


PART I Board of Directors

Schedule	Wednesday 24 February 2021, 9:00 AM — 12:30 PM GMT
Venue	Via Microsoft Teams
Organiser	Sharan Madeley

Agenda

Agenda

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1. Opening Administration: Welcome: Apologies: Declarations of Interest

2. Minutes of the previous meetings

2.1. November 2020

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2.2. January 2021

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4. Chair's Report

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QUALITY

6. Integrated Quality Committee Chair Report

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7. Serious Incidents Report (to update if required)

8. Complaints Annual Report

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PEOPLE

9. People Committee Chair Report

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10. Guardian of Safe Working Hours

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SUSTAINABILITY

11. Finance, Performance & Productivity Committee Chair Report

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12. Integrated Performance Report

13. Finance Report

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14. Questions from Governors

15. Any Other Business

16. Snapshot Review of Board Performance: Feedback

17. RESOLUTION: To exclude representatives of the public from the remainder

of the meeting due to the confidential nature of the business

18. Date & Time of Next Meeting: 09:00am, 31st March 2021



AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 24th FEBRUARY 2021 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

TEAM STORY: North Home Treatment Team 09:00am – 09:30am

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Welcome, apologies and declarations of interest	<i>Chair</i>	09:30	-	-
2.	Minutes of the previous meetings 2.1 November 2020 2.2 January 2021		09:35	A A	Approval Approval
3.	Matters Arising/Action Log		09:40	A	Assurance
4.	Chair's Report	<i>D. Oum</i>	09:50		Assurance
5.	Chief Executive's Report	<i>R. Fallon-Williams</i>	10:00	A	Assurance
QUALITY					
6.	Integrated Quality Committee Chair Report	<i>W. Saleem</i>	10:20	A	Assurance
7.	Serious Incidents Report <i>(to update if required)</i>	<i>S. Hartley</i>	10:30	V	Assurance
8.	Complaints Annual Report	<i>S. Hartley</i>	10:40	A	Assurance
PEOPLE					
9.	People Committee Chair Report	<i>J. Warmington</i>	11:00	A	Assurance
10.	Guardian of Safe Working Hours	<i>Dr Muzaffar</i>	11:10	A	Assurance
SUSTAINABILITY					
11.	Finance, Performance & Productivity Committee Chair Report	<i>R. Beale</i>	11:10	A	Assurance
12.	Integrated Performance Report	<i>D. Tomlinson</i>	11:15	To follow	Assurance
13.	Finance Report	<i>D. Tomlinson</i>	11:25	A	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
GOVERNANCE & RISK					
14.	Questions from Governors	<i>Chair</i>	12:10	V	<i>Assurance</i>
15.	Any Other Business (<i>at the discretion of the Chair</i>)	<i>Chair</i>	12:20	V	-
16.	SNAPSHOT REVIEW OF BOARD PERFORMANCE Were items appropriate? Were timings appropriate? Are there any items for inclusion on the action log? Are there any items to be disseminated across the Trust? Were the papers, clear, concise and aided decision making?	<i>Chair</i>	12:30	V	-
17.	RESOLUTION The Board is asked to approve 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.				
18.	Date & Time of Next Meeting <ul style="list-style-type: none"> • 09:00am • 31st March 2021 			<i>Chair</i>	

*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

12:30pm – 1:00pm Lunch



**MINUTES OF BOARD OF DIRECTORS MEETING HELD ON 25th NOVEMBER 2020
VIA VIDEO CONFERENCING, MICROSOFT TEAMS**

PRESENT:	Mrs S Davis	-	Chair
	Prof R Beale	-	Non-Executive Director
	Dr L Cullen	-	Non-Executive Director
	Mrs V Devlin	-	Executive Director of Operations
	Mrs R Fallon-Williams	-	Chief Executive
	Mr P Gayle	-	Non-Executive Director
	Dr H Grant	-	Executive Medical Director
	Mrs S Hartley	-	Executive Director of Nursing
	Mrs G Hunjan	-	Non-Executive Director
	Mr P Nyanrumbu	-	Director of Strategy, People & Partnerships
	Mr W Saleem	-	Non-Executive Director
	Mr D Tomlinson	-	Executive Director of Finance
	Ms J Warmington	-	Non-Executive Director

IN ATTENDANCE:

	Ms T Atkins	-	See Me Link Worker (<i>item 2</i>)
	Ms K Allen	-	Lead, recovery, service user, carer and family experience (<i>Service User Story</i>)
	Mrs S Madeley	-	Company Secretary
	Mr M Gibson	-	Service User Story (<i>item 2</i>)
	Mr K Hussain	-	Service User Story (<i>item 2</i>)
	Mr F Uddin	-	Lead Governor

1. QUESTIONS RAISED BY MEMBERS OF THE PUBLIC

No specific questions had been received by members of the public relating to items on the agenda.

2. STAFF STORY

Ms Allen introduced the service user story being presented to the Board from two See Me representatives from Tamarind. Mr Gibson commenced informing the Board that has had a range of experiences within mental health environments. The Board was informed Mr Gibson had a named nurse and provided input into his care plan; he could purchase from the shop, he had access to computers and could go for bike rides and took part in arts and crafts on the ward. Mr Gibson added that there was a range of DVDs on the ward. Mr Gibson said that he also administered his own medication and added that any complaints were taken seriously and that voices were heard with positive outcomes. Mr Gibson had also commenced voluntary work within the community.

Due to the restrictions because of COVID-19, patients could not leave their wards, have visits from family or friends. However, patients would use the internet and were able to make and receive WhatsApp calls to speak with family and friends. Mr Gibson explained that as a ward representative, the role provided him with a purpose, had improved his confidence and a sense of wellbeing and felt it was an important role on the ward. Mr Gibson had a positive outlook for the future and was being assisted to go into supported accommodation and hoped for a fresh start and felt supported to do so.

Mr Gibson explained the role of ward rep and explained that he attended meetings and gathered information and provided information to service users on the ward. Board Members were informed that he felt listened to as more activities had been put in place which would also benefit service users in the future.

Mr Gibson was specifically asked what he would change about Tamarind and he stated that as a Muslim, he would pray five times per day, but the Iman does not attend so Friday prayers did not happen.

Mrs Warmington queried what kind of support was in place for Mr Gibson to think about the next steps in the future and was informed that his responsible clinicians held 1:1 meetings every fortnight to discuss about his aims and aspirations for the future. In addition, he was working with teams to help guide a move into the community.

Dr Grant said it was fantastic to hear Mr Gibson's story and experience and asked about the ward representative position and was informed that his responsibilities included attending meetings and feeding back to service users on the wards and stressed that he did feel listened to.

The Chair raised the issue regarding accessing Friday Prayers and queried if prayers could be accessed online for people to attend remotely. Mr Saleem stated that there were mosques which were live streaming which may be an area to investigate further. The Chair asked for the information to be shared with the Tamarind.

Mr Hussain outlined his experiences and reported that the facilities and en-suite were comfortable, with access to computers and good food and a choice of Halal and Caribbean food. The frustrating areas relating to the pandemic had been not being able to leave can be frustrating, having to wait for activities. Mr Hussain added that he enjoyed being a ward rep and being a team player and he took pride in the role and if there were any complaints, he was able to ensure they were directed to the right people. The Board was informed that before COVID-19 there was a group supervision meeting held once per month where discussions were shared regarding what was working well but with COVID this hasn't occurred due to the wards being on lockdown.

The Chair summarised that it was very important for the Board to hear from our service users to ensure actions were in place to assist their recovery.

DECISION: *Mr Saleem to send links to Tracey Atkins regarding accessing remote prayers.*

3. APOLOGIES

There were no apologies for absence.

4. DECLARATION OF INTERESTS

There were no declarations of interest relevant to items on the agenda.

Mr Saleem reported he had appointed as a Trustee Edgbaston Cricket Foundation.

5. MINUTES FROM THE PREVIOUS MEETING

Subject to minor amendments, the minutes were reported as a true and accurate record.

On page 14: The Audit Committee would have oversight of Board Assurance Framework process rather than have ownership.

6. MATTERS ARISING & ACTION LOG

The action log was received and noted.

It was noted that there would be an internal audit on Reach Out planned for quarter 1 2021/2022.

7. CHAIR'S REPORT

The Chair reported that a meeting has been held with Mrs D Oum, incoming Chair, to undertake a handover process.

The Board was informed that the elections for new Governors was underway.

8. CHIEF EXECUTIVE'S REPORT

R. Fallon-Williams provided a detailed update specifically focusing on the areas of COVID-19. The situation was being to plateau within the system, however numbers were not reducing significantly and remained high. The Trust currently had three patients who had tested positive who all appear to be related to one outbreak. There was 43% staff sickness related to COVID with 143 members of staff off work with COVID related issues. There were four inpatient outbreaks and 1 community-based outbreak which were being managed extremely well with positive praise from regulators regarding how the Trust was managing the outbreaks.

The Trust has commenced lateral flow testing had commenced within the Trust with each kit providing 6 weeks' worth of tests and the Trust has had one positive result within the last week.

Wellbeing has been a key issue and as a system secured £2.4m to support the wellbeing of colleagues.

It was reported that there was a full inspection of the prison was commencing next week.

R. Fallon-Williams thanked all colleagues across the Trust for managing brilliantly with staff living the Trust values of providing compassionate care and going above and beyond during this period of real challenge.

It was reported that the long-term plan money had been received along with winter pressure monies to meet demand. There had also been news that the NHS would receive £3b during the spending review and £500m of that would be allocated to mental health. Along with additional winter pressure funds of £50m into mental health to support flow through A&E.

The flu uptake remained lower than we want at 41%. Plans were being received from service areas to ensure staff could receive the vaccination and there were weekly meeting being held with senior leaders from each of the Divisions to review the plans, with Executive oversight.

The Trust has received a focused visit from the CQC, and they had undertaken a number of planned announced and unannounced visits. Staff have been open and clear about the challenges being faced. The domains being reviewed included Caring, Safe and Well-led and the Trust was expecting to be told when the formal feedback would be received.

In relation to the COVID-19 vaccine, the Trust was involved in the planning and had been for some months and the Trust was ready to provide vaccinations as soon as the vaccine was released. The priority areas included care homes, prison staff and inmates, care home residents and staff followed by NHS staff and then age prioritisation process for the rest of the population.

S. Davis requested an update on the work that had been undertaken regarding the services for the homeless as during the start of the pandemic there was a huge push to ensure people were taken off the streets and were safe. V. Devlin said that the Trust was recruiting a psychologist as part of the team for homeless and if helpful could bring an update to a future meeting to describe the work being undertaken and would include within the CEO Report.

DECISION: *The Board of Directors would receive an update on the work being undertaken to support homeless people at a future meeting.*

9. BOARD COMMITTEE CHAIR REPORTS

9.1 Finance, Performance & Productivity Committee Report

A summary report was presented detailing discussions from the 21st January 2021. The Committee escalated the issue of Reach Out to the Board due to the potential for substantial variability in income and costs and as such represented a risk to the organisation.

The Committee supported the continued involvement in the programme but the Trust needed to be cognisant of the associated financial risks.

D. Tomlinson said that the Committee had a detailed discussion regarding capital investment and approved the new prioritisation process. Non-Executive Directors queried the governance decision making processes and were assured that the FPP Committee and IQC Committee had reviewed the specific areas of financial and quality risks. Between now and April it was reported that full due diligence would be undertaken. However, until the Trust received further information from the Centre regarding the financial envelope, it would be challenging to agree the final position but important when the final plans are brought forward for final approval, the full detail of all associated risks had been discussed. It would be important to undertake the risks.

9.2 People Committee

The People Committee met on the 18th November 2020 where a detailed discussion was held on the draft People Strategy with particular focus on ensuring robust communications and engagement with staff and to ensure staff were fully informed of the progress being made. In addition, Dr Gatherer provided an update on psychological wellbeing provision which included a Plan on a Page for the Health and wellbeing for the system.

9.3 Integrated Quality Committee Report

The Committee met on the 18th November 2020 and held a detailed discussion regarding predictive analytics which was currently on hold due to COVID-19. The Committee received the audit on the use of Skyguard devices for lone working. In addition, received an update on the quality improvement work, the learning from the pandemic along with reviewing the QI rebranding which was well received.

P. Gayle queried the uptake of the flu vaccination due to the unusual position of also being in a pandemic and queried if there was a marked improvement on the uptake of the flu vaccination. In addition, queried how the roll out of the COVID-19 vaccination be addressed as there were a number of communities which were sceptical about the vaccinations. R. Fallon Williams stated that the Trust recognised the challenges and were managing the issues as a whole health system. It was noted that this was being looked at in the context that this was a measure of how supported people felt and therefore this was why the health economy was working hard to dispel the myths around vaccinations. In addition, information was being shared with all staff through various media including the Listen Up Events.

9.4 Audit Committee

G. Hunjan provided an update on discussions held at the Audit Committee on the 4th November 2020. It was reported that a review was being undertaken on the number of outstanding internal audit recommendations.

Additional audits would be undertaken in relation to risk management processes, capital review ESR and value for money in terms of IHI. There was a discussion on COVID related fraud risks for the NHS and processes within the Trust had been tested and no significant issues had been identified. The report was received and noted.

10. SUSTAINABILITY

10.1 Integrated Performance Report

The Integrated Performance Report was received by the Board where it was reported that the People domain had seen the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus.

Sustainability has been artificially improved by national funding decisions but were now adversely impacted by the removal of top up funding. The Quality scores had changed little overall with performance remaining strong, although Out of Area Bed Days were a serious concern.

The Board was assured that the FPP Committee had received a deep dive report into the areas that were assisting reducing out of area referrals. It was noted that a revised trajectory of June 2021 had been agreed with NHS England with the Trust currently being ahead of the trajectory. It was noted that P. Lloyd Knight chaired a meeting with local authority and third sector organisations to review if any service users could be discharged and how the system could support patients. In addition, there were “huddles” on wards around discussing additional needs for patients who required discharge which was currently working very well. Therefore, the Committee was assured that all the appropriate actions were being taken to address the issue of Out of Area bed days.

10.2 Finance Report

The Board was informed that the COVID funds would be released as a “block payment” to the STP. The overall impact of the change in the removal of the “top up” funding would leave the Trust in the original forecasted position. The loss in month was £200k and the projection for the remainder of the year was £3.1m. Discussions have commenced regarding the new financial year and there were significant pressures within the system and there was a need to take into account the transformation work already undertaken.

It was reported that the cash position was substantially better than originally planned with £40m currently in the bank. The report detailed the discussions on savings which were being held at the Sustainability Board with the likely gap to meet next financial year would be in the region of £16m and this still needed to be established whether this was accurate due to COVID.

P. Gayle how sustainable was the liquidity ratio being at a 3 and was informed there had been a boost because of COVID and we normally set a ceiling of £18m and if the Trust continued to see a deficit the other side of COVID, then the Trust

would see a reduction in cash. Due to COVID, the Trust was paid in advance and actions had been taken to improve the overall position. One objective this year was to improve the quality of cash flow reporting.

The underlying spend position was queried and it was reported that this time last year, before COVID-19, there was a significant downturn in non-pay expenditure and the Trust was making progress within the high cost areas.

The Board was informed that an urgent decision was required which related to NHS England/Improvement approving a critical infrastructure bid of £1m for network server replacement with the funding needing to be used in year. This was in response to bids submitted three months ago. The bid covered both the servers already in the Trust plan for 2020/2021 plus some which were planned for 2021/2022 with the relevant warranties. Due to the amount of expenditure, this required Board approval and delaying to the next meeting would cause difficulties. Therefore, approval for the spend was being sought.

DECISION: *The Board of Directors unanimously approved the critical infrastructure spend relating to the bid for £1m for the network server replacements.*

11. QUALITY

11.1 Serious Incidents Report

The Board was presented with the Serious Incident Report which provided an overview, trends and analysis of serious incidents reported during October 2020. The report outlines the number of incidents reported within the month and the categories. It also outlines the investigations closed by the Serious Incident Review and the associated action plans and learning together with emerging themes.

It was reported that 18 serious incidents had been reported through October 2020 although 4 of those were currently being considered for a downgrade as they no longer met the criteria for a Serious Incident following further information coming to light.

In terms of incident type, 15 incidents related to the death of our service users, 10 of which were reported unexpected deaths and 5 suspected suicides. The remaining incidents relate to a security breach, a grade 4 pressure ulcer and an incident of self-harm.

The Board received and noted the report.

12. PEOPLE

12.1 Freedom to Speak Up Report

This FTSU Guardian report was presented to the Board relating to Quarter 1 and Quarter 2 of this financial year.

There had been eight cases within Quarter 1 of this year which related to 3 cases regarding attitudes and behaviours in Quarter 1 and these were all from separate areas within the Trust. In Quarter 2 we had six cases with 2 relating to attitudes and behaviours.

It was reported that any case relating to safety of patients was escalated immediately to a Director and allocated to an investigating senior manager.

The Board was informed that two new Guardians had been appointed, Di Phipps and Emma Randle, who were making significant immediate progress since being appointed earlier in the month. They were attending remote training with the National Guardian's Office and have made links with the regional FTSU network to share ideas. They were currently working with Communications Tea to have a plan in place to raise their profile across the Trust. They will be attending the People Committee in March to present an update on the self assessment tool for FTSU.

Future reports to the Board will include benchmarking data from the National Guardian's Office, a quarterly comparison to the themes being raised and the learning actions and improvements made following concerns being raised.

13. GOVERNANCE

13.1 Constitutional Requirements to Authorise use of Trust Seal

A report was received requesting the use of the Trust Seal for a Variation Agreement relating to previously approved agreement 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.). The Trust wishes Project Co to carry out work on its behalf to alter the ground floor of the Oleaster Centre and this required a Variation Agreement in order to amend the Project Agreement of 2006.

As part of ensuring strict compliance with the Trust's current Standing Orders the Transaction documents were required to be considered, approved and authorised by the Board for subsequent signing and sealing.

DECISION: *The Board of Directors approved the use of the Trust Seal for the Variation Agreement relating to the works to be carried out on the ground floor of the Oleaster Centre.*

13.2 Standing Orders Amendment

The Board was being requested to make a specific amendment to the Trust Constitution relating to the use of the Trust Seal. The current wording in the Constitution requests that there should be a Board resolution to use the Seal before it was used. The Board was being requested to amend the Standing Orders to read "*The Seal of the Trust shall not be fixed to any documents without the knowledge of the Chair and the authority of the Chief Executive, Company*

Secretary or Director of Finance. An entry of every sealing shall be made and reported to the next available meeting of the Board of Directors.

DECISION: The Board of Directors agreed to the amendment to the Constitution in relation to the use of the Trust Seal.

13.3 Governance Review and Action Plan

Board Members were presented with the report from the Good Governance Institute following their review earlier in the year. Due to COVID-19 pandemic and the absence of the Company Secretary, the completion of the action plan had been delayed. However, this was now presented to the Board of Directors, and provided an update against each of the actions from the report.

To assist progressing the actions, the Trust has ANHH Consulting working with the Company Secretary to address the recommendations with weekly meetings being held to agree the priorities within the action plan.

The Board received the action plan which was a live document and would be continually updated on the progress being made. It was noted that the Board and Committee meetings had been observed with the observations being shared with the Chairs and Lead Executive of Committees. A series of meetings were scheduled with the Non-Executive Directors week commencing 30th November 2020 to enable a skills review to be undertaken to assist with future succession planning.

A Board Development session was being arranged for the 18th December which would focus on agreeing the strategic risks for the delivery of the new Trust strategy and seeking agreement for risk tolerance and risk appetite statements. Once this was held, the new Board Assurance Framework would be developed and presented to the Board for final approval before the commencement of the new financial year.

DECISION: The Board of Directors received and noted the current progress being made in association with the Governance Action Plan.

14. ANY OTHER BUSINESS

14.1 Farewell thank you to the Chair

Mr Saleem led the personal thanks to the Chair for her tenure during the last few years and gave personal thanks and reflections during her time. This was followed by Board Members providing their personal reflections of working with the Chair, Sue Davis, during the last few years, each thanking the Chair for her commitment to the Trust.



**MINUTES OF BOARD OF DIRECTORS MEETING HELD 26th JANUARY 2021 VIA
VIDEO CONFERENCING, MICROSOFT TEAMS**

PRESENT:	Ms D Oum	-	Chair
	Prof R Beale	-	Non-Executive Director
	Dr L Cullen	-	Non-Executive Director
	Mrs V Devlin	-	Executive Director of Operations
	Mrs R Fallon-Williams	-	Chief Executive
	Mr P Gayle	-	Non-Executive Director
	Dr H Grant	-	Executive Medical Director
	Mrs S Hartley	-	Executive Director of Nursing
	Mrs G Hunjan	-	Non-Executive Director
	Mr P Nyanrumbu	-	Director of Strategy, People & Partnerships
	Mr W Saleem	-	Non-Executive Director
	Ms J Warmington	-	Non-Executive Director

IN ATTENDANCE:

	Mr R Sollars	-	Deputy Director of Finance
	Mrs S Madeley	-	Company Secretary
	Ms K Allen	-	Lead, recovery, service user, carer and family experience (<i>agenda item 2</i>)
	Mrs L Everard	-	R & I Implementation and Performance Manager (<i>agenda item 2</i>)
	Mr F Uddin	-	LEAR Group (<i>agenda item 2</i>)
	Mr M Carlish	-	LEAR Group (<i>agenda item 2</i>)
	Mrs M Johnson	-	LEAR Group (<i>agenda item 2</i>)
	Ms L Harrison	-	LEAR Group (<i>agenda item 2</i>)
	Mr M Miza	-	LEAR Group (<i>agenda item 2</i>)
	Mr S Bray	-	Summerhill Services Ltd (<i>item 8.2</i>)

GOVERNORS OBSERVING:

	Mr F Uddin	-	Lead Governor
	Mrs M Johnson	-	Carer Governor
	Mrs H Kench	-	Public Governor
	Mr M Miza	-	Service User Governor

1. SERVICE USER STORY: LEAR (LIVED EXPERIENCE ACTION RESEARCH) GROUP

D. Oum welcomed members of the LEAR Group to the Board meeting stating that it was essential that our service users were involved within research in the Trust. Four members of the Trust's service user and carer research group named LEAR (Lived Experience Action Research) attended the meeting to brief the Board on the formation of the group, its achievements, and barriers, and what the group meant to them personally.

Each of the Group informed the Board of their experience and why they had joined the LEAR Group. Members of the LEAR Group wanted to be able to contribute to the Trust.

K. Allen explained that her PHD was based on theory regarding participation and for patients to participate and share their knowledge.

L. Everard explained her personal experiences which has made sure that the service user voice was at the forefront of research in the Trust. It was important to ensure that the involvement of service users was at the centre of research projects and the LEAR Group had made such leaps and bounds within research.

M. Carlish provided a detailed overview of the work of the group and stated that approval in principle had been received regarding conducting research into the impact of LEAR and will be involved with major academics regarding lived experience. It was noted that Trusts were criticised for the lack of involvement, but the examples given to the Board indicated that service users were empowered. The Board was informed that K. Allen and L. Everard had been pivotal in giving the group the chance to be autonomous and self-governing. A comprehensive training programme had been provided and Terms of Reference agreed to ensure the participation within research and encouraging other service users to be involved in shaping treatments. A key quote for the Group is *"No research about us, without us"*.

M. Johnson highlighted the frank discussions within the Group along with her personal reflections of gaining substantial knowledge of research terminology. L. Harrison explained the reason she joined the LEAR Group was to make a difference to mental health, and when research projects were presented, the Group would also wish to hear about the outcome of the research projects.

D. Oum said hearing the ambition and passion for the work was so inspiring stating that the Trust cannot just pay lip service to the involvement of service users and very much look forward to hearing more about the work of the group in the future.

S. Hartley thanked the colleagues of the LEAR Group who were doing an amazing role and were shining a very bright light with their work being undertaken and how they were an example of living the Trust values.

D. Oum said that the Board had been extremely impressed with the presentation and the Group had the backing and admiration of the Board and thanked all members of the Group for attending the meeting.

2. OPENING ADMINISTRATION

Apologies for absence were received from Mr D Tomlinson.

There were no declarations of interest relevant to items on the agenda.

3. MINUTES FROM THE PREVIOUS MEETING

The minutes from the meeting held in November 2020 would be presented to the next meeting for formal approval.

DECISION: November Board of Directors minutes to be presented to the February Board meeting for formal approval.

4. CHAIR'S REPORT

There were no issues to be raised through the Chair.

5. CHIEF EXECUTIVE'S REPORT

R. Fallon-Williams reported that there were 48 patients who were COVID-19 positive and sadly since the last meeting one more inpatient had died who was cared for by staff and offered love and condolences to their families. R. Fallon-Williams also thanked acute care colleagues for all their support in making sure our patients were being cared for. There was an increasing number of staff who were absent from work which equated to 11% absent rate with 6% due to COVID-19 related issues.

A further outbreak had been declared meaning that number of individuals had tested positive across a single area within the Trust and assurance given that the outbreaks were being managed effectively.

The Board was informed that the Trust was continuing to provide all mental services and to date it was very difficult to determine which services could be stood down that would not create a risk and added pressure. However, this was well understood within the health system regarding the complexity of the services the Trust provided.

Board Members were informed that as a health system, there were several hospital portals and hubs now providing vaccinations. It was noted that the Trust had quickly put arrangements in place to establish a Trust Hub which had been formally registered but there was a time lag regarding being able to order vaccinations which was being addressed. It was noted that there was a limitation regarding how vaccines could be transported, and they currently could not be transferred from one hospital hub to another.

A number of inpatients have been vaccinated due to the GP in-reach service. Board Members were informed that staff could obtain their vaccination through the on-line portal with 2,600 colleagues currently registered. There was still work to be undertaken for the bespoke targeting of colleagues who have not taken up the offer to register for their vaccination. There had been some debate about the use of PPE, and it was very clear from a national perspective, that there would not be any changes in guidance and work was underway within the health system regarding PPE requirements and risk assessments.

The well-being of colleagues working day to day in services was extremely important and work was ongoing across the Trust to ensure the provision of additional services for the staff who have lost colleagues.

D. Oum said that she appreciated the fact that staff were continuing to work extremely hard which was very impressive.

P. Gayle queried the increase of staff being off with COVID-19 and was the 6% the usual average for sickness. R. Fallon Williams said that other organisations were seeing the reasons for sickness increasing and there was concern for staff to be able to take respite and on occasions consider that they may not be able to continue for a while. P. Gayle highlighted the well-being hubs for staff and was aware that the Chaplaincy Team was also supporting UHB. R. Fallon-Williams said that the team had been very visible within services, especially with bereavement.

G. Hunjan wanted to provide heartfelt thanks to all the staff for all their commitment shown with. R. Fallon-Williams adding that staff were inspirational and the level of their compassion was amazing.

6. QUALITY

6.1 Mental Health Legislation Committee Chair Report

P. Gayle reported on the meeting of the Mental Health Legislation Committee held on the 20th January 2021. It was reported that the Committee would be review the equality assessment work undertaken on policies regarding the involvement of BAME. D. Oum queried the timescale and was informed that policies go through the Policy Development Management Group and the issue would be reviewed within the next three weeks

In respect of the New Mental Health Act Legislation Procedure, it was noted that Forward-Thinking Birmingham would be adopting the procedure as the Trust had been at the forefront of its development. As Chair of the Committee, P. Gayle said it was a positive meeting and felt assured on the areas discussed.

J. Warmington queried the implications of the new White Paper and the support for Lay Managers. It was reported that there was a brief update on the White Paper and a fuller response would be presented at the next meeting.

H. Grant said that there had been a High Court Judgement which would have implications as initially during the pandemic, NHS England provided guidance to Trusts where it stated that where necessary, mental health detentions could be taken virtually which has been subsequently overturned and no mental health detentions would now be unable to be undertaken virtually with immediate effect across the Trust. The Trust would also be reviewing the any specific implications for the organisation.

P. Gayle reflected on the issue of wider system and recruitment and after the 3rd period of COVID-19 queried if we have highly skilled staff who were reflecting on their career options, and as this was a significant gap how was this being considered. R. Fallon-Williams stated that reward and recognition had been raised nationally and colleagues have a lot to offer regarding what this may look like to support national colleagues in these discussions. There were opportunities to review the Mental Health Transformation bid in March regarding what the future would look like and how experts by experience and peer support workers could make a difference.

6.2 Integrated Quality Committee Chair Report

The Board noted the report submitted by the Committee of the discussions held on the 20th January 2021.

6.3 Serious Incident Report

There were no serious incidents to be reported to the Board of Directors.

6.4 Care Quality Commission Update

S. Hartley provided an update for the Board on the CQC visit last year regarding the focused inspections. The reports had been published on the CQC website on the 21st January 2021. There were two areas of improvement which required immediate action within the physical environment and care planning approach across the Trust. Actions plans had been developed and S. Hartley said that she was pleased to report there were no concerns to escalate to the Board regarding any risk to delivery of the programmes. An update report would be submitted to the CQC next week. It was also important to note that the CQC had reported that that there were also examples of good practice within the Trust.

J. Warmington was pleased to note that good practice was identified and queried whether there were trends regarding the areas where we may need to offer ongoing support and queried if there were any other areas within the Trust where similar issues could be identified. H. Grant said that we were aware of the themes and have the Patient Safety Advisory Group which takes a strategic approach to patient safety. With regards to care planning risk assessments the risk assessments had improved but were not seen to be affecting the care plans sufficiently. H. Grant added that when the Trust received Preventing Future Death notices, these were shared to ensure specific issues were reviewed across the Trust for inpatients units and community teams.

6.5 Quality Account

S. Hartley reported that the Quality Account had been discussed by the Integrated Quality Committee and stated that the statement from the partners had been supportive and recognised the journey the Trust was on.

J. Warmington stated that the report was well very constructed, and it was important for the Board to see how quality improvements were being measured and reported upon.

It was reported that there had been a delay in presenting the Annual Complaints Report for 2019/2020 to the Board due to pressures with the pandemic, therefore this would be presented to the Board at the next meeting. This was important due to the Complaints Report being referenced within the Quality Account.

S. Hartley said that D. Clift, Associate Director of Quality Governance had led the production of the report and was thanked for pulling together the Quality Account report together.

DECISION: (a) *The Board of Directors approved the Quality Account for submission to NHS England/Improvement.*
 (b) *The Annual Complaints Report for 2019/2020 would be presented to the next meeting.*

7. PEOPLE

7.1 People Committee

The People Committee did not meet in January, but the Chair and Lead Executive Director had liaised. P. Nyarumbu highlighted key areas which included the increase in staff sickness and the health and well-being provision for staff which was being provided in a more multi-layered approach. It was reported that engagement with the workforce was continuing to encourage family and friends to consider working within the Trust and the Trust was continuing to recruit on a weekly basis to fast-track staff. D. Oum stated that the recruitment of family and friends was a pragmatic approach but stated that the Trust would not want to miss an opportunity to reach out to some of the most disadvantaged groups and support them which would have a longer-term beneficial impact.

It was reported that the Freedom to Speak Up Pledges were being launched later this month along with a Listen-Up Event with the Chief Executive.

D. Oum queried the work of redeployment group as within other Trusts this had been a fraught issue and requested if this could be considered/reviewed by the People Committee. P. Nyarumbu stated that no specific issue had been flagged but would look request that this was reviewed to identify any specific themes.

R. Fallon Williams informed the Board that as Chair of the People Board we were implementing a piece of work called "Come Join Us" using the Vaccination Hubs to advertise recruitment. The Trust had been very clear that as part of well-being provision, staff must ensure they have time for rest and restoration. D. Oum stated that there had been coverage in the press regarding doctors receiving substantial tax bills due to the pandemic and queried if there was any impact within the Trust and was informed that this was not an issue.

H. Grant added that doctors were going the extra mile and, in some sectors, doing extra shifts and the Trust has issued a letter to clinicians who may be affected.

DECISION: *The People Committee to be requested to review any themes arising out of the work of the Redeployment Group.*

8. SUSTAINABILITY

8.1 Finance, Performance & Productivity Committee Chair Report

R. Beale reported that the Committee had a streamlined agenda in January 2021 to keep the pressures off staff with non-urgent reporting. It was reported that as Chair, he also met on a weekly basis with the Finance Team to keep updated on specific financial issues. The key areas of assurance received at the meeting included capital expenditure and the associated demands detailing the new capital approval process which were now in place and had been previously approved by the Board.

The Board noted that the Emergency Preparedness Reporting Regulations activity had been suspended because of COVID-19, however it was reported that the Trust was rated as substantially compliant with the national standards.

8.2 Summerhill Services Ltd (SSL) Quarterly Report

S. Bray attended the Board to present the quarterly SSL report to the Board and it was noted that there had been a significant increase within system working. The Board was informed that during the Christmas period, SSL had assisted 17 GP practices to establish additional space to create COVID vaccine sites in addition to supporting the Trust to create a potential vaccination hub at the Ashcroft site. SSL had also commissioned a small warehouse for the PPE store which resulted in the space currently occupied at Northcroft being released for clinical space. It was noted that the provision of pharmacy services continued to perform well.

It was noted that SSL was developing their People Strategy and had developed a new brand and logo. In addition, work was being undertaken on a Union Recognition agreement and regular meetings were being established with the unions. S. Bray added that equality & diversity was an area of focus with an EDI advocate being appointed and external resource, called Inclusive Employers were working with SSL to assist with policy writing and interactions with staff.

J. Warmington queried if staff had access to wellbeing support during the pandemic and it was confirmed staff had access to support along with access to lateral flow testing.

D. Oum echoed the thanks of Board Members stating it was clear that SSL was a real asset to the Trust and the wider health system.

8.3 Integrated Performance Report

R. Sollors presented the Integrated Performance Report which detailed that the People domain had seen the most significant adverse impact from COVID-19 with staff availability and well-being at particular risk and requiring the most focus. The report detailed that sustainability had been artificially improved by national funding decisions in the first six months but was currently overperforming against the mid-year forecast. The Quality scores had improved substantially and included the impact of high incident reporting which was considered a positive. The performance remains strong, though Out of Area beds days were a serious concern.

D. Oum was pleased to see the improvements around quality performance which had been achieved during this difficult time and queried the Out of Area Placements regarding the actions being taken to reduce this and where was the oversight. It was reported that the Finance, Performance & Productivity Committee received regular updates on the Out of Area Placements and significant progress had been made in relation to acute assessment beds. V. Devlin added that there was a Steering Group which met monthly and NHS England/Improvement also attended but unfortunately with seeing outbreaks on the wards, the Trust was seeing an increase. The pressures had been on male PICU beds and the Trust was seeking to expand capacity for the interim period. There was significant focus on the issue with engagement from clinical teams supporting the programmes of work.

D. Oum queried the performance standards for CPA with H. Grant stating that this would be confirmed outside of the meeting.

J. Warmington queried the work around fundamental training which could assist in improving performance. In addition, the quality of appraisals and said we had to take a balance view and a conversation needed to be held at the People Committee to strategical review the targets. This was agreed P. Nyanrumbu stated that it was essential to review the people performance targets in line with staffing challenges and review at the People Committee how this assurance could be given to the Board.

D. Oum queried exit interviews and was informed that this would need to be part of the intelligence which was captured along with the feedback from the staff surveys. J. Warmington said that a previous report had been presented to the People Committee.

DECISION: H. Grant to clarify the performance standards relating to CPAs.

8.4 Finance Report

R. Sollars reported that the financial position continued to move slightly ahead of plan and the team was working on forecasting the position for the end of the financial year.

The Trust continued to spend a significant amount of money on COVID-19 with £7m on staffing and PPE. The cash position continued to be a healthy position. In this financial year, the Trust was planning to fully spend the capital allocation with most other Trusts reporting an underspend.

In terms of operational planning, the guidance was still awaited regarding what the next financial year would look like which would have an impact on how budgets were set within the organisation.

D. Oum queried the implications for the Trust and was informed that it did appear that the financial arrangements may be rolled into the new financial year. This would have significant implications and the national team was asked if they could guarantee funding from the long-term plan and reassurance was given, however, we need to see how this was delivered through the Clinical Commissioning Groups (CCGs). It was still uncertain what the allocations would be for the CCGs regarding the capital envelope.

The Board noted the work being undertaken on Reach-Out to produce the business case which would be presented to the Board before the end of the financial year.

9. GOVERNANCE & RISK

9.1 Audit Committee Chair Report

G. Hunjan presented the Audit Committee summary report and stated that the deadline for the submission of the Annual Accounts was the 27th April 2021 and the timings of the next Audit Committee would be reviewed with the Director of Finance.

9.2 Use of Trust Seal

The report on the use of the Trust Seal was received and noted.

9.3 Questions from Governors

M. Johnson said that she was pleased to see that the capital plans were continuing and added that wanted to congratulate all of the staff in the Trust and in the wider NHS. The dedication to care for people that were so unwell, and the selfless support being given was very humble. M. Johnson asked for clinicians to share the Recovery for All Programme which had been published regarding the courses available.

M. Miza said that he appreciated that Freedom to Speak Up (FTSU) was being promoted. M. Miza said that L. Cullen was undertaking voluntary work at the Vaccination Hub and W. Saleem was giving out chocolates with W. Saleem thanking M. Mirza for the acknowledgment.

F. Uddin said that it was very important that staff looked after themselves and to be assured that Governors were there to listen to staff and provide support.

D. Oum said that she had met the FTSU Guardians and it was important as an avenue for colleagues to raise concerns and the Board had a role to play in supporting this function and to encourage speaking up across the Trust.

H. Grant specifically thanked the psychiatric trainees who had been working on the front line.

9.4 Any Other Business

There were no items of further business.

10. **RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & MEMBERS OF THE PRESS**

DECISION: *It was resolved 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.*



BOARD OF DIRECTORS: ACTION LOG FEBRUARY 2021

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
2 25 th November 2021	<u>Service User Story</u> Mr Saleem to send links to Tracey Atkins regarding accessing remote prayers.	W. Saleem	November 2020	Resolved	Completed
8 25 th November 2021	<u>Chief Executive's Report</u> The Board of Directors would receive an update on the work being undertaken to support homeless people at a future meeting	V. Devlin	January 2021	Not Due	
3 26 th January 2021	<u>Minutes from the previous meeting</u> November Board of Directors minutes to be presented to the February Board meeting for formal approval.	S. Madeley	February 2021	Resolved	Completed – on the agenda for approval
6.5 26 th January 2021	<u>Quality Account</u> The Annual Complaints Report for 2019/2020 would be presented to the next meeting.	S. Hartley	February 2021	Resolved	On the agenda
7.1 26 th January 2021	<u>People Committee</u> The People Committee to be requested to review any themes arising out of the work of the Redeployment Group.	J. Warmington	March 2021	Not Due	
8.3 26 th January 2021	<u>Integrated Performance Report</u> H. Grant to clarify the performance standards for CPA outside of the meeting with the Chair.	H. Grant	February 2021	Not Due	

RAG KEY

Overdue
Resolved
Not Due



Agenda Item No:	5
Report to:	Board of Directors
Meeting Date:	24 th February 2021

Report provided (check necessary boxes):			
To Note	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

CHIEF EXECUTIVE'S REPORT

Board Director Sponsor:	Roisin Fallon- Williams Chief Executive
Report Author(s):	Roisin Fallon- Williams Chief Executive
Appendices and References:	N/A
Previously Discussed:	N/A

Alignment to the Trust's Strategic Objectives:			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input checked="" type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input checked="" type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input checked="" type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input checked="" type="checkbox"/>
SA5 -- We will drive research, innovation and technology to enhance care	<input type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input type="checkbox"/>
F.1 - Sustainability	<input type="checkbox"/>		

Purpose of Report: (What do you want the Board or Committee to consider)	My report to the Board this month has been written in the main in the context of the COVID-19 pandemic. The COVID-19 response is remains the major focus of the Trust's work, as it is for the NHS and the country as a whole. For this reason, the key aim of my report is to provide the Board with an overall summary of our collective response to the pandemic.
Summary of Key Issues:	The report details of the current situation for colleagues and service users. Colleagues efforts to sustain good care and treatment in these circumstances continues to be amazing. We have sustained provision of all services and activity levels continue to increase. A focus on the future remains a feature of our attention including completing bids for transformation funds with partners.
Recommendation(s):	To note the report and consider areas for further discussion and action
Next Steps: (Subject to	N/A

recommendation(s) being accepted)								
Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)								
If 'Yes', outline the consequence(s) by providing further detail in the report								
Patient Safety	<input checked="" type="checkbox"/>	Clinical Effectiveness	<input type="checkbox"/>	Patient Experience	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	
CQC Compliance	<input type="checkbox"/>	Legal Requirements	<input checked="" type="checkbox"/>	NHS Provider license Compliance	<input type="checkbox"/>	Resource Implications (financial or staffing)	<input checked="" type="checkbox"/>	
Equality and Human Rights Analysis (check necessary boxes)						Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favorably than any other?						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If answered 'YES' to either question, please include a section in the report explaining why								
Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)								
Maximize our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input checked="" type="checkbox"/>					
Comply fully with current and future equality and human rights legislation	<input type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>					
Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)								
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described				
Type of Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board Assurance Framework	<input checked="" type="checkbox"/>	Organisational Risk Register	<input checked="" type="checkbox"/>	
Risk Reference / Description: (only include reference to the highest level framework / register)								

1. INTRODUCTION

Across the Birmingham and Solihull footprint the overall numbers of people contracting COVID-19 are reducing, people suffering significant impact such that they require hospital treatment have also begun to reduce in the last two week, they however remain high and our collective efforts as a system to work collaboratively to support those in most need of NHS and social care services continue. The vaccination programme has been successful in vaccinating the first phase priority groups and we are now beginning our recovery and future demand planning.

I would like to thank everyone in team BSMHFT for all that they are doing and will continue to do in the weeks and months ahead to support our future demand response. All of us, whether we work in clinical or professional support services are key NHS healthcare workers and have responded magnificently to this national and international emergency. We can all be very proud of our response to date.

2. CURRENT BSMHFT SITUATION

The pressures and impacts associated with COVID-19 have continued to be significant during February with outbreaks, colleague absences, rising demand and levels of acuity being of particular note.

Our vaccination promotion and communications to colleagues have increased in month, we started our programme for vaccination of service users in in patient settings and commenced planning for vaccination of certain groups of service users in community settings.

Now that we have access to more detailed data in relation to the colleague vaccination programme we have commenced moving our planning from a central trust level to individual service and locality level.

We continue to have good supply of equipment and PPE supplies.

SITREP NARRATIVE	DAILY NUMBER	%
PATIENTS		% BASED ON OBD
TOTAL PATIENTS AFFECTED	23	3.52%
C19 POSITIVE PATIENTS	22	3.37%

SYMPTOMATIC PATIENTS	1	0.15%
C19 + BED NO'S AFFECTED	61	9.35%
STAFF		% BASED ON 4064 SUBSTANTIVE STAFF HEADCOUNT
TOTAL STAFF OFF	385	9.47%
C19 AFFECTED STAFF	195	4.79%
C19 POSITIVE STAFF	65	1.59%
TEST AND TRACE STAFF	5	0.12%
CARING RESPONSIBILITIES	0	
LATERAL FLOW TESTING - UPDATED WEEKLY ONLY FROM FEBRUARY 2021		% BASED ON ESTIMATED 5524 SUBSTANTIVE, BANK ONLY & SSL STAFF HEADCOUNT
TOTAL TESTS RECEIVED	8357	N/A
TOTAL TESTS ISSUED	5185	62.04%
TESTS RECEIVED IN WEEK	0	N/A
TESTS ISSUED IN WEEK	1318	15.77%
STAFF WITH POSITIVE LFT	2	0.03%
VACCINATIONS FRONTLINE HCW - UPDATED WEEKLY ONLY FROM FEBRUARY 2021		% BASED ON NUMBERS OF SUBSTANTIVE, BANK, AGENCY & SUBCONTRACTED STAFF VACCINATED
TOTAL STAFF NUMBER	4900	N/A
SUBSTANTIVE STAFF VACCINATED @14/2/21	1862	51.43%
BANK, AGENCY & SUBCONTRACTED STAFF VACCINATED @ 14/2/21	280	21.87%
TOTAL NO OF STAFF DECLINED	96	1.95%
TOTAL OUTBREAKS ACTIVE ON SYSTEM @ 10AM	20	
WARDS	19	
SITES	1	

3. UPDATES

3.1 Communications

We are continuing with the twice weekly Colleague Briefing and weekly Listen Up Live online Q&A sessions. Added to this in the last month we have focused communications resource and channels heavily on COVID, particularly for messaging around vaccination. This includes a range of collateral, including focused Trustwide emails, Connect banners and screensavers, films, posters for Trust sites and social media. A specific Listen Up Live was focused on vaccination on 11 February and a supportive conversation and Q&A was chaired by the Trust's Equality, Diversity and Inclusion Lead on 18 February. We have developed an engagement pack for managers and leaders, to support the focus on engagement about vaccination at a local level and are working with colleagues in HR, Nursing and Operations to support the engagement of those colleagues who have not yet responded to the offer of the vaccine and those who do not have ready access to Trustwide and online channels

3.2 People

Workforce Capacity

The Redeployment Group have been looking at innovative way to access more workforce capacity during the pandemic. They are using the good practice learnt from recruiting colleagues to volunteer and support vaccination hubs. We will be inviting the same colleagues who volunteered from professional support service Teams for the vaccination hubs to volunteer to complete tasks which will alleviate the administrative burden on colleagues on wards.

During the month more immediate workforce pressures prevailed within a number of services in particular those experiencing and needing to carefully manage outbreaks, often with high levels of colleague absences also resulting. Services have continued to be kept safe through a number of means including additional payment regimes in specific areas.

Wellbeing

Work by the Wellbeing group is underway to pilot reflection / take time out spaces in areas across the Trust. These areas will have resources such as hot drinks, access to self-help and will also have rotas where volunteers and colleagues trained in psychological first aid will be able to support those who access the facilities at the start, during and end of shifts. External funding is being sourced to support the pilot work.

Our Compassionate and Committed People

Colleagues across the board in team BSMHFT continue to show a high degree of commitment, motivation and leadership.

Everyone has strived to manage safely and effectively during this difficult period. Despite pressures individuals and teams have taken time to acknowledge each other in the 'Thank you's' and recognize when they need to support each other day to day.

3.4 Services Update

Integrated Community Care & Recovery (ICCR)

Covid 19 Vaccine administration has commenced on our S2R wards with the majority of staff and service users taking up the vaccine offer.

A plan is being developed to support covid 19 vaccinations to our vulnerable community patients. This will commence in the next two weeks.

All services across ICCR continue to offer a range of face to face and digital therapies, assessment and routine appointments. .

Service leads have commenced detailed planning following receipt of the CQC report. Community services maintained the ratings of good across all domains. ICCR are focusing on the three areas highlighted for improvement

- Colleagues using Skyguard lone worker devices
- Colleagues using trust issue lockable bags to transport medication
- Carer and service user involvement in care planning

The bid for the transformation of adult and older adult community services has been successful. During a confirm and challenge session with NHSE the bid was deemed to be outstanding. Transformation project lead post has now been advertised to assist us in moving forward to implementation.

Winter pressures monies are being used effectively to assist with manage waiting lists number of teams have set up MDT Saturday clinics which have been very well received.

Secure & Offender Health for the Trust Board

Secure Care COVID Outbreaks are reducing and there are currently no service users in acute hospitals with COVID related issues.

Community services are fully operational with are supporting the Trusts Vaccination programme

Reaside & Hillis Lodge have vaccinated 75 service users to date.

Tamarind & Ardenleigh are now commencing vaccination of service users who are eligible following 28 days free of COVID and the Prison vaccination programme is also underway.

Clinical acuity is very high at Ardenleigh within Women's and FCAMHs services, and plans are in place to support the teams to manage this.

Reaside acuity is also high as increased admissions begin post COVID outbreaks.

Teams are working on a number of business cases/contract issues going forward;

- NHSE Baseline Funding – CAMHS/FCAMHS
- Reach Out Baseline Funding - Women's
- Blended Women's Service - Recurrent
- Women's Capital Scheme seclusion /low stimulus space
- Reaside Business Case
- Prevent In Place national Tender
- Liaison & Diversion – Prison Leavers Fund
- Hewell Prison Liaison scheme
- Prison – Drug Testing Proposal
- Inequalities Project

Specialties

There have been COVID-19 outbreaks at the Jasmine suite and the Juniper Centre on Sage, Bergamot and Rosemary (general side). The Rosemary admission area has proved to be an effective strategy to maintain flow and enable service users who require admission to be facilitated. The Rosemary admission area is reviewed on a fortnightly basis.

Acuity across the wards remains high with high usage of bank staff to cover shifts.

Colleagues, service users, families and carers have been very positive about the roll out of COVID-19 vaccinations. The local delivery of vaccinations has proved to be a positive approach and enabled vaccinators to address anxieties and concerns of colleagues and service users. So far 25 service users have been vaccinated; service users who have had a positive COVID-19 test will be vaccinated as soon as possible within recommended guidelines.

Community teams are all operational and working as flexibly as they can to maintain our services to service users.

System working for older adult services continues to help maintain flow through the wards and delayed transfers were a zero at the time of writing this update.

Acute & Urgent Care

There have been a number of pressures across the directorate with covid outbreaks, colleagues have been in bubbles to support the safe delivery of care, wards in the North and Central areas have been particularly challenged, but colleagues have worked really hard across the inpatient services under really difficult and challenging circumstances.

Safety huddles have been rolled out across all 16 inpatient wards and teams are working to embed these in BAU.

The pilots round additional activities have now commenced in three wards. Very early feedback has been positive from both service users and colleagues.

The patient COVID-19 vaccine programme has now commenced on a number of inpatient wards and has been well received.

Mental Health Hubs at Goodhope and Heartlands are now fully operational as part of the winter pressures funds and these are working to support service users in coming into A&E in a calmer environment

The clinical input into the Mental Health Helpline has been really well received and has now become embedded in the helpline processors.

The pilot crisis house is currently on schedule to open on the 24th February, the SOP has now been approved by the Acute CGC

4. OTHER LOCAL UPDATES

4.1 LTP Funding

The bid for the transformation of adult and older adult community services has been successful. During a confirm and challenge session with NHSE/I the bid was deemed to be outstanding. The Transformation project lead post has now been advertised to assist us in moving forward to implementation.

We are pleased to also confirm that our bid has been approved the Crisis Alternatives Transformation Funding proposal.

In terms of further LTP funding for 2021/22 we are pulling together a plan of the recruitment required for service developments and enhancements related to the potential funding available with the view to commencing recruitment in the next few weeks

4.2 Recruitment

Recruitment to the Interim Executive Director of Quality and Safety (Chief Nurse) has taken place and an individual will join us during March.

Recruitment to the substantive role has been paused for a few months.

Recruitment to the Associate Director of Operations for Secure Care and Offender and Chief Psychologist roles has been successful in recent days and details will be announced in the coming weeks.

4.3 Staff Survey

The annual national staff survey will be published on 11th March.

5. NATIONAL ISSUES

5.1 Department of Health: People experiencing the longer-term effects of long COVID to benefit from research projects to help better understand the causes, symptoms and treatment.

Approximately 1 in 10 people with COVID-19 continue to experience symptoms beyond 12 weeks. Government funding for the projects approved in partnership with the National Institute for Health Research (NIHR) and UK Research and Innovation (UKRI). People experiencing the longer-term effects of long COVID will benefit from £18.5 million to fund research projects to help better understand the causes, symptoms and treatment of the condition.

The funding will be given to 4 studies to identify the causes of long COVID and effective therapies to treat people who experience chronic symptoms of the disease.

The projects were chosen following a UK-wide call to find ambitious and comprehensive research programmes to help address the physical and mental health effects of COVID-19 in those experiencing longer-term symptoms but who do not require admittance into hospital.

Long COVID can present with clusters of symptoms that are often overlapping and/or fluctuating. A systematic review has highlighted 55 different long-term effects but common symptoms of long COVID include breathlessness, headaches, cough, fatigue and cognitive impairment or 'brain fog'. There is also emerging evidence that some people experience organ damage.

Approximately 1 in 10 people with COVID-19 continue to experience symptoms and impaired quality of life beyond 12 weeks ('long COVID').

5.2 Integrated Care System White Paper

This white paper was published in recent days and for those that have yet to read it, the link here will take you to it. <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

Board members will have opportunity to consider this in more detail alongside our existing provider partnership arrangements in part II of our meeting.

5.3 News from Kings Fund Covid-19 recovery and resilience:

What can health and care learn from other disasters? As Covid-19 swept the globe, countries worked to tackle the immediate threat of the virus. Entire new hospitals were built in just days, people have been required to restrict their activities on a scale previously inconceivable during peacetime and a new class of vaccine was developed, trialled and approved within a matter of months. The scale of the emergency response has been extraordinary. The Kings Fund is reviewing what comes next? Read more here [Kings Fund](#)

5.4 Mental Health Today Online

An online resource has been launched to support the mental wellbeing of the self-employed Small and Medium Enterprises (SME) owners are being hit by the ongoing economic shock and are experiencing a state of permanent crisis. A survey conducted by business insurer Simply Business found that 1 in 5 SME owners are emotionally in a bad place, four in five admitted that the pandemic is harming their mental health, and over half reported that they have been experiencing anxiety since the start of the pandemic. During the pandemic, mental health has for many people been tied to feelings of anxiety over their financial insecurity, with the resultant economic crunch being felt most harshly by those without the means to support themselves. Read more here <https://www.mentalhealthtoday.co.uk/news>



**Birmingham and Solihull
Mental Health**
NHS Foundation Trust

Agenda Item No:	6
Report to:	BOARD OF DIRECTORS
Meeting Date:	24 th February 2021

Report provided (check necessary boxes):			
To Note	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

REPORT FROM INTEGRATED QUALITY COMMITTEE (IQC)

Board Director Sponsor:	Waheed Saleem, Chair IQC		
Report Author(s):	Dan Conway, Deputy Company Secretary		
Appendices and References:	Not applicable		
Previously Discussed:	None		
Alignment to the Trust's Strategic Objectives: (check necessary boxes)			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input checked="" type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input type="checkbox"/>
SA5 - We will drive research, innovation and technology to enhance care	<input checked="" type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input type="checkbox"/>
F.1 - Sustainability	<input type="checkbox"/>		
Purpose of Report: (What do you want the Board or Committee to consider)	To provide the Board of Directors with a summary of discussions held at the IQC Committee		
Summary of Key Issues:	Detailed within the report		
Recommendation(s):	To receive and note.		
Next Steps: (Subject to recommendation(s) being accepted)	N/A		
Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)			
If 'Yes', outline the consequence(s) by providing further detail in the report			
Patient Safety <input type="checkbox"/>	Clinical Effectiveness <input type="checkbox"/>	Patient Experience <input type="checkbox"/>	Operational Performance <input type="checkbox"/>

CQC Compliance <input type="checkbox"/>	Legal Requirements <input type="checkbox"/>	NHS Provider license Compliance <input type="checkbox"/>	Resource Implications (financial or staffing) <input type="checkbox"/>		
Equality and Human Rights Analysis (check necessary boxes)			Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered 'YES' to either question, please include a section in the report explaining why					
Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)					
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input type="checkbox"/>		
Comply fully with current and future equality and human rights legislation	<input type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>		
Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)					
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described	
Type of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Assurance Framework <input type="checkbox"/>	Organisational Risk Register <input type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)			Not applicable for this report.		



REPORT FROM THE IQC COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

1.1 CQC Action Plans

IQC were provided assurance on actions taken in relation to our CQC Section 31 improvement plans and were informed that there had been a delay in conducting a survey on Larimar Ward for the ensuite door alarm system. Access to this ward was compromised due to a COVID-19 outbreak and the formation of a staff bubble. This delay will not however impact on the overall installation of the system in accordance with the original defined timeframe.

There was some NED challenge on how, the task of over establishment of staff on wards, would be addressed given that this had now appeared on the risk register as a potential missed target. We were informed that the work was ongoing to meet this target and the Pandemic had influenced this effort. Open and transparent dialog was being shared with the CQC on these challenges.

We were informed that the CQC are planning to conduct Mental Health Act Inspections remotely and for this Trust, would firstly carryout a paperwork review at the Juniper Centre in March 2021.

IQC asked that they continue to have oversight of the action plans and at the March 2021 meeting this includes a 3 month assurance forward look.

1.2 West Midlands (Reach Out) Adult Secure Care: Commissioning Overview

ICQ received a comprehensive presentation that provided:

- An update on overall Reach Out PC program.
- Details of the planned Governance processes
- A recap of lead provider roles and responsibilities including quality assurance across the provider collaborative;
- The quality assurance framework developed by the Clinical Programme Director Reach Out and Associate Director of Governance BSMHFT

We had a robust conversation on how the clear separation between being a provider and commissioner within the same organisation would be managed and details of the reporting structure were presented to demonstrate how this would be taken forward.

We also discussed how the NED assurance role would be created within the current governance structure and were informed that this was an ongoing workstream and any changes would be consulted with the Board before implementation.

The NEDS questioned if part of this program would address the issue of health inequalities for our service users. We were informed that a project to look at this area was being funded by Reach Out and lead by an Expert by Experience.

The Executives informed the meeting that the infrastructure would need to be strengthened in order to deliver the quality agenda for this program. Further discussions on this were being held to keep the model sustainable.

IQC agreed the proposed 'Provider Collaborative and Lead Provider Governance' structure and approved the Quality Assurance Framework.

We recommend to the Trust Board that the Governance Framework and the Standard Operating Protocols including Quality Assurance Framework provide 'assurance' for sign off.

1.3 West Midlands Adult Secure Care, Eating Disorders and CAMHS: Provider

IQC were reminded that The Trust is a core partner in 3 Provider Collaboratives. All Provider Collaboratives were required to submit business cases to NHS England by the end of February as part of the National Gateway process. Over the last 2 years the Trust had worked in co-production with other parties to produce a clinical model in a joint approach.

The NEDS challenged the Trust, that they should use this to maximise the opportunities to develop services and strategies within this clinical model.

There was further challenge as to whether the staff who are currently delivering the service had feedback to the organisation on how they feel the new processes are working. We were informed that staff were positive around the new clinical model of joint working and they were integrated into how further improvements could be made.

1.4 Personality Disorder Steering Group Update

Since the last report IQC were informed of the developments made in this agenda, they included:

- Strategy document completed, consulted on, approved by clinical governance.
- Proposal: to change this to a clinical guideline as we move to an implementation phase-currently in completion
- Clinical service draft model designed
- Structured Clinical Management-successful strategic development day held
- Personality Disorder Steering group re-commended with new membership- July 2020 meeting monthly & has representation/input from all divisions
- Task and finish groups (Staff and Experts by Experience) completed with recommendations and actions May 2019 – July 2019
- Closely working with the CCG on repatriation of patients in out of area placements and appropriate future placements

The NEDS asked for some clarity on the reported requirement of Board support for staff. We were informed that this was more around the leaders in clinical areas, to support in giving guidance and input to the service and staff.

The Executives stated that though the work of the clinical leads there was clear feedback from staff that this was a positive for them.

1.5 Community survey Improvement Plan

IQC were informed of the results of the National Mental Health Community survey summary, and improvement plans. Details of how this would have an effect on service users experience was also discussed.

The NED's questioned how the improvement plans could improve the levels of response rates. We were informed that the Trust was now using a system called DIALOG to which focuses clinicians having discussions with service users on all areas of life, including health, benefits and work. This would also help the Trust to make a significant difference to all parties.

We had a discussion on the Social Prescriber model and how this could be implanted to the benefit of this Trust and its service users, given that the management processes differ throughout the country. IQC was informed that the Trust was already discussing how to embedding the processes within the services and help access social activities that are not just mental health focussed.

1.6 Update on Predictive Analytics

The report was received and noted.

1.7 Capital Funding Report

The report was received and noted

1.8 Operational Risk Register Update

The report was received and IQC noted the increase in People related risks and reminded the members that risk management was being discussed at the Board Development Session later in the Month.

1.9 BAF

IQC were informed that the BAF was being discussed at the Board Development Session later in the Month.

1.10 Review of Governance Structures Supporting Quality

IQC were briefed on the recommendations to adjust the tier 3 and tier 4 governance structure supporting quality and safety across the Trust. The Performance Delivery Group commissioned the Associate Director of Governance to lead a review of the governance structure underpinning quality and safety in February 2020. The review has concluded and was conducted through engagement of staff, chairs of existing fora, review of papers, outcomes and attendance levels and identified the need to rationalize the number of groups meeting to enable greater focus and clarity on roles, responsibilities and decision-making capability.

The NED's welcomed the recommendations and welcomed the standardisation on the structure throughout the organisation.

IQC agreed to adopt this structure to support the governance of the quality domain for 2021/22.

1.11 Quality Metrics

The report was received and noted.

2. RECOMMENDATION

The Board is asked to note and receive the update.



Agenda Item No:	8
Report to:	Trust Board
Meeting Date:	24 th February 2021

Report provided			
To Note	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

Annual Customer Relations Report 2019/20 including Complaints and PALS

Board Director Sponsor:	Sue Hartley, Executive Director of Nursing
Report Author(s):	Shane Darby, Customer Relations Lead
Appendices and References:	<ul style="list-style-type: none"> Birmingham and Solihull Mental Health NHS Foundation Trust Annual Customer Relations Complaints and PALS report 2019/20 Appendix 1: Complaint data 2019/20 Appendix 2: Actions and learning from upheld and partially upheld complaints 2019/20.
Previously Discussed:	The annual information has not been previously reported or discussed by Board members.

Alignment to the Trust's Strategic Objectives:

SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input checked="" type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input checked="" type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input type="checkbox"/>
SA5 – Strategic Ambition 5 – Strategic Ambition 5 - We will drive research, innovation and technology to enhance care	<input type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input type="checkbox"/>
F.1 - Sustainability	<input type="checkbox"/>		

Purpose of Report: (What do you want the Board or Committee to consider)	Board members need awareness of issues of concern raised through the formal BSMHFT complaints process and the frequent issues arising through PALS & Customer Relations.
Summary of Key Issues:	<p>This report summarises the activity and performance of the Customer Relations Team, comprising the Complaints and PALS service for Birmingham and Solihull Mental Health NHS Foundation Trust for the period of 1 April 2019 to 31 March 2020.</p> <p>During 2019/20 we received a total of 85 formal complaints, 677 PALS resolutions and provided advice and information to 3381 callers. Please see the full report attached for the detail.</p>

	The highest numbers of concerns have been in relation to “Values and Behaviours” and also “Communications”.
Recommendation(s):	Board members to be appraised of issues being raised through Trust’s complaints and concerns processes.

Next Steps: (Subject to recommendation(s) being accepted)	None
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Do the action(s) outlined in this paper impact on any of the following issues?			
If ‘Yes’, outline the consequence(s) by providing further detail in the report			
Patient Safety <input checked="" type="checkbox"/>	Clinical Effectiveness <input checked="" type="checkbox"/>	Patient Experience <input checked="" type="checkbox"/>	Operational Performance <input type="checkbox"/>
CQC Compliance <input checked="" type="checkbox"/>	Legal Requirements <input type="checkbox"/>	NHS Provider license Compliance <input type="checkbox"/>	Resource Implications (financial or staffing) <input type="checkbox"/>

Equality and Human Rights Analysis	Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered ‘YES’ to either question, please include a section in the report explaining why			

Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives			
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input type="checkbox"/>
Comply fully with current and future equality and human rights legislation	<input type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>

Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate)				
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described
Type of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Assurance <input type="checkbox"/> Framework <input type="checkbox"/> Organisational <input type="checkbox"/> Risk Register <input type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)				

Executive Summary

This report summarises the activity and performance of the Customer Relations Team, comprising the Complaints and PALS service for Birmingham and Solihull Mental Health NHS Foundation Trust for the period of 1 April 2019 to 31 March 2020.

During 2019/20 we received a total of 85 formal complaints, 677 PALS resolutions and provided advice and information to 3381 callers. Please see the full report attached for the detail.

The highest numbers of concerns have been in relation to “Values and Behaviours” and also “Communications”.

BOARD DIRECTOR SPONSOR: Sue Hartley, Executive Director of Nursing
REPORT AUTHOR: Shane Darby, Lead for Customer Relations
APPENDIX: Birmingham and Solihull Mental Health NHS Foundation Trust Annual Customer Relations Complaints and PALS report 2019/20 Appendix 1: Complaint data 2019/20 Appendix 2: Actions and learning from upheld and partially upheld complaints 2019/20.
PREVIOUSLY DISCUSSED: The annual information has not been previously reported or discussed by Board members.

Birmingham and Solihull Mental Health NHS Foundation Trust
Customer Relations Complaints and PALS Annual Report 2019 - 2020

The Customer Relations process

The Trust has open, transparent mechanisms to allow service users, family members, carers, third parties and members of the public to raise issues of concern regarding patient care and treatment. These issues of concern are treated with the utmost seriousness and routes exist through our service whereby they can be resolved informally and locally where appropriate, and/or through the formal complaints process if our initial attempts to resolve them, fail. The Trust is committed to hearing the experiences of those using services and actively responding to them in an open and transparent manner. We welcome service users and family members who want to bring matters of this kind to our attention and we recognise that it is only through hearing their experiences that we can truly and openly improve our services for the better. This is the hallmark of the success of the Trust and it is only through our patients' experiences that we truly learn and improve services for those that use them every day.

Listening to service users and putting things right

Very often the complaints process is viewed as a negative experience, for service users, their families and for staff. BSMHFT are working to change that, be reminding all users of the complaints process that we do not discriminate anybody if they have raised a concern or complaint. We see each complaint or concern as a chance to better understand the people we serve and it also gives us the opportunity to create a good experience and outcome.

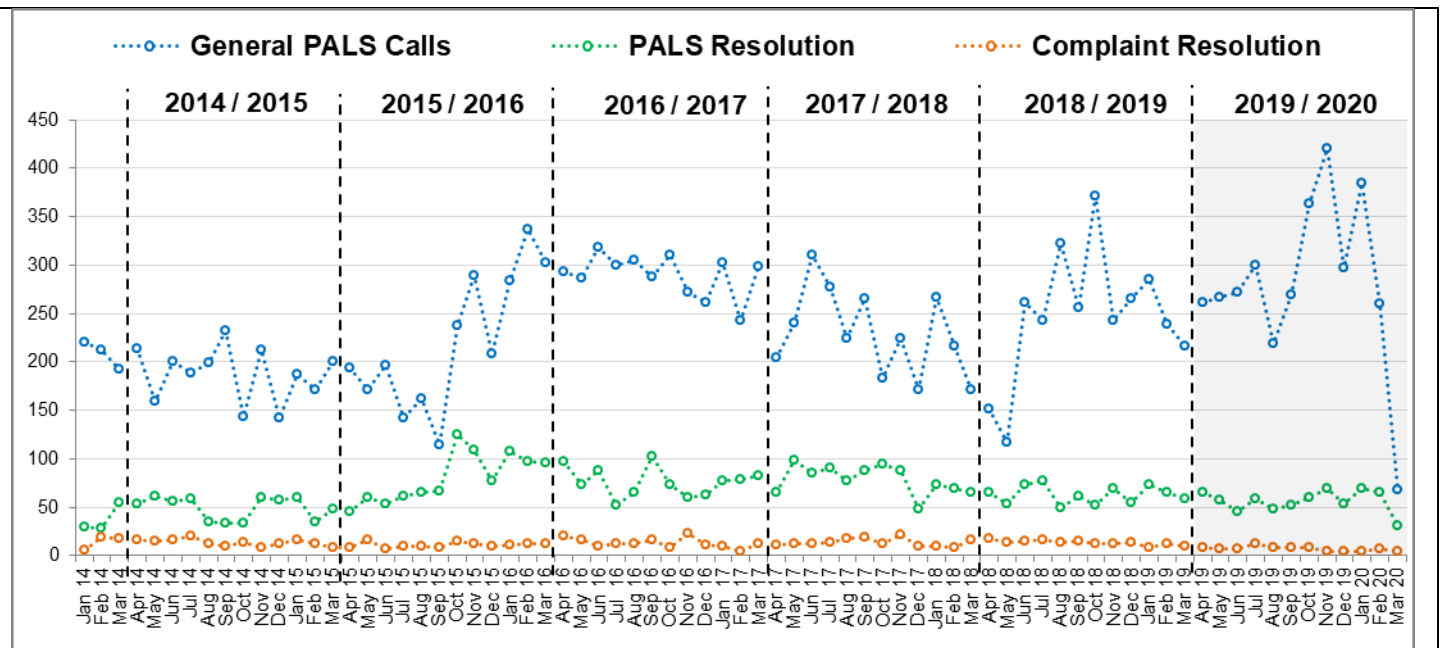
Putting things right and having that opportunity to correct a wrong can be part of the individual's recovery, putting them in control of their concerns and giving hope that we are all seeking the same outcome. BSMHFT have committed to a journey to improve how we respond to issues of concern and embed good practice throughout the whole of our organisation. This journey will be continuing for many years, as change and improvement is a continuous process. It's a journey we cannot take alone as we, as providers of care, cannot define success or measure it on our own. Our partners are those who truly know our services, because they have used them, either as service users and/or as family, friends and carers of service users.

We have an ambitious goal: to create positive change based on the experience of service users, to empower their voice, to take action to put things right, and to learn together.

Performance

During 2019-2020 BSMHFT received 85 formal complaints, which is a reduction of 46% from the previous annual data, which concluded of 156 formal complaints. Our PALS function resolved 677 concerns during 2019-2020, which is a reduction of 11% from the previous year's data which concluded of 756 concerns. . Our general PALS calls numbered 3381.

Please see below a chart showing activity over the last 6 years.



Achievements and Challenges during 2019-2020

As noted within our 2018 - 2019 report the team had struggled in obtaining independent investigating officers to complete complaint investigations. Therefore, within 2019-2020 we concentrated in expanding the portfolio of trained investigated officers; we have offered the additional training to 27 staff members across the organisation. Although due to capacity on occasions we are still witnessing trained investigating officers decline complaint investigations and as a result this causes delays in appointing investigators, delays in investigations being completed and causes complaints to be extended on occasions, creating additional work for the team and does not reflect well to complainants who want the outcome of their complaint in a reasonable but timely fashion. Despite these challenges, we have fully investigated complaints within an average timescale of 34.1 days across the year.

In November 2019, the Complaints Policy was refreshed and ratified, reminding policy readers of the importance of feedback via the complaints pathway, which encourages service improvements across the organisation. Following the ratified policy being cascaded across the Trust, we held refresher sessions for trained Investigating Officers; we met with low numbers of attendance however plans will continue throughout 2020-2021 for additional sessions. In collaboration with the launch of the refreshed policy, we also created an 'Easy read' guide to ensure that our information was accessible to all parties.

We also re-launched our PALS surgeries on inpatient wards and community centres which were positively received from service users, carers and families, as a more visual aid for signposting services and departmental queries. An audit was carried out whereby it showed an impressive reduction in PALS conversions to complaints; the previous year's data was 21% of PALS concerns were converted to a complaint resolution. A dramatic decrease was just 6% for 2019/2020.

Priorities looking into 2020/2021

It Takes 3 – is a short video communicating 3 lessons learnt from complaints in 3 minutes and is located on the Trust intranet page Connect. This means that the video can be reached by all staff across the Trust enabling Trustwide learning. During 2020/2021 we plan to continue to utilise this function to ensure learning lessons are shared widely across the organisation.

We are focusing on actions arising from closed complaints with an outcome of “upheld” or “partially upheld” during this year to assure ourselves that actions which are closed have made a real change in practice or culture. In addition, we are also concentrating on those open actions to close them in a more timely fashion.

1. 2019-2020 Data

During 2019/20 we received a total of 85 formal complaints, showing a decrease (-77) in comparison to 162 received for 2018/19. (See appendix 1 for activity levels).

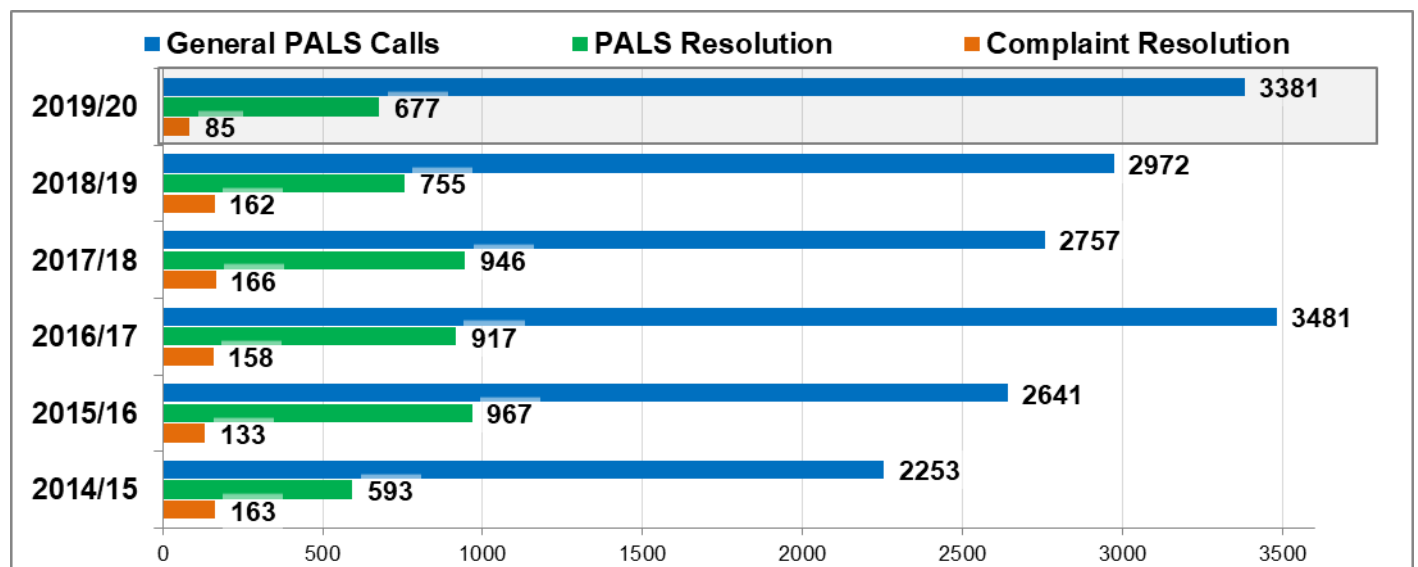
677 PALS resolutions were recorded in 2019/20, a decrease (-78) in comparison to 755 for 2018/19.

PALS provided advice and information to 3381 callers in 2019/20 demonstrating an increase (+409) in comparison to 2972 for 2018/19.

Complaints received are categorised by complexity, this also dictates the timescale for investigation. Of those 85 formal complaints received, 62 were categorised as category 1 with a 25 day timescale, 17 were categorised as category 2 with a 30 day timescale and 6 were categorised as category 3 which has a timescale of over 30 days up to six months.

Dependent on the progress of investigation and other operational issues, timescales may be extended from this initial grading.

Please see the chart below for activity comparison for previous 6 years.



2. Why are our patients complaining?

71% of the concerns raised during 2019/20 have been directly from the patient (50). We have also received 32 complaints from friends or relatives of patients under our care.

The highest numbers of concerns have been in relation to “Values and Behaviours”, an example being; a service user was unhappy with the lack of support from CPN and CMHT. Also unhappy that therapy has not been offered.

Other areas of complaints raised during 2019/20 relate to “Communications”, an example is a complainant was not happy they were discharged without any notification or discussion and also they were advised to reduce medication but not by how much meaning they felt left in limbo.

3. Complaints investigation process

We have closed 91 complaints within agreed timeframes and have achieved 100% compliance with resolution standards within 2019/2020, albeit with some renegotiation of timescales.

Of those 91, 63 were initially graded as within category 1, 21 were initially graded as category 2 and 7 were initially graded as category 3.

Category 1 cases:

The average timescale of the complaints closed initially graded as within category 1 was 25.1 days. The longest case took 256 days and the shortest, 1 day We extended 9 of the 63 cases in this category. The reasons behind extensions were, 6 due to the complainant adding additional issues throughout the investigation, 1 due to capacity within Investigating Officers and 2 due to additional support required from Human Resources for Person In Position Of Trust (PIPOT) cases.

Category 2 cases:

The average timescale of these complaints closed, initially graded as category 2, was 42 days.

The longest case took 270 days and the shortest took 1 day. We extended 8 of the 21 cases. The reasons for extensions were the length of time taken to allocate an investigating officer in 3 cases. The remaining 5 cases were extended due to a mixture of capacity demands and complex cases.

Category 3 cases:

Seven cases closed in 2019/2020 had a category 3 which has a timescale of over 30 days up to six months. The average timescale of the complaints closed, initially graded as category 3, was 67.7 days. The longest case took 171 days and the shortest took 20 days. We did not extend any of the 7 cases.

The average length of a complaint from registration to closure in 2019/2020 was 32.3 days.

4. Returned or Dissatisfied complainants:

There were eighteen complainants returning to us during 2019/2020 which is an increase on the return rate for 2018/2019, where we received 7 complainants returning to us dissatisfied. All those returning are reviewed by the Customer Relations Team and we then offered either a mediation meeting or a further response, if possible or appropriate. All cases have subsequently been closed after further action.

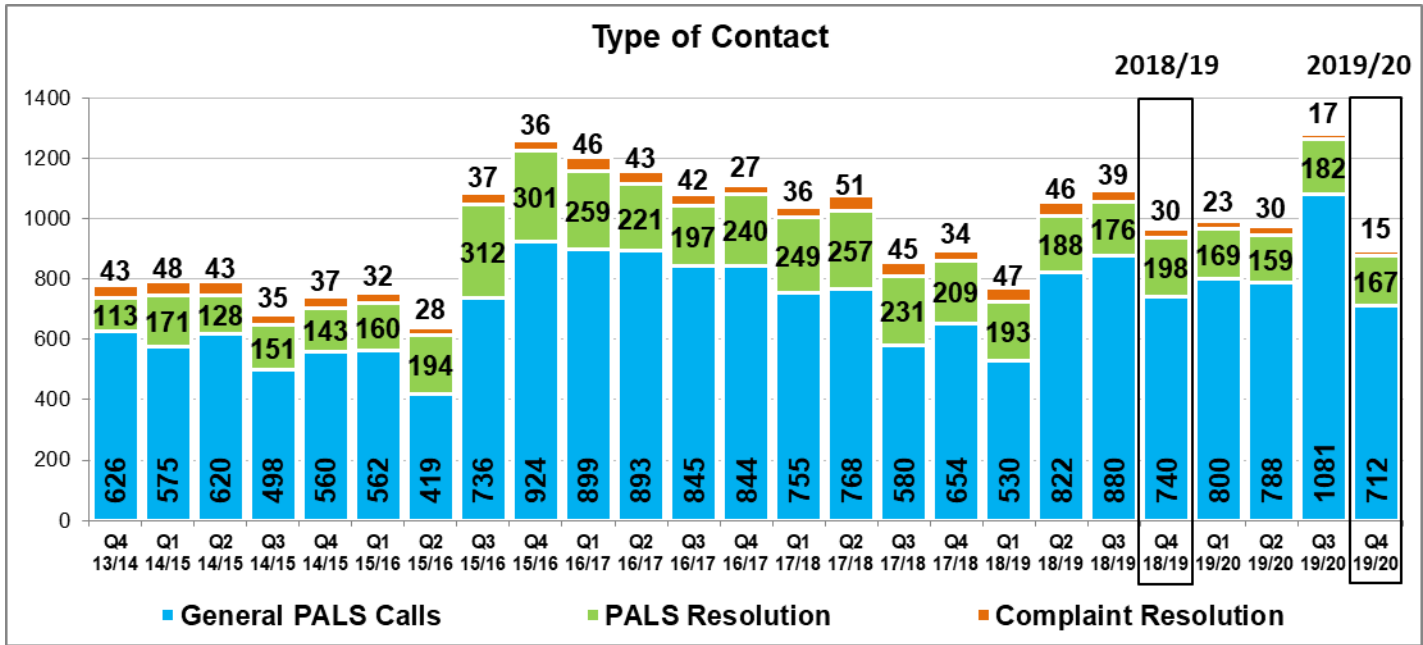
5. Parliamentary and Health Service Ombudsman (PHSO) referrals:

During 2019/2020 there have been a total of 2 cases open to the PHSO. Of those 2, 1 case received an outcome of 'Partially Upheld' the Trust identified a robust action plan, which has been completed and shared with the Ombudsman and complainant at the time of writing this report. The remaining 1 case is pending final outcome at the time of writing this report.

Following a visit to the Customer Relations team during November 2019, the PHSO had complimented the Trust of the robust investigation techniques used with evidential assurance available.

Complaint data 2019/20

Appendix 1

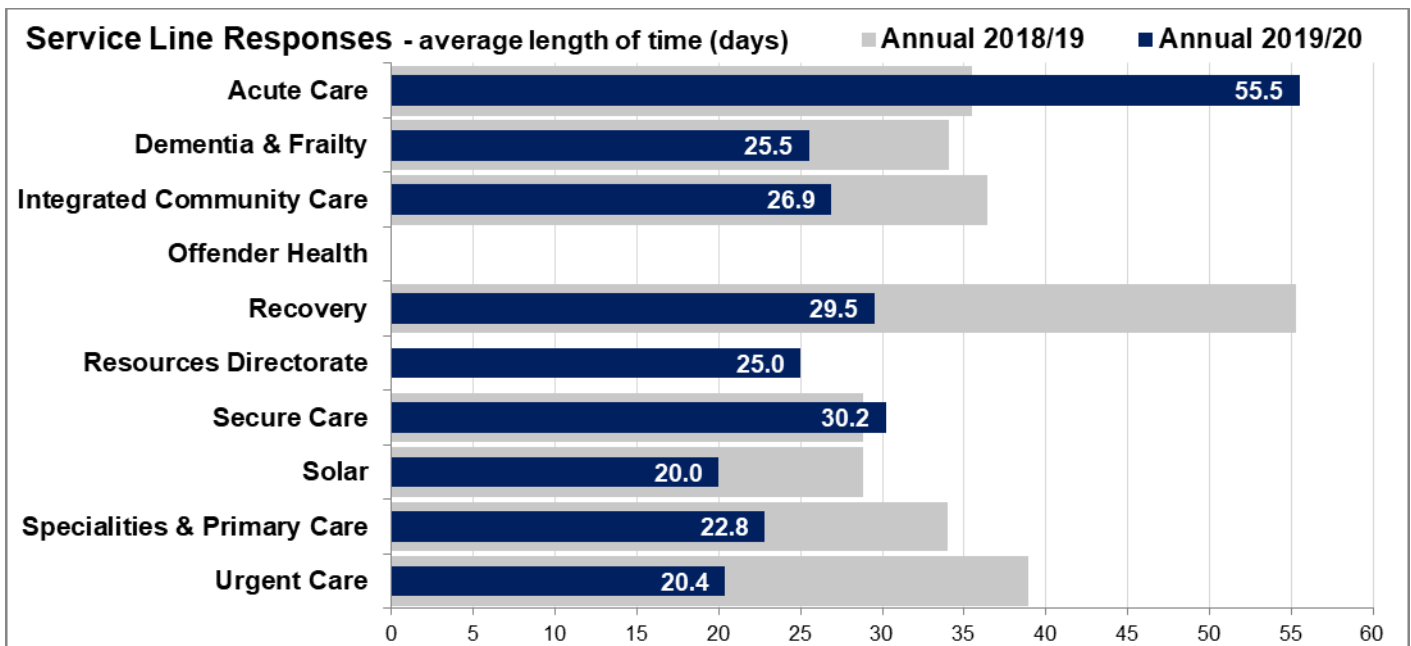
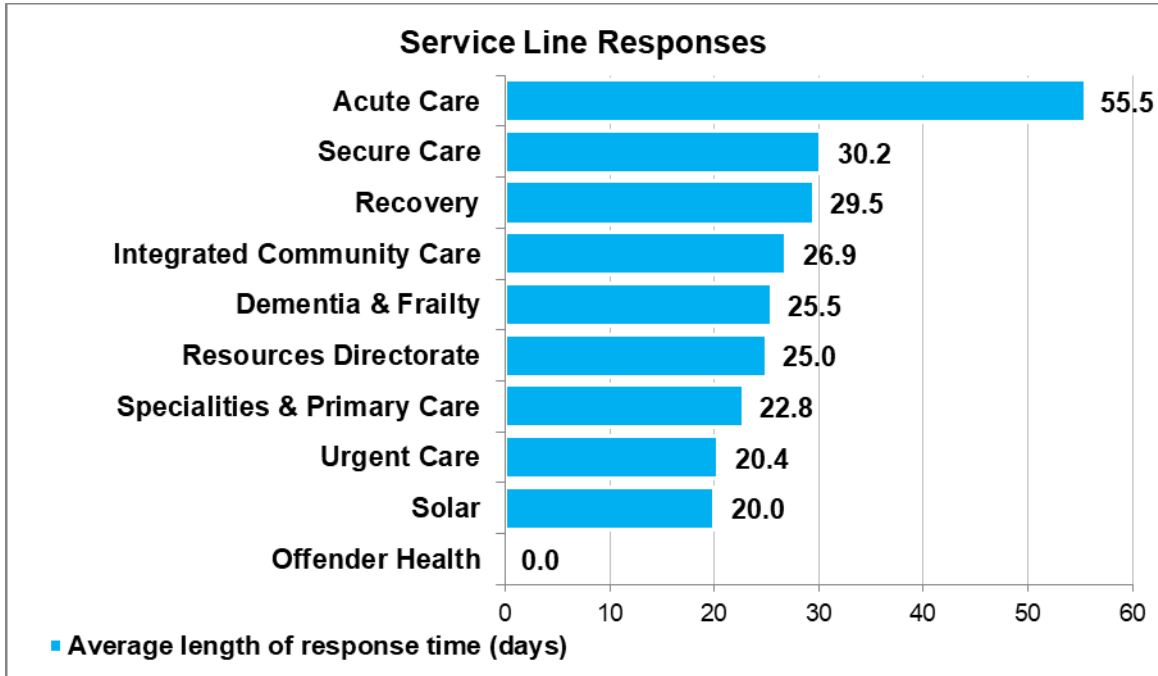


Who made contact during 2019/20?		
Source Type	Complaints	Pals Resolutions
Anon (Includes General PALS Calls)	0	3381
Advocate	1	5
Carer	0	8
CGC	2	2
CQC	0	4
Father	2	8
Friend	1	5
G.P.	0	2
M.P.	0	24
Member Of Staff	0	6
Mother	3	36
Other	0	2
Other Professional	0	25
PALS Dept.	0	2
Partner	3	27
Patient	50	362
Relative	23	155
Solicitor	0	4
Grand Total	85	4058

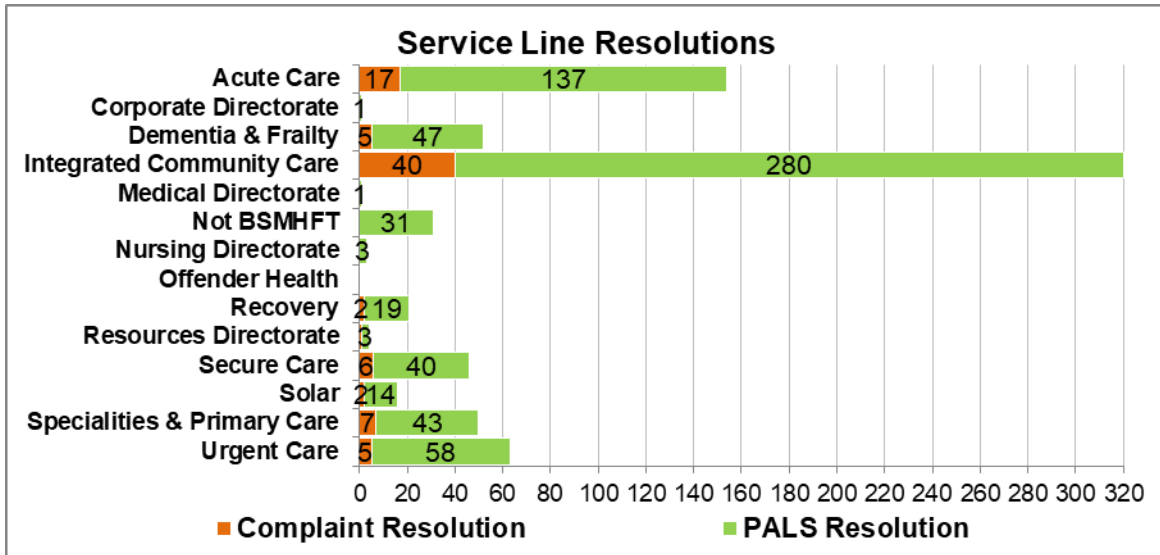
Complaint Response Time Compliance

Where there is 0.0 these service lines have not responded to any complaints during this period.

We can see from the timescales shown on the chart below that all services are working hard to respond to complaints within timescales, but there are a number of reasons for cases to be extended at times in order to deliver a quality response, or due to capacity issues within wider service areas.



Customer Relations contacts 2018/19

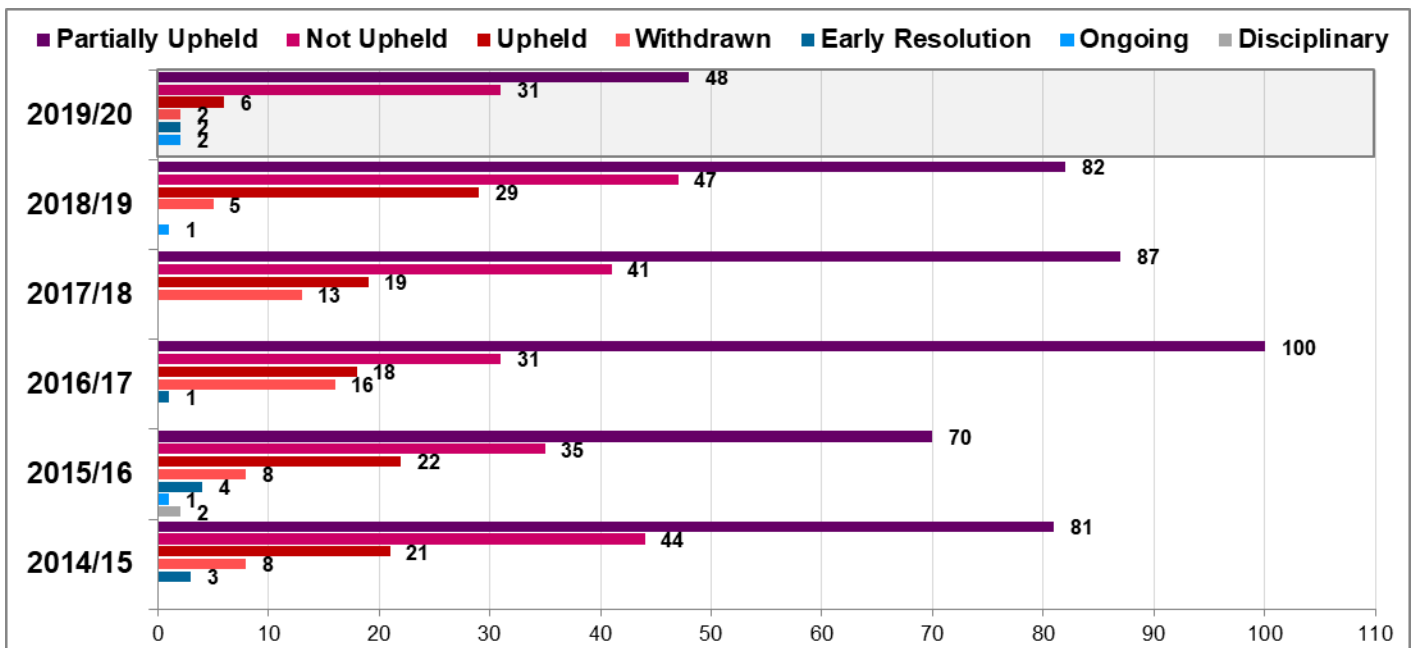


KO41a Categories Complaints Received During 2019/20	Total
Access to Treatment or Drugs	8
Access To Services	4
Service Provision	4
Admissions and Discharges (Excluding Delayed Ddischarge due to absence of a care package)	9
Transfer Arrangements	1
Bed Not Available For Admission	1
Discharge Arrangements (Incl. lack of or poor planning)	2
Discharged Too Early	4
Cancelled/Rescheduled Clinic/Appointment	1
Appointments	2
Appointment Not Kept By Staff	1
Appointment - Availability (Incl. Urgent)	1
Clinical Treatment	10
Inappropriate Treatment	2
Incorrect Diagnosis	1
Delay In Treatment	2
Delay Or Failure To Follow Up	1
Dispute Over Diagnosis	3
Delay Or Failure In Acting On Reports	1

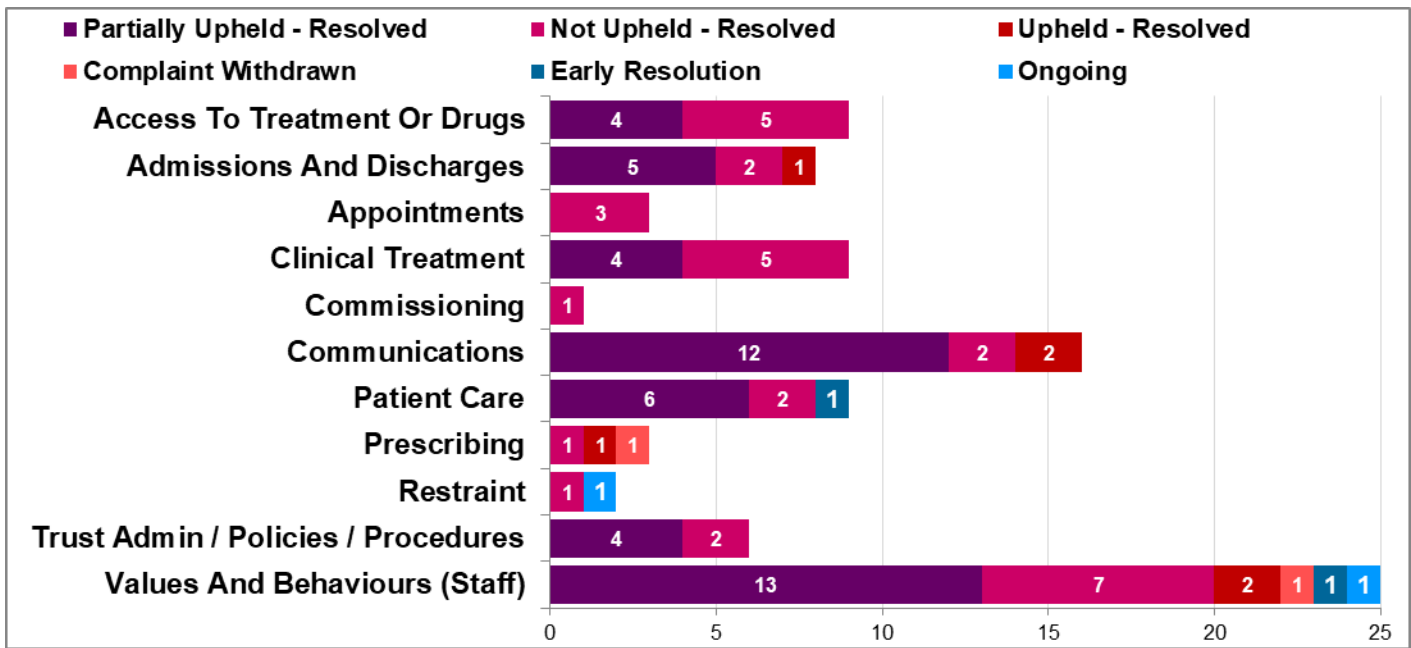
KO41a Categories Complaints Received During 2019/20	Total
Communications	17
Communication With GP	1
Communication With Patient	7
Communication With Relatives/Carers	4
Method/Style Of Communications	1
Communication Failure Between Departments	1
Incorrect/Inaccurate Interpretation	1
Incorrect Entry On Medical Records	1
Delay In Reporting Results	1
Patient Care	8
Inadequate Support Provided	5
Dispensing Error	1
Care Pathway Issues	1
Slips Trips And Falls - Unwitnessed	1
Prescribing	2
Failure To Prescribe	1
Prescribing	1
Restraint	2
All Aspects Of Restraint Issue	2
Trust Admin/Policies/Procedures Including Patient	7
Failure To Follow Procedures	1
Mental Health Act	4
Trust Administration Issues	2
Values and Behaviours (Staff)	20
Attitude Of Medical Staff	5
Attitude Of Nursing Staff/Midwives	10
Breach Of Confidentiality By Staff	3
Sexual Abuse/Assault By Staff	1
Verbal Abuse By Staff (Incl. Alleged)	1
Grand Total	85

Complaints responded to during 2019/20	Total
Not Upheld	48
Partially Upheld	31
Upheld	6
Complaint Withdrawn	2
Early Resolution	2
Ongoing	2
Grand Total	91

Please see below a chart showing complaints responded to over the last 6 years



Please see the below chart showing complaints responded to over the last 12 months by category;



Themes, Actions and Learning Lessons:

We produce monthly reports to service areas showing the remaining outstanding actions awaiting closure. It is hoped these lessons will create real change by embedding new ways of working as a result. This is an area we are planning on focusing on during 2020-2021 to assure ourselves that those closed actions have made real change for service users utilising our services every day.

Below are three top action themes that we have identified and implemented immediate or planned learning as a result;

Comms Preference: Up to 43.17% completed (Adult CMHTs) in the July 2020 report from 34% and we are also providing the data for Solar and Older People’s CMHTs to share the learning to a Trustwide level.

CMHT Booklet: We are continuing to liaise with our colleagues in the community services and Lead for, recovery, service user, carer and family experience for a suitable information booklet to be finalised in line with the accessible information and communications policy, and funded.

Autism, it takes 3 – ongoing plans to produce an ‘It Takes Three’ video in collaboration with Autism West Midlands.

Family & Carer Engagement: on-going audits taking place to monitor compliance of teams utilising this tool within RiO. Monthly reports will be provided to service areas for improvement and assurances purposes



Agenda Item No:	9
Report to:	BOARD OF DIRECTORS
Meeting Date:	24 th February 2021

Report provided (check necessary boxes):			
To Note	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

REPORT FROM PEOPLE COMMITTEE

Board Director Sponsor:	Joy Warmington , Chair, People Committee		
Report Author(s):	Patrick Nyarumbu, Director of Strategy, People & Partnerships		
Appendices and References:	Not applicable		
Previously Discussed:	None		
Alignment to the Trust's Strategic Objectives: (check necessary boxes)			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input checked="" type="checkbox"/>
SA5 –We will drive research, innovation and technology to enhance care	<input type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input checked="" type="checkbox"/>
F.1 - Sustainability	<input checked="" type="checkbox"/>		
Purpose of Report: (What do you want the Board or Committee to consider)	To provide the Board of Directors with a summary of issues relating to the remit of the People Committee		
Summary of Key Issues:	Detailed within the report		
Recommendation(s):	To receive and note.		
Next Steps: (Subject to recommendation(s) being accepted)	N/A		
Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)			
If 'Yes', outline the consequence(s) by providing further detail in the report			
Patient Safety <input type="checkbox"/>	Clinical Effectiveness <input type="checkbox"/>	Patient Experience <input type="checkbox"/>	Operational Performance <input type="checkbox"/>

CQC Compliance <input type="checkbox"/>	Legal Requirements <input type="checkbox"/>	NHS Provider license Compliance <input type="checkbox"/>	Resource Implications (financial or staffing) <input checked="" type="checkbox"/>		
Equality and Human Rights Analysis (check necessary boxes)			Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered 'YES' to either question, please include a section in the report explaining why					
Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)					
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input type="checkbox"/>		
Comply fully with current and future equality and human rights legislation	<input type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>		
Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)					
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described	
Type of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Assurance Framework <input type="checkbox"/>	Organisational Risk Register <input type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)			Not applicable for this report.		



REPORT FROM THE PEOPLE COMMITTEE

1. ISSUES TO RAISE WITH THE BOARD

The People Committee met on the 17th February 2021 and the following items are highlighted for Board Members:

2. COVID-19 STAFF WELLBEING UPDATE

An update was received on the key wellbeing programs currently in place which included Schwartz rounds, virtual wellbeing webinars, virtual physiotherapy sessions, post incident support and session regarding violence towards staff.

Work was continuing to enhance well-being provision and in particular a focus on well-being hubs being rolled out by May at Ardenleigh, Prison services and Juniper. HR Business Partners were also working with services to identify what could be done to support staff to ensure they have a dedicated, safe rest area. In addition, working to ensure staff were empowered to identify what was required within their own areas.

A formal evaluation was undertaken last year on the well-being provision for staff with 95% of staff rating the provision as good. The Trust continues to have requests for on-site counselling with the Occupational Health department recently setting up onsite counselling for staff at Reaside.

A Task & Finish Group had been established to review the COVID-19 staff risk assessment process. It was identified that the process needed to be streamlined and managers needed to be adequately equipped with the skills to have the appropriate supportive conversations with staff.

A number of well-being areas had been specifically developed further following feedback from staff, a specific example related to the post-incident support tool developed to be used following serious incidents.

3. COVID-19 STAFFING UPDATE

A report was presented providing an update on key staffing pressures as well as actions being taken in response to the requirements for additional staffing. There continued to be significant staffing pressures trust wide because of the current pandemic. There had been a 25% increase in temporary staffing shifts since August 2020 with the total number of shifts requested in January at its highest at 16,343 shifts. There were challenges in filling shifts due to bank workers not wanting to work on COVID wards/sites.

As at 8th February 2021, there were 178.54 staff absent from work due to COVID related reasons. The staffing pressures have been further exacerbated with outbreaks onwards. Healthcare Assistant recruitment was highlighted along with the measures being taken to increase the numbers being recruited to and conversations were being held with the Community Engagement team to look at innovative ways of encouraging recruitment to HCA posts.

4. FUNDAMENTAL TRAINING

The area of fundamental training was discussed in detail and the challenges for staff attending training with the current pressures on capacity along with reviewing how staff could be incentivised or received protected time to undertake training. Due to the challenges being faced, the Committee asked for an update on training compliance before the next Committee meeting which would include the details of the review of fundamental training and plans to reinstate the programme of work. In addition, the training compliance for TSS and the context regarding what was driving low compliance levels.

5. VACCINATIONS

The Trust had been focusing on a communication plan for staff and the challenges of ensuring that supportive and informative information was available to all staff across the Trust. The Committee heard of the worries and concerns of staff regarding the vaccination and the actions being taken to ensure the correct information was shared openly with all staff members to encourage them to consider taking up the vaccination.

6. FUTURE OF HR & OD IN THE NHS

The Committee was informed of a national review of HR & OD with the review focusing on the areas of, for example, digital solutions and reducing the burden of compliance. There was a survey that senior leaders have been asked to complete and the Committee would be kept informed. It was noted that this work was originally part of the People Plan which had been delayed due to the pandemic.

7. AREA OF FUTURE FOCUS

The Chair requested thoughts and suggestions regarding re-energising the People Committee to focus on key aspirations. With suggestions including:

- To review flexible working and identify innovative working patterns for new roles which would assist the Trust and also assist individuals
- To focus on the People Strategy and agree the first year's priorities
- Review the legacy issues of COVID and what we can take forward into the People Plan.
- To review the work on "Just Culture" and discuss the internal feedback on HR procedures and processes following engagement with senior leaders, for example, how disciplines were being managed, the use of flexible contracts etc.

8. RECOMMENDATION

The Board is asked to note and receive the update.



Agenda Item No:	10
Report to:	Trust Board
Meeting Date:	24 th February 2021

Report provided (check necessary boxes):			
To Note	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING AUGUST 2020 TO DECEMBER 2020.

Board Director Sponsor:	Dr Hilary Grant, Medical Director
Report Author(s):	Dr Sajid Muzaffar, Consultant Forensic Psychiatrist
Appendices and References:	Not applicable
Previously Discussed:	Last discussed in October 2020

Alignment to the Trust's Strategic Objectives: (check necessary boxes)			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input checked="" type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input checked="" type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input checked="" type="checkbox"/>
SA5 – Strategic Ambition 5 – Strategic Ambition 5 - We will drive research, innovation and technology to enhance care	<input type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input type="checkbox"/>
F.1 - Sustainability	<input type="checkbox"/>		

Purpose of Report: (What do you want the Board or Committee to consider)	<p>To provide assurances of safe working hours and training opportunities for Doctors in Training and to highlight any issues arising.</p> <p>To provide assurance that our practice in above areas is in line with the Trust values of inclusion, compassion and commitment.</p>
Summary of Key Issues:	<ul style="list-style-type: none"> - The number of exception reports raised has been low and the reasons for this are being explored and measures administered to encourage greater reporting where exceptions occur. - A plan, jointly developed with the Trust LTFT champion and LTFT trainee representatives is in

	place to mitigate issues that were raised in the previous board report.
Recommendation(s):	Continue to encourage a culture that encourages and supports individual doctors in raising issues as they arise and finding collaborative solutions.

Next Steps: (Subject to recommendation(s) being accepted)	
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Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)			
If 'Yes', outline the consequence(s) by providing further detail in the report			
Patient Safety <input checked="" type="checkbox"/>	Clinical Effectiveness <input type="checkbox"/>	Patient Experience <input checked="" type="checkbox"/>	Operational Performance <input type="checkbox"/>
CQC Compliance <input type="checkbox"/>	Legal Requirements <input checked="" type="checkbox"/>	NHS Provider license Compliance <input type="checkbox"/>	Resource Implications (financial or staffing) <input checked="" type="checkbox"/>

Equality and Human Rights Analysis (check necessary boxes)				Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favorably than any other?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered 'YES' to either question, please include a section in the report explaining why						

Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)			
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input checked="" type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input type="checkbox"/>
Comply fully with current and future equality and human rights legislation	<input checked="" type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>

Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)				
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described
Type of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Assurance <input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Framework
Risk Reference / Description: (only include reference to the highest level framework / register)			(Include detail of the risk and reference number)	

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

Aug to Dec 2020

A. 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
Amount of job-planned time for educational supervisors:	undefined

B. Exception reports (with regard to working hours)

Exception reports by grade and 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
CT1-3	7	1 (Rota 4)	8	0
ST 3-6 AWA	0	0	0	0
Forensic ST3-6	0	2	0	2
GPVTS	0	0	0	0
Total	7	3	8	2

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1				
F2				
CT1-3			8	0
ST3-6				2
GPVTS				
Total			8	2

Work Schedule Reviews:

Status (10 exception reports - figures include 7 exceptions carried forward);

0	Reviews are pending
8	Completed
0	Request for more information

- 0 Unresolved
- 2 Waiting for Doctor Agreement
- 0 Miscellaneous

Reasons:

- 0 Educational
- 8 hours
- 2 Pattern

C. Locum bookings (Information provided by the Human Resources department)

Locum bookings August by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	13	13	119.00	119.00
Rota 2	18	18	196.00	196.00
Rota 3	15	15	137.00	137.00
Rota 4	7	7	62.50	62.50
Rota 5	20	20	205.50	205.50
Rota 6	11	11	94.50	94.50
ST4-6 North	32	32	436.50	436.50
ST4-6 Rea/Tam	9	9	160.00	160.00
ST4-6 Sol/East	18	18	344.00	344.00
ST4-6 South	27	27	372.50	372.50
Total	170	170	2127.50	2127.50

Locum bookings September by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	13	13	119.50	119.50
Rota 2	10	10	90.00	90.00
Rota 3	10	10	98.5	98.5
Rota 4	0	0	0	0
Rota 5	11	11	103.50	103.50
Rota 6	15	15	144.00	144.00
ST4-6 North	31	31	459.00	459.00
ST4-6 Rea/Tam	8	8	144.00	144.00
ST4-6 Sol/East	14	14	256.00	256.00
ST4-6 South	18	18	237.50	237.50
Total	130	130	1688.00	1688.00

Locum bookings October by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	6	6	58.00	58.00
Rota 2	13	13	112.00	112.00
Rota 3	9	9	101.50	101.50
Rota 4	11	11	103.00	103.00
Rota 5	4	4	33.50	33.50
Rota 6	6	6	65.00	65.00
ST4-6 North	30	30	416.00	416.00
ST4-6 Rea/Tam	10	10	176.00	176.00
ST4-6 Sol/East	16	16	288.00	288.00
ST4-6 South	23	23	319.00	319.00
Total	128	128	1672.00	1672.00

Locum bookings November by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	7	7	69.00	69.00
Rota 2	18	18	179.50	179.50
Rota 3	19	19	184.00	184.00
Rota 4	4	4	48.00	48.00
Rota 5	12	12	122.00	122.00
Rota 6	9	9	85.50	85.50
ST4-6 North	33	33	489.50	489.50
ST4-6 Rea/Tam	10	10	176.00	176.00
ST4-6 Sol/East	15	15	272.00	272.00
ST4-6 South	20	20	288.50	288.50
Total	147	147	1914.00	1914.00

Locum bookings December by ROTA				
Rota	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Rota 1	10	10	94.50	94.50
Rota 2	14	14	131.00	131.00
Rota 3	16	16	134.00	134.00
Rota 4	1	1	4.50	4.50
Rota 5	8	8	82.50	82.50
Rota 6	10	10	99.00	99.00
ST4-6 North	32	32	445.50	445.50
ST4-6 Rea/Tam	7	7	144.00	144.00
ST4-6 Sol/East	17	17	304.00	304.00
ST4-6 South	24	24	338.50	338.50
Total	139	139	1777.50	1777.50

Locum bookings August by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	84	84	814.50	814.50
ST4-6	86	86	1313.00	1313.00
Total	170	170	2127.50	2127.50

Locum bookings September by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	59	59	555.50	555.50
ST4-6	71	71	1132.50	1132.50
Total	130	130	1688.00	1688.00

Locum bookings October by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	49	49	473.50	473.50
ST4-6	79	79	1198.5	1198.5
Total	128	128	1672.00	1672.00

Locum bookings November by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	69	69	688.00	688.00
ST4-6	78	78	1226.00	1226.00
Total	147	147	1914.00	1914.00

Locum bookings December by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-3	59	59	545.50	545.50
ST4-6	80	80	1232.00	1232.00
Total	139	139	1777.50	1777.50

Locum bookings August by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	93	93	1195.00	1195.00
Sickness	11	11	1113.00	1113.00
COVID 19	26	26	304.00	304.00
Off Rota	40	40	505.50	505.50
Total	170	170	2127.50	2127.50

Locum bookings September by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	65	65	899.00	899.00
Sickness	13	13	120.00	120.00
COVID 19	11	11	130.00	130.00
Off Rota	41	41	539.00	539.00
Total	130	130	1688.00	1688.00
Locum bookings October by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	65	65	874.50	874.50
Sickness	9	9	94.00	94.00
COVID 19	15	15	166.50	166.50
Off Rota	39	39	537.00	537.00
Total	128	128	1672.00	1672.00
Locum bookings November by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	59	59	828.00	828.00
Sickness	6	6	57.00	57.00
COVID 19	21	21	251.00	251.00
Off Rota	61	61	778.00	778.00
Total	147	147	1914.00	1914.00
Locum bookings December by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	75	75	969.00	969.00
Sickness	4	4	34.00	34.00
COVID 19	16	16	206.00	206.00
Off Rota	44	44	568.50	568.50
Total	139	139	1777.50	1777.50

Rota Vacancies

Rota	Vacancies by month						
	Month 1 AUG	Month 2 SEPT	Month 3 OCT	Month 4 NOV	Month 5 DEC	Total gaps (average)	Number of shifts uncovered
Rota 1	13	13	6	7	10	9.8	0
Rota 2	18	10	13	18	14	14.6	0
Rota 3	15	10	9	19	16	13.8	0
Rota 4	7	0	11	4	1	4.6	0
Rota 5	20	11	4	12	8	11	0
Rota 6	11	15	6	9	10	10.2	0
ST4-6 North	32	31	30	33	32	31.6	0
ST4-6 Rea/Tam	9	8	10	10	7	8.8	0
ST4-6 Sol/East	18	14	16	15	17	16	0
ST4-6 South	27	18	23	20	24	22.4	0
Total	170	130	128	147	139	142.8	0

D. Fines

No Fines have been levied during this time.

E. Qualitative information:

- 1) There has been a reduction in number of exceptions across the board. Only three new exceptions were raised during this period.

This is likely to be multifactorial and it is postulated that changes in the working practices and workloads due to COVID 19 is a possible contributor. The reduction in exceptions was discussed in Junior Doctors forum for trainee feedback. It is suggested that at times doctors do not complete exception reports even where exceptions occur. There is an ongoing research/evaluation project looking at qualitative and quantitative data around trainee confidence and engagement with the process.

In the meantime a plan is in place to encourage trainees to complete exception reports. This includes an outreach to trainees to encourage them to complete exceptions where they arise and confidential support mechanisms for doctors if they feel directly or indirectly discouraged from raising exceptions. Exception reports and work schedules are now a prominent part of the induction.

- 2) In the previous report concerns LTFT trainees around proportional reduction in workload were highlighted. Several measures are in place to manage this. These include a regular participation of LTFT trainees in the Junior Doctors' Forum, actively considering LTFT issues during rota formulation, and training and support for Consultants who get LTFT trainees. The overall progress will be monitored by the Trust LTFT champion and via the Junior Doctors' forum.

F. Executive summary

- 1- The number of exceptions has significantly reduced. It is postulated that a multiple factors have contributed to this steady reduction:

- a) It is postulated that number of actual exceptions has reduced resulting in the reduced number of reported exceptions. The reasons are likely to include lower vacancy levels, and changing working patterns, work loads and travel times during COVID 19 restrictions.
- b) Doctors do not always complete reports where exceptions occur.

There is an ongoing qualitative research project looking at doctors' experiences of the exception system to explore the issue in greater detail.

In the meantime there has been a renewed outreach to the doctors. This has included direct communication with the doctors and encouragement to complete exceptions, offering a confidential mechanism for support if doctors feel discouraged to raise exceptions and inclusion of Guardian in the induction process.

- 2- A plan is in place to manage the issues around Less than Fulltime (LTFT) trainees raised in the previous Guardian report.



Agenda Item No:	10
Report to:	BOARD OF DIRECTORS
Meeting Date:	24 th February 2021

Report provided (check necessary boxes):			
To Note	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	For Consent	<input type="checkbox"/>

REPORT FROM FPP COMMITTEE			
Board Director Sponsor:	Russell Beale, Chair of Committee		
Report Author(s):	Russell Beale, Chair of Committee		
Appendices and References:	Not applicable		
Previously Discussed:	None		
Alignment to the Trust's Strategic Objectives: (check necessary boxes)			
SA1 - We will put service users first and provide the right care, closer to home, whenever it's needed.	<input type="checkbox"/>	SA2 - We will listen to, and work alongside, service users, carers, staff and stakeholders	<input type="checkbox"/>
SA3 - We will champion mental health wellbeing and support people in their recovery	<input type="checkbox"/>	SA4 - We will attract, develop and support an exceptional and valued workforce	<input checked="" type="checkbox"/>
SA5 - We will drive research, innovation and technology to enhance care	<input type="checkbox"/>	SA6 - We will work in partnership with others to achieve the best outcomes for local people	<input checked="" type="checkbox"/>
F.1 - Sustainability	<input checked="" type="checkbox"/>		
Purpose of Report: (What do you want the Board or Committee to consider)	To provide the Board of Directors with a summary of issues discussed at the FPP Committee held on the 17 th February 2021		
Summary of Key Issues:	Detailed within the report		
Recommendation(s):	To receive and note.		
Next Steps: (Subject to recommendation(s) being accepted)	N/A		
Do the action(s) outlined in this paper impact on any of the following issues? (check necessary boxes)			
If 'Yes', outline the consequence(s) by providing further detail in the report			
Patient Safety <input type="checkbox"/>	Clinical Effectiveness <input type="checkbox"/>	Patient Experience <input type="checkbox"/>	Operational Performance <input type="checkbox"/>
CQC Compliance	Legal Requirements	NHS Provider license	Resource Implications (financial or staffing)

<input type="checkbox"/>	<input type="checkbox"/>	Compliance <input type="checkbox"/>	<input checked="" type="checkbox"/>		
Equality and Human Rights Analysis (check necessary boxes)			Yes	No	N/a
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If answered 'YES' to either question, please include a section in the report explaining why					
Does this paper provide assurance in respect of delivery of our Equality, Diversity and Inclusion (EDI) Framework goals and objectives (if it does please click the appropriate ones below)					
Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.	<input type="checkbox"/>	Become a model employer in respect of equality, diversity and inclusion in employment	<input type="checkbox"/>		
Comply fully with current and future equality and human rights legislation	<input type="checkbox"/>	Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff	<input type="checkbox"/>		
Does this paper provide assurance in respect of a new / existing risk(s) (if appropriate) (check necessary boxes)					
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described	
Type of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Assurance Framework <input type="checkbox"/>	Organisational Risk Register <input type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)				Not applicable for this report.	



REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

1. ISSUES TO RAISE WITH THE BOARD

The Committee met on the 17th February 2021, with a streamlined agenda to focus on the provider collaborative work and financial position.

The Committee discussed the following areas:

1.1 Reach-Out West Midlands Adult Secure Care Lead Provider Collaborative

The Committee received a detailed presentation from Ebru Oliver and Jeremy Kenny-Herbert with a number of associated documents regarding the Adult Secure Care Lead Provider Collaborative. The Committee noted the commissioning and contracting arrangements between the Lead Provider and its Sub-contractors and the progress made in completion of the business case and the financial modelling. The outstanding issues, actions and the timeline prior to the go-live date in October were discussed.

The Committee agreed in principle, the proposed “Provider Collaborative and Lead Provider Governance Structure” and noted the work required to incorporate the Lead Provider Governance within the wider Trust’s Corporate Governance processes.

The Committee noted the risk management approach outlined and that the risks would be included within the Trust’s Board Assurance Framework.

The Committee is **recommending** to the Board that the Governance Framework and the Standing Operating Protocols provided assurance for formal Board sign off. Note too that whilst this approach represents the current best approach given the information we have, it will be kept under review and suggestions for improvement will be considered as appropriate.

1.2 West Midlands, Eating Disorders and CAMHS: Provider Overview

Eating Disorders

The Committee received a detailed report in relation to Eating Disorders and was informed that the timetable was ahead of Reach-Out with a go live date at the beginning of April 2021. The Committee was informed that by the end of March, the Board of Directors would have received the financial implications and the business case. As this collaborative was six months ahead, commissioning arrangements were already being put in place. In respect of due diligence, the Committee noted that the clinical model had been co-produced and internal teams were working through the operational and business impact of the model. There were ongoing discussions regarding the financial risks and the Lead Provider was working through the partnership agreement based on the national template.

CAMHS

In relation to CAMHS the timescale was different due to the complexity of the commissioning arrangements with a planned phased approach in shadow form for 18 months up until March 2023. It was noted that the contract during this period would remain with NHS England. Whilst the clinical model was detailed within the business case, the implications would be reviewed including addressing the risks and potential opportunities and whether there would be additional investment and activity.

For both these, it was noted that we should take the opportunity to ensure that all avenues for improving the scope and quality of care are investigated, including digital approaches and the need for increased post-Covid-19 support, and that we be bold in our thinking around appropriate care models and pathways, given the rapidly changing scenarios we are in.

2. Financial Position

The Committee was informed that the month 10 financial position was slightly better than planned year to date. The COVID spend had worsened due to temporary staffing levels in January. The cash continued to be high and was currently £67m. The national payment received yesterday would be the last advance payment the Trust would receive and therefore, it was expected that the cash balance would reduce to £21m at the year end.

3. Capital Prioritisation

The Trust had received capital COVID expenditure relating to submissions in May last year to a value of £140k. This was being allocated to IT equipment and would be spent by the end of the financial year.

There had been an impact on acute partners regarding their capital expenditure due to COVID-19 and therefore discussions had been held across the system to ensure the health economy did not have a reported underspend. The Trust has committed to take the underspend of the Community Trust which would mean an allocation of an additional £500k in this financial year to reduce the IT requirement in the next financial year but would result in a capital overspend this year of £500k

The paper described the timeline for the approval of capital expenditure had slipped to March to enable further internal conversations to be held at the Health & Safety Committee to ensure the priorities for expenditure could be effectively challenged.

The Committee would receive information on the benefits of the schemes that were going forwards and the risks of those not being prioritized, which would be circulated prior to the next FPP Committee meeting for discussion there.

2. **RECOMMENDATION**

The Board is asked to note and receive the update.

Finance Report

Financial Performance:
1st April 2020 to 31st January 2021



Month 10 year to date position ahead of phase 3 projection

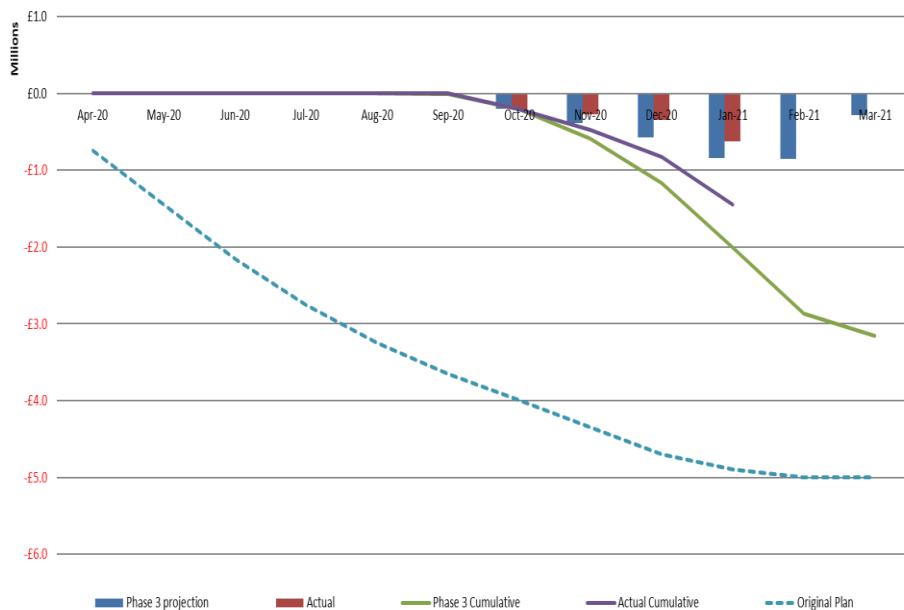
The month 10 2020/21 consolidated Group position is a deficit of £1.4m. This is £0.6m better than the year to date phase 3 financial projection, submitted to NHSEI on 22/10/20.

2020/21 Forecast

In month 10, the forecast has improved by £0.3m, to a projected deficit of £2.3m. This is due to an STP-wide agreement to release system contingency, centrally held by BSOL CCG. Our income share of £324k is expected to be received in month 11.

The finance department continues to work to review and assess year end projections in light of the current operational climate to determine whether further benefits to the position will be realised, particularly driven by additional income.

2020/21 Run Rate



Group Summary	Original Plan
	£'m
Income	
Healthcare Income	250.4
Other Income	13.8
Total Income	264.2
Expenditure	
Pay	(201.8)
Other Non Pay Expenditure	(31.4)
Drugs	(5.9)
Clinical Supplies	(0.8)
PFI	(10.2)
Unallocated Budget	(3.7)
EBITDA	10.4
Capital Financing	
Depreciation	(7.0)
PDC Dividend	(2.8)
Finance Lease	(4.4)
Loan Interest Payable	(1.3)
Loan Interest Receivable	0.1
Surplus / (Deficit)	(5.0)

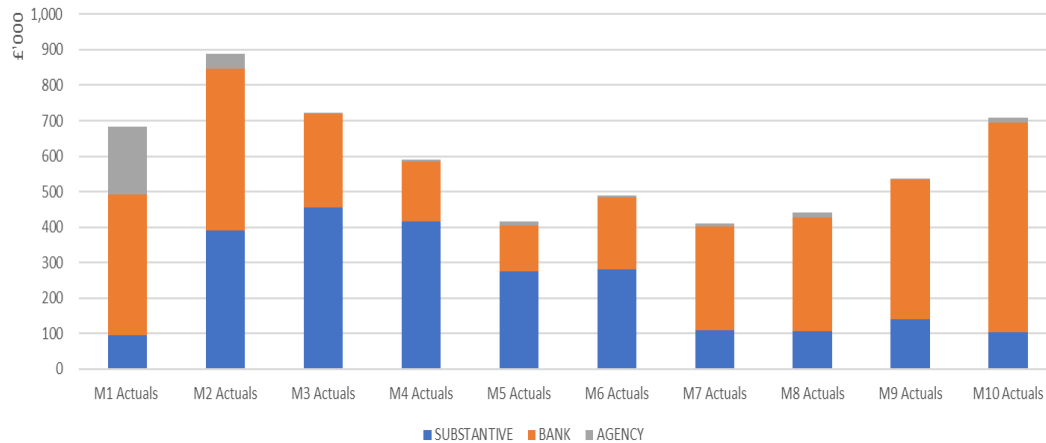
Phase 3 Projection	YTD Position		
	Phase 3 Projection	Actual	Variance
£'m	£'m	£'m	£'m
250.4	208.7	201.2	(7.4)
23.0	18.0	34.4	16.4
273.5	226.7	235.7	9.0
(204.5)	(168.9)	(174.5)	(5.6)
(37.2)	(30.5)	(35.5)	(5.0)
(6.9)	(5.7)	(5.2)	0.4
(0.5)	(0.4)	(0.6)	(0.2)
(8.8)	(7.1)	(8.4)	(1.3)
(3.7)	(3.1)	-	3.1
12.0	11.1	11.4	0.2
(7.1)	(6.0)	(5.7)	0.3
(2.3)	(2.4)	(2.3)	0.1
(4.4)	(3.6)	(3.7)	(0.0)
(1.4)	(1.1)	(1.1)	0.0
0.0	0.0	(0.0)	(0.0)
(3.1)	(2.0)	(1.4)	0.6

2021/22 Planning

Due to the current pressures on the NHS in the latest wave of the pandemic, the national financial planning timetable for 2021/22 has been revised. There will be a rollover of current financial arrangements for the first quarter and an expectation that plans for quarters 2-4 of 2021/22 will be submitted within the first quarter, following release of further planning guidance. We continue to work as a system to develop our planning approach and in mid February, we will submit a run rate model to NHSEI outlining key assumptions and pressures that will impact on our 2021/22 expected outturn.

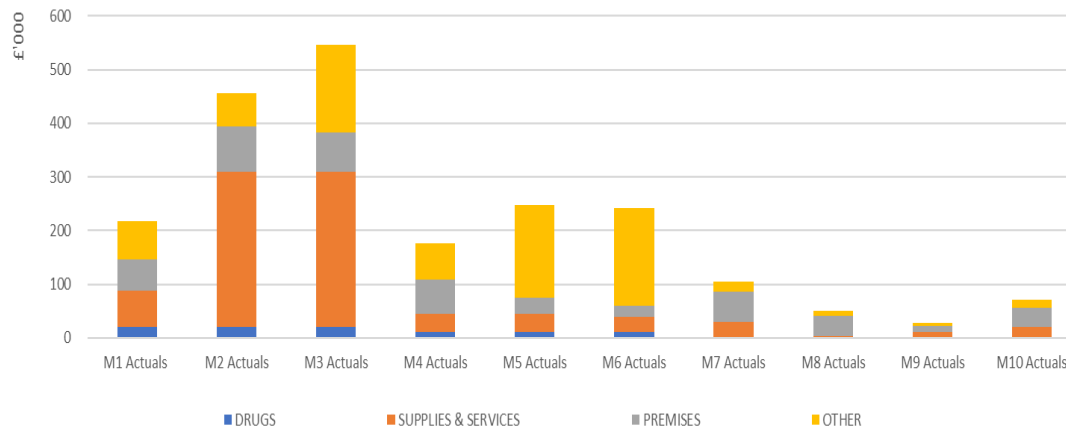
COVID-19 Revenue Expenditure

COVID-19 Pay Expenditure



COVID EXPENDITURE	Q1	Q2	Q3	M10	TOTAL
	Actuals	Actuals	Actuals	Actuals	M10 YTD
	£'000	£'000	£'000	£'000	£'000
SUBSTANTIVE	939	972	356	104	2,371
BANK	1,117	500	1,006	591	3,215
AGENCY	239	23	25	14	301
PAY TOTAL	2,296	1,495	1,387	710	5,886
DRUGS	62	31	0	0	93
SUPPLIES & SERVICES	647	98	43	21	809
PREMISES	217	113	108	35	473
OTHER	296	424	33	16	769
NON PAY TOTAL	1,221	667	184	72	2,144
TOTAL	3,517	2,162	1,571	781	8,030

COVID-19 Non Pay Expenditure

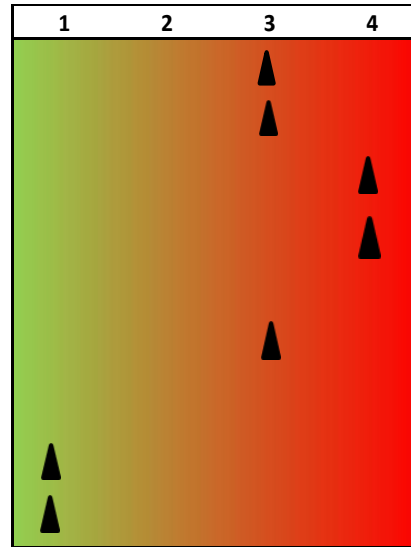


As at month 10, £8m COVID-19 expenditure has been incurred; £5.9m pay and £2.1m non pay.

- Under the financial regime for months 1 to 6, COVID expenditure was offset by retrospective top up income.
- Under the updated financial regime for the second half of the year, COVID expenditure is expected to be covered via system funding allocation.
- Month 10 expenditure is £215k higher than last month, mainly due to temporary staffing.

Trust Use of Resources rating: 3

Single Oversight Framework (without Overrides)	
Single Oversight Framework (After Overrides)	
Financial Sustainability	Liquidity Ratio Capital Servicing Capacity
Financial Efficiency	I&E margin (%)
Financial Controls	Distance from Financial Plan Agency Spend



- Month 10 Single Oversight Framework (SOF) rating is 3 (after overrides).**
- Month 10 Liquidity rating is 4.
 - Month 10 Capital servicing score is 4.
 - Month 10 I&E Margin Rating is 3. This is better than plan due to the COVID-19 financial regime resulting in a break even position for months 1 to 6.
 - Month 10 Agency spend is scored at 1 as expenditure is below the NHSEI ceiling.

Single Oversight Framework Risk Rating	Month 10 2020/21	Original Plan (£5m deficit) 2020/21	Phase 3 Projection (£3.1m deficit) 2020/21
	Risk Rating	Risk Rating	Risk Rating
Liquidity (Current Assets and Current Liabilities less inventories and assets held for sale / Operating Expenditure x No of days in financial year to date)	4	4	4
Capital servicing (EBITDA for year to date / capital servicing costs)	4	4	4
I&E Margin %	3	4	4
Distance from Financial Plan	1	1	1
Agency Spend	1	1	1
Rounded Average	3	3	3
Single Oversight Framework (without Overrides)	3	3	3
Single Oversight Framework (After Overrides)	3	3	3



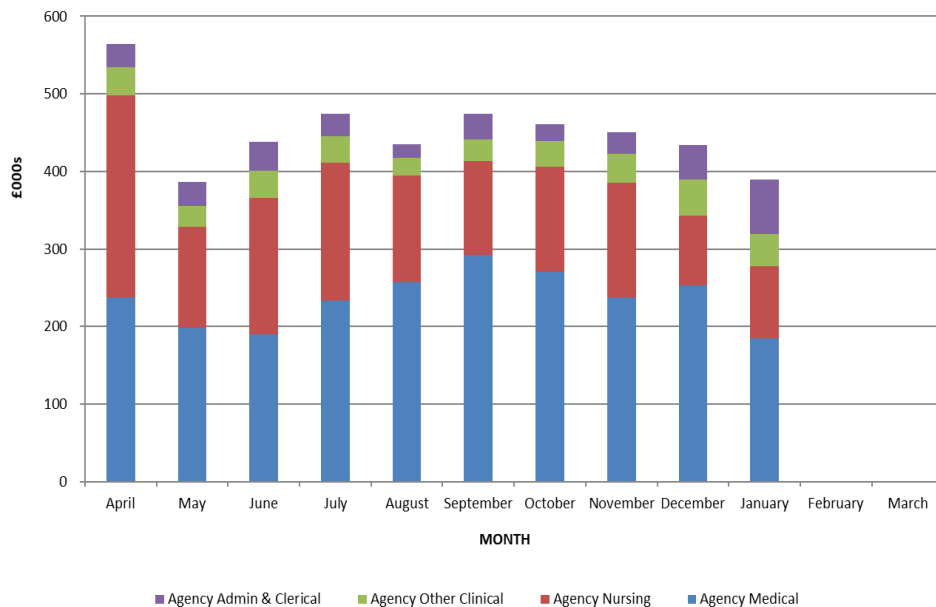
Agency expenditure remains below ceiling

Birmingham and Solihull Mental Health

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Total
Agency Spend (£000s)	564	386	438	474	435	474	460	450	434	389			4,504
NHSEI Ceiling (£000s)	608	628	608	628	628	608	628	608	628	628	567	628	7,395
Net (£000s)	44	242	170	154	193	133	168	158	194	239			1,695

Agency Medical	237	198	190	233	257	292	271	238	253	185	0	0	2,354
Agency Nursing	260	130	175	178	138	121	136	147	90	94	0	0	1,470
Agency Other Clinical	36	26	36	34	22	28	32	37	47	41	0	0	340
Agency Admin & Clerical	30	31	37	29	17	33	22	28	44	70	0	0	340
Agency Spend (£000s)	564	386	438	474	435	474	460	450	434	389	0	0	4,504

2020/21 Agency Spend by Type



The Total NHSI agency expenditure ceiling for 2020/21 is £7.4m. Agency spend decreased from £434k in December to £389k in January, continuing a steady decrease of agency spend since September 2020. January's spend was £67k less than agency spend in January 2020. Year to date expenditure is £4.5m; this is £1.7m below the NHSEI year to date ceiling.

Agency controls are in place to ensure that spend remains below target: There was rapid, substantial recruitment to the bank in Q1 in response to COVID-19. Outstanding issues with the provision of AVERTS training has delayed start dates however, as training is completed, more individuals are starting on the bank into Q4 with risk assessments for an earlier start undertaken where possible. In response to the increasing staffing pressures as we move into Q4, weekly bank recruitment has been re-instated to assist with again rapidly increasing the availability of bank staff; guidance has been produced detailing, if an individual is waiting to complete AVERTS training, where they can work dependent on other training they may have completed e.g. MAPA.

In response to significant staffing pressures, HCA over-recruitment has been stood back up for Q4 2020/21 with the first round of HCA interviews taking place in early February. The Trust has accessed national funding for this.

In an effort to reduce staffing pressures and agency reliance, those who have recently retired were contacted in January to ask whether they are able to return and assist the Trust in any capacity. Those who have responded are being deployed through the Trust redeployment process.

Work continues with operational areas to convert long term agency into substantive offers of employment. Trust-wide and recruitment plans continue to be developed and reviewed with each service to address clinical vacancies and recruit to additional posts identified through the long term plan expansion requirements.

The Trust continues to run its COVID-19 staff testing, internal track and trace and outbreak processes to ensure the staffing impact of COVID-19 is minimised as much as possible to help prevent heavy reliance on agency workers as staffing pressures increase due to winter and the impact of rising COVID-19 infection levels.

The Trust's Redeployment group continues to meet with the frequency of the meeting being increased back to once a week with additional urgent meetings where needed to review deployment of staff, including clinical and non-clinical Corporate staff, to reduce workforce gaps and assist with workstreams such as the vaccine hub and regional mental health support.

The Trust's bi-weekly Agency and Staffing Review meeting is currently being reviewed to ensure it meets current needs to assist with driving down agency spend within services.



Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Draft 31-Mar-20 £m's	NHSI Plan YTD 31-Jan-21 £m's	Actual YTD 31-Jan-21 £m's	NHSI Plan Forecast 31-Mar-21 £m's
Non-Current Assets				
Property, plant and equipment	180.6	178.4	178.7	178.1
Prepayments PFI	1.5	1.5	2.5	1.5
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	(0.3)	(0.3)	(0.0)	(0.3)
Total Non-Current Assets	181.7	179.6	181.1	179.2
Current assets				
Inventories	0.4	0.4	0.4	0.4
Trade and Other Receivables	17.4	17.4	8.0	17.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	14.0	11.4	46.3	10.4
Total Current Assets	31.8	29.3	54.7	28.3
Current liabilities				
Trade and other payables	(24.2)	(25.2)	(25.9)	(24.2)
Tax payable	(4.1)	(4.1)	(4.5)	(4.1)
Loan and Borrowings	(2.7)	(2.7)	(2.5)	(2.7)
Finance Lease, current	-	-	-	-
Provisions	(0.6)	(0.6)	(0.7)	(0.6)
Deferred income	(7.3)	(7.3)	(32.9)	(7.3)
Total Current Liabilities	(38.9)	(39.8)	(66.5)	(38.9)
Non-current liabilities				
Loan and Borrowings	(31.7)	(29.5)	(29.5)	(29.5)
PFI lease	(50.9)	(49.6)	(49.6)	(49.3)
Finance Lease, non current	-	-	0.0	-
Provisions	(2.1)	(2.1)	(1.8)	(2.1)
Total non-current liabilities	(84.7)	(81.2)	(80.9)	(81.0)
Total assets employed	89.9	87.8	88.5	87.7
Financed by (taxpayers' equity)				
Public Dividend Capital	106.7	106.7	106.7	106.7
Revaluation reserve	24.6	24.6	24.6	24.6
Income and expenditure reserve	(41.4)	(43.5)	(42.8)	(43.6)
Total taxpayers' equity	89.9	87.8	88.5	87.7

SOFP Highlights

The Group cash position at the end of January 2021 is £46.3m.

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 7 to 8.

Current Assets & Current Liabilities

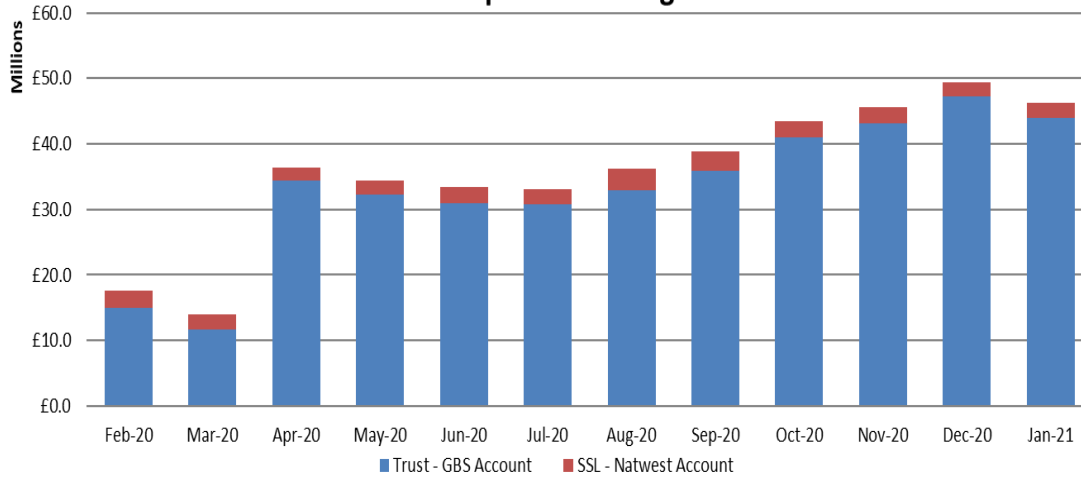
Ratios

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

Current Ratio :	£m's
Current Assets	54.7
Current Liabilities	-66.5
Ratio	0.8

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

Group Cash Holding



Cash

The Group cash position at the end of January 2021 is £46.3m.

Under the current financial regime, the majority of our NHS contracts are being paid on a block basis. These payments are being made in advance, resulting in the cash position being significantly higher than plan. Block payments in advance equate to approx. £21m of the current cash balance.

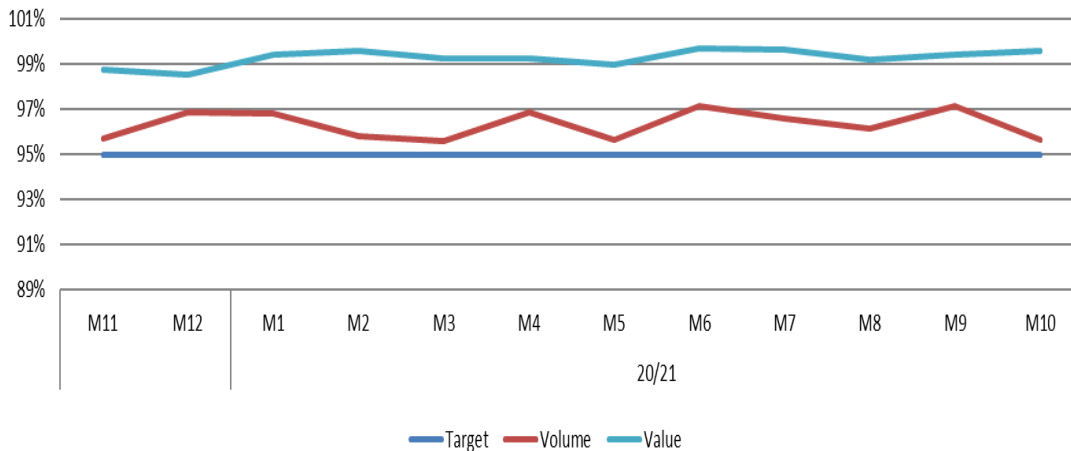
In order to ensure the prompt flow of cash during the pandemic, NHSEI have instructed that we must aim to pay all supplier invoices within seven days of receipt of goods and services.

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.

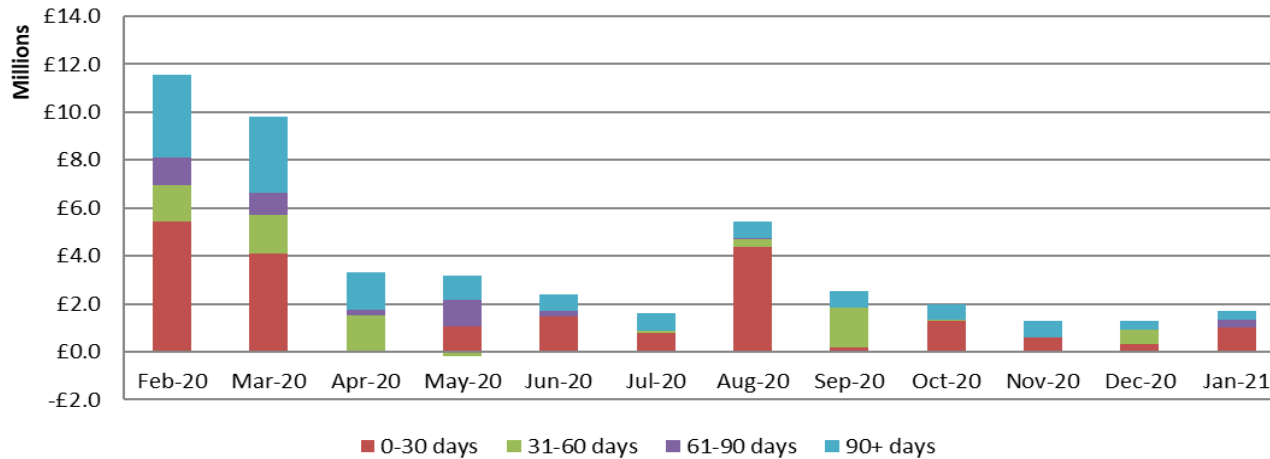
Public Sector Pay Policy



Better Payment Practice Code :

	Volume	Value
NHS Creditors within 30 Days	100% ✓	100% ✓
Non - NHS Creditors within 30 Days	96% ✓	99% ✓

Ageing of Trade Receivables



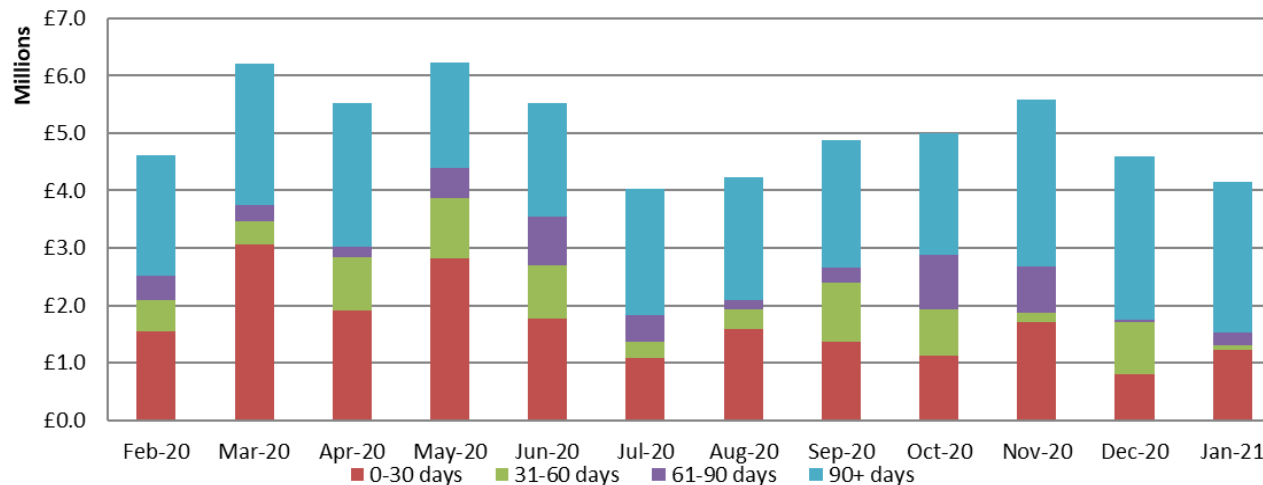
Trade Receivables

The overall receivables position has reduced significantly during the year to date, 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 :

- **Over 90 days**-consists of outstanding NCA balances from 9 NHS bodies- less than £21k. Some balances have been settled in February 2021.

Ageing of Payables



Trade Payables

Payables greater than 90 days:

- Birmingham Community £1m – Invoices are not in line with provider to provider arrangements (in query).
- Non-NHS Suppliers (43+) £1.1m – accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in February 2021.

	2020/21 Capital			
	Annual	Year to date		
	Plan	Plan	Actual	Variance to plan
	£m	£m	£m	£m
Major Projects	0.58	0.36	0.06	0.30
Minor schemes	1.22	0.77	0.59	0.19
Statutory Standards and Backlog Maintenance (SSBM)	0.97	0.61	0.50	0.11
Estates Total	2.77	1.75	1.15	0.60
ICT Total	1.92	1.78	2.15	-0.37
Original Plan	4.69	3.53	3.29	0.24
CIR bid	0.61	0.41	0.54	-0.13
Plan submitted 27/7/20	5.30	3.94	3.84	0.10

Month 10 YTD Capital Expenditure

Capital expenditure at month 10 is £3.8m, this is in line with year to date plan as submitted to NHSEI.

ICT and Critical Infrastructure Risk (CIR) expenditure is progressing ahead of plan; £0.5m. There is an underspend to date on Estates expenditure, but this is forecast to be fully spent by year end.

Capital bids/funding:

- **£2.1m COVID capital** (£1.1m STP, £1.0m Trust) – **£0.1m approved on 9/2/21.**

We have now received confirmation that our phase 1 COVID capital bid of £0.1m, submitted in May 2020, has been approved. It had previously been assumed that this would not be funded and would have to be absorbed within BAU capital envelope. Forecast expenditure has now been increased to reflect this funding. It is still considered unlikely that COVID capital funding will be forthcoming for the remaining COVID capital bids.

- **£0.3m Mental Health Remote working fund – fully approved on 5/2/21**

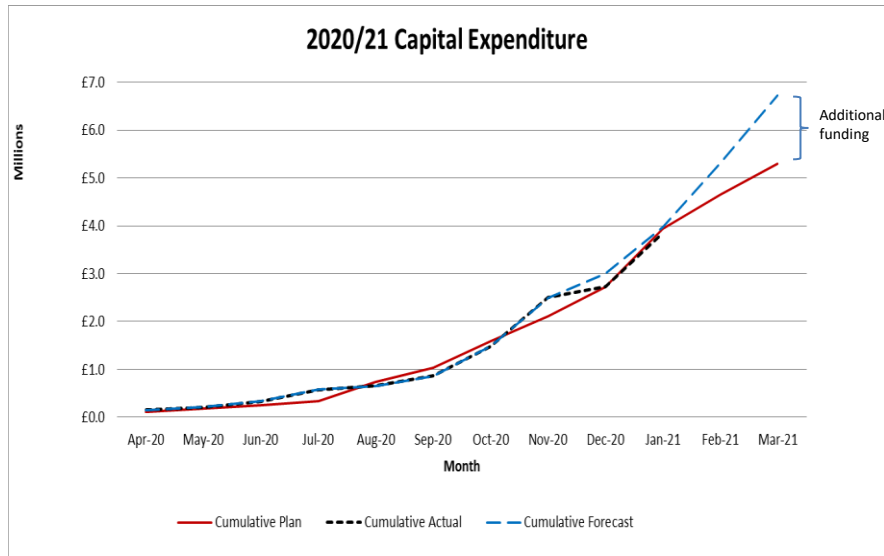
In late January, we were notified of the opportunity to bid for capital funds to support Mental Health digitisation – this additional £0.3m funding will increase forecast capital expenditure for this financial year.

Capital forecast

The month 10 capital forecast has been increased by £0.4m to reflect the additional ICT funding approvals received this month. This gives a total forecast expenditure of £6.7m.

	Original Plan	Forecast M9	Forecast M10	Forecast movement
	£'000	£'000	£'000	£'000
BAU (Estates & ICT)	4.69	4.55	4.69	0.14
Critical Infrastructure Risk funding	0.61	1.60	1.60	0.00
COVID - ICT	0.00	0.14	0.14	0.00
MH Remote working fund- ICT	0.00	0.00	0.29	0.29
TOTAL	5.30	6.29	6.72	0.43

2020/21 Capital Expenditure



2021/22 Capital Plan

We expect to receive notification from NHSEI of the 2021/22 capital envelope at the end of February 2021. As the list of identified schemes is significantly greater than the anticipated envelope available, work on the capital prioritisation process is ongoing, with discussions held at Trust Operational Management Team and Trust Health and Safety Committee in February 2021.

2020/21 Service Area Breakdown

Directorate	Original Plan	Phase 3 Projection	YTD Phase 3 Projection	YTD Actual	YTD Variance
	£'m	£'m	£'m	£'m	£'m
Operating Income	0.3	0.3	0.3	0.3	(0.0)
Pay	(36.5)	(36.5)	(30.5)	(30.6)	(0.2)
Non Pay	(3.0)	(3.0)	(2.5)	(2.6)	(0.1)
Acute and Urgent Care Services	(39.2)	(39.2)	(32.7)	(32.9)	(0.2)
Operating Income	0.1	0.1	0.1	0.9	0.8
Pay	(42.4)	(42.4)	(35.4)	(32.4)	3.0
Non Pay	(8.7)	(8.7)	(7.2)	(7.0)	0.3
ICCR	(51.0)	(51.0)	(42.5)	(38.4)	4.0
Operating Income	2.2	2.2	1.8	1.9	0.1
Pay	(37.3)	(37.3)	(31.1)	(30.4)	0.6
Non Pay	(3.2)	(3.2)	(2.7)	(2.3)	0.4
Specialities Services	(38.3)	(38.3)	(31.9)	(30.8)	1.2
Operating Income	0.8	0.8	0.6	1.4	0.7
Pay	(47.7)	(47.7)	(39.8)	(39.9)	(0.1)
Non Pay	(7.8)	(7.8)	(6.5)	(5.9)	0.6
Secure Serv & Offender Health	(54.7)	(54.7)	(45.6)	(44.4)	1.2
Activity Income (HCI)	250.4	250.4	208.7	201.2	(7.4)
Operating Income	11.0	11.0	9.2	10.9	1.7
Pay	(30.1)	(30.1)	(25.8)	(28.5)	(2.8)
Non Pay	(39.3)	(39.3)	(32.7)	(41.1)	(8.4)
Capital Financing	(10.8)	(10.8)	(9.0)	(8.8)	0.3
Unallocated Budgets	(3.7)	(3.7)	(3.1)	-	3.1
COVID-19	-	1.8	2.9	10.9	8.0
Corporate and Trustwide	177.6	179.4	150.1	144.6	(5.5)
Operating Income	21.3	21.3	17.7	19.8	2.0
Pay	(8.0)	(8.0)	(6.7)	(7.0)	(0.3)
Non Pay	(8.0)	(8.0)	(6.7)	(7.8)	(1.2)
Capital Financing	(5.9)	(5.9)	(4.9)	(5.7)	(0.8)
Summerhill Services Ltd	(0.6)	(0.6)	(0.5)	(0.7)	(0.2)
Capital Financing	1.3	1.3	1.1	1.2	0.1
Consolidation Adjustments	1.3	1.3	1.1	1.2	0.1
Consolidated Position Total	(5.0)	(3.1)	(2.0)	(1.4)	0.6

- All COVID-19 expenditure and planning assumptions, including the break even financial regime for months 1 to 6 have been included in Corporate and Trustwide. The service area narrative below is therefore, based on actuals compared to original plan (£5m deficit).
- **Acute and Urgent Care – £231k overspend at month 10.** Inpatient overspend of £1.4m mainly due to pay (high levels of observations and seclusions). Urgent Care underspend of £1.1m, mainly pay – core 24 vacancies.
- **ICCR – £4m underspend at month 10.** £3m is attributable to pay, this mainly relates to delays in recruitment against long term plan due to the pandemic. Other income of £0.8m is offset by expenditure.
- **Specialities – £1.2m underspend at month 10.** £631k relates to pay. This is mainly attributable to continuation of vacancies in Birmingham Healthy Minds £816k and Specialities £397k. Overspend in Older People pay £659k is mainly due to significant temporary staffing spend. Non pay is £438k underspent due to reduction in expenditure as a result of lockdown.
- **Secure & Offender Health – £1.2m underspend at month 10.** Other income over performance of £721k mainly due to specialising. Non pay is £556k underspent as a result of reduced expenditure due to lockdown.
- **Corporate & Trustwide - £5.5m adverse variance.** Healthcare income underperformance mainly due to long term plan growth investment. Non pay adverse, mainly due to underachievement of planned savings and out of area expenditure.