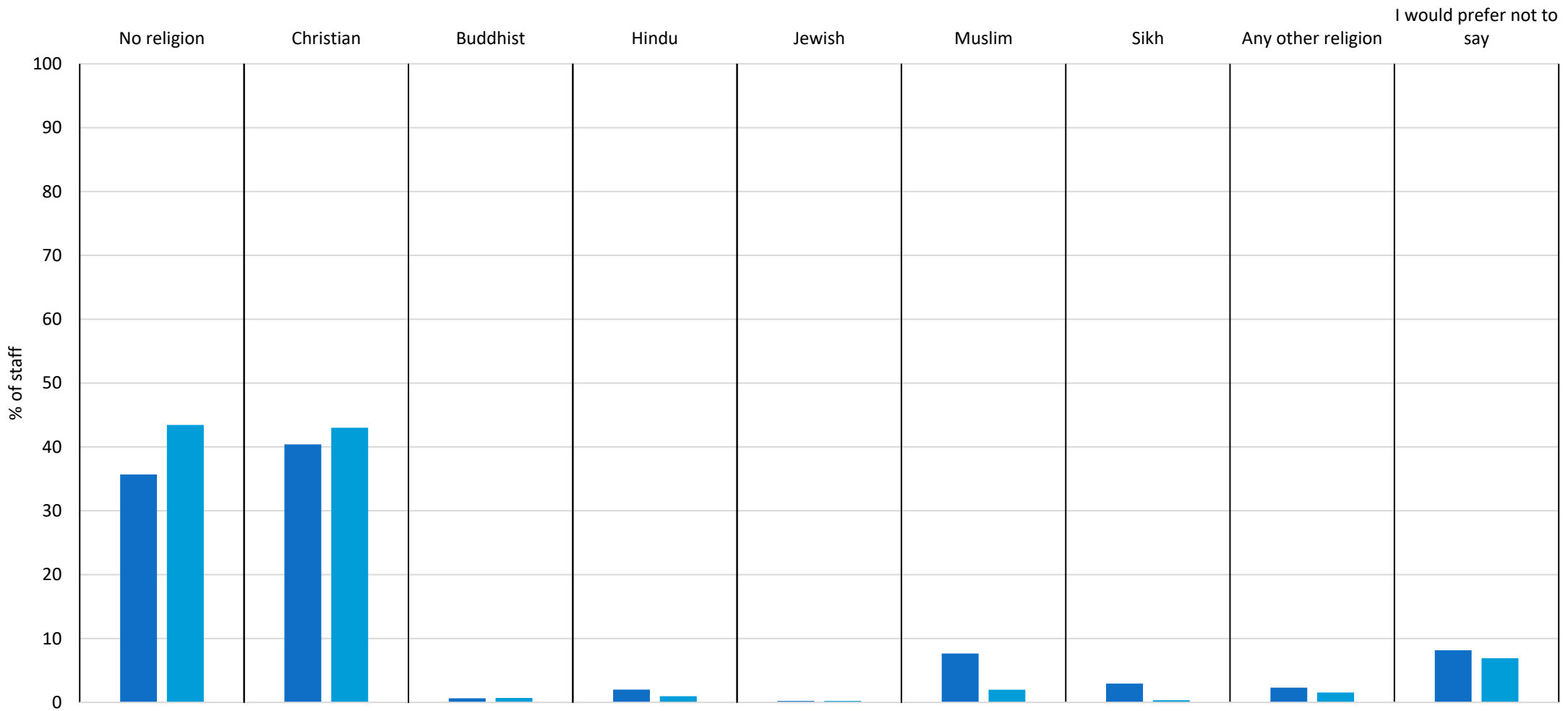
Background details – Sexual orientation

Survey Coordination Centre



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	86.1%	2.8%	2.6%	1.1%	7.4%
Average	87.9%	2.7%	2.5%	0.7%	6.3%
Responses	2200	2200	2200	2200	2200

Background details - Religion

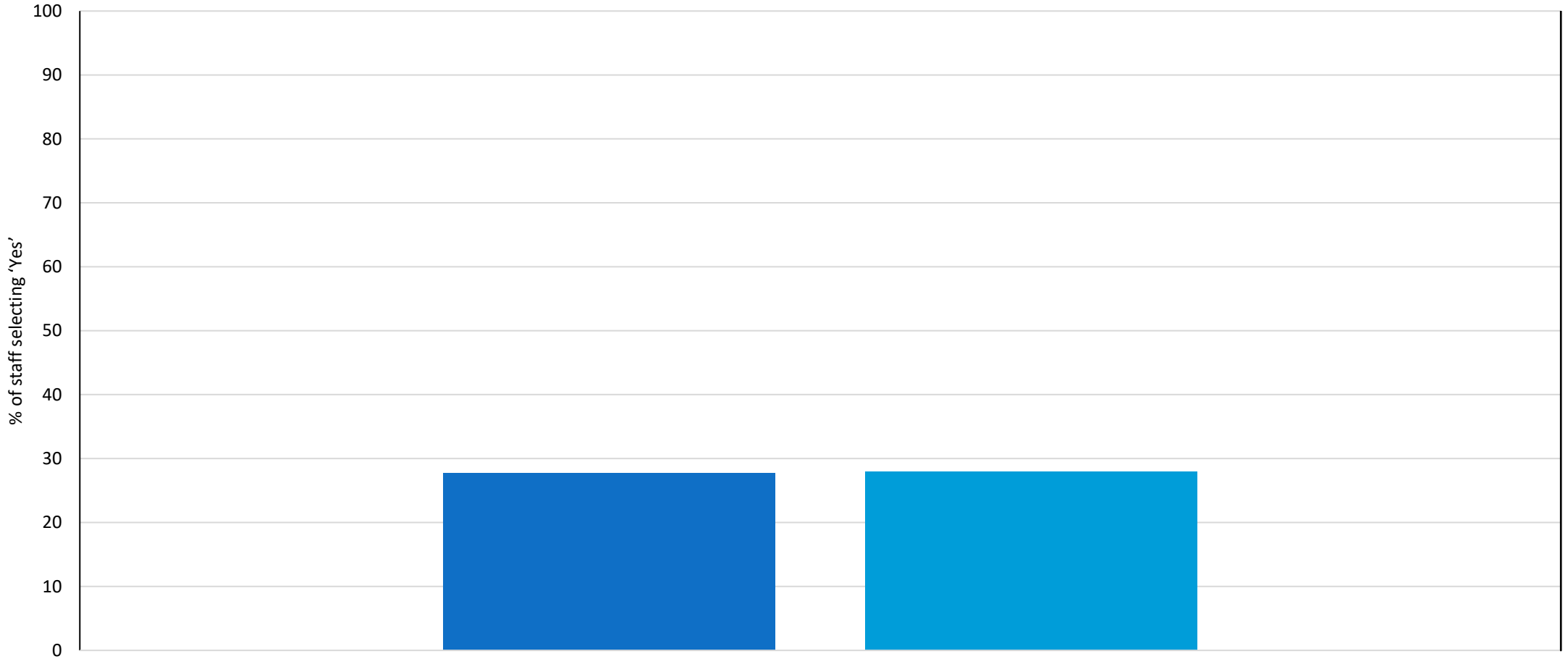


	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	35.7%	40.4%	0.6%	2.0%	0.2%	7.7%	2.9%	2.3%	8.2%
Average	43.4%	43.0%	0.7%	1.0%	0.2%	2.0%	0.3%	1.5%	6.9%
Responses	2208	2208	2208	2208	2208	2208	2208	2208	2208

Background details – Long lasting health condition or illness

Survey Coordination Centre

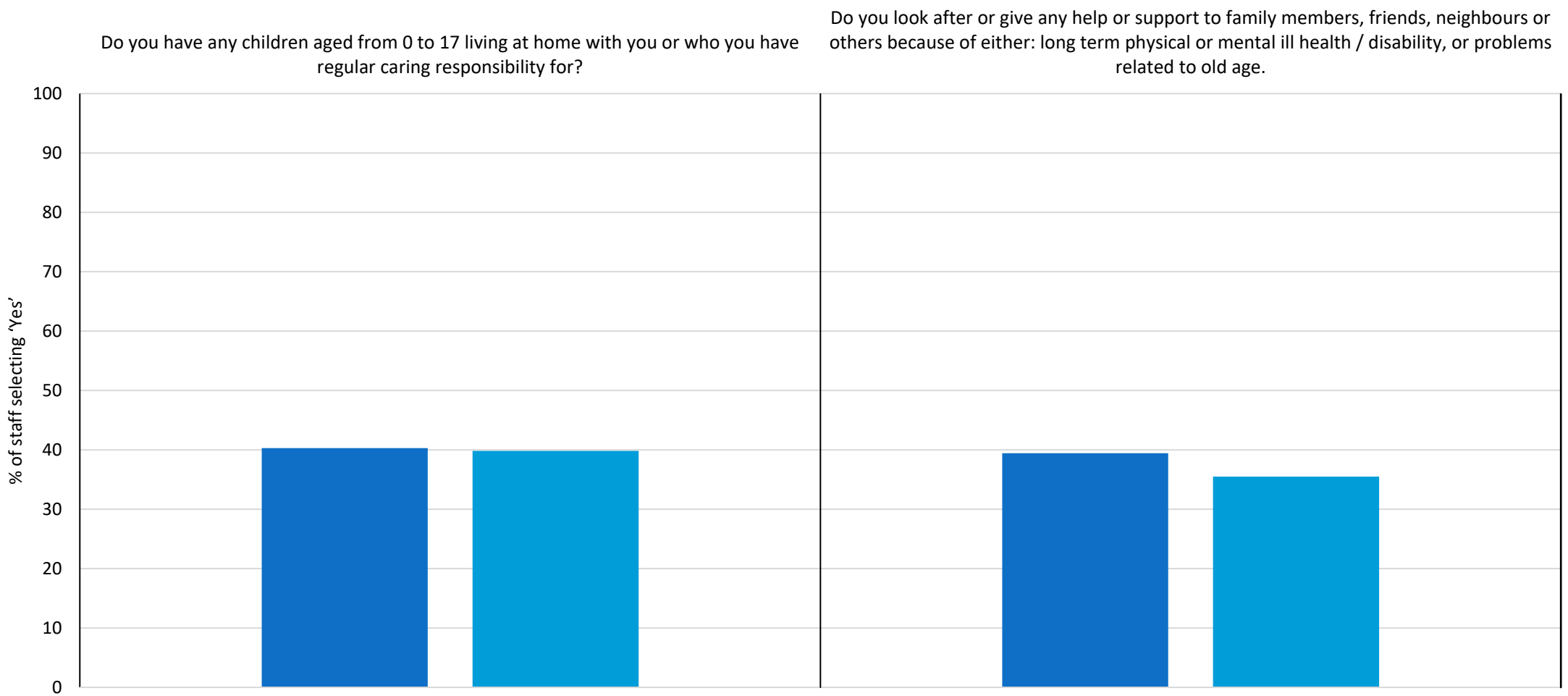
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	27.7%
Average	27.9%
Responses	2206

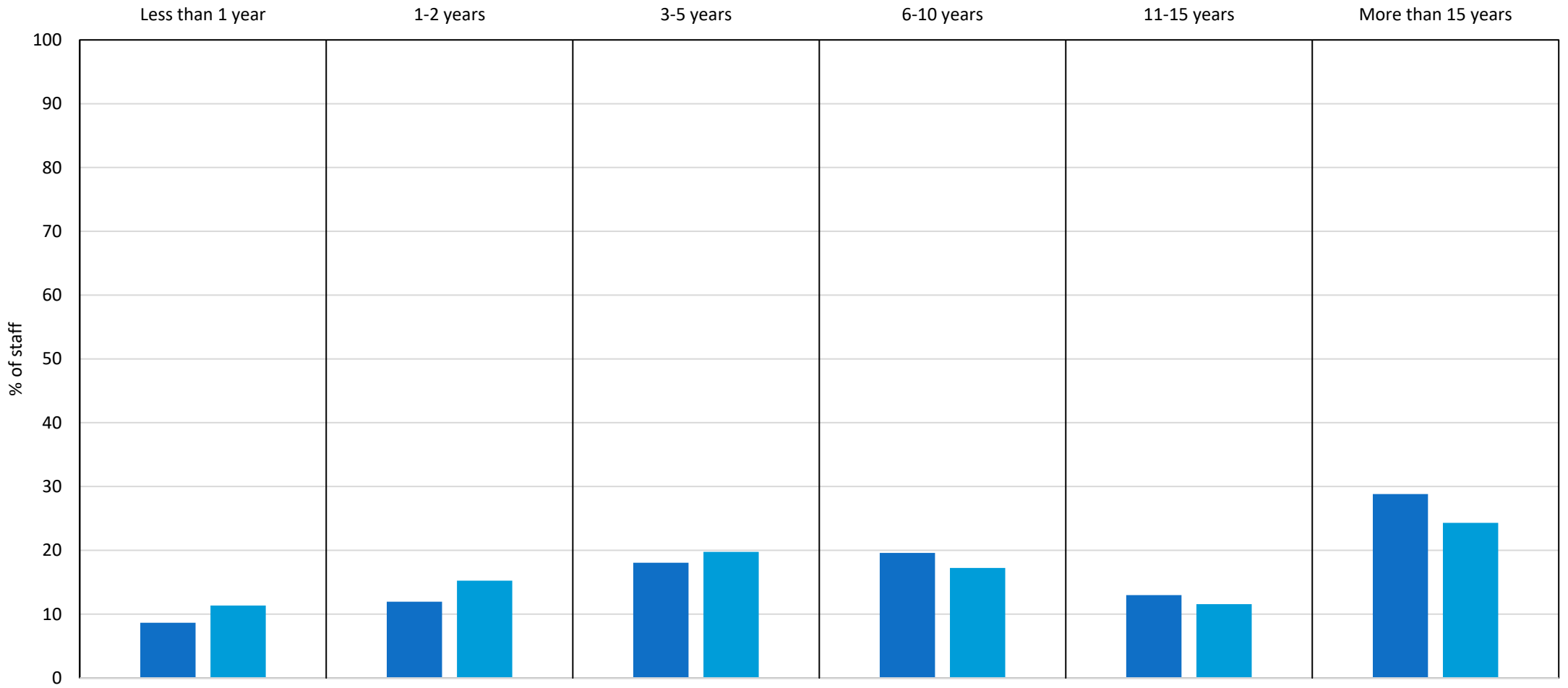
Background details – Parental / caring responsibilities

Survey Coordination Centre



Your org	40.3%	39.4%
Average	39.8%	35.5%
Responses	2211	2211

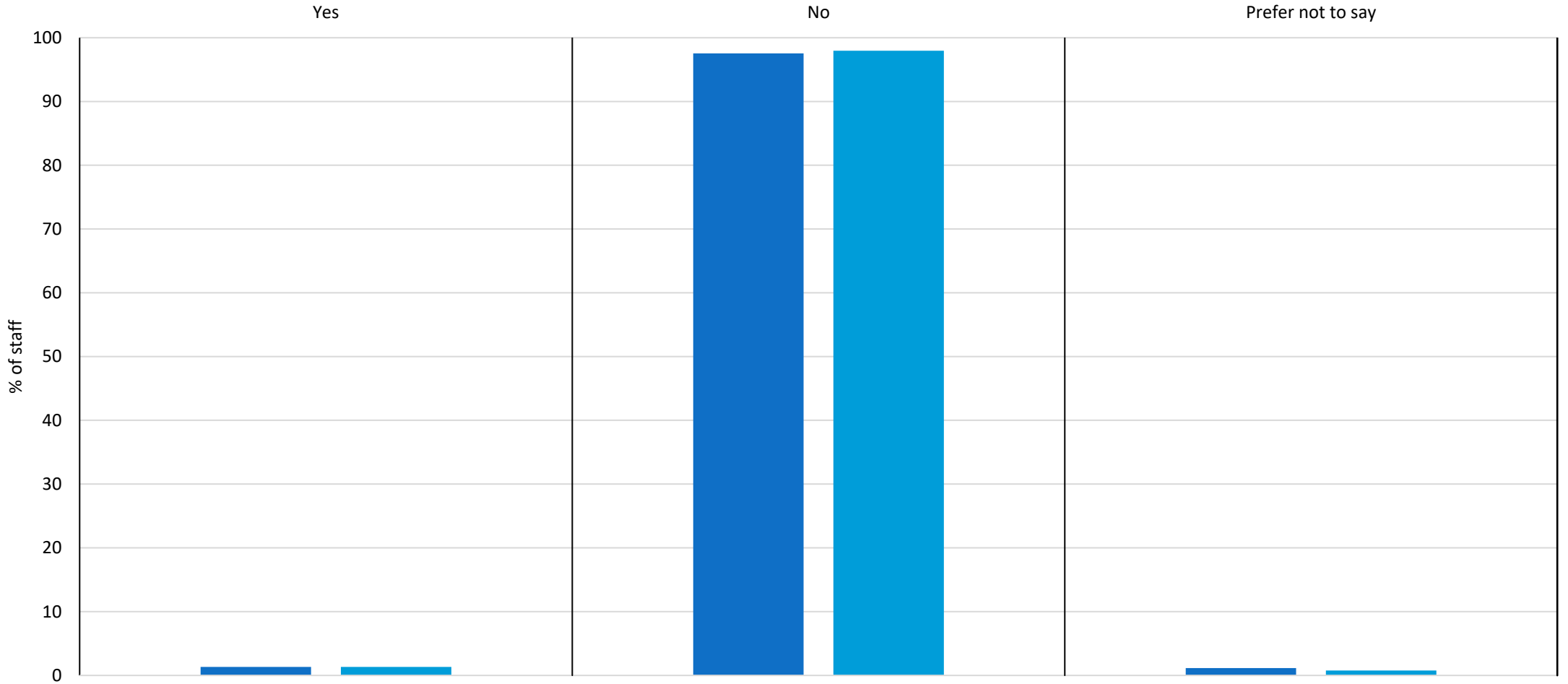
Background details – Length of service



	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	8.6%	11.9%	18.0%	19.6%	13.0%	28.8%
Average	11.4%	15.2%	19.8%	17.2%	11.6%	24.3%
Responses	2211	2211	2211	2211	2211	2211

Background details – When you joined this organisation were you recruited from outside of the UK?

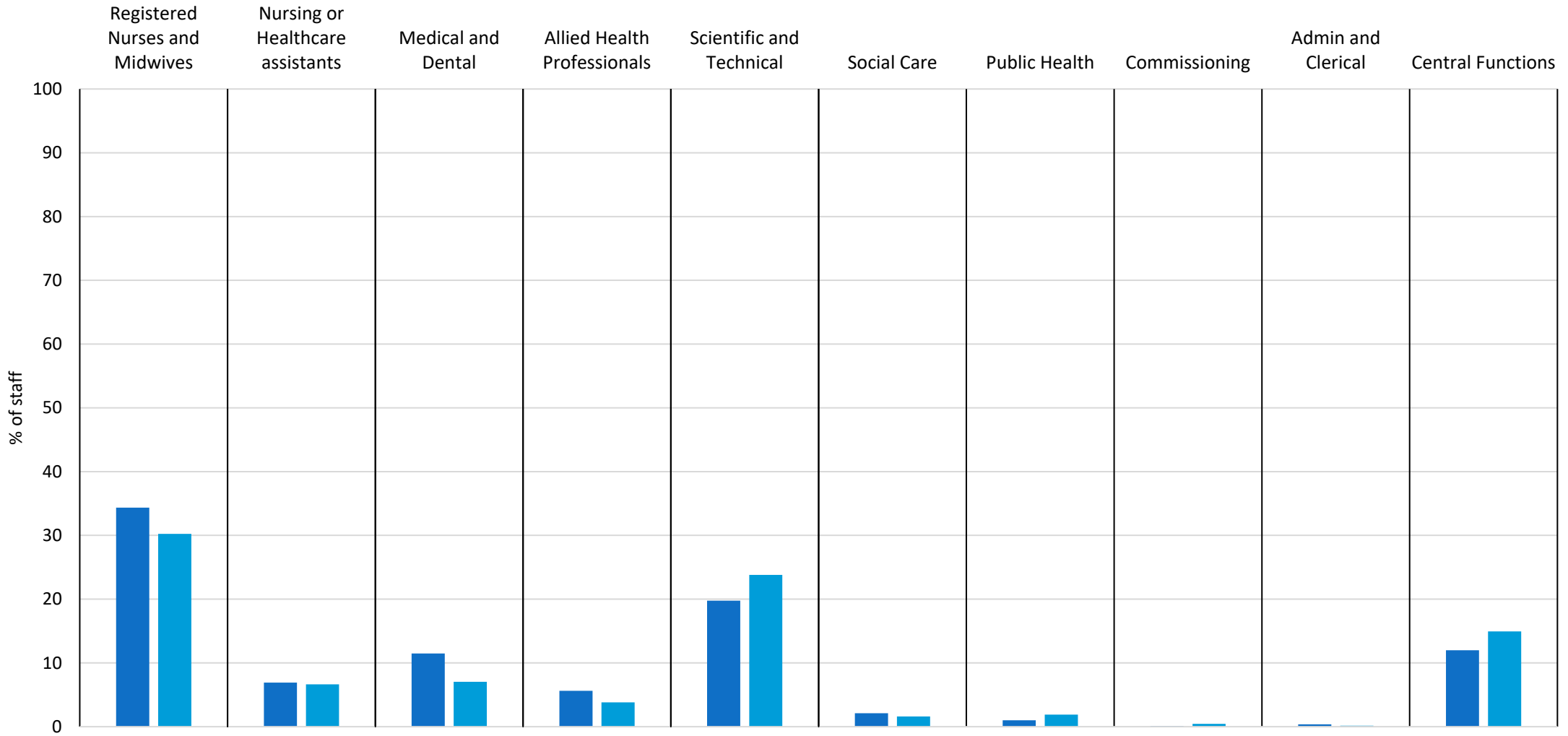
Survey Coordination Centre



	Yes	No	Prefer not to say
Your org	1.3%	97.5%	1.1%
Average	1.3%	98.0%	0.8%
Responses	2201	2201	2201

Background details – Occupational group

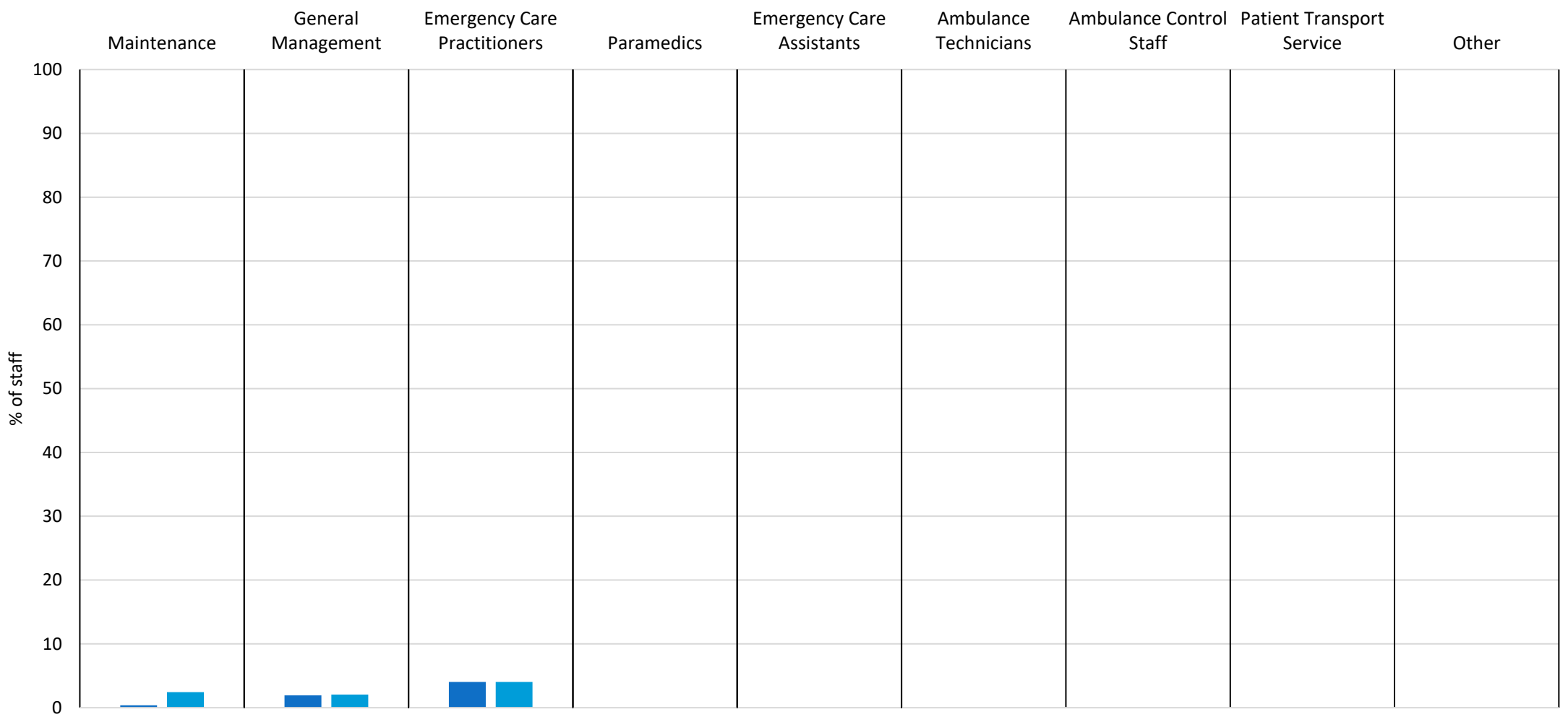
Survey Coordination Centre



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	34.4%	6.9%	11.5%	5.6%	19.8%	2.1%	1.0%	0.1%	0.4%	12.0%
Average	30.2%	6.6%	7.0%	3.8%	23.8%	1.6%	1.9%	0.4%	0.2%	14.9%
Responses	2186	2186	2186	2186	2186	2186	2186	2186	2186	2186

Background details – Occupational group

Survey Coordination Centre



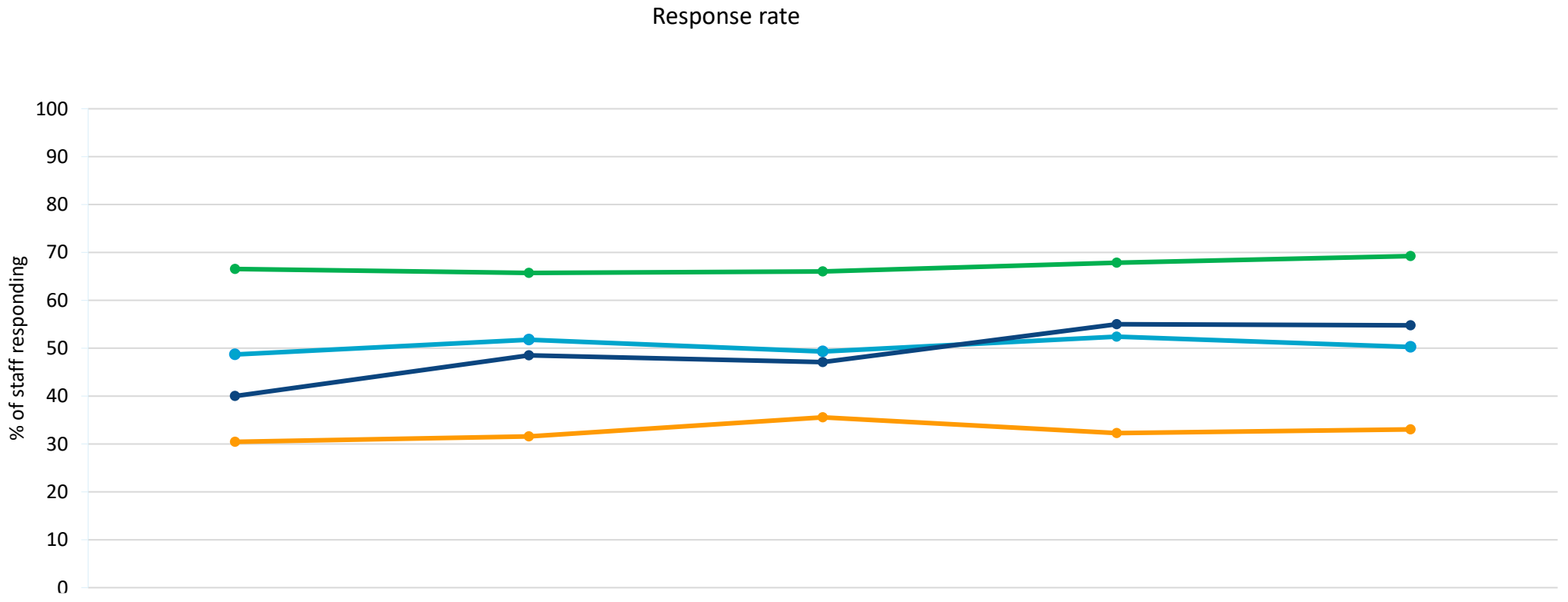
	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	0.4%	1.9%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average	2.4%	2.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	2186	2186	2186	2186	2186	2186	2186	2186	2186

Appendices

Appendix A: Response rate

Appendix A: Response rate

Survey Coordination Centre



	2018	2019	2020	2021	2022
Your org	40.0%	48.5%	47.1%	55.0%	54.8%
Highest	66.5%	65.7%	66.0%	67.9%	69.2%
Average	48.7%	51.8%	49.3%	52.4%	50.3%
Lowest	30.5%	31.6%	35.6%	32.3%	33.0%
Responses	1503	1782	1860	2228	2230

Appendix B: Significance testing 2021 vs 2022

Appendix B: Significance testing – 2021 vs 2022

Survey Coordination Centre

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.2	2164	7.1	2227	Not significant
We are recognised and rewarded	6.1	2197	6.0	2225	Significantly lower
We each have a voice that counts	6.8	2133	6.7	2215	Not significant
We are safe and healthy	6.1	2158	6.1	2209	Not significant
We are always learning	5.6	2067	5.7	2128	Not significant
We work flexibly	6.4	2185	6.4	2223	Not significant
We are a team	6.9	2176	6.9	2227	Not significant
Themes					
Staff Engagement	7.0	2205	6.9	2228	Not significant
Morale	6.0	2200	5.9	2228	Significantly lower

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the technical document.

Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2022.

Appendix C.1. Reviewing People Promise and theme results

Survey Coordination Centre

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

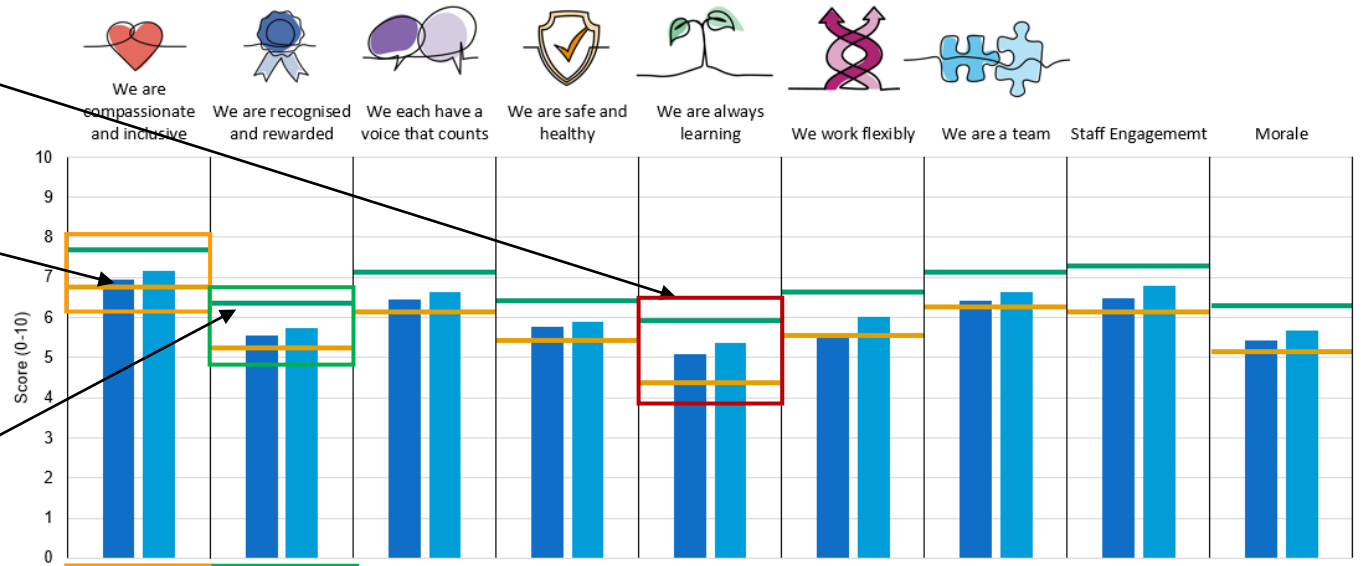
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

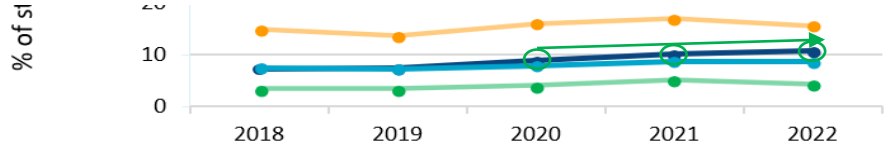
Only one example is highlighted for each point

Appendix C. 2. Reviewing results in more detail

Survey Coordination Centre

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.



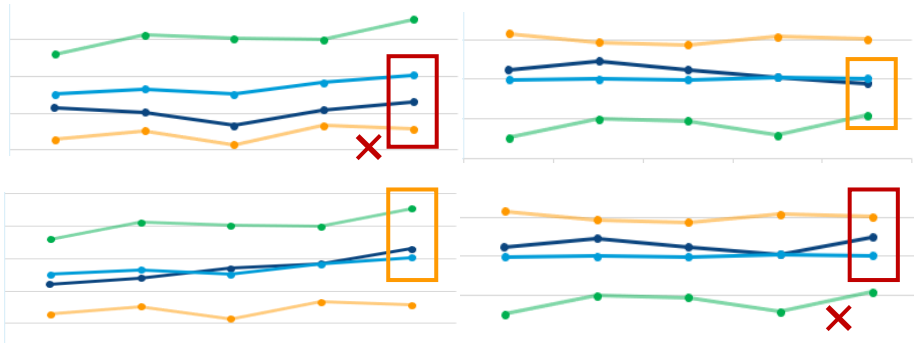
	2018	2019	2020	2021	2022
Your org	7.3%	7.4%	8.9%	10.2%	10.8%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✕ = Negative driver, org result falls between average & worst benchmarking group result for question

Appendix C.3. Reviewing question results

Survey Coordination Centre

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

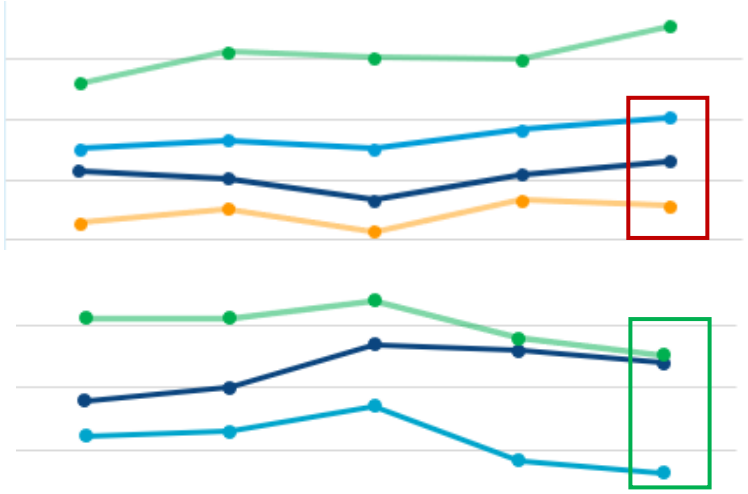
Identifying questions of interest

➢ **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➢ **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



➢ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➢ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Appendix D: Additional reporting outputs

Survey Coordination Centre

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results

Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Birmingham and Solihull Mental Health NHS Foundation Trust.

National results

National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.

Regional / System overview and **Regional / System breakdown** Dashboards containing results for each region and each ICS.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Birmingham and Solihull Mental Health NHS Foundation Trust

2022 NHS Staff Survey

Breakdown report

Contents (1)

Survey Coordination Centre

Contents (2)

Survey Coordination Centre

This directorate report for Birmingham and Solihull Mental Health NHS Foundation Trust contains results by breakdown for People Promise element and theme results from the 2022 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

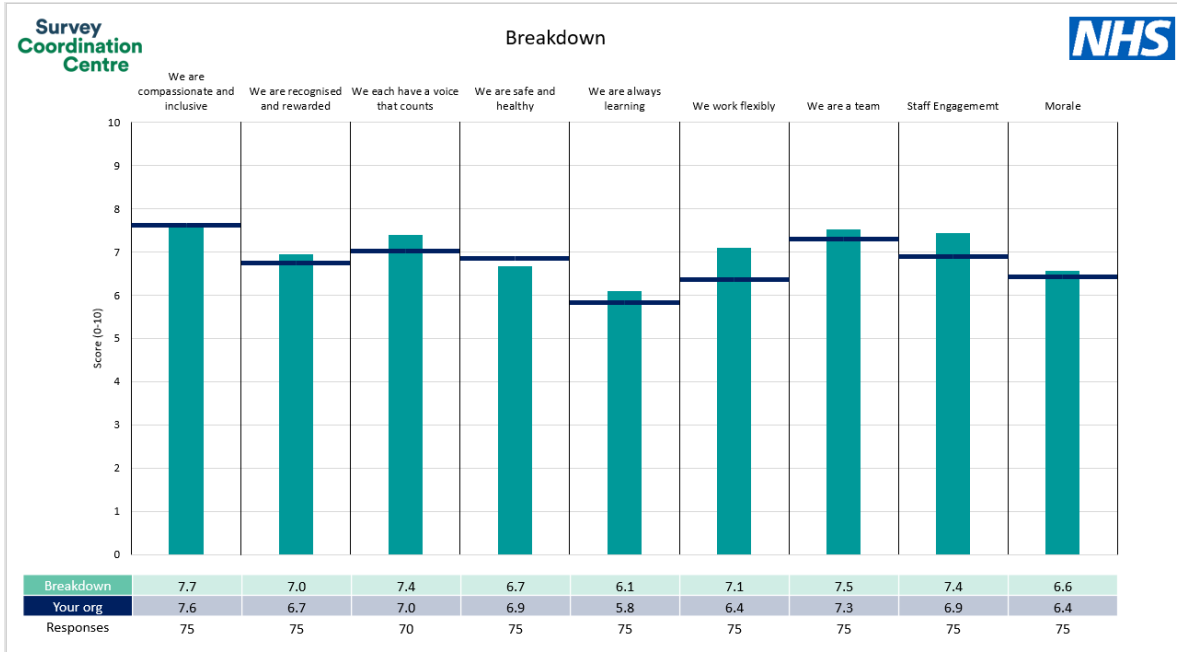
The breakdowns used in this report were provided and defined by Birmingham and Solihull Mental Health NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	7.0	7.4	6.7	6.1	7.1	7.5	7.4	6.6
Your org	7.6	6.7	7.0	6.9	5.8	6.4	7.3	6.9	6.4
Responses	75	75	70	75	75	75	75	75	75

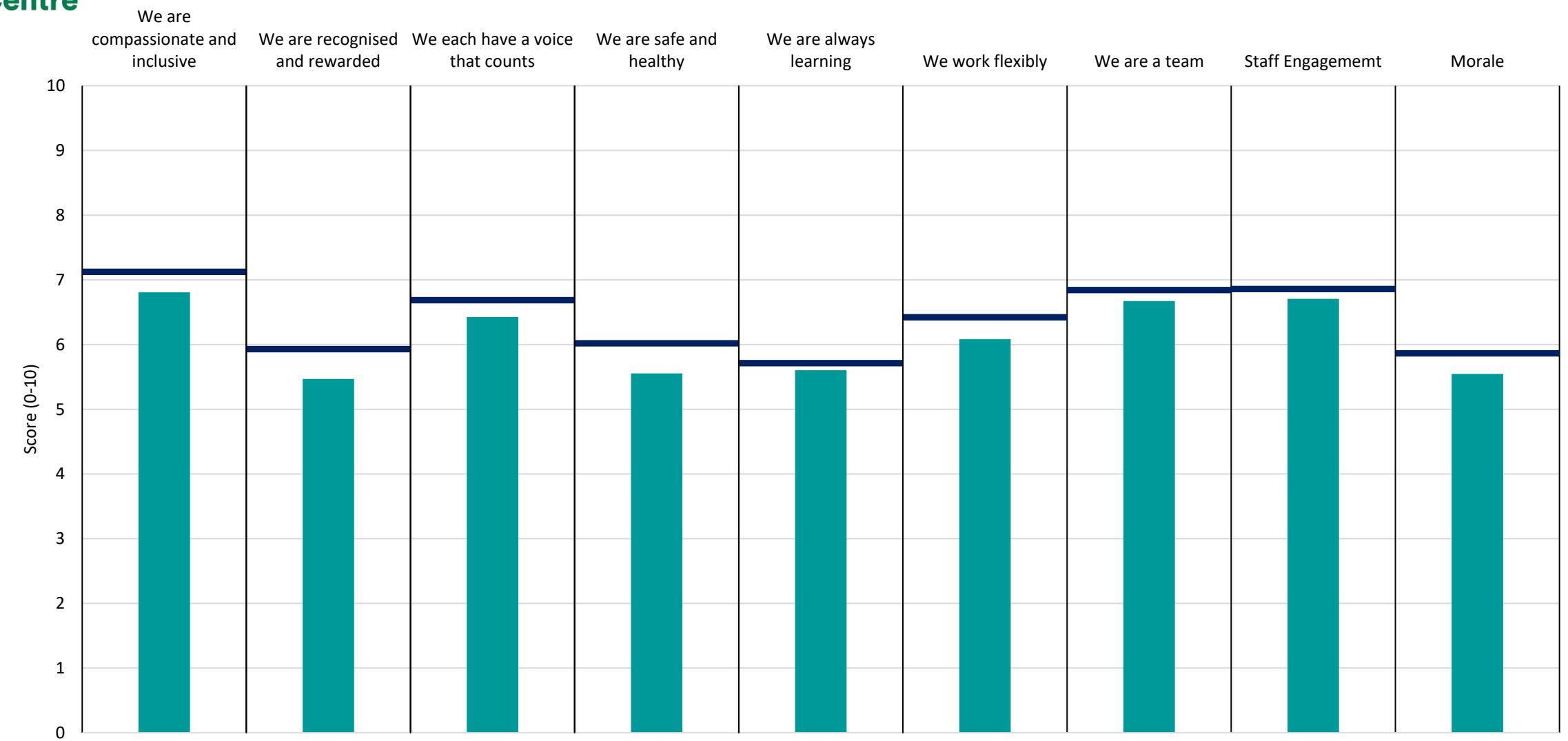
! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Breakdowns 1

Birmingham and Solihull Mental Health NHS Foundation Trust

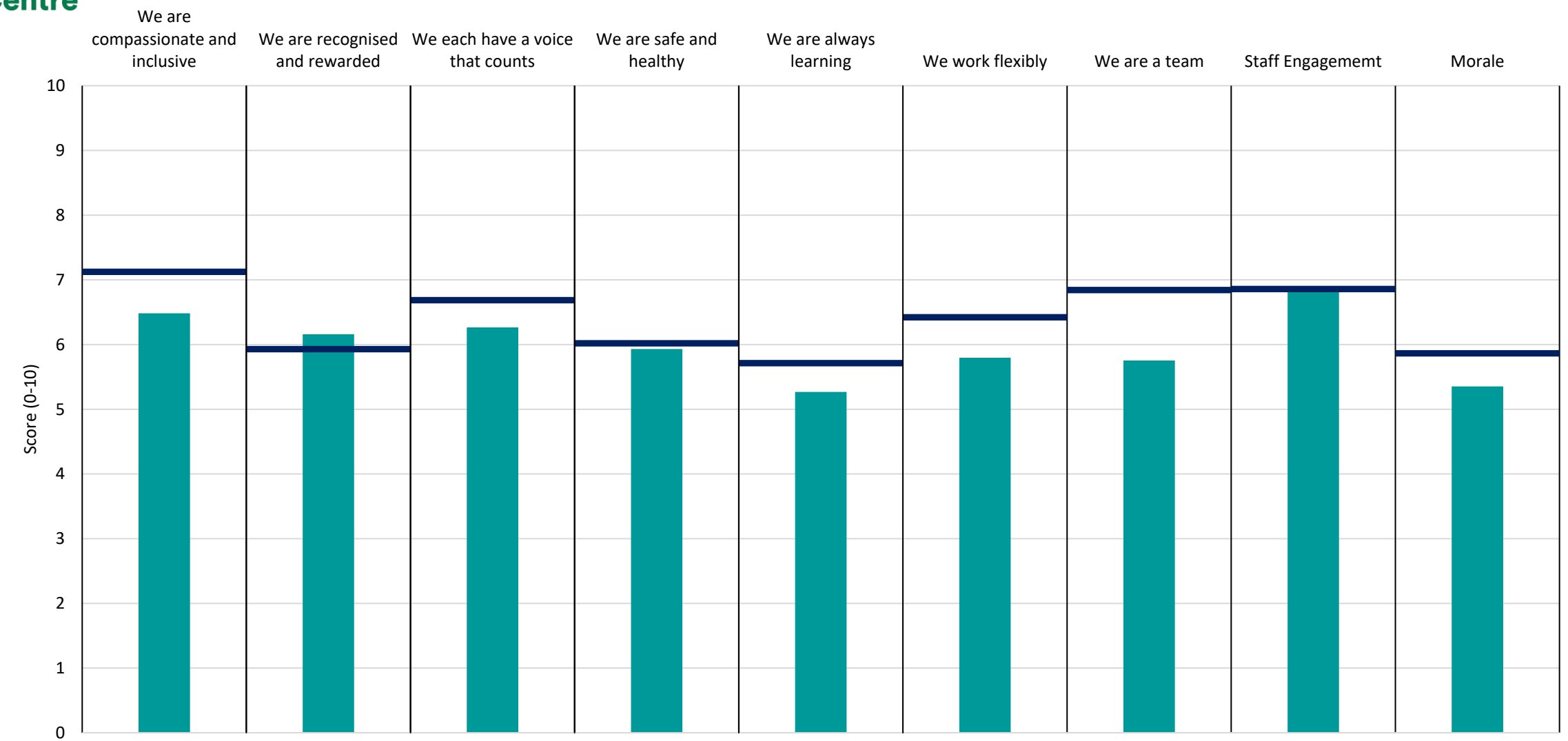
2022 NHS Staff Survey

436 Acute & Urgent Care Service Locality



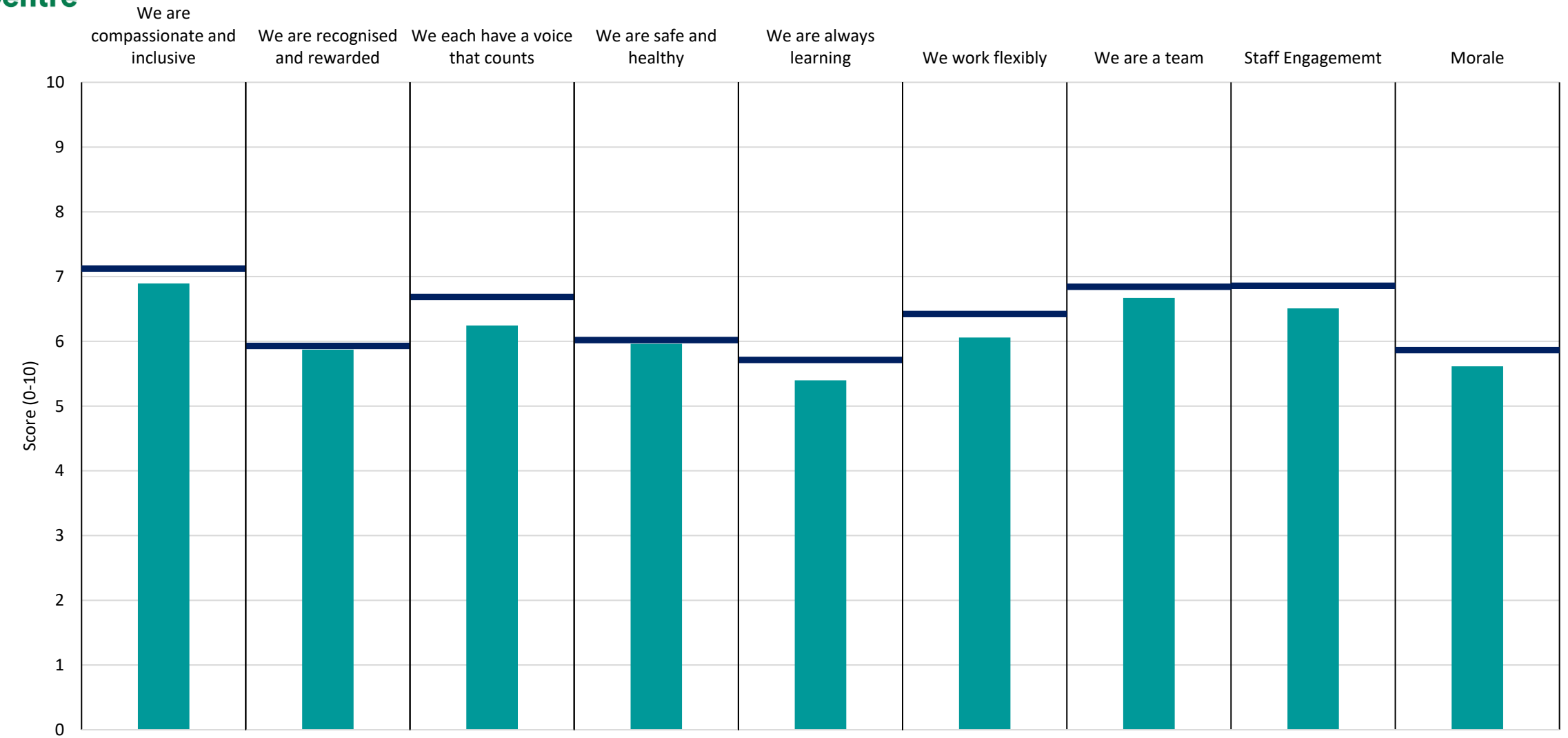
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.5	6.4	5.6	5.6	6.1	6.7	6.7	5.5
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	360	359	357	356	344	359	360	360	360

436 Corporate Psychology



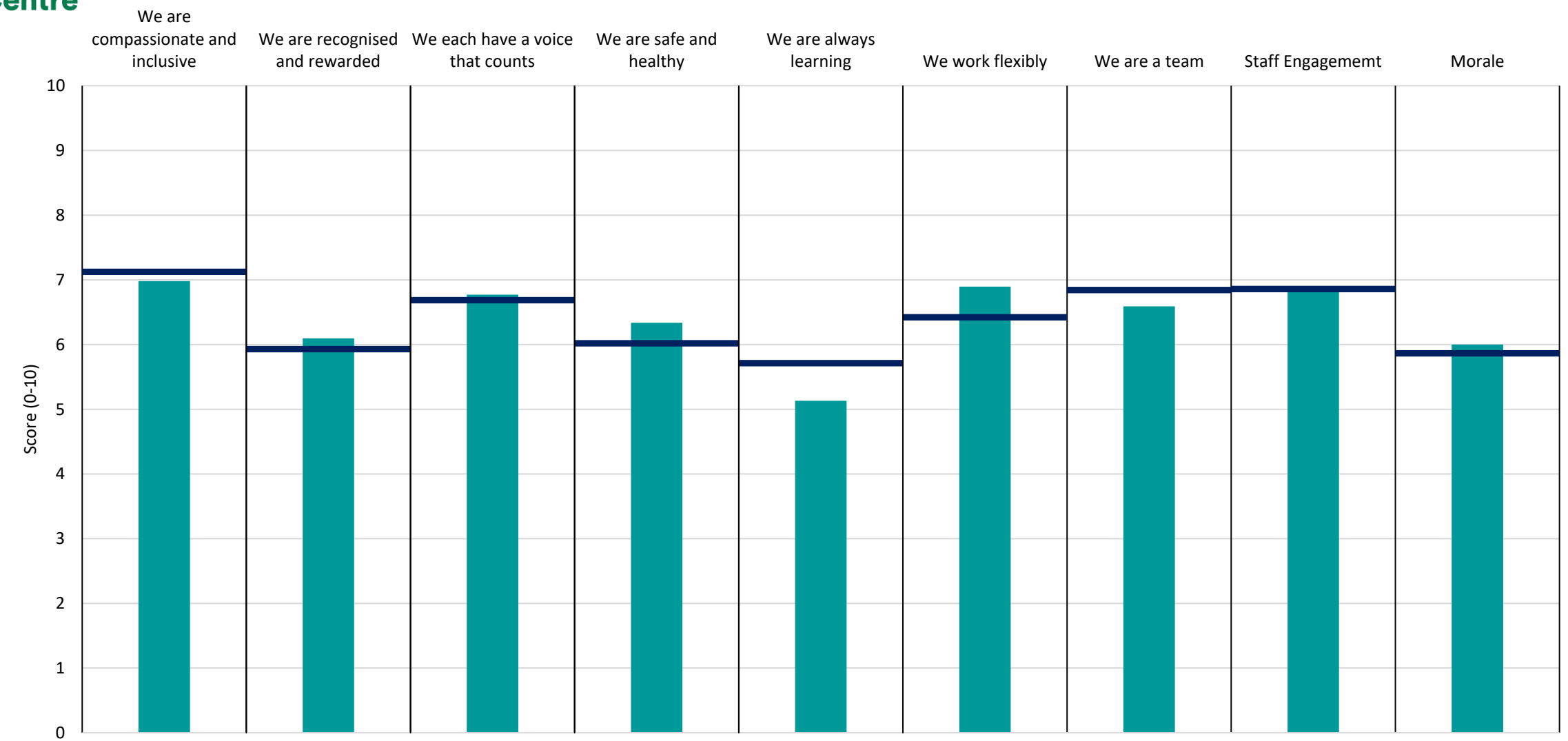
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.5	6.2	6.3	5.9	5.3	5.8	5.8	6.9	5.4
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	22	22	21	22	19	22	22	22	22

436 Exec Director - Medical Locality



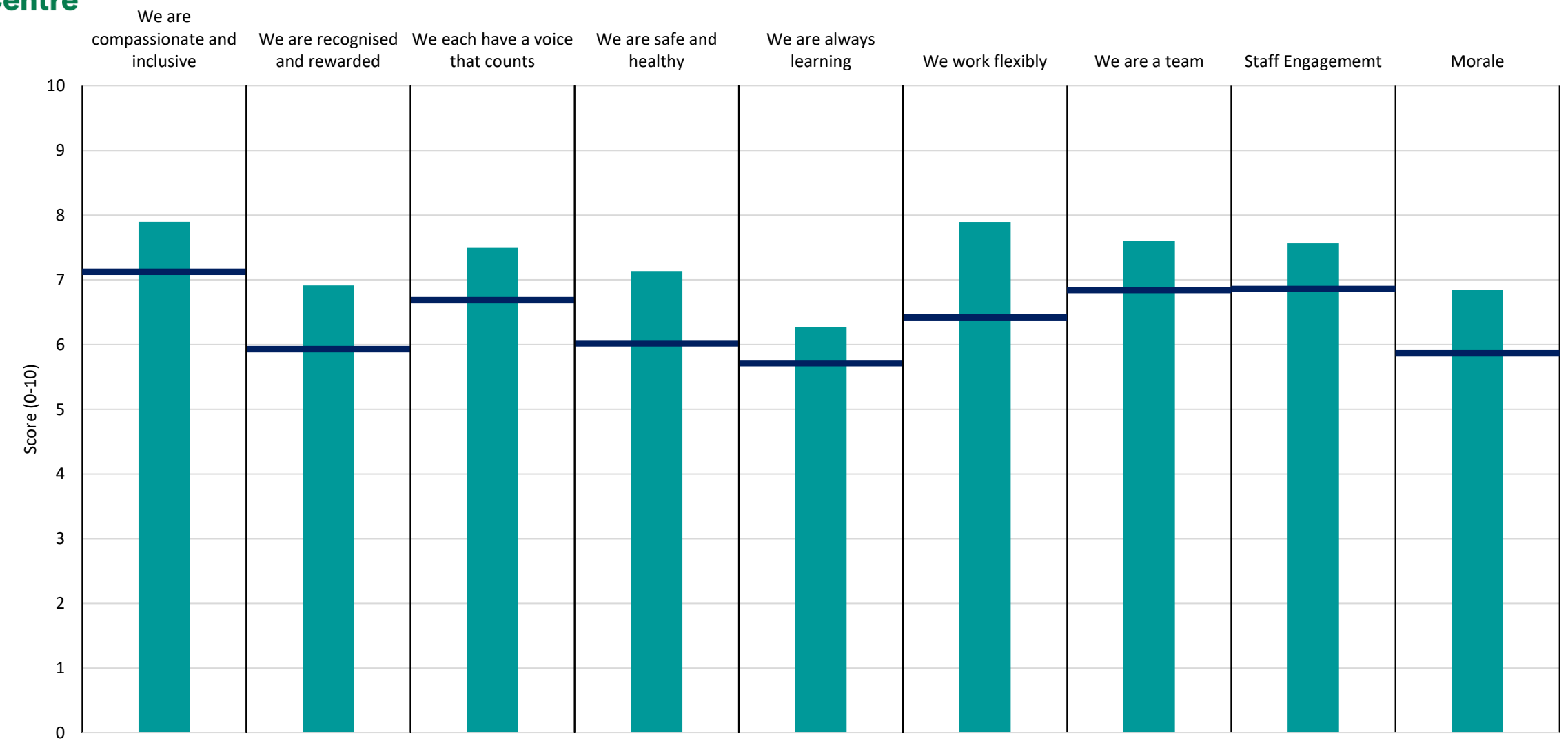
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.9	6.2	6.0	5.4	6.1	6.7	6.5	5.6
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	73	74	73	73	70	74	74	74	74

436 Exec Director - Nursing Locality



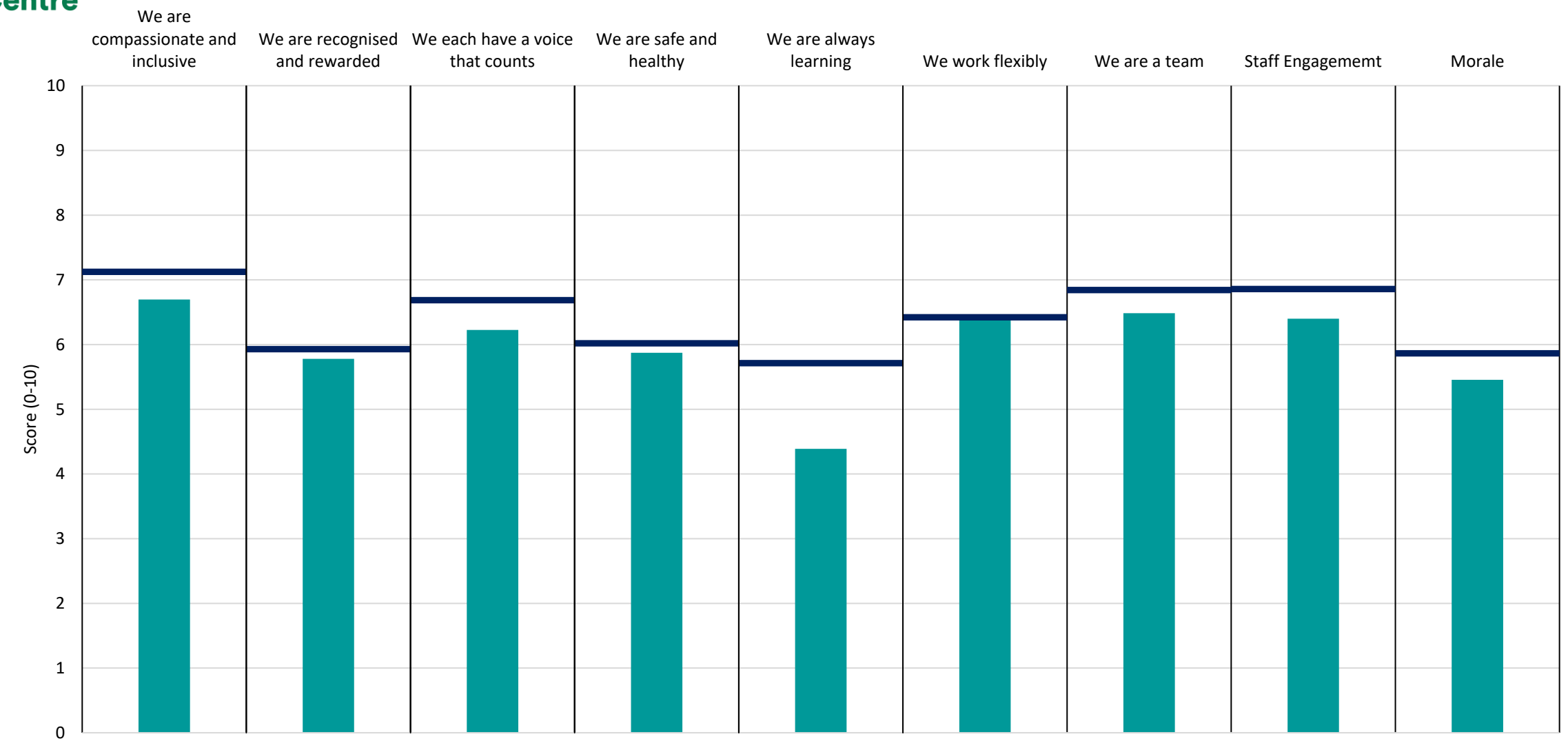
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	6.1	6.8	6.3	5.1	6.9	6.6	6.8	6.0
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	115	115	115	115	110	115	115	115	115

436 Exec Director - Resources Locality



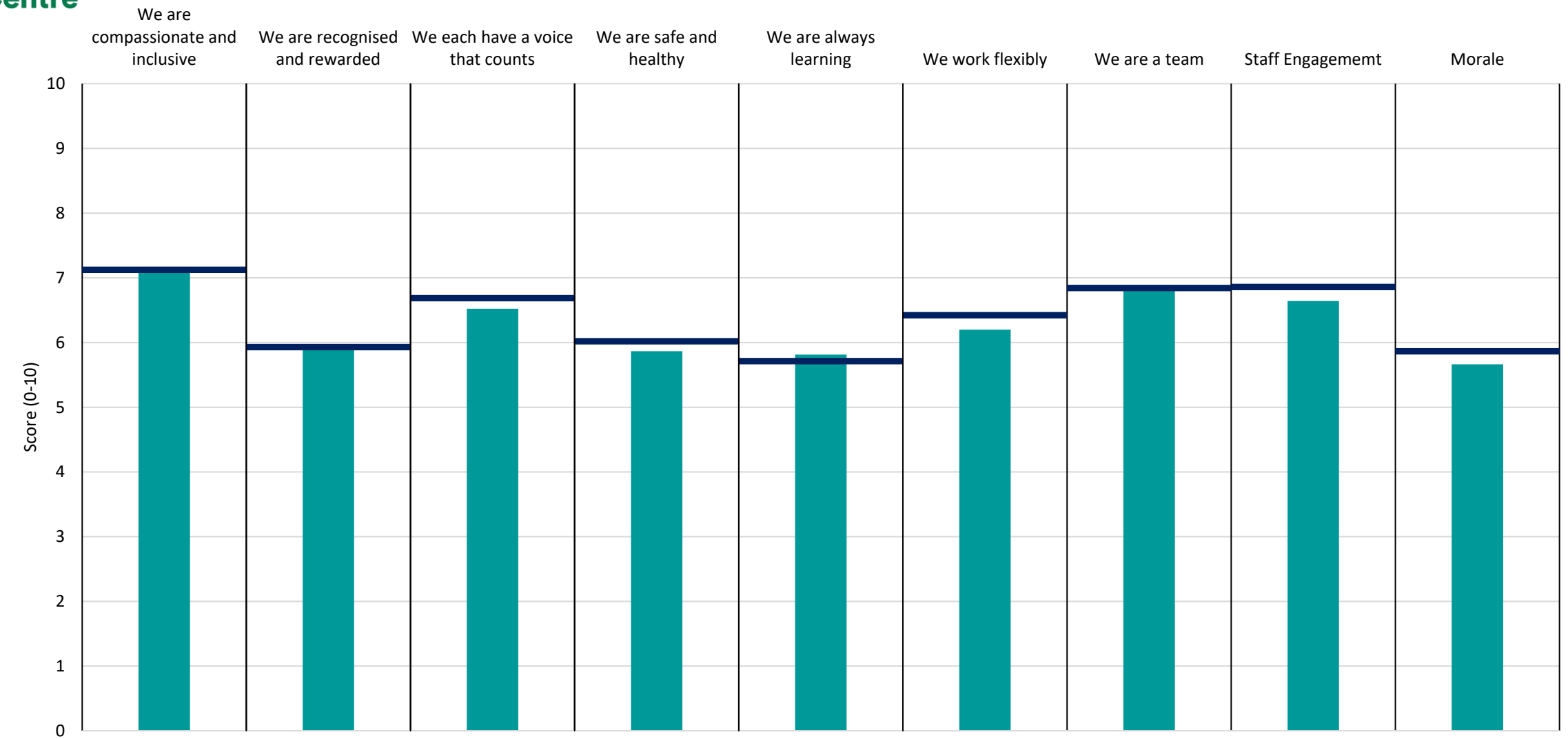
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.9	6.9	7.5	7.1	6.3	7.9	7.6	7.6	6.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	156	156	154	155	147	155	156	156	156

436 Exec Director - Strategy People and Partnerships Locality



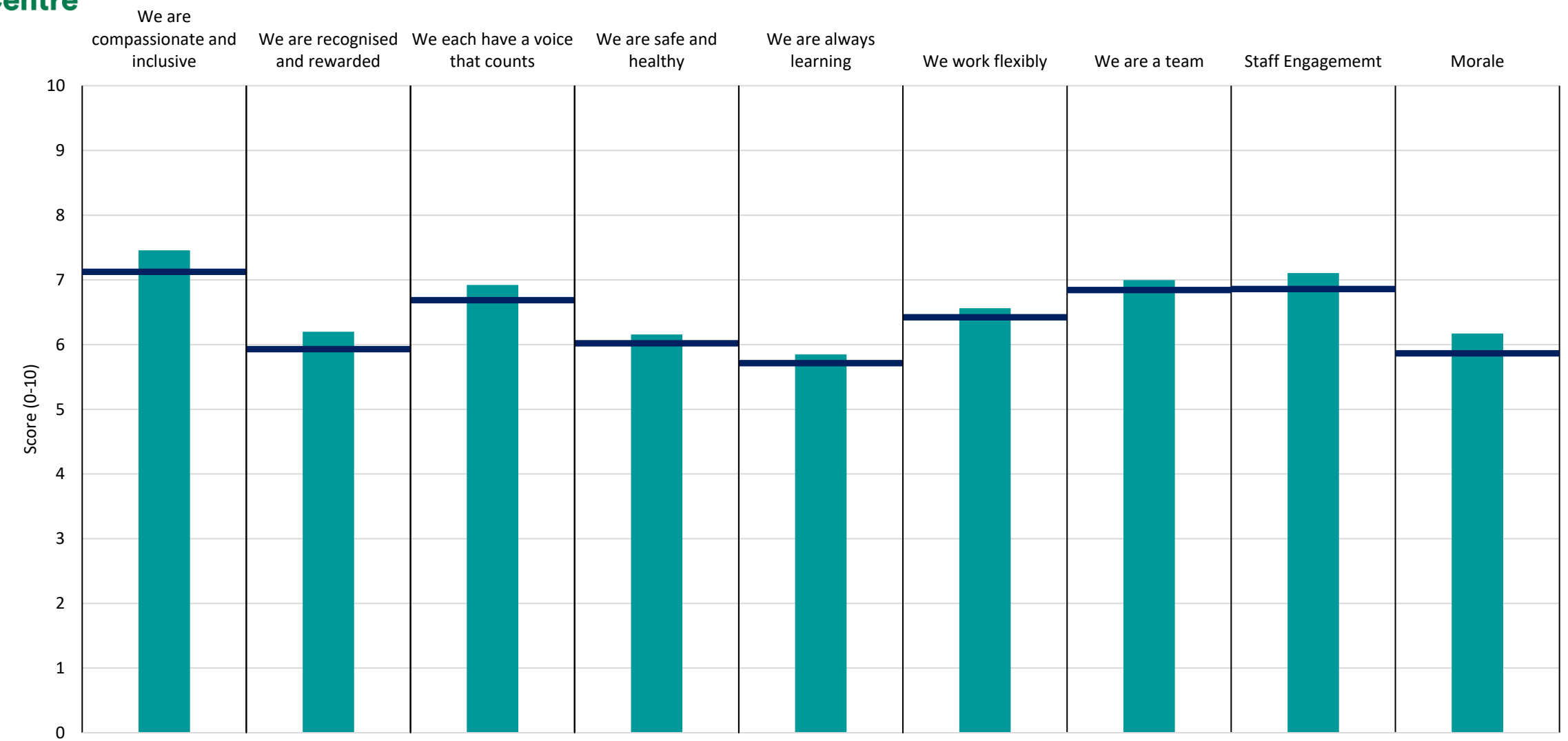
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.7	5.8	6.2	5.9	4.4	6.4	6.5	6.4	5.5
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	77	77	77	77	72	77	77	77	77

436 ICCR Locality



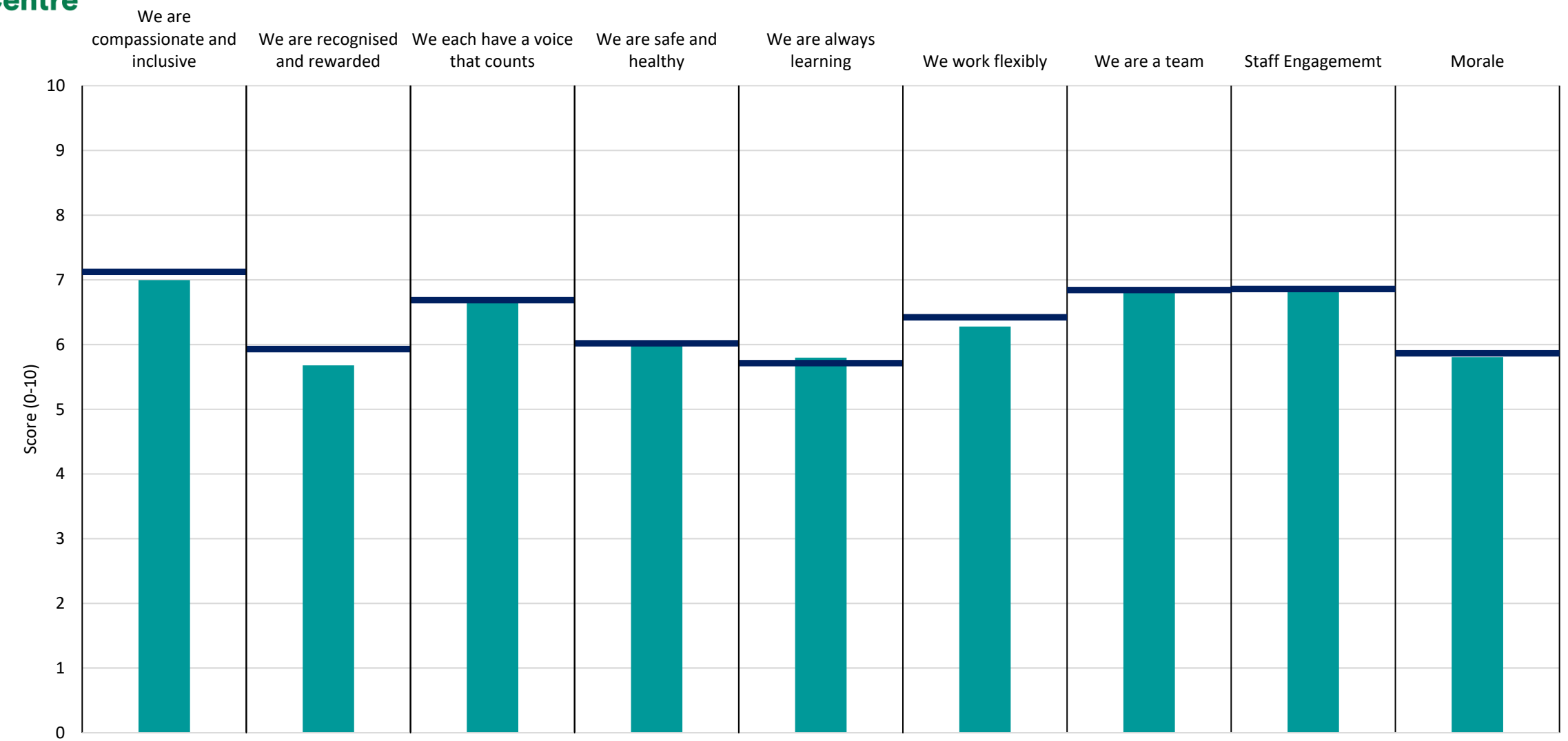
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.9	6.5	5.9	5.8	6.2	6.8	6.6	5.7
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	495	493	495	493	482	493	494	495	495

436 PCDS Locality



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.5	6.2	6.9	6.2	5.8	6.6	7.0	7.1	6.2
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	442	442	440	437	422	441	442	442	442

436 Secure Services and Offender Health Locality



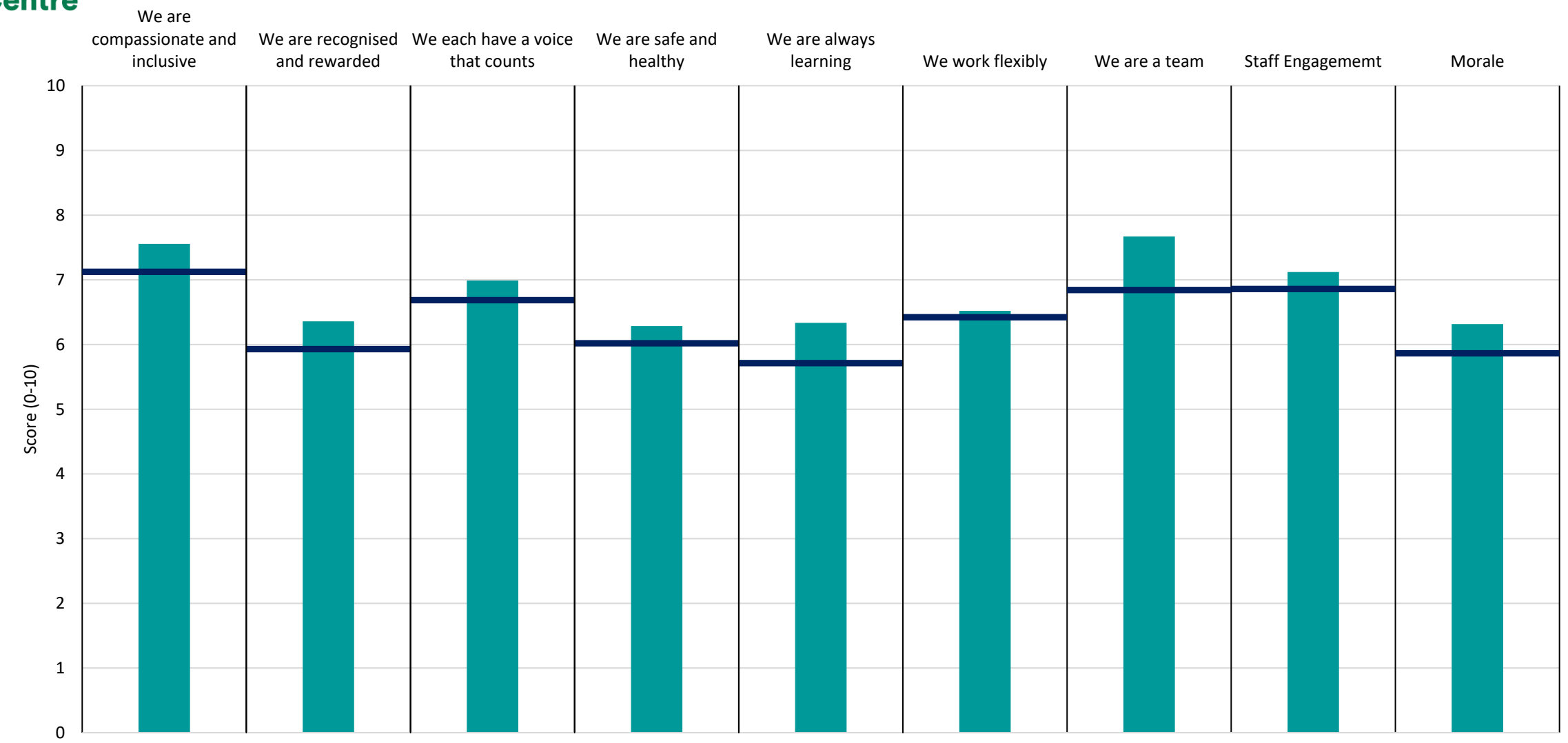
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.7	6.7	6.0	5.8	6.3	6.8	6.9	5.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	487	487	483	481	462	487	487	487	487

Breakdowns 2

Birmingham and Solihull Mental Health NHS Foundation Trust

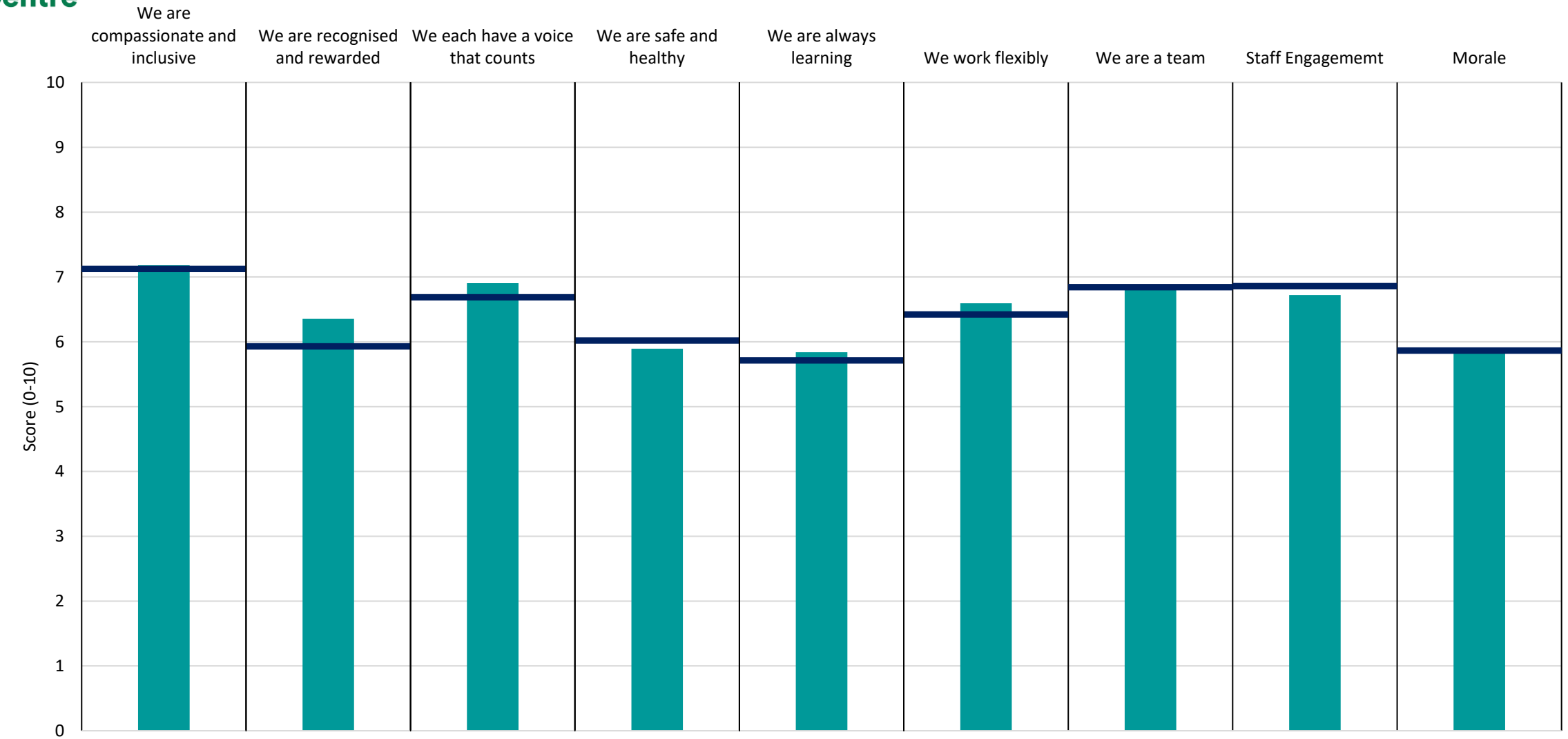
2022 NHS Staff Survey

436 AOT Area



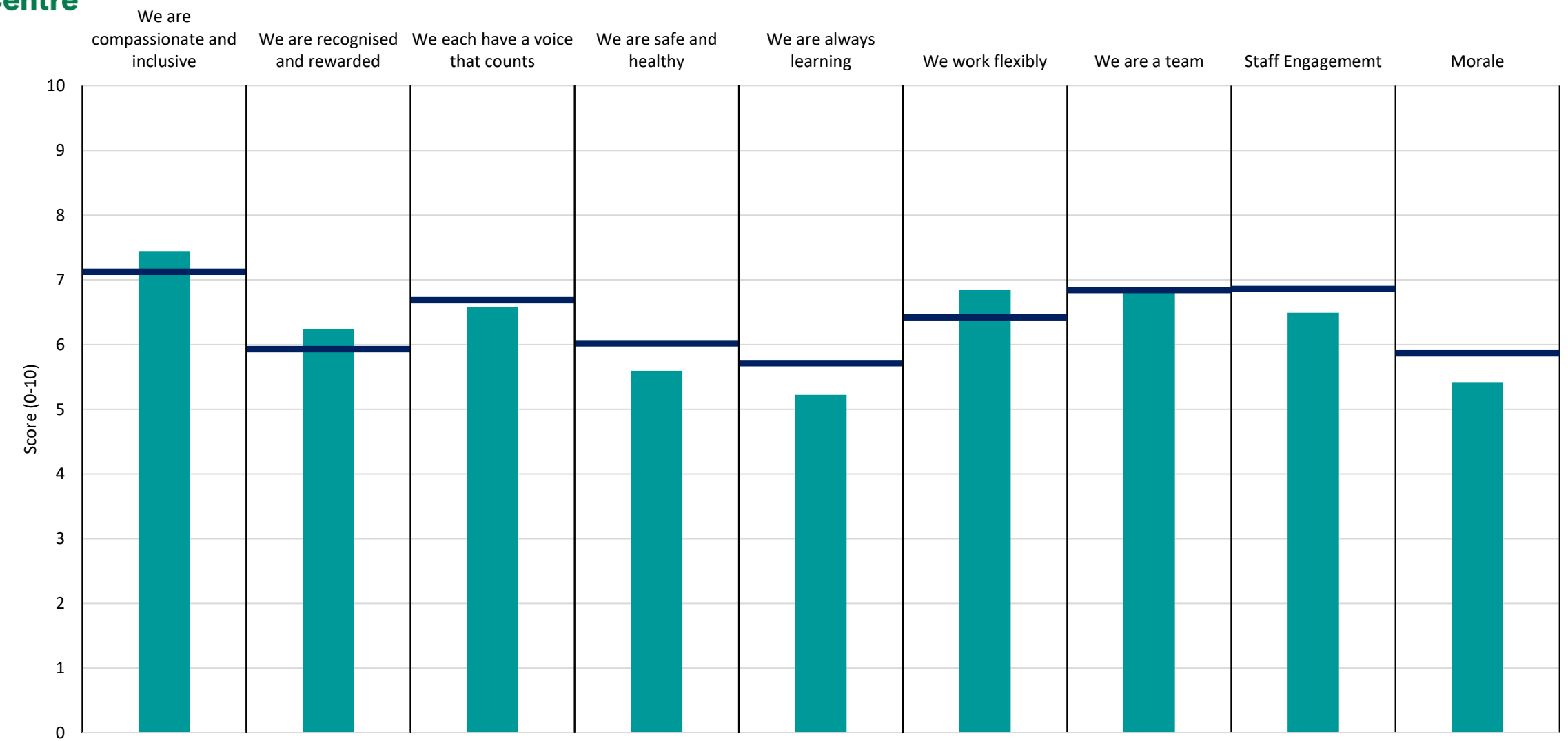
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.4	7.0	6.3	6.3	6.5	7.7	7.1	6.3
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	71	71	71	70	69	71	71	71	71

436 Addictions, RNY, Homeless, Compass Area



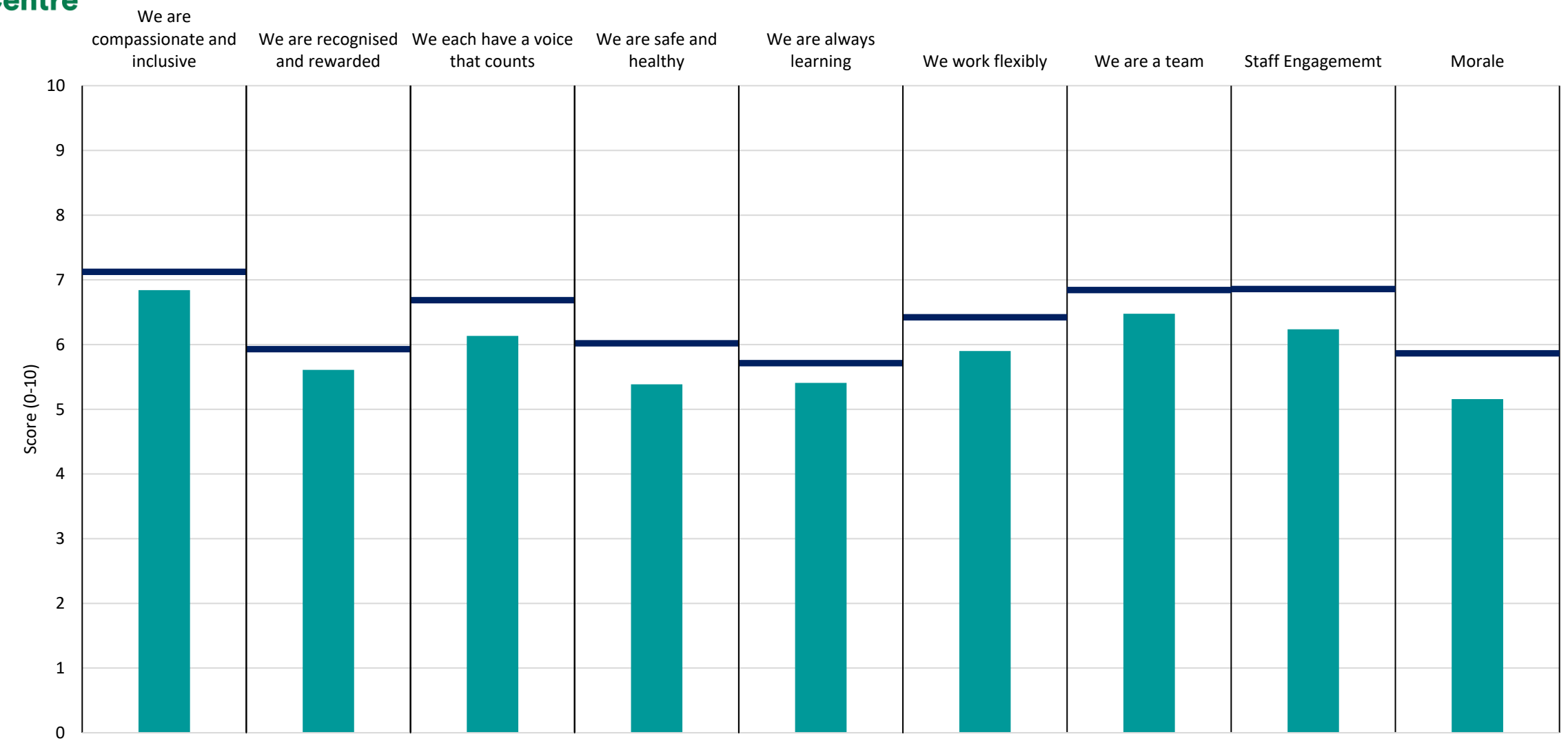
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.2	6.4	6.9	5.9	5.8	6.6	6.8	6.7	5.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	35	34	35	35	34	34	35	35	35

436 Birmingham Healthy Minds Area



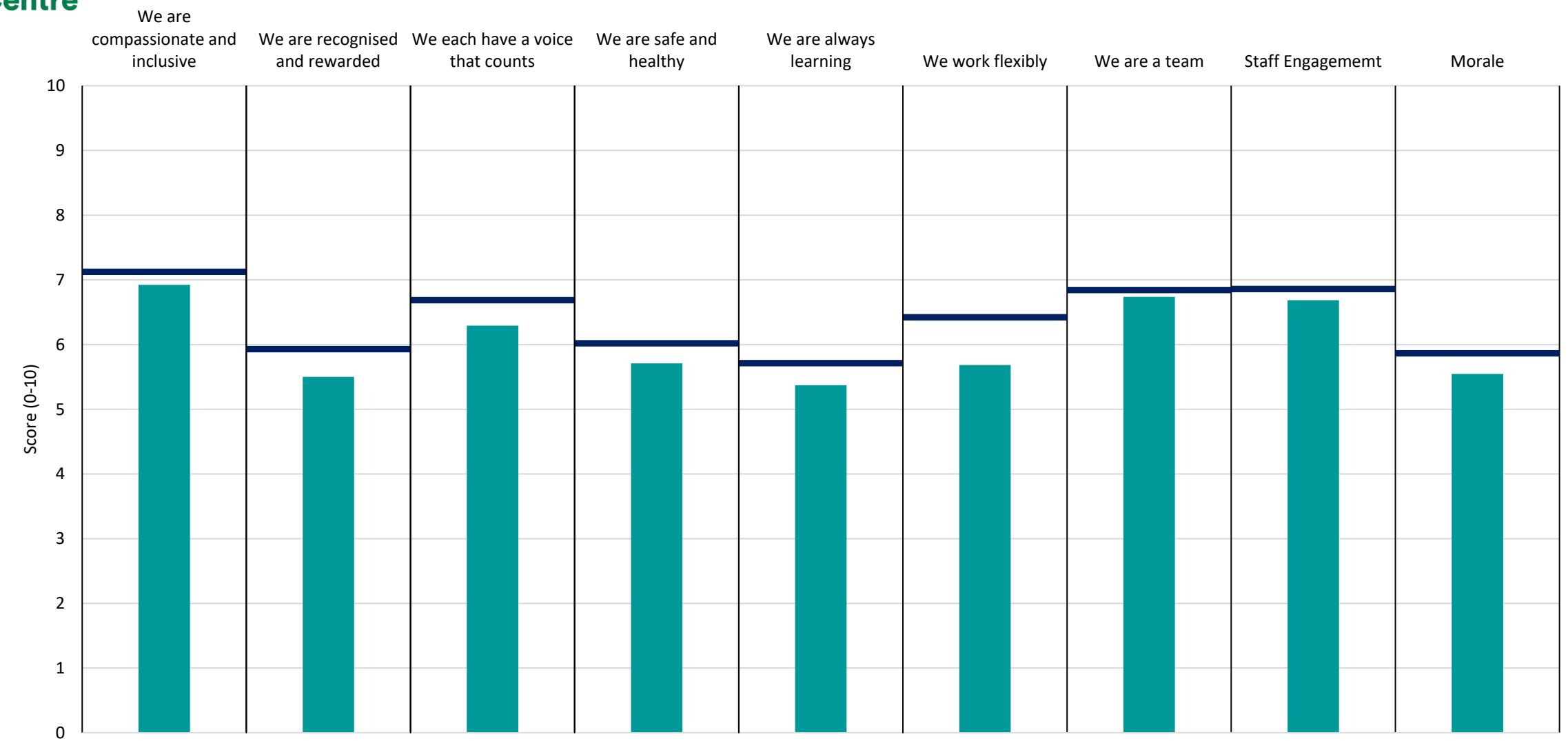
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.4	6.2	6.6	5.6	5.2	6.8	6.9	6.5	5.4
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	74	74	74	74	73	74	74	74	74

436 CMHT Area



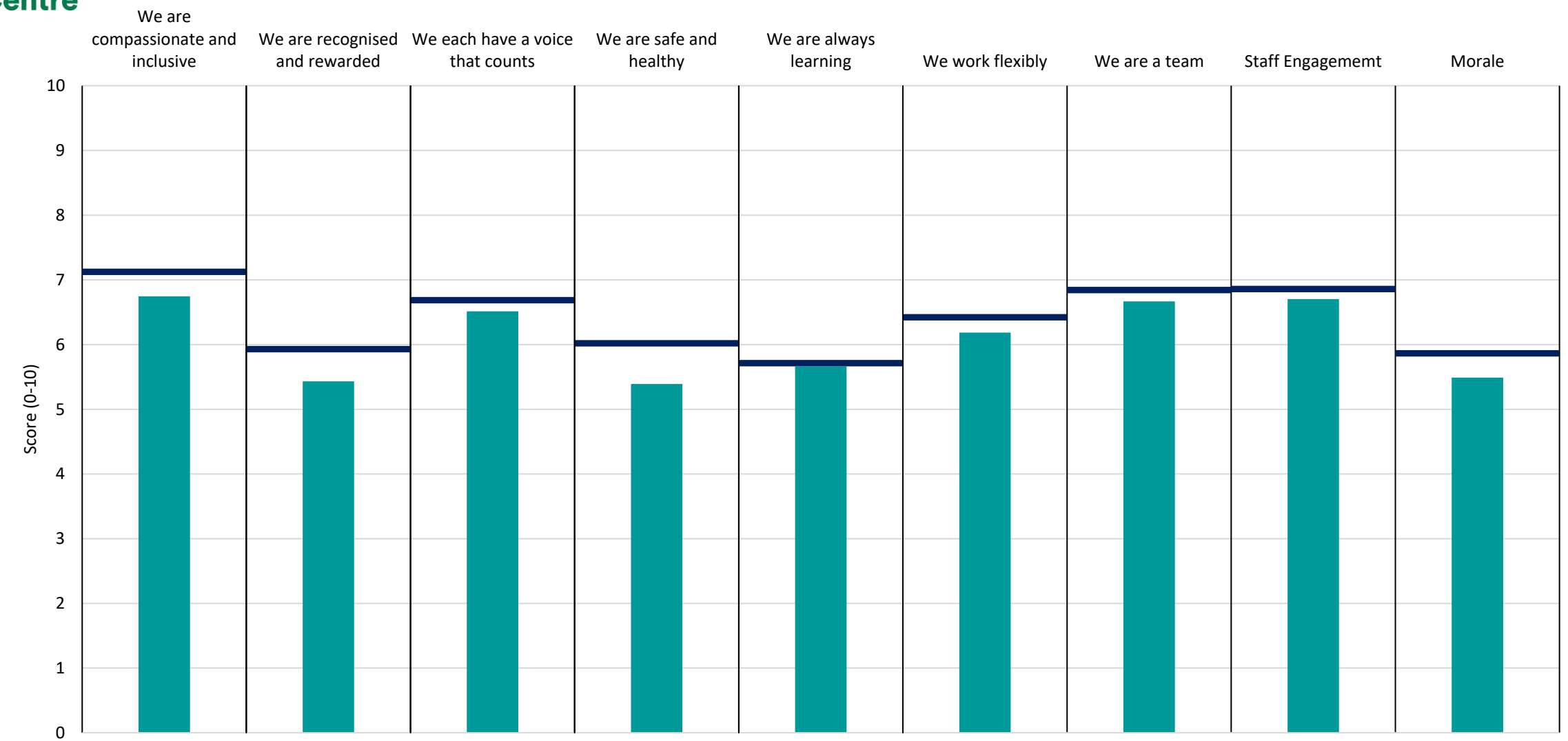
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.6	6.1	5.4	5.4	5.9	6.5	6.2	5.2
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	162	162	162	161	161	162	161	162	162

436 Home Treatment Area



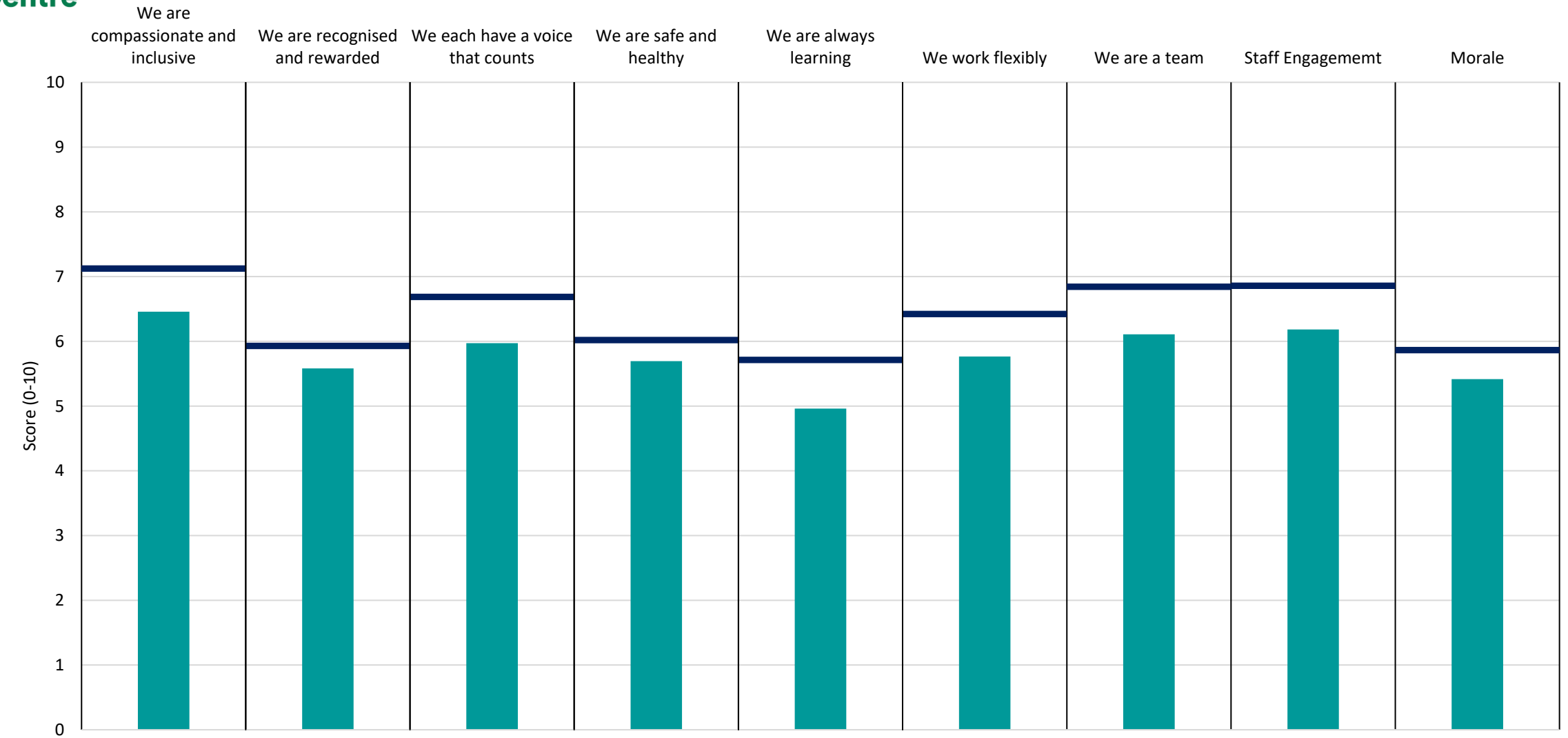
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.5	6.3	5.7	5.4	5.7	6.7	6.7	5.5
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	67	67	67	67	66	67	67	67	67

436 Inpatients Area



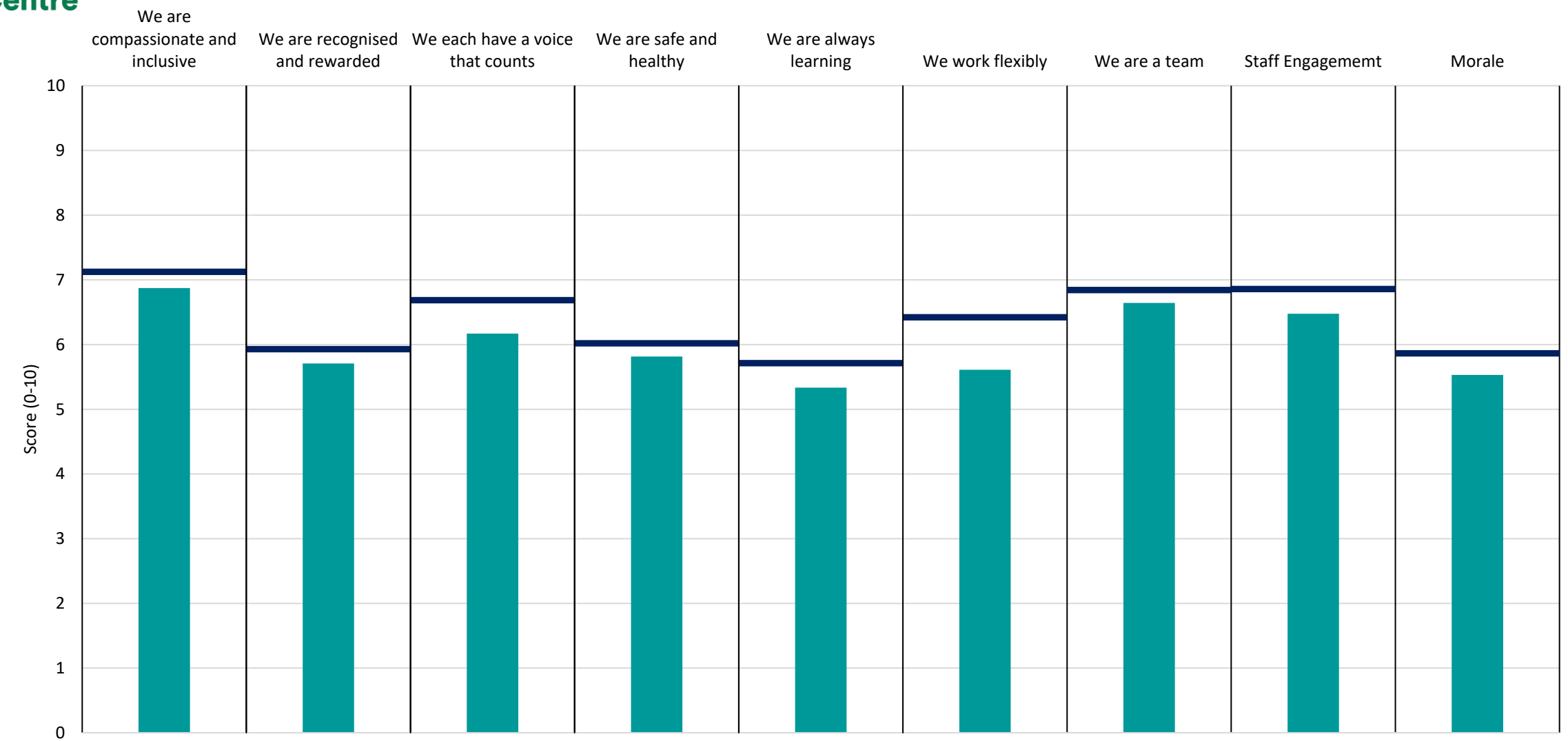
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.7	5.4	6.5	5.4	5.7	6.2	6.7	6.7	5.5
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	231	230	229	227	218	230	231	231	231

436 Learning & Development Area



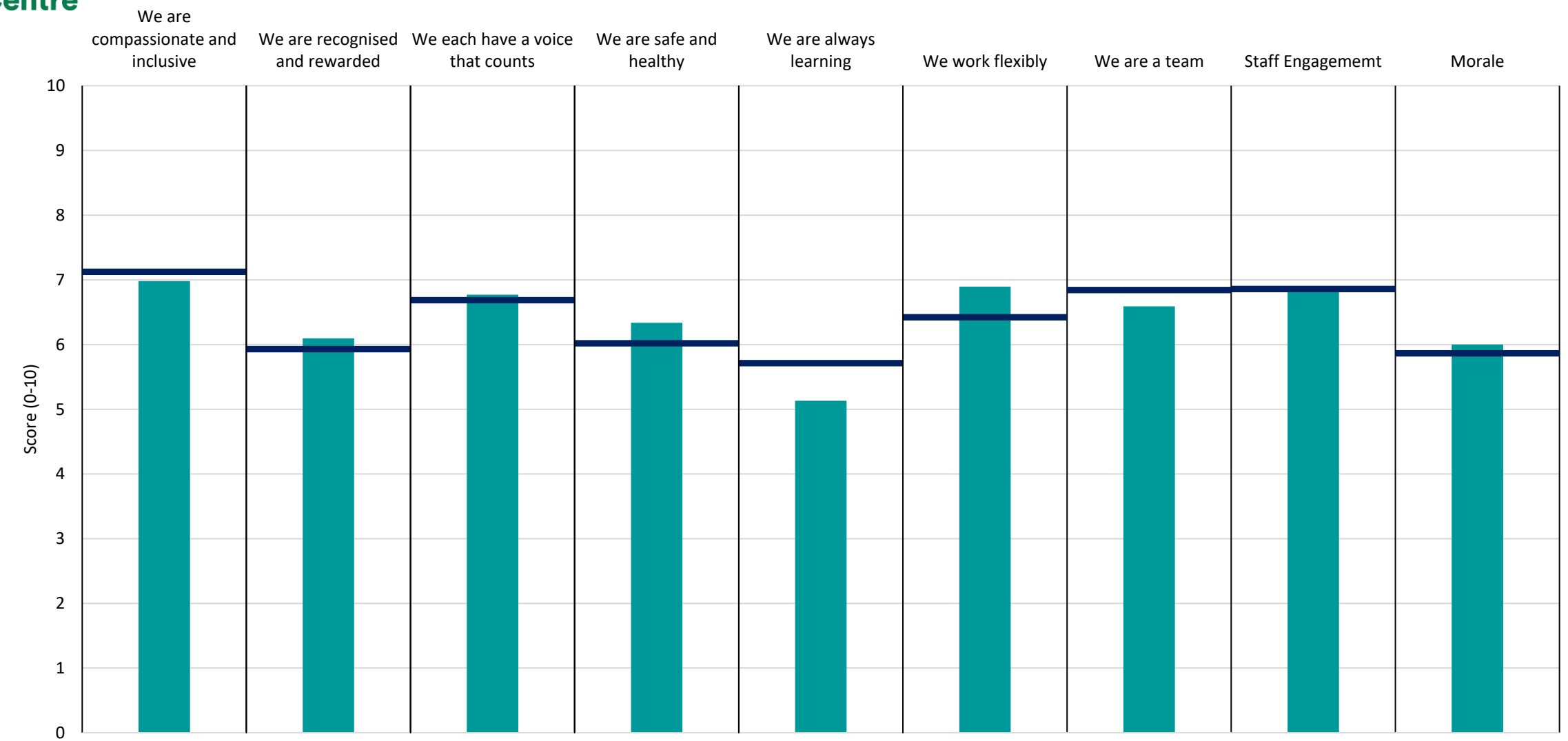
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.5	5.6	6.0	5.7	5.0	5.8	6.1	6.2	5.4
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	31	31	31	31	28	31	31	31	31

436 Medical Directorate Area



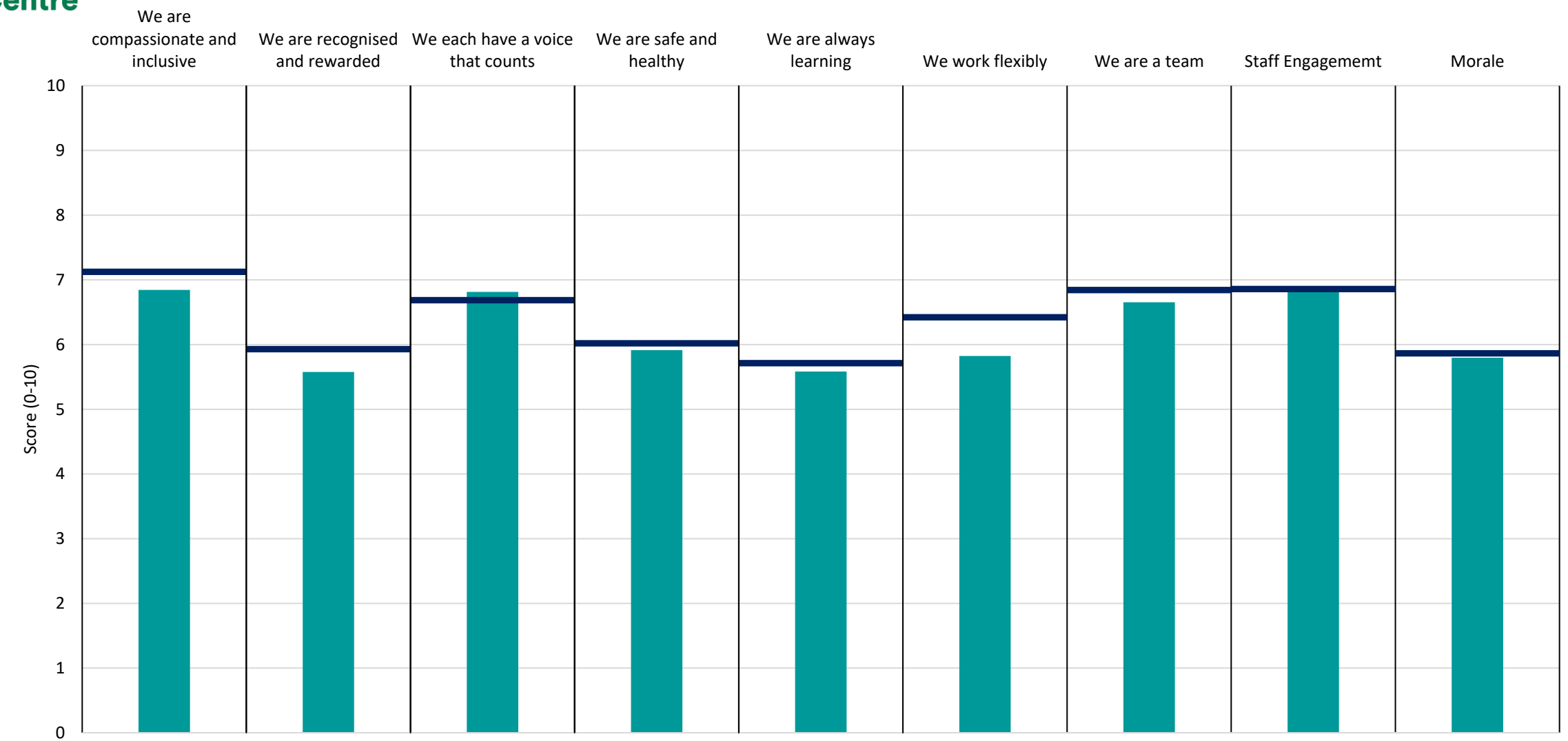
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.7	6.2	5.8	5.3	5.6	6.6	6.5	5.5
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	59	60	59	59	56	60	60	60	60

436 Nursing and Quality Area



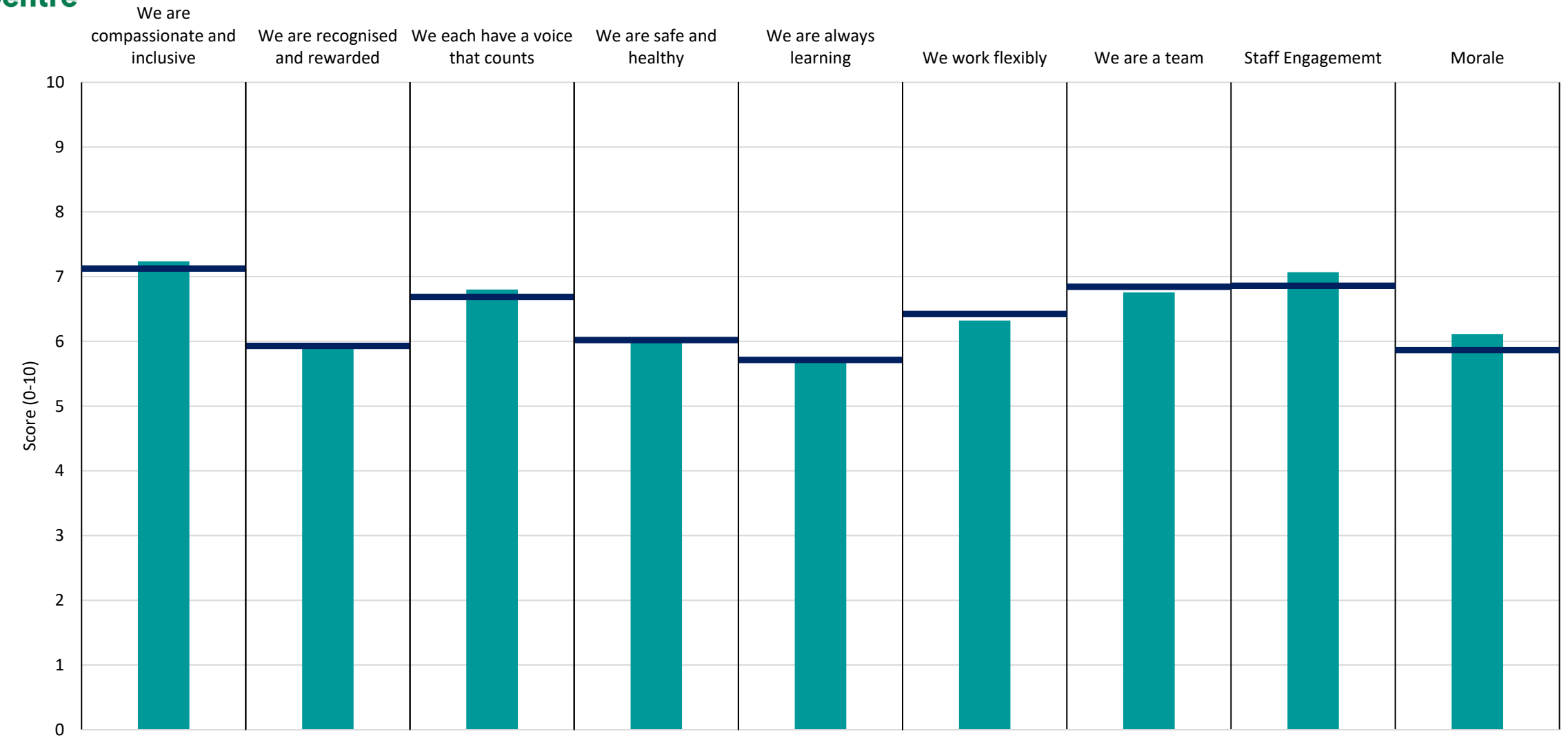
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	6.1	6.8	6.3	5.1	6.9	6.6	6.8	6.0
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	115	115	115	115	110	115	115	115	115

436 Offender Health Area



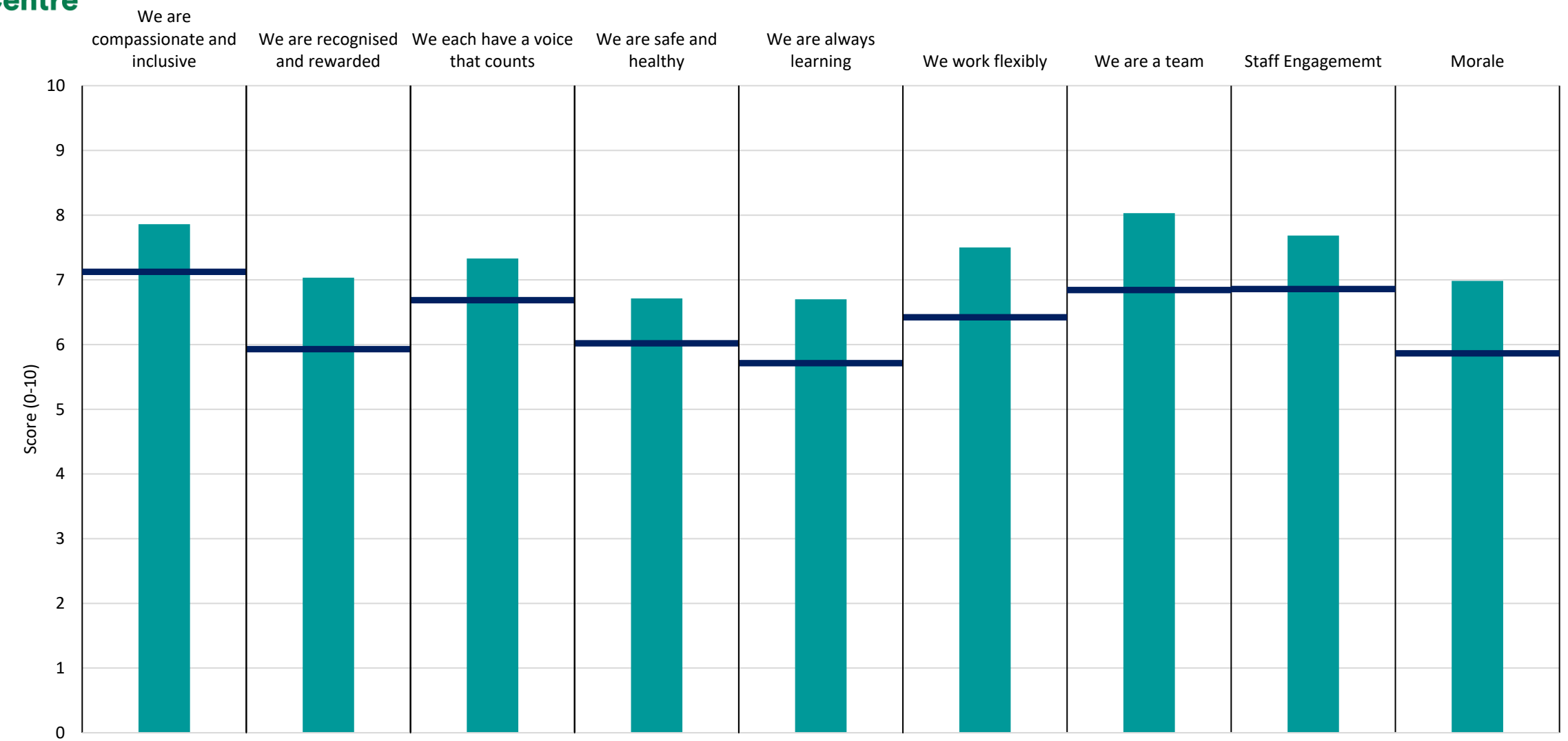
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.6	6.8	5.9	5.6	5.8	6.7	6.8	5.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	41	41	41	41	41	41	41	41	41

436 Older People Area



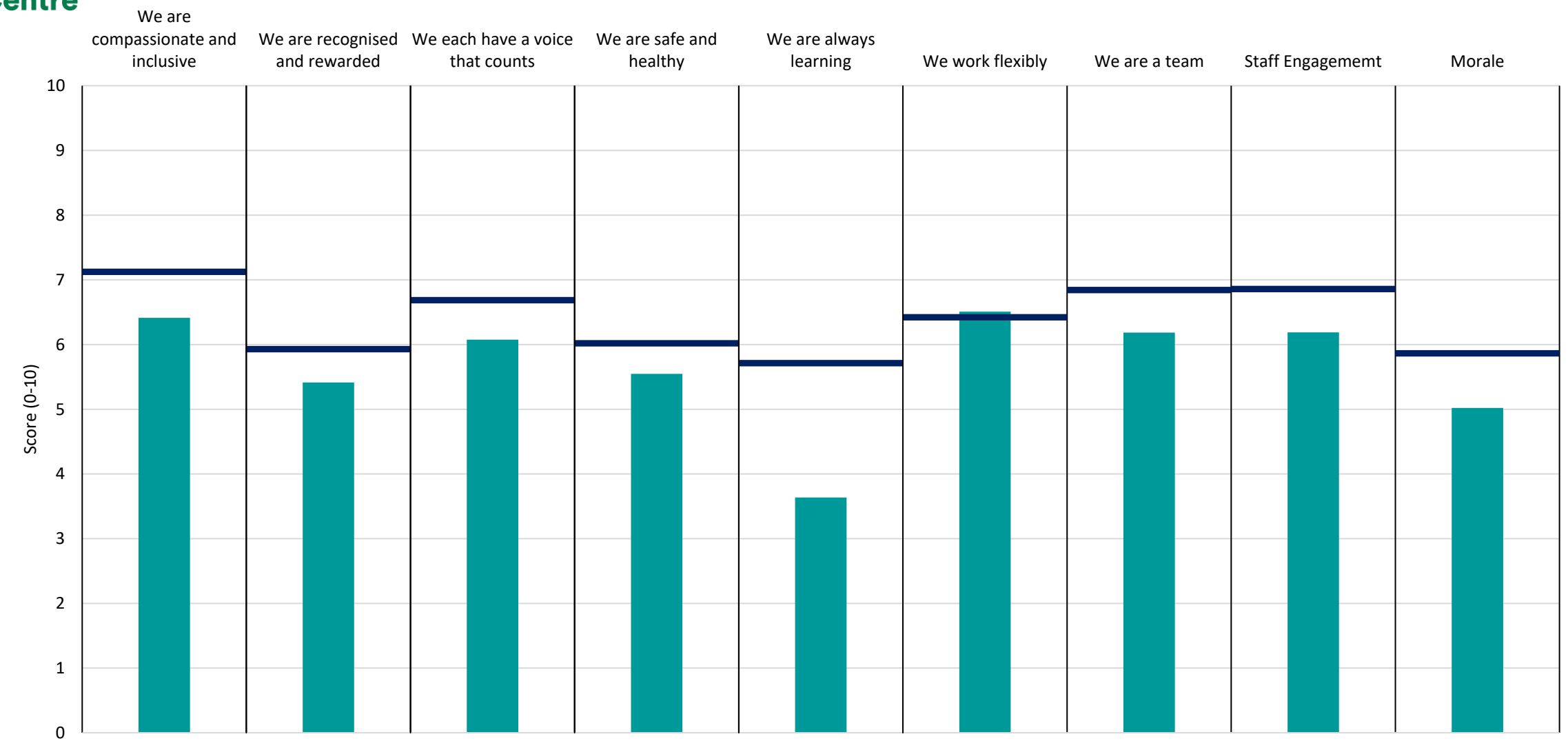
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.2	5.9	6.8	6.1	5.7	6.3	6.8	7.1	6.1
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	172	172	171	171	160	171	172	172	172

436 PCDS Psychotherapy Area



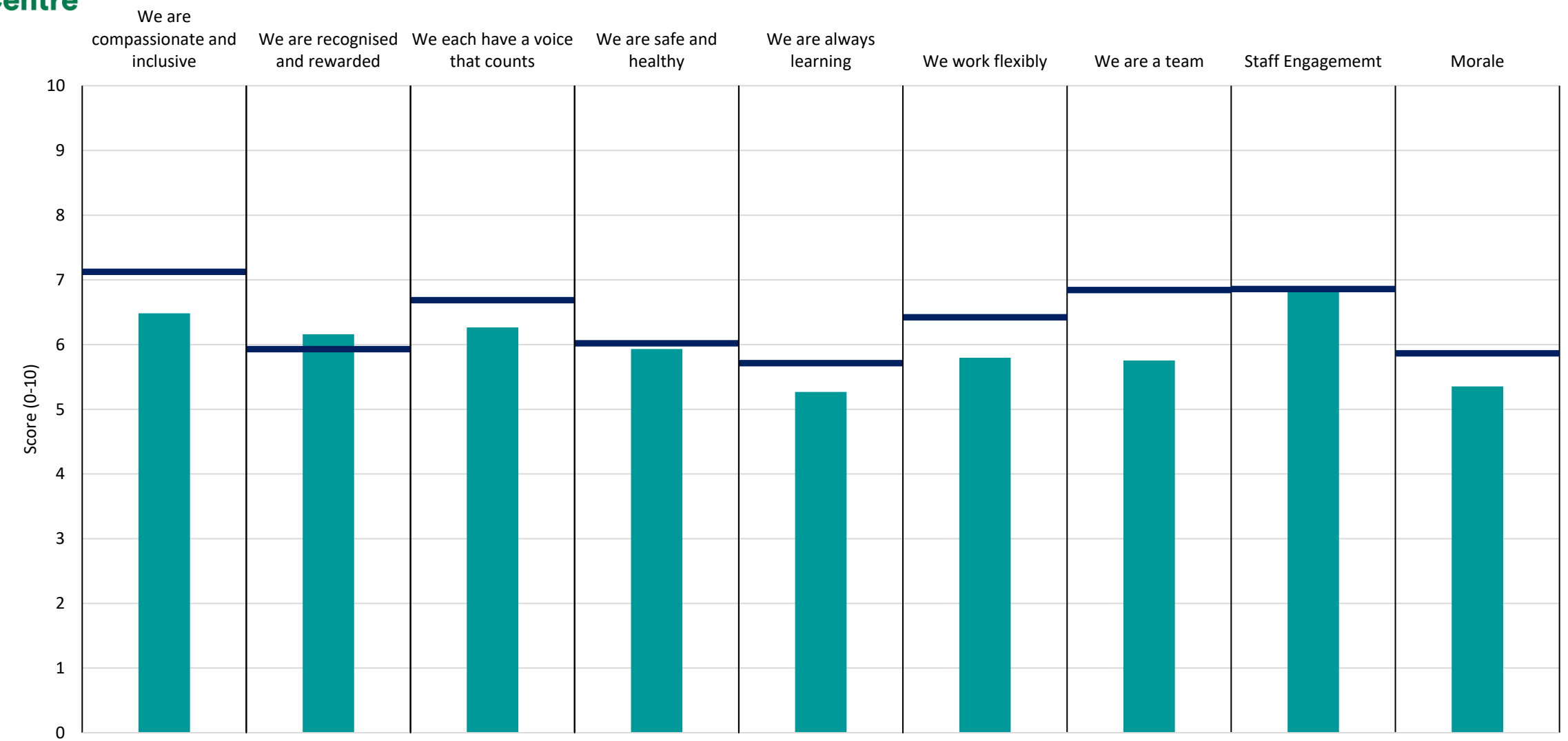
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.9	7.0	7.3	6.7	6.7	7.5	8.0	7.7	7.0
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	15	15	15	15	15	15	15	15	15

436 People, Culture and OD Area



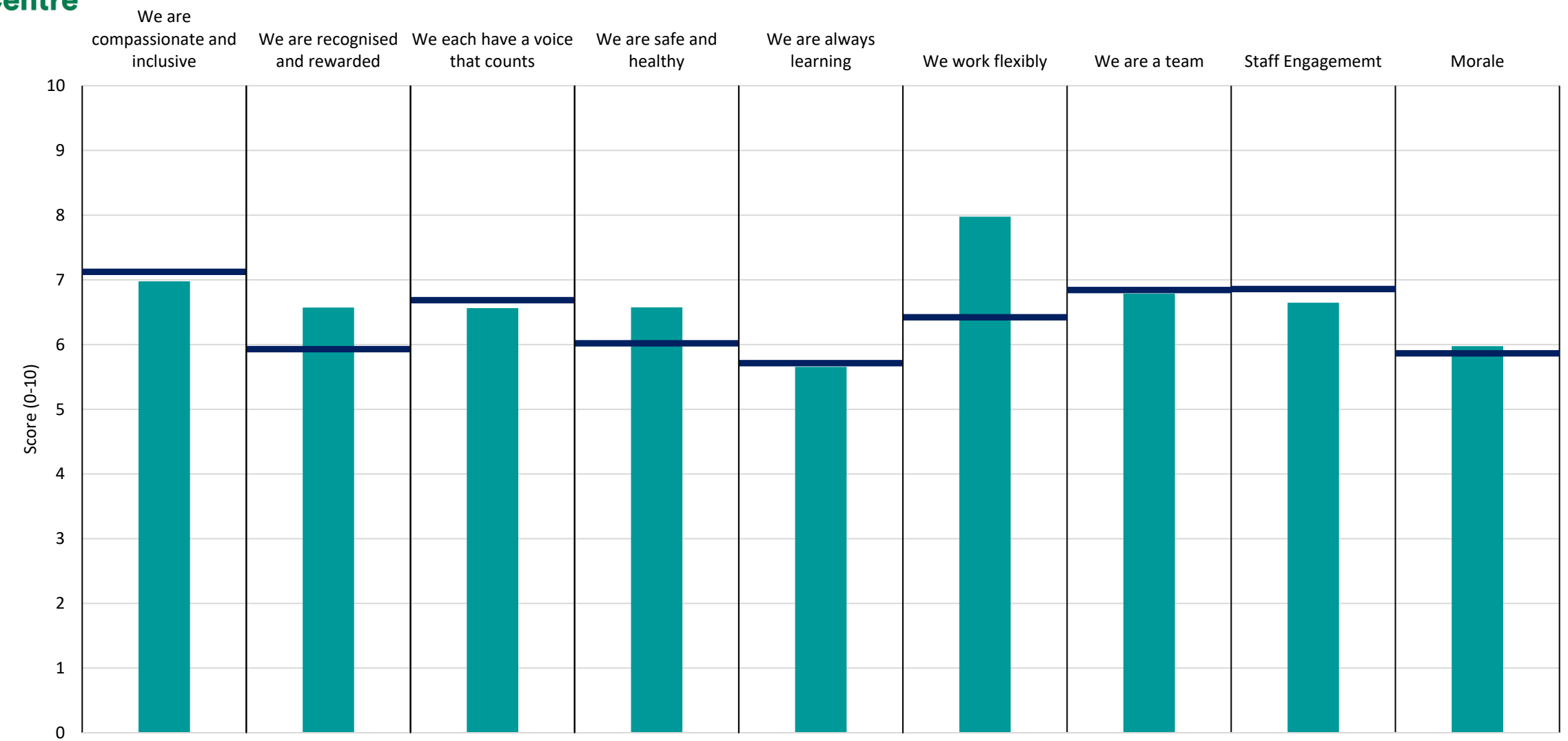
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.4	5.4	6.1	5.5	3.6	6.5	6.2	6.2	5.0
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	29	29	29	29	27	29	29	29	29

436 Psychology Services Area



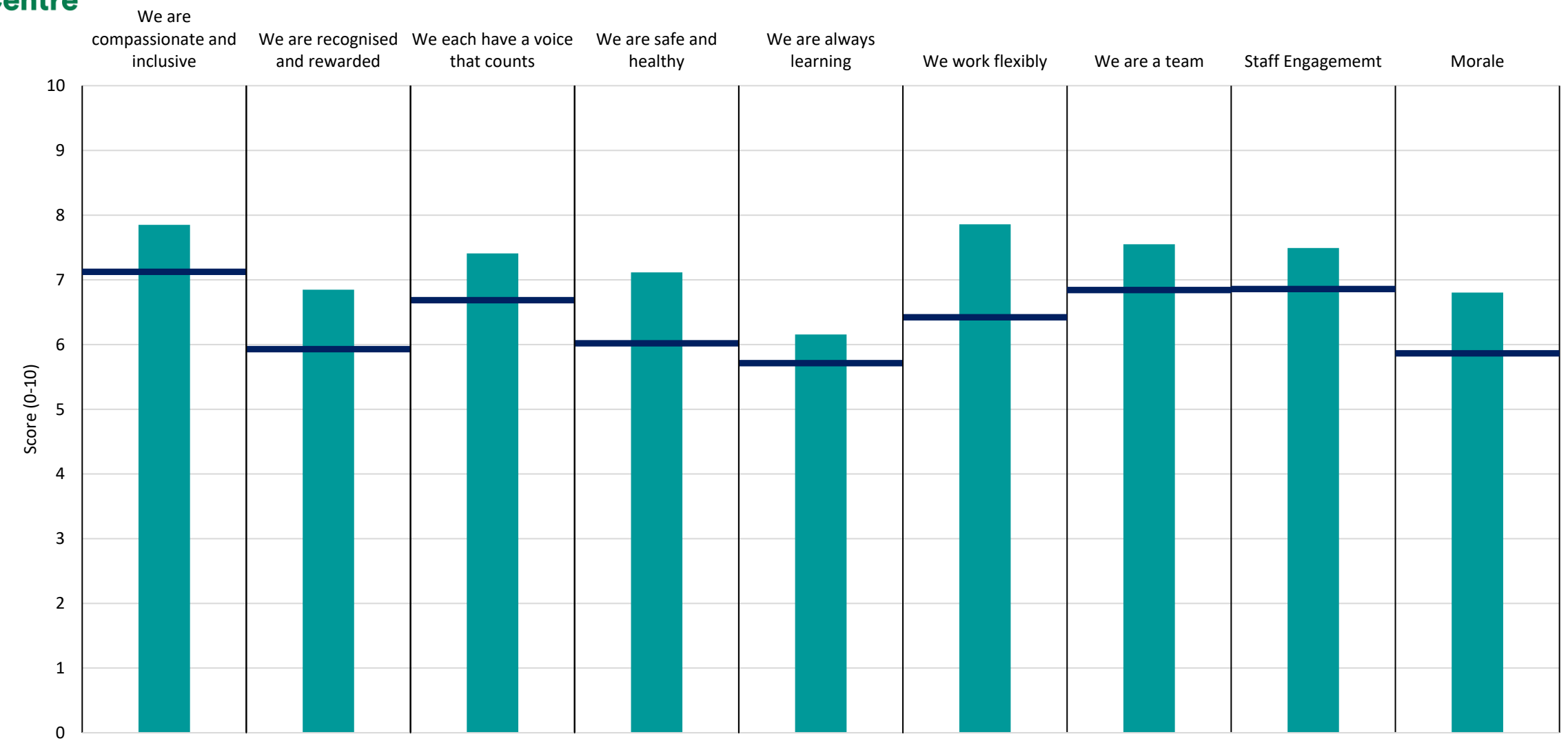
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.5	6.2	6.3	5.9	5.3	5.8	5.8	6.9	5.4
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	22	22	21	22	19	22	22	22	22

436 Research & Innovation Area



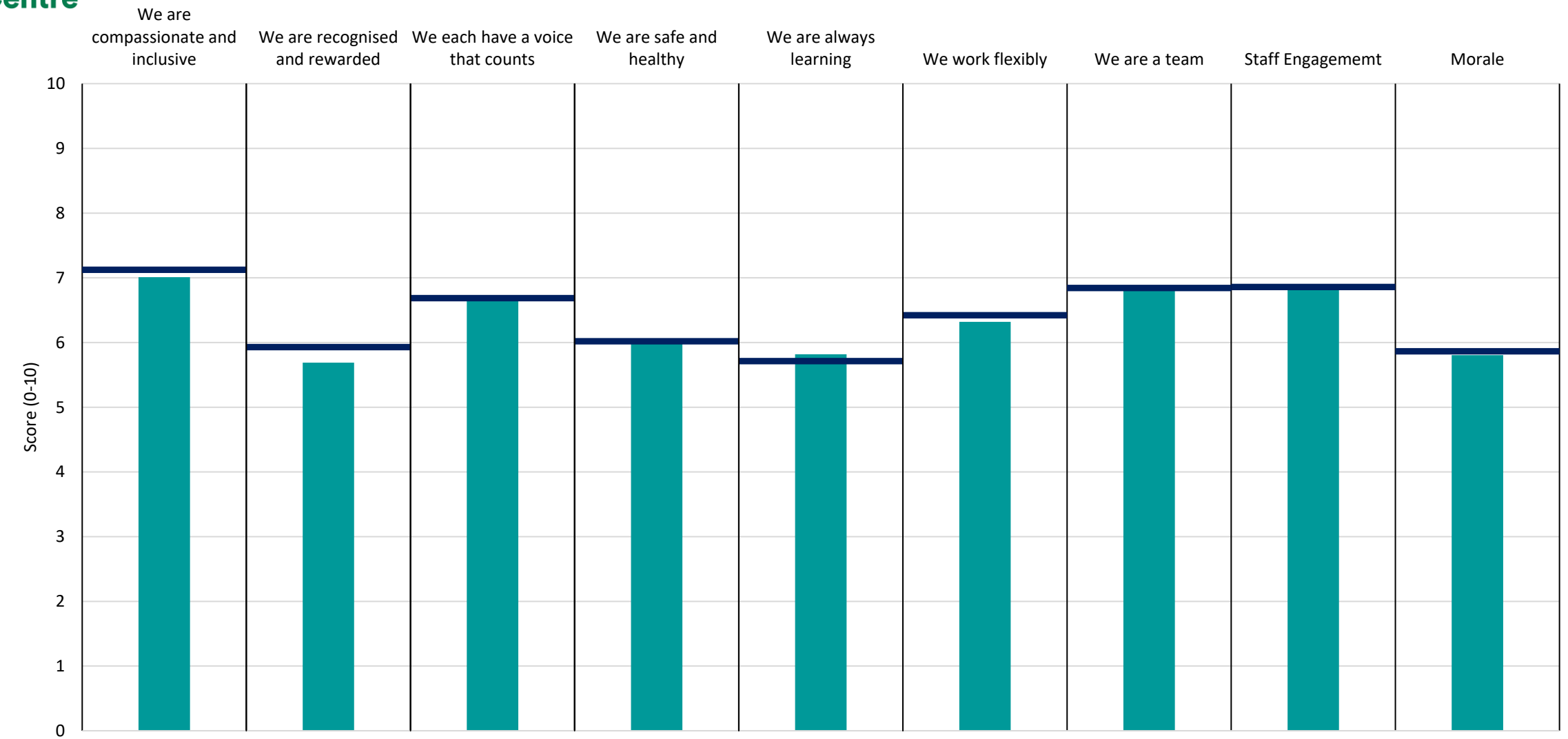
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	6.6	6.6	6.6	5.7	8.0	6.8	6.6	6.0
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	14	14	14	14	14	14	14	14	14

436 Resources Directorate Area



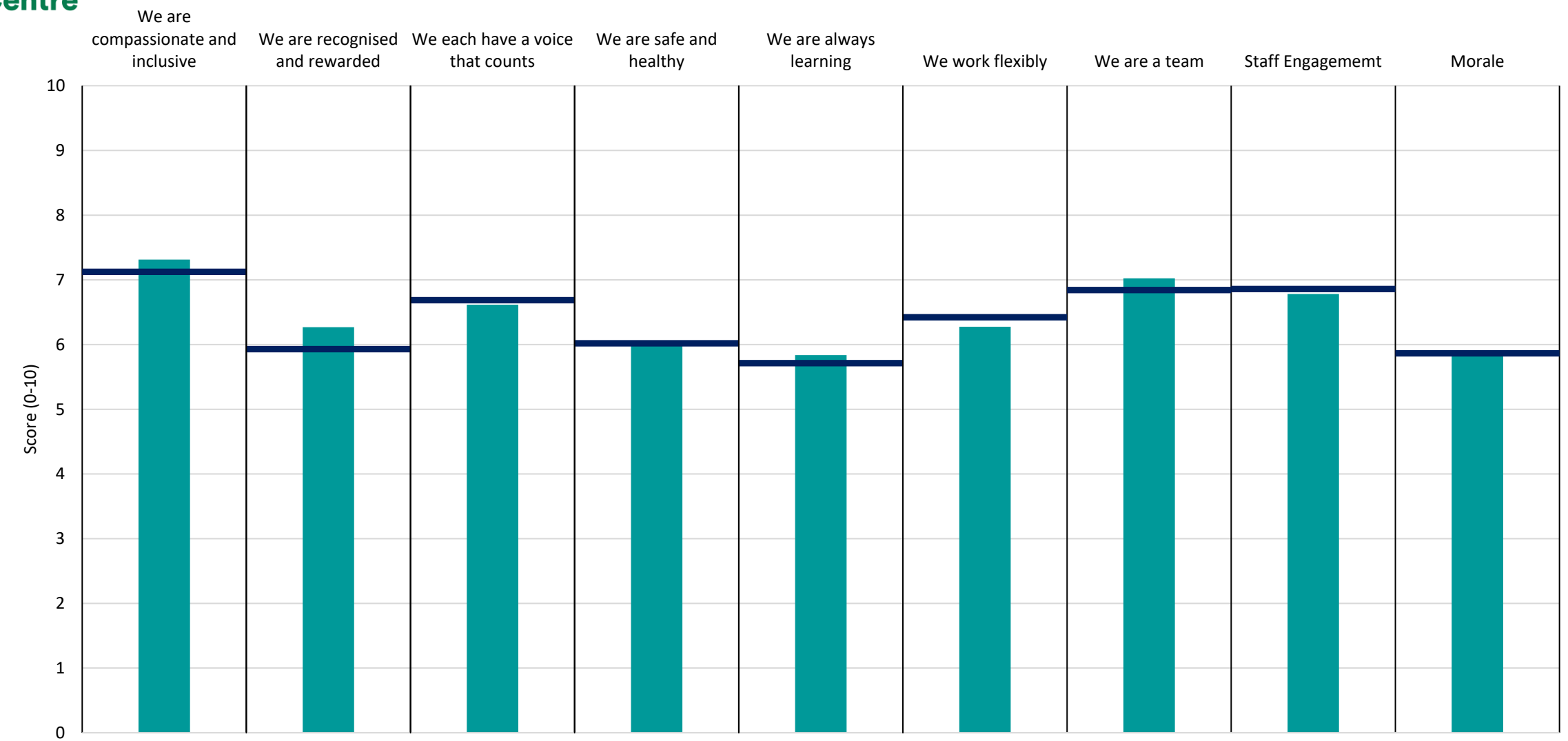
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.8	7.4	7.1	6.2	7.9	7.5	7.5	6.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	150	150	148	149	141	149	150	150	150

436 Secure Services Area



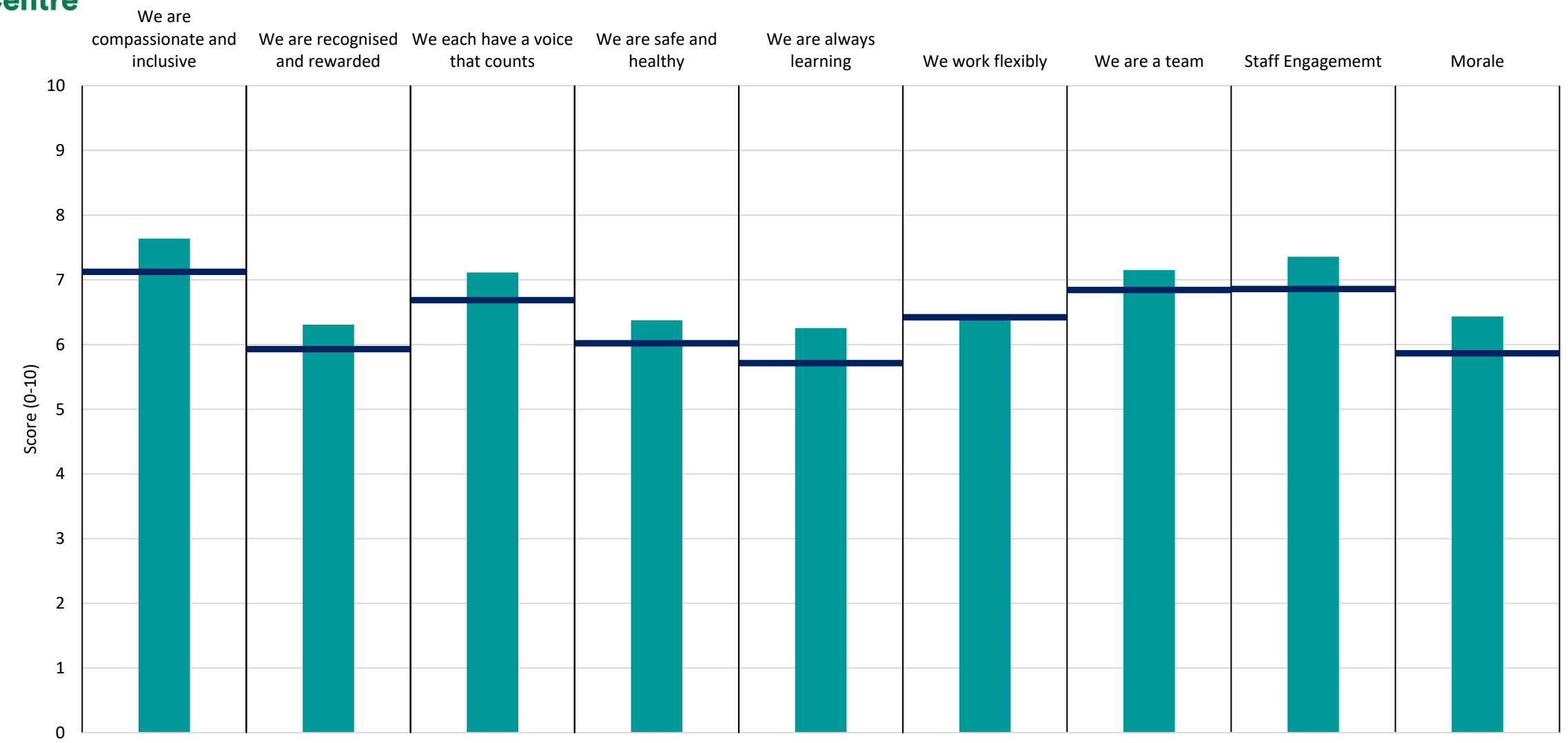
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.7	6.7	6.0	5.8	6.3	6.8	6.9	5.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	446	446	442	440	421	446	446	446	446

436 Solihull Area



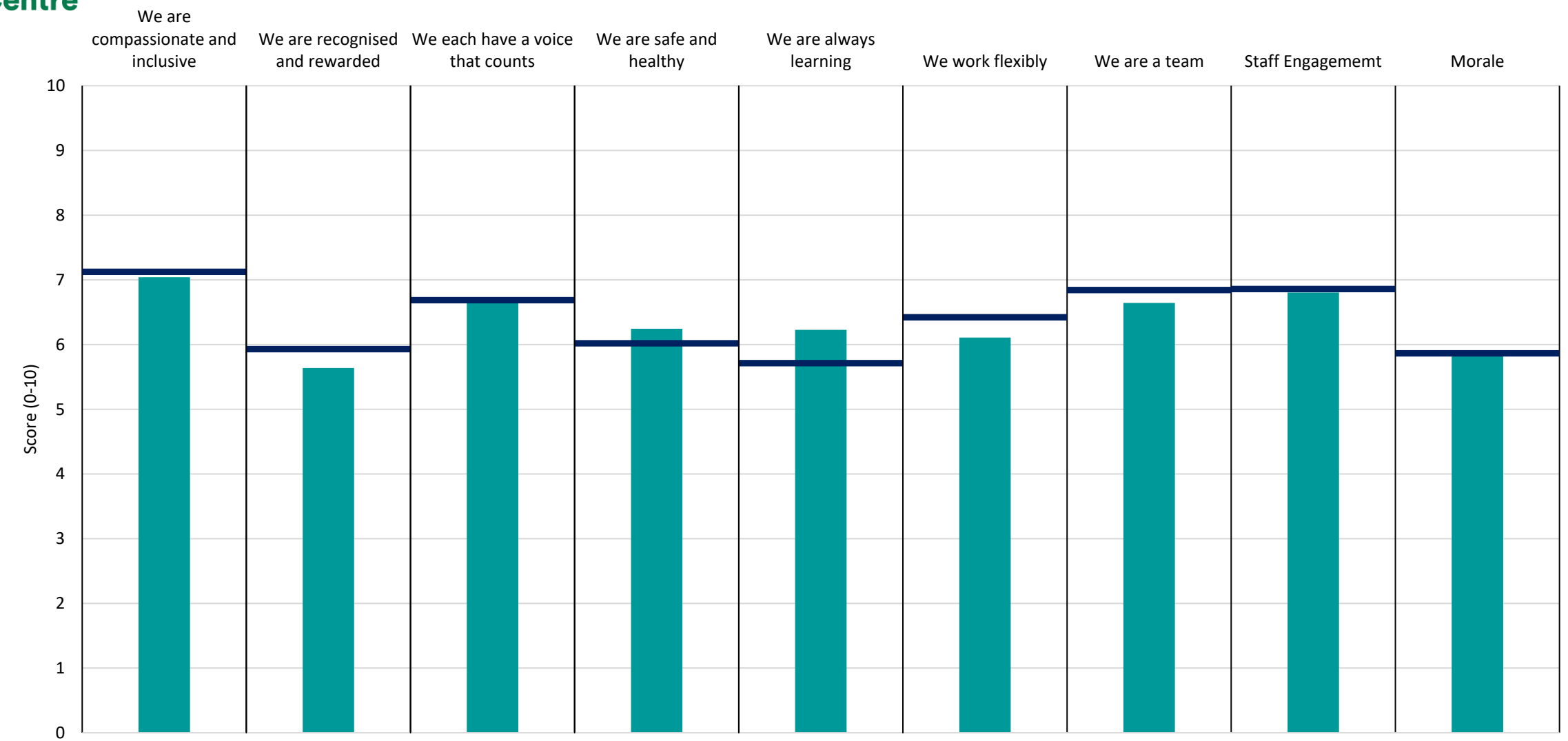
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	6.3	6.6	6.0	5.8	6.3	7.0	6.8	5.8
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	97	97	97	97	94	97	97	97	97

436 Specialties Area



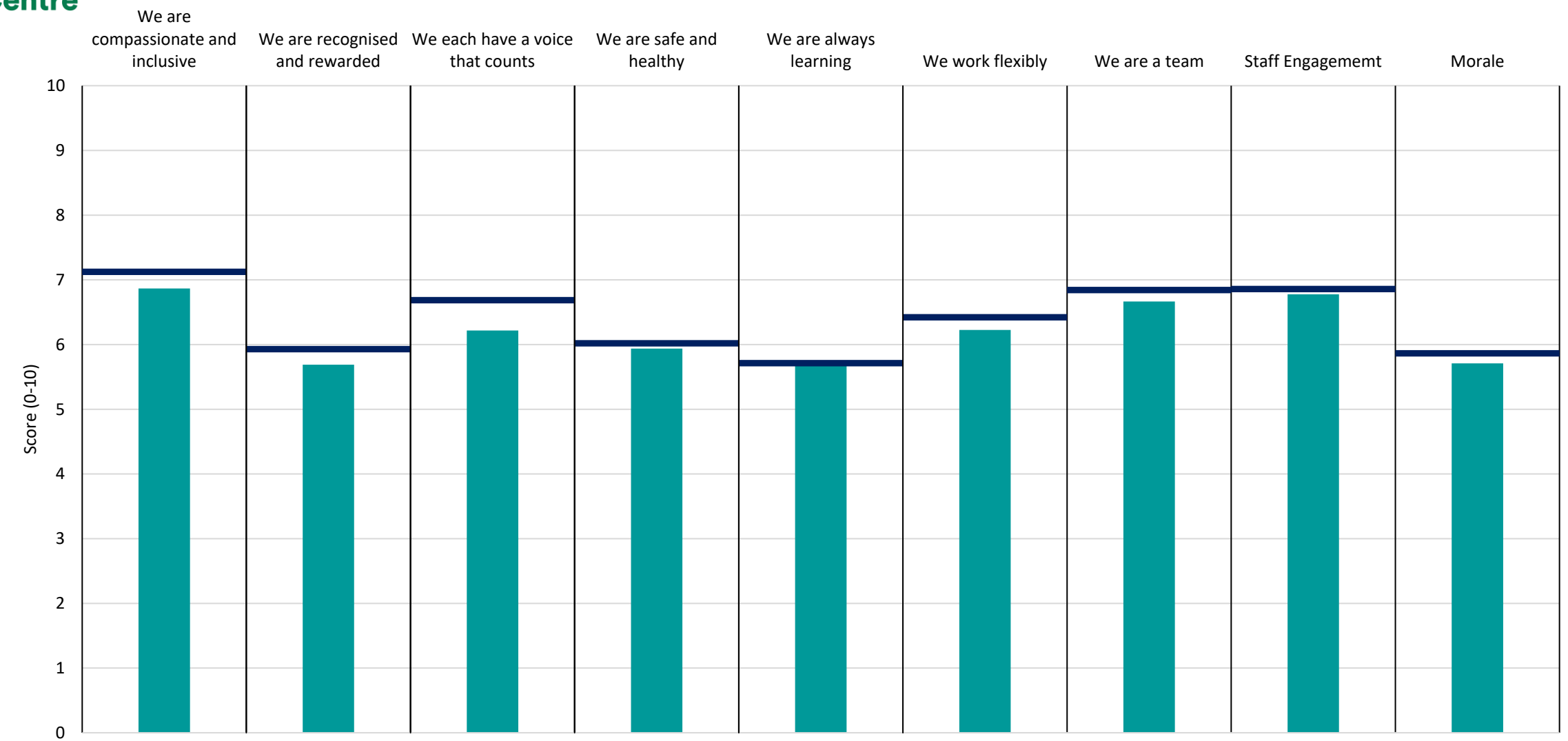
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.3	7.1	6.4	6.3	6.5	7.2	7.4	6.4
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	150	150	149	146	144	150	150	150	150

436 Steps 2 Recovery



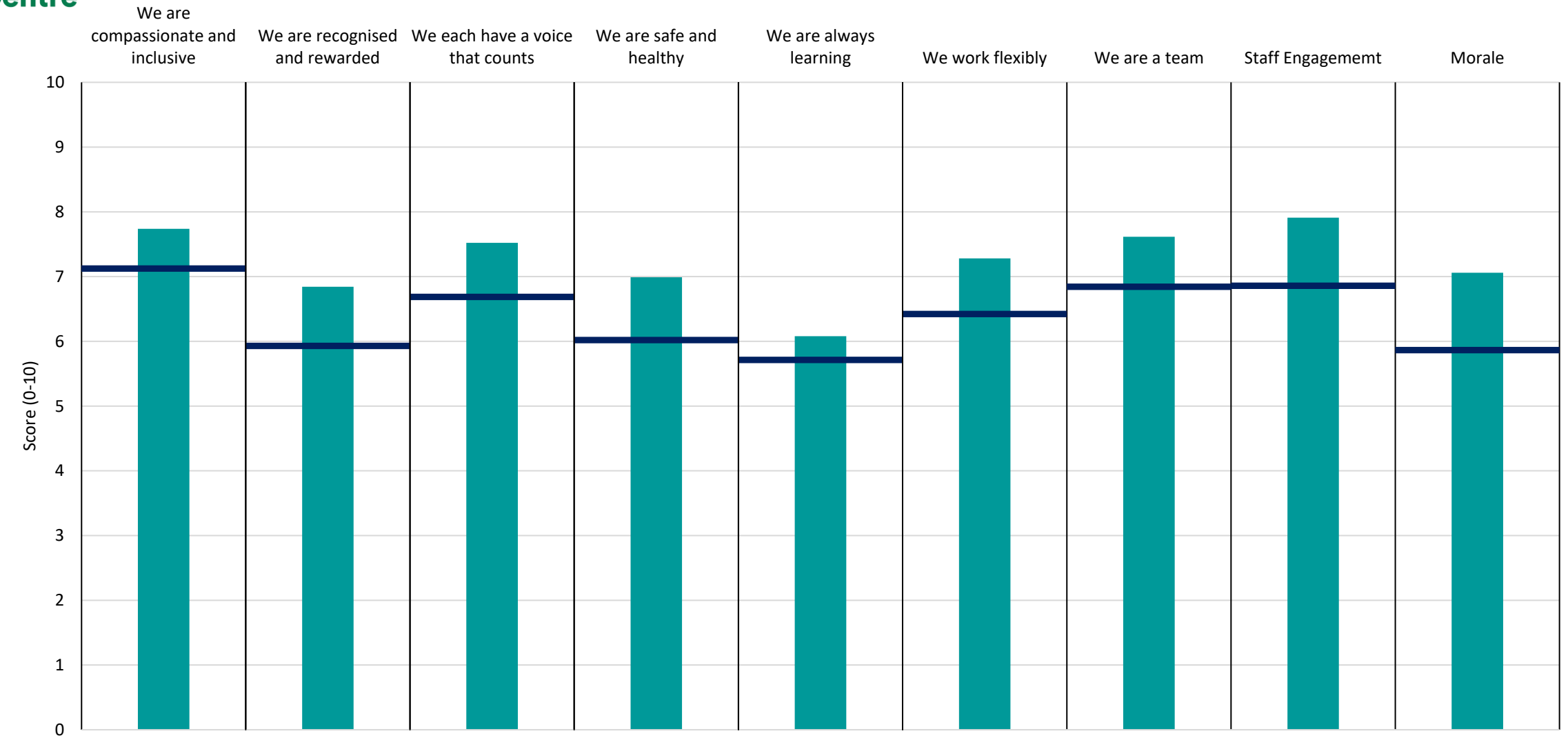
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.6	6.7	6.2	6.2	6.1	6.6	6.8	5.9
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	94	94	94	94	89	94	94	94	94

436 Urgent Care Area



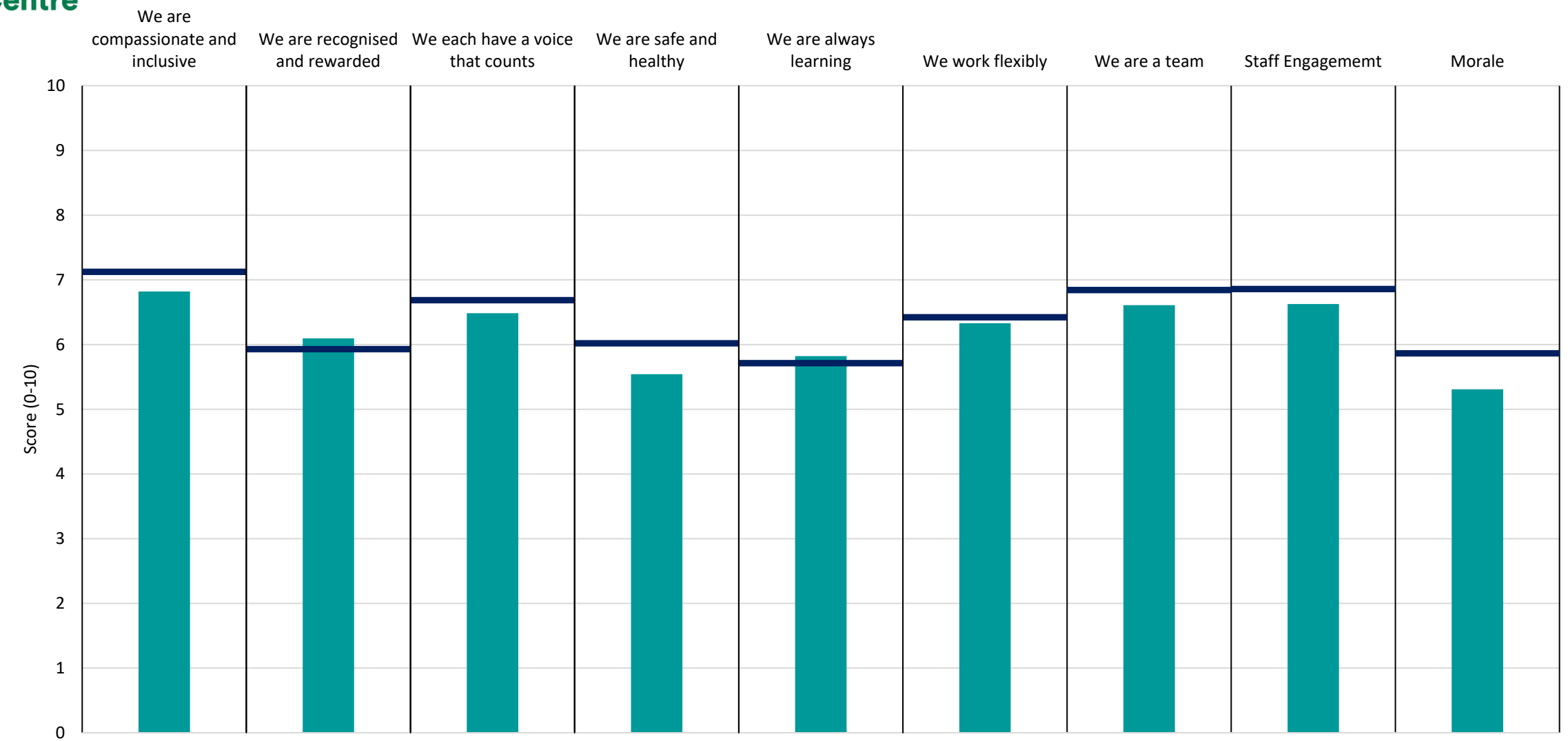
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.7	6.2	5.9	5.7	6.2	6.7	6.8	5.7
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	53	53	52	53	51	53	53	53	53

436 Veterans Service Area



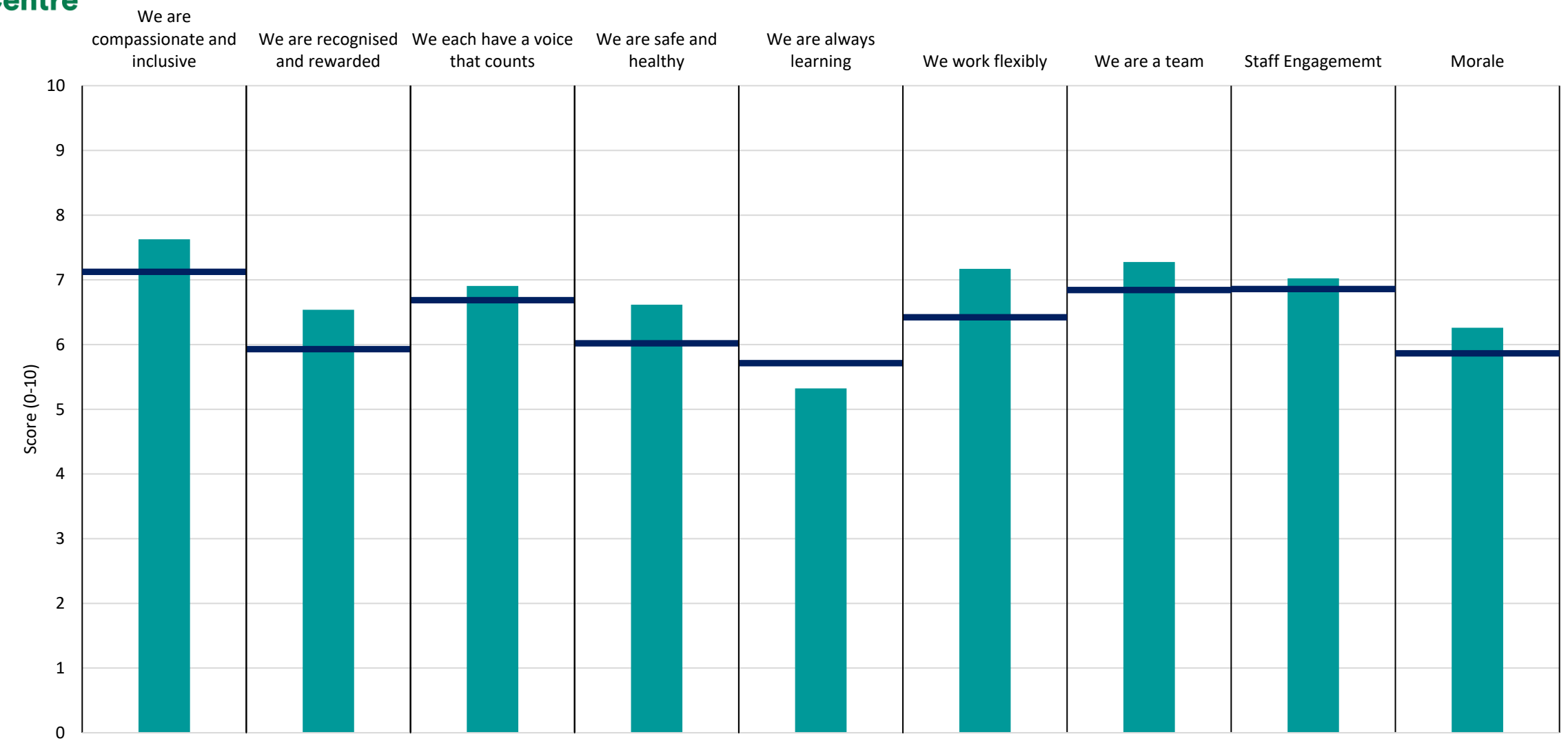
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	6.8	7.5	7.0	6.1	7.3	7.6	7.9	7.1
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	19	19	19	19	18	19	19	19	19

ICCR MNGMNT Area/SPOA



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	6.1	6.5	5.5	5.8	6.3	6.6	6.6	5.3
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	27	26	27	27	27	26	27	27	27

Other



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.5	6.9	6.6	5.3	7.2	7.3	7.0	6.3
Your org	7.1	5.9	6.7	6.0	5.7	6.4	6.8	6.9	5.9
Responses	53	53	53	53	52	53	53	53	53

10. GOVERNANCE & RISK

10.1. Board of Directors and Committee schedule

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD AND COMMITTEE MEETINGS 2023/2024

1. REQUEST FOR CHANGE

1.1 At the Non-Executive Director meeting held on the 20th July 2022 with the Chief Executive, discussions have been held to move the Board of Directors meeting to the first Wednesday of the month. The suggestion is that the formal Board of Directors meetings are held bi-monthly with a strategic development session being held in between. This will also allow for the Committee Chair's Assurance Reports to be produced in a timely manner with the Committee Chair and Lead Executive Director.

1.2 This updated schedule of meetings for 2023/24 incorporates both Board and Committee meetings for the Provider and Commissioning Boards and their related committees.

2. BOARD DEVELOPMENT

Capacity and capability building and development for members has been prioritised with sessions identified for: -

- Commissioning Board and Provider Board members.
- Members of the Council of Governors

A proposed meeting schedule for 2023/24 is presented in Appendix A and summarised pictorially on the attached spreadsheet.

3. BOARD COMMITTEES

With the Board meetings being held bi-monthly for formal business, there is a case to also hold the Committee meetings in a similar format. During the last few months, each of the Committee have been focusing on a dep dive subject at their meetings to enable a robust and detailed discussion on areas of concern. Therefore, the Committees could also hold their formal meeting on a bi-monthly basis to review their individual performance areas and the following month have a focused debate on a deep area of performance or risk from the Board Assurance Framework.

Quality, Patient Experience and Safety Committee, Finance, Performance & Productivity Committee and the People Committee are all held on the same day and this is proposed for 2023/24. However, the timings could be amended slightly to provide attendees with more of a break in-between meeting. For example:

Quality, Patient Experience and Safety Committee:	08:45am – 10:45am
Finance, Performance & Productivity Committee:	11:45am – 1:45pm
People Committee:	2:45pm – 4:45pm.

Appendix A

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD, COMMITTEES & COUNCIL OF GOVERNOR SCHEDULE OF MEETINGS FOR 2023/2024

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Appendix A:

Board, Committees & Council of Governor Schedule of meetings for 2023/2024

MEETING	DATE	TIME	VENUE
PROVIDER BOARD OF DIRECTORS *(Bi-monthly)* *09:00am – Board Meeting* *12:30pm Lunch Break* *1:00pm – Part II Board (if required)*	5th April 2023 7th June 2023 2nd August 2023 4th October 2023 6th December 2023 7 February 2024	09:00am 09:00am 09:00am 09:00am 09:00am 09:00am	A hybrid of face-to-face and via Microsoft Teams.
COMMISSIONING BOARD COMMITTEE *(Bi-monthly Meetings - TBC)*	5th April 2023 3rd May 2023 7th June 2023 4th July 2023 2nd August 2023 7th September 2023 4th October 2023 2nd November 2023 6th December 2023 3rd January 2024 7 February 2024 6th March 2024	PM PM PM PM PM PM (tbc) PM PM PM PM PM PM	A hybrid of face-to-face and via Microsoft Teams
STRATEGIC BOARD DEVLOPMENT SESSIONS ***(JOINT PROVIDER & COMMISSIONING BOARD OF DIRECTORS)*** **(***Bi-monthly) Development Sessions* 09:00am – 1:00pm **Keep these dates free as may be needed.*	3rd May 2023 5th July 2023 6th September 2023* 1st November 2023 10th January 2024* 6th March 2024	09:00am 09:00am 09:00am 09:00am 09:00am 09:00am	A hybrid of face-to-face and via Microsoft Teams
BOARD & COUNCIL FACILITATED SESSION WITH NHS PROVIDERS **½ Day** **(tbc)**	tbc	09:00am	
BOARD SITE VISIT TIME **Joint Site visits including EDs, NEDs & Members of the CoG.**	12 Apr – Orsborn House 18 Apr - Juniper Centre 26 Apr – North Site 20 Apr - (tbc) 2 May – Uffculme & Tall Trees 23 May - Mary Seacole 24 May - (tbc) 25 May – Zinnia 30 May - (tbc) 12 Jun - Shenley Fields & Adams Hill 14 Jun – (tbc) 20 Jun – Oleaster Site Management/Place of Safety 22 June – Barberry 27 Jun – (tbc)	tbc	Site visits – Please check site visit schedule for more details. More dates will be added and communicated appropriately.
AUDIT COMMITTEE 20th April 2023 - Draft Year End Numbers 15th June 2023 Final Accounts	20th April 2023 15th June 2023	09:00am 09:00am	Via Microsoft Teams until further Notice

MEETING	DATE	TIME	VENUE
	13th July 2023 12th October 2023 18th January 2024	09:00am 09:00am 09:00am	
REMUNERATION COMMITTEE (As and when required after the Board meeting) **July – Executive objectives**	27th July 2023	2:00pm	Via Microsoft Teams until further Notice
CHARITABLE FUNDS COMMITTEE	8th June 2023 19th October 2023 17th January 2024 13th March 2024	09:00am 09:00am 09:00am 09:00am	Via Microsoft Teams until further Notice
QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE *08:45am – 10:45am* *F = Formal* *D = Deep Dive*	19th April 2023 17th May 2023 21st June 2023 19th July 2023 16th August 2023 20th September 2023 18th October 2023 15th November 2023 24th January 2024 21st February 2024 20th March 2024	08:45am 08:45am 08:45am 08:45am 08:45am 08:45am 08:45am 08:45am 08:45am 08:45am 08:45am	Via Microsoft Teams until further Notice
FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE *11:45am – 1:45pm* *F = Formal* *D = Deep Dive*	19th April 2023 17th May 2023 21st June 2023 19th July 2023 16th August 2023 20th September 2023 18th October 2023 15th November 2023 24th January 2024 21st February 2024 20th March 2024	11:45am 11:45am 11:45am 11:45am 11:45am 11:45am 11:45am 11:45am 11:45am 11:45am 11:45am	Via Microsoft Teams until further Notice
PEOPLE COMMITTEE *2:45pm – 4:45pm* *F = Formal* *D = Deep Dive*	19th April 2023 17th May 2023 21st June 2023 19th July 2023 16th August 2023 20th September 2023 18th October 2023 15th November 2023 24th January 2024 21st February 2024 20th March 2024	2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm 2:45pm	Via Microsoft Teams until further Notice
REACH OUT COMMISSIONING BOARD SUB-COMMITTEE	13th April 2023 11th May 2023 8th June 2023 13th July 2023 10th August 2023 14th September 2023 12th October 2023 9th November 2023 18th – 22nd Dec 2023 11th January 2024 8th February 2024 14th March 2024	AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc) AM (tbc)	Via Microsoft Teams until further Notice

MEETING	DATE	TIME	VENUE
ANNUAL GENERAL MEETING	26th September 2023	TBC	Uffculme Centre
COUNCIL OF GOVERNORS	11th May 8th June 14th September 9th November 11th January 14th March	12 Noon 12 Noon 12Noon 12 Noon 12 Noon 12 Noon	Via Microsoft Teams until further Notice
COUNCIL OF GOVERNORS DEVELOPMENT SESSIONS	13th April 2023 10th August 2023 12th October 2023 15th February 2024	PM (tbc) PM (tbc) PM (tbc) PM (tbc)	A hybrid of face-to-face and via Microsoft Teams
APPOINTMENTS & REMUNERATION COMMITTEE *(COUNCIL)*	15th September 10th November 12th January 9th March	10:00am 12:00pm 10:00am 10:00am	Via Microsoft Teams until further Notice

<u>To note Bank Holidays</u>

7th April 2023	-	Good Friday
10th April 2023	-	Easter Monday
1st May 2023	-	Early May Bank Holiday
8th May 2023	-	Coronation Bank Holiday
29th May 2023	-	Spring Bank Holiday
28th August 2023	-	Summer Bank Holiday
25th December 2023	-	Christmas Day
26th December 2023	-	Boing Day
1st January 2024	-	New Year`s Day
29th March 2024	-	Good Friday

Birmingham and Solihull Mental Health NHS Foundation Trust

PROPOSED PROVIDER AND COMMISSIONING BOARDS DEVELOPMENT PROGRAMME 2023/24

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
BOARD DEVELOPMENT		
Board of Directors Development (To be facilitated by both RSM UK Risk Assurance Services LLP & External Consultant (TBC). Sustainability & Clinical Services – (Focus on Sustainability) • Counter Fraud and Anti-bribery Awareness Session • Conflict of Interest Awareness Session • Risk Management – Risk Appetite • Board Assurance Framework • Corporate Risk Register	External (tbc) 30mins 30mins 2hours (Coffee breaks 10mins x 2) 10mins – reflections	3rd May 2023
Board of Directors Development Quality & People - *(Focus on People)* ***Key People priorities:*** • Staff Survey • Culture – (tackling the last pockets of resistance).	External (tbc)	5th July 2023

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
Board of Directors Development Sustainability & Clinical Services - *(focus on Clinical Services)* *System Working and the new NHS Provider Code of Governance* • The Board and system working. • Board`s responsibilities within a Provider Collaborative & understanding the Commissioning landscape). • New Code of Governance for NHS Provider Trusts – October 2022	External (tbc)	6th September 2023
Board of Directors Development Quality & People - *(Focus on quality)*	External (tbc)	1st November 2023
Board of Directors Development Sustainability & Clinical Services **-** *(focus on Clinical Services)* ***Health inequalities – (Tackling health inequalities via the Triple Aim Duty)*** • *Better Health & Wellbeing for everyone.* • *Better quality of health services for all individuals.* • *Sustainable use of NHS Resources* ***Digital transformation of our Clinical Services – Mapping out progress made so far.*** ***Clinical Strategy – where are we with its implement – progress?***	External (tbc)	10th January 2024

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
Board of Directors Development Quality & People - *(focus on quality)*	External (tbc)	6th March 2024

10.2. Board of Directors forward planner

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS FORWARD PLAN 2023/24

Item	LEAD	Frequency	April	June	Aug	Oct	Jan	Feb
Patient/Staff Story	ADG	Bi-monthly	√	√	√	√	√	√
Chair report to the Board including Chair report to the Council	Chair	Bi-monthly	√	√	√	√	√	√
Chief Executive's Report to the Board	CEO	Bi-monthly	√	√	√	√	√	√
Council of Governor Minutes	Chair	Bi-monthly	√		√		√	
Board Assurance Framework (BAF)	ADCG	Quarterly	√		√		√	√
Commissioning BAF	TBC	Quarterly	√		√		√	√
Corporate Risk Register	ADG	Quarterly	√		√		√	√
Chair Report FPP	Chair Ctte	Bi-monthly	√	√	√	√	√	√
Chair Report People Committee	Chair Ctte	Bi-monthly	√	√	√	√	√	√
Chair Report QPES	Chair Ctte	Bi-monthly	√	√	√	√	√	√
Chair Report Audit Committee	Chair Ctte	Quarterly	√	√	√	√	√	√
Chair Report Charitable Funds	Chair Ctte	Quarterly	√	√	√	√	√	√
Chair Report Remuneration	Chair Ctte	Annually	√	√	√	√	√	√
Integrated Performance Report	DoF	Bi-monthly	√	√	√	√	√	√
Finance Report	DoF	Bi-monthly	√	√	√	√	√	√
Infection, Prevention & Annual Control Report (through QPES)	Chief Nurse	Yearly				√		
Safeguarding Annual Report (through QPES)	Chief Nurse	Yearly				√		
Patient Safety Report (through QPES)	Chief Nurse	Bi-monthly	√	√	√	√	√	√
Health & Safety Annual Report	Chief Nurse	Yearly					√	
Annual Governance Statement	ADCG	Annually	√					
Annual Report & Accounts	ADCG	Annually	√					
Financial Plan/Strategy	DoF	As stated	√					
Forward Look Financial Plan 2024/2025	DoF	As stated	√					
Highcroft Strategic Outline Case	DoF	As stated						
Highcroft and Reaside OBC	DoF	As stated						

Item	LEAD	Frequency	April	June	Aug	Oct	Jan	Feb
Review of Risk Management Strategy	Chief Nurse	Yearly						
Guardian of Safe Working Hours	Dr S M	Quarterly			√			√
SSL	S. Bray	Quarterly			√			√
ICS Update	DirSPP	To Confirm						
Regulatory Report on equality data for the WRES, WDES and Gender Pay Gap	DIrSPP	Annual				√		
Effectiveness Reports on Board Committees	ADCG	Annual			√			
Annual Report from Remuneration Committee	ADCG	Annual			√			
Updates on any Action Plans arising from (Good Governance Reviews, External Visits, CQC, Coroner etc).	ADG/ ADCG	Bi-monthly	√	√	√	√	√	√
Updates on any externally commissioned reports and investigations.	ADG/ ADCG	Bi-monthly	√	√	√	√	√	√
Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance.	MedDir (K. Rowley)	Annual			√			
Annual Job Planning Update	MedDir (K. Rowley)	Annually		√				
Board Development Programme - Report	Chair	Annually						TBC
EPRR Annual Compliance	Dof Ops	Annually			√			
Trust Strategy Update	DirSPP							
Declaration of Interests	ADCG	Annually						TBC
Gifts and Hospitality Register	ADCG	Annually						TBC
Director Fit and Proper Persons Test	ADCG	Annually						
Outline/Full Business Cases	Directors							
CQC Inspection Reports	Chief Nurse							
Freedom to Speak Up Report	Chief Nurse	Bi-annually		√			√	
Health inequalities (including pcref, blaichir and internal work)	Exec Med. Director	Bi-annually		√			√	
Appointment of Senior Independent Director	Chair							
Appointment of Vice Chair	Chair							
Review of Constitution	ADCG	Annually	√					
Review of Transaction Policy	DoF	Annually						

SUBMISSION OF BOARD OF DIRECTOR REPORTS

Draft Agenda Agreed with Chair & CEO	Draft Agenda Circulated to Authors for papers	Draft papers to be signed off by Lead Exec before submitted	Reports to be checked	Reports to be distributed	Board Meeting
Date tbc	Date tbc	*Date tbc*	Date tbc	Date tbc	April (date tbc)
Date tbc					June (date tbc)
Date tbc					August (date tbc)
Date tbc					October (date tbc)
Date tbc					December (date tbc)
Date tbc					February (date tbc)

*Dates to be confirmed once Board and Committee Annual Schedule of meetings for 2023/24 is approved!

10.3. Board of Directors Terms of Reference

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS
TERMS OF REFERENCE

1. VALUES

The Board of Directors 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 . AIM

The main aim of the Board of Directors is to work in partnership with stakeholders and provide active leadership in the organisation by undertaking three key roles:

- Formulate Strategy; ensuring there is a clear vision and strategy for the Trust that people know about and that is being implemented within a framework of prudent and effective controls, enabling risk to be assessed and managed.

- Ensure accountability by holding the organisation to account for the delivery of the strategic objectives and through seeking assurance that systems of control are robust and reliable.

- Shaping a positive culture for the Board and for the organistion.

3. AUTHORITY

The powers of the Trust are to be exercisable by the Board of Directors on its behalf. Any of those powers may be delegated to a committee of Directors or to an Executive Director.

The Chair of the Trust or, in their absence, the Vice Chair is to preside at meetings of the Board of Directors and will have a casting vote.

The Board of Directors, in consultation with the Council, will adopt Standing Orders covering the proceedings and business of its meetings to include the values and standards of conduct for the Trust and staff in accordance with NHS values.

4. MEMBERSHIP AND ATTENDANCE

Chair
Minimum of 5 and maximum of 7 Non-Executive Directors
Chief Executive (and Accounting Officer)
Executive Director of Finance
Executive Medical Director
Executive Director of Quality & Safety *(Chief Nursing Officer)*
Executive Director of Operations
Executive Director of Strategy, People & Partnerships

In attendance:
Company Secretary (CoSec)
Associate Director of Corporate Governance (ADCG)

Governors are welcome to observe part one of the Board meeting. Governors only attend meetings and parts of meetings that are held in public.

5. MEETINGS AND QUORUM

At least one third of the whole number of the Directors appointed, (including at least two non-executive Directors and two voting Executive Directors).

Meetings shall be held monthly in public. Formal Board meetings are formed of two parts, part one is held in public and part two is used to discuss confidential business, for which the Board is asked to approve that representatives of the press and other members of the public are excluded from.

There will be an open meeting during the year for members and the public when the Board of Directors will present the Annual Report and Accounts to the Council.

6. SUPPORT ARRANGEMENTS

6.1 The Company Secretary shall be responsible for providing support to the Chair and to the Board. Agendas for forthcoming meetings will be agreed with the Chair and nominated Executive Director on the first working day of the month, and papers will be distributed to members one week in advance of the meeting.

7. DECLARATION OF INTERESTS

7.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Board.

7.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

8. DUTIES

8.1 Define the direction of the Trust, setting policy and strategy regarding future development, having regard to the views of the Council of Governors.

8.2 Manage the day-to-day operation of the Trust, ensuring that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency, and economy as well as the quality of its

healthcare delivery and governance arrangements.

8.3 Monitor progress and achievements against regulatory requirements and approved plans and objectives, ensuring the effective management of the Trust by maintaining the appropriate balance of skills and experience.

8.4 Ensure compliance with the Trust's Terms of Authorisation and all obligations lawfully imposed upon the Trust by the Independent Regulator and any other statutory body or agency.

8.5 Ensure appropriate arrangements are in place to manage and support the Council and information needs are agreed.

8.6 Address workforce issues, workforce planning and people development.

8.7 To work in partnership with service users, carers, local health organisations, to reduce health inequalities; provide safe, accessible, effective, and well governed services for patients, maintaining and improving the quality of care.

8.8 Ensure exception reporting procedures are in place to ensure any risks that could materially impact compliance and potential compliance failures are remedied.

8.9 Ensure submission of all mandatory returns, the Trust's annual report and accounts and forward plans, and appropriate action is taken on issues raised from assessments, to present a balanced and understandable assessment for all public statements and reports to regulators and inspectors, as well as information to be presented by statutory requirements.

8.10 To formulate, implement and review Standing Orders and Standing Financial Instructions as a means of regulating the conduct and transactions of foundation trust business.

8.11 Ensure adequate systems and processes are maintained to measure and monitor the Board's own performance and that of its committees and planned and progressive refreshing of the Board of Directors.

8.12 Annual evaluation of individual directors to ensure contributions remain effective and commitment to the role is demonstrated.

8.13 Maintain formal and transparent arrangements for considering how financial reporting and internal control principles are applied and for maintaining an appropriate relationship with the Trust's auditors.

8.14 Maintain a sound system of internal control to safeguard public and private investment, the Trust's assets, patient safety and service quality and review at least annually.

8.18 Ensure suitable delegation of powers and responsibilities to committees of the Board and the Trust Executive to enable the effective and efficient discharging of Board responsibilities. Delegation must pay regard to the duties outlined above.

8.19 Maintain oversight of the Trust’s wholly owned subsidiary company

9. REPORTING

9.1 Committees reporting to the Board of Directors are:

- Audit Committee
- Charitable Funds Committee
- Finance, Performance & Resources Committee
- Nomination Committee
- Quality, Safety and Service User Experience Committee
- People Committee

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE BOARD

10.1 The Chair of the Board will seek feedback on the effectiveness of meetings following each meeting during the period of Board governance review.

10.2 The effectiveness of the Board will be reviewed as part of the wider review of the full Board governance process. This review will be carried out by the Audit Committee eight months following implementation of the new process.

10.3 Annually, the Trust must produce an Annual Report and Accounts. This includes an assessment of the effectiveness of the Board and information on compliance, with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings.

10.4 The Company Secretary will assess agenda items to ensure they comply with the Board's responsibilities. The secretary will monitor the frequency of the Board meetings and the attendance records to ensure attendance figures are complied with.

10.5 Terms of reference are to be reviewed at least annually.

11. REVIEW

Date Reviewed: February 2023

Ratified by the Board: April 2023

Date of Review: March 2024

10.4. Draft Annual Governance Statement

10.5. Questions from Governors and Public

10.6. Any Other Business (at the discretion of the Chair)

10.6.1. To schedule an extraordinary Board Meeting on 21st June 2023 from 14:00 – 14:35 to ratify the Annual Report & Accounts for 2022/23.

10.7. FEEDBACK ON BOARD DISCUSSIONS

11. RESOLUTION

The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.

12. Date & Time of Next Meeting

7 June 2023, 09:00-12:30