Board of Directors: Part I

Schedule	Wednesday 27 April 2022, 9:00 AM — 12:30 PM BST
Venue	MS Teams
Organiser	Sharan Madeley

Agenda

Agenda

17. Any Other Business

18. Feedback on Board Discussions: R. Beale

19. RESOLUTION: To exclude the press and other members of the public from the remainder of the meeting having regard to the confidential nature of the business to be transacted

20. Date & Time of Next Meeting: 09:00am, 25th May 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 27th APRIL 2022 VIA VIDEO-CONFERENCING

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

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	*Chair*	09.00	*(verbal)*	-
2.	Minutes of the previous meeting		09.05	*(attached)*	Approval
3.	Matters Arising/Action Log		09.10	(attached)	Assurance
4.	Chair's Report		09.15	*(attached)*	Assurance
5.	Chief Executive's Report	*CEO*	09.20	*(attached)*	Assurance
6.	Board Overview: Trust Values	*D. Tomlinson*	09:45	*(verbal)*	Assurance
7.	Patient Story: Shay Bacon	*S. Baker*	10:00	*(verbal)*	Assurance
	QUALITY				
8.	Quality, Patient Experience & Safety Committee Chair's Assurance Report	*P. Gayle*	10.30	*(attached)*	Assurance
	PEOPLE				
9.	People Committee Chair's Assurance Report	*P. Gayle*	10:45	*(attached)*	Assurance
9.1	Guardian of Safe Working Hours	*S. Muzaffar*	10:55	*(attached)*	Assurance
	SUSTAINABILITY				
10.	SSL Quarterly Report	*S. Bray*	*11:10*	*(attached)*	Assurance
11.	Audit Committee Chair's Assurance Report	*G. Hunjan*	*11:20*	*(attached)*	Assurance
12.	Finance, Performance & Productivity Committee Chair's Assurance Report	*R. Beale*	*11:35*	*(attached)*	Assurance
13.	Integrated Performance Report	*D. Tomlinson*	*11:45*	*(attached)*	Assurance
14.	Finance Report	*D. Tomlinson*	*12:00*	*(attached)*	Assurance/ Approval

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
	GOVERNANCE & RISK				
15.	Use of the Trust Seal	*S. Madeley*	*12:15*	*(attached)*	Assurance
16.	Questions from Governors and Public (***see procedure below***)	*Chair*	*12:20*	*verbal*	Assurance
17.	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:25*	*verbal*	-
18.	**FEEDBACK ON BOARD DISCUSSIONS**	*R. Beale*	*12:30*	*verbal*	-
19.	**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.				
20.	**Date & Time of Next Meeting** • 09:00am • 25th May 2022			*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.

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	**BOARD OF DIRECTORS**
Date	**WEDNESDAY 30th MARCH 2022**
Location	**VIA MICROSOFT TEAMS**

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	Danielle Oum	-	Chair
	Roisin Fallon-Williams	-	Chief Executive
	Hilary Grant	-	Medical Director
	David Tomlinson	-	Director of Finance
	Sarah Bloomfield	-	Director of Quality and Safety *(Chief Nurse)*
	Vanessa Devlin	-	Director of Operations
	Patrick Nyarumbu	-	Director of Strategy, People & Partnerships
	Russell Beale	-	Non Executive Director
	Linda Cullen	-	Non-Executive Director
	Philip Gayle	-	Non Executive Director
	Gianjeet Hunjan	-	Non-Executive Director
	Anne Baines	-	Non-Executive Director
	Winston Weir	-	Non Executive Director
In Attendance	Sharan Madeley	-	Company Secretary
	Taylor Capewell	-	Registered Nursing Associate *(item 1)*
	Nana Heath	-	Health Care Assistant *(item 1)*
	Tario Nyarumbu	-	Head of Nursing, Primary Care, Dementia, Frailty and Specialties*(item 1)*
Observers	Hazel Kench	-	Public Governor
	Maureen Johnson	-	Carer Governor
	Jon Kennedy	-	Staff Governor
	Jabu Chikore	-	Mental Health Lead at University College London Hospitals.
Apologies	There was full attendance at the meeting.		

Minutes

Agenda Item	Discussion	Action (Owner)
1.	**STAFF STORY** The Chair welcomed Taylor Capewell, Registered Nursing Associate, Nana Heath, Health Care Assistant and Tario Nyarumbu, Head of Nursing, Primary Care, Dementia, Frailty and Specialties to the meeting to share their experiences from within the Dead Services. The team explained that In December 2020 moving in January 2021 it was a very challenging time within the Barberry and specifically on the Jasmine Suite. During December 2021 – January 2022, 9 members of staff and 9 patients had contracted COVID-19 and this was a difficult time with two patients being admitted to the Queen Elizabeth. The ward was disproportionately affected and did not have the right equipment with fluid resistant masks and to communicate staff had to continually remove their mask to communicate effectively and therefore were in constant breach of PPE. Nana explained that in terms of accessing information when the pandemic commenced, there were barriers for deaf people with challenges including being unable to access information at the start of the pandemic. Staff were briefing patients and were trying to provide an understanding to patients regarding the new terminology regarding COVID-19. There were real challenges regarding the use IT, for example having to pay contactless for items and challenges with WiFi on the unit. Taylor added that the biggest issue for patients was communication with staff having to use masks and PPE which affected communications. Patients had to remain on wards with a lack of access to specialist services and had to reside in one place which resulted in disengagement with family and friends. There was a new introduction to remote interpreting which provided its own challenges for staff and patients. Patients did not have access to services and lost confidence which provided an additional layer of isolation. It was noted that when pandemic started patients become ill and deteriorated quickly. An example was provided of when an ambulance had to be called it took 6 hours for the ambulance to arrive. The patient was confused, and the use of PPE was not working and staff had to remove PPE to communicate and staff had to support the ambulance staff with communication and accompany the patient to a COVID-19 hotspot within the hospital. This indicated that if there were no staff to assist with the communication, this would have been a very frightening experience for our patient. Staff were being proactive and ensuring patients life skills were not lost and teaching patients what COVID meant along with the introduction of explaining the new vaccine programme. Services which were in place changed and adapted due to the pandemic and staff had to find out which services patients were able to access. Tario said that the ask to the Board included improving the issue of WIFI in regard to ensuring communication as services were available remotely but the WIFI was poor. It was noted that this was a national service and in respect of health inequalities, technology was essential. There were also challenges in making calls to essential services, for example banks, and it was essential that there was access to technology for our patients to have the same access as hearing counterparts. Discussions were held with the Board regarding sharing the experiences with the national team and to share good practice as well as raising the health inequality issues.	

Agenda Item	Discussion	Action (Owner)
	D. Tomlinson added that the work undertaken in the Disability and Neurodiversity Network included discussions regarding the particular challenges within the deaf service. There were a range of actions which could be taken in terms of the use of technology and D. Tomlinson agreed to take the lead to progress the areas required. The Chair thanked team for attending the meeting to share the story which had set the tone for the rest of the meeting.	
2.	**OPENING ADMINISTRATION: DECLARATIONS OF INTEREST** The Chair welcomed Trust Governors who were observing the meeting, along with representatives of the public.	
3.	**MINUTES OF THE PREVIOUS MEETING** The minutes of the meeting held on the 23rd February 2022 were approved as a true and accurate record.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed and noted.	
5.	**BOARD MEMBER SERVICE VISITS** A report was presented which summarised the visits by Board Members to services across the Trust since November 2021 and January 2022. The visits were an opportunity for Board Members to speak with staff at services and departments and a way of triangulating information presented through to Committees. Board Members noted that the areas being raised through the visits have been reflected in the reports received at Committees and include levels of acuity, staff levels, vacancies and demand for services.	
6.	**REFLECTION ON THE TRUST VALUES** S. Bloomfield provided examples of seeing the Trust values in operation during the last month and highlighted how the bed management team lived the values within an incredibly challenging area. The team was personally invested in every decision made for every service user. The team was patient centered and compassionate for each patient and even when there were difficult shifts, their commitment never wavered. S. Bloomfield highlighted Grave Avenue, a Steps to Recovery Unit, which was a standalone house with a team atmosphere which provided service users with independence and choice. The consultant and staff were inclusive and supportive of service users which was uplifting to see in operation. Everyone was seen as equal with all opinions being valid and discussed in the Multi-Disciplinary team meetings. The Board Members were informed that a tree had been planted in the memorial garden at the Uffculme Centre as a result of a prize being awarded to the Directorate with the team with a high number of responses in relation to the Staff Survey. The remainder of the money was being used to provide donations to food banks across Birmingham and Solihull. It was also reported that the finance team had been supportive in supporting and responding to requests for finance and had been fantastic during the last month. The Chair thanked S. Bloomfield for the detailed overview.	
7.	**CHAIR'S REPORT** The Board received an overview of the Chair's key areas of focus since the last Board meeting which was received and noted.	

Agenda Item	Discussion	Action (Owner)
8.	**CHIEF EXECUTIVE'S REPORT** R. Fallon-Williams introduced the report by reiterating a huge thank you on behalf of the Board to everyone within BSMHFT and stated that teams across the Trust have been amazing in terms of their commitment, their creativity and thinking about how they overcome some of the challenges that have been faced. The level of outbreaks had slightly increased but this had not impacted on the delivery of services. The Trust continued to operate under the same level of IPC guidance with no changes to the expectations regarding isolation requirements for members of staff. It was expected that there would be national guidance for NHS and social care released in the near future. The performance indicators, for example, out of area placements, remained within thresholds and high-risk patients continued to be reviewed and managed within the community which was a reflection of how well teams were working creatively to ensure a constant flow through the system. It was reported that the Staff Values Awards were taking place the same evening as the Board meeting which was an opportunity to acknowledge and celebrate the work which has been undertaken during the last two years. R. Fallon-Williams stated that the Trust was very aware of the potential impact on the cost-of-living increases for staff and there had been discussions across the health system regarding temporary arrangements for mileage rates for staff as it was felt that organisations could not wait several months for a national decision. Staff have been reminded of the financial well-being offers in place to provide guidance and support. V. Devlin provided a detailed overview of the work being undertaken by clinical teams and the work to manage demand and manage the recovery within services following the significant challenges of the pandemic. Firstly, increasing face to face was a key feature along with secondly managing demand and capacity which was being managed by individual services. The work detailed the transformation work being undertaken along with a number of tenders being prepared. It was reported that acuity was increasing within community services due to people not being seen face to face and it was also reported that patients being admitted to inpatient wards were increasingly poorly and therefore the length of stay was increasing. The Chair commenced the Birmingham Liaison and Diversion service who had been highlighted as an area of effective practice and asked for the thanks of the Board to be passed onto the team. The report was received and noted.	
9.	**QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT** W. Weir reported on the discussions held at the Quality, Patient Experience and Safety Committee presenting an overview of the reports received. W. Weir thanked staff attending the Committee for the discussions held and the quality of reports received by the Committee. D. Oum stated that it was important to note that the work of the Committee	

Agenda Item	Discussion	Action (Owner)
	was reviewing the learning and analysis from serious incidents and suicides to enable to Trust to undertake a target response. S. Bloomfield added that the Lead Inspector for the CQC was changing and formally placed on the record appreciation to Ken Jackson at the CQC for the open and honest relationship that had been developed with the CQC. The Board noted that Mr Michael Fennick was the new CQC inspector for the Trust. S. Bloomfield provided an update on the Joint Targeted Area Inspection and it was reported that once the national panel review was published at the end of May it was expected that there would be national and local learning. The Trust has reviewed the initial report at the Committee to review the specific learning for the Trust. It was reported that for future Committee meetings themed reviews would be presented to the Committee which would include the areas of community suicides; progress around inpatient ligatures and a paper on the COVID themed review. H. Grant reported on the implementation of the Use of Force Act which was linked with reducing restrictive practice and aligned with further work on health equalities to ensure a collaborative approach. The Chair thanked W. Weir for the report and for chairing the last Quality, Patient Experience and Safety Committee.	
10.	**PEOPLE COMMITTEE CHAIR'S ASSURANCE REPORT** P. Gayle provided an overview of discussions held at the People Committee The committee were pleased to receive the highlight report in relation to the People Strategy Implementation plan and the committee would receive a report on a quarterly basis. The committee acknowledge the positive work taking place by the Shaping Our Future Workforce Sub Committee since the last meeting. The People Committee was partially assured of the progress made as the committee was yet to see the impact of the work. It was also reported that the People Committee would like to receive from the subcommittee, their perspective on the reasons for delays in progress. An update was provided from the Medical Directorate which was the first quarterly update received by the Committee regarding the position of job planning within the Trust. The Committee was presented with the management report on the Staff Survey results. The Committee was informed of the engagement plan which would be shared widely across the Trust to encourage individuals to become involved in assisting the Trust in improving the results for the future. The report from the People Committee was received and noted.	
11.	**STAFF SURVEY** P. Nyarumbu thanked J. Travers who had been meeting with staff to discuss the results of the Staff Survey. It was important that the Trust was reflecting on how there would a focus on specific actions and it was reported that the People Committee would receive a detailed report at the meeting in April. Papers was presented to note the results and for the Board of Directors to receive a further report at the May meeting regarding the analysis and actions being taken. The Chair summarised that as a whole Board there was shared responsibility	

Agenda Item	Discussion	Action (Owner)
	and commitment which was a collective responsibility and looked forward to hearing the progress through the People Committee.	
12.	**BSOL MENTAL HEALTH PROVIDER COLLABORATIVE** A report was presented detailing the work undertaken in recent weeks regarding the Birmingham and Solihull Integrated Care System which had taken further steps towards the creation of the Integrated Care Board from 1 July 2022 and subsequent delegation of commissioning arrangements. Central to the emerging proposals is the creation of four provider collaboratives which included Mental Health, Learning Disabilities and Autism ("MHLDA"), Maternity and Pediatrics, Adult Acute Care and Community Integration It was reported that the Trust has been working with NHS, 3rd Sector and local authority partners to develop and scope the approach to working collaboratively in a mental health provider collaborative for the last 18 months. Due to the recent inclusion of LDA in the scope we are now widening our engagement to include LDA commissioning and provider colleagues in our planning. It was recognised across the ICS that the Trust was further ahead in mental health than other care programmes in both approach to working in partnership together and the thinking about what the provider collaborative should look like. It was likely that the provider collaborative would be the first to be established, providing a blueprint and lessons learned for the other three provider collaboratives. ANHH Consulting has been appointed to provide specialist expertise and additional capacity to support the development of the MHLDA Provider Collaborative**.** The report has been produced through dialogue with all partners to ensure a shared understanding and sign up to the direction of travel for the provider collaborative. It sets out the key assumptions and timeline, proposed governance and contractual model (being a lead provider arrangement with a partnership agreement across the provider collaborative), governance arrangements, values and behaviours, key risks and programme team resources. The route map has been endorsed by the MHLDA Provider Collaborative Programme Board on 17 March subject to minor amendment. The amended route map was the basis of the paper being presented to the Boards of BSMHFT and BWC at the end of March for approval, as well as BSOL CCG's Transition Committee. The route map would also be shared within Birmingham City Council and Solihull Metropolitan Borough Council by local authority colleagues, recognising the current political landscape and Purdah. D. Tomlinson reported that the presentation of the report to the Board was to re-confirm support for the direction of travel noting that further work was	

Agenda Item	Discussion	Action (Owner)
	required on due diligence and risks. **DECISION:** ***The Board noted the progress recognising there was further work to be undertaken before a formal decision was taken.***	
12.	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE CHAIR'S ASSURANCE REPORT** The Committee had a detailed discussion on the financial position and budget setting for 2022/2023. The Board was requested to note that discussions were held which considered the Trust to be a Going Concern. The finances were currently in a robust position, however, the Committee was concerned about the need to make savings next year and the Committee did not yet have visibility on the amount required, though about half has been identified. The remaining quantities would be difficult to achieve by trimming budgets and business as usual, and therefore the Committee has requested a more detailed discussion about how it was intended to transform patient pathways, ways of transacting, and the revolutionary, not evolutionary, approaches we are considering. This was covered partly by the Transformation Board and partly by actions from the Executive Team within areas of responsibility, and the Committee requested a report and corresponding deep dive for May. It should also be noted that the savings required were at a collective partnership level, which provided the Trust with opportunities we did not have before. The finance team were thanked for the work being undertaken on preparing the financial year end and planning work and it was recognised that this was a substantial effort all at the same time. The Committee received a verbal update to gain an understanding of the challenges in the delays in treatments following the pandemic and clarity on the actions being taken. The Committee was informed that teams were working hard on recovery plans, however this was still restricted in a significant way due to the level of infection control issues still in place whilst further national guidance was received. It was reported that there were two operational management meetings a month with one being a Restoration and Recovery OMT. One major piece of work being addressed was to increase face to face appointments when infection, prevention and control limitations reduced. Operational areas were reviewing what this would mean for community services. The plan would be presented to the Performance Delivery Group next month. The Committee would receive a Recovery and Restoration paper at the May meeting. The Committee also received a detailed report which was an item on the agenda for the Board meeting which recorded the excellent work undertaken in relation to emergency planning and the Committee was assured that the Trust was in an appropriate, stable and resilient position for most foreseeable events. The Chair thanked R. Beale for the report from the Committee.	

Agenda Item	Discussion	Action (Owner)
13.	**INTEGRATED PERFORMANCE REPORT** The Integrated Performance Report was presented and it was noted that new sets of metrics were being finalised for all domains following approval of the Trust Strategy. The key performance issues facing the Trust have changed little over the last twelve months. The key highlights included an update on the Out of Area Bed Use with some process improvements have helped address underlying issues, but the impact of COVID-19 and the closure of beds had significantly impaired the Trusts ability to eliminate use of out of area beds. February's figure was 12 patients In relation to the workforce measures in general, there was a significant adverse variance against most of the set performance standards. This had deteriorated because of COVID, and being reported through the People Committee but the overall divergence between individual teams has long been a concern. The Integrated Performance Report was received and noted	
14.	**FINANCE REPORT** The Board received the finance report which detailed that the month 11 2021/22 consolidated Group position was a surplus of £2.1m year to date. This was compared to a break-even plan. The surplus was mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break-even position for the Reach Out Provider Collaborative. The proposed most likely Group forecast outturn for 2021/22 was a surplus of £2m. The month 11 year to date Group capital expenditure was £7.5m, this was £0.9m less than original plan. The year-to-date underspend mainly related to door set works. The full year capital forecast was £12.8m, an increase of £0.5m compared to prior month in line with an additional £0.5m PDC funding allocation for the Shared Care Record scheme. The month 11 Group cash position was £59m. It was reported that 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. A draft financial plan was submitted on 17th March 2022 based on system agreed planning principles. For BSMHFT this was a break-even plan. Further work was ongoing to refine planning assumptions and review system reserve allocations ahead of the final plan submission on 28/4/22. A draft capital plan of £6.7m has been submitted for 2022/23 and £6m per year for the following four years. A system capital prioritisation process was underway and would inform the final capital plan submission in April. As confirmed in discussions with BSol ICS, BSMHFT's capital envelope was £6.7m. Based on the agreed Capital Prioritisation process, the Executive Directors have approved £3.6m in pre-commitments/work carried over (including door sets) and statutory standards and backlog maintenance with the remaining £3.1m earmarked for risk assessment/health and safety/priority work, The detailed priorities were under discussion by the Directors of Nursing and Operations and would be formally proposed when	

Agenda Item	Discussion	Action (Owner)
	confirmed. The Board of Directors endorsed the approach. W. Weir said it was helpful to see the capital spend list and queried if there had been consideration given to sustainability issues to address increases in electricity charges. D. Tomlinson said that a range of areas were being addressed regarding sustainability plans for the Trust, for example installing electric charging points. W. Weir said that the finance team was doing a fantastic role and asked for the thanks of the Board to be conveyed to the finance team.	
15.	**CHARITABLE FUNDS COMMITTEE CHAIR'S ASSURANCE REPORT** W. Weir, Chair of Charitable Funds Committee presented the Committee report from the meeting held on the 24th March 2022. The Committee received a presentation and discussed the development of a strategy to raise the profile of its "Caring Minds" charity whose aim is *'It is Caring minds ambition to support the Trusts Vision of Improving Mental Health Wellbeing by providing funding that will enhance the service user and staff experience beyond what the NHS is able to provide.'* The Committee wished to support the fundraising manager and endorsed a number of ideas for raising the profile of the Trust's charitable activities. The Committee were assured of the funds held by its investment advisors Casenove. The Committee noted the market value of the fund as at 28th February 2022 was £567,777.27 The funds held on behalf of fund managers across the Trust total £514k. The Committee expressed its thanks to the team for presenting very detailed reports for assurance despite the current pressures being experienced across the Trust.	
16.	**EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE** V. Devlin presented an update on Emergency Preparedness, Resilience and Response (EPRR) which had been reviewed in detail at the Performance, Finance & Resources Committee. V. Devlin thanked Louise Flannegan, EPRR Officer, on the significant amount of work which had been undertaken within this area. The report detailed the planning progress to ensure the Trusts response in the event of severe disruption; training and exercising and procedures to meeting the EPRR Framework 2015, EPRR Core Standards and Civil Contingencies Act 2004. The Board noted the performance against core standards which the Trust was partially compliant, and it was reported that there was an action plan in place which would be presented to the FPP Committee**.** The report included detail regarding the resilience in the event of a cyber attack and noted that significant work being undertaken regarding Commonwealth games B2022 preparedness. The Board thanked V. Devlin for the report and asked for the thanks of the Board be passed on to L. Flannegan for all the hard work within this area.	
17.	**FIT & PROPER PERSONS DECLARATIONS** Board Members were informed that a review was currently underway	

Agenda Item	Discussion	Action (Owner)
	regarding ensuring Fit and Proper Persons checks being completed for Board Members. Once complete, a report would be presented to the Board of Directors. It was noted that the Trust Recruitment Policy included a brief paragraph on Fit and Proper Persons requirements, however a specific policy was being drafted to detail how the processes would be undertaken the timescales involved, and the specific areas responsibility in relation to Fit and Proper Persons checks.	
18.	**QUESTIONS FROM GOVERNORS AND PUBLIC** No questions raised at the meeting.	
19.	**REFLECTIONS ON THE MEETING** P. Gayle provided personal reflections on the meeting stating that it was a very helpful and honest meeting regarding the challenges being experienced by the Trust. P. Gayle was encouraged by the presentation from the Deaf Services and pleased the service was able to discuss the challenges being experienced through COVID and how they had responded and acted quickly to resolve all the challenges faced. Overall it had been a really productive meeting in celebrating the teams and the work being undertaken across the Trust stating that the Values Awards were another opportunity to thank staff. P. Gayle stated that Board Members had demonstrated the values within all discussions at the Board meeting. The Chair asked for feedback from Jabu Chikore, Mental Health Lead at University College London Hospitals who was shadowing P. Nyarumbu and observing the Board meeting. J. Chikore noted the level of inclusivity of the make up of the Board and the open discussions provided by the Deaf Service with the challenges experienced during the pandemic. He was very impressed with the level of accountability in terms of responsibilities and Board Members using the term “we” for collective responsibility of the actions being taken. J. Chikore added that it was a pleasure to see a Board with patient outcomes and staff wellbeing at the heart of its discussions.	
20.	**ANY OTHER BUSINESS** There was no further business raised.	
21.	**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.	
22.	**DATE & TIME OF NEXT MEETING** • 09:00am • 27th April 2022	

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS – APRIL ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
March 2022 Agenda item 1	Staff Story Chair to write and thank for attending the Board meeting	S. Madeley	March 2022		Complete
February 2022 Agenda item 10	Integrated Performance Report To discuss the issue of reviewing patient assaults on staff at the Quality, Patient Experience and Safety Committee	S. Bloomfield	QPES June 2022 (*completed as a Board action and delegated to QPES Work Programme)*		It has been agreed that the Health & Safety Committee will receive a themed report on staff assaults (both physical and verbal) by area, gender demographic etc which will then report into the QPES. Racial and sexual abuse will also be covered within the report and will look at the percentage of incidents that are taken through our management of unacceptable behaviour policy.
	To report back on the processes in place for updating patients with their appointment details	V. Devlin	April 2022		Scheduled for the April meeting

RAG KEY

Overdue
Resolved
Not Due

Meeting	**BOARD OF DIRECTORS**
Agenda item	**4**
Paper title	**CHAIR'S REPORT**
Date	27 April 2022
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

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

Executive summary & Recommendations:
The report is presented to Board 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 BOARD OF DIRECTORS

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 Board giving an overview of my key areas of focus since the last Board meeting with my intention to provide a regular update at each Board meeting.

2. CLINICAL SERVICES

2.1 In light of the Infection Prevention & Control (IPC) measures within our Trust to keep our patients and staff safe, we have been restricting groups of people meeting, in line with Trust guidance. In discussion with fellow board members I have been planning how we can resume service visits, including our Governor colleagues. Plans are being drafted to ensure face to face contact can be resumed when safe to do so.

3. PEOPLE

3.1 Along with other colleagues from the Board and Council of Governors I was honoured to participate in the staff awards ceremony, to acknowledge and celebrate the outstanding values-driven work of so many members of Team BSMHT.

3.2 As we move out of restrictions, I am making arrangements to meet individually with our Governors over the coming months to discuss their role, development, and engagement with the Trust. This will enable us to continue to strengthen the effectiveness of the relationship between Board and the Council of Governors.

3.3 I was pleased to be able to Chair the AAC panel for recruiting a Consultant Psychiatrist in CAHMS whereby we successfully recruited into post.

4. QUALITY

4.1 I was pleased to be able to join the second development session with NHS Providers and the Trust Board where we had focused discussions regarding the impact of the pandemic and what the priorities are for our future together.

4.2 I met with Emma Randle, Freedom to Speak Up Guardian, Sarah Bloomfield, Executive Director of Quality and safety and executive lead for Freedom to Speak Up, and Phil Gayle, Vice Chair and non-executive lead for Freedom to Speak Up, to discuss the role of the Board in Freedom to Speak Up in preparation for a Board Development session on this important subject.

5. SUSTAINABILITY

5.1 I was pleased to meet with Dr Okonkwo from the Wand Medical Centre to discuss a primary care perspective of BSMHT services; this was a very positive meeting with points for consideration.

5.2 I was delighted to attend the West Midlands Community Inspiration Awards and to present the Health and Wellbeing award for *significant contributions to improve health and well-being of the community.*

DANIELLE OUM
CHAIR

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**6**
Paper title	**CHIEF EXECUTIVE and DIRECTOR of OPERATIONS REPORT**
Date	27 April 2022
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

My report to the Board this month provides context of the ongoing pandemic, the resultant pressures and our approach to the resultant challenges. It also provides information on our areas of work focused on the future 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'S REPORT

1. CURRENT PANDEMIC SITUATION

Community transmission rates continue to be high which means we need to remain vigilant and the potential for outbreaks remains high as our patient population is very mobile.

At the time of writing we currently have 9 outbreaks across clinical services.

This reflects the current increased community transmission. The outbreaks are being dealt with as per national guidance and regular meetings are held with NHS England and Improvement (NHSE/I) the Clinical Commissioning Group (CCG), UK Health Surveillance Agency (UKHSA) and health protection team to discuss the action in place and next steps.

The Infection Prevention and Control (IPC) team continues to work to provide proactive support and has now deployed a new COVID spot check audit tool to allow a more accurate reporting of the support visits done to the outbreak areas as part of recommendations given during the last visit of NHSE/I

New update guidance has been made available from the 14th of April. There are significant changes relating to Service User and Staff testing, but the implementation of those need further discussion and some preparation before full adoption, in particular in relation to the shift to use mostly LFD testing, given the Trust will need to ensure that robust governance measures are in place. Discussions with Information Technology (IT) colleagues have already started and other measures will be discussed at the next IPC committee.

There have been changes on social distancing advice but any reduction on social distance will require the use of masks as mitigation measures. Therefore in non-clinical sites/office sites, it would now be possible to return to pre-covid occupancy if the areas are well ventilated and masks are used at all times. If social distancing is kept, it will be possible to cease use of the mask while at the desk but use it anytime a colleague needs to move across the environment/site. This revised guidance will be discussed at the Trust's Infection Prevention and Control Committee meeting on 26th April. It is unlikely that a single approach will work for services and therefore local decisions will need to be made to determine this.

As a Birmingham and Solihull system we have commenced discussions and consideration on our 'living with Covid' including the establishment of a number of key workstreams to consider our approach as government centrally established infrastructures are stood down, for example in relation to testing. We expect the national NHS to determine some requirements however we also expect much to be local system determined.

2. PEOPLE

Our People Committee assurance report sets out for us the key areas of focus in recent weeks.

2.1 People Business Partnering Team

The Senior People Team in ICCR, Specialities and Corporate services are now fully established. A further two members of the Senior People Team in Secure Care and Offender Health & Acute and Urgent Care will join the Trust in May/June.

A key focus for the People Team within Quarter 1 will be supporting the Divisions with their Long Term sickness recovery and retention action plans. Additionally, we are actively promoting and supporting the Health and Wellbeing Agenda within the Trust.

The Trusts turnover rate has remained below the 11% Trust KPI target since April 2020, further still our rate has been relatively stable over the last 12 months. The People team will continue to monitor this KPI to ensure this positive position is maintained. This will be supported by ongoing task and finish groups evaluating and refreshing our onboarding and leavers procedures.

2.2 Organisational Development

A community of practice was established with Talent and OD colleagues across our system to determine how best to leverage Talent as part of the Integrated Care System (ICS) whilst embedding a vital network for supporting Systems Leadership. As well as this Leadership Development programme we will work towards supporting our leaders to become systemic thinkers and learn how to develop the new skills and post-heroic leadership required to successfully engage across systems.

We have commenced our Trust Senior Leadership Programme with a kick-off session on 5th April in partnership with Roffey Park. This 12-month leadership development programme has been specifically created to address the issues of development of senior leaders and to help implement a leadership framework. All of the cohorts related to this programme will have their first session during April and May 2022.

2.3 Recruitment and Resourcing

The Trust has made some progress in reducing our vacancy rate during the period Nov 21 – Feb 22, from 10.5% to 9.5%. This progress has been made despite the wave of Covid 19 during the winter and the Trust working through the Covid 19 mandatory vaccination programme at the start of this year. We will continue to modernise our recruitment practices and learn as we move forward with new approaches.

2.4 I Can Programme

The ICS ‘I Can’ programme is now operational following a lengthy period of set up. To date over 100 individuals have joined the programme.

The Board will remember there was some questions in relation to the ability for Summerhill Services Limited (SSL) to be a partner in the programme, this has now been resolved and work is underway to enable SSL to join in.

2.5 Cost of Living Incraeses

The Board is aware that the current and forthcoming increases in the costs of living are impacting on many colleagues in a way that has never been the case in the past. We like all our system colleagues have engaged in discussions with Trust colleagues on the impractical and on the things that may help ameliorate these to some extent. As a Birmingham and Solihull health and care system we have shared the emerging themes from this and through the working together of our Chief People Officers and Chief Finance Officer will pull together a propsed system plan of support for colleagues.

3. CLINICAL SERVICES

As we slowly emerge from the last covid Omicron wave, we can now see a reduction in wards closed to admissions and staff absences from work, and clinical services are now focusing on restoration and establishing future arrangements in clinical areas. This has commenced with a focused piece of work to increase our face-to-face contact with service users in our community teams working within a new blended hybrid model. The work was launched at our Performance Delivery Group (PDG) with, an expectation that divisions will work up plans via their local clinical governance group for present back to the PDG in May.

Our living with COVID plans also have a strong focus on how we manage demand across clinical areas, a key priority outlined in the clinical aspect of our strategy. This has taken on many forms with the key themes being:

- Transformation of services as outlined in the long-term plan of our crisis and urgent care pathways and community and rehabilitation services. Modelling of demand is enabling us to focus on pressure points, areas of need and gaps in service provision along with refining and developing new clinical pathways.
- Investment funding streams linked to our transformation, winter planning and mental health investment standards have enabled us to increase our workforce capacity offers from both our statutory services and beyond with our 3rd sector providers.
- A focus on early intervention and prevention as outlined again in our strategy to ensure we are supporting people at the earliest possible time avoiding a crisis episode following a deterioration in individuals mental health.
- Collaboration with our wider system partners including our local authority and voluntary sector colleagues is enabling us to widen our system mental health offer. This has been evident in our inclusion in the Ageing Well programme following the intensive diagnostic work by Newton Europe.
- A focus on managing our waiting lists and risk stratification of caseloads is also in place, ensuring that we are using all our available resources including both bed based and community provision.
- The consequences of Health inequalities is a significant risk and thus tackling these a priority throughout all the clinical services planning. Having access to local data is enabling the divisions to drill down and develop plans for tackling the inequalities

3.1 Specialties

The Specialties service area has seen some significant changes in staffing over the past month, with Derek Tobin retiring from the Associate Director role and Mark Cox commencing an Interim Associate Director post. Tariro Nyarumbu commenced as the new Head of Nursing and Allied Health Professionals, joining Mark and our Clinical Director Dr Farooq Khan in forming part of the wider senior leadership team and taking forward the key priorities for the service area in 22/23.

The perinatal service's partnership with the Black Country has entered its next phase with the service commencing the process of handover of the delivery of care to women and families in Sandwell to Black Country Health Foundation Trust (BCHFT). We are also repurposing the West team to deliver provision for Birmingham and Solihull (BsoL), as part of the upcoming West Birmingham boundary changes. These changes also support the continued expansion of perinatal services to meet all the Long Term Plan ambitions in BSol.

Staffing pressures within the Older Adult Inpatient wards have continued as a result of Covid Outbreaks on two of our wards. These have been managed in accordance with infection control procedures, with close working across the wards and use of temporary staffing, to safely manage through this period. The initial cases within outbreaks have been harder to pinpoint which reflects the high levels of Covid within the community. Our Older Adult discharge liaison team have been working to support the BSol system Covid related pressures on acute physical health beds. Working with the CGG and health partners, we have effectively identified the right pathway of care and the rapid placement of our service users thus avoiding delays to their mental health care and treatment.

A review of our Clinical Health Psychology service provided to patients within University Hospital Birmingham (UHB) is currently underway. The review is taking place with UHB, the commissioner of the service, in order to refresh and redesign the service model to enable recruitment to vacancies and deliver a high quality service.

Our IAPT service - Birmingham Healthy Minds recovery plan continues to be developed with a current implementation focus on recruitment and retention and the facilitation of new trainee posts. Our Regional Team support is now in place. The emphasis now is on identifying the key deliverables from the plan, along with a trajectory for improving performance, thus providing assurance on the impact of these actions on key performance indicators over the next year.

3.2 Integrated Community Care and Recovery (ICCR)

The team are delighted to have the newly appointed Head of nursing & AHP, Liz Thurling, working alongside them to support the division. The leadership team are working with organisational development colleagues to provide culture deep dives on a number of wards in ICCR to ensure these ward/ teams work towards an open and supportive culture.

Transformation of rehabilitation is progressing with the operational policy for the new intensive rehabilitation team in progress and initial posts about

to go live. The work to complete the changes to our two High Dependency Units (HDU) in Solihull to single sex complex care units will be complete by the end of June. Expressions of interests have gone out to providers to seek local provision of High Dependency Unit (HDU) beds to support this reconfiguration. Work is ongoing to support the flow through our rehabilitation beds and to ensure we encourage appropriate referrals across the system.

We are awaiting confirmation of 22/23 funding for community transformation to enable further recruitment and development of the model to progress. The Primary care hub managers are continuing with their recruitment campaign from 21/22 funding. MIND was successful in their bid to provide community recovery navigators to support the primary care offer. Teams in the South and East of the city are starting to gather and analyse early data on referrals. The data indicates that 60-70% of referrals have been offered mental health support and signposting at primary care level rather than requiring referral to CMHT. Engagement sessions are stepping up in the coming year to ensure the focus during 2022/23 is on bolstering current secondary care CMHT services as we acknowledge the pressure these services are under.

We are working with system partners in Solihull and North Birmingham on the development of community hubs that will enable closer working with key partners from a range of social care and health backgrounds. The aim is to increase access to services from the local community and support in addressing inequalities evident in these communities.

Adult community teams continue to experience high levels of activity and referrals, resulting in high caseloads and longer waits. We continue to manage waits using a multi-disciplinary team and risk stratification approach. As the community transformation plan moves forward, we will see an impact on activity being managed across both the primary and secondary care arms of the service which will support us in meeting waiting time standards.

ICCR are really pleased to note so many ICCR staff reached the top 3 in the Trust values awards, we are very proud to also note that so many ICCR staff were nominated even though they may not have won an award their nominations were recognised by the ICCR senior leadership team.

Our Early Intervention Service (EIS) Team Manager, Steve Harrison received recognition in the Health service Journal for the fantastic work undertaken in developing the Solihull EIS team. The Service is meeting the majority of NHSE standards and in the coming year will develop an At Risk Mental State service (ARMS) which will enable the whole service to be fully compliant.

The directorate are working with teams to analyse the results of the staff survey, seeking direct feedback and how we can support a positive change in staff experience. Teams are arranging away days to ensure teams have time out to reflect on their objectives and experiences over the past 12 months and plan for the coming year.

3.3 Secure Care & Offender Health

There have been Covid outbreaks on 3 of the inpatient wards across the service with challenges on one ward related to the acuity of individual patients. However, the outbreaks have been managed effectively. Two of our units continue to experience staffing vacancy challenges and the teams have been working with HR and staff side colleagues to explore and implement innovative and new ideas. Bed occupancy is running at 100% with additional pressure on the use of Tamarind's seclusion facilities. The Multi Disciplinary Team are managing this and associated risks on a day to day basis.

There are challenges within the CAMHS service regarding admission capacity due to the complexity and delayed discharge plans for some current patients, we are currently working with partners and commissioners to seek appropriate move on provision.

The recent Quality Network review undertaken in our Inpatient Women's services was positive overall. The FIRST Team have successfully appointed to the 3 Reach Out sponsored roles (Carer Lead, Recovery Lead & Benefits/ Housing Support Lead) and selected individuals are going through our on boarding process. Staffing has been significantly impacted by COVID during the last month, far greater than in the height of the pandemic but the impact was well managed. Currently, the face-to-face appointments uptake is more than 75%, which is commendable considering of the recent staffing challenges.
Emma Masiyiwa, Service Manager (Liaison and Diversion Service) commenced her role in the first week of April'22. The service is currently preparing for the re tender.
HMP Birmingham continues to have cluster Covid outbreak but overall is moving forward with regime change.
In the recent Trust Values awards, Secure Care & Offender Health team members won seven gold awards, three silver awards and two bronze awards (among ten categories excluding support services). Our board members came to meet the gold winners and presented the awards. This is a huge achievement for our staff and a very proud moment for our division.

3.4 Acute and Urgent Care

Acuity remains high on the inpatient wards, a combination of annual leave and sickness has meant staffing has been challenging in a number of areas. In response colleagues have worked above and beyond to maintain the safety of service users within the ward environment, along with the support of temporary staff and our floating Health Care Assistants team.

Over 40 of the leadership team attended the acute and urgent care leadership away day, the morning session included a comprehensive focus and review of inequalities, diversity and inclusion lead by our Trust EDI lead Jas Kaur. The feedback from the session was extremely positive and the directorate is now developing its inequalities work programme priorities for 2022/23. The afternoon session was centered around team working and leadership styles and getting the best from your teams to support our vision of creating a culture of staff wellbeing.

Our female acute ward in the West of the city has now successfully reopened following their temporary closure as part of our Covid emergency planning. They have completed two days of refresher training together and the team are happy to be back on their host ward which has really boosted staff morale.

The acute system continues to be under immense pressure at the present time with access to A&E and S136 detentions, which is putting a strain on the crisis pathway which is becoming extremely challenging for all who are working in it. Talks continue with police and acute colleagues to look at what lessons can be learnt moving forward.

4. SUSTAINABILITY

4.1 BSOL ICS and Mental Health and learning Disabilities & Autism (MH/LDA) Provider Collaborative Update

Provider collaboratives are at the heart of work within ICS's to transform the care we provide for our citizens by driving integrated care pathways that improve outcomes and reduce inequalities. Across the Birmingham and Solihull ICS it is proposed that the MHLDA provider collaborative will be one of four large-scale collaboratives focussed on care programmes/pathways and having a delegated commissioning function.

As a Trust Board we endorsed the high-level route map setting out proposed timescales for establishment of the MHLDA provider collaborative at our March meeting. This was also endorsed by the Board of Birmingham Women's and Children's NHSFT and is going to the Governing Body of BSOL CCG w/c 25th April. It is also being shared within both of our local authorities and the 3rd Sector Forum.

We have two current priorities for our work:

4.1.1 Engagement with LDA partners
Whilst mental health partners have been working together over the past 12+ months to develop plans for the provider collaborative, LDA is a recent inclusion. A key area of focus is engaging with LDA partners, both from a commissioner and provider perspective, to make sure they are fully involved in our forward planning and programme governance, and that the work we have done to articulate our vision and commitments is refined to align with the LDA landscape. We are currently mapping LDA stakeholders and planning a joint workshop for May as well as individual engagement with organisations.

4.1.2 Embedding programme management arrangements
Recognising the complexity of this programme of work both in terms of its nature and the number of partner organisations involved, establishment of a robust programme management structure is vital. We are currently reviewing our governance, implementing project management processes, and clarifying resource to make sure it is fit for purpose. Work is underway to develop a comprehensive programme plan with detailed milestones and timescales for each of our workstreams as well as a risk register.

4.2 Financial Planning

The Board will receive information later in our meeting on the system financial plan developed to date for 2022/23 and the income and outturn predictions this will result in for us as a Trust.

4.3 Urgent and Emergency Care (UEC)

Our BsoL system has seen unprecedented pressures within UEC in recent weeks, in order to ensure a coordinated and focused system response a daily Gold and Silver approach were reinstated. Four clinical and four enabling workstreams have been put in place under the leadership of specific CEOs, to develop plans and take actions in relation to, ; Discharge; Prevention and Front Door; Mental Health; Planned Care/Other Capacity and Workforce; Data; IPC and Communications.

Working in this way has enabled us to work through the Easter Bank Holiday weekend in a collaborative, well mangled way that has focused on patients being seen in the right settings as swiftly as possible. The plan is to retain this approach for the time being and at least over the forthcoming May bank holidays.

4.4 Birmingham and Solihull Integrated Care System (ICS)

The development of the ICS continues in readiness for going live in July 2022. This month saw some changes being made to the Integrated Care Board, in particular to membership as it moved into shadow form, further changes are expected including the determining of NHS Provider Trusts representation in the coming weeks.

Recruitment to a number of Board Director roles has been completed and we expect announcements on the appointment to Chief Nursing Officer, Chief Medical Officer, Chief Finance Officer, Chief Delivery Officer and Chief Officer for Partnerships and Integration imminently. Recruitment to two further Executive lead roles for Digital and People is yet t commence.

5 QUALITY

Our Quality, Patient Experience and Safety Committee assurance report provides us with the key areas we have focused on in the last month and the work we are progressing in relation to this element of our strategy.

We had a positive and helpful introductory meeting with our new CQC Lead Inspector Micheal Fenwick during this month, and spent time going through our most recent return and discussing how we will work together.

6 NATIONAL ISSUES

6.1 United Against Health Inequalities

NHS Providers has published findings from a survey of NHS trusts and foundation trusts which highlights the progress trusts and their boards are making to tackle health inequalities.

The purpose of this survey was to gain a better understanding of how trusts are responding to this new area of focus, and how they we can support our members with this work.

The survey found that driving change to tackle unequal healthcare experiences and outcomes is high on the day-to-day business plan for the NHS, with trusts now committed to taking action on health inequalities as part of their 'core business'.

Their new report, which discusses these findings, United against health inequalities: a commitment to lasting change, is particularly timely given the growing cost of living crisis, concerns about the impact this could have on worsening health inequalities, the ongoing challenge of tackling the COVID-19 backlog of care, and the forthcoming health disparities white paper.

They found:

- High board-level commitment and strategic emphasis on tackling health inequalities.
- Commitment to making action on health inequalities 'core business'.
- However there is still much to do, with nearly two in three (65%) trust leaders saying that wider pressures on the system and operational challenges hinders their ability to progress work on reducing health inequalities.
- Nearly half of trust leaders describing access to data about health inequalities within trusts (49%) and across the health system (48%) as a barrier.

Trust leaders are committed to fulfilling their vital role in working together effectively with partners across the health system to improve access and to narrow gaps in health equality, as leaders of change within their trust, as supportive partners to collaborative work in their system, and as anchor institutions. To do this though, trusts need consistency and clarity on a national scale and a supportive infrastructure and regulatory environment which rewards progress on health inequalities as much as it does good operational and financial performance. The full report can be found here: United against health inequalities: a commitment to lasting change (nhsproviders.org)

6.2 National Guidance on Integrated Care Board Governance

NHS England and NHS Improvement (NHSE/I) has published several updated guidance documents on integrated care board (ICB) governance.

6.3 Updated draft ICB model constitution

NHSE/I has published a third update to the ICB model constitution. It now reflects amendments to the bill, if it passes through parliament in its current form, including:

- one ICB board member should have knowledge and experience from the mental health sector;
- the ICB board will keep under review the skills, knowledge and experience required to effectively carry out its functions; and
- the chair should ensure appointments to the ICB, its committees or its sub committees do not undermine the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.

The model constitution now sets out an “exemplar” joint nomination process for ICB partner members, as well as an assessment, selection and appointment process. Each trust in the integrated care system (ICS) will be able to make one or more nominations for ICB board trust partner members, which will need to be seconded by another trust. The full list of nominees will then be considered by a panel, convened by the ICB chief executive. The chair will then approve the appointment. ICBs may appoint more than one trust partner member. If so, all trusts in the system will be entitled to take part in the nomination process for all those trust partner members. However, this is just one example process – systems can take their own approach as long as it meets certain criteria.

Decisions are expected to be reached by consensus wherever possible. However, provision for voting as a last resort remains within the model constitution. In case of disputes “third party support” may be drawn on, with the examples given of using peer review or support from NHSE/I.

The interim guidance on ICB governance has been updated to include expectations around the nomination process for partner members. This process will be initiated after the ICB constitution has been submitted to NHSE/I by 22 April and agreed.

In this guidance document, NHSE/I recommends that ICBs should not look to use new powers to delegate to providers, local authorities, place partnerships or collaboratives during 2022/23.

NHSE/I expects partner members to “bring the perspective of the sector”, although the updated model constitution acknowledges that those members are not representatives. NHSE/I expects the new requirement to have an ordinary member with knowledge or experience of the mental health sector to be met through one of: a partner member; a separately appointed board member (normally a trust chief executive); or the ICB executive director for mental health.

NHSE/I now states that a trust partner member will often be the chief executive of their organisation (rather than an executive director as stated in an earlier version of the model constitution). Councillors are no longer disqualified from sitting on the ICB board, but the guidance states that the local authority partner member will “often” be an executive or chief executive.

The guidance now fleshes out the conflicts of interest section to place more emphasis on transparent decision-making. NHSE/I notes that actions to mitigate actual or perceived conflicts should be proportionate and “seek to preserve the spirit of collective decision-making wherever possible”.

6.4 Finance FAQs

NHSE/I has published a Finance FAQs document, covering topics such as system allocations, financial planning, and system financial governance. NHSE/I has also developed a tool to help ICBs with place-based allocations and understanding relative resource needs. This tool is now available for testing by systems on the NHS planning workspace of the Future NHS platform.

6.4 Statutory guidance

This interim guidance will be translated into two statutory guidance documents: NHSE/I will publish guidance to CCGs in May on preparing ICB constitutions, and further guidance in July on ICBs' ongoing governance duties.

It is expected that several other pieces of statutory guidance to be published this summer, including on the integrated care partnership's integrated care strategy, the ICB's five year forward plan, and delegations.

6.5 Draft Terms of Reference for the COVID-19 Public Enquiry

The draft terms of reference for the COVID-19 Public Inquiry have been announced. These are wide-ranging and cover the public health response, including how and when decisions were made; how the NHS and wider health and social care system responded, including issues or capacity and resilience; and the economic response.

Inquiry Chair, Baroness Hallett will now hold a four week public consultation, open until 23.39 on 7 April 2022. View the terms of reference here.

7 LOCAL ISSUES

7.1 Medical Director Recruitment

The recruitment process for appointment of our new Medical Director has been successful and we have appointed Dr Fabida Aria who will join the Trust in the coming months.

7.2 Commonwealth Games Birmingham 2022

BSMHFT participated in a system wide (BSoL) exercise on Tuesday 12th April 2022 as part of a comprehensive testing and exercise programme for the Commonwealth Games B2022.
Exercise Overlord II was a counter-terrorism based exercise involving a scenario whereby a bomb had been detonated at a large train station and shopping centre complex in Birmingham, leading to mass casualties. As BSMHFT are not a receiving hospital in terms of the NHSEI Concept of Operations for Mass Casualties, our role within the exercise focused on 2 main priorities:

i) Repatriation of mental health patients currently located in acute hospital settings to create capacity to accept incoming casualties from the incident
ii) Co-ordination and provision of psychological site management to minimize exposure and TRiM based psychological interventions to support staff and patients in receiving hospitals

The exercise lasted 5 hours, with each hour representing a real time 24-hour period and was attended by Vanessa Devlin Executive Director of Operations, Louise Flanagan EPRR Officer, Fiona Nicol Liaison Psychiatry Team Manager, Elizabeth Newton Clinical Psychologist, Kreshan Nirsimloo Urgent

Care Manager and Lauren Davis Acute Inpatients Team Manager.

A full debrief report will be produced by NHSEI in the coming weeks, highlighting lessons identified as a system which BSMHFT will feed into. Overall the exercise was successful from the perspective of BSMHFT and we were able to identify appropriate alternative accommodation for our service users in acute settings and worked through the provision of psychological site management and access to psychological interventions for those affected although an area of learning/development has been identified in terms of a structured plan for the provision of psychological site management and access to appropriate literature. Additionally the lack of involvement of Local Authority and Third Sector partners in the exercise was also raised as a learning point.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**8**
Paper title	**CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE**
Date	27 April 2022
Author	Mr P Gayle, Non-Executive Director, Deputy Chair
Executive sponsor	Mrs S Bloomfield – Executive 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 23rd March 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

The committee acknowledge the importance of addressing Health Inequalities and accepted the need to develop metrics / embed Health Inequality monitoring as part of the organisation's embedded practice.

The committee received a number of assurance reports in relation to learning from serious incidents, deaths. The committee wished to highlight the interim recommendations in response to the Joint Targeted Area Inspection. The committee noted that the CQC visit is likely to be in April and that further COVID-19 guidance would also be issued in April.

The Committee expressed its thanks to the team for presenting very detailed reports for assurance despite the current pressures being experienced across the Trust.

Reason for consideration

To demonstrate the effectiveness of the assurance process for the Trust's Quality and Safety Agenda and to escalate any key issues to the Board.

Strategic objectives

Quality

- 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 organization 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 analyse 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

Committed
Compassionate
Inclusive

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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 CQC Section 31 Improvement Plan Progress Report

The Committee received the monthly report providing an update on the activities related to the implementation of the actions agreed.

The salient points were noted as follows:

- Risk huddles established with matron involvement have received positive feedback
- Care review drop-in sessions with matrons have been offered to families and carers in conjunction with service users
- Audit tool launched and enhanced quality focus
- Staffing issues are ongoing
- International recruitment meetings are scheduled, People Committee will have oversight
- Plans are in place for improvements

There was a detailed discussion regarding the considerable amount of work that has taken place since December 2020 to make the changes sustainable and embed them across the Trust. It was noted there have been significant improvements overall and that care planning is under review following an electronic solution that has been developed to support improvements.

The committee acknowledged the challenges in staff engagement and commended the process being linked to local MDT meetings.
Dr H Grant confirmed the section 31 notice included a wide variety of areas for improvement and that monthly meetings with the CQC remain in place to discuss progress.

Chair's assurance comments:
The Committee raised some concerns around the Eden unit and were informed staffing and acuity levels on this Unit have had an impact. Nevertheless, support is in place and an update to include timelines on improvements will be bought to the June 2022 Committee meeting for assurance. The committee were assured the CQC have raised no concerns with the processes for progress.

1.2 Preparations for CQC Well-Led Inspection

The Committee was informed that the preparations were ongoing in relation to the expected CQC inspection. The new Lead Inspector, Michael Fenwick, has started and has met with Mrs. S Bloomfield as part of his introduction to the Trust.

Key areas of preparation continue and include:

- Compliance team offer of localized planning sessions
- Peer reviews are taking place, staff are encouraged to take up this offer
- Communications team are supporting service areas
- Directorate preparation will highlight the positive work and acknowledge the challenges faced

Chair's assurance comments:
The Committee noted the progress made to date and were informed the formal date of inspection has not yet been received.

1.3. LDA work programmes

The committee received a detailed presentation on Learning Disability and Autism and were pleased to note the successes in providing high quality services for people with LDA within the Trust. Work continues to widen the involvement of service users and staff and a steering group has been established to support the priorities of the work stream going forward.

Key areas were highlighted as:

- Sensory Friendly ward project was funded by a successful NHS England bid (£81,000)
  Benchmarking 2021 has been completed – waiting for results
- NICE Guideline review has been completed and subsequent action plan to be taken to LDA steering group, CEAG and Trust Governance
- Over 20 LDA Nurses have been recruited

It was agreed further considerations to leadership to support this ongoing work need to be agreed, workforce planning will support the development.

Chair's assurance comments:
The committee were assured the LDA work programme will align with the Clinical Services Strategy and focus on quality issues at the core. The Committee were pleased to hear about the Trust employment of LDA nurses. The Committee raised concerns that this work also needed to be imbedded into the clinical services strategy to broaden this work out.

1.2 Trust Strategy Clinical Services Strategy Priority 2021/2022 achievement and 2022/2023 goals April

The committee received the detailed report and noted the refreshed Trust Five Year Strategy was launched at the start of 2021/22 and included 4 strategic priorities:

- Clinical Services
- Sustainability
- People
- Quality

Following approval of the Trust Strategy, the Trust Board approved high level Trust goals for 2021/22 (Year 1 of the Strategy) for each of the four strategic priorities in May 2021.

The Clinical Services Strategic Priority has 42 goals spread across 6 areas of focus. The quality and measures of success will be RAG rated and reported back to the committee in the coming months for further assurances on Q1.

Chair's assurance comments:
The Committee felt this was a very good strategy but needed reassurance that we would see what the measures of success and the outcomes would be reflected in this document. The committee were assured good progress has been made in year one despite pressures faced in 2021/22 and despite significant operational challenges, staff are increasingly embracing service transformation.

1.1 Responding to COVID -19 External Assurance: Infection, Prevention & Control

The committee were appraised of the areas of concern raised by NHSE/I following their visit to Mary Seacole and the Tamarind Centre 2 on 11 February 2022.

There were no concerns with the Tamarind that were pointed out. Mary Seacole, they did raise concerns around COSH breach in relation to fridge temperatures as staff were still using paper recordings as this was not robust enough as we do have a centralized way of recording temperatures.

A further visit has been scheduled for June 2022.

Chair's assurance comments:
The committee were assured all concerns have been addressed and have plans in place for improvements.

1.3 Serious Incidents & Learning

The committee were impressed by the level of detail contained within the report. 4 serious incidents have been reported to Commissioners during February 2022, which is below the median of 7. Of these 4 incidents, 3 occurred during February with 1 occurring in December.
All these incidents will be investigated under the Serious Incident Framework.

The committee discussed and noted the continuing system pressures, demand and capacity issues and impact this is having on delivery of services. High acuity and demand for PICU beds was noted.

The committee was saddened to hear of the inpatient suicide at Ardenleigh and offered their support to staff during this distressing time.

Chair's assurance comments:
The committee were assured all incidents are within the mean and expected ranges. The committee were concerned that acuity remains challenging with high demand on PICU beds, and this has had an impact on out of area placements. The Committee acknowledged demand and capacity could also be a factor.

1.4 Clinical Audit plan

The committee was asked to receive and approve the draft clinical audit programme for 2022-23 following the consultation with service leads and the planner being approved at Clinical Governance Committee.

Chair's assurance comments:
The committee had no concerns and approved the clinical audit plan.

1.5 Monthly Quality Report

The committed noted the number of suspected community suicides remains slightly above the mean with three reported in February. These are investigated and our report contributes to the coronial process.

Restraint incidents have continued below the mean for nine consecutive months although we have seen an increase in February of prone restraint. These incidents largely related to the administration of medication.

Chair's assurance comments:
The committee were assured a presentation will be bought to the June meeting to report on the harm, if any, to service users whilst waiting for access to services.

1.6 Minutes and Sub Committee escalations

The committee noted the escalation report and acknowledged the significant work plan across all providers. Capacity and workforce issues were highlighted with the challenges to find resolutions noted.

Medical vacancies remain a concern with the impact on the delivery of services likely as all providers are experiencing the same pressures.

The committee noted the Brookland's action and delivery plan has been reviewed and formal assurance from the alliance group is required.

1.7 Matters of escalation to the Trust Board

Reach Out Commissioning Sub-Committee
Capacity issues remain a serious concern for all providers with medical vacancies remaining high. Impact on service delivery and keeping staff and service users safe are key concerns.

Serious Incident

On 19 April 2022 there was an inpatient suicide on Citrine, Ardenleigh.
Staff received support from Executive Directors and Senior Leaders.

PHIL GAYLE
NON-EXECUTIVE DIRECTOR

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE**
Date	20th April 2022
Author	P. Gayle, 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 20th April 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.

Reason for consideration

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

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 committee considered a variety of People related risks including but not exclusive to:

- The Trust does not develop an inclusive and compassionate working environment
- The Trust does not deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values- based leadership framework developing the right capabilities
- The Trust does not engage effectively with its workforce through a dynamic, sustainable internal and external communication plan

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Integrated Performance Report: People Elements

The Committee received an update on the workforce KIPs and it was reported that in relation to sickness absence, performance had decreased from February to March by 2%. The People and OD Team were working with ADs to focus on addressing long term sickness (LTS) absence to (a) treat colleagues with care and consideration and (b) to understand the cost of sickness absence to the Trust. (c) progress LTS cases that may not have received the attention required due to Covid 19 work pressures. The Committee had a detailed conversation regarding the importance of return-to-work interviews as an essential supportive welfare check and a crucial step to ensure staff return to work effectively.

The specific issue of ensuring a targeted approach to areas with high levels of long-term sickness absence was discussed and it was reported that regular meetings were held with the Associate Directors across Divisions where there was a high level of stress related absence along with a higher number of staff off sick with injuries. The Committee was informed that sickness absence did occur more frequently within the inpatient areas, especially older adults, in relation to stress related sickness absence. ADs within the Ops Directorate have reported that there are clinical areas that are considered to be more challenging and this had a direct correlation to higher sickness absence and long standing vacancies. A pilot project has commenced to enhance the employee experience in terms of flexible working arrangements, development opportunities and enhanced pay.

The Committee also discussed how crucial it was to ensure the Trust could be proactive in reviewing how respite could be offered to staff who were working within challenging areas. It was reported that with the commencement of a review of workforce modelling this would be raised as a point of discussion with the teams.

The Committee was informed that NICE guidance had been released on mental wellbeing for staff which included guidance regarding support to staff and the Chief Psychologist urged the use of the framework to benchmark against national guidance.

The turnover rate remained the most successful indicator which remained below the Trust target. In terms of vacancies, this has increased and there were corporate initiatives in place to reduce recruitment times.

Chair's Assurance Comments:
The committee were pleased to see progress in the reduction of staff sickness absence as this was encouraging. With regards to return to work interviews (RTW) the committee were not assured we were making sufficient progress as this remained an area of concern. However, we were informed the People and OD Dept intend to review the RTW interview form to better align it to our Trust Values and develop Trust wide Comms to re-emphasise the importance of RTW interviews.

1.2 Report from Shaping Our Future Workforce Sub Committee

The Committee received a report providing assurance to the Committee on the work being undertaken by the Shaping Our Future Workforce Sub-Committee. The paper provided progress made against 6 of the workstreams within the People Strategy Implementation Plan which were:

- Launch refreshed regular management supervision and ADR process
- Launch first line management course
- Launch framework to support clinical and non-clinical skills development
- Launch career development pathway for BAME and disabled staff
- Implement a clear route map for clinicians to move into senior clinical roles
- Launch leadership framework and development programme

Chair's Assurance Comments:
The committee received some assurance related to the workstreams highlighted in the report. We were informed that the subcommittee had robust discussions and confirm and challenge about progress and development. We were informed that there were no identified risks or issues that would lead to the work streams being unable to complete on time.

1.3 Enough is Enough: Accountability for Leading and Managing Information Claims of Bullying, Harassment and Discrimination

A report was received by the Committee which summarised a call to action on how the Trust would permanently reduce bullying, harassment and discrimination (particularly race discrimination) from the Trust and make the organisation a place where staff know that any of those behaviours were unacceptable. The approach to challenging and managing complaints of bullying, harassment and discrimination has not been as thorough as what it could be, and the paper detailed a proposal for how the Senior Leadership Forum would take leadership and accountability for managing such complaints.

The aim was to provide a framework for senior leaders to address claims of bullying, harassment, and discrimination and ensure clear, compassionate, and inclusive discussions to ensure the impact of behaviour was understood and for the complaint to receive feedback and actions were being taken. This also included looking at the behaviours of the leadership team.

Committee members welcomed the proposal to provide guidance to senior leadership regarding how concerns should be addressed and how that could be strengthened further by including the Freedom to Speak Up Guardian. The Committee agreed that collaboration between senior leaders and the FTSU Guardian would encourage and enable staff to have right the conversations.

Chair's Assurance Comments:
The Committee were pleased to see and agreed that the tone of the paper was entirely appropriate and a good challenge, and that the work now needed to be presented to the Directorates to ensure assurance could be provided regarding change being affected. We did feel the paper needed to be strengthened and include Freedom To Speak Up, as the committee felt this would also be an integral part of the document as this was not reflected in the paper.

1.4 Staff Survey: Deep Dive

The Committee received a presentation on the Staff Survey and discussed a number of elements during previous agenda items.

A specific proposal was highlighted to the Committee which related to the establishment of a separate investigate body, an Independent Referral Unit, to enable staff to raise with discretion any formal complaints of bullying, investigate complaints into bullying, harassment, and discrimination. This would involve investigations being undertaken by external people where it was hoped this would then enable staff to have trust and confidence that investigations could be undertaken independently.
The existing Dignity at Work process would be available, but this proposal would present a further option for staff.

Discussions were held regarding how this would align with the "*Enough is Enough*" proposal where it was explained that the "*Enough is Enough*" paper was to ensure there was an accountability framework for senior leaders in place and the Independent Referral Unit was a response to broader issues from an organisational perspective to provide the complainant with an avenue for their complaint to be heard independently. The Trust was acting upon feedback from staff and trade unions where staff have indicated they may not receive a fair deal by an internal investigation under the umbrella of Just Culture.

Chair's Assurance Comments:
The Committee did not have a full deep dive into the staff survey to include divisional/departmental response action plans as mentioned at our last Board meeting. Therefore, we were not fully assured. However, we were pleased to hear of the proposal to have an Independent Referral Unit to hear and investigate individual complaints. The committee agreed that it would be useful if this proposal could be merged with the "Enough is Enough" proposal so there was one complete clear process to articulate to staff and managers of the intention to have a holistic oganisational approach to any formal complaints of bullying, harassment and discrimination.

1.5 Freedom to Speak Up Guardian Quarterly Report

The figures reported for the last quarter related to 31 new cases were opened with no concern being raised anonymously. There were 10 cases relating to patient safety: 11 cases relating to bullying and harassment.

The assessment of the quarter indicated that the investment in FTSU resource was ensuring that staff were feeling more secure in raising concerns.

It was important to note that staff did appear to feel safe to raise concerns regarding patient safety but less safe in raising concerns on other issues.

The report was recommending that the People Plan would incorporate the Speaking Up workstream and to review how to promote the learning and improvements made by speaking up.

Chair's Assurance Comments:
The Committee was pleased to receive the quarterly report from the Freedom to Speak Up Guardian, Emma Randle with the Committee noting that cases had risen significantly during the last 12 months with a sustained increase across all staff groups. The People Committee also received a description of the increased staff resources that have been provided to the FTSU team, and how it would embed a "Champion FTSU model throughout the Trust.

1.6 Escalation from Safer Staffing Sub Committee

The Committee received an update from the Safer Staffing Sub Committee following the April meeting where the issues of International Recruitment was discussed regarding the recruiting international nurses and the work to review pastoral care and wellbeing provision for international staff joining the Trust.

The Ockendon Report (was discussed which identifies failings which could have been prevented if there was safe staffing and training in place.

Chair's Assurance Comments:
The Committee were informed that the Safer Staffing Committee (SSC) was still establishing itself and were pleased that the lead nurse is in place for SSC.

1.7 Safer Staffing Sub Committee Terms of Reference

The Committee received the draft Terms of Reference for the Sub Committee which were received with a request to ensure clarity on the requirement to ensure the Committee addressed the multi-disciplinary approach for safer staffing.

Chairs Assurance Comments:
***The Committee noted the Terms of Reference and mentioned some clarity was required particular on whom this document was for. Therefore, we were unable to agree the terms of reference until the amendments had been made*.**

PHILIP GAYLE
NON EXECUTIVE DIRECTOR
20th April 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**9.1**
Paper title	**GUARDIAN OF SAFE WORKING HOURS, QUARTERLY REPORT**
Date	27th April 2022
Author	Dr Sajid Muzaffar
Executive sponsor	Dr Hillary Grant

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

Executive summary & Recommendations:

All the exceptions during the quarter were about working hours and no educational exceptions were raised. No immediate safety concerns were raised. There were several shift vacancies but all were filled by locums.

Reason for consideration:

Quarterly reports mandated by the Terms and Conditions of Doctors in Training.

Previous consideration of report by:

N/A

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

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

Financial Implications *(detail any financial implications)*

None

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

No new risks identified

Equality impact assessments:

No concerns

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

Exception reports and themes are discussed in Junior Doctors Fora on a regular basis.

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Jan – Mar 22

High level data

Number of doctors / dentists in training (total): 103

Number of doctors / dentists in training on 2016 TCS (total): 103

Amount of time available in job plan for guardian to do the role: 1 PAs per week

a) Exception reports (with regard to working hours)

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	0	0	0
F2	0	0	0	0
CT1-3	1	3	4	0
ST 3-6	3	4	1	6
GPVTS	0	0	0	0
Total	4	7	5	6

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	0	0	0
F2	0	0	0	0
ST4-7	3	4	1	6
ST 3-6	1	3	4	0
GPVTS	0	0	0	0
Total	4	7	5	6

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	0	0	0	0
F2	0	0	0	0
CT1-3	0	0	4	0
ST3-6	0	0	1	6
GPVTS	0	0	0	0
Total	0	0	5	6

b) Work schedule reviews

Exception Reports (ER) over past quarter	
Reference period of report	01/01/22 - 31/03/22
Total number of exception reports received	7
Number relating to immediate patient safety issues	0
Number relating to hours of working	5
Number relating to pattern of work	2
Number relating to educational opportunities	0
Number relating to service support available to the doctor	0

c) Locum bookings

Locum bookings January 2022 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	15	15	158.50	158.50
Rota 2	10	10	98.50	98.50
Rota 3	25	25	264.00	264.00
Rota 4	24	24	232.50	232.50
Rota 5	6	6	49.50	49.50
Rota 6	11	11	109.50	109.50
ST4-6 North	35	35	493.50	493.50
ST4-6 Rea/Tam	12	12	192.00	192.00
ST4-6 Sol/East	20	20	376.00	376.00
ST4-6 South	19	19	280.50	280.50
Total	177	177	2254.50	2254.50
Locum bookings February 2022 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	13	13	111.00	111.00
Rota 2	17	17	163.00	163.00
Rota 3	4	4	18.00	18.00
Rota 4	15	15	143.50	143.50
Rota 5	21	21	200.50	200.50
Rota 6	8	8	73.50	73.50
ST4-6 North	27	27	380.00	380.00
ST4-6 Rea/Tam	6	6	112.00	112.00
ST4-6 Sol/East	11	11	192.00	192.00
ST4-6 South	16	16	230.00	230.00
Total	138	138	1623.50	1623.50

Locum bookings March 2022 by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	21	21	224.00	224.00
Rota 2	8	8	82.00	82.00
Rota 3	12	12	107.50	107.50
Rota 4	30	30	286.00	286.00
Rota 5	16	16	163.00	163.00
Rota 6	3	3	21.00	21.00
ST4-6 North	33	33	483.00	483.00
ST4-6 Rea/Tam	2	2	32.00	32.00
ST4-6 Sol/East	12	12	232.00	232.00
ST4-6 South	14	14	224.00	224.00
Total	151	151	1854.50	1854.50

Locum bookings January 2022 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	91	91	912.50	912.50
ST4-6	86	86	1342.00	1342.00
Total	177	177	2254.50	2254.50

Locum bookings February 2022 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	78	78	709.50	709.50
ST4-6	60	60	914.00	914.00
Total	138	138	1623.50	1623.50
Locum bookings March 2022 by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	90	90	883.50	883.50
ST4-6	61	61	971.00	971.00
Total	151	151	1854.50	1854.50

Locum bookings January 2022 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	79	79	1034.50	1034.50
Sickness	5	5	52.50	52.50
COVID 19	32	32	363.00	363.00
Off Rota	52	52	699.50	699.50
Compassionate L	9	9	105.00	105.00
Maternity Leave	0	0	0	0
Paternity Leave	0	0	0	0
Total	177	177	2254.50	2254.50

Locum bookings February 2022 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked

Vacancy	75	75	859.50	859.50
Sickness	9	9	82.00	82.00
COVID 19	14	14	181.50	181.50
Off Rota	37	37	492.00	492.00
Compassionate L	0	0	0	0
Emergency Leave	0	0	0	0
Maternity Leave	2	2	9.00	9.00
Paternity Leave	1	1	12.00	12.00
Total	138	138	1623.50	1623.50

Locum bookings March 2022 by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	76	76	936.50	936.50
Sickness	4	4	48.00	48.00
COVID 19	13	13	152.50	152.50
Off Rota	53	53	672.50	672.50
Compassionate L	0	0	0	0
Emergency Leave	0	0	0	0
Paternity Leave	5	5	45.00	45.00
Total	151	151	1854.50	1854.50

a) **Fines**

No fines were levied during the quarter

Qualitative information

All the exceptions raised during this time are related to excess work hours. Three exceptions were raised as there were not enough doctors in training (CT grade) in one of the areas. Part of the reason was short term sickness absence. The doctor covered the urgent tasks and was provided with TOIL.

There has been no educational exception.

No safe working hours related issues were raised in the Junior Doctor Fora during this period.

No immediate safety concerns were raised.

The number of vacant shifts continues to be high, around 10% of these were related to COVID 19. All shifts were covered with locums.

Issues arising

No new themes have arisen during this time. There has been delay in resolving some of the exceptions, main reason being lack of clarity about who was responsible for resolving the exceptions. This was escalated to Associate Medical Director Medical Education and she has agreed to deal with pending exceptions and clarify the roles.

Summary

Only seven new exceptions were raised during the quarter.

The number of vacant shifts continues to be high but they are filled by internal locums.

Birmingham and Solihull Mental Health NHS Foundation Trust

Summerhill Services Limited (SSL) Business Report

April 2021–March 2022

This report summarises the performance and activities of SSL from April 2021 to March 2022. In addition, the reports details some of our plans, opportunities, and potential business developments for 2022/23

COVID has caused significant operational challenges over the year for SSL services and our partners in PFI, with increased staff sickness and absences, ward isolations and increased demand on PPE.

Over the year, SSL has continued to support the wider healthcare system and supported 23 COVID vaccine sites across Birmingham plus operating 4 mobile vaccination vehicles. During the year, SSL successfully maintained ALL SSL services and managed PFI partners across all sites.

During the year, SSL saw increased revenue from external contracts and additional services with the Trust. This increased revenue ensured SSL delivered a financial performance ahead of budget.

2021/22 saw an extensive and challenging capital program for the Trust and SSL, which was double previous years . SSL completed all the capital projects and statutory maintenance program including the physical environmental works associated with the replacement of compliant anti-ligature door sets with new anti-ligature door sets incorporating alarm monitoring. This replacement program will continue into 2022/23. SSL continues to work and support the Trust in the production of the Strategic Outline Business Cases for Reaside and Highcroft, these should be completed within the next few months. In addition, we have supported the Trust to develop a new 5 yr capital program, which outlines the potential capital spend up to 2026.

SSL Pharmacy services continued to deliver a high level of performance over the year with good results across all main KPI's. Working with the Trust team, we also introduced and implemented "Repeatable prescriptions" into our service. This reduces the number of physical prescriptions with the aim to optimise admin time and subsequent cost on preparing prescriptions in clinics across the Trust.

During the year, SSL continued to work with partners across the BSOL healthcare system to identify new opportunities, which can deliver improved performance and service quality, increase revenue and provide financial benefits to the Trust and our healthcare partners.

The report below gives further details of our a financial performance, HR activities and assurance and the performance and activities of the services provided by SSL to BSMHFT and Primary Care. The key services include:

- Facilities Management
- Property Services & Sustainability
- Transport and Logistics Services
- Capital Projects
- PFI Management
- Pharmacy Services

In addition, the reports details some of the plan, opportunities, and potential business developments for 2022/23

Birmingham and Solihull Mental Health NHS Foundation Trust

Review March 2021 to April 2022

Facilities Management

- **Domestic and Housekeeping Services**

In May 2021, NHS England launched the National Standards for Healthcare Cleanliness framework. The standards encompass efficacy of the cleaning process, cleanliness guidance to provide assurance and transparency. During 2021/22 the Facilities Department were working collaboratively with the Trust Infection Prevention and Clinical Teams to embed these standards Trust wide with project meetings and all cleaning schedules reviewed.

Cleaning Quality Operational Group developed members comprising Infection Prevention and Control Team, Matrons and Service Partners, SSL and Amey Community Ltd, This group reports into the Infection Prevention Partnership Committee.
2021/22 has seen a continuation of increased infection cleaning and deep cleaning across the Trust.

The SSL Rapid Response Decontamination and Deep Cleaning Team continue to undertake deep cleans, infection cleans and special cleans across inpatient and community sites across BSMHFT.

- **Catering Services**

In 2021/22 SSL have been working collaboratively with NHS Supply Chain; Food (Tower 10) integrating the Multi-Temperature Distribution model. The model involved reviewing areas with the highest area of food expenditure (for ingredients) across SSL production kitchens. With the revised ordering system now in place, the department sees an immediate saving of **£43k** with a further saving of **£30k** achieved by exchanging products for more cost-effective products but without sacrificing quality.

In January 2022, a Trust Food Group was re-established. The group chaired by Chief Nursing Officer/Director of Quality & Safety and members comprising of Trust Dieticians and SSL management team. The objective of the group is to oversee food quality, safety and nutrition across the Trust and implement recommendations from the Independent Review of NHS Hospital Food.

During 2021/22 a programme of kitchen inspections, and food safety and quality audits were undertaken with scores and reports provided to the Trust Infection Prevention Partnership Committee.
Barberry Catering Department

- continuing to provide compostable eco-friendly cutlery, takeaway containers, and carrier bags with approximately 80% of all disposable items purchased compostable, to support the NHS “Plastic Pledge”.
- introduced a new sandwich supplier for retail outlets and Service Users. Supplier is fully STS accredited, with their packaging being compostable and plastic free, and having a ‘carbon negative’ food to go range
- leading on a food wastage pilot in liaison with Veolia to reduce the environmental impact and meet targets for the disposal of food waste.

SSL other catering initiatives include

- a new 4-week menu and recipes for patient catering, reducing salt and sugar content, making meals a healthier option for in-patient and retail outlets. As part of the new menu project workshops held with SSL catering managers, supported by Trust

Dietitian, on menu planning, nutrition, and standardisation of menus in line with the independent review of NHS Hospital Food Review (2020)

- October marks Black History Month and is celebrated widely across the NHS. Throughout the month the Barberry and Zinnia catering teams produced an array of dishes from Jamaica and South and West Africa for Service Users, staff and visitors.

December 2021 edition – BSMHFT Acute and Urgent Care Newsletter

Black History Month Caribbean Delight

The wards at the **Zinnia Centre** took time to celebrate Black History month during October through some delicious food. Thanks to Lorraine, Kumar and Shirley for their hard work every day cooking fresh food for our service users. The meal was first class and service users really enjoyed the celebratory meal!

- During the year, SSL worked with Deaf Services @ the Jasmine Suite- The Barberry, to promote better communication and customer service at Service User mealtimes, overcoming barriers such as difficulty observed lip-reading while housekeeping staff wearing face masks.
- Makaton and British Sign Language signs included in SSL Customer Service Training.
- Association of Healthcare Cleaning Professionals, Midlands Branch ("AHCP)
  In 2020, AHCP appointed SSL's Training and Compliance Manager as the Midlands Branch Learning and Development lead. Following 2021 AGM, SSL's Training and Compliance Manager was nominated and appointed as Regional Trainer for ACHP.

  AHCP – Midlands Branch were awarded 'Learning and Development' winners in 2021.

- **Estates and Facilities Training Hub, The Barberry**

In December 2021 the Estates and Facilities Training Hub, Barberry was externally audited by BICSc ("*British Institute of Cleaning Science*"). The audit included observations of training, assessing methods and auditing of SSL's accredited BICSc Trainer and supported by Senior Domestic Supervisor and Domestic Supervisor. All areas of the audit successfully passed inspection.

The Estates and Facilities Training Hub continues to provide accredited training programmes such as the British Institute of Cleaning Science (BICSc) and the Chartered Institute of Environmental Health (CIEH).

Training is provided by an appointed qualified trainer who is;

- accredited assessor for BICSc
- Registered Trainer with Chartered Institute of Environmental Health (CIEH) Association of Healthcare Cleaning Professionals (AHCP) Learning and Development lead and Regional Lead for ACHP Midlands Branch with a syllabus including BICSc, License to Practice
- Chartered Institute Environmental Health (CIEH) accredited
- Lead Food Safety Expert for the Trust Learning and Development Department and produces the current eLearning mandatory training pack for Food Safety.

The Training Hub provides the following training for Trust Estates & Facilities staff, PFI and other Third-Party Providers;

- Accredited training in the "British Institute of Cleaning Science" (BICSc)
- Level 2 in the Principles and Control of Infection in Healthcare Settings
- Food Safety
- Biohazard Decontamination Training
- Legionella/Water Safety Training
- COSHH
- Ladder Safety
- Customer Service
- Health Eating & Nutrition
- Allergen Awareness
- Driver Awareness Training
- Train the Trainer
- Monthly Toolbox Health & Safety Talks
- New SSL Induction Programme forDomestic, Housekeeping and Catering teams
- Toolbox talks are created each month and issued to FM teams to support Health and Safety.

SSL's Training and Compliance Manager worked with BSMHFT Learning and Development Department to review and update the Trust's Food Safety eLearning pack to include Natasha's Law and allergen information.

In 2021 a Driving Refresher training including theory test and online training course for Fleet, Porter/Driver and Warehouse teams.

- **SSL Uniform**

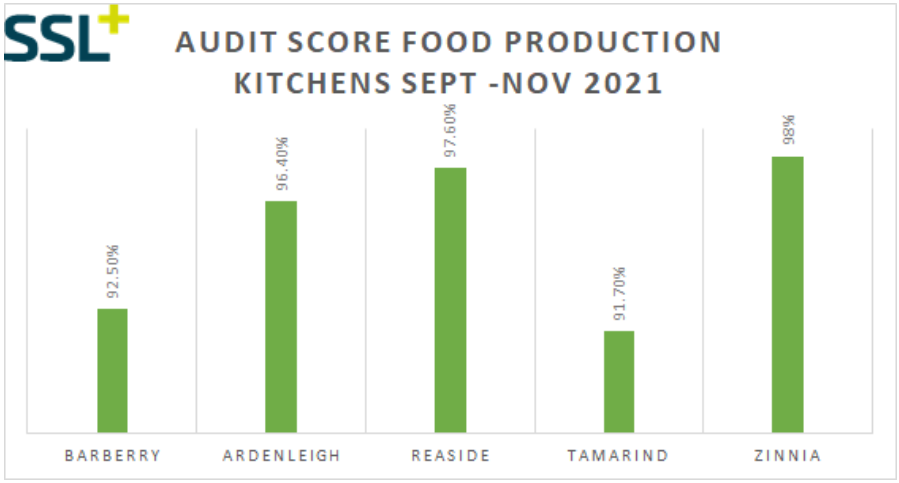
Early 2022 a new SSL branded uniform was manufactured and distributed across Estates and Facilities teams.
Old SSL and Trust uniforms will be ethically recycled to the British Heart Foundation -BHF

- **Audits / PLACE**

PLACE lite audits carried out in house over the past 2 years to maintain consistency and standards in preparation for next external PLACE audit. Scores remain consistently high due to in-house training and audit regime and general performance management.

Cleanliness Audits – To maintain consistent standards across all sites the domestic teams audit using FM First software package. Audits are carried out monthly by the supervisors with management audits in place quarterly. Scores remain consistently above KPI's.

Catering Audits – SSL's Facilities Training & Quality Assurance Manager completes regular production kitchen audits to maintain standards alongside catering supervisors who audit on a monthly basis. Scores remain consistently above KPI's



- **LAUNDRY AND LINEN MANAGEMENT**

In 2021, the Trust wide supplier for laundry and linen changed from Central Laundry to Elis. SSL are continuing to work with Elis to provide a level of service throughout 2021/22. Regular contract meetings are conducted by SSL, the Trust and PFI Partners with the supplier.

A Duty of Care Audit was undertaken of the Trust-wide Laundry and Linen supplier (Elis, Coventry) in June 2021. The Duty of Care visit also observed standards, quality systems, risk assessments and standard operating procedures.

An ICS Laundry and Linen Customer Board was established in October 2021, with membership from Birmingham NHS Trust's The board collaboratively measures performance of this service to ensure a consistent supplier approach across all Birmingham and Solihull hospitals.

- **Policies and Assurance**

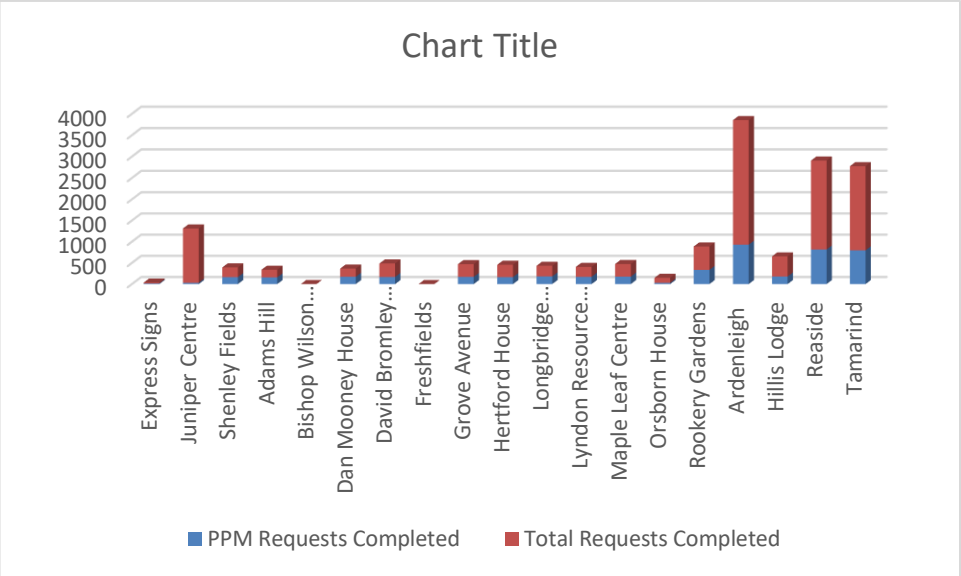
Multiple SSL / Trust policies and procedures were updated and reviewed including H&S R&S16 and Management of Contractors R&S13, SSL Estates & Facilities Overarching Operational Policy, SSL Local Operational Procedures SSLOP 00 to 27 and Legionella Management Plan / Polices were fully ratified. Across SSL we now have appointed Authorised Engineers - AE's for electrical HV and LV, lifts and water safety.

Approved Person - AP courses completed for Lifts, Water Safety, Asbestos Management, Electrical LV, courses also completed for Electrical CP roles, Responsible Person - RP Water Management courses also completed.

Detailed live compliance spreadsheet has been formulated for review to show compliance in real time across all BSMHFT and SSL sites.

Update completed to Archibus system to allow trade team to utilise tablets across the estate to provide real time data on planned and reactive works carried out.

In excess of **4500 PPM** jobs completed and **11,700 Reactive jobs** completed across secure care and community sites by the estates teams in 2021



Quarterly Estates and Facilities Risk / Health and Safety Meetings reinitiated.
Water Safety

- Legionella risk assessments across operational sites have been updated and combined onto a master spreadsheet and saved onto a shared location.
- Combined Sampling results are now collated into a single spreadsheet including actions taken. This is then reviewed at the operational and strategic water safety groups.

SSL continues to support PCN / GP surgeries; SSL has been a key partner in the delivery of multiple vaccination centres throughout the pandemic in the Birmingham and Solihull area.

Corporate, Property and Sustainability

- SSL has led (on behalf of the Trust) in completing and returning numerous returns over the period including; PAM, ERIC, Capital Programmes annual and 5 year programme, Trust Fleet, Sustainability and Disposals. All submission have been completed on time to NHSI/E
- SSL have completed the first online draft iteration of the new online NHS Premise Assurance Model (PAM) – 400+ self-assessment questions required annually.
- SSL have produced a Trust Property Report separate document to challenge in particular on vacant buildings within BSMHFT.
- SSL developed and issued Sustainable Development Strategy and Action Plan (Green Plan) on behalf of BSMHFT

- SSL have developed B1 Options proposals and have appointed Management Surveyors to carry out multi-million vacation negotiations, looking for Trust early exit from their lease obligations.

Transport & Logistics Review 2021/22

- SSL continues to provide pick, pack and distribution of all PPE throughout the Trust, included Lateral Flow Kits from our warehouse.
- PPE – Stock levels regarding normal daily issue are where they need to be. The Warehouse Team welcomes the partnership with Birmingham Community Hospitals. Both teams cooperate well, which helps in building relationships for future projects.
- New Senior Manager - Transport –Marcin Klein joined the Transport and Logistics Team as the Senior Manager. This being a pivotal role in not only maintaining current high service standards and strong income generation but also in taking the department and SSL forward with new opportunities.
- Effective and Efficient NEPT service through time of COVID, this service adapting to single patient service.
- SSL was still able to provide effective GT service – pharmaceutical, specimen, samples, post – additional activity undertaken during COVID with delivery of samples for testing to acute hospitals.

Capital Projects

- The 2021/22 capital plan as submitted to NHSEI on 12 April 2021, was £9.6m, our current forecast is this will be achieved – this is double previous year value with circa 250 projects delivered within very challenging environments including Service Users with quite high acuity in some cases, Wards with COVID outbreaks, challenging construction markets following Brexit, High Inflation and specialised anti-ligature/ anti-barricade components
- SSL has supported the Trust on the CQC required works and reports. SSL are managing the Physical Environmental works associated with the replacement of compliant anti-ligature doorsets with new anti-ligature doorsets incorporating continuous alarm monitoring. The current programme includes replacement of over 250 doorsets and connectivity to Staff Assist Systems.
- SSL continues to support the development of the Strategic Outline Case information associated with Reaside and Highcroft major developments and, ensures these projects remain at high level within the STP prioritised schemes.
- Additional Capital works have been concluded and delivered including Newington refurbishment, Urgent Care Centre plus the Statutory Standards and Backlog Maintenance Programme - SSBM programme. Other programmes of work will be carried forward to 22/23 including Ardenleigh Seclusion Suite, and CAMHS Seclusion suite.
- Schemes being completed to ensure forecast expenditure by 31st March, however this has been dependent on issues around access into 'live' areas as a result of covid outbreaks and isolations.
- 5 Year draft Capital Programme completed and issued to Trust, incorporating Major Projects, Minor Projects, SSBM and Risk Anti-Ligature Works. Due to the value of the list of potential capital projects - over the next few months we will support the Trust to prioritise the capital projects based on the capital spend allocated for 22/23.

SSL PFI/Contract Management

- SSL contract manages two significant and complex PFI contracts c £25m p.a.
- During the year SSL negotiated a agree Settlement Agreement. This agreement will deliver a **high six figure settlement** value which will cover:
    - On -going contractual settlement discussions
    - Energy Management settlement of six figure sum progressed for delivery 2022
    - Negotiations and close workings with DHSC have led to Consummate Deduction value agreed.
- Oleaster Urgent Care Centre (despite issues with Covid, building materials and fuel) completed 31st January 2021. This has been a very challenging project from outset, due to the many stakeholders involved, changing client leads, and instigating a multimillion-pound project on a PFI Site.

STP/CCG Primary Care

SSL provide the Estates Management and Strategic support across the Birmingham and Solihull CCG service area. This contract will be rolled into the future ICO organisation for BSol.

In addition to the Primary Care Estates business as usual work plan SSL have continued to provide support for. We have developed and managed over 23 of the BSol CCG Vaccination Centres across Birmingham and Solihull

- 4 Mobile clinics
- 4 Community Red sites
- 2 Primary Care Urgent Treatment Centres
- £500k PCN Strategy
- £114k of work associated with the Winter Access Fund (Security), included the installation of 15 CCTV systems in various GP Practices in areas of high deprivation.

- SSL will be working on Estates and project management support to the local Primary Care partners. SSL have supported key Primary Care projects such as
    - Bourne Road; first European Drive through GP service.
    - Dudley Park Medical Centre - New GP development requiring Investment/Joint venture to deliver Primary Care Facility for a GP practice leading a PCN.

Outpatient Dispensing Services – April 2021 – March 2022

- Summerhill Pharmacy dispenses 15,000 items on average per month accounting for 55% of medication items dispensed by the Trust pharmacy services.
- SSL had 28 externally reportable incidents from 187,581 dispensed. No service users were harmed as a result of these externally reportable incidents and all of them have been dealt with promptly.
- SSL implemented a Prescription Tracker which tracks our pharmacy performance (Please see Appendix C,D & E).
- SSL robot maintained its performance and continues to deliver an accuracy of 99% on compliance aids,(see chart below):

Apr-21	May-21	Jun-21	July-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Financial Performance
SSL achieved £1.8m additional revenue compared to budget. This was due to our Vaccine Programme Support work (this includes our management fee / margin) and additional work with the Trust

As result of this increased revenue, SSL made a loss after tax of £0.589m which is £0.255m better than plan as at M12.

Over the year and more recently in the past few months we have experienced cost pressures mainly due to the impact of the War on Ukraine, the Pandemic and Brexit. These current issues are having a material inflationary impact to the cost of many of our key provisions.

The 5 year forecast demonstrates how SSL moves into good profitability to over £2m per yr over this period, as costs and deprecation reduces. In addition, to the profits generated, there are significant other benefits which SSL deliver to the Trust which don't appear on SSL profit and loss – these benefits also total over £2m annually, which could help to support the Trust CIP commitments. (see appendix A & B)

HR Strategy/People Plan Staff

- SSL has reviewed and written a new 3 year HR Strategy for SSL which has been approved by the Remuneration Committee and is now being actioned planned accordingly.
- SSL have now received delivery of all employee uniforms, which have been distributed. The Media and Communications Co-ordinator has arranged for stock images to be taken which SSL can utilise in communication and promotional literature.
- SSL HR team with Operations have now launched a new SSL Induction process which ensures that all new entrants attend a two day operational induction which ensures they have the necessary skills to be effective in their role and a one day corporate Induction which ensures they are familiar with SSL services, their term and conditions, SSL benefits, SSL values, and the importance of EDI..
- SSL has also implemented the selling and carry forward of annual leave in February which was paid in March's salary.

SSL Values

- SSL HR and Media and Communication Team with the support of the MD has now completed 27 roadshows to launch their new values, fundamental behaviours, and highlight those issues raised by the workforce which the management team will take forward.
- All SSL Managers have also attended various management workshop to support them to consider how they will live the values and ensure they live by the fundamental behaviours.
- SSL has also launched it's nominate an employee scheme, whereby employees can nominate employees connected with the values and the nominee will receive a personal card to their home address and the opportunity on a quarterly basis to be voted the best nominee per value to receive a love to shop voucher.

Resourcing

- SSL has also reviewed its Trades structure and grading after external benchmarking with other Trusts and private Companies and a paper being approved by the remuneration committee.

- Following the government's change in requiring NHS staff to be compulsory vaccinated. SSL has seen a positive change which has resulted in SSL to recruit new staff more easily into our Domestic/Housekeeping teams.
- SSL has also offered a range of employee's additional hours, as a result of the introduction of the new national cleaning standards which has been well received and new positions have been created and advertised.

Employee Engagement (Communications)

- The new Media and Communications Co-ordinator is currently updated SSL intranet pages on Connect which will be launched in May 2021 along with the first addition of SSL's newsletter.

Equality, Diversity & Inclusion

- SSL have produced an EDI Framework document which has been reviewed by Inclusive Employers and the language simplified to ensure its reading is more accessible to SSL employees. With SSL photo's now being taken of our employees the document will be launched in May 2002 when the EDI Forum is also due to commence.

Union

- Established a regular cadence of meetings with Unison and Unite. The meetings are proving to be of mutual benefit to both the Unions and the organisation and is having a positive impact on the relationship.
- Union recognition letter has gone back out to the unions for comment and feedback

Business Development, Opportunities and Plans for 2022/23

Corporate, Property and Sustainability

- SSL will be developing further the 'Green Plan' for the Trust to include Scope 1,2 and 3 baseline data and targets
- SSL will be introducing both food waste recycling (sites with preparation kitchens) and a 'OPT in' waste recycling option for the Trust
- SSL have been working with National Express regarding the issue of 1 weeks free bus passes for all new SSL and BSMHFT starters – encouraging sustainable travel whilst at the same time giving the new starters the option free travel
- SSL will be developing an EV charging point option for BSMHFT to consider during 2022/23. This will provide BSMHFT with all the information it should need to consider whether or not it intends to implement such charging points for staff / visitors / patients
- SSL are developing its 'fleet' to support BSMHFT Services by adopting Plug in Hybrid / All electric vehicles where it can and where costs and range permit
- SSL has managed energy procurement on behalf of BSMHFT and will be procuring all of its directly procured electricity from Zero Carbon sources for 2022/2023
- SSL will be leading in 2022/2023 a host of communications to staff in a vein to publicise the 'Green' agenda and get wider staff engagement and ownership

Transport and Logistics

- Expansion of our warehouse and distribution facility and services. This will allow SSL the capacity to not only manage its current PPE but to also to allow for additional capacity and

growth. This including but not limited to Laundry, Clinical Uniforms provision and Expanding PPE provision in partnership with neighbouring Community Trust.
- Development of our Green Fleet - SSL are currently reviewing the fleet on behalf of the Trust (including whether Trust or SSL budgets / ownership / signage etc). The plan as per Greener NHS requirements being to move to hybrid / full EV vehicles as suitability / range and financial resources permit. At the current time there are 73 vehicles on the fleet. Over the next 12 months (22/23) at least a third of these should be changed for Hybrid / Full EV with further developments planned for 23/24.
- Possible expansion of our current patient transport service to provide a Secure Patient Transport service to the Trust and possibly other Trusts in the future.

SSL PFI/Contract Management

- The SSL PFI Team have been invited by PFU to act as an exemplar Trust to support and share good practice with other Mental Health NHS Trusts with PFI Projects. SSL will continue to develop of relationships with other trusts to assist them with their PFI needs and requirements.
- PFI Health Check Paper is progressing well, where we are seeking Intellectual Rights governance to protect the document for SSL. Marketing strategies for delivery within the NHS under review.

STP/CCG Primary Care

- SSL is currently reviewing our business structure to enable SSL to be a successful ICS partner in the future ICS structure.
- Expansion of our facilities managements and estates services and support to Primary Care.
- SSL is currently developing a project which may help to provide an initiative solution for future Clinical Dialogistic Centres

Governance and Assurance

- SSL and Trust hold regular shareholders meetings to discuss strategy and business development. The last meeting was held in December which included the introduction to the new Trust Chair.
- SSL presented the external opportunities which are in development
- Both parties explored and discussed other opportunities where it was felt SSL could deliver additional value or improved performance.
- In addition, a quarterly Service Review Forum with the Trust operational team reviews current performance against agreed KPI's and discusses future operational developments.

Material Issues: There are no material issues for the Trust Board to consider.

Recommendation The Board is asked to receive and note the report.

Appendix A – Financial Statement April 21 to Dec 21

SSL Financial Position	Annual budget	M12 Budget 1	M12 Actuals	M12 Variance
	£'000s	£'000s	£'000s	£'000s
Sale & Leaseback	12,134	12,134	12,832	698
Lease & Long License	2,128	2,128	2,232	103
Contract Management	1,906	1,906	1,932	26
Facilities Services	2,567	2,567	2,958	391
Grounds and Garden	285	285	242	(43)
PPE & Warehouse	118	118	159	40
Pharmacy	2,864	2,864	3,212	348
External Services - Head of Assets	180	180	35	(145)
External Services - STP	236	236	15	(220)
External Services - CCG Vaccine Pro	2,425	2,425	2,994	569
Total income	24,844	24,844	26,610	1,766
Pay costs	(8,691)	(8,691)	(9,269)	(577)
Drug costs	(2,534)	(2,534)	(2,820)	(286)
Non pay costs	(7,540)	(7,540)	(8,312)	(772)
Clinical supplies costs		0	0	0
Total Expenditure	(18,765)	(18,765)	(20,400)	(1,635)
EBITDA	**6,079**	**6,079**	**6,210**	**131**
Depreciation	(3,982)	(3,982)	(3,984)	(2)
Interest Payable	(2,168)	(2,168)	(2,132)	36
Interest Receivable	0	0	0	0
Finance Lease	(390)	(390)	(389)	0
Profit / (Loss) before tax	**(460)**	**(460)**	**(296)**	**165**
Taxation	(384)	(384)	(294)	90
Profit / (Loss) after tax	**(844)**	**(844)**	**(589)**	**255**

Appendix B – 5 year Forecast 2021 to 2027

SSL I&E 5 Year Forecast	21/22 Forecast £000's	22/23 Forecast £000's	23/24 Forecast £000's	24/25 Forecast £000's	25/26 Forecast £000's	26/27 Forecast £000's
*Total Trading Income	26,610	24,447	24,776	25,111	25,452	25,800
Pay Costs	(9,269)	(9,144)	(9,327)	(9,514)	(9,704)	(9,898)
Drug Costs	(2,739)	(2,755)	(2,772)	(2,788)	(2,805)	(2,822)
Non Pay Costs	(8,395)	(6,330)	(6,444)	(6,560)	(6,678)	(6,799)
Total Trading Expenditure	(20,403)	(18,230)	(18,544)	(18,863)	(19,188)	(19,519)
EBITDA	6,207	6,216	6,232	6,248	6,264	6,281
Depreciation	(3,985)	(3,037)	(2,124)	(1,944)	(1,943)	(1,940)
Interest Payable	(2,129)	(2,077)	(1,983)	(1,886)	(1,787)	(1,685)
Finance Lease	(390)	(390)	(390)	(390)	(390)	(390)
Total Capital Financing	(6,503)	(5,503)	(4,497)	(4,220)	(4,119)	(4,014)
Profit / (Loss) before Tax	(296)	713	1,735	2,028	2,145	2,267
Corporation Tax	(294)	(482)	(511)	(536)	(558)	(577)
Profit / (Loss) after Tax	(590)	231	1,224	1,492	1,587	1,690
Total Benefit to the Trust (Not in P&L)	2,898	2,446	2,196	2,000	2,026	2,053
Total Benefit after Tax	2,308	2,677	3,420	3,493	3,613	3,743

Notes:

- Forecast **does not** include any revenue from new business development opportunities.
- Forecast **does not** include any financial benefits or savings which are delivered by our PFI contracts management team.
- Capital expenditure reduced to normal levels after 2024, following the major door replacement programme.
- **No** major capital spend on New Reaside or Highcroft is included.

Birmingham and Solihull Mental Health NHS Foundation Trust

Appendix C: Dispensing Performance Community Teams

A RAG traffic light system to identify service performance against benchmarking:

As part of joint service development, Summerhill produces a monthly prescription report for all outpatient prescriptions to benchmark performance and improve service delivery. Below are the parameters set by the Superintendent at Summerhill Services ltd, the gold standard is 95% of prescriptions should be achieved to the required by date/time set by the team.

- **≥95% : Green Result**
  - Both the community team and pharmacy are performing to ensure all prescriptions are achieved to time
- **≥85% - <95%: Amber Result**
  - There are elements in either pharmacy or the community team which are preventing prescriptions achieving to time
  - If consecutive amber for 3 months completed an investigation of prescriptions for the current month within 10 days
  - Results shared with the community team manager by day 14
  - Agreed action plans to be generated thereafter
- **<85%: Red Result**
  - Investigation into failed prescriptions must be completed within 10 days
  - Results shared with the community team manager by day 14
  - Agreed action plans to be generated thereafter

Benchmarking Report for Outpatient Prescriptions

Team	Feb-22	Jan-22	De-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
Aston and Nechells CMHT	98%	98%	99%	99%	98%	97%	98%	99%	100%	100%	100%
Central Assertive Outreach	98%	96%	98%	100%	97%	98%	97%	98%	100%	100%	100%
East hub Older Adults	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
East Assertive Outreach	95%	100%	98%	98%	95%	98%	95%	98%	100%	100%	100%
Handsworth AOT	97%	96%	98%	100%	100%	97%	96%	98%	100%	92%	100%
Kingstanding & Erdington CMHT	95%	96%	95%	97%	97%	97%	96%	95%	100%	100%	100%
Ladywood & Handsworth CMHT	97%	98%	100%	98%	94%	100%	99%	100%	99%	98%	97%
Longbridge CMHT	98%	99%	100%	95%	97%	99%	96%	100%	99%	99%	99%
Lyndon CMHT	98%	97%	99%	97%	98%	100%	99%	99%	98%	94%	92%
Newbridge Clinic	99%	99%	97%	97%	99%	99%	100%	97%	100%	99%	100%
Newington CMHT	98%	98%	100%	98%	100%	94%	93%	100%	98%	90%	96%
North Assertive Outreach	95%	94%	98%	90%	96%	93%	98%	98%	98%	92%	90%
North Hub Older Adults	100%	100%	100%	100%	100%	100%	100%	100%	90%	93%	100%
Reaside Community	95%	99%	97%	98%	99%	98%	98%	97%	93%	97%	94%
Riverside CMHT	100%	100%	100%	100%	100%	90%	86%	100%	99%	99%	98%
Small Heath CMHT	100%	100%	97%	100%	100%	100%	90%	97%	95%	93%	92%
Solihull AOT	94%	97%	96%	95%	97%	97%	93%	96%	99%	98%	97%
Solihull EIS	92%	94%	90%	97%	97%	96%	97%	90%	96%	98%	94%
South AOT	97%	100%	100%	95%	95%	97%	100%	100%	95%	96%	94%
Sutton Coldfield CMHT	96%	93%	92%	96%	94%	98%	98%	92%	98%	92%	96%
The Homeless Team	100%	100%	100%	100%	100%	100%	100%	100%	99%	97%	99%
Warstock Lane CMHT	94%	97%	96%	98%	97%	95%	94%	96%	93%	96%	94%
West Hub Older Adults	100%	100%	100%	100%	100%	100%	100%	100%	95%	96%	95%
Yewcroft CMHT's	97%	100%	96%	100%	98%	99%	96%	96%	97%	95%	93%
Zinnia CMHT'S	94%	98%	98%	95%	96%	92%	99%	98%	98%	95%	96%
South Hub Older adults	100%	100%	100%	100%	100%	100%	100%	100%	94%	95%	94%
Wilson Lodge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MHSOP Solihull Hub	100%	100%	100%	100%		100%		100%	100%	100%	100%
Perinatal Community	100%									100%	
Barberry Neuro EEG							100%			100%	
Grand Total	**96%**	**97%**	**97%**	**97%**	**97%**	**97%**	**97%**	**97%**	**97%**	**96%**	**96%**

SSL

Birmingham and Solihull Mental Health NHS Foundation Trust

Benchmarking Report for Compliance aids

Compliance Aids	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
Aston and Nechells CMT	94%	100%	100%	96%	91%	94%	100%	100%	100%	94%	100%
Central Assertive Outreach	93%	94%	95%	96%	94%	95%	100%	93%	88%	100%	93%
East Assertive Outreach	92%	96%	100%	91%	94%	96%	100%	100%	96%	92%	97%
Handsworth AOT	92%	92%	95%	95%	92%	100%	100%	95%	100%	100%	100%
Kingstanding & Erdington CMHT	88%	96%	95%	100%	95%	100%	95%	95%	100%	100%	100%
Ladywood & Handsworth CMHT	100%	95%	100%	95%	94%	100%	89%	100%	97%	100%	100%
Longbridge CMHT	92%	91%	100%	92%	96%	93%	97%	100%	100%	97%	100%
Lyndon CMHT	95%	95%	100%	96%	100%	100%	100%	100%	100%	100%	100%
Newington CMHT	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%
Newbridge Clinic	95%	100%	94%	100%	100%	100%	100%	94%	100%	95%	100%
North Assertive Outreach	96%	100%	100%	97%	100%	100%	100%	100%	89%	100%	94%
Reaside Community	91%	97%	100%	95%	86%	94%	100%	100%	97%	93%	96%
Riverside CMHT							100%			100%	100%
Small Heath CMHT	100%						100%	100%			100%
Solihull AOT	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%
Solihull EIS	100%	100%	100%	100%	100%	100%	100%	96%	95%	100%	100%
South AOT	100%	92%	95%	92%	100%	96%	100%	100%	100%	100%	100%
Sutton Coldfield CMHT	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Warstock Lane CMHT	87%	100%	94%	100%	90%	100%	96%	94%	91%	100%	100%
Yewcroft CMHT's	87%	100%	100%	100%	93%	100%	86%	100%	100%	91%	100%
Zinnia CMHT'S	94%	100%	98%	98%	97%	100%	100%	98%	98%	90%	98%
Grand Total	**93%**	**97%**	**97%**	**96%**	**95%**	**98%**	**98%**	**98%**	**97%**	**97%**	**99%**

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**11**
Paper title	**CHAIR'S ASSURANCE REPORT FROM AUDIT COMMITTEE**
Date	27th April 2022
Author	G. Hunjan, Non Executive Director (Chair of Committee)
Executive sponsor	D. Tomlinson, Executive Director of Finance

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

Executive summary
The Audit Committee met on the 21st April 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Audit Committee and to escalate any key issues to the Board of Directors
Strategic objectives/ priorities
Sustainability
Financial implications
The Committee received assurance regarding the preparation of the draft Annual Accounts
Risks
Non specific
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

CHAIR'S ASSURANCE REPORT FROM AUDIT COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Summary Internal Controls Assurance Report

The Summary Internal Controls Assurance Report detailed improvements made on addressing the outstanding audit report recommendations. The Committee thanked Jasmine Martin, Head of Financial Services for the hard work undertaken on addressing outstanding internal audit recommendations.

The Committee was presented with two internal audit reports which included Planned Property Maintenance and Effectiveness of E-Rostering. The Planned Property maintenance review was assessed as providing significant assurance and the Effectiveness of E-Rostering provided limited assurance.

The progress against the annual plan was reported and it was noted 4 draft reports had been issued during April and the DSP toolkit audit would take place in May 2022.

Chair's Assurance Comments:
The Committee was assured of the progress made with the implementation of the outstanding recommendations. There were several recommendations which had been signed off as completed but for which evidence had not been provided to the auditors; these will be reviewed by the incoming Internal Audit team and an update will be provided to the Committee.

The Committee was assured that the draft reviews would be concluded and will not impact the issuing of the Head of Internal Audit Opinion. The Committee thanked the TIAA team for their work and support over the last 5 years. The Committee was assured there would be a smooth hand-over with the incoming Internal Audit team.

1.2 Annual Anti-Crime Services Annual Report 2021/22

The annual report in relation to the work of Counter Fraud was presented. In line with NHSCFA requirements the Anti-Crime Specialist undertook a fraud risk assessment and developed a risk-based counter fraud work plan that was previously discussed with the Trust and approved by the Audit Committee.

It was reported that the Counter Fraud function was embedded well within the Trust, and the work undertaken successfully addresses the generic areas of the Trust's Counter Fraud strategy.

In accordance with the Government Functional Standard 013 Counter Fraud, the Trust is required to complete a Counter Fraud Functional Standard Return (CFFSR) and has been assessed with a proposed overall rating of **GREEN** for 2021/22.

M. Alflatt was thanked for all the work undertaken within the Trust in relation to Counter Fraud.

Chair's Assurance Comments:
The Committee was assured the work in relation to Anti-Crime / Counter Fraud had continued and this had resulted in a strong overall rating of Green with only 1 element being rated as amber. The Committee was assured the work-plan for 2022/23 will cover this and this will be transferred to the incoming Anti-Crime / Counter Fraud Team.
The Committee thanked the TIAA Anti-Crime Team for their work and support over the last 5 years.

1.3 Internal Audit (RMS) Strategy 2022 – 2025 (including 2022/23 Internal Audit Plan

RMS, the incoming internal auditors presented their Internal Audit Strategy for 2022 – 2025 detailing the process followed to draft the plan. The plan had been drafted in line with discussions held with the leadership team within the Trust. There was a balance of finance, people and culture related audits reflected within the plan. The plan included audits on operational objectives which included a focus on provider collaboratives including Reach Out. In terms of regulatory requirements, there would be a review on the CQC inspection recommendations and the monitoring of actions along with an audit on the DSP Toolkit. In the first year of the plan there would be a diagnostic review of the digital environment to focus on any vulnerabilities in the coming years.

Chair's Assurance Comments:
The Committee welcomed the incoming Internal Audit team and heard about the engagement with leaders in developing the Interanl Audit Strategy 2022-2025 as well as the yearly audit plan.
The Committee was assured about the smooth hand-over from TIAA.

1.4 Counter Fraud Work Programme 2022/23

The Committee was informed that a handover had taken place with TIAA. In terms of the Counter Fraud Work Programme there were 50 days allocated to the work of counter fraud. The first priority would be a full risk assessment of fraud to be undertaken with meetings being held with staff to gauge an overview of the awareness of fraud within the Trust.

Chair's Assurance Comments:
The Committee welcomed the incoming Team.

1.5 Draft Counter fraud and Anti-Bribery Policy

The Committee received the draft Counter Fraud and Anti-Bribery Policy for the Trust which had been updated with the current Counter Fraud contact arrangements and it was reported that changes included the wording in relation to the Bribery Act and individuals responsibilities and the policy was currently out for consultation until the 30th April 2022.

Chair's Assurance Comments:
The Committee will receive an update at the next meeting.

1.6 External Audit

The Committee received an update on the programme for auditing the Annual accounts for 2021/22.

Chair's Assurance Comments:
The Committee was assured of the plans for auditing this year's accounts.

1.6 Draft Annual Accounts 2021/22

The Committee received the draft annual accounts for 2021/22 and was informed that NHS Improvement requires the unaudited annual accounts to be submitted electronically by the 26th April 2022 (noon). Before this deadline there was a requirement to submit a month 12 'key data' return on the 19th April 2022. 'Key Data' submissions are to allow early view of high-level figures.

The Board of Directors is required to approve the annual accounts once audited and this will take place at an extra-ordinary Board of Directors meeting which has been scheduled for the 20th June 2022.

The draft Annual Accounts will be subject to review and testing by External Audit in order for them to issue their opinion and are due to be approved by the Audit Committee on the 16th June 2022. The submission deadline to NHS Improvement is 22nd June 2022 (noon).

The main headlines included that the year-end financial position showed a surplus on a consolidated basis of £1.3m which was a deteriorated position of £700k. The finance team was thanked for producing the draft annual accounts within the required deadline.

Chair's Assurance Comments:
The Committee was assured of the work undertaken to date in preparation of the year end and the plans for the timely submission of all relevant returns. Committee members will be provided with a time-plan for reviewing each of the relevant documents.

GIANJEET HUNJAN
NON-EXECUTIVE DIRECTOR
21st April 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**12**
Paper title	**CHAIR'S ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	20th April 2022
Author	R. Beale Non Executive Director (Chair of Committee)
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 20th April 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's sustainability agenda and to escalate any key issues to the Board of Directors
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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Finance Performance

The Committee had a detailed discussion on the financial performance and the challenges. The Committee was informed of the work underway in relation to recruitment with the challenge of ensuring the workforce was viable with a review of the workforce underway to ensure a workforce fit for the future.

The Committee discussed the challenges of cost savings and transformation and the need to review cost savings and to develop a pipeline for plans.

Chair's Assurance Comments: We remain cautious as to the sustainability of the workforce issues, and remain in need of further assurance that we are being as creative, flexible, and innovative as we need to be in order to meet recruitment needs. In particular, we need to recognize that we may have to adjust our requirements to the availability of potential staff, and not assume that recruitment can happen as it previously has done.

We are assured that the financial envelope for next year is probably deliverable, but that the following one will be much more challenging, and that we need to see some substantial changes to practice to enable us to make significant savings, though we note that the ICS and larger envelope of funding may make things simpler. We are not fully assured that the approaches to savings are as effective as they could be and need to understand this a little more. We are not assured that we have a pipeline of potential savings approaches that we can turn to, and this needs to be addressed.

1.2 Capital Position 2022 - 2023

The Committee received an update on the capital position for 2022 – 2023. The capital allocation was £5.7m and a notional £500,000 which was £200k less than in 2021/2022 which was a significant risk in relation to the requests from operational colleagues.

The Capital Review Group escalated that there was still a lack of clarity from operational colleagues which was presenting difficulties for SSL who deliver the majority of the capital plan. It was reported that £4m of capital bids had been confirmed.

The Committee was informed of the challenges with accountability and divisions working at pace to risk assess and identify their priorities. The Committee expressed a view that the capital identification process needed to start earlier for the next financial year and asked the Executive Team to reflect the Committee's frustration and encourage teams to work at a quicker pace to identify their priorities. It was noted that the current process did commence in October 2021 and it was acknowledged that there were challenges due to the unknown allocation and originally the capital bids were at a value of £30m.

The Committee stressed that the capital programme should be a continuous review process and divisions should have a list of capital plans which were continually being assessed and priorisited. The Director of Operations took an action to cascade to Divisions that this needed to be a priority with ownership and accountability.

The prioritisation of capital schemes relating to environmental risk assessments has not yet been completed and therefore it is not possible to finalise recommendations for the capital programme for 2022/23.
This delay creates time pressures for delivery, which creates a risk that all the schemes will not be fully delivered. This same risk crystallised in 2021/22.
FPP asks QPES to consider how to expedite this prioritisation.

The Committee discussed Trust working hard to support an appropriate balance between the needs of the system and the needs of mental health services. At times this creates tensions, and this was discussed at length at FPP which agreed that this matter should be drawn to the attention of the Board.

Chair's Assurance Comments: Our comments are captured above. We are frustrated by the lack of urgency given to the capital allocation based on risk assessment and feel that we need to do more to be able to decide on the priorities more efficiently.

We note that the mental health trust is taking its fair share of the deficit for the region, and debated whether that was in fact a sensible position given the historical underfunding of mental health, and were reassured that it was appropriate.

1.3 Integrated Performance Report

The Committee received the integrated performance report and discussions were held regarding the areas drifting off target and not improving. It was reported that the Performance Delivery Group had reviewed the constitutional performance standards and would be reviewing recovery plans to ensure the targets were improved. The Committee would review the performance standards in more detail at the next meeting following assurance received from the Performance Delivery Group

Chair's Assurance Comments: We had insufficient time to review this in great detail and deferred a discussion until next month, when time has been explicitly requested for it.

1.4 Sustainability Strategic Priority 2021/2022 Achievement and 2022-2023 Priorities

The Committee received a detailed report regarding progress against the achievement of the sustainability priorities within the Trust Five Year Strategy. There were 19 goals across sustainability and 6 which assessed as "green" which were fully on track with no risk to delivery. There were 8 "amber" objectives which were progressing with 5 rated as "red" which had a risk to delivery. The Committee was pleased to note the progress with 75% of the objectives being rated as green/amber and were achieved against the challenges of COVID-19 and a very challenging year.

In relation to red rated objectives, the digital road map had not progressed and the next steps included ensuring clinical and IT staff worked together to agree the priorities to be identified.

The report detailed the goals for the forthcoming year and work would be undertaken to refine the areas to be presented for approval to the Board of Directors in May.

Chair's Assurance Comments: There is much to be pleased about in making progress during such a challenging year, and many tasks are on track. However, we are not assured that the digital aspects of the strategy are being progressed at sufficient pace, nor that the Trust has a clear plan for doing so as it requires time, headspace and effort in order to achieve buy-in and progress. This is a considerable challenge to enable, but also a considerable risk to not delivering the objectives and the transformations needed.

1.5 Clinical Strategic Priority 2021-2022 Achievement and 2022/2023 Priorities

It was reported that the Quality, Patient Experience and Safety Committee had received the paper in relation to the clinical strategic priorities. It was reported that the goals had been discussed and agreed with all operational teams. There had been significant progress in achieving the 42 goals from 21/22, during the middle of a pandemic. The points to note were that 81% of goals were amber or green and 19% of the goals were highlighted as red. Discussions were held on the development of the Community Transformation Programme during the first year, the development of the Urgent Care Centre and the implementation of a Service User map detailing the different services on offer and the submission of the tender for HMP Birmingham.

The Committee discussed the one of the benefits from the ICS was the ability to pool health inequalities data.

Chair's Assurance Comments: Overall, good progress. We noted we could do more to gain additional data on health inequalities and other metrics by pooling a wider variety of sources, and this was to be investigated further by the exec.

1.6 Business Development and Partnerships Update

It was reported that the Committee would be presented with a quarterly update on business development priorities and partnerships. The Committee was informed that a decision on the prison tender was due on the 3rd May 2022.. The next priority was the Liaison and Diversion Tender which was currently provided by the Trust and the picture across the Country was that local Trusts were delivering the service for their local areas.

It was reported that there was a national review of Veteran Services across the Country with East and West Midlands continuing to work in partnership.

In relation to partnerships, there was another further collaborative, which was the Peri-Natal Provider Collaborative which would go live between January and April next year and conversations were taking place regarding Lead Provider Status for the Trust.

It was reported that there would be a review of the Business Development Strategy for the Trust in the next few months to review the position and opportunities available with the team being encouraged to be as ambitious as possible.

Chair's Assurance Comments: Good to see the review, and we discussed seeing it more regularly. A greater emphasis on income generation for profitable activities will do a lot to alleviate some of the financial pressures, and we discussed reviewing the R&D activities in a similar vein.

1.7 Reach Out Commissioning Sub Committee

The Committee received a report from the Reach Out Commissioning Sub Committee and it was reported that there were significant challenges across the partnership in relation to staff shortages and acute pressures.

Chair's Assurance Comments: Noted. See above for staffing comments. Business as usual is not really an option for us.

RUSSELL BEALE
NON EXECUTIVE DIRECTOR
20th April 2022

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**13**
Paper title	**INTEGRATED PERFORMANCE REPORT**
Date	20/4/2022
Author	Richard Sollars, Deputy Director of Finance Rob Grant, Interim Associate Director of 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:

New sets of metrics are being finalised for all domains following approval of the Trust Strategy.

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

- FPP – Out of area bed use, IAPT, CPA 12-month reviews, CPA 7-day follow up, new referrals not seen, financial position and CIP
- People – Vacancies, fundamental training, bank and agency fill rate, appraisal rates, sickness. Also the divergence in performance between different teams
- QPES – Suspected community suicides

Reason for consideration:

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

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

New sets of metrics are being finalised for all four domains following approval of the Trust Strategy and will involve some transition.

We will move to new reporting cycles as previously agreed by the Board in the near future, though the exact date is unclear. We will continue to report the overall Trust position and overall performance to the first meeting following the month in question but supplement this with a triangulated, more detailed thematic review to provide more insights and intelligence into what's happened, the consequences and planned improvements. As an example, in September the Board would receive aggregate performance information regarding August supplemented by a more detailed analysis of July's performance.

The SPC-related charts are being updated in the days before the Committee meetings and 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

Performance in March 2022

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. March's figure is 9 patients
- **IAPT** – As discussed at FPP, there is a range of issues which require a system approach to resolve and additional investment
- **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:
- **Financial position and CIP** – Financial position for 2021/22 is positive but outlook for 2022/23 is problematic

Quality

- A new set of Quality goals have been approved by QPES and have been implemented within the dashboard
- Community suspected suicides – 2 in Acute and Urgent Care. Last confirmed suicide occurred in Sep-21
- **Key concerns: Community suspected suicides**

Performance

- The level of Out of Area Patients remains a concern. The national requirement was for this to be eliminated by April, but this was renegotiated to September. The figure for March is 270 occupied bed days (8.7 patients), down from February 553 OBD (17.8). March's figure was

the lowest sinceJun-18. The elimination of acute bed days is anticipated in the next month or so, though PICU Out of Area stays will remain problematic

- IAPT patients seen within 6 weeks of referral has deteriorated to 23.7% and remains a real concern. It reflects large number of staff vacancies (16.5% - 24.2 WTE). This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks is also problematic at 64.9%
- The % of service users on CPA having a formal review in the last 12 months remains a worry at 86.5%
- CPA 7-day follow up has improved to 93.5%
- New referrals not seen within 3 months are of concern and are little changed at 2,538
- **Key concerns: Out of Area, IAPT waiting times, CPA 12-month review, CPA 7-day follow up 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
- Vacancies are down from 9.5% to 8.0% (343.9 WTE). Actual WTE in post at 3,916.8 WTE is lower than February and % improvement relates to reduced establishment
- Sickness levels have fallen in two months from 7.8% to 6.1%, the lowest figure since Jun-21. Variation: Resources 1.7% v Liaison & Diversion 13.9%
- Appraisals up to 84.7% but still significantly below pre-COVID levels and target. Variation: Strategy, People & Partnerships 48% on 104 people v Liaison & Diversion 100% on 21
- Fundamental training is down to 91.6% and temporary staffing is a particular issue (49% for IG training, second lowest level since this has been separately analysed). Variation: Medical directorate 75% on 174 people v NAIPS 96% on 169
- Bank and Agency fill down to 83.0%
- **Key concerns: Vacancies, fundamental training, bank and agency fill rate, appraisal rates, sickness**

Sustainability

Because of the impact and implications of year end processes, the metrics for march are not yet available.

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

March 2022

Performance

CPA 7 day FU	93.5% ↓
CPA with Formal Review last 12 mths	86.5% ↓
Data Quality Maturity Index (DQMI)	97.1% ↑
Delayed Transfer Bed Days	1001
Delayed Transfer, percent of bed days	6.3%
Eating disorders routine	100.0%
Eating disorders urgent	50.0% ↓
First episode psychosis	100.0% ↑
IAPT into recovery	49.9%
IAPT seen in 18 weeks	64.9% ↓
IAPT seen in 6 weeks	23.7% ↓
Out of Area Bed Days	270 ↑
Referrals over 3 mths with no contact	2538 ↓

People

Bank & Agency Fill Rate	83.0% ↓
Fundamental Training	91.6% ↓
Rolling 12m Turnover	10.2% ↑
Staff Appraisals	84.7%
Staff Sickness	6.1% ↓
Staff Vacancies	8.0%

Quality

Absconsions from inpatient units	5
Commissioner reportable incidents	2
Community confirmed suicides	0
Community suspected suicides	2 ↓
Failure to return	11 ↑
Incidents of self harm	166 ↑
Incidents resulting in harm (other)	16.5% ↑
Incidents resulting in harm (patients)	17.9% ↑
Inpatient confirmed suicides	0
Inpatient suspected suicides	0
Ligature no anchor point	49
Ligature with anchor point	2
Patient assaults	43
Patient assaults / 1000 OBD	2.3

Sustainability

	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

Division

A: All

A: All

Measure	Latest Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
CPA 7 day FU	95.00	87.7%	88.9%	90.7%	94.4%	92.0%	93.5% ↓
CPA with Formal Review last 12 mths	95.00	87.2%	87.1%	87.1%	85.9%	86.3%	86.5% ↓
Data Quality Maturity Index (DQMI)	95.00	98.4%	98.5%	97.8%	97.8%	97.5%	97.1% ↑
Delayed Transfer Bed Days		985	1006	1070	954	751	1001
Delayed Transfer, percent of bed days		6.2%	6.5%	6.9%	6.1%	5.2%	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%	50.0% ↓
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0% ↑
IAPT into recovery	50.00	48.4%	49.2%	54.0%	47.2%	51.2%	49.9%
IAPT seen in 18 weeks	95.00	81.8%	82.3%	76.0%	70.2%	69.6%	64.9% ↓
IAPT seen in 6 weeks	75.00	32.0%	30.5%	29.5%	27.4%	26.8%	23.7% ↓
Out of Area Bed Days		430	591	583	553	332	270 ↑
Referrals over 3 mths with no contact		2578	2523	2611	2627	2641	2538 ↓

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Staff Vacancies	6.00	10.5 %	10.5 %	10.4%	10.2%	9.5%	8.0%	
Staff Sickness	4.28	6.5%	6.6%	6.6%	7.8%	6.3%	6.1%	↓
Staff Appraisals	90.00	80.9 %	81.5 %	81.2%	81.6%	83.4%	84.7%	
Rolling 12m Turnover	11.00	9.8%	9.8%	9.6%	9.7%	9.7%	10.2%	↑
Fundamental Training	95.00	92.3 %	93.4 %	93.3%	92.7%	91.9%	91.6%	↓
Bank & Agency Fill Rate	95.00	84.3 %	82.5 %	81.1%	84.2%	85.1%	83.0%	↓

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Absconsions from inpatient units		10	2	3	2	2	5	
Commissioner reportable incidents		7	7	8	5	7	2	
Community confirmed suicides		0	0	0	0	0	0	
Community suspected suicides		1	1	0	2	3	2	↓
Failure to return		17	11	12	8	6	11	↑
Incidents of self harm		170	163	151	134	137	166	↑
Incidents resulting in harm (other)		14.5 %	15.2%	14.1%	13.1%	14.7%	16.5%	↑
Incidents resulting in harm (patients)		14.6 %	15.0%	16.5%	14.9%	14.9%	17.9%	↑
Inpatient confirmed suicides		0	0	0	0	0	0	
Inpatient suspected suicides		0	0	0	0	0	0	
Ligature no anchor point		57	39	42	30	37	49	
Ligature with anchor point		2	3	3	5	2	2	
Patient assaults		54	47	41	41	38	43	
Patient ssaults / 1000 OBD		2.8	2.5	2.2	2.2	2.2	2.3	

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

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

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

Division

A: All

A: All

Measure	Latest Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
		%						
Incidents resulting in harm (patients)		14.6 %	15.0%	16.5%	14.9%	14.9%	17.9%	↑
Inpatient confirmed suicides		0	0	0	0	0	0	
Inpatient suspected suicides		0	0	0	0	0	0	
Ligature no anchor point		57	39	42	30	37	49	
Ligature with anchor point		2	3	3	5	2	2	
Patient assaults		54	47	41	41	38	43	
Patient ssaults / 1000 OBD		2.8	2.5	2.2	2.2	2.2	2.3	
Physical restraints		265	213	214	193	207	223	↑
Physical restraints/ 1000 OBD		13.8	11.4	11.4	10.2	12.1	11.9	
Prone restraints		54	55	36	29	55	59	↑
Prone restraints/ 1000 OBD		2.8	2.9	1.9	1.5	3.2	3.1	↑
Reported incidents		2124	1983	2147	1964	1950	1892	↑
Staff assaults		85	81	83	92	101	102	
Staff assaults / 1000 OBD		4.4	4.3	4.4	4.9	5.9	5.4	

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
CAP Ex		£420k	£590k	£766k	£220k	£3,614k
Cash		£51,192k	£51,252k	£52,956k	£55,797k	£59,011k
CIP		£0k	£748k	£374k	£374k	£374k
Info Governance	100.00	91.4%	92.1%	84.4%	87.4%	85.4%
Monthly Agency		£603k	£667k	£575k	£507k	£800k
Operating Surplus		-£768k	-£645k	-£463k	-£681k	£456k
Property		98.5%	98.5%	98.5%	98.5%	98.5%
SOF rating		2	2	2	2	2

Top Line Commentary (Trust level)

KEY CONCERNS:

* CIP under achievement
* National financial uncertainty

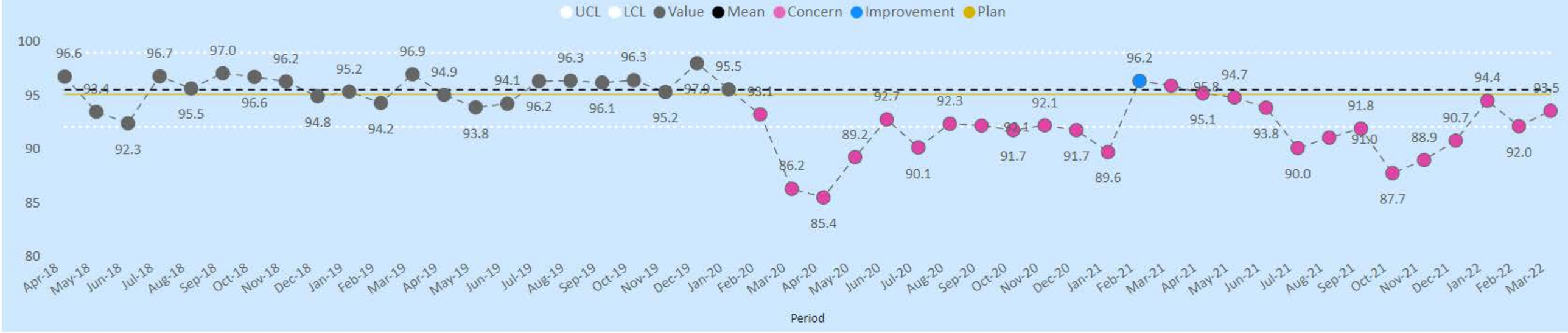
	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	87.7%	88.9%	90.7%	94.4%	92.0%	93.5%
B: Acute and Urgent Care	73.5%	83.6%	75.0%	84.6%	80.8%	51.9%
C: ICCR	75.0%	63.6%	75.0%	60.0%	57.1%	66.7%
D: Secure Serv & Offender Health	0.0%	0.0%	0.0%		100.0%	100.0%
E: Specialties	66.7%	87.5%	50.0%	66.7%	100.0%	50.0%

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 92% for February 2022, and is currently outside control limits.

This relates to 11 outstanding follow ups from 138 discharges in February of which, 1 patient was discharged to the care of FTB, 2 patients were discharged to a care home, attempts were made to see 6 patients but were unsuccessful and 2 will be passes when recording is completed. Of the 11 exceptions 6 were acute adult, 2 were from ICCR and 3 were from secure services.

Detailed Commentary

CPA 7 day FU

Feb - 2022

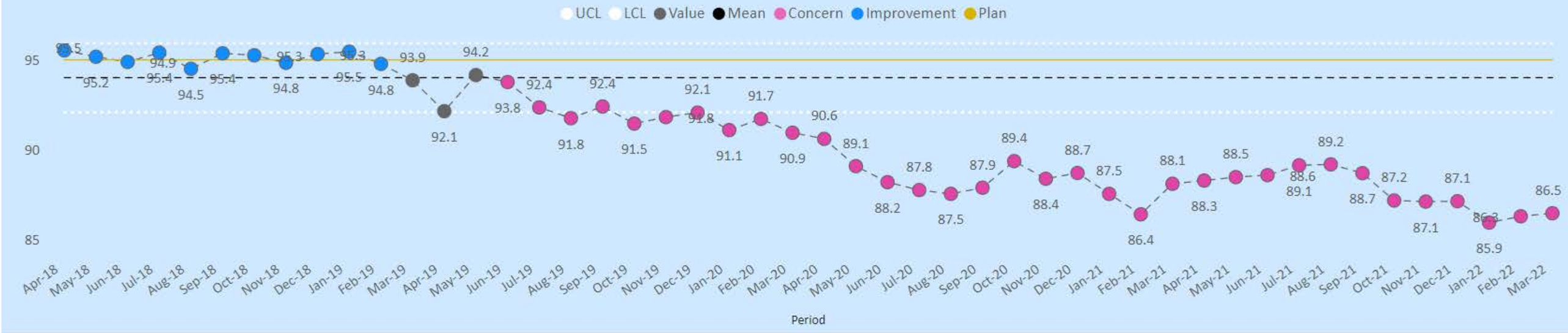
Question	Answers
A: What has happened?	National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 92% for February 2022, and is currently outside control limits. This relates to 11 outstanding follow ups from 138 discharges in February of which, 1 patient was discharged to the care of FTB, 2 patients were discharged to a care home, attempts were made to see 6 patients but were unsuccessful and 2 will be passes when recording is completed. Of the 11 exceptions 6 were acute adult, 2 were from ICCR and 3 were from secure services.
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 undertaking the follow up, this requires BSMHFT to check with them to see if this has taken place. During the last year we have not been asking services to undertake these checks as it is an additional burden on staff.
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.
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 once the COVID restrictions are lifted.
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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	87.2%	87.1%	87.1%	85.9%	86.3%	86.5%
B: Acute and Urgent Care	50.0%	66.7%	66.7%	0.0%	50.0%	0.0%
C: ICCR	84.8%	85.0%	85.4%	84.4%	84.4%	84.9%
D: Secure Serv & Offender Health	98.6%	98.3%	98.1%	97.5%	97.0%	97.1%
E: Specialties	73.0%	73.0%	71.7%	68.5%	70.8%	68.8%

Commentary

Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was sustained at an average of 89% from April 2021 until October when it declined to 87%, this was then sustained until January 2022 when performance further declined to 85.9%. February was maintained at 86% Adult CMHT account for 56%, older adult CMHT for 4%, Secure for 14% and AOT for 21%.

CPA with Formal Review last 12 mths

Feb - 2022

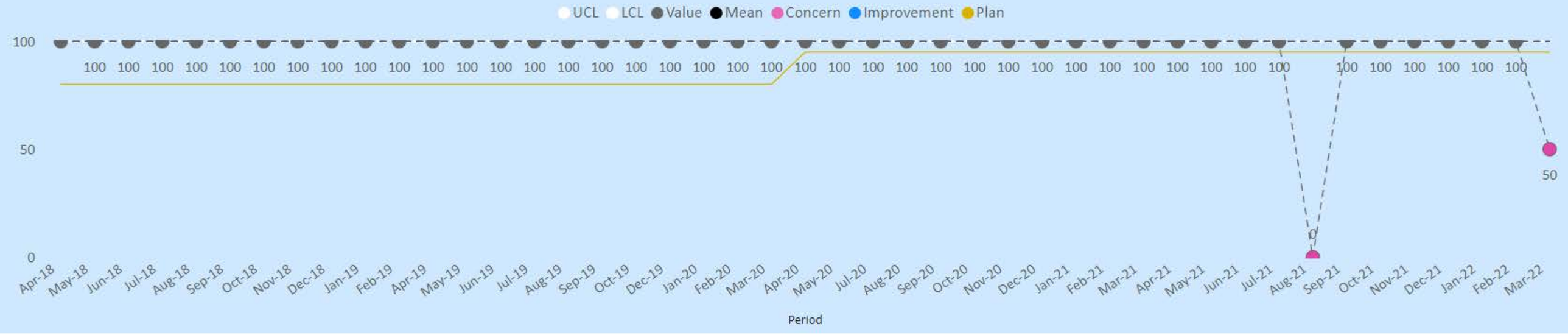
Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was sustained at an average of 89% from April 2021 until October when it declined to 87%, this was then sustained until January 2022 when performance further declined to 85.9%. February was maintained at 86% Adult CMHT account for 56%, older adult CMHT for 4%, Secure for 14% and AOT for 21%.
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 cannot take place unless co-ordinated on teams and remains challenging at the moment. The increase in performance in April to date is due to data quality work within Home treatment, Specialties and Secure care to close down CPA details for patients who have been discharged or updating the care level to care support.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA review 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 in to address data quality issues in HTT, specialties and secure care. A further review of outstanding reviews has taken place in November and identified a number of CPA reviews which have taken place in external settings but not recorded on Rio. 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.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.

Birmingham and Solihull Mental Health NHS Foundation Trust

Eating disorders urgent

Divisions

Statistical Process Control (SPC)



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

Division	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%

Commentary

Consistently meet and exceed the national target of 7 days for urgent referrals (95%). February 2022 performance being at 100%.

Eating disorders urgent

Feb - 2022

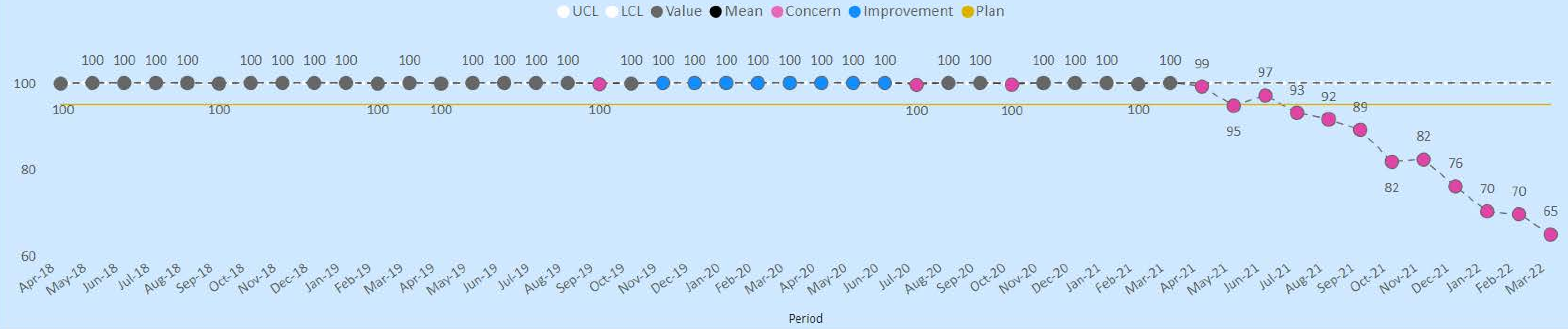
Question	Answers
A: What has happened?	Consistently meet and exceed the national target of 7 days for urgent referrals (95%). February 2022 performance being at 100%.
B: Why has it happened?	Appointment and booking systems in place to manage waiting times in line with national guidance.
C: What are the 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?	Providing evidence based care in line with national guidance. An internal audit on reporting compliance has recently been carried out, with the outcome awaited.
E: What do we expect to happen?	Maintain achievement of the national standards.
F: How will we know when we have addressed issues?	Currently no issues

Birmingham and Solihull Mental Health NHS Foundation Trust

Divisions

IAPT seen in 18 weeks

Statistical Process Control (SPC)



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

Division	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	81.8%	82.3%	76.0%	70.2%	69.6%	64.9%
E: Specialties	81.8%	82.3%	76.0%	70.2%	69.6%	64.9%

Commentary

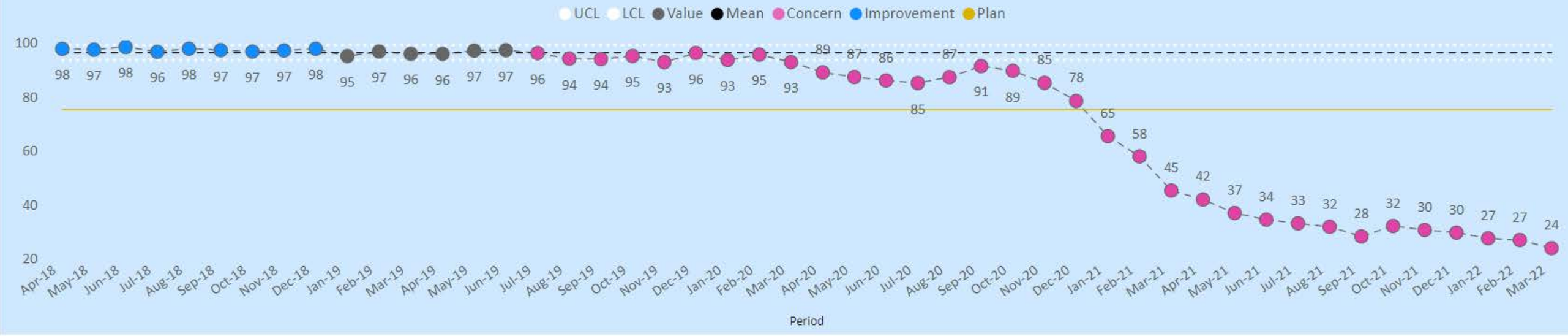
Performance has been on a reducing trend for the last 8 months and has been below the 95% target for the last 7 months. February 2022 has shown a further decrease to 69.58%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	32.0%	30.5%	29.5%	27.4%	26.8%	23.7%
E: Specialties	32.0%	30.5%	29.5%	27.4%	26.8%	23.7%

Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. February 2022 is similar to January at 26.7% and is the lowest percentage to date.
The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.

Detailed Commentary

IAPT seen in 6 weeks

Feb - 2022

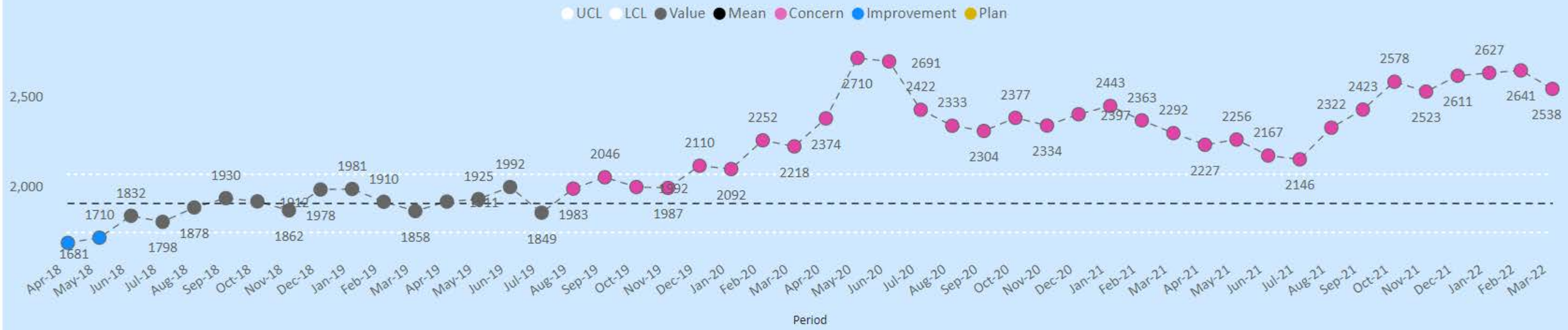
Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. February 2022 is similar to January at 26.7% and is the lowest percentage to date. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.
B: Why has it happened?	Ability to see patients face to face has been impacted by Covid as access to GP surgeries and community facilities were stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is reduced in number. The service has a large number of vacancies with additional challenges around retention, with staff leaving to take further training or moving to posts which attract higher bandings elsewhere.
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. Timely access to IAPT services aims to support service users in managing their anxiety and depression and to enable adoption of recovery/management strategies to improve long-term outcomes including reduced need for mental health services in the future.
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. A number of strands of work have been identified both internal and external. Internally: a communications strategy to support increasing activity, HR support to help address the workforce issues and ongoing review of ability to provide groups and face to face activity is being reviewed. Externally: A review of Long term conditions pathway, prioritising where additional investment can be focused and ongoing review through IAPT forum with regional IAPT team.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity.
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

Referrals over 3 mths with no contact

Divisions

Statistical Process Control (SPC)



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

Division	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	2578	2523	2611	2627	2641	2538
C: ICCR		908	870	910	898	949
D: Secure Serv & Offender Health		56	64	75	88	93
E: Specialties		1608	1571	1676	1643	1581

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 at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2641 in Feburary 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of MAS which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 30% and Adult CMHTs 24% of referrals open for over 3 months without a contact.

Referrals over 3 mths with no contact

Feb - 2022

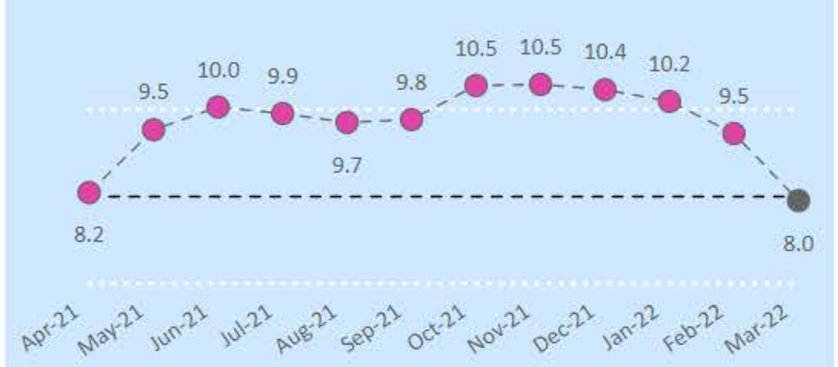
Question	Answers
A: What has happened?	The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular. The number of patients who have not been seen after 3 months of referral at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2641 in Feburary 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of MAS which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 30% and Adult CMHTs 24% 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. 50% of older adult CMHT patients are being treated in care homes and contact with carers BUT not directly with service users due to Covid impact and these remain on the waiting list although care has commenced.
C: What are the implications and consequences?	This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.
D: What are we doing about it?	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 consideration is being given to how the level of face to face work can be increased. Work is being undertaken to review the long waiters within both adult and older adult CMHTs.
E: What do we expect to happen?	This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.

Birmingham and Solihull Mental Health NHS Foundation Trust

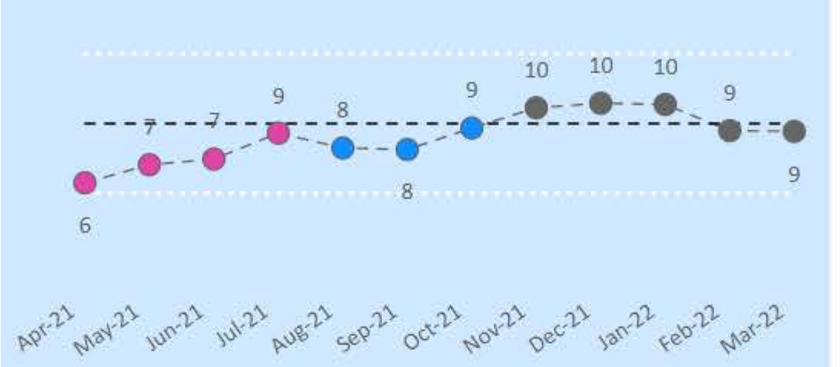
Staff Vacancies

Trust level

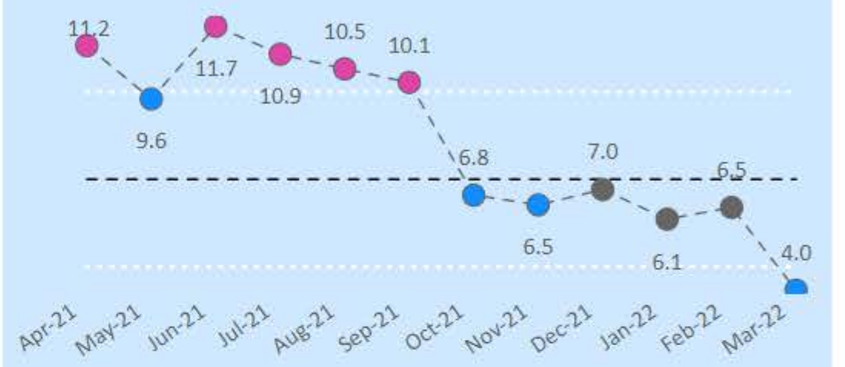
A: All



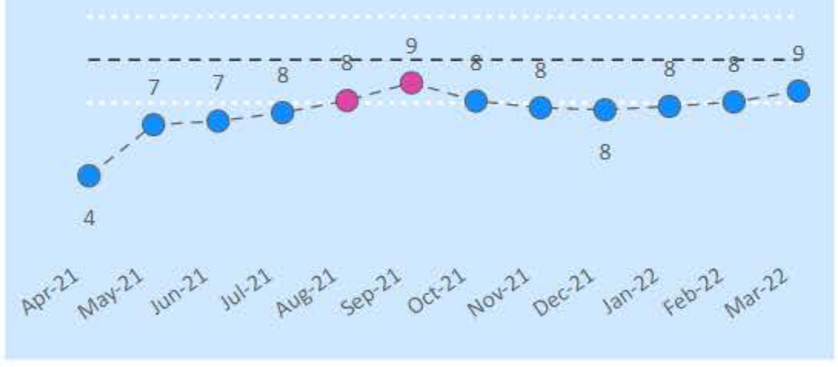
B: Acute and Urgent Care



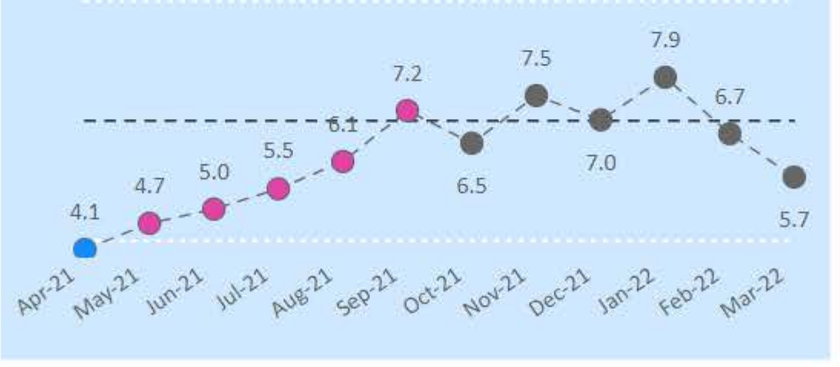
C: ICCR



D: Secure Serv & Offender Health



E: Specialties



F: Corporate

Key

UCL LCL Value Mean Concern Improvement

Staff Vacancies

Feb - 2022

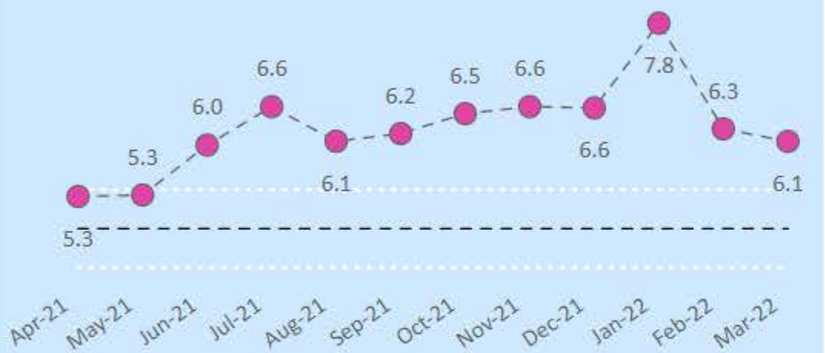
Question	Answers
A: What has happened?	The vacancy rate decreased in February to 9.5% and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 9% Specialties – 8.5%; Acute and Urgent Care – 11.8%; and ICCR – 12.5%.
B: Why has it happened?	The vacancy rate has increased due to an additional 29.85 staff in post between January and February.
C: What are the implications and consequences?	Nationally there is a shortage of registered nurses and this is reflected in our local data; Band 5 nurses particularly are a key concern with a high vacancy rate (35%). Whilst the vacancy rate has improved in some areas, there is a variance in rates across teams and staff groups and it is important to note areas are experiencing severe staffing level challenges - lower staffing levels has an impact on the Trust's ability to provide high quality patient care and increases reliance on bank and agency usage – this in turn impacts continuity of care for patients. 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: - Continue to query and understand our vacancy rate data, so we have accurate vacancy rates. - Work to promote the perception of the Trust by local community and beyond so we can continue to attract applicants. - Respond to staff survey and improve issues that may have an impact on the Trust's ability to recruit to particularly had to fill roles. - Explore how we can improve the benefits we offer as part of our attraction package.
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. 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.

Birmingham and Solihull Mental Health NHS Foundation Trust

Staff Sickness

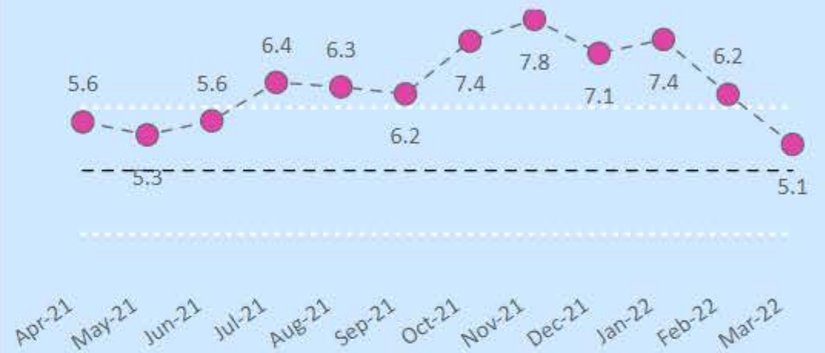
Trust level

A: All



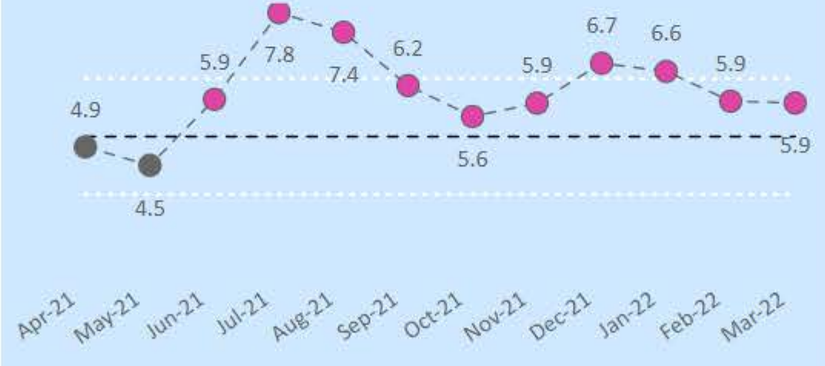
B: Acute and Urgent Care

C: ICCR

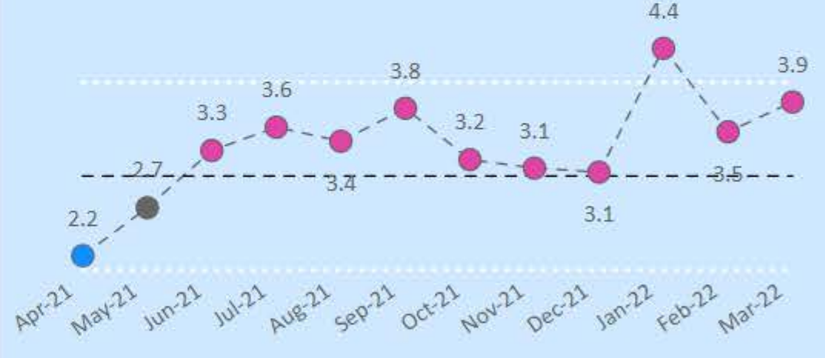


D: Secure Serv & Offender Health

E: Specialties



F: Corporate



Key

UCL LCL Value Mean Concern Improvement

compassionate inclusive committed

Detailed Commentary

Staff Sickness

Feb - 2022

Question	Answers
A: What has happened?	Sickness absence saw a significant decrease in February to 6.28% from 7.82% in January 2022. Non-covid related sickness absence slightly decreased by 0.22% whilst Covid-19 related sickness absence decreased to 1.41% in February from 2.74% in January. There was a decrease in short term sickness absence by 1.39% whilst long term sickness absence decreased by 0.16%. Overall sickness absence rates by division for February are as follows: Specialties – 5.89%; ICCR – 6.14%; Secure Services and Offender Health – 8.01%; and Acute and Urgent Care – 9.93%.
B: Why has it happened?	Covid related sickness decreased significantly in February. Covid-19 related sickness accounted for 22% of all sickness in February compared with 35% in January, 19.8% in December, 13.6% in November, 12% in October, 26% in September, 19% in August,17% in July, 14.3% in June, 16.9% in May, 18.1% in April, 21.3% in March, 35.0% in February and 41.4% in January. This will continue to be monitored in light of the new Omicron strain and the potential impact of this on staffing levels. The top specified reasons for sickness absence in February were cold, cough, flu – influenza (accounting for 27.66% of all sickness absence which includes COVID-19); Anxiety/stress/depression/other psychiatric illness ; other musculoskeletal problem and Gastrointestinal problems;
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 Partners/Senior People Partners have been asked to create a sickness absence action/recovery plan for each of their service areas, working in conjunction with operational leads to reduce the sickness rates. These are yet to be agreed but will take precedence over the next month. The Team have introduced bite size training for managers around sickness absence monitoring whilst the full training has been stood down during the pandemic. 4 sessions held so far, inviting 54 managers, however the uptake is low. 'How to Manage Sickness Absence' has been updated and will be available on Connect as a quick reference guide for managers. Monthly meetings with managers are being held with the People Advisors/People Managers as a support measure in managing sickness absence. As part of the recovery plan there is the intention to arrange confirm and challenge meetings for the managers and People Officer with their CNM and People Consultant. Weekly reports are being produced on the impact of Long Covid on our staff, with cases carefully managed to ensure individuals are receiving the right support. Long Covid cases are being referred for OH advice on whether IHR is a potential option. NHS England issued guidelines on supporting our colleagues affected by long covid which we are following. The Flexible Working policy has been reviewed in line with Agenda for Change to encourage a good work-life balance which is important for health and wellbeing and is currently going through the ratification process.

Detailed Commentary

Staff Sickness

Feb - 2022

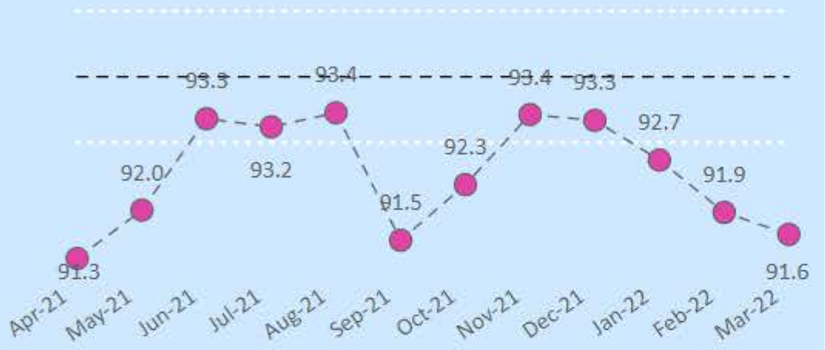
Question	Answers
	Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People Partners/Senior People Partners have been asked to create a sickness absence action/recovery plan for each of their service areas, working in conjunction with operational leads to reduce the sickness rates. These are yet to be agreed but will take precedence over the next month. The Team have introduced bite size training for managers around sickness absence monitoring whilst the full training has been stood down during the pandemic. 4 sessions held so far, inviting 54 managers, however the uptake is low. 'How to Manage Sickness Absence' has been updated and will be available on Connect as a quick reference guide for managers. Monthly meetings with managers are being held with the People Advisors/People Managers as a support measure in managing sickness absence. As part of the recovery plan there is the intention to arrange confirm and challenge meetings for the managers and People Officer with their CNM and People Consultant. Weekly reports are being produced on the impact of Long Covid on our staff, with cases carefully managed to ensure individuals are receiving the right support. Long Covid cases are being referred for OH advice on whether IHR is a potential option. NHS England issued guidelines on supporting our colleagues affected by long covid which we are following. The Flexible Working policy has been reviewed in line with Agenda for Change to encourage a good work-life balance which is important for health and wellbeing and is currently going through the ratification process. The Attendance and Wellbeing Policy (Previously known as Sickness Absence Policy) is currently under review and will be circulated for consultation in February 2022. The title and content has been changed to ensure a focus is more on preventative and wellbeing interventions following a number of engagement workshops with staff networks A Health & Wellbeing Steering group has been established to focus and improve our offer to staff. The First meeting took place on 13th January 2022 and was well attended. Task and Finish Groups have already commenced to streamline some of our existing initiatives and provided additional governance. Work continues with our partnership working through the ICS. The People Team will continue to work with managers, staff and OH to support staff back to work where appropriate and develop wellness plans. Further support for staff in relation to wellbeing will continue to be reviewed with PAM to ensure we are offering innvative and creative services whilst we are all working in a hybrid model
E: What do we expect to happen?	Sickness absence rates will come within the Trust's target percentage although may still be impacted by the trajectory of Covid-19 infections – whilst these are reducing we expect to see sickness absence reduce (although absence related to Covid-19 is already low). A change in trajectory of the virus however would impact figures. We will continue to undertake proactive work to improve health and wellbeing and support managers to actively manage sickness absence to reduce non-Covid absence. With the above measures in place we expect to see an improvement in the next 3-6 months.
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

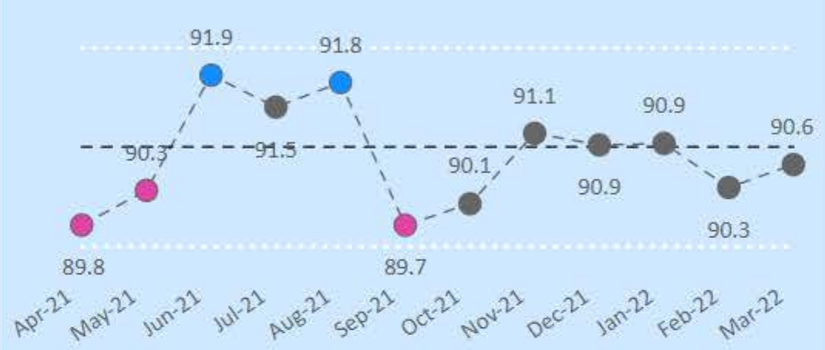
Fundamental Training

Trust level

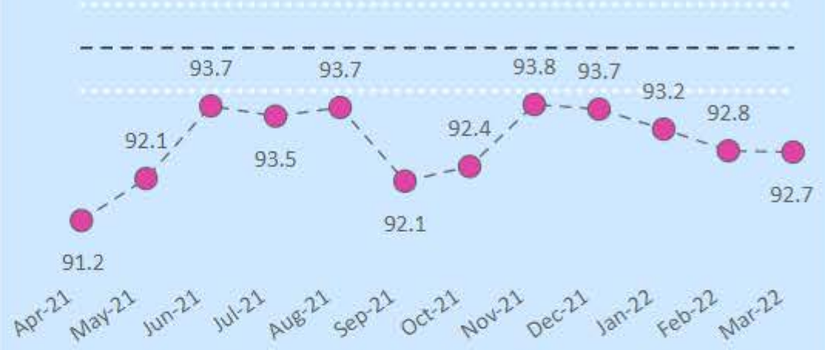
A: All



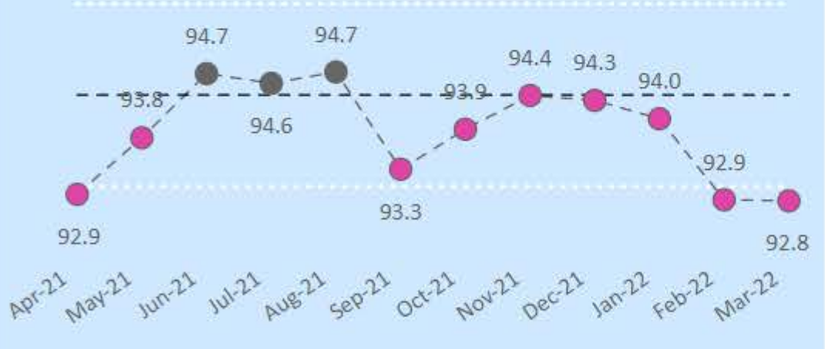
B: Acute and Urgent Care



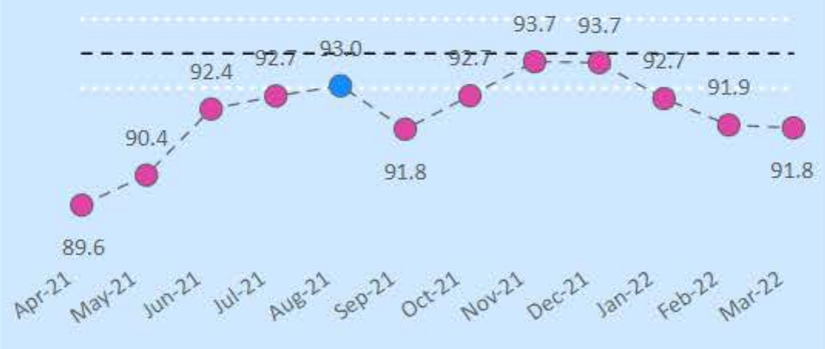
C: ICCR



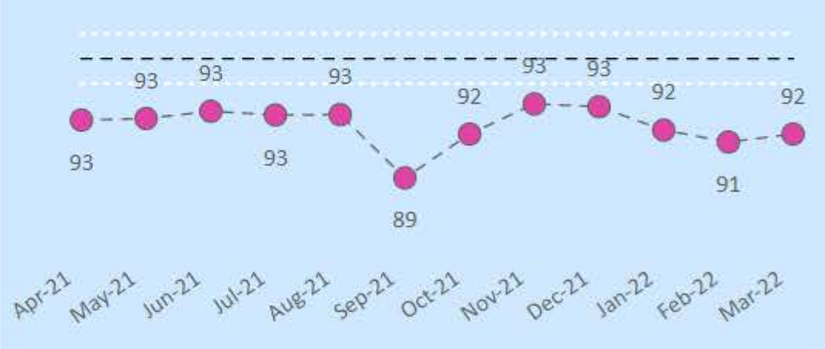
D: Secure Serv & Offender Health



E: Specialties



F: Corporate



Key

UCL LCL Value Mean Concern Improvement

Fundamental Training

Feb - 2022

Question	Answers
A: What has happened?	Trust Target 95% Substantive staff Fundamental Training increased to 91.9% in February from 90.0% in January, an increase of 1.9% FT breakdown by division is as follows: All divisions are reported an increase in February Secure and Offender Health – up 0.9% to 92.8%; ICCR – up 2.1% to 92.9%; Specialties – up 1.2% to 91.8% and Acute and Urgent Care – up 2.6% to 90.4%. TSS Bank Workers Trust Target 75% Bank FT compliance has decreased by 0.3% to 62.7% in February.
B: Why has it happened?	Substantive staff FT compliance: FT compliance across all operational areas have remained consistent over Quarter 4 with all areas reporting an uptick in February. As a result of BAU and Fundamental Training Team processes. However, all areas remain below Trust target 95%. There are resource issues within training teams, due to trainer absenteeism and vacancies, however the FT team have worked within these restrictions to support clinical areas with bookings and availability, so we have now seen an uptick but still not enough to satisfy commissioners 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. Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance. TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS

Fundamental Training

Feb - 2022

Question	Answers
	FT compliance across all operational areas have remained consistent over Quarter 4 with all areas reporting an uptick in February. As a result of BAU and Fundamental Training Team processes. However, all areas remain below Trust target 95%. There are resource issues within training teams, due to trainer absenteeism and vacancies, however the FT team have worked within these restrictions to support clinical areas with bookings and availability, so we have now seen an uptick but still not enough to satisfy commissioners Withdrawals have decreased, however the volume of DNA's remain unsustainable & coupled with the increase in new starters compromises the agreed 12% buffer.
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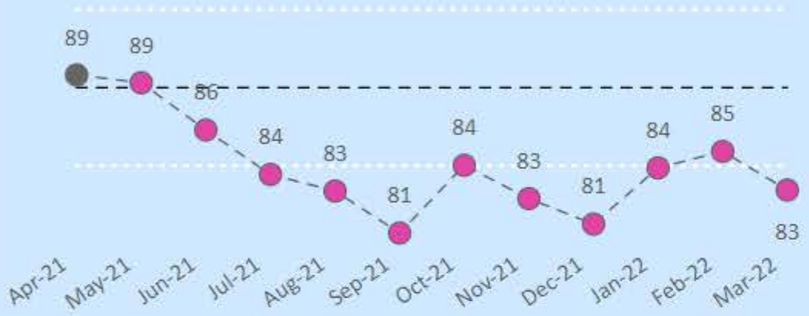
D: What are we doing about it?	FT Team will be reinstating FT compliance chase ups mid Feb FT have requested additional team resources to enable them to manage TSS compliance and alternate streamlined processes for booking and reaching compliance for all colleagues
E: What do we expect to happen?	Post Covid recovery plans and associated trajectories have calculated that FT recovery for substantive staff is being achieved, as long as the DNA rate and staff turnover does not exceed the Trust agreed 12%. Early indications show the comms is having a positive affect – staff are feeding back how useful the email is. The FT team are seeing a 50% increase in email traffic, staff booking training, reporting issues with traffic lights and querying relevant training. TSS Training and compliance is managed by the TSS administration team, with guidance from the Fundamental Training Team when required.
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. With successful recruitment into Resus Training positions Engagement with relevant stakeholders to address issues as the emerge.

Birmingham and Solihull Mental Health NHS Foundation Trust

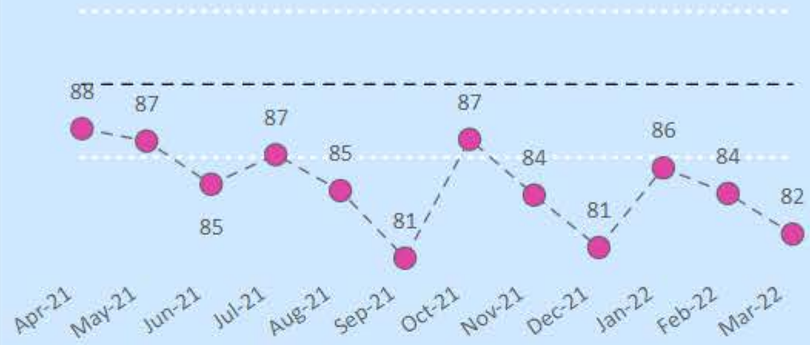
Bank & Agency Fill Rate

Trust level

A: All

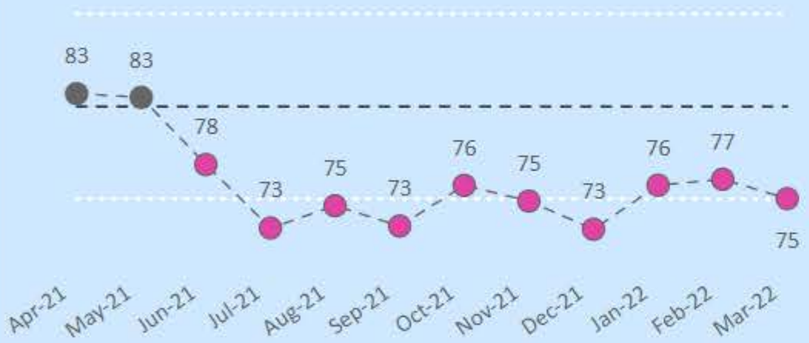


B: Acute and Urgent Care

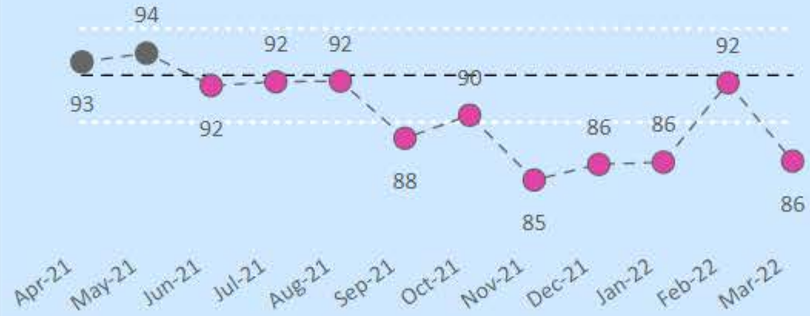


C: ICCR

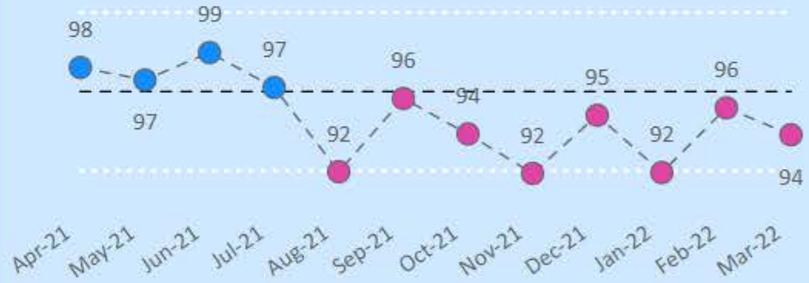
D: Secure Serv & Offender Health



E: Specialties



F: Corporate



Key

UCL LCL Value Mean Concern Improvement

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

Bank & Agency Fill Rate

Feb - 2022

Question	Answers
A: What has happened?	The bank and agency fill rate increased slightly to 85.2% in February from 84.3% in January. The agency fill rate showed an increase by 0.6% whilst the bank fill rate increased by 0.4%, accounting for the overall increase in the combined bank and agency fill rate figure. The fill rate breakdown by division is as follows: ICCR – 93.4%; Specialties – 91.9%; Acute and Urgent Care – 85.4%; and Secure Services and Offender Health – 76.9%. The number of shifts requested in February decreased by 1,400 compared to January. Bank filled 1,043 less shifts in February than January, and agency filled 5 more shifts. The breakdown of shifts requested by division is as follows: ICCR – 1,569; Specialties – 2,344; Secure Services and Offender Health – 5,106; and Acute and Urgent Care – 5,232.
B: Why has it happened?	15,639 temporary staffing shifts were requested in February. This is a significant decrease from January where we saw huge numbers. 13,323 shifts were filled in February (12,305 of these were bank). Despite a huge decrease in shifts requested the fill rate has only slightly increased. The main reasons for requested shifts in June were: Clinical Activity (5,833 shifts requested); Additional Work (2,894 shifts requested); Vacancies (2154 shifts requested); Block booking (1,096 shifts requested) and COVID-19 (913). There has been a reduction in shifts requested for COVID-19.
C: What are the implications and consequences?	Low fill rates resulting in unfilled shifts has an implication on safer staffing levels and the Trust's ability to deliver high quality patient care. Having less staff also has an impact on workload and staff health and wellbeing. BAF Risk: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in inefficiencies
D: What are we doing about it?	From 01.02.2022 the £5 incentive has stopped being offered to HCA's however due to stable fill rates, whilst it continues for nurses until 15.02.2022. Ardenleigh, Lavender and South in-patient wards received enhancements in February. TSS leadership team held an away day to look at longer term strategic projects and improvements for the TSS function in terms of processes, health and wellbeing, training and support for TSS workers In February, 29 additional workers started with TSS
E: What do we expect to happen?	With the work ongoing to reduce agency spend we expect agency fill rates to decrease and bank fill rates to increase. However it should be noted that with the winter season nearly here and a predicted rise in the number of requested shifts may further impact on the Trust's fill rates
F: How will we know when we have addressed issues?	The overall bank and agency fill rate increases.

Birmingham and Solihull Mental Health NHS Foundation Trust

Community suspected suicides

Divisions

Statistical Process Control (SPC)

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

Division	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
A: All	1	1	0	2	3	2
B: Acute and Urgent Care	0	1	0	1	2	2
C: ICCR	0	0	0	0	1	0
D: Secure Serv & Offender Health	0	0	0	1	0	0
E: Specialties	1	0	0	0	0	0

Commentary

(Blank)

Birmingham and Solihull Mental Health NHS Foundation Trust

MEETING	**BOARD OF DIRECTORS MEETING**
AGENDA ITEM	**14**
PAPER TITLE	**MONTH 12 2021/22 FINANCE REPORT**
DATE	27 April 2022
AUTHOR	Emma Ellis, Head of Finance & Contracts and Richard Sollars, Deputy Director of Finance
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?	The overall submission has no impact on inequalities. Individual schemes and plans could have an impact and this will be taken into account in prioritising and implementing those schemes

Executive summary & Recommendations:

Revenue position

The 2021/22 consolidated Group outturn position is £1.3m surplus. This is a deterioration of £0.7m compared to the £2m surplus forecast. This is mainly driven by a prudent approach to year end accruals and £0.3m additional cost for out of area costs from West Birmingham identified in month 12. The position includes a break even position for the Reach Out Provider Collaborative.

2022/23 Planning

2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. The draft financial plan submitted to NHSEI by Birmingham and Solihull ICS on 17/3/22 was a deficit of £48m. This comprised a break even plan for BSMHFT.

Work has continued across the system to try to reduce the total deficit plan, ahead of the final plan submission on 28/4/22. A reduced deficit plan of £41m was agreed by system CFOs on 13/4/22. Following agreement that all organisations should have a fair share of the total deficit, this results in a proposed revised plan of £3.1m deficit for BSMHFT. There is a further 2 weeks until the final plan is to be submitted to NHSEI and so additional adjustments may be required.

Following system capital prioritisation discussions, a draft capital plan of £7.3m is proposed for 2022/23 (£0.2m is subject to final system allocation).

Capital position

Month 12 year to date Group capital expenditure is £11.5m, this is £1.3m more than original plan, mainly due to additional PDC funding for Shared Care Records (not in original plan).

Cash position

The month 12 Group cash position is £55m.

Reason for consideration:

Update on month 12 financial position and proposed 2022/23 financial plan.
The Committee is asked to review and confirm acceptance of the proposed financial plan for 2022/23.

Previous consideration of report by:

Regular briefing on financial position with FPP chair.

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)***

As explained in paper, the plan allows us to live within financial obligations, available resources and BSol ICS strategic intentions.

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

Linked to existing BAF2_0012

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2021 to 31st March 2022

Month 12
Group financial position

Birmingham and Solihull Mental Health NHS Foundation Trust

Group Summary	Total 2021/22 Plan £'000	H1 (month 1-6) Actual £'000	H2 (month 7-12) Actual £'000	Total Actual £'000
Income				
Healthcare Income	292,531	147,071	146,405	293,476
Other Income	61,168	9,100	62,996	72,096
Total Income	**353,698**	**156,171**	**209,401**	**365,572**
Expenditure				
Pay	(222,886)	(113,201)	(120,461)	(233,662)
Other Non Pay Expenditure	(91,772)	(24,747)	(71,291)	(96,038)
Drugs	(5,877)	(3,192)	(3,009)	(6,200)
Clinical Supplies	(1,359)	(273)	(810)	(1,084)
PFI	(10,349)	(5,164)	(5,267)	(10,431)
Unallocated Budgets	(5,156)	-	-	-
EBITDA	**16,300**	**9,594**	**8,564**	**18,158**
Capital Financing				
Depreciation	(8,084)	(4,100)	(3,626)	(7,727)
PDC Dividend	(2,364)	(1,180)	(741)	(1,921)
Finance Lease	(4,366)	(2,187)	(2,180)	(4,366)
Loan Interest Payable	(1,239)	(631)	(604)	(1,235)
Loan Interest Receivable	97	(0)	27	27
Surplus / (Deficit) before taxation	**344**	**1,495**	**1,440**	**2,936**
Impairment		(1,283)	0	(1,283)
Profit/ (Loss) on Disposal	40	-	(89)	(89)
Taxation	(384)	(192)	(102)	(294)
Surplus / (Deficit)	**0**	**20**	**1,250**	**1,270**

Month 12 2021/22 Group Financial Position

The 2021/22 consolidated Group outturn position is £1.3m surplus. This is a deterioration of £0.7m compared to the £2m surplus forecast. This is mainly driven by a prudent approach to year end accruals and £0.3m additional cost for out of area costs from West Birmingham identified in month 12. The position includes provisions for annual leave, dilapidations, deferred income and the previously agreed onerous lease relating to Trust Headquarters; all in line with forecast.

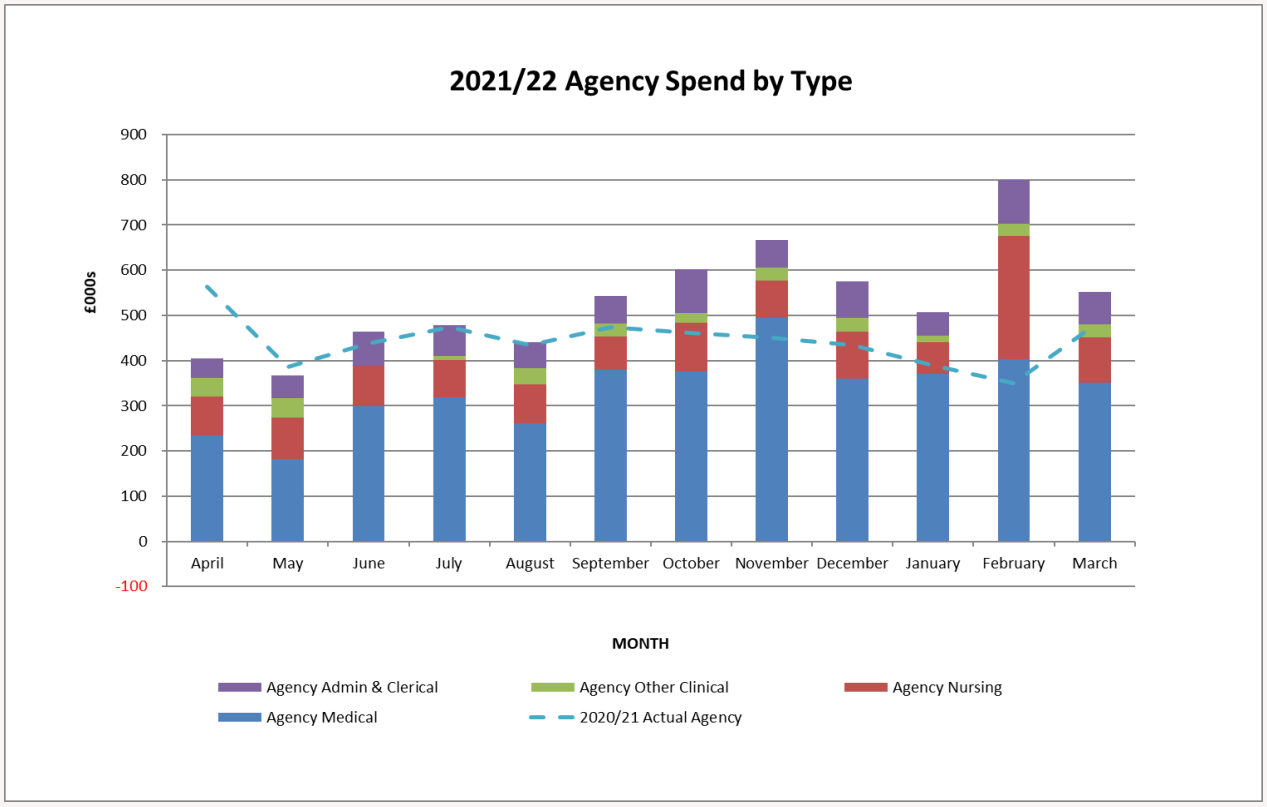
The year end position also includes a break even position for the Reach Out Provider Collaborative, which went live on 1 October 2021, with BSMHFT as lead provider.

Agency expenditure

Birmingham and Solihull Mental Health NHS Foundation Trust

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD
Agency Spend (£'000)	405	366	462	478	441	542	603	667	575	507	800	551	**6,399**
NHSEI Ceiling (£'000)	616	616	616	616	616	616	616	616	616	616	616	616	**7,395**
Stretch target (£'000)	501	501	501	501	501	501	538	522	522	522	522	522	**6,157**
Variance to stretch target	**96**	**135**	**39**	**23**	**60**	**(41)**	**(64)**	**(145)**	**(53)**	**15**	**(278)**	**(29)**	**(242)**

Agency Medical	234	183	298	318	261	379	376	495	360	370	403	351	4,028
Agency Nursing	86	91	92	82	87	75	108	82	104	70	272	101	1,249
Agency Other Clinical	42	44	(2)	10	36	29	22	29	31	15	28	28	312
Agency Admin & Clerical	44	49	74	68	57	59	97	61	80	52	98	72	810
Agency Spend (£000s)	**405**	**366**	**462**	**478**	**441**	**542**	**603**	**667**	**575**	**507**	**800**	**551**	**6,399**



Total agency expenditure for 2021/22 is £6.4m. This is £1m below the NHSEI ceiling but £242k above the internal stretch target.

Expenditure in March is £249k less than February, which saw a significant spike as a result of a catch up of year to date costs, particularly in Secure Care nursing agency to cover special observations in an Acute hospital.

The total expenditure in March of £551k is £73k above that in March 2021. It is slightly above the 2021/22 monthly average of £533k, mainly due to medical agency expenditure. The monthly average split by category is shown below:

	2021/22 Average
Agency Medical	336
Agency Nursing	104
Agency Other Clinical	26
Agency Admin & Clerical	67
Agency Spend (£000s)	**533**

Agency controls are in place to ensure that spend remains below target. We ceased paying the agency rate to cap on 7/2/22. Due to the current staffing pressures, twice monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity.

We are working to assess the 2022/23 likely internal stretch target for agency expenditure and this will be included in the final plan.

Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-21 £m's	*Draft Yearend' Actuals YTD* 31-Mar-22 £m's
Non-Current Assets		
Property, plant and equipment	186.5	197.0
Prepayments PFI	1.6	1.3
Finance Lease Receivable	-	0.0
Finance Lease Assets	-	(0.0)
Deferred Tax Asset	0.1	0.1
Total Non-Current Assets	188.1	198.4
Current assets		
Inventories	0.4	0.4
Trade and Other Receivables	9.7	11.1
Finance Lease Receivable	-	-
Cash and Cash Equivalents	28.8	54.8
Total Curent Assets	38.9	66.4
Current liabilities		
Trade and other payables	(29.4)	(46.1)
Tax payable	(4.4)	(4.8)
Loan and Borrowings	(2.7)	(2.7)
Finance Lease, current	-	-
Provisions	(1.2)	(1.2)
Deferred income	(13.2)	(25.3)
Total Current Liabilities	(50.9)	(80.0)
Non-current liabilities		
Loan and Borrowings	(29.5)	(27.3)
PFI lease	(49.3)	(47.7)
Finance Lease, non current	-	0.0
Provisions	(2.4)	(4.3)
Total non-current liabilities	(81.3)	(79.4)
Total assets employed	94.9	105.4
Financed by (taxpayers' equity)		
Public Dividend Capital	110.5	113.0
Revaluation reserve	27.5	36.8
Income and expenditure reserve	(43.1)	(44.4)
Total taxpayers' equity	94.9	105.4

SOFP Highlights

The Group cash position at the end of March 2022 is £54.8m (this includes Reach Out).

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 5 to 6.

Current Assets & Current Liabilities

Ratios

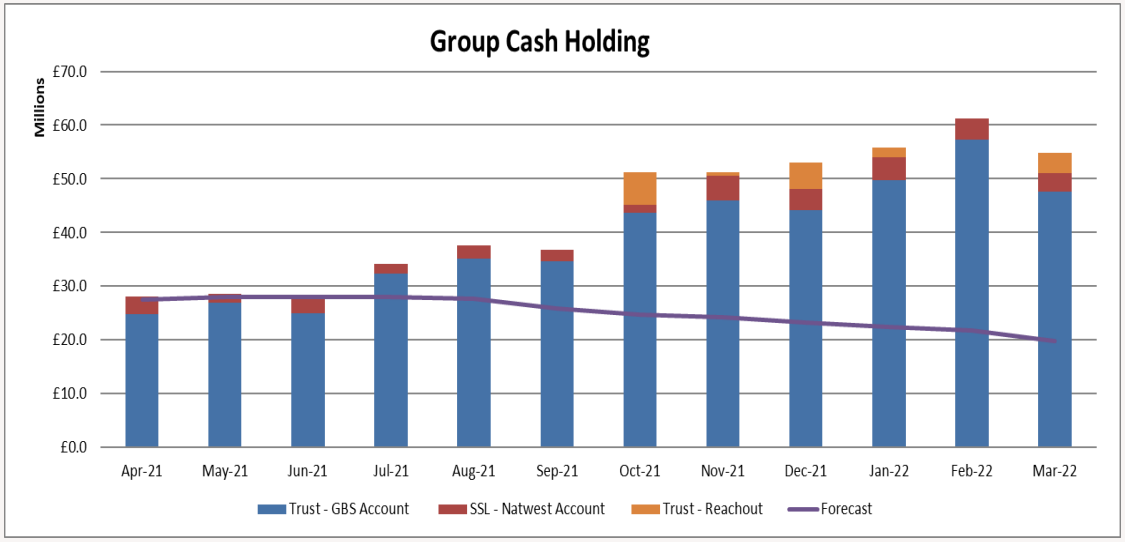
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

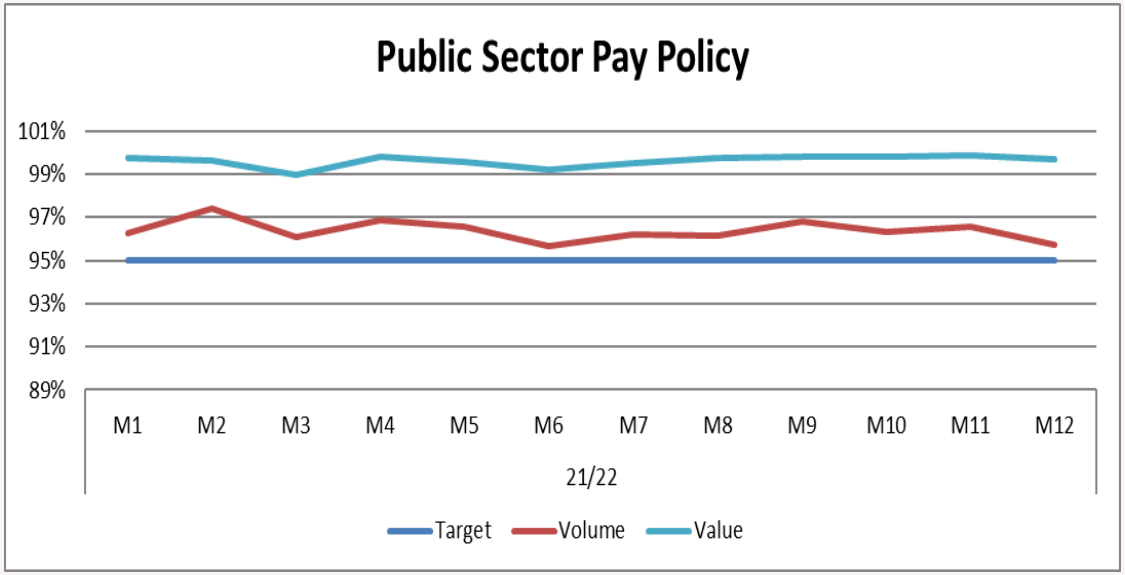
Current Ratio :	**£m's**
Current Assets	66.4
Current Liabilities	-80.0
Ratio	0.8

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

Birmingham and Solihull Mental Health NHS Foundation Trust





Cash

The Group cash position at the end of March 2022 is £54.8m.

As per the financial regime introduced as a result of the pandemic, the majority of our NHS contracts are being paid on a block basis.

For April 2022 the Trust will be reviewing its Treasury Management Policy re 'Investments' now that interest rates have been reintroduced and the National Loan Fund (NLF) has recommenced deposits.

Better Payments

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

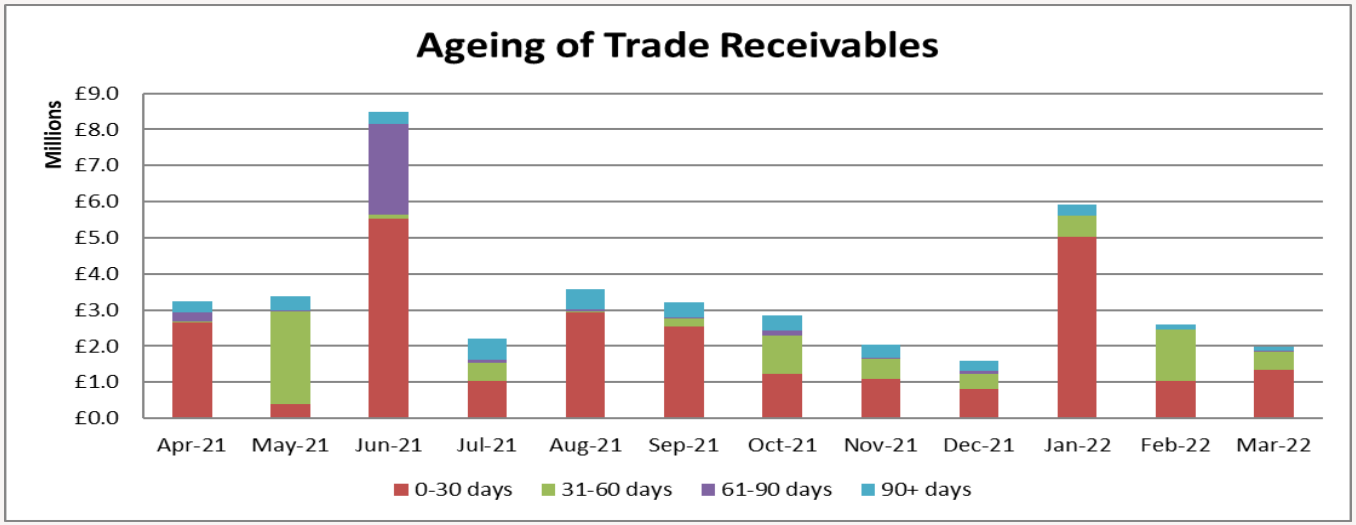
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

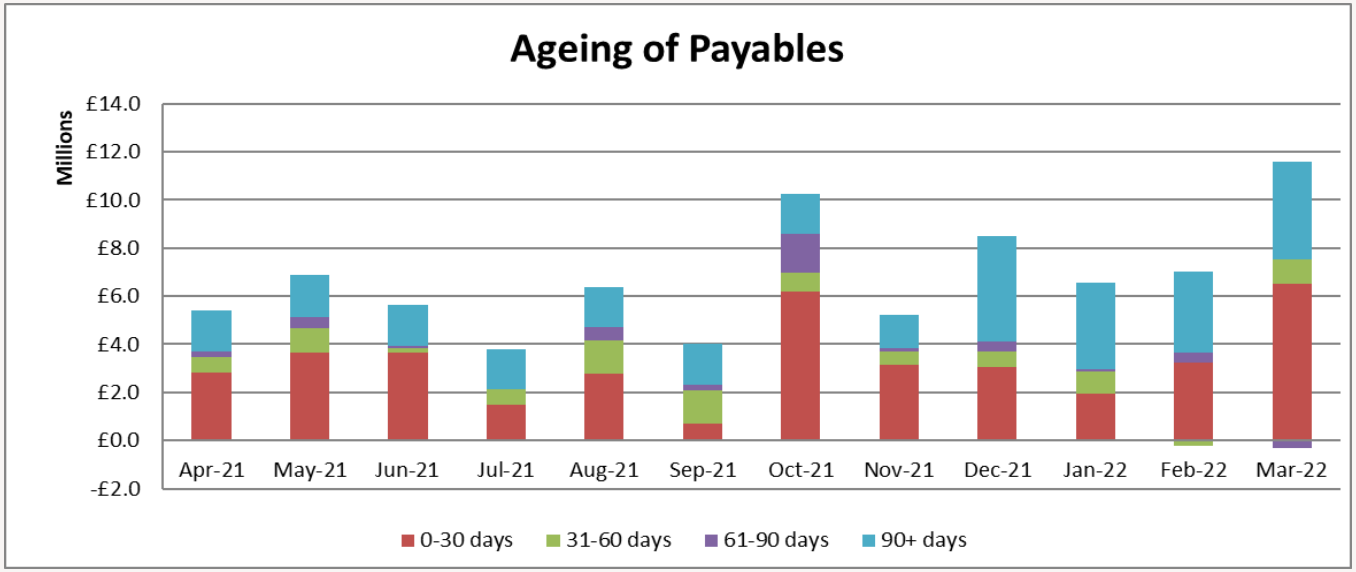
Better Payment Practice Code :

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

Trust Receivables and Payables

Birmingham and Solihull Mental Health NHS Foundation Trust





Trade Receivables

The overall receivables position reduced significantly last financial year mainly due to provider to provider arrangements under the COVID-19 financial regime. The focus is to maintain this position as far as possible and escalate to management, STP and other partners where necessary for urgent and prompt resolution.

Receivables :

- **0-30 days-** Increase of balance due to year end invoicing
- **31-60 days-**SSL £464k - no known issues
- **61-90 days-** BWC £24k on hold due to slow processing of purchase order
- **Over 90 days** -Staff overpayments (on payment plans)

Trade Payables:

0-30 days- Increase of balance due to year end invoice processing

Over 90 days -

- BSoL invoices £2m in query-credit notes totalling £1m received. Cleared in April 2022
- NHS Property Services £492k– Awaiting lease agreement to be finalised to enable/facilitate payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position).
- Non-NHS Suppliers (38+) £1.6m – mainly Reach-out invoices in query, most accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in April 2022.

2021/22 Capital Expenditure Outturn

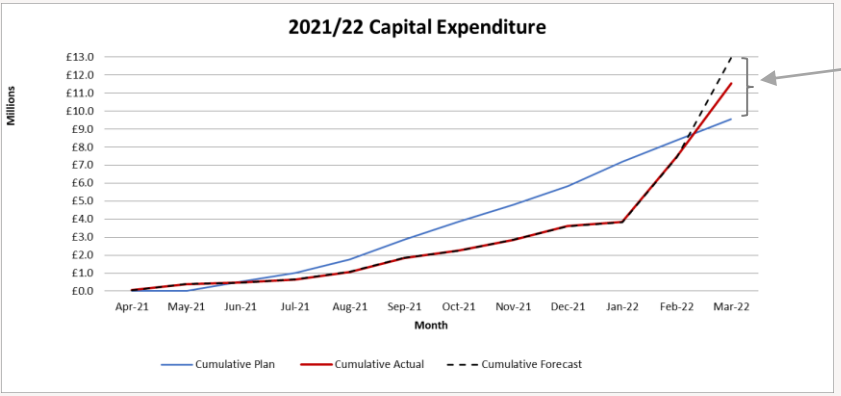
Capital schemes	Plan	Forecast	Actual	Variance to plan	Variance to forecast
	£'m	£'m	£'m	£'m	£'m
Pre committed - major schemes c/f from 20/21- Urgent Care Centre	1.2	1.2	1.0	0.2	0.2
Pre committed - minor schemes c/f from 20/21	0.3	0.1	0.0	0.2	0.0
Pre committed - Ardenleigh Women's seclusion suite	0.5	0.2	0.1	0.4	0.0
Door Sets phase 1 and phase 2	4.4	4.8	3.6	0.9	1.2
Statutory Standards & Backlog Maintenance (SSBM)	1.8	2.0	2.0	-0.2	0.0
ICT	0.8	1.2	1.3	-0.5	-0.1
Newington refurbishment	0.5	0.7	0.7	-0.2	0.0
ECG Machines	0.0	0.2	0.2	-0.2	0.0
Risk Assessments	0.8	0.0	0.0	0.8	0.0
Barberry rear fence	0.0	0.1	0.0	0.0	0.0
Ardenleigh wall	0.0	0.1	0.0	0.0	0.0
Shared Care Record (PDC funded)	0.0	2.5	2.6	-2.6	-0.1
TOTAL	10.3	12.8	11.5	-1.3	1.2

2021/22 Capital Expenditure Outturn

The 2021/22 Group capital expenditure outturn was £11.5m. This is £1.3m above the original plan, mainly due to additional PDC funding of £2.5m for Shared Care Records (not in original plan) partly offset by £0.9m on doorsets. This is mainly due to a review of VAT treatment following receipt of invoices, and the successful completion of negotiation with suppliers on unit price per doorset. This also explains the variance to forecast.

During March, it was confirmed that the disposal of Ross House, expected to be realised in month 12, will not complete until 2022/23. If capital expenditure did not reduce to offset this, the CDEL envelope would be exceeded. There was also a system request in month 12 to determine if any organisation could underspend to offset an identified capital overspend of £0.25m within the system. Both the disposal slippage and the system request could be managed within the overall capital programme outturn, ensuring that CDEL remained in line with forecast less the agreed system underspend of £0.25m as shown in the table below.

CDEL calculation	Full Year			
	Forecast £'m	Actual £'m	Variance to forecast £'m	
Gross capital expenditure				
Property, land and buildings	9.1	7.7	1.4	
IT	3.7	3.9	(0.2)	
Gross capital expenditure	**12.8**	**11.5**	**1.2**	
Disposals / other deductions	(0.4)	0.0	(0.4)	Ross House disposal slippage
Charge after additions/deductions	**12.4**	**11.5**	**0.9**	
Less PFI capital (IFRIC12)	(1.2)	(1.0)	(0.2)	
Plus PFI residual interest	0.6	0.6	0.0	
Sale of financial assets	(0.4)	0.0	(0.4)	Ross House disposal slippage
Total CDEL	**11.5**	**11.2**	**0.3**	
Funding sources of CDEL				
Self financed - Depreciation less PFI/finance lease payments	5.1	5.1	0.0	
Self financed - Other internal capital cash	5.9	5.2	0.7	Ross House disposal slippage £0.4m, agreed system underspend £0.3m
Capital loan repayments	(2.2)	(2.2)	0.0	
Total charge against capital allocation (internal funding)	**8.7**	**8.1**	**0.7**	
Shared Care Records	2.5	2.5	0.0	
Residual interest	0.6	0.6	0.0	
Sale of financial assets	(0.4)	0.0	(0.4)	Ross House disposal slippage
Net CDEL	**11.5**	**11.2**	**0.3**	Agreed system underspend £0.3m



£2.5m additional funding allocation for Shared Care Record

Birmingham and Solihull ICS Financial position Month 11 YTD

Birmingham and Solihull Mental Health NHS Foundation Trust

System revenue performance:

The month 11 year to date system revenue position was £26.9m surplus. This comprises an £0.8m surplus for H1 (April to September 2021) plus a £26m surplus for H2 year to date (October 2021 to February 2022). This is a £26m variance to year to date plan.
The system forecast outturn is £29.4m surplus.

	H1 Actual £'000	H2 YTD Actual £'000	YTD Actual £'000	YTD Plan £'000	YTD Variance £'000	Forecast £'000
B'ham and Solihull MH FT	20	2,100	2,121	0	2,121	2,000
B'ham Community Healthcare FT	0	754	754	2	752	0
B'ham Women's and Children's FT	393	8,095	8,488	-2	8,490	10,238
Royal Orthopaedic Hospital FT	0	772	773	-76	849	1,159
University Hospitals Birmingham	412	14,129	14,541	146	14,395	16,000
B'ham and Solihull CCG	0	247	247	0	247	1
System Total	**826**	**26,098**	**26,924**	**70**	**26,854**	**29,398**

System cash position:

As at month 11, the system cash position was £540m. This is a £142m increase since the start of the year and a £20m increase in month.

	Opening cash	M10	M11	Monthly movement	YTD Movement
Provider Cash	£'000	£'000	£'000	**£'000**	**£'000**
System Total	398,265	520,119	540,195	**20,076**	**141,931**

System capital performance:

The system capital plan for 2021/22 was £163m. Additional funding through PDC and donations has been allocated totalling £35m, taking the capital resource available to £199m.
The month 11 year to date system capital position was £16m underspend against the total capital programme. This included £8m underspend against the system CDEL target. The system capital forecast is a £2m underspend against the revised capital programme envelope (£33m above original programme).

		Initial Plan £m	Current Programme £m	Change £m
System Envelope		70.6	70.6	0
Outside of Envelope	ACAD	61.3	61.3	0
	Other	8.1	43.0	34.9
Funded via Donations/Disposals/Grants		16.6	17.4	0.8
PFI/LIFT		6.8	6.8	0
Total		163.4	199.1	35.7

System Capital position	Year to Date Variance	Forecast Variance
	£'000	£'000
CDEL	8,207	-33,004
Total Programme	16,126	-33,279

Please note, system financial reporting is one month in arrears, the full 2021/22 system outturn is not available at the time of writing

compassionate inclusive committed

Birmingham and Solihull Mental Health NHS Foundation Trust

Financial Plan 2022/23

2022/23 Financial Plan - Revenue

The draft financial plan submitted to NHSEI by Birmingham and Solihull ICS on 17/3/22 was a deficit of £48.4m. This comprised a break even plan for BSMHFT.

In preparation for the final plan submission on 28/4/22, the system has continued to work jointly to try to reduce the total deficit. System CFOs met on 7/4/22 and agreed that the financial planning assumption of 25% SDF slippage, used in the draft plan, should be removed. It was also agreed that each provider should have a fair share of the total system deficit. The BSMHFT fair share is 7.4% as shown opposite (provider relevant expenditure as a percentage of total system relevant expenditure).

A reduced deficit plan of £41.3m was agreed by system CFOs on 13/4/22. The deficit is mainly attributable to inflationary pressures above the 2.8% included in the national tariff. It also includes non recurrent costs to deal with Urgent and Emergency care pressures, continuation of COVID costs and ERF funding reduction.

Impact on BSMHFT 2022/23 plan

The agreement that all partners should have a fair share of the deficit plan would give BSMHFT a bottom line plan deficit of £3.1m (being 7.4% of £41.3m proposed system deficit plan). The proposed adjustments to the draft break even plan as shown in the table opposite are:

- The COVID allocation remains at £6m.
- A fair share of the system reserves allocation results in a reduction of £1.9m.
- Removal of the 25% SDF slippage assumption worsens the plan by £3m.
- A fair share of the system efficiency requirement is calculated as an additional £1.8m target.

There is a further 2 weeks until the final plan is to be submitted to NHSEI and so additional adjustments may be required, potentially utilising non recurrent flexibility.

	BSMHFT £'000	BCHC £'000	BWC £'000	ROH £'000	UHB £'000	ICB £'000	Total £'000
Total relevant expenditure	287,232	314,150	461,464	113,056	1,730,437	955,595	**3,861,934**
Fair shares %	**7%**	**8%**	**12%**	**3%**	**45%**	**25%**	**100%**
Fair share of deficit	-3,071	-3,359	-4,934	-1,209	-18,502	-10,217	**-41,292**

	Recurrent /Non Recurrent	Draft NHSEI submission 17/3/22 £'000	Adjustments post CFO review £'000	Adjusted plan post CFO review 13/4/22 £'000
BSMHFT plan as at 4/3/22		**-8,203**	**0**	**-8,203**
COVID	Non Rec	**6,048**	**0**	**6,048**
Recurrent reserves	Rec	807	0	807
Efficiency top up FIT target - fair share allocation	Rec	-1,774	0	-1,774
Prior year Reserves		**-967**	**0**	**-967**
System allocation - ERF	Non Rec	0	-20	-20
Growth - balance	Rec	0	-1,196	-1,196
Convergence	Rec	502	-772	-270
Community diagnostic growth balance	Rec	0	-6	-6
Health inequalites	Non Rec	520	-799	-279
System allocation reduction	Non Rec	-906	906	0
Distribution of reserves balance		**116**	**-1,887**	**-1,771**
Total system reserves applied		**5,197**	**-1,887**	**3,310**
Provisional allocation of SDF income		12,023	0	12,023
Financial planning assumption SDF slippage 25%		-9,017	-3,006	-12,023
Net SDF assumption		**3,006**	**-3,006**	**0**
Increased efficiency requirement		**0**	**1,822**	**1,822**
Adjusted BSMHFT plan		**0**	**-3,071**	**-3,071**

2022/23 Draft Financial Plan Risks

System Risks

The following key risks have been identified for the system plan:

- Failure to deliver 104% of 19/20 elective activity by value will result in a clawback of 75% of the underperformance, up to a maximum of 75% of the system's ERF allocation. If costs do not reduce by an equivalent level, this would create a financial gap.
- Efficiency schemes are starting from a standing start this year, so supplemented by very little in terms of the full year effect of prior year schemes.
- A lack of clarity remains around the position on Specialised Commissioning income, with discussions between Providers and Specialised commissioners ongoing. Plans therefore include income assumptions which may not materialise.
- There is a lack of clarity around the treatment of boundary change movements within the first quarter of 22/23.

BSMHFT Risks

- **Efficiencies:** the draft 2022/23 break even plan assumed delivery of an ambitious efficiency target of £8.6m, made up of a brought forward savings target and 1.1% efficiency target in line with national guidance. The adjustments made to the draft system plan and the agreement that all organisations should have a fair share of the deficit as described on page 10, means that an additional efficiency target of £1.8m (£0.7m recurrent and £1.1m non recurrent) has been applied to the BSMHFT plan. This results in a total efficiency plan of £10.5m, which is 3.6% of relevant expenditure.

BSMHFT 2022/23 Efficiency Target	£'000
Recurrent	6,640
Non recurrent	2,000
Efficiency plan per draft submission 17/4/22	**8,640**
Recurrent share of system efficiencies	298
Recurrent share of balance to bridge gap - fair shares	408
Non recurrent share of system £15m efficiency ask	1,116
Total Additional efficiency requirement	**1,822**
Total adjusted efficiency plan	**10,462**
Recurrent	7,346
Non recurrent	3,116

2022/23 Financial Plan - Capital

Birmingham and Solihull Mental Health NHS Foundation Trust

Capital Allocation
Birmingham and Solihull ICS has been issued with a 3 year capital envelope (years 2 and 3 indicative). For 2022/23 this is an indicative system envelope of £96m and comprises core envelope for BAU capital of £74m.

Distribution of core envelope – 2022/23 proposal:
On 13/1/22, system CFOs discussed a proposal to distribute the 2022/23 core envelope of £74m using a formulaic approach. This would result in 86% of the capital envelope being distributed with 14% (£10m) retained as a System Capital Investment Fund (SCIF).
Under this proposal, the BSMHFT share of the 86% core envelope distribution would be £5.8m. For planning purposes, a fair share of the SCIF was allocated across organisations, with our share being £0.9m. The total BSMHFT capital plan for 2022/23 as submitted in the draft planning submission on 17/3/22 was therefore £6.7m.

Birmingham and Solihull MH NHSFT	Provider Allocation	Fair Shares System Allocation
	£m	**£m**
Allocation	**5.8**	**0.9**
Pre Commitments		
Ligature / Doorset works Phase 1 and Phase 2 c/f	0.8	
Seclusion Suite - Ardenleigh Coral c/f	0.4	
Statutory Must Dos		
SSBM	1.7	
Urgent Equipment Replacement		
ICT	0.8	
Other		
Reaside Reprovision Business Case	0.6	
Risk Assessment	1.5	0.9
TOTAL	**5.8**	**0.9**

System capital prioritisation:
On 11/3/22, all system partners were required to submit prioritised capital plans to allow the System Investment Committee to review and prioritise the system capital envelope.

The BSMHFT submission is summarised opposite. This comprises schemes that have been supported by the Executive Team to allow capital planning works to commence, preventing slippage while final system capital allocation decisions are made. This includes:

- £1.2m pre-commitments for works commenced in 2021/22 (doorset works and Ardenleigh Coral seclusion suite)
- £1.7m essential Statutory Standards and Backlog Maintenance works
- £0.8m essential ICT capital requirement

A further £3m has been identified, mainly relating to risk assessment works, taking the total submission to £6.7m in line with the draft capital plan submitted to NHSEI on 17/3/22.

2022/23 Financial Plan - Capital

System Investment Committee - Capital Prioritisation outcome

Following discussion at the System Investment Committee, funding of the £6.7m BSMHFT submission (outlined on page 12) was agreed.

In total, the Committee agreed £7.7m of bids against the SCIF, leaving £2.4m of the total £10m SCIF to be held as a central risk reserve. For the final plan submission on 28/4/22, it was agreed that a fair share of the remaining risk reserve would be assumed in each organisational plan as summarised below. This results in a £6.9m capital plan for BSMHFT (with £0.2m notional allocation of risk reserve still to be formally allocated by the System Investment Committee).

22/23 Values		BSMHT	BCHC	BWC	ROH	UHB	System Total
Organisation Values		5,782	5,829	18,298	3,136	31,292	64,338
System Values (SCIF)	Proposed	900	300	1,785	600	4,100	7,685
	Notional	226	179	585	134	1,312	2,436
Total BAU Allocation		6,908	6,308	20,668	3,870	36,704	74,458

Asset Disposal – additional funding source

As the sale of Ross House has slipped from 2021/22 into 2022/23, the planned capital expenditure can be further increased by £0.4m as the disposal proceeds provide an additional funding source. The total capital plan to be included in the final plan submission for BSMHFT is therefore £7.3m (including £0.2m notional risk reserve allocation to be confirmed).

Future years capital plans

For planning purposes, our allocated share of the 2023/24 and2024/25 capital envelopes is £6m each year. The draft financial plan submission on 17/3/22 required submission of a 5 year capital plan. For planning purposes, in the absence of capital envelopes for 2025/26 and 2026/27, a continuation of £6m per year has been assumed.

Item 15

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

TRUST BOARD TO BE HELD ON 27TH APRIL 2022

USE OF TRUST SEAL
Strategic or Regulatory Requirement to which the paper reports - Constitutional requirement to report all uses of Trust Seal to Board
ACTION: The Trust Board is required to note and record any use of the Trust seal in accordance with the Constitution.
Executive Summary: On 14 June 2006 Birmingham and Solihull Mental Health NHS Foundation Trust (the 'Trust') , University Hospitals Birmingham NHS Foundation Trust ('UHBT') and Consort HealthCare (Birmingham) Limited ('Project Co') entered into an agreement subsequently amended and restated (including on 18 December 2008) ('**The Project Agreement'**) under the Government's Private Finance Initiative for the financing, design, refurbishment, construction, provision of certain services and the operation of certain income generating activities in connection with the development of the Queen Elizabeth Medical Centre, the Queen Elizabeth Psychiatric Hospital (the Oleaster and Barberry Centres) and the Showell Green Lane Facility (the Zinnia Centre). Project Co has undertaken a Market testing of the Car Park and Traffic Management Service pursuant to Schedule 17 of the Project Agreement (the **2021 Car Park Market Testing'**). The Trusts have requested amendments to the terms of the replacement Car Park Services Agreement (as defined in the Project Agreement) to be entered into pursuant to the 2021 Car Park Testing (the **'Replacement Car Park Services Agreement'**) The purpose of the Supplemental Agreement is to document amendments to the Project Agreement as required. The Trust was a party to the Trust Car Park Operators Collateral Agreement which needed to be entered, pursuant to the Supplemental Agreement and in connection with Project Co's funding arrangements the Trust was required to sign a notice of assignment in respect of the Supplemental Agreement (**'Notice of Assignment'**) **Trust Seal number 1/2122** The Trust Seal was used on 26th November 2021 and affixed to a Car Park Operators Collateral Agreement between Birmingham and Solihull Mental Health NHS Foundation Trust, Deutsche Trustee Company Limited, Q-Park Limited, Consort Healthcare (Birmingham) Limited and Q-Park B.V. **Trust Seal number 2/2122** The Trust Seal was used on 26th November 2021 and affixed to the Supplemental Agreement to the Project Agreement (2006) between University Hospitals, Birmingham and Solihull Mental Health NHS Foundation Trust and Consort Healthcare (Birmingham) Limited. **Trust Seal Number 3/2122** The Trust has agreed the sale of Ross House, Sheldon Drive, Rubery Birmingham B31 5EJ to Seven Capital which is a property development company which has applied to Birmingham City

Council for planning permission to develop housing. The local authority requires certain obligations to be met by the freeholder as a condition of granting the said planning permission. The obligations are set out and agreed via a section 106 Town and Country Planning Act 1990 agreement. Once the sale of Ross House is completed, the Trust will no longer be subject to any of the obligations but as the current freeholder, it is required to be a party to the s106 agreement to enable planning permission to be granted.

The Trust Seal was used on 24th February 2022 and affixed to a section 106 Town and Country Planning Act 1990 between Birmingham City Council, Seven Capital and the Birmingham and Solihull Mental Health NHS Foundation Trust.

Trust Seal Number 1/2223

The Trust Seal was used on 11th April 2022 and affixed to a Land Registry TR1 Form registering the transfer of Ross House and Sheldon Unit from Birmingham and Solihull Mental Health NHS Foundation Trust to Seven Capital (Northfield) Limited.

Trust Seal Number 2/2223

The Trust Seal was used on 11th April 2022 and affixed to a Deed of Easement between Birmingham and Solihull Mental Health NHS Foundation Trust and Seven Capital (Northfield) Limited. The easement allows the Trust accessway to utilities over the land transferring to Seven Capital.

Trust Seal Number 3/2223

The Trust Seal was used on 11th April 2022 and affixed to a Deed of Variation between Birmingham and Solihull Mental Health NHS Foundation Trust and Seven Capital (Northfield) Limited. The variations encapsulate the subsequent changes made to the original contract for sale of Ross House and Sheldon Unit to Seven Capital.

BOARD DIRECTOR SPONSOR

REPORT AUTHOR: Safia Khan Solicitor, Head of Legal Department

APPENDIX:

PREVIOUSLY DISCUSSED: