







# Board of Directors PART I














<b>Schedule</b>	Wednesday 30 March 2022, 9:00 AM — 12:30 PM BST
<b>Venue</b>	MS Teams
<b>Organiser</b>	Sharan Madeley




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## Staff Story: Deaf Services

# Agenda



**AGENDA**  
**BOARD OF DIRECTORS MEETING**  
**WEDNESDAY 30<sup>th</sup> MARCH 2022 VIA VIDEO-CONFERENCING**

**Purpose and Ambition**

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

**Values**

The Board will ensure that all its decisions are taken in line with the Values of the Trust:  
Compassion, Inclusive and Committed

**Staff Story: Deaf Services**

*How new technology has impacted the service during the pandemic*

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	<i>Chair</i>	09.30	<i>(verbal)</i>	-
2.	Minutes of the previous meeting		09.35	<i>(attached)</i>	Approval
3.	Matters Arising/Action Log		09.40	<i>(attached)</i>	Assurance
4.	Chair's Report		09.45	<i>(attached)</i>	Assurance
5.	Board Member Service Visits		09:50	<i>(to follow)</i>	Assurance
6.	Chief Executive's Report	<i>CEO</i>	09.55	<i>(attached)</i>	Assurance
7.	Board Overview: Trust Values	<i>S. Bloomfield</i>	10:05	<i>(verbal)</i>	Assurance
<b>QUALITY</b>					
8.	Quality, Patient Experience & Safety Committee Chair's Assurance Report	<i>L. Cullen</i>	10.15	<i>(attached)</i>	Assurance
9.	People Committee Chair's Assurance Report	<i>P. Gayle</i>	10:25	<i>(attached)</i>	Assurance
10.	Staff Survey ( <i>Embargoed until the 30<sup>th</sup> March</i> )	<i>P. Nyarumbu</i>	10:35	<i>(attached)</i>	Assurance
<b>SUSTAINABILITY</b>					
11.	BSOL Mental Health Provider Collaborative	<i>P. Nyarumbu/D. Tomlinson</i>	10:45	<i>(attached)</i>	Approval
12.	Finance, Performance & Productivity Committee Chair's Assurance Report	<i>R. Beale</i>	11:00	<i>(attached)</i>	Assurance
13.	Integrated Performance Report	<i>D. Tomlinson</i>	11:05	<i>(attached)</i>	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
14.	Finance <ul style="list-style-type: none"> <li>Monthly Finance Report</li> <li>Financial Plan 2022 – 2023</li> <li>Capital Plan 2022 - 2023</li> </ul>	<i>D. Tomlinson</i>	11:15	<i>(attached)</i>	Assurance/ Approval
15.	Charitable Funds Committee Chair's Assurance Report	<i>W. Weir</i>	11:50	<i>(attached)</i>	Assurance
16.	Emergency Preparedness, Resilience & Response (EPRR)	<i>V. Devlin</i>	11:55	<i>(attached)</i>	Assurance
GOVERNANCE & RISK					
17.	Fit & Proper Persons Declarations	<i>S. Madeley</i>	12:00	<i>(to follow)</i>	
18.	Questions from Governors and Public <i>(see procedure below)</i>	<i>Chair</i>	12:05	<i>verbal</i>	Assurance
19.	Any Other Business <i>(at the discretion of the Chair)</i>	<i>Chair</i>	12:15	<i>verbal</i>	-
20.	<b>FEEDBACK ON BOARD DISCUSSIONS</b>	<i>P. Gayle</i>	12:20	<i>verbal</i>	-
21.	<b>RESOLUTION</b> The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
22.	<b>Date &amp; Time of Next Meeting</b> <ul style="list-style-type: none"> <li>09:00am</li> <li>27<sup>th</sup> April 2022</li> </ul>			<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**

# Procedure for questions from the public at board meetings

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

## Questions

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

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

## Relevance of questions

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

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

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

## Notice requirements

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

## Limitations on numbers of questions or time allowed

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

There are no limits to the questions for Governors.

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

## Response to questions

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



# 1. Opening Administration: Apologies for absence and Declarations of Interest

## 2. Minutes from the previous meeting



## MINUTES OF THE BOARD OF DIRECTORS MEETING

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Date</b>	<b>WEDNESDAY 23<sup>rd</sup> FEBRUARY 2022</b>
<b>Location</b>	<b>VIA MICROSOFT TEAMS</b>

### 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.

<b>Attendance</b>	<b>Name and Title</b>	
<b>Present</b>	Danielle Oum	- Chair
	Roisin Fallon-Williams	- Chief Executive
	Hilary Grant	- Medical Director
	David Tomlinson	- Director of Finance
	Sarah Bloomfield	- Director of Quality and Safety (Chief Nurse)
	Vanessa Devlin	- Director of Operations
	Patrick Nyarumbu	- Director of Strategy, People & Partnerships
	Russell Beale	- Non Executive Director
	Linda Cullen	- Non-Executive Director
	Philip Gayle	- Non Executive Director
	Gianjeet Hunjan	- Non-Executive Director
	Anne Baines	- Non-Executive Director
<b>In Attendance</b>	Mrs Sharan Madeley	- Company Secretary
	Anne Glover	- Recovery Improvement Lead
	Lorna Brown	- Patient Story (item 1)
	Olivia Brown	- Patient Story (item 1)
<b>Observers</b>	Tim Hamilton	- Head of Communications
	Hazel Kench	- Public Governor
	Maureen Johnson	- Carer Governor
	Rohan Manghra	- Carer Governor
	Mustak Mirza	- Carer Governor
<b>Apologies</b>	Winston Weir	- Non Executive Director

Agenda Item	Discussion	Action (Owner)
1.	<p><b>PATIENT STORY</b></p> <p>The Chair welcomed Lorna and Olivia Brown who were attending the meeting to present their story as experts by experience. Olivia provided the Board with an overview of her background, explaining that she was diagnosed with autism. Olivia explained her initial symptoms and her journey commencing with being prescribed CBT with Solihull Healthy Minds.</p> <p>Lorna and Olivia explained to the Board how they discovered together specific ways of dealing with some of the challenges experienced. They informed the Board that it was essential that there should be prompt access to psychological interventions to assist people before they reached crisis point.</p> <p>Olivia explained the challenges faced when she was an in-patient which included no signs on the walls to indicate the meal times which lead to missed meals with no alternative provision which then led to frustration, restraint and seclusion; a lack of understanding regarding the need for sensory calming items; issues of breaches of dignity; staff being unaware that people with autism were very sensitive to the tone of voice; torch light checks which caused sensitivity. Olivia explained that an inpatient care setting should ensure a soothing and restorative environment for people with autism for example, a helpful sensory item would be to have lighting which could be dimmed. a CD player to use music to boost mood; and using different perfumes to stimulate sense of smell.</p> <p>Lorna stated that staff within the inpatient care did disclose they had little knowledge of autism and Lorna asked staff to contact her at any time for advice on how to settle Lorna.</p> <p>Olivia was also able to access autism specific psychology via the Clinical Commissioning group in London and assisted in compartmentalizing trauma and challenging thoughts as they arose. EMDR was also very effective and instead of using eye gaze, tapping was used which helped to feel grounded in the present moment.</p> <p>The Chair thanked Lorna and Olivia for sharing their personal story with the Board stating it was so important for Board members to hear directly from people who use the services. Adding that some of the messages were hard to hear but essential in ensuring the Trust could make improvements for everyone in their care.</p> <p>S. Bloomfield said that the Trust now had in place a lead for Learning Disabilities and Autism and highlighted that there was a sensory ward project underway and would really appreciate if Lorna and Olivia would work with the Trust in this area and make recommendations based on their experiences.</p> <p>The Chair said that the message the Board has that living in a society that was not suited to autism affects mental health and really appreciated them being able to share their expertise and knowledge gained through their experiences</p> <p><b>DECISION: The Chair to write and thank Lorna and Olivia for attending the Board meeting.</b></p>	S. Madeley
2.	<p><b>OPENING ADMINISTRATION: DECLARATIONS OF INTEREST</b></p> <p>The Chair welcomed Trust Governors who were observing the meeting, along with representatives of the public.</p>	

Agenda Item	Discussion	Action (Owner)
3.	<p><b>MINUTES OF THE PREVIOUS MEETING</b> The minutes of the meeting held on the 26<sup>th</sup> January 2022 were approved as a true and accurate record.</p>	
4.	<p><b>MATTERS ARISING / ACTION LOG</b> The action log was reviewed and noted.</p>	
5.	<p><b>CHAIR'S REPORT</b> The Board received an overview of the Chair's key areas of focus since the last Board meeting which was received and noted.</p>	
6.	<p><b>CHIEF EXECUTIVE'S REPORT</b></p> <p>R. Fallon-Williams presented the monthly Chief Executive's Report stating that the Trust had been extremely stretched during the last month. There had been an increase in the numbers of complaints which related to people receiving responses in a timely manner.</p> <p>It was reported that staff have worked phenomenally hard. It was noted that the sickness absence rate remained high at 6.7%, with 2% being COVID-19 related absence and at its highest point the sickness absence rate for the Trust was over 9%.</p> <p>There were currently two wards on surveillance in relation to COVID-19 monitoring. The Trust had managed to maintain out of area placements at a threshold of 22. The Trust had been addressing people who were medically fit for discharge and had managed to improve the position which was initially over 60 patients and had reduced to a current position of 30. It was reported that high risks patients being manage within the community setting has improved. A Baines stated she was pleased to hear about the improvement in medically fit for discharge to assist patient flow within the Trust.</p> <p>There had been a decision by the government to consult on the vaccine as a condition of deployment which had caused great distress across the Trust and staff were being supported. It was noted that the Trust was now at a stage to focus on the wellbeing of staff and ensure a refocus on the strategy priorities.</p> <p>The Staff Values Awards would be held in March with the shortlisting process currently underway which was highlighting fantastic work across the Trust.</p> <p>The Board noted the national papers detailed within the report which included the report from the NHS Race and Health Observatory which would be reviewed through the People Committee.</p> <p>A. Baines queried the annual leave buy-back process, and it was reported the this was undertaken in line with Trust policy and the financial element approval was within agreed delegated limits in line with Standing Financial Instructions.</p> <p>P. Gayle queried the position of staff undertaking lateral flow tests and was informed that that health system would be operating differently and separate guidance would shortly be received. The Trust has already concluded that it would locally determine what was safe for staff and patients. R. Beale stated that if the costs of lateral flow tests were being passed onto NHS workers that this should be accompanied with national funding.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>V. Devlin provided a detailed overview regarding the challenges being experienced across the clinical divisions, reporting that the Trust was seeing an improving COVID position although the services were still challenged with levels of acuity.</p> <p>The Chief Executive's report was received and noted.</p>	Page 1 of 347
6.	<p><b>BOARD OVERVIEW: TRUST VALUES</b></p> <p>The specific feedback item on Trust values was deferred to next month.</p> <p>D. Oum said that it could be seen from the performance information received and discussions held this month at Committees, that challenges in the workforce were significant with a high level of demand for services. The figures indicated that staff have been working considerably hard and demonstrating compassion which was evidence of the values being lived across the Trust.</p>	
7.	<p><b>QUALITY, PATIENT EXPERIENCE &amp; SAFETY COMMITTEE CHAIR'S ASSURANCE REPORT</b></p> <p>L. Cullen said that on reviewing the staff award applications it was extremely clear the values were being demonstrated across Trust. The Quality, Patient Experience and Safety Committee acknowledged the detailed reports received at the Committee meeting despite all the pressures across the Trust.</p> <p>The Committee reviewed progress against the Section 31 Improvement Notice with the CQC and was on target to deliver the agreed actions. The Committee was pleased to hear that the safety huddles were in place with an escalation process occurring if they did not happen.</p> <p>It was reported that a further four anchor point incidents on Melissa Ward which were being investigated by the Patient Safety Team.</p> <p>A Patient Story Checklist was received regarding stories being presented to the Board to enable patients to be appropriately briefed and supported when they presented their story to Board.</p> <p>The Committee received an excellent summary on the work of Recovery For All which detailed the celebration event held in January 2021 with a considerable amount of work taking place during the pandemic.</p> <p>L. Cullen reported on how physical health was a focus with the recording of data was improving. The Committee also discussed health inequalities data to ensure more themes could be analysed.</p> <p>The JTAI inspection had been released into the public arena and the Committee was assured to hear that there was an immediate action to address capacity within MASH.</p> <p>The Committee received the quarter 3 update on the strategic risks within the Board Assurance Framework and members found the recent report easy to read with an appropriate level of detail underpinning the risk ratings. The Committee was in agreement with the high-level risks and again noted that there was a very clear link between capacity and safety.</p> <p>The report was received and noted by the Board.</p>	

Agenda Item	Discussion	Action (Owner)
8.	<p><b>PEOPLE COMMITTEE CHAIR'S REPORT</b></p> <p>P. Gayle presented the Assurance Report from the People Committee and highlighted the discussions on recruitment and the interventions which were taking place. The Committee requested an update on entry level roles and to ensure more diverse groups were being attracted to work within the Trust. In relation to English as a second language, this was a provision that the Committee felt there should be tailored courses for which could be undertaken with local further education colleges.</p> <p>The Committee raised several questions regarding the sickness levels and queried how the data was being triangulated with trends on long COVID. The overall sickness rate was at 6.6% and the Trust was comparable to other organisations in relation to sickness absence.</p> <p>The Committee had a deep dive discussion into Talent Management which was productive and a fruitful discussion which generated significant debate. Committee Members had agreed that it was productive to take time out to focus on a specific subject and this would be undertaken on a bi-monthly basis.</p> <p>The Committee had the BAF presented for Quarter 3 and there were significant pieces of work being undertaken and the risk scoring for the people risks had not changed for the quarter.</p> <p>D. Oum referred to the provisional staff survey results with the uptake being 55%. Colleagues had been facing a very significant set of circumstances during the year with COVID which were being reflected in the staff survey. P Gayle said that the Committee was encouraged that there had been an increased uptake on the staff survey. The Committee was recognising that there was now further work to undertake to ensure that staff were aware they were being listened to and that actions would be taken. P. Nyarumbu added it was important to note that more staff were now sharing their views and completing the survey. It was expected that the full results would be received on the 30<sup>th</sup> March 2022.</p>	Page 2 of 347
9.	<p><b>FINANCE, PERFORMANCE &amp; PRODUCTIVITY COMMITTEE CHAIR'S REPORT</b></p> <p>R. Beale presented the Chair's assurance report and highlighted that the financial position was in an unusual scenario at present because of COVID funding. The Committee had commended the work of the finance team due to the financial guidance being received late.</p> <p>It was reported that there was a lower rate of capital spend than was expected and was this discussed in depth. COVID outbreak and infection, prevention &amp; control restrictions had meant a reduced level of access to wards to address the anti-ligature doors sets.</p> <p>There was a detailed presentation on the digital strategy, and it was reported that there was a NHS wide alert regarding a security vulnerability which the Trust was protected against with thanks to the IT team. The paper detailed a proposal to allow streaming media within the secure settings which did not have a cost implication and it was strongly supported by clinicals and service users as a welcome addition to improve their environment.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The Committee had a detailed discussion on Improving Access to Psychological Therapy and discussed the strategic risks from the Board Assurance Framework.</p> <p>The Committee report was received and noted.</p>	
10	<p><b>INTEGRATED PERFORMANCE REPORT</b></p> <p>The Integrated performance report was received and in relation to IAPT there was a detailed presentation on the performance presented at the FPP Committee. It was noted that there were issues with the way the service was previously contracted and there were areas which needed to be improved on a system wide basis.</p> <p>V. Devlin added that the Trust was an outlier regarding IAPT performance and the Trust and wider system would be working with an expert from NHS Improvement working one day per week across the system. It was noted that discussions were taking place with commissioners, with an offer of investment for the forthcoming year.</p> <p>A query was raised regarding the target reduction on patient assaults on staff and S. Bloomfield agreed to take the action away to discuss at Quality, Patient Experience and Safety Committee to set a reducing trajectory. S. Bloomfield said that she was uncomfortable with zero targets where there were human interactions and a reducing trajectory with a clear list of actions would be appropriate.</p> <p>A Baines highlighted discussions at another organisation regarding ensuring patients were updated on their wait time for appointments once they were added onto a waiting list as patients would be more content if they had an estimated date of when they would be seen and queried if the Trust could look at considering how contact was maintained with patients who were awaiting appointments.</p> <p><b>DECISION:</b> (a) <b>S. Bloomfield to discuss the issue of reviewing patient assaults on staff at the Quality, Patient Experience and Safety Committee.</b></p> <p>(b) <b>V. Devlin to report back on the processes in place for updating patients with their appointment details.</b></p>	
11.	<p><b>FINANCE POSITION</b></p> <p>The month 10 2021/22 consolidated Group position was a surplus of £2.6m year to date. This was compared to a break-even plan. The surplus was mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position included a break-even position for the Reach Out Provider Collaborative. The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.</p> <p>It was reported that the 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. A draft financial plan was due mid-March 2022, with a final submission at the end of April 2022.</p>	



Agenda Item	Discussion	Action (Owner)
	<p>A draft system revenue envelope and 3-year capital envelope have been issued. Discussions were ongoing across the system regarding appropriate methodologies for allocating the envelopes.</p> <p>The month 10 year to date Group capital expenditure was £3.8m, this was £3.4m less than plan. The year-to-date underspend mainly related to door set works, statutory standards and backlog maintenance and ICT. It was expected that this slippage would be recovered by year end. The full year capital forecast was £12.3m. The month 10 Group cash position was £56m.</p> <p>The report detailed discussions held at the SSL Shareholder Meeting, regarding the managed lease contracts provided by SSL to the Trust having a range of different renewal dates. There was no viable alternative to them being rolled over (i.e. not renewing would involve a significant transaction and a major financial pressure or an inability to provide services). It was therefore recommended that the contracts were all renewed and harmonised to a contract end date of 30 April 2029.</p> <p><b><i>DECISION: The Board agreed that the managed lease contracts provided by SSL to the Trust were all renewed and harmonised to a contact end date of 30<sup>th</sup> April 2029.</i></b></p>	<p>Page 10 of 347</p>
12.	<p><b>BOARD ASSURANCE FRAMEWORK: QUARTER 3.</b></p> <p>The Board Committees all received an update for quarter 3 on the strategic risks for each Committee. It was proposed that with the approach of the end of the financial year that work was undertaken to refresh the BAF in both the content and the format. This will involve undertaking a sense check on the risk descriptions, the controls, and assurances. Work would be undertaken to identify the risks under the clinical services strategy heading. The BAF would also move to being a forward look and not just a historical record and any gaps in assurance would be matched with a management action plan</p> <p>This would mean that the Board in April would receive a report on the progress during year one but sets things in train for 2022.</p> <p>The key message this quarter was that no risk scores have deteriorated, although progress towards reducing risk scores remains slow. It is proposed that only one risk (FPP1) should reduce in score, although it remains a red risk.</p> <p>The Quarter 3 position of the Board Assurance Framework was received and noted.</p>	
13.	<p><b>GOVERNANCE ACTION PLAN UPDATE</b></p> <p>The Board received the governance action plan which detailed work undertaken during the last 12 months. Board Members were reminded that in early 2020, the Good Governance Institute undertook a review of corporate governance arrangements in the Trust. Their report made 17 recommendations for action and, in November 2020, ANHH Consulting was commissioned to support the Board in addressing them.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>Since then, there had been a further 7 major areas of governance development and the progress against the initial 17 and additional 7 were detailed in the accompanying action plan.</p> <p>The action plan was presented to the Board as evidence of the actions already taken along with the areas where there was still work to complete. It was reported that this was a work programme for Board governance and the plan would be continually updated regarding as work progresses.</p> <p>The Board of Directors received and noted the progress being made and would receive a further update at the June Board meeting.</p>	Page 1 of 347
14.	<p><b>BOARD DEVELOPMENT PROGRAMME</b></p> <p>The Board was presented with the Board Development programme for the next 12 months.</p>	
15.	<p><b>BOARD FORWARD PLANNER</b></p> <p>The forward planner for the Board of Directors was received and noted.</p>	
16.	<p><b>QUESTIONS FROM GOVERNORS AND PUBLIC</b></p> <p>M. Mirza said that the meeting had been very engaging and peaceful and thanked A Glover for inviting Oliva and Lorna (Patient Story) to the meeting.</p>	
17.	<p><b>REFLECTIONS ON THE MEETING</b></p> <p>H. Grant provided reflections on the meeting and on the discussions on the patient story and there was an area of optimism regarding some of the areas that were working well and that there was a plan and trajectory on how we want to improve services for people on the autism spectrum.</p> <p>In terms of the meeting, there was respectful challenge and good focus on the key areas and overall it was a positive meeting.</p>	
18.	<p><b>ANY OTHER BUSINESS</b></p> <p>There was no further business raised.</p>	
19.	<p><b>RESOLUTION</b></p> <p>The Board asked that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.</p>	
20.	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• 09:00am</li> <li>• 30<sup>th</sup> March 2022</li> </ul>	

### 3. Matters Arising/Action Log



### BOARD OF DIRECTORS – MARCH ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
February 2022 Agenda item 1	<u>Patient Story</u> Chair to write and thank for attending the Board meeting	S. Madeley	February 2022	Resolved	Complete
February 2022 Agenda item 10	<u>Integrated Performance Report</u> To discuss the issue of reviewing patient assaults on staff at the Quality, Patient Experience and Safety Committee  To report back on the processes in place for updating patients with their appointment details	S. Bloomfield	April 2022	Not Due	Scheduled for the April meeting
		V. Devlin	April 2022	Not Due	

#### RAG KEY

Overdue
Resolved
Not Due

## 4. Chair's Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>4</b>
<b>Paper title</b>	<b>CHAIR'S REPORT</b>
<b>Date</b>	30 March 2022
<b>Author</b>	Danielle Oum, Chair
<b>Executive sponsor</b>	Danielle Oum, Chair

**This paper is for (tick as appropriate):**

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
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**Executive summary & Recommendations:**

The report is presented to Board members to highlight key areas of involvement during the month and to report on key local and system wide issues.

**Reason for consideration:**

Chair's report for information and accountability, an overview of key events and areas of focus

**Previous consideration of report by:**

Not applicable.

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

Select Strategic Priority

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

Not applicable for this report

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

Not applicable for this report

**Equality impact assessments:**

Not applicable for this report

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

Engagement this month has been through introductory meetings with staff across the Trust.

## CHAIR'S REPORT TO THE BOARD OF DIRECTORS

### 1. INTRODUCTION

- 1.1 Our vision is simple in that we are here to "*Improve mental health wellbeing*". I deliberately open with this statement, grounding this report in our core purpose.
- 1.2 Our values of compassion, Inclusive and Committed describe our core ethics and principles. They help guide our culture by inspiring people's best efforts and constraining unwanted actions that do not align with our values.
- 1.3 I am pleased to offer a brief report to the Board giving an overview of my key areas of focus since the last Board meeting with my intention to provide a regular update at each Board meeting.

### 2. CLINICAL SERVICES

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

### 3. PEOPLE

- 3.1 I was pleased to meet with Shane Bray, Managing Director of Summerhill Supplies Limited (SSL) this month. I was provided with an up-to-date overview of works, priorities for the future and developments.
- 3.2 As we move out of restrictions, I am making arrangements to meet individually with our Governors over the coming months to discuss their role, development, and engagement with the Trust. This will enable us to continue to strengthen our ties with the Council of Governors.
- 3.3 I was pleased to meet with Dr Hilary Grant, Medical Director and Jas Kaur, Head of Equality, Diversity and Inclusion, to discuss the priorities and vision for the Trust to tackle health inequalities. This work remains a focus for the Trust with Committee Chair's now being proactive in seeking assurances on inequalities through their forums.

### 4. QUALITY

- 4.1 I was pleased to be able to join the Leadership Framework – Health Inequalities Improvement Programme, supported by NHS Confederation. The Leadership Framework for Health Inequalities Improvement programme is an NHS England and Improvement (NHSEI) programme to ensure that the NHS better prevents and responds to the health inequalities which many communities experience. This is particularly important as the NHS continues to recover and reset from the COVID-19 pandemic, which has exacerbated and highlighted these long-standing inequalities. The workshop set out clear objectives for the future.

### 5. SUSTAINABILITY

- 5.1 During the month I have met with Board Committee Chairs and Executive Leads regarding the Trust's strategic priority of addressing inequalities, to consider and how our governance structures can work to drive progress and gain assurance.

- 5.2 I was pleased to be able to Chair the AAC panel for recruiting a Rehabilitation & Recovery Consultant where a successful appointment was made.
- 5.3 This month I chaired the Council of Governors meeting where the members were sighted and assured on the upcoming elections process and the proposals for appointing a Lead Governor & Deputy Lead Governor.

**DANIELLE OUM  
CHAIR**



## 5. Board Member Service Visits

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>5</b>
<b>Paper title</b>	<b>BOARD MEMBER SERVICE VISITS</b>
<b>Date</b>	30 <sup>th</sup> March 2022
<b>Author</b>	Sharan Madeley, Company Secretary
<b>Board Sponsor</b>	Danielle Oum, Chair

**This paper is for (tick as appropriate):**

<input checked="" type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input type="checkbox"/> Assurance
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**Executive summary & Recommendations:**

A summary is provided relating to the visits by Board Members to services across the Trust since November 2021 and January 2022. The visits are an opportunity for Board Members to speak with staff at services and departments. The visits are also a way of triangulating information presented through to Committees and Board Members will note that the areas being raised through the visits have been reflected in the reports received at Committees and include levels of acuity, staff levels, vacancies and demand for services.

**Reason for consideration:**

For assurance and feedback

**Previous consideration of report by:**

N/A

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

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

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

Not applicable for this report

**Board Assurance Framework Risks:**

*(detail any new risks associated with the delivery of the strategic priorities)*

Not applicable to this report

**Equality impact assessments:**

Not applicable to this report

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

The purpose of the visits are to ensure visibility of Board Members throughout the Trust, engage with staff members to discuss their service areas .

## BOARD OF DIRECTORS

### SERVICE VISITS: QUARTERLY UPDATE: NOVEMBER 2021 – JANUARY 2022

DATE	KEY AREAS OF DEVELOPMENT HIGHLIGHTED DURING THE VISIT	KEY AREAS THE SERVICE/UNIT ARE PROUD OF	CHALLENGES HIGHLIGHTED THROUGH THE VISIT
<b>3<sup>rd</sup> November 2021</b> <b>Oleaster</b> <b>Gianjeet Hunjan</b>	<ul style="list-style-type: none"> <li>• Development of the Urgent Care Centre progressing, with part of the building and car park cordoned off resulting accommodation and car parking pressures. The works are expected to be completed in December 2021.</li> <li>• Five wards, each with different models of care to reflect the needs of the service users and their care               <ul style="list-style-type: none"> <li>• Japonica – 16 bed Female ward – 10 Assertive Outreach, 6 Acute</li> <li>• Magnolia – 16 bed Male ward – all Assertive Outreach</li> <li>• Tazzetta – 16 bed Male Acute</li> <li>• Melissa - 16 bed Female Acute</li> <li>• Caffra – 10 bed Male PICU</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Teams have made good use of technology to continue their participation of service developments and improvements</li> <li>• Team members are tired but are committed to the Trust</li> <li>• Despite the pressure of Covid, team members have continued to do their best to serve the service users and the Trust</li> <li>• Visibility and support by local management was strong</li> </ul>	<ul style="list-style-type: none"> <li>• Assertive Outreach Service on female wards involves 11 consultants attending the wards and this has become a challenge with Covid</li> <li>• Shortage of PPE at the start of the pandemic but resolved now</li> <li>• Sickness levels, vacancies and maternity leave</li> <li>• Service Users increasing level of acuity resulting in increasing number of transfers to PICU and given the restrictions compared to the open wards in terms of possessions, this has been challenging to manage as service users express frustrations and anger</li> <li>• Access to the site is not restricted and this makes management of site difficult in particular contraband items being thrown over into the courtyard as the building is on sloping grounds</li> <li>• senior nurses assigned onto site management rota resulting in 2 days off ward areas per week and this is adding to ward pressures as backfilling is not permitted. This is further compounded when senior nurses have to cover for annual leave or sickness</li> <li>• Central recruitment of nursing staff was a problem but this has now moved to local panels giving better control to manage local vacancies</li> <li>• Over-reliance of e-training with minimal opportunities to ask questions or share learning or experience with colleagues</li> <li>• Inconsistent services from IT and Finance colleagues</li> <li>• On-going work as part of a working group looking into the reduction of bank and agency staff</li> <li>• Need to consider a centralised budgeting process to manage maternity leave as staff may be out for 19 months but yet the costs are part of the wards resulting in an inability to backfill as appropriate</li> <li>• Mental Health Review Tribunals were being held virtually but this presented issues as it is difficult to read how service users are feeling and therefore staff feel they cannot support them fully</li> </ul>

DATE	KEY AREAS OF DEVELOPMENT HIGHLIGHTED DURING THE VISIT	KEY AREAS THE SERVICE/UNIT ARE PROUD OF	CHALLENGES HIGHLIGHTED THROUGH THE VISIT
<b>15<sup>th</sup> November 2021</b> <b>Newbridge House</b> <b>Dave Tomlinson</b>	<ul style="list-style-type: none"> <li>Sensory room recently opened</li> </ul>	<ul style="list-style-type: none"> <li>Commitment and motivation of staff through difficult times</li> </ul>	<ul style="list-style-type: none"> <li>Lack of consultation and discussion with ward managers about working weekends before imposition, many of them now feel like they are 'spare parts' at weekend</li> <li>Level of pay for on call managers – in effect they are being paid £21 for working a weekend</li> <li>Matters raised by ward through proper escalation routes but nothing fed back (e.g. gym equipment)</li> <li></li> </ul>
<b>25<sup>th</sup> November 2021</b> <b>Northcroft AOT and CMHT</b>	<ul style="list-style-type: none"> <li>Flexible approach to recruitment, preceptorship to allow staff to come in at Band 5 and develop into Band 6s</li> <li>Transformation of community services</li> <li>Transformation of rehab and recovery</li> </ul>	<ul style="list-style-type: none"> <li>Commitment and motivation of staff through difficult times</li> <li>Can do attitude of staff and willingness to work additional hours in interests of patient</li> <li>The way they had adapted to and made good use of Microsoft Teams</li> </ul>	<ul style="list-style-type: none"> <li>CMHT – lack of staff</li> <li>AOT – Transformation still looking at individual teams and services rather than entire pathway – danger we will just move problem</li> </ul>
<b>2<sup>nd</sup> December 2021</b> <b>Orsborn House</b> <b>CMHT/HT/AOT</b> <b>Hilary Grant</b>	<ul style="list-style-type: none"> <li>Met with wide variety of staff across a range of services, discussed current challenges around demand, capacity &amp; workforce.</li> <li>Detailed exploration of challenges and opportunities with regard to future transformation.</li> <li>Explored current and future clinical pathways and the challenge of clinical engagement due to workforce capacity and significant demand.</li> <li>Discussed challenges of meeting the needs of service users and providing medical assessments as exec sponsor for a CMHT medical appointments QI project explored progress of same and possible change ideas</li> </ul>	<ul style="list-style-type: none"> <li>Their continuing ability to flex according to increased demand and the commitment of staff</li> </ul>	<ul style="list-style-type: none"> <li>Current demand</li> <li>Medical vacancies</li> <li>Insufficient workforce to meet demand</li> </ul>

DATE	KEY AREAS OF DEVELOPMENT HIGHLIGHTED DURING THE VISIT	KEY AREAS THE SERVICE/UNIT ARE PROUD OF	CHALLENGES HIGHLIGHTED THROUGH THE VISIT
<b>22<sup>nd</sup> December 2021</b> <b>Hertford House</b> <b>Hilary Grant</b>		<ul style="list-style-type: none"> <li>• Preparation for CQC and book of excellence.</li> <li>• Activities for service users and ability to deploy psychological interventions as nursing staff.</li> <li>• High quality rehabilitation of service users.</li> <li>• Good development opportunities for developing nursing skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of psychology intervention.</li> <li>• Stand alone site.</li> </ul>
<b>30<sup>th</sup> December 2021</b> <b>ADHD &amp; Autism Service</b> <b>Hilary Grant</b>		<ul style="list-style-type: none"> <li>• Autism pilot</li> <li>• Progress made with regard to ADHD service</li> <li>• Contribution to broader autism strategy</li> <li>• Raising awareness of autism</li> <li>• Service user outcomes in terms of recovery and rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Progress needs to be made with regard to autism awareness, and interventions, across the organisation</li> <li>• Administration systems but undertaking a QI project to address these</li> <li>• Being able to recruit staff with the required expertise</li> <li>• Management of waiting list</li> </ul>
<b>30<sup>th</sup> December 2021</b> <b>Longbridge Centre</b> <b>Hilary Grant</b>		<ul style="list-style-type: none"> <li>• Team Culture</li> <li>• Mutual support for one another</li> <li>• One of the first services to be part of the PCN transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment of medical workforce</li> <li>• Management of waiting list</li> <li>• Capacity to undertake service user reviews</li> <li>• Impact of pandemic on staffing</li> <li>• Capacity to participate in emerging transformation agenda</li> </ul>
<b>31<sup>st</sup> December 2021</b> <b>Barberry:</b> <b>Neuropsychiatry/Mother &amp; Baby/East Disorders/Deaf Services</b>	<ul style="list-style-type: none"> <li>• Impact of pandemic severely impacting on nurse staffing in particular, but also in broader MDT staffing</li> <li>• Staff well being issues also impacted upon due to staffing absence and the need for staff to move to support other areas</li> </ul>	<ul style="list-style-type: none"> <li>• Staff resilience</li> <li>• Care provided</li> <li>• Deaf service – new signage co-produced by service users and the Safewards approach</li> </ul>	<ul style="list-style-type: none"> <li>• Throughout all services visited the impact on staffing was most significant in addition to staffing morale</li> </ul>

DATE	KEY AREAS OF DEVELOPMENT HIGHLIGHTED DURING THE VISIT	KEY AREAS THE SERVICE/UNIT ARE PROUD OF	CHALLENGES HIGHLIGHTED THROUGH THE VISIT
<b>12<sup>th</sup> January 2022</b> <b>Dan Mooney and David Bromley</b> <b>Hilary Grant</b>		<ul style="list-style-type: none"> <li>• CMHT – lack of staff</li> <li>• AOT – Transformation still looking at individual teams and services rather than entire pathway – danger we will just move problem</li> </ul>	<ul style="list-style-type: none"> <li>• Issues re local residents objecting to new fence being erected which affecting access service user's access to garden.</li> <li>• Limited access to psychology/ OT input across services.</li> <li>• Environment limits some activities and no ensuites.</li> <li>• Difficulty in recruiting nursing staff.</li> <li>• Feeling of being disconnected from organisation overall and units inclined to operate independently of one another.</li> </ul>
<b>26<sup>th</sup> January 2022</b> <b>Lyndon Clinic</b> <b>Hilary Grant</b>	<ul style="list-style-type: none"> <li>• Manging demand and capacity, resilience through pandemic,</li> <li>• mutual support of one another,</li> <li>• MDT working,</li> </ul>		<ul style="list-style-type: none"> <li>• Security of site</li> <li>• Lack of clinic room and space that fit for purpose</li> <li>• Deficit of medical workforce.</li> </ul>
<b>28<sup>th</sup> January 2022</b> <b>Venture House</b> <b>Hilary Grant</b>	<ul style="list-style-type: none"> <li>• Reviewed a range of areas including:</li> <li>• EPMA</li> <li>• Robot</li> <li>• COVID Vaccination status of staff and impact on service</li> <li>• Recruitment and retention</li> <li>• Service Developments</li> <li>• New roles</li> <li>• Future developments</li> <li>• Policies and procedures</li> <li>• Updating of medicines code policy and training</li> <li>• RT</li> <li>• Clozapine monitoring</li> </ul>		<ul style="list-style-type: none"> <li>• Uptake of mandatory vaccination</li> </ul>

## 6. Chief Executive's Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>5</b>
<b>Paper title</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
<b>Date</b>	30 March 2022
<b>Author</b>	Vanessa Devlin and Roisin Fallon-Williams
<b>Executive sponsor</b>	Roisin Fallon Williams

<b>This paper is for: [tick as appropriate]</b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

<b>Executive summary</b>
My report to the Board this month provides context of the ongoing pandemic, the resultant pressures and our approach to the challenges that lay ahead. It also provides information on focused work of relevance to the Board, in relation to our Trust strategy, local and national reports and emerging issues.

<b>Reason for consideration</b>
<i>To provide the Board of Directors with an overview of key internal, systemwide and national issues.</i>

<b>Paper previous consideration</b>
<i>Not Applicable</i>

<b>Strategic objectives</b>
<i>Identify the strategic objectives that the paper impacts upon.</i> Sustainability. Quality. Clinical Services. People

<b>Financial implications</b>
<i>Not applicable for this report</i>

<b>Risks</b>
<i>No specific risk is being highlighted to the Board regarding the contents of the report</i>

<b>Equality impact</b>
<i>Not applicable for this report</i>

<b>Our values</b>
Committed Compassionate Inclusive



## CHIEF EXECUTIVE'S REPORT

### 1. CURRENT PANDEMIC SITUATION

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

The current inpatient position is very positive with only one outbreak at present on Rosemary ward at Juniper which is now stable. We continue to learn lessons from each outbreak and share learning across the organisation. As outbreaks have reduced our Infection Prevention Control (IPC) Team have been able to provide more proactive visits to support the preventative measures and ensure colleagues are confident with all IPC measures are in place and provide support or teaching on the ward. We welcomed a supportive IPC visit from NHSE/I and are now working through some helpful recommendations they identified and learning from other Trusts which we may be able to introduce in our services.

We are expecting updated IPC guidance by the end of March but this is not likely to make significant changes in our practices and we expect to see ongoing advice for routine wearing of masks in the NHS, routine testing for staff and service users but there may be some changes to social distancing advice and as soon as this advice is confirmed we will amend our Trust protocols. We continue to support the Covid vaccination roll out and continue to vaccinate our longer stay inpatients as per national guidance.

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

### 2. PEOPLE

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

#### 2.1 Our Values Awards

Our Values Awards will take place tonight. We received a number of amazing submissions and the Board and colleagues look forward to recognising and celebrating with the nominees and winners.

#### 2.2 Learning and Development

We have in place a plan to further restart aspects of our learning and development training offers including our first line management modules and we have begun work to revise the trajectory and plans for our strategy aligned leadership development programme.

### 2.3 Appraisals

The launch of our strategy aligned appraisal system has been delayed until the first week of May whilst testing of the new system takes place. Final arrangements for the launch taking into account learning from the testing will be agreed this week.

### 2.4 People Business Partnering Team

Four vacancies for permanent posts have now been successfully recruited to and all of the team will be in post by the beginning of June.

Four vacancies for permanent posts have now been successfully recruited to and all of the team will be in post by the beginning of June.

In terms of the HR KPIs, work has begun on sickness absence recovery and following several Covid outbreaks throughout the Trust, sickness absence is at 6.28% (February 2022) and at the lowest it has been since September 2021 however we are still far from our target of 3.9%.

Turnover has remained under the Trust's target of 11% throughout the financial year with our February position currently at 9.7%, and the vacancy rate has slightly improved to 9.5% in February 2022 however we are still far from our target of 6%.

### 2.5 Organisational Development Team

We are due to commence the Senior Leadership Development Programme in partnership with Roffey Park on 5th April. This is a 12-month leadership development programme specifically created to address the development of senior leaders aligned to our strategic aims and to support implementation of our leadership framework. We reluctantly but necessarily postponed this programme in the context of the resurgence of Covid and the Winter pressures

### 2.6 Cost of Living Increases

The Board will be aware of the fact that the significant cost of living increases we are experiencing will be a cause for concern for colleagues and for some having very real impacts. We are continuing to provide information on all our wellbeing offers including those related to financial wellbeing. Whilst we are aware there are some considerations being undertaken nationally for example in relation to car mileage rates we are also starting to look as a Trust and local system at options for additional support in these difficult times. Like others we have supported NHS Providers and others calls for the current mileage reimbursement rebates to be urgently reviewed by the national team.

### 3. CLINICAL SERVICES

As we slowly emerge from the last covid Omicron wave, we can now see a reduction in wards closed to admissions and staff absences from work, and clinical services are now focusing on 'restoration and recovery' in their clinical areas. This has commenced with a focus piece of work to increasing our face-to-face contact with service users in our community teams working within a new blended hybrid model. The work was launched at our performance delivery group with, and expectation directorates will work up plans and their local clinical governance group and present back to the group in May.

Our recovery also has a strong focus on how we manage demand across the clinical areas a key priority as outlined in the clinical strategy. This has taken on many forms with the key themes being:

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

#### 3.1 Specialties

The staffing situation within Inpatient services has stabilised, we continue to experience staffing pressures due to the high levels of acuity across the wards for Older adults and the Barberry. Wards are supporting each other with staff, additional bank staff are being booked to ensure we meet these increased needs and focused local and central recruitment campaigns continue.

There is currently one covid outbreak on Rosemary suite and this is being managed in accordance with infection control procedures, this is having an impact on our ability to make admissions which is being managed through our bed management team.

Birmingham Healthy Minds continue to experience high levels of vacancies. There are plans in place supported by the Communications team and Human resources to support recruitment and retention.

This includes an enhanced social media campaign, videos from colleagues describing the service and we are looking at an option involving relocation expenses. We are working with our Clinical Commissioning Group (CCG) colleagues to develop a recovery trajectory with the support of our Regional colleagues. This work includes determining how the national funding requirements can be attained in order to expand these services in accordance with national trajectories.

We continue to see higher than usual levels of acuity and waiting times for assessment in the older adult community mental health teams (CMHT's) remain higher than we would like, teams are reviewing patients on the waiting list and prioritising urgent referrals to keep service users safe. We are also extending a support package to service users and carers through the third sector to enhance support and release capacity in the teams.

We are working proactively with Solihull partners on the Newton led diagnostic in Solihull. This will ensure the integration of mental health in a Solihull home first philosophy to ensure community services address the needs of older adult service users in their own homes and minimise the need for hospital admission.

Teams across the directorate are working on plans to address key issues raised through the staff survey. There are areas of learning from this year's survey and also areas of positive feedback that will inform action to enable improvements in staff experience.

### 3.2 Integrated Community Care and Recovery (ICCR)

Staffing continues to be stable on the Steps 2 Recovery (S2R) wards, teams are continuing with their planning and preparation for CQC inspections. The transforming rehabilitation work stream is progressing. The operational policy for the new intensive rehabilitation team is being drawn up and the first post of team manager will soon be going live. We are in the process of repurposing our two High Dependency Units (HDU) in Solihull to single sex complex care units, this will be a real achievement in ensuring equality of offer to females with complex care needs. Options for local HDU beds are being sourced to ensure we can meet any future demand.

Community transformation is progressing well with all 5 Primary care hub managers now in place and they are building their primary care teams that will support access and flow across our community mental health services. CMHT engagement sessions will commence to focus our attention during 2022/23 on how they will look in the future. This will include bolstering of services as indicated in the long-term plan, with additional staffing across a range of roles and disciplines to support the CMHTs in meeting the needs of the local communities they serve.

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

ICCR are really pleased to note that they have had 12 colleagues shortlisted for the our Trust values awards, we are very proud to see that so many ICCR staff have been recognised.

The Division are supporting Teams to have Team away days to ensure teams have time out to reflect on their objectives and experiences over the past 12 months and plan for the coming year.

### 3.3 Secure Care & Offender Health

The Reach Out Quality review of Reaside indicated some positive feedback, particularly for Dove and Severn wards, for the support provided by the senior leadership team, and for the work on joint senior leadership team objectives. Following the staff feedback, local staff appreciation awards have been implemented, which has been well received by colleagues. Tamarind continues to be very clinically busy with high clinical activity and they are well supported by the local leadership through active bed management and staff support.

Ardenleigh continues to experience some staffing challenges, most significantly in relation to RMN posts. We had a productive discussion on innovative recruitment strategies and are in the process of developing an action plan as a result. In the meantime some specific local recruitment is in progress. Renovation works the of seclusion and long-term segregation environments has commenced for Coral ward which will make the suite a more trauma informed and therapeutic environment. The QNIC (Quality Network for Inpatient CAMHS) Review for the Adriatic low secure unit was positive overall.

The FIRST Team effectively engaged with Birmingham City Council (BCC) to support AMHPS (Approved Mental Health Professionals) by taking on additional students, marking portfolios and supporting with social supervision teaching. This will enhance the partnership working between FIRST and BCC and will support the workforce flow into the system.

Reach Out have sponsored 3 new roles (carers lead, recovery lead and benefits/ housing support lead) as pilots for 12 months to support the pathway, improve the quality of care received and work with the inequalities that service users in secure care face.

The Liaison and Diversion (L&D) team are experiencing a higher-than-average level of short-term sickness due to COVID. Colleagues are supported to return safely through active health and well-being support.

The Youth Team were successful in securing an additional £50k in order to improve the pathway by enhancing peer mentorship and local integration.

Our Birmingham Liaison and Diversion service was highlighted in a national report as an area of effective practice following an HMI Probation inspection.

The Division had 21 finalists (from 111 nominations) for the Trust Value Awards, which is commendable. We are proud to say that four out of five finalists of the 'Living Our Values' award are from SCOH division confirming our focus on values and value-based culture.

### 3.4 Acute and Urgent Care

The Division continues to focus on the future following the last Omicron covid wave, which has enabled a number of wards to take time out to have their away days. Their days have centred on, team effectiveness, working through change, resilience and undertaking the insight profile, teams have also developed their own team charter during the day. The away days have evaluated really well with colleagues enjoying the opportunity to take time out to reflect and refocus.

Following a robust, clinical quality equality impact assessment (CQEIA) review Mary Seacole ward 2 will reopen to service user admissions from the 1st April. To support and enable the team to come back and work together, along with their new consultant, a focused two day on site training programme has been developed and will include essential training along with refreshers in key areas, such as : Physical Health, rapid tranquilisation and medicines emergencies, Care Plan Audits, Safety Huddle Quality Audit, Detox/Alcohol withdrawal and Risk Formulation.

The newly refurbished urgent care centre was visited by Richard Medding of NHSE. The visit was extremely positive and Richard along with the ICS Board Chair and ICS clinical lead were able to meet the colleagues and view the new centre.

Following a comprehensive procurement process Future Housing and Social Care were successfully awarded the crisis house tender. Working collaboratively with Forward Thinking Birmingham, the new provision will sit in our urgent care pathway and will provide a total of 14 crisis beds. The service, which has been set up to avoid a potential acute hospital admission and to aid discharge, will provide intensive therapeutic interventions for service users 18 and over, as well as have a separate provision for female service users. The two houses are in the planning phase and will be fully open by the summer.

The Respite Plus tender has now concluded and is now in the 10-day standstill period during March, with an award to be made early April. The respite plus service is a wrap around service for people to move into respite, who would otherwise remain on an acute ward. The service provides support whilst in respite with food provision, coping skills and supports individuals for a short period once they go home.

Positive collaborative work has commenced with Care Grow Live (CGL) our Birmingham commissioned addictions service, to support the development of an addiction's admissions and discharge pathway across acute care. Several meetings have now taken place between CGL and our teams to develop the pathways to support a smoother transition for service users in inpatient services. The current discharge Standard Operating Procedure (SOP) will be amended to include the new addictions discharge pathway.

A proof-of-concept pilot is taking place on two wards to look at the impact of having a dedicated de-escalation nurse on shift out of hours, this will be to support colleagues in challenging situations and help model de-escalation techniques, as well as offering advice and support.

## 4. SUSTAINABILITY

### 4.1 BSOL ICS and Mental Health Provider Collaborative Update

Transition plans continue for the establishment of Birmingham and Solihull ICS as a statutory body from 1 July 2022, in line with the national direction of travel.

Provider collaboratives are at the heart of work within ICS's to transform the care we provide for our citizens by driving integrated care pathways that improve outcomes and reduce inequalities.

Across the Birmingham and Solihull ICS proposals are being considered for a small number of large-scale collaboratives focussed on care programmes/ pathways that would include the devolution/delegation of commissioning functions to these collaboratives to enable them to deploy resources across organisations to maximum impact. These considerations include the already agreed proposal for a Mental Health (MH) collaborative. Our aim remains to have the MH provider collaborative up and running as soon as is practical in 2022/23.

### 4.2 Financial Planning

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

## 5. QUALITY

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

## 6. NATIONAL ISSUES

### 6.1 Ukraine War

Both as a Trust and a system we have begun outline planning for Ukraine evacuees being received into the UK in transit elsewhere in the country via Birmingham airport and for those that have been family matched with citizens of Birmingham and Solihull.

Many of our colleagues have been keen to provide support for the Ukrainian people and we are signposting them to the organisations coordinating aid efforts. We have also reminded colleagues of all our well being offers given many of us have been very distressed by the scenes of war and its impact that we are all seeing, including those of racial discrimination.

**7. LOCAL ISSUES**

7.1 Medical Director Recruitment

The recruitment process for appointment of our new Medical Director is well underway with stakeholder and formal interviews taking place this week.

**ROISIN FALLON-WILLIAMS  
CHIEF EXECUTIVE**



## 7. Board Overview: Trust Values

## 8. Quality, Patient Experience & Safety Committee Chair's Assurance Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>8</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE &amp; SAFETY COMMITTEE</b>
<b>Date</b>	23 <sup>rd</sup> March 2022
<b>Author</b>	Mr W Weir, Non-Executive Director, Temporary Chair
<b>Executive sponsor</b>	Mrs S Bloomfield – Executive Director of Quality and Safety (Chief Nurse)

<b>This paper is for: <i>[tick as appropriate]</i></b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

**Executive summary**

The Quality Patient Experience & Safety committee met on the 23<sup>rd</sup> March 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors.

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

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

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

**Reason for consideration**

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

**Strategic objectives**

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

**Financial implications**

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

**Strategic Risks**

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

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

#### **Equality impact**

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

#### **Our values**

Committed  
Compassionate  
Inclusive

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

### 1. ISSUES TO HIGHLIGHT TO THE BOARD

#### 1.1 Ligature themed review report for January 2022

The Committee received an update on the review of ligature with no anchor point incidents for September – November 2021. From September 2021 to November 2021, a total of 160 incidents were reported. In November 2021, 49 incidents were reported, which was a decrease compared to October-21 (whereby 68 incidents were reported) but an increase compared to September-21 (whereby 43 incidents were reported). The report provided detail of the number of incidents by Directorate and service areas along with a breakdown of the wards with the highest number of incidents.

***Chair's assurance comments:***

The committee took assurance of the incidents from Sept 21 to November 2021. The committee will receive a 6 month report with more recent information, correlate any patterns in particular service areas.

#### 1.2 Care Quality Commission Section 31 Improvement Plan Progress Report

The Committee received the monthly report providing an update on the activities related to the implementation of the actions associated with the CQC Section 31 Notice issued in December 2020. The report was accompanied by the formal correspondence to the Care Quality Commission, dated 28<sup>th</sup> February 2022, which provided detail of the Trusts latest position relating the actions for care planning and for improving the safety of the physical environment.

***Chair's assurance comments:***

The committee noted the latest report to CQC from the Director of Quality and Patient Safety. The committee noted the expected date of the CQC inspection to be April / May 2022 for its core inspection.

#### 1.3 Health Inequalities

The Committee received a presentation regarding the national and organisation wide inequalities data to enable a space for discussion in defining the role of this committee in assuring the Board of our work and progress in reducing inequalities across our services. The presentation detailed Core 20Plus5 which was an approach designed to support Integrated Care Systems to drive targeted action in health inequalities improvement. The Committee was presented with the performance metrics for consideration.

***Chair's assurance comments:***

The committee had a very informative discussion on Health Inequalities which started to map out some key metrics for its consideration and the Board.

The committee noted with interest the service level discussions on Health Inequalities and an enthusiasm generated from director discussions with staff/ service users. The committee acknowledged that the Trust is on the start of the development of Health inequality metrics in relation to quality but this needed input from service users, staff and be embedded into core business.

### 1.3 Responding to COVID-19

The Chief Nurse provided an update on the visit by NHS England/Improvement regarding infection, prevention & control within the Trust.

***Chair's assurance comments:***

The committee were assured from the Chief Nurse of the latest guidance from NHS England and that changes expected from 1 April 2022 onwards. The committee noted that the operational teams were looking at the resumption of face to face services.

### 1.4 Serious Incidents and Learning

The serious incidents and learning report provided an overview, trends and analysis of serious incidents reported during quarter 3 and identified areas for improvement and supporting action against these by outlining specific focus areas or areas of concern through data analysis. There were 14 serious incidents occurred during Quarter 3, 29% of incidents occurred within Integrated Community Care (4 incidents), 22% within Acute Care (3 incidents), 14% within Dementia & Frailty (2 incidents) and the remaining 35% were distributed over 5 different service areas. Integrated Community Care serves the largest service user population therefore the correlation between the numbers of incidents was not surprising.

The majority of suicides were white males, aged between 30-49 Christian and were on long term sick from work. The emerging themes included capacity shortages within CMHT and the difficulties to reschedule appointments. In addition, service users accessing appropriate services to meet their needs relating to substance misuse, and themes included the inconsistent referral processes to the substance misuse provider within Bsol (Birmingham & Solihull) (Care Grow Live, or CGL). However, there was now a joint task and finish group, sitting underneath both the Operational Management Team (OMT) and the Clinical Effectiveness Advisory Group (CEAG), looking at all aspects of how care was offered and accessed for service users with comorbid substance misuse problems and was in the initial stages of developing a work plan. It was also envisaged that the Community Transformation work would assist with reviewing and improving these pathways.

***Chair's assurance comments:***

The committee noted this report and were assured of the sharing of learning arising from serious incidents.

### 1.5 Health, Safety and Fire Quarterly Report

The Committee received the quarterly health, safety and fire report with a number of key issues being highlighted.

It was reported that the work to improve the physical environment to enhance service user safety by reducing ligature risks associated with doors continues.. There was a delay in the installation of the en-suite doors in the South PFI due to the PFI processes but there are ongoing discussions to ensure this work is complete by June/ July 2022. The Risk and Safety group was still meeting periodically to address the wider mitigations for ligature risk reduction.

The revised vulnerability risk assessment was now complete and would be recorded on the Staff Portal following completion of the self-assessment. This would enable reports to be run to understand the risk position for the Trust as it related to COVID19, and the level of mitigations required to support those staff identified.

During the last Core CQC inspection, a concern was raised around the lack of alarms issued to patients and how it was recorded that patients had been assessed for the need for an alarm. As such the service areas developed a Vulnerability protocol that was agreed to be used at every admission to support decision making about which patient needs to be issued with an alarm. The members were reminded of this protocol and the need to ensure it continues to be used as agreed.

***Chair's assurance comments:***

The committee noted this report.

1.6 National Review and Joint Targeted Area Inspection Children's Safeguarding

The Committee was presented with the full report from the National Review and Joint Targeted Area Inspection into Children's Safeguarding which was instigated following the conclusion of the criminal trial into the murder of Arthur Labinjo-Hughes

The report received was to further the organisation's review of BSMHFT involvement in the case and to identify learning points. It also outlined the learning from the JTAI deep dive audit that took place in December 2021 and January 2022.

***Chair's assurance comments***

The committee received a comprehensive update and noted that the Trust had developed interim recommendations and learning points in response to the Joint Targeted Area Inspection.

1.7 Use of force Act

The Committee was informed that the Mental Health Units (Use of Force) Act became law in November 2018. The statutory guidance was published in December 2021 and the implementation date for the Use of Force Act is 31 March 2022. The aim of the Act and the statutory guidance was to clearly set out the measures that are needed to prevent the inappropriate use of force and ensure accountability and transparency about the use of force, in mental health units.

The use of force includes physical, mechanical or chemical restraint of a patient, and the isolation of a patient, including seclusion and segregation. To respond and support implementation of the Use of Force Act, BSMHFT via the Mental Health Legislation Team has set up a short working group and focus groups of carers and service users.

The Implementation of the Use of Force Act aligns with the approach to reducing health inequalities, and the Trust will be scrutinising the data with respect to protected characteristics & any existing or emerging health inequalities. It was envisaged that there would be opportunities to work with our third sector community collaborators, with respect to our implementation of the use of force act, which should also facilitate further engagement with our diverse communities across the city, with respect to the implications of this Act. Especially with regard to reducing the use of force.

***Chair's assurance comments:***

The committee were assured that the Trust is complying with this legislation and that it is working with partner organisations in applying the requirements of the Use of Force Act.

1.8 Learning from Deaths Report

This quarterly report provided evidence that learning from Deaths (LFD) was firmly embedded as a priority across BSMHFT, ensuring full adherence to the National Quality Board (NQB) Learning from Deaths framework. The report provided anonymised details of incidents that had been reviewed through this process, along with a summary of thematic learning identified during investigation into these cases, including the initial work exploring health inequalities, which was a central part of the strategic aims within the LFD group.

Within the last quarter, 11 cases have been reviewed- of these, 1 Serious Incident reviews (SI reviews) and 10 were Mortality Case Note reviews (MCNRs). It was important to note that all of these cases related to deaths of service users in the community.

The document also included the annual thematic review, undertaken in February 2022, and considering SI reviews and Mortality Case Note reviews completed during the period of April 2020 to December 2021. Key learning points were provided regarding demographic trends and protected characteristic breakdowns, cause of death and learning from the case reviews, and recommendations were provided.

***Chair's assurance comments:***

The committee noted this report and were assured of the sharing of learning arising from deaths.

1.9 Monthly Quality Report

The monthly quality report provided the Committee with an update on the quality metrics and associated activity for the January 2022 period. Key points included:

- Reporting culture was positive with total incidents reported above the mean since May 2020.
- The serious incidents reported for January were 7 with five occurring within the month, two related to previous months but were classified as SI during January.



- There was one incident of suspected community suicide reported during January.
- The Trust continues to see incidents of restraint (including prone restraint) fall further, this has been consistently below the mean for eight months.
- Assaults on staff increased in January but remain below the mean for the fifth month (common cause variation).
- Self-harm incidents have reduced for the third month and are below the mean for the sixth month, most incidents occurred in Acute Inpatient settings. Ligation incidents without anchor have dropped below the mean for the first time in five months.
- Whilst complaints and PALS resolutions remains steady we have seen a significant increase in all activity across customer services during January, this was linked to the Omicron surge.
- Friends and Family returns whilst showing some recovery is significantly below pre-pandemic levels.

***Chair's assurance comments:***

The committee noted the contents of the report.

1.10 Reach Out Commissioning Sub Committee

The Chair's report from the Reach Out Commissioning Sub-Committee (ROCSC) was received following their meeting on the 17<sup>th</sup> March 2022.

A specific quality issue was highlighted where the Sub Committee assurance on the actions being taken following concerns being raised regarding quality and safety issues at Brooklands on two wards. It was reported that the Chief Nurse was assured that the appropriate actions were being taken and a visit would be undertaken on the 28<sup>th</sup> April 2022. It was noted that monitoring would be put in place to review the action plan in place.

*Chair's Assurance Comments:*

The committee noted the report from the Reach Out Sub Committee.

**2. SUMMARY**

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

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

**WINSTON WEIR**  
**NON-EXECUTIVE DIRECTOR**

## 9. People Committee Chair's Assurance Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>9</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE</b>
<b>Date</b>	23 <sup>rd</sup> March 2022
<b>Author</b>	P. Gayle, Non Executive Director (Chair of Committee)
<b>Executive sponsor</b>	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

<b>This paper is for: [tick as appropriate]</b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

**Executive summary**  
 The People Committee met on the 23<sup>rd</sup> March 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board.

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

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

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

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

- The Trust does not develop an inclusive and compassionate working environment
- The Trust does not deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values- based leadership framework developing the right capabilities
- The Trust does not engage effectively with its workforce through a dynamic, sustainable internal and external communication plan
- Risk 765: Delays in issuing vaccination notice to non-compliant colleagues may lead to staff in lieu of notice
- Risk 766: The Trust position is that all colleagues must be vaccinated
- Risk 767: Colleagues who do not form part of the bank, SSL or substantive workforce are missed on vaccination checks
- Risk 768: 3<sup>rd</sup> party partners refuse to ask their staff to be vaccinated
- Risk 769: A large number of colleagues choose not to be vaccinated

<b>Equality impact</b>
Non specific.
<b>Our values</b>
Committed Compassionate Inclusive

## CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

### 1. ISSUES TO HIGHLIGHT TO THE BOARD

#### 1.1 People Strategy Implementation Plan Highlight Report

The People Strategy Implementation plan has been developed to ensure we have a robust process in place to monitor its delivery and provide assurance on the activities that are taking place to achieve the objectives. We hold monthly confirm and challenge meetings with the leads identified within the plan to support and provide solutions for potential blockers they may be facing. All leads provide monthly highlight reports which are then compiled into the overarching report. Monthly reports are provided to the Transforming culture and staff experience sub-group and Shaping our future workforce sub-group.

The Committee reviewed the plan and endorsed the process to provide assurance.

***Chair's Assurance Comments:***

***The committee were pleased to receive the highlight report but were partially assured as we had hoped to have seen the progress of work develop more quickly and have greater success. We were informed going forward the committee will receive on a quarterly basis more detail in terms of being on track and delivering the strategy.***

#### 1.2 Report from Shaping Our Future Workforce Sub Committee

The Committee received a report providing assurance to the Committee on the work being undertaken by the Shaping Our Future Workforce Sub-Committee, including the monitoring of the work being undertaken as part of the implementation of the People Strategic Priorities and Implementation Plan which support the Trust's strategy.

The sub-committee received a presentation on a Talent Pool Options setting out proposals on how best to harness the talent of unsuccessful job applicants and to support their development toward future success

The sub committee received a written report on the development of professional recruitment and retention plans and was advised that the Psychology and Occupational Therapy were the professions that have retention rates outside of the corporate KPI. The completion of the retention plans were delayed due to the recent work pressures of the mandatory vaccine implementation/Covid 19 support. Senior People Partners were meeting weekly to complete this work. BSoI ICS has recently published its Retention Strategy, and the BSMHFT Retention plans will be aligned to this document and national guidance. The Trust was receiving specific input from the NHSE/I Midlands Region Strategic Retention Lead. The completion date for this piece of work is 30 June 2022.

**Chair's Assurance Comments:**

***The committee acknowledge the positive work taking place since the last meeting. We were partially assured of the progress made as the committee are yet to see the impact of the work. We also felt the People Committee would like to receive from the subcommittee, their perspective on the reasons for delays in progress, around how far behind we might be due to some of the factors that are being brought to their attention.***

1.3 ICS Workforce Update

A report was presented providing assurance to the People Committee on the work being undertaken by BSol (Birmingham and Solihull) in relation to strategic workforce development and planning throughout the ICS for the period February to March 2022.

The reported provided an update from the BSol People Board who were addressing the following activities and programmes:

- Primary Care Workforce update
- I Can Programme
- International Recruitment Programme
- BSol Reservist Workforce Programme

**Chair's Assurance Comments:**

***The committee were not assured on the BSol draft Staff Health and Wellbeing strategy, specifically to the reported known successes. The committee were informed a wider evaluation would be undertaken that will include qualitative and quantitative data in relation to this.***

1.4 Medical Directorate Quarterly Update

The first quarterly update was received from the Medical Directorate which provided detailed information regarding medical job planning. A job plan sets out how programmed activities (PAs) a doctor was working. A significant proportion of a job plan may be sent on direct clinical care work which is any work that involves the delivery of clinical services and administration directly related to them.

The 2021/2022 round (1<sup>st</sup> April 2021 - 31<sup>st</sup> March 2022) commenced as planned however, due to the Covid-19 pandemic, a decision was made to extend the completion deadline. This decision was made to give medical staff more time to complete job plans and identified amendments following Consistency Review Panels and to support doctors to make job plans more effective for their own wellbeing, development and patient care. This round closed to amendments in January 2022. The round identified 176 doctors required to complete a job plan, comprising of 117 Consultants, 59 SAS doctors, other non-training grade and trust locum doctors. It was acknowledged by the Medical Directorate that numbers for completed job plans were insufficient, despite efforts made. In order to obtain further understanding as to the reasons for this, Clinical Directors were asked to provide feedback at the most recent Consistency Panel Review Meetings.

**Chair's Assurance Comments:**

***The committee we were informed and assured that everyone does have a Job plan and that it is aligned to the objectives, business plans and service areas.***

1.5 Staff Survey

Following the receipt of preliminary results at the January meeting, the full results from the 2021 NHS Staff Survey have been delivered. A further management report was received along with an extended organisational dataset and engagement plan. The national management report will be published on 30 March and is embargoed until that date.

These results show that our employees' overall experience of being part of BSMHFT has reduced year on year. This was partly reflective of a wider decline in experience in the NHS. The results were already being shared on a team-by-team basis. Teams were being assisted to analyse and reflect upon their scores and to take actions to make changes. Our People and OD Department is also reflecting on the results and what it means to our ongoing people-focused work programmes.

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

Colleagues on the People Committee were asked to note these results and the recommended actions and agreed that the results were shared with Board on 30 March. A further report setting out our finalised response and actions to date will come to People Committee and Board in April.

**Chair's Assurance Comments:**

***The committee were not assured that progress had been made since last year's staff survey results which was disappointing. We were informed 3 of the 9 themes in the survey were at the average, being morale, employee engagement and always learning. The Trust is still in the below average area and the areas and where we are average, they represent a decrease in employee experience. However, the committee were informed of the engagement plan that will be shared widely throughout the Trust to encourage individuals to become involved in assisting the Trust in changing our approach where it is needed as a result of the staff survey.***

1.6 Escalation from Safer Staffing Sub Committee

The Committee received a report from the Safer Staffing Committee reporting on the work and outputs of the February and March meetings. The matters identified for escalation in February included:

- Potential size of the investment required across multi professions.
- AHP Workforce highlights
- Nursing Associate & Professional new role highlights

Escalation from the March meeting included:

- Focused work around fill rates to establish a clear outline of



establishments required.

- To develop a pilot for skill mix changes to wards to ensure they are fit for purpose, that posts can be recruited to and supported and that required cover is available on the wards to cover twenty four shifts.

**Chair's Assurance Comments:**

***The committee were informed that one of the areas to address our challenging situation with staff nurses and AHP is to train our own staff to become Nurse Associates, Registered Mental Nurse, Occupational Therapist. This will be the Trust long-term sustainable plan and we were pleased to hear a paper was approved by the Safer Staffing Committee in relation to how we invest to increase the numbers of people we train to progress from this challenging situation into the future.***

***It was brought to the People Committee attention, the concern of the size of the request about affordability in relation to planning for workforce establishment going forward, considering every division and profession for now and the future. The size of the investment required will be significant and difficult discussion will need to be had on what is and is not supported.***

1.7 The Transforming Our Culture and Staff Experience

Sub-committee met on 3<sup>rd</sup> February 2022 and 3<sup>rd</sup> March 2022 with a focus on the below scheduled reports:

- Development of Members Support Resource pack
- Workforce KPIs
- People's Policies
- Study Leave Policy
- Freedom to Speak Up – Raising Concerns Policy
- Flexible Working Policy
- Managing Allegations Concerning People in a Position of Trust policy
- Health & Wellbeing group
- Staff Survey
- People Pulse

We were informed that the subcommittee assesses performance against the Trust People Key Performance Indicators (KPI's) as well as the key people strategic themes and implementation plan that contribute to successful delivery of the People Strategy and to act as early indications of success or otherwise.

The Committee is asked to note the work undertaken by the Transforming Our Culture and Staff Experience Sub-committee, with the following points of escalation:

- Commitment to workstream report escalation through the Sub-committee prior to People' Committee
- A refresh on the current process for colleague engagement with policy consultation is required to support assurance
- A focused OD lens to consider how the learning from the Staff Survey and Pulse checks take into account behaviour change, cycle of change process and building back trust

**Chairs Assurance Comments:**

*The committee received a report from Transforming Our Culture Staff Experience subcommittee, which contained a lot of informative information, but we were not fully assured on the plans and progress being made. We were informed going forward the committee will be presented with a report, that will contain more levels of assurance, clearly demonstrating the progress made organisationally, and what gaps or hindrances relating to progress to plan are.*

**HOT TOPICS**

The committee were informed about the impact of the cost of living which is a significant challenge for our staff. The Trust are looking at opportunities to support our staff where we can in this area.

The committee were pleased to recognise two long serving colleagues in OD who are retiring, and we offered our vote of thanks for their long and diligent service working in the Trust.

We were informed that 4 appointments to permanent business partner roles have been made and these will commence employment with the Trust this week and towards the end of May.

**PHILIP GAYLE**  
**NON EXECUTIVE DIRECTOR**  
**23<sup>rd</sup> March 2022**

## 10. Staff Survey

**EMBARGOED UNTIL 09:30AM ON THE 30<sup>th</sup> MARCH 2022: DO NOT SHARE**

<b>MEETING</b>	<b>BOARD OF DIRECTORS</b>
<b>AGENDA ITEM</b>	<b>10</b>
<b>PAPER TITLE</b>	<b>STAFF SURVEY RESULTS UPDATE</b>
<b>DATE</b>	30 March 2022
<b>AUTHOR</b>	John Travers – Staff Experience and Engagement Lead
<b>EXECUTIVE SPONSOR</b>	Patrick Nyarumbu, Executive Director, Strategy, People and Partnerships

<b>This paper is for (tick as appropriate):</b>		
<input type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

<b>Equality &amp; Diversity (all boxes MUST be completed)</b>	
<b>Does this report reduce inequalities for our service users, staff and carers?</b>	Yes
<b>What data has been considered to understand the impact?</b>	Data from the staff survey.

<b>Executive summary &amp; Recommendations:</b>
<p>The full results from the 2021 NHS Staff Survey have been delivered and are published nationally today at 930am. The management reports set to be published are attached along with an organisational dataset.</p> <p>These results show that our employees’ overall experience of being part of BSMHFT has reduced year on year. This is partly reflective of a wider decline in the NHS.</p> <p>The results are already being shared on a team-by-team basis. Teams are being assisted to analyse and reflect upon their scores and to take actions and make changes. Our People and Organisational Development (OD) Department is also reflecting on the results and what it means to our ongoing people-focused work programmes.</p> <p>We are recommending we continue with our relatively new programme of work in becoming an anti-racist organisation, strengthen our work on embedding our Trust values and to do more to show how much we recognise and value people in Team BSMHFT. We also think the results are a sign to focus more on flexible working.</p>

As we share the results with colleagues, we will listen to views across the organisation to develop specific plan in response. This will mean we can clearly say what we said and both at both a corporate level and team level.

Board colleagues are asked to note these final results and the recommended actions. It is recommended that a further report setting out our finalised response and actions to date will be shared with People Committee and Board in April 2022.

#### Reason for consideration:

- **RECEIVE FOR DISCUSSION** the findings contained in the comprehensive report on our people's experience as captured in the 2021 NHS Staff Survey.
- **NOTE FOR ASSURANCE** the continuing work to analyse and respond to the findings.
- **APPROVE** the recommendation to receive a further update on progress in April.

#### Previous consideration of report by:

People Committee March 2022

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

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

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

NA

#### Board Assurance Framework

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

The Trust fails to develop an inclusive and compassionate working environment.

The Trust fails to engage effectively with its workforce through a dynamic, sustainable internal and external communication plan.:

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

A staff engagement plan has been developed to ensure that all directorates, services and teams have opportunities to discuss the staff survey results, what it means to them and to codesign local OD interventions and support required for the forthcoming financial year. The results and our plans to respond are being shared through other key Trust meetings.

# NHS Staff Survey 2021

## 1. Situation

- 1.1. Final comparative results from the National NHS Staff Survey 2021 have been received. Two management reports of the results (Appendix 1,2) are attached for information along with an organisational dataset (Appendix 3).
- 1.2. These results show that our employees' overall experience of being part of BSMHFT has reduced year on year. This is partly reflective of a wider decline in experience in the NHS.
- 1.3. It remains significant that people in our teams continue to experience more bullying and discrimination than most similar teams elsewhere in the NHS.
- 1.4. The overall measure of the morale of our colleagues has fallen, although our score remains at the national average for mental health trusts. Our colleagues have become less engaged year on year although we again match the average for other mental health trusts.
- 1.5. Our rating on the major theme of 'we are always learning' also matches the average at other mental health trusts. On the other six People Pulse themes we remain below average. This is shown in the table on page 9 of 145 in Appendix 1.
- 1.6. Employees remain concerned about the recognition they receive and while there is improved awareness of our values, colleagues' perspectives of the kindness and politeness within their teams is markedly low.
- 1.7. Our employees' experience of adopting more flexible working practices also suggests more can be done to improve and we also remain well below average when we ask colleagues questions about how compassionate and inclusive we are as an employer.
- 1.8. Colleagues in our People and OD Department are already reflecting with colleagues on the results and what it means to our ongoing people-focused work programmes.
- 1.9. We have already been sharing the team level results team-by-team. Sharing meetings have taken place with all operational directorates already and data has been shared and discussed by numerous other services and teams. As a result, a host of further specific work is commencing across numerous teams.

## 2. Background

- 2.1. We gathered an additional 368 answers in this year's national NHS staff survey bringing our response rate up to 55% (47%). This is above the median for mental health trusts of 52%. This increase in response rate enhances the reliability of the results and also means more teams receive team level results through the virtue of having 11 or more answers in their

team.

- 2.2. Last year's NHS Staff survey took place between waves of Covid-19 in the UK and at a time where external support and recognition of the NHS remained high. It appears clear that employee experience and engagement in the NHS fell year on year as the pandemic wore on.
- 2.3. The 2021 staff survey has reported on 56 directly comparable questions to last year. The questions have been reordered to reflect the People Promise. There are 61 new questions included which focus more on the People Promise and compassionate and inclusive practice.
- 2.4. The results compare BSMHFT to the sample gathered from 51 other NHS trusts with a significant mental health provision.
- 2.5. This includes two management reports in Appendix 1 and 2 and in Appendix 3 (***circulated separately***) data on our own individual question sets and detailed comparisons regarding directorates, demographic groups and occupational groups. Individual staff comments will follow.

### 3. Assessment

- 3.1 The responses show that we have only made some minor improvements to our employee experience on two of the fifty-six comparable questions in the main question set this year. Scores have considerably worsened on 16 questions in this set with 38 questions not changing significantly.
- 3.2 Appendix 1, page 9 shows our ratings on the nine major themes of the People Promise. Three of the themes; morale, learning and staff engagement match the average at other mental health trusts. We score below average on the other six themes. We are furthest from the average on the themes of 'we are compassionate and inclusive' and 'we work flexibly' where the deficit is a significant 0.3 on a ten-point scale.
- 3.3 While there is an improvement in our score on bullying by managers, bullying remains a significant concern within our organisation especially colleague to colleague bullying.
- 3.4 We have also seen some improvement in people who feel safer about speaking up on clinical concerns than in the past however, we still need to significantly improve from this position.
- 3.5 It is disappointing to report that our deficit remains in Equality, Diversity and Inclusion where some scores have worsened. For example, this year 12.9% of colleagues don't say they have not experienced discrimination from manager/team leader colleague compared to only 12.2% last year.
- 3.8 Looking at the Workforce Race Equality Standard (WRES), Appendix 1, p.120 onwards, there is a mixed picture. This will require some further work to determine our organisational response and approach. Significant differences in experience remain for our colleagues from Black, Asian and other minority ethnic groups.

- 3.7 There is also a gap in comparing the experience of colleagues with a disability or long-term condition with other colleagues as demonstrated in the Workforce Disability Equality Standard (WDES), Appendix 1. Page 124 onwards.
- 3.8 Employees remain concerned about the recognition they receive and colleagues' perspectives of the kindness and politeness within their teams is markedly low. We need to revisit the way we show how valued colleagues are at BSMHFT and do more work to embed our refreshed values into working life.
- 3.9 We continue to make progress on some aspects of patient safety. For example, 74.1% of colleagues say they would feel secure raising concerns about unsafe clinical practice.
- 3.10 As we make changes to our approach in response to these findings we will use the quarterly NHS People Pulse to monitor progress.
- 3.11 Our People and Organisational Development department will continue to engage directly with colleagues in directorates and teams to disseminate findings. The team is also helping teams to reflect on and draw up actions based on their individual team findings.
- 3.12 The results are already being shared on a team-by-team basis. Teams are being assisted to analyse and reflect upon their scores and to take actions to make changes.
- 3.13 These findings are being shared through a wider engagement plan that incorporates our staff networks, professional groups, staff side colleagues, advisory committees and a Listen Up Live event.
- 3.14 Colleagues in our People and Organisational Development Department are already reflecting with colleagues on the results and what it means to our ongoing people-focused work programmes. We continue to build on previous work that promises improvement such as our relatively new programme in becoming an anti-racist organisation. We're likely to strengthen our work on embedding our trust values and do more to show we recognize and value our people in BSMHFT. The results are also a sign to focus more on flexible working where a new policy is being adopted.
- 3.17 The Equality Diversity and Inclusion Team will consider the equality aspects of the staff survey results and provide input into corporate, divisional and team plans.
- 3.18 As we share the results more widely, we'll listen to views across the organisation to develop specific plans in response to this setback. This will mean we can clearly say what we said and did at both a corporate level and at a team level and return to our previous upward trajectory in employee experience.



#### **4. Recommendation**

- 4.1 The Board of Directors is asked to note the results which are published today and that a detailed analysis and response to these findings is already being undertaken.
- 4.2 The Board of Directors is invited to receive a further report setting out in more detail how we are responding to these results in April.

***John Travers***  
***Staff Experience and Engagement Lead***  
***24 March 2021***

# Birmingham and Solihull Mental Health NHS Foundation Trust

2021 NHS Staff Survey

**Benchmark Report**

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## About this report

This benchmark report for Birmingham and Solihull Mental Health NHS Foundation Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our [results website](#).

## How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15* , Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

\*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

## Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '**Organisation details**' page contains key information about the organisation's survey and its benchmarking group.

## People Promise element and theme results

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by results for each of the **sub-scores** that feed into these measures. **Trend data** are shown for the themes of Staff Engagement and Morale. Results for the People Promise elements and themes are also presented split by staff experience during the **Covid-19 pandemic**.

In the **Detailed information section**, question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

## Questions not linked to a People Promise element or theme

**Results** for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

## About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the **Covid-19 pandemic** and **demographic and other classification questions**.

## Workforce Equality Standards

**This section** shows the data required for the NHS Staff Survey indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

## Appendices

Here you will find:

- Response rate trends
- Significance testing of the theme results for 2020 vs 2021
- Tips on action planning and interpreting results
- Details of the other reporting outputs available

## Key features

Question number and text (or summary measure) specified at the top of each slide

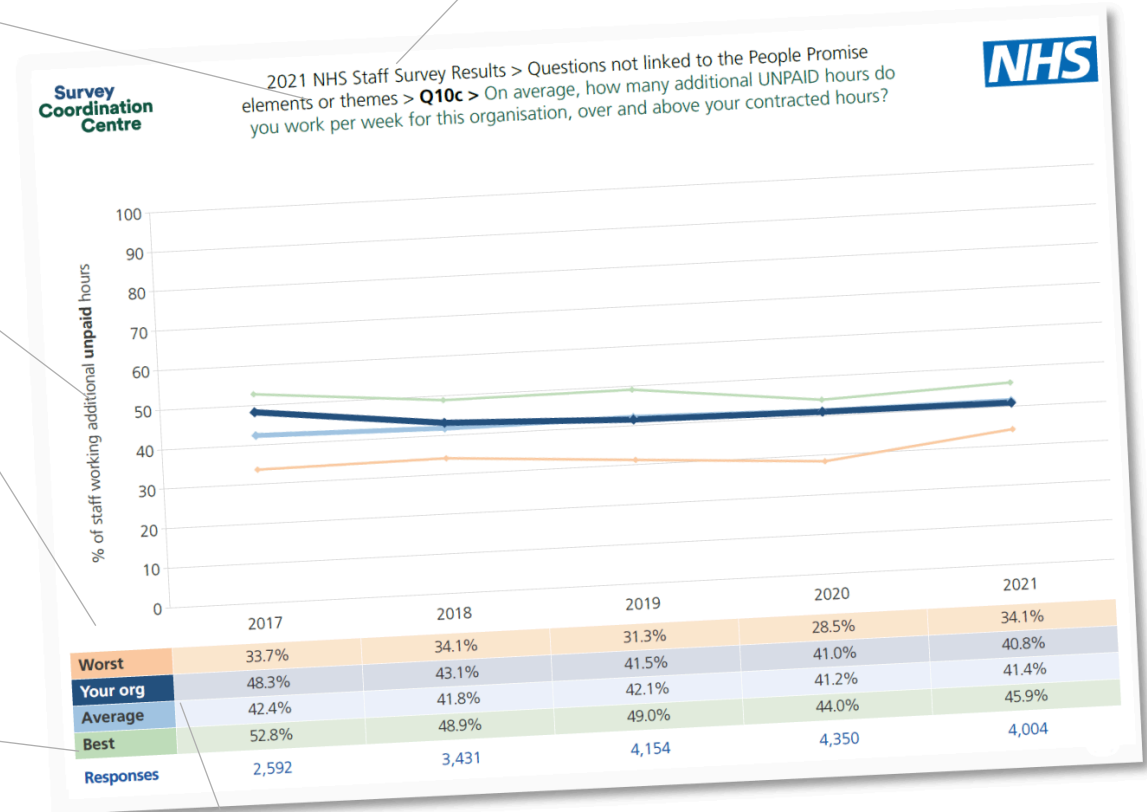
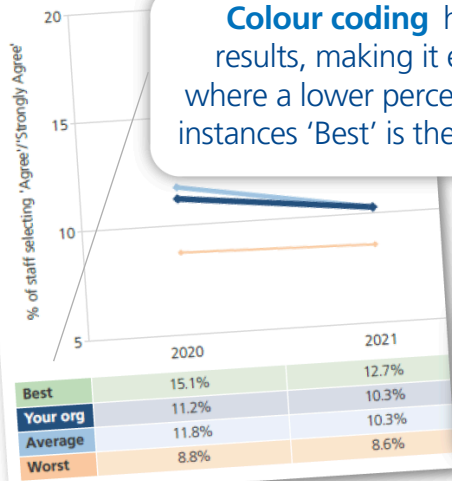
Slide headers are **hyperlinked** throughout the document. '2021 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text can be used to navigate to sections and sub-sections

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable

**Colour coding** highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

 Keep an eye out!

**Number of responses** for the organisation for the given question



Tips on how to read, interpret and use the data are included in the [Appendices](#)

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Birmingham and Solihull Mental  
Health NHS Foundation Trust

2021 NHS Staff Survey



## Organisation details

Completed questionnaires **2,228**

2021 response rate **55%**

[See response rate trend for the last 5 years](#)

## Survey details

Survey mode **Online**

Sample type **Census**

This organisation is benchmarked against:

**Mental Health & Learning  
Disability and Mental  
Health, Learning Disability  
& Community Trusts**



## 2021 benchmarking group details

Organisations in group: **51**

Median response rate: **52%**

No. of completed questionnaires:

**116,567**





# People Promise element and theme results

For more details please see the [technical document](#).

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



We are compassionate and inclusive



We are recognised and rewarded



We each have a voice that counts



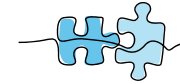
We are safe and healthy



We are always learning



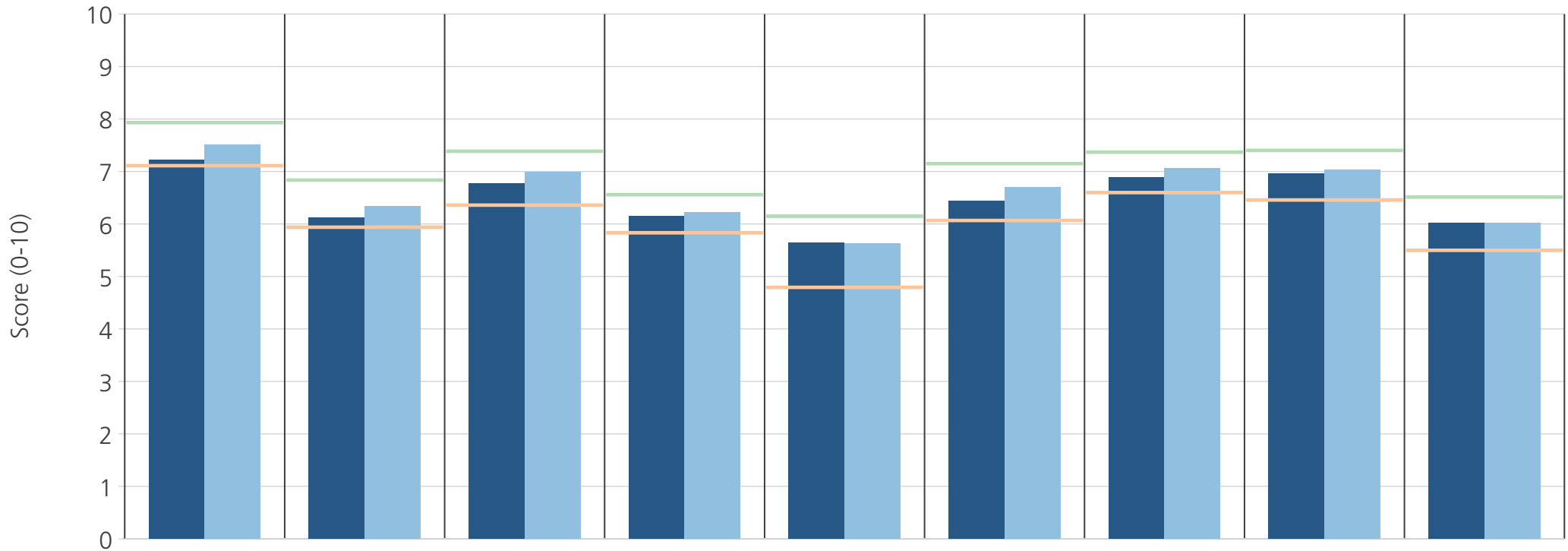
We work flexibly



We are a team

Staff Engagement

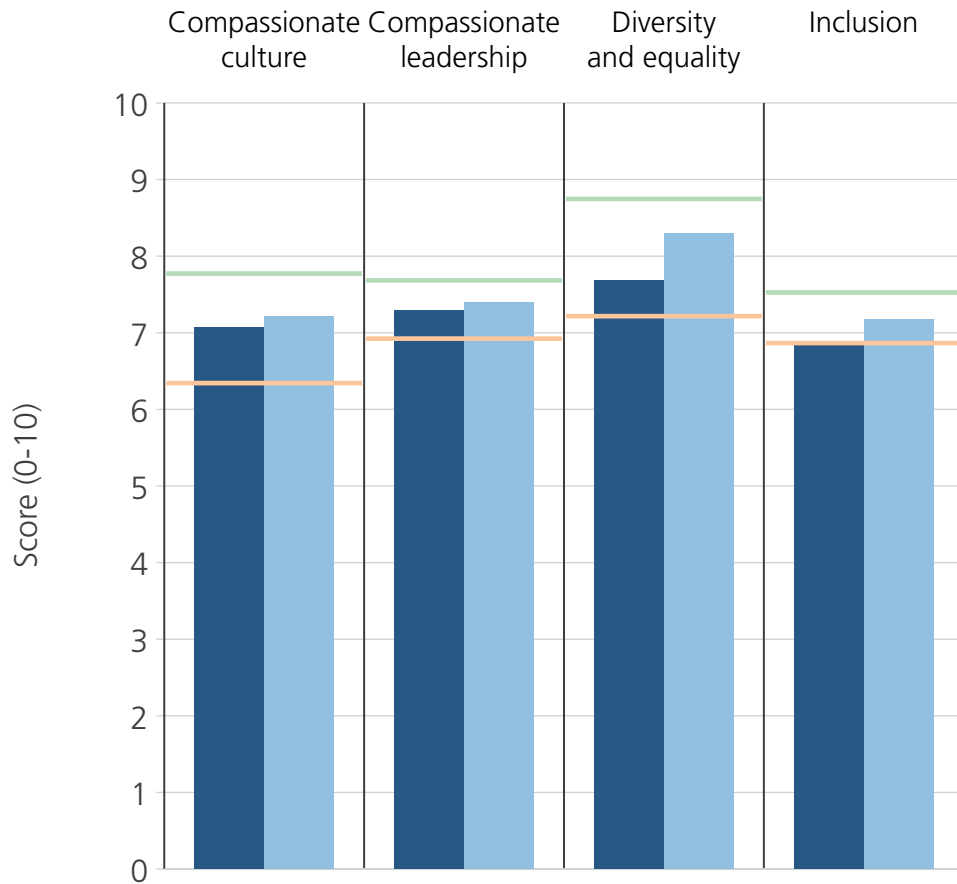
Morale



<b>Best</b>	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
<b>Your org</b>	7.2	6.1	6.8	6.1	5.6	6.4	6.9	7.0	6.0
<b>Average</b>	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
<b>Worst</b>	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5

<b>Responses</b>	2,164	2,197	2,133	2,158	2,067	2,185	2,176	2,205	2,200
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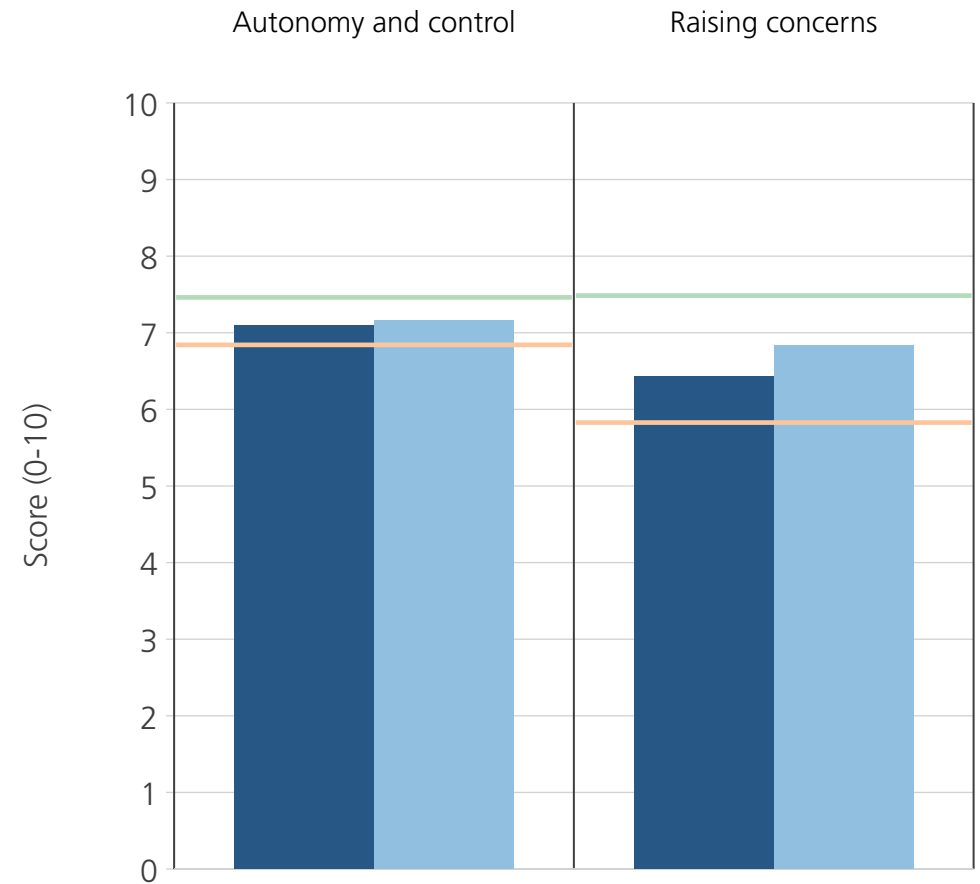
**Promise element 1: We are compassionate and inclusive**



<b>Best</b>	7.8	7.7	8.7	7.5
<b>Your org</b>	7.1	7.3	7.7	6.9
<b>Average</b>	7.2	7.4	8.3	7.2
<b>Worst</b>	6.3	6.9	7.2	6.9

**Responses**      2,145      2,175      2,161      2,182

**Promise element 3: We each have a voice that counts**

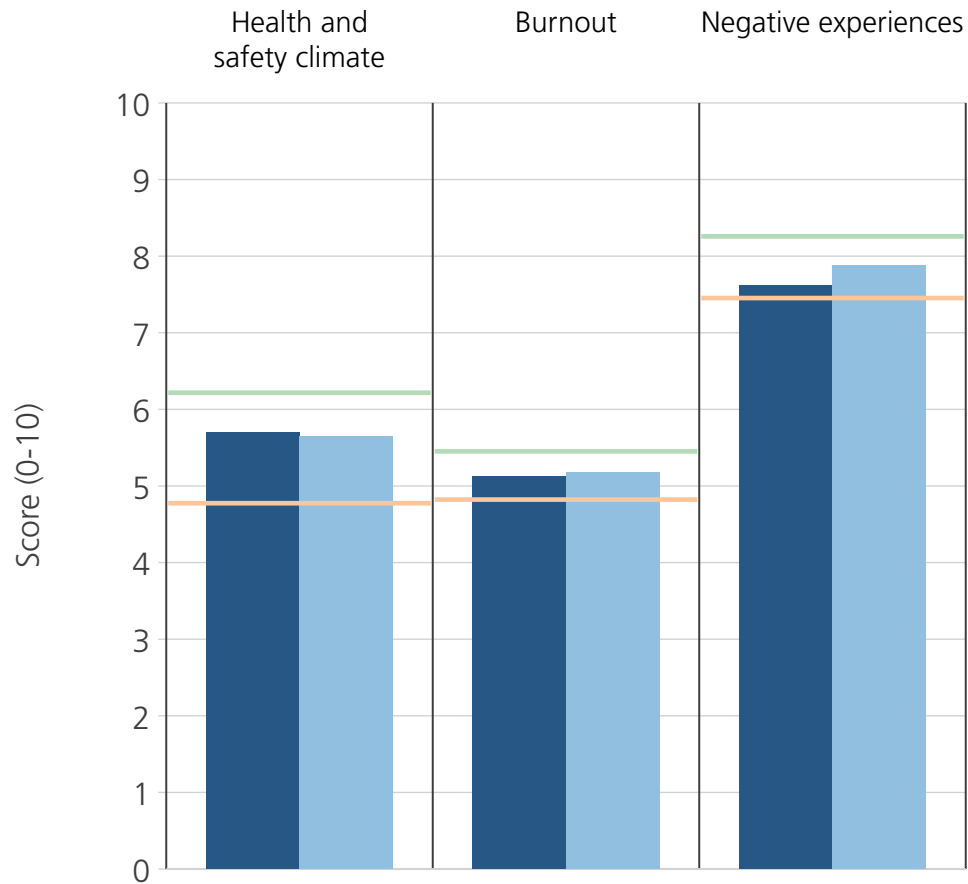


<b>Best</b>	7.5	7.5
<b>Your org</b>	7.1	6.4
<b>Average</b>	7.2	6.8
<b>Worst</b>	6.8	5.8

**Responses**      2,208      2,133

\* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

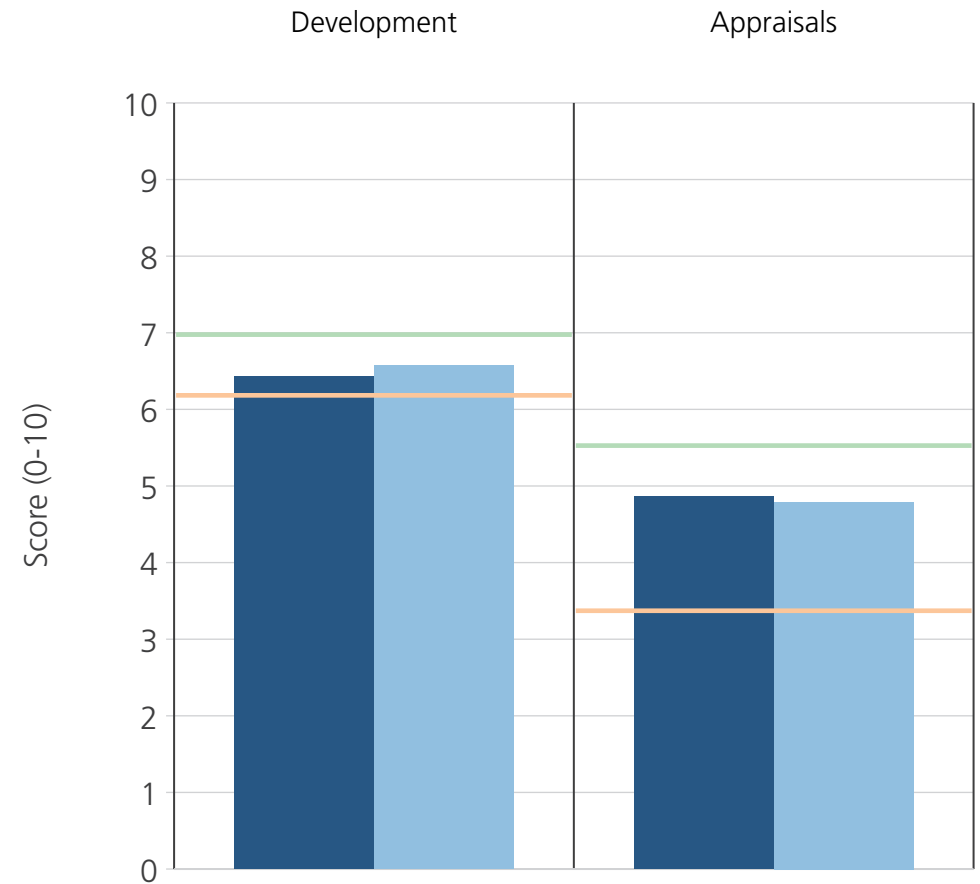
### Promise element 4: We are safe and healthy



Best	6.2	5.5	8.3
Your org	5.7	5.1	7.6
Average	5.6	5.2	7.9
Worst	4.8	4.8	7.5

Responses 2,207 2,167 2,161

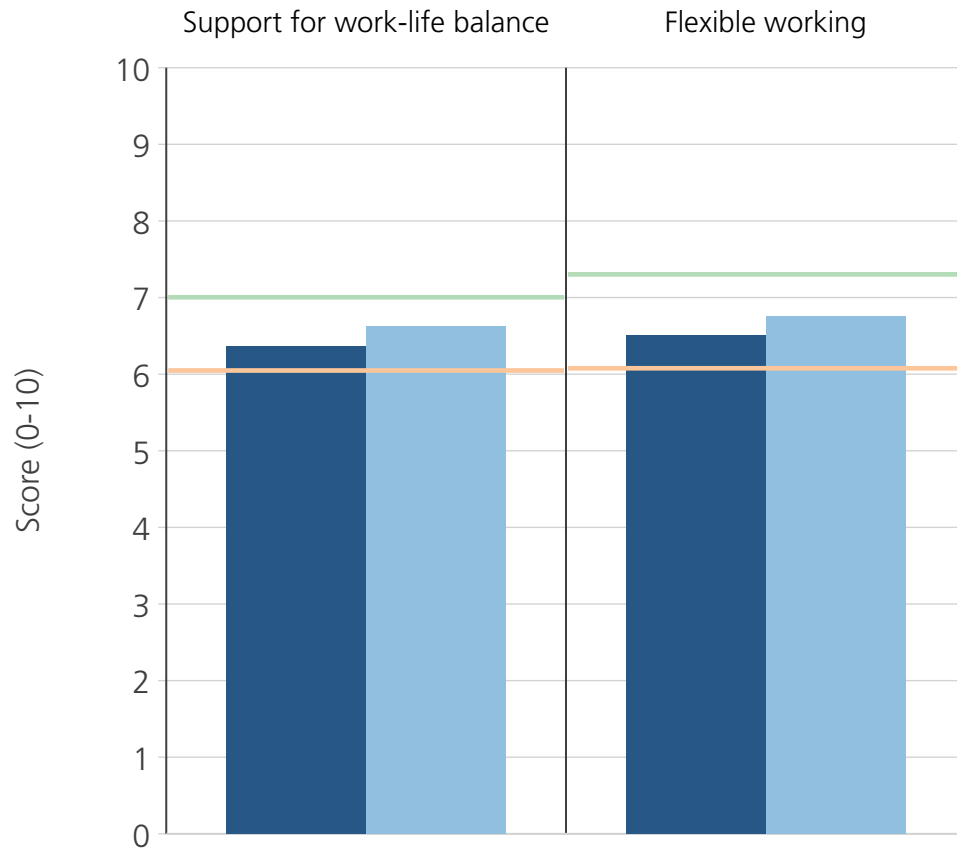
### Promise element 5: We are always learning



Best	7.0	5.5
Your org	6.4	4.9
Average	6.6	4.8
Worst	6.2	3.4

Responses 2,152 2,074

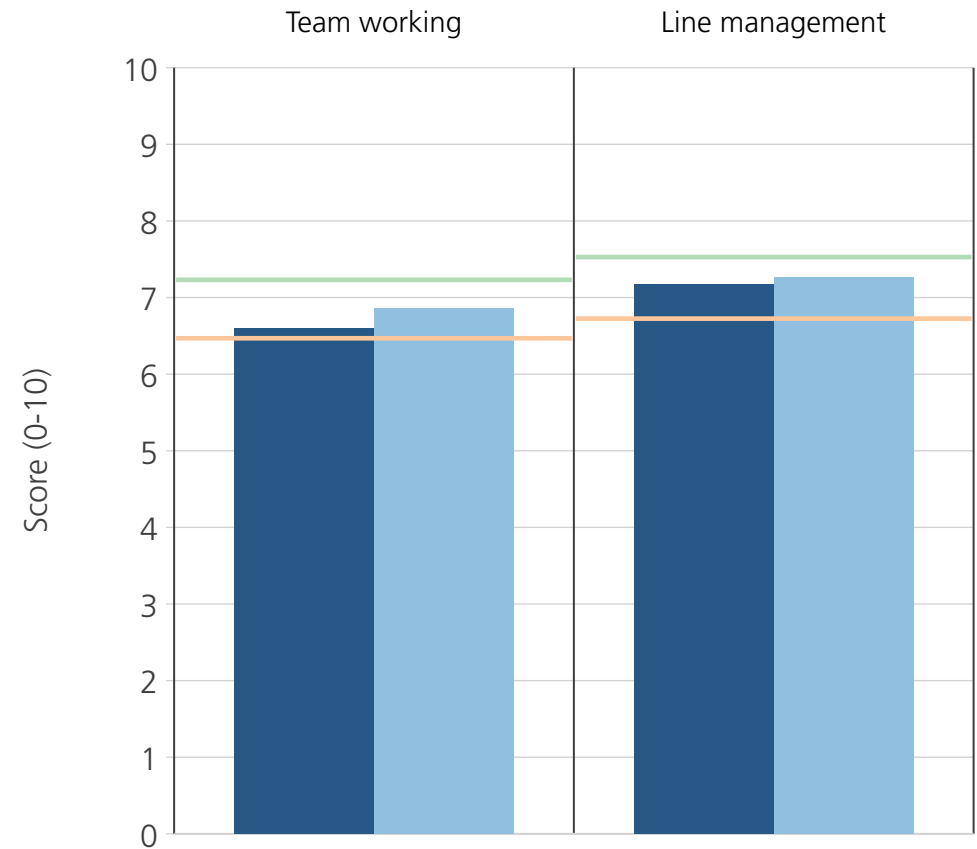
### Promise element 6: We work flexibly



Best	7.0	7.3
Your org	6.4	6.5
Average	6.6	6.8
Worst	6.0	6.1

Responses 2,196 2,193

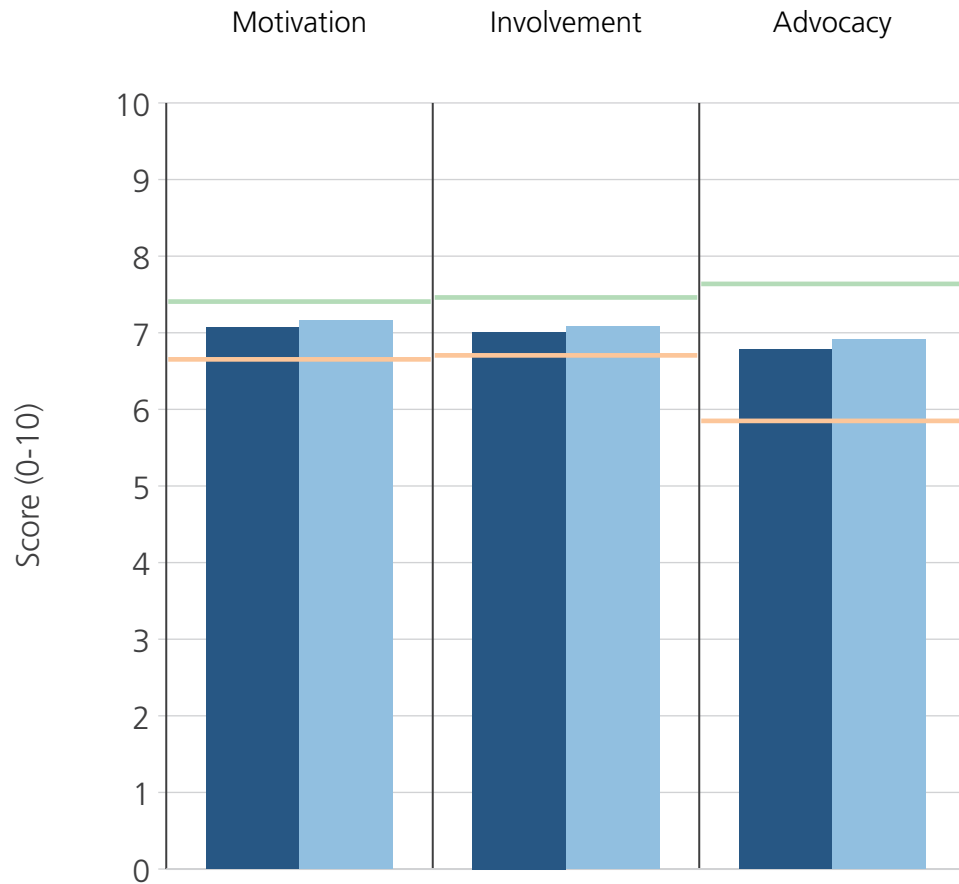
### Promise element 7: We are a team



Best	7.2	7.5
Your org	6.6	7.2
Average	6.9	7.3
Worst	6.5	6.7

Responses 2,187 2,176

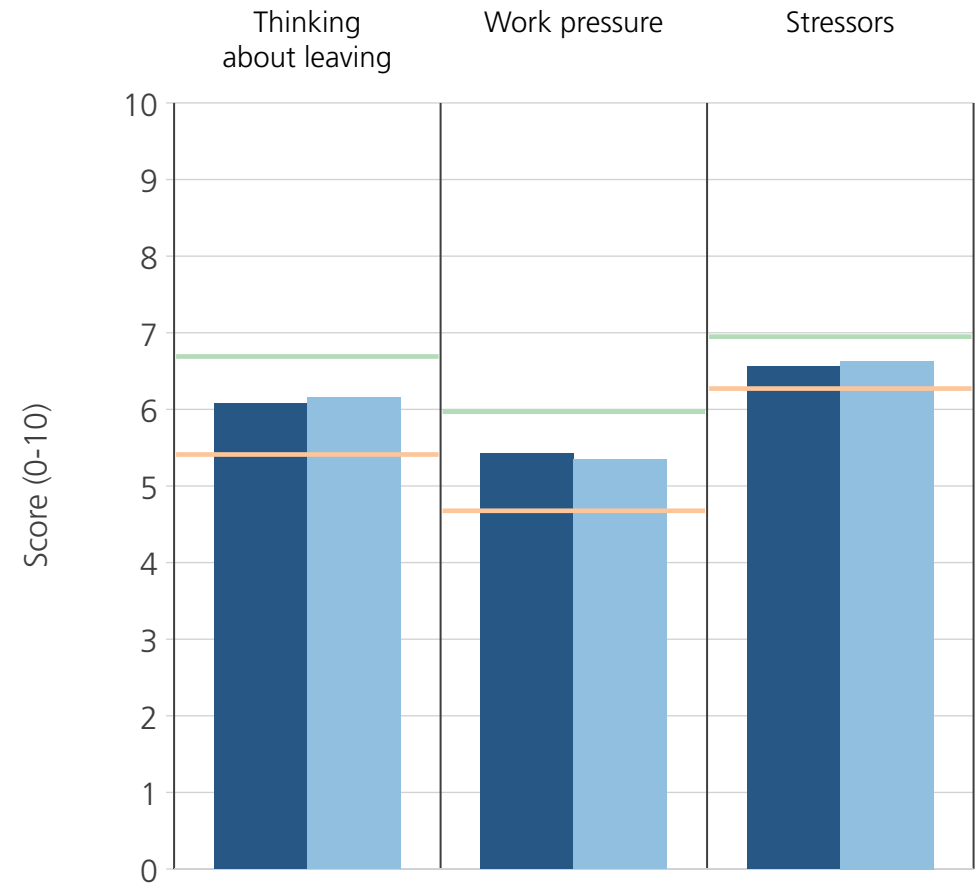
### Staff Engagement



Best	7.4	7.5	7.6
Your org	7.1	7.0	6.8
Average	7.2	7.1	6.9
Worst	6.7	6.7	5.8

Responses 2,186 2,208 2,146

### Morale

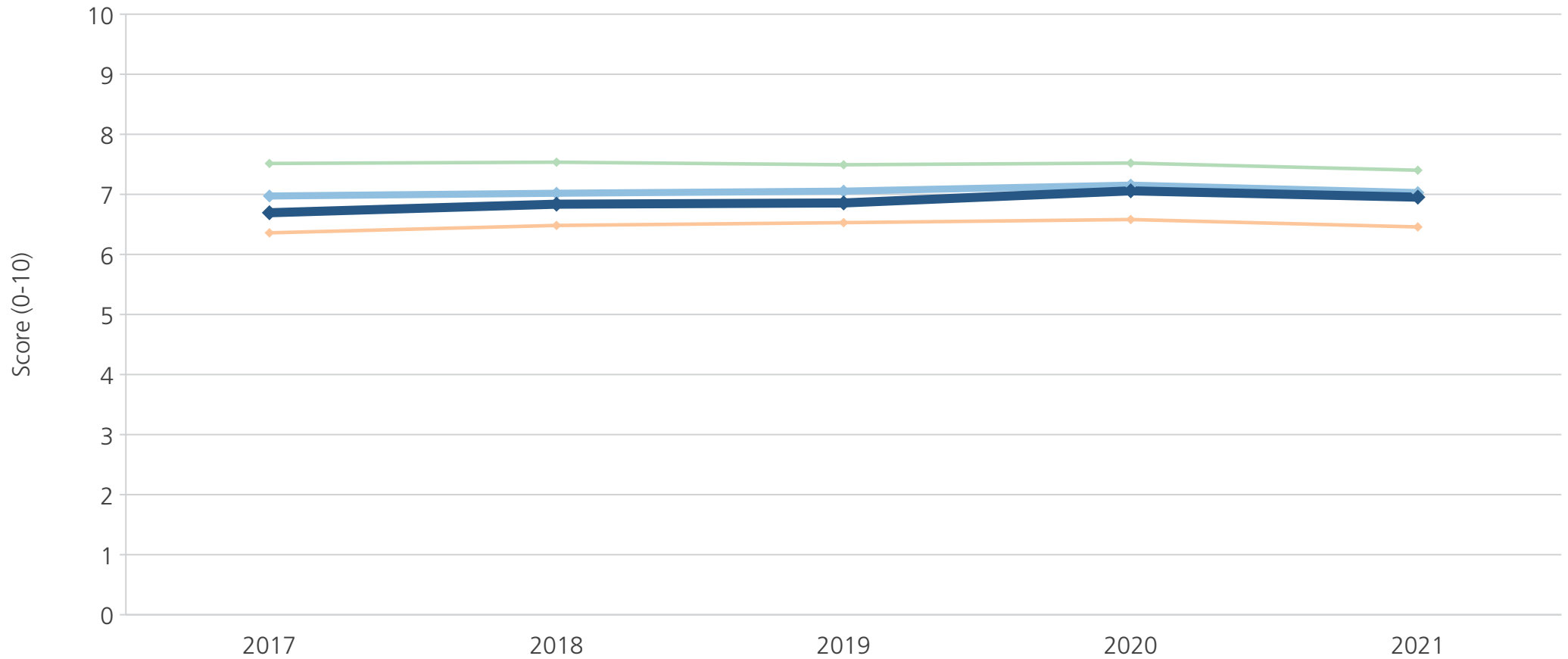


Best	6.7	6.0	6.9
Your org	6.1	5.4	6.6
Average	6.2	5.3	6.6
Worst	5.4	4.7	6.3

Responses 2,141 2,208 2,192

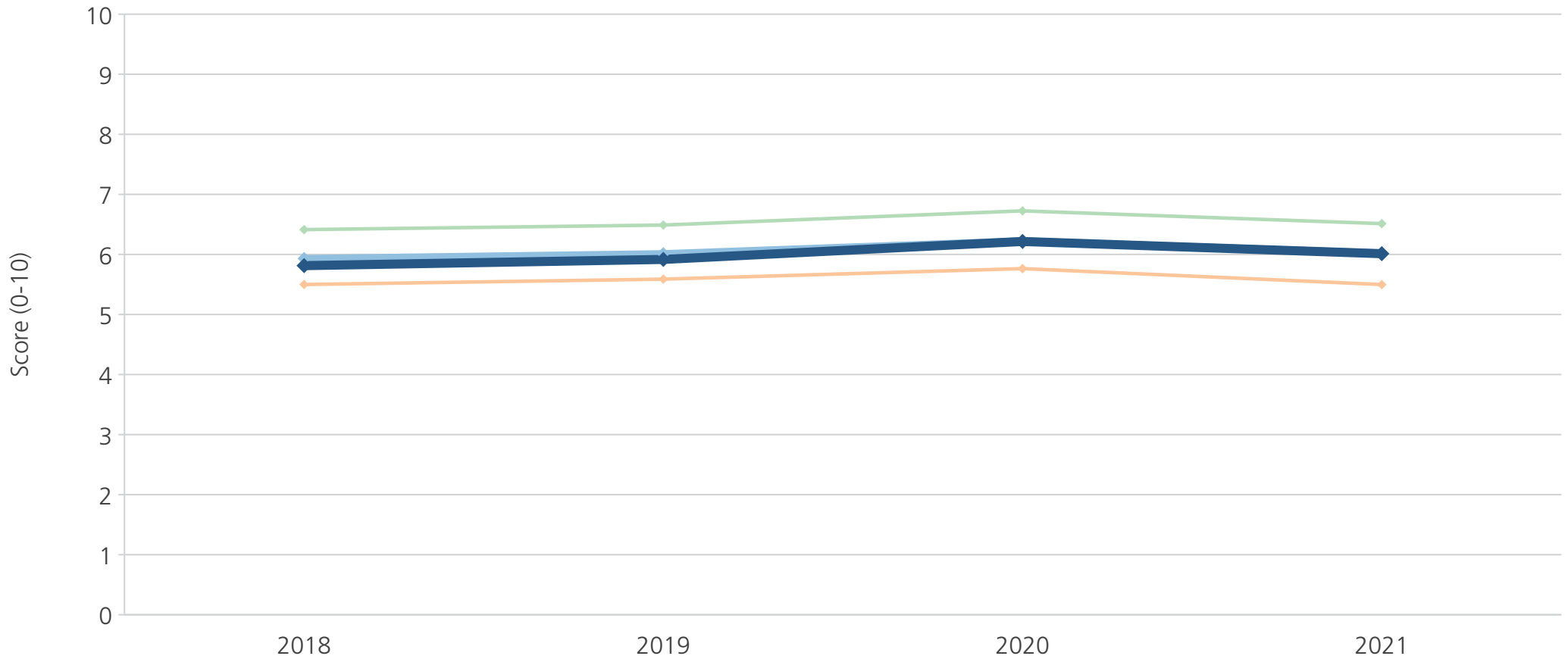
# Staff Engagement and Morale – Trends

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
<b>Best</b>	7.5	7.5	7.5	7.5	7.4
<b>Your org</b>	6.7	6.8	6.9	7.1	7.0
<b>Average</b>	7.0	7.0	7.1	7.2	7.0
<b>Worst</b>	6.4	6.5	6.5	6.6	6.5
<b>Responses</b>	1,610	1,483	1,768	1,830	2,205





	2018	2019	2020	2021
<b>Best</b>	6.4	6.5	6.7	6.5
<b>Your org</b>	5.8	5.9	6.2	6.0
<b>Average</b>	5.9	6.0	6.2	6.0
<b>Worst</b>	5.5	5.6	5.8	5.5
<b>Responses</b>	1,462	1,748	1,822	2,200

# People Promise element and theme results – Covid-19 classification breakdowns

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

## Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Have you worked on a Covid-19 specific ward or area at any time?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

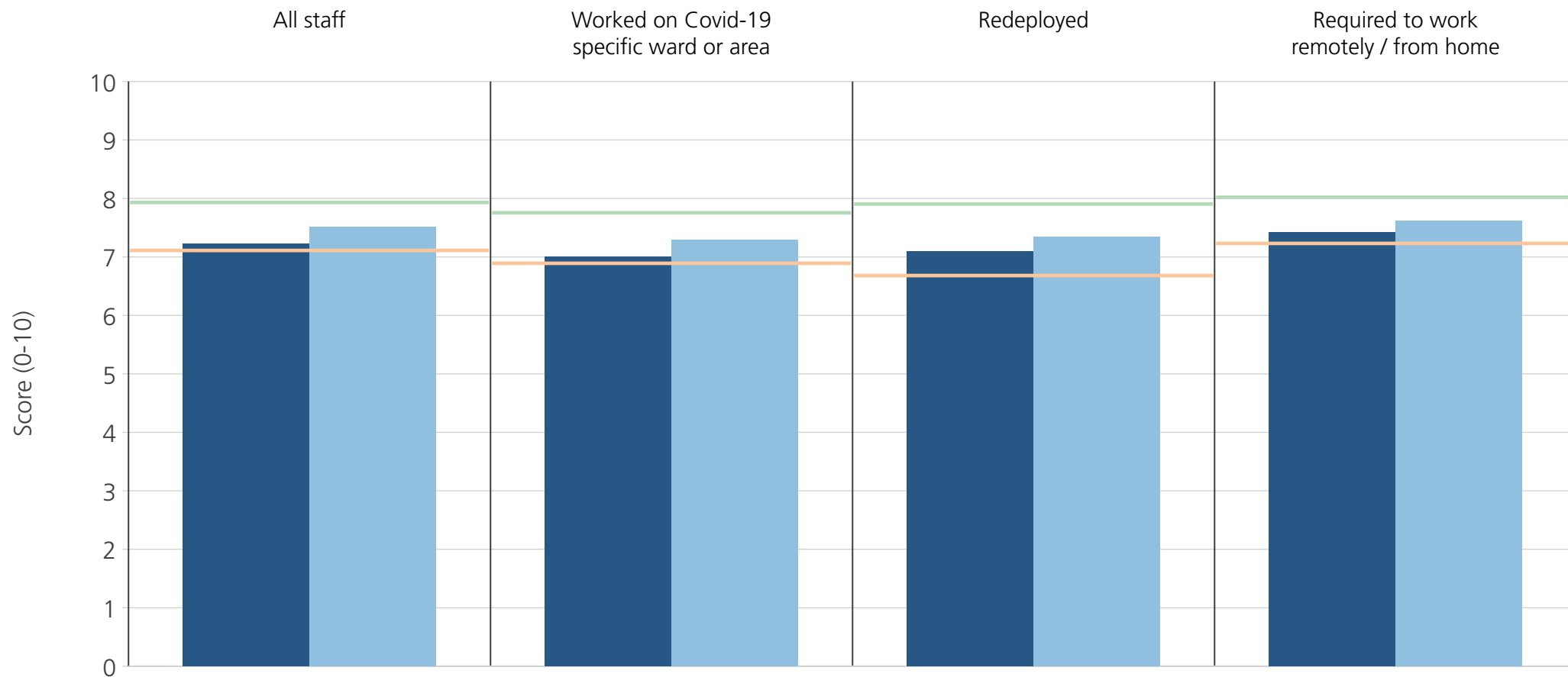
The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

## Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

## Further information

Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



Highest	7.9	7.8	7.9	8.0
Your org	7.2	7.0	7.1	7.4
Average	7.5	7.3	7.3	7.6
Lowest	7.1	6.9	6.7	7.2

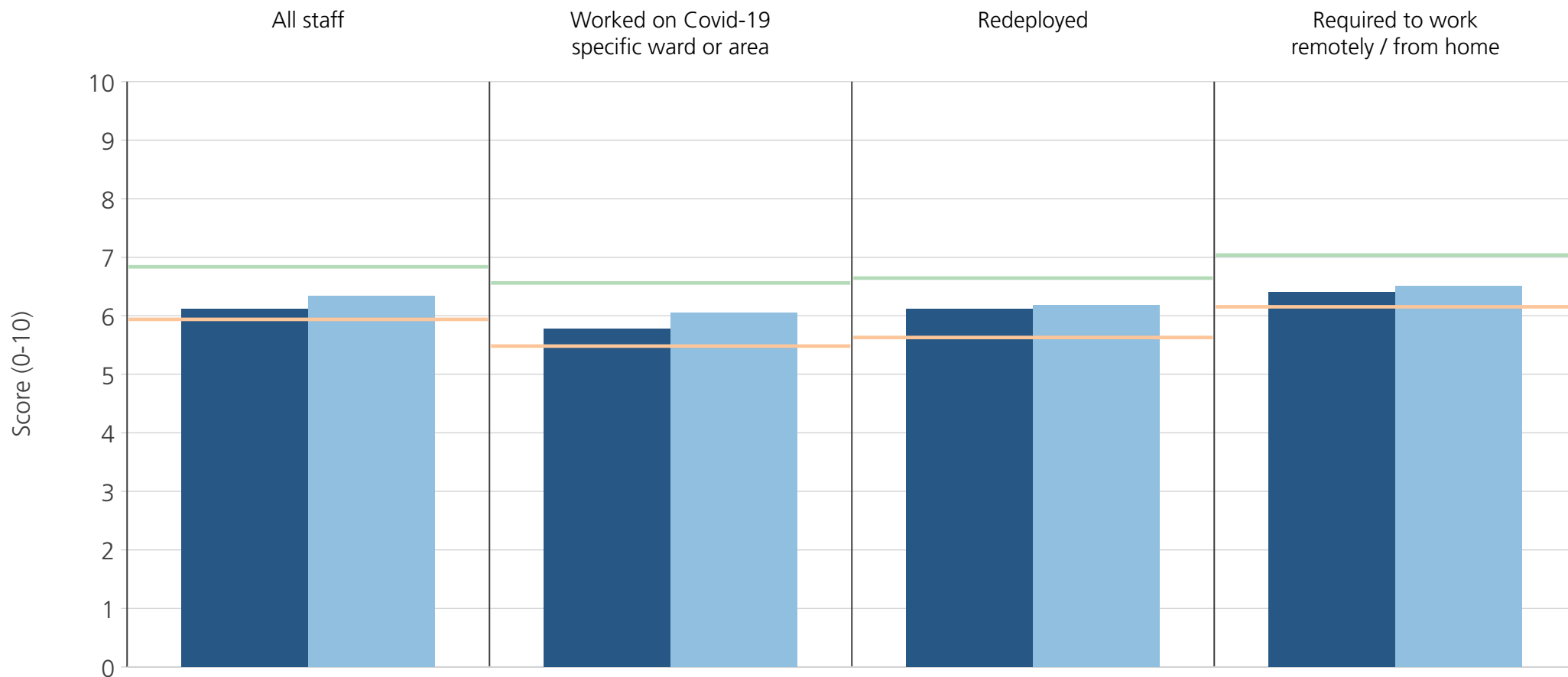
Responses

2,164

689

214

1,173



Highest	6.8	6.6	6.6	7.0
Your org	6.1	5.8	6.1	6.4
Average	6.3	6.0	6.2	6.5
Lowest	5.9	5.5	5.6	6.2

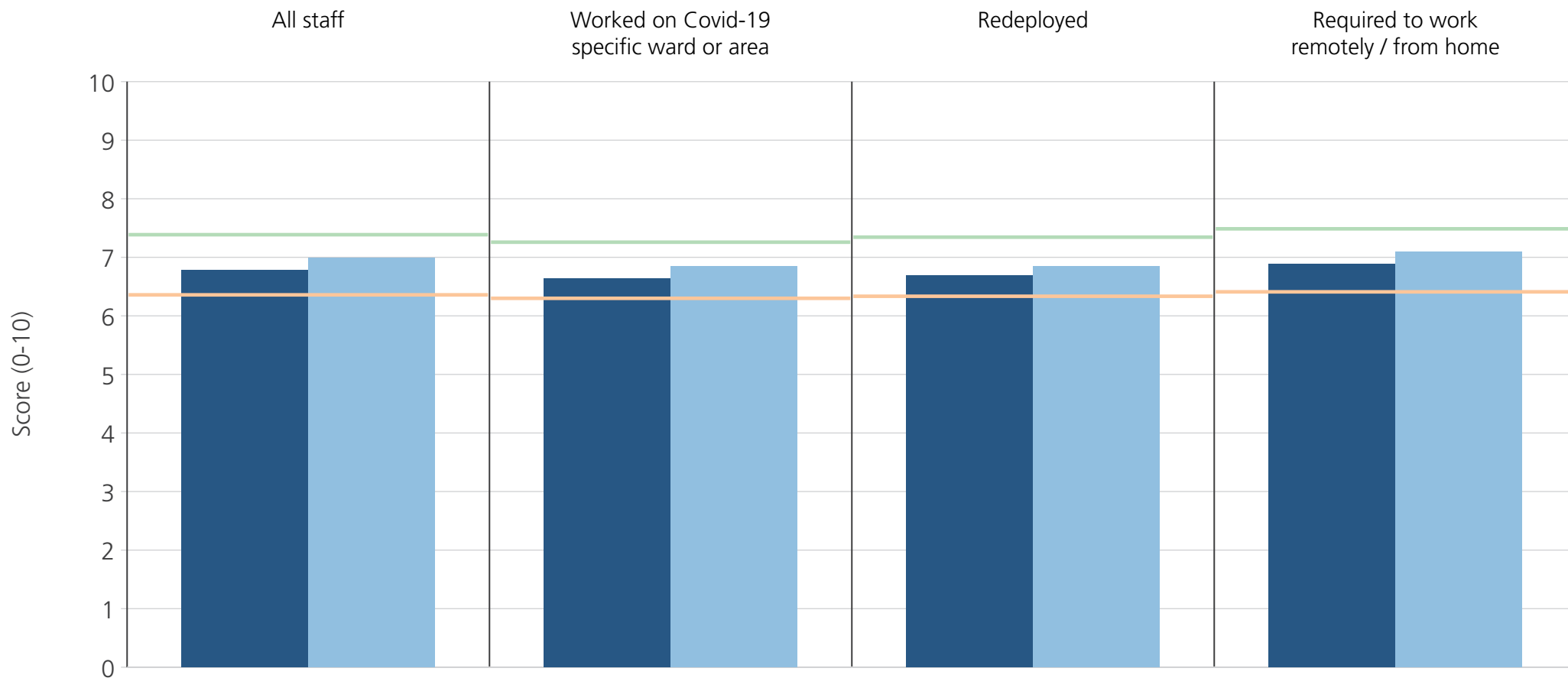
Responses

2,197

686

213

1,174



Highest	7.4	7.3	7.3	7.5
Your org	6.8	6.6	6.7	6.9
Average	7.0	6.8	6.8	7.1
Lowest	6.4	6.3	6.3	6.4

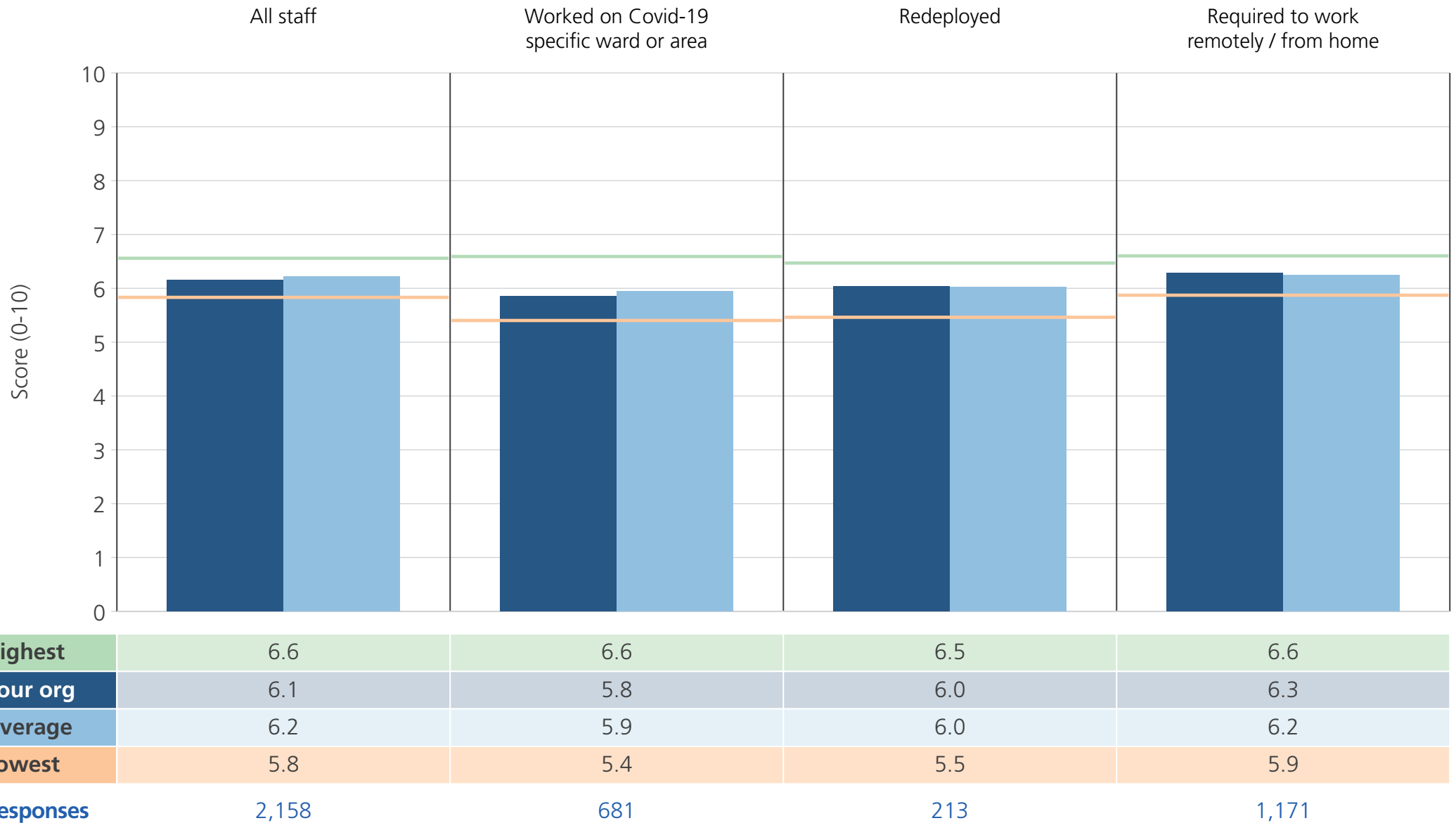
Responses

2,133

687

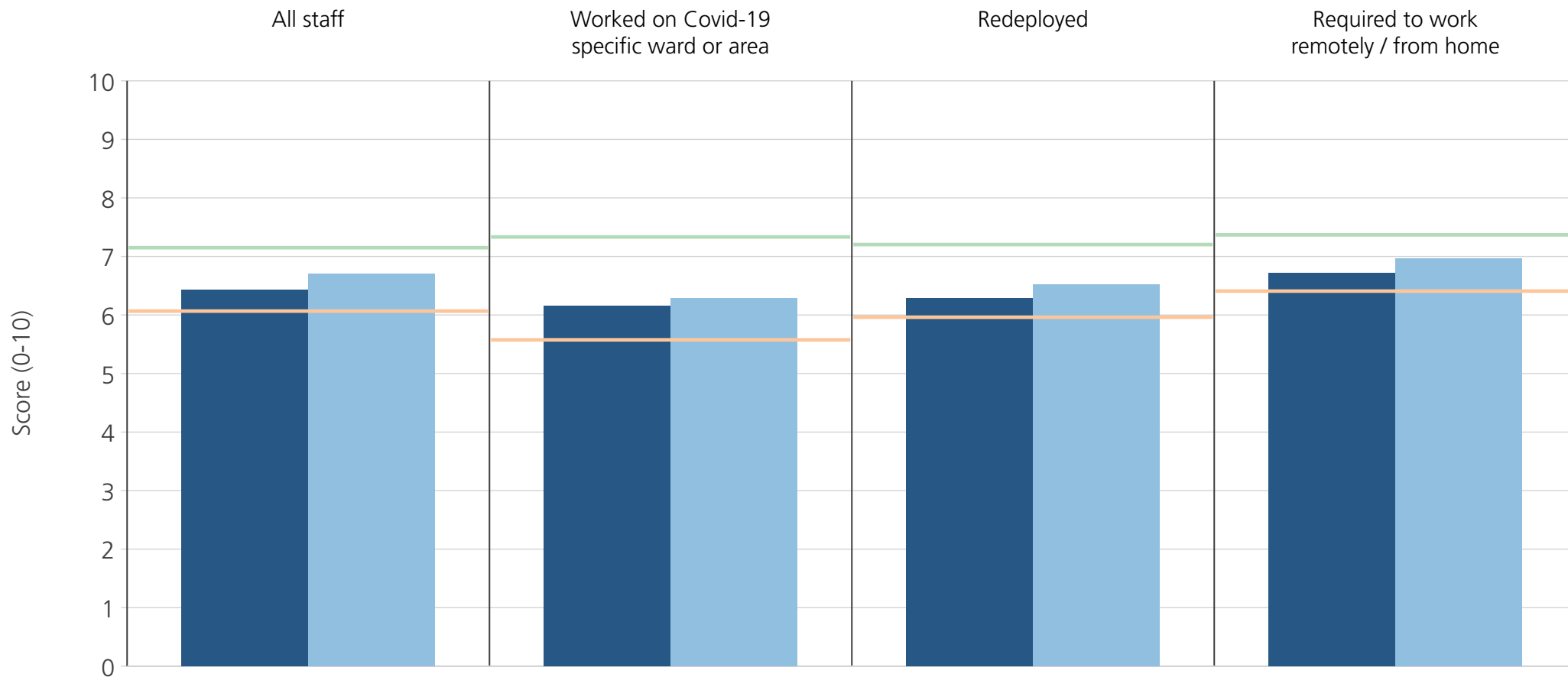
213

1,167









Highest	7.1	7.3	7.2	7.4
Your org	6.4	6.1	6.3	6.7
Average	6.7	6.3	6.5	7.0
Lowest	6.1	5.6	6.0	6.4

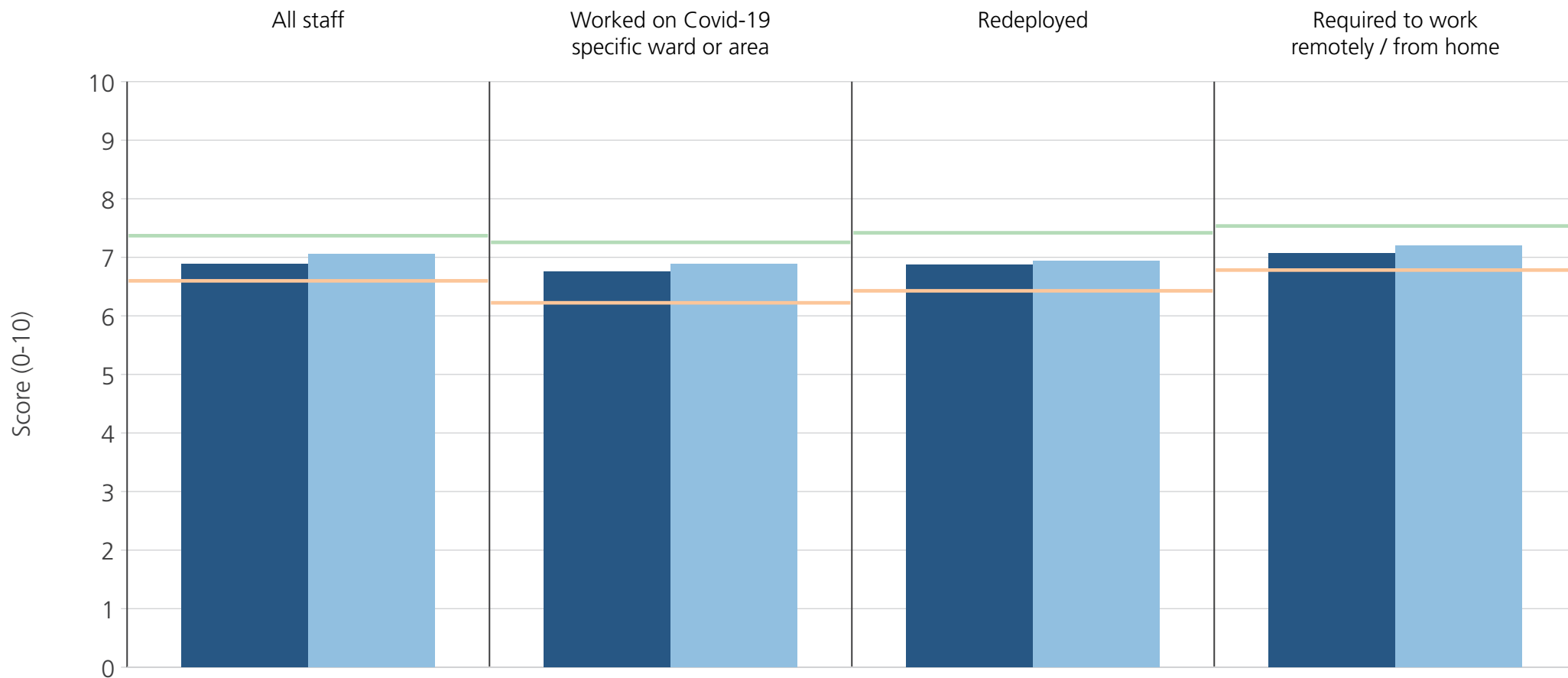
Responses

2,185

682

213

1,172



Highest	7.4	7.3	7.4	7.5
Your org	6.9	6.7	6.9	7.1
Average	7.1	6.9	6.9	7.2
Lowest	6.6	6.2	6.4	6.8

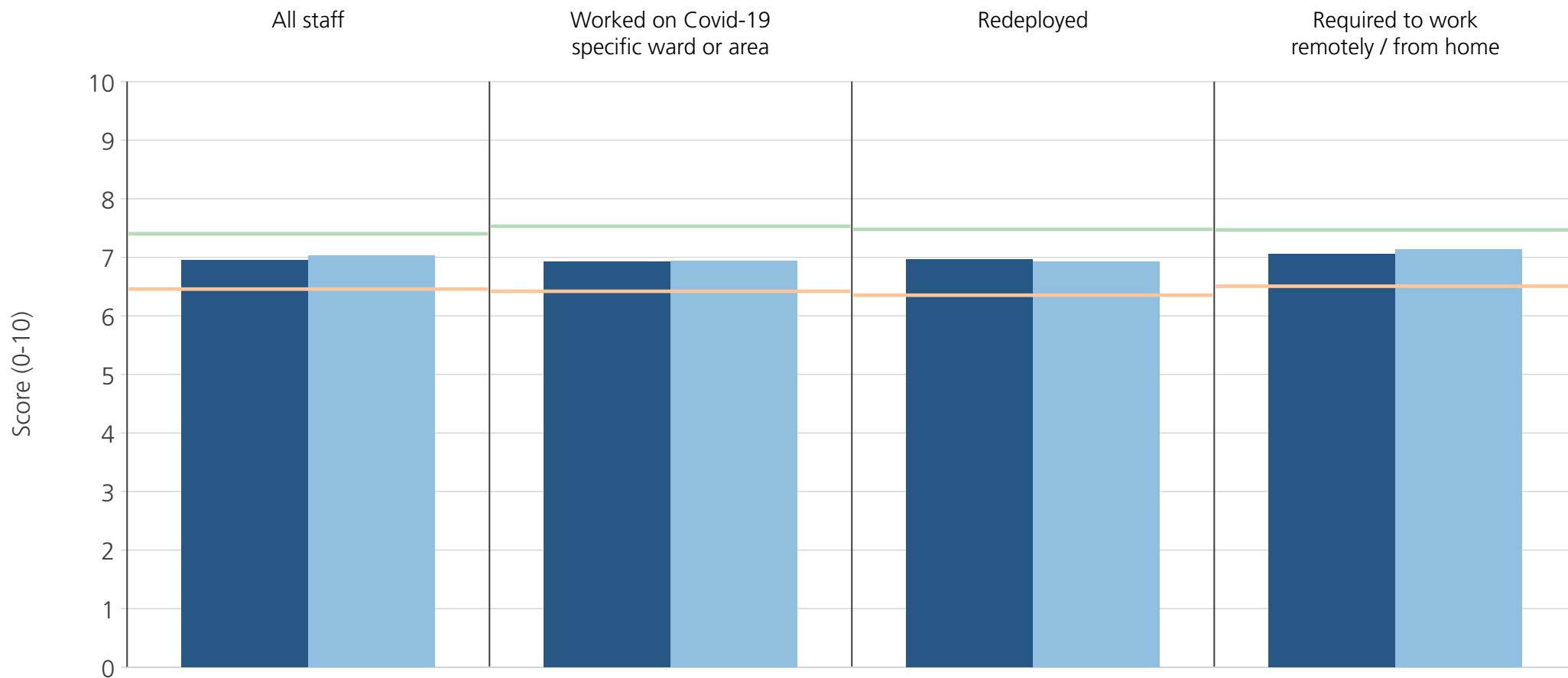
Responses

2,176

688

213

1,174



Highest	7.4	7.5	7.5	7.5
Your org	7.0	6.9	7.0	7.1
Average	7.0	6.9	6.9	7.1
Lowest	6.5	6.4	6.4	6.5

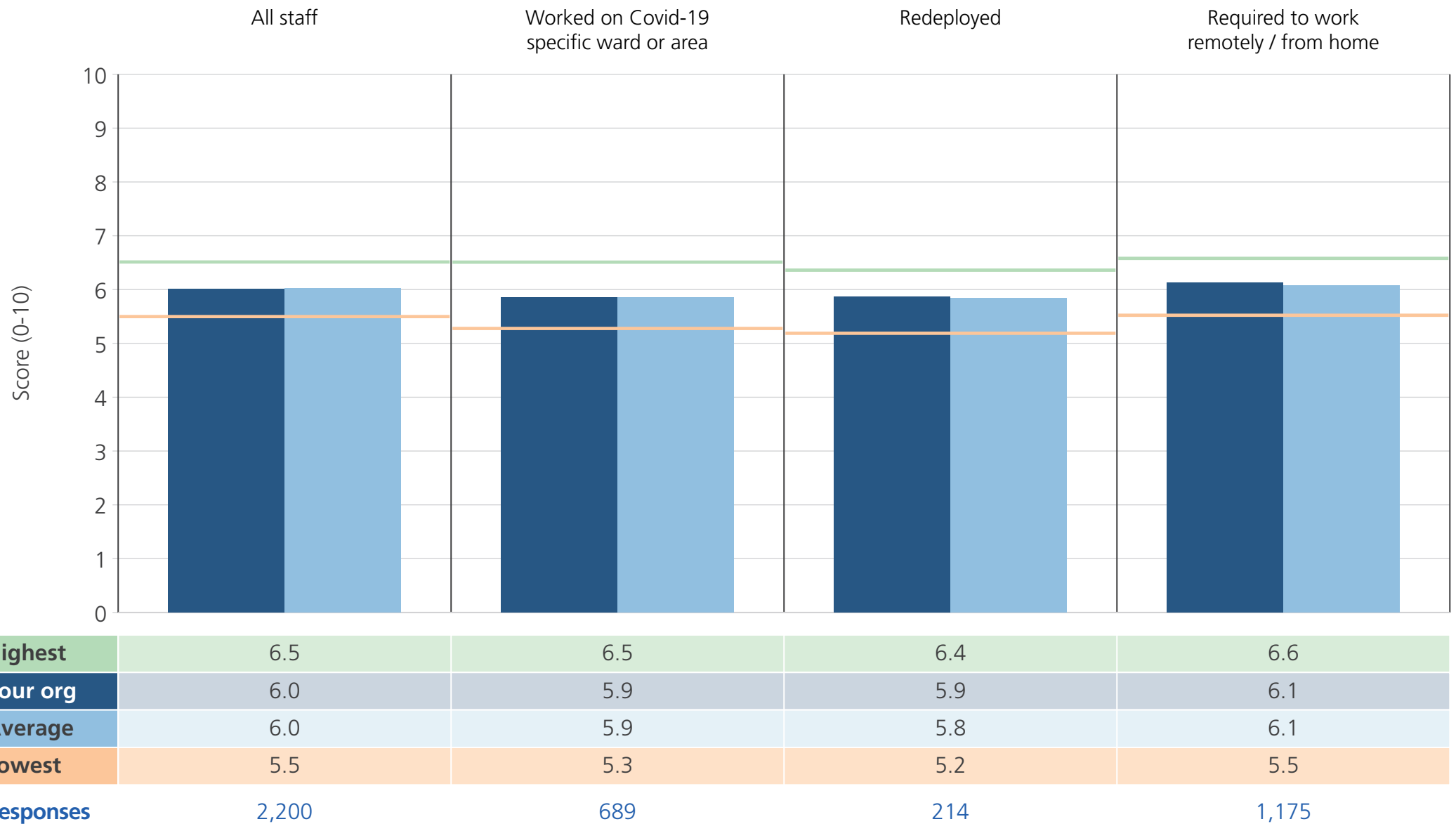
Responses

2,205

689

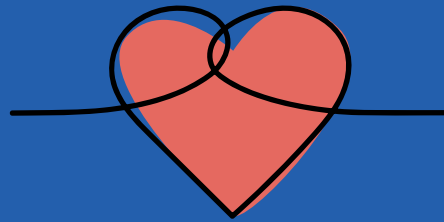
214

1,175



# People Promise element and theme results – Detailed information

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



# People Promise element detailed information – We are compassionate and inclusive

## Questions:

Q6a, Q21a, Q21b, Q21c, Q21d

Q9f, Q9g, Q9h, Q9i

Q15, Q16a, Q16b, Q18

Q7h, Q7i, Q8b, Q8c

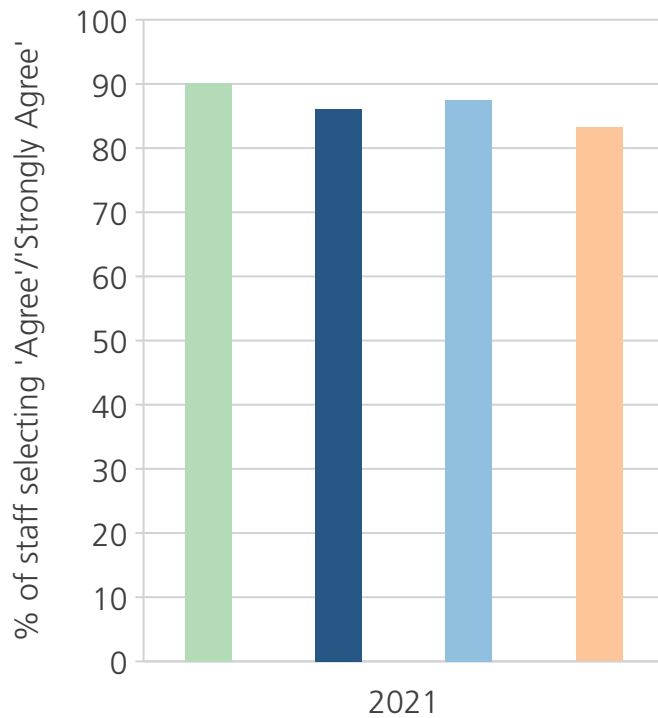
Birmingham and Solihull Mental Health NHS Foundation Trust

2021 NHS Staff Survey Results

**Q6a**

I feel that my role makes a difference to patients / service users

Due to changes in this year's survey it is not possible to display trend data for this question

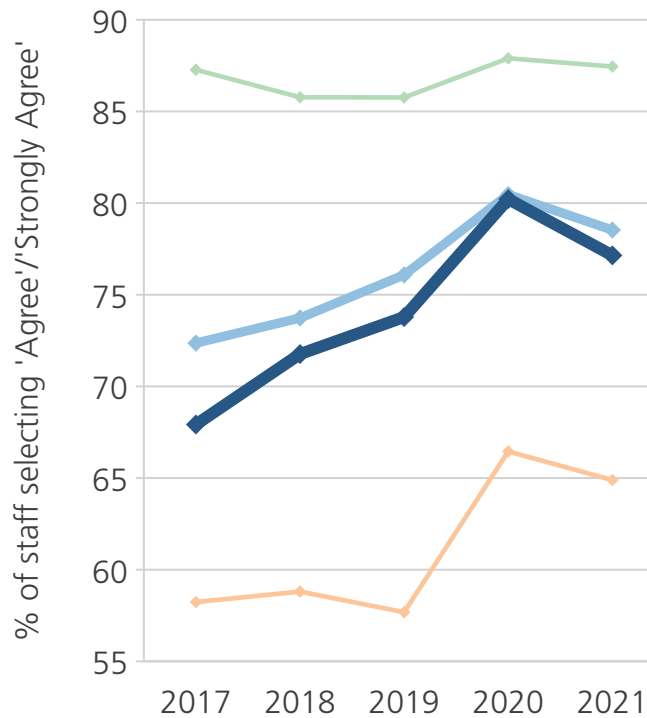


<b>Best</b>	90.2%
<b>Your org</b>	86.1%
<b>Average</b>	87.5%
<b>Worst</b>	83.2%

Responses 2,103

**Q21a**

Care of patients / service users is my organisation's top priority

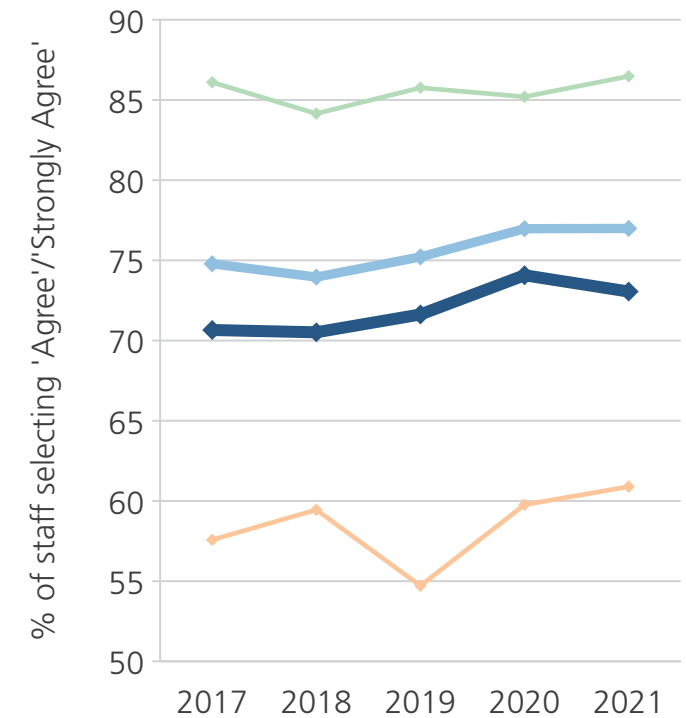


<b>Best</b>	87.3%	85.8%	85.8%	87.9%	87.5%
<b>Your org</b>	67.9%	71.8%	73.8%	80.2%	77.1%
<b>Average</b>	72.4%	73.7%	76.1%	80.5%	78.5%
<b>Worst</b>	58.2%	58.8%	57.7%	66.5%	64.9%

Responses 1,562 1,390 1,692 1,790 2,145

**Q21b**

My organisation acts on concerns raised by patients / service users

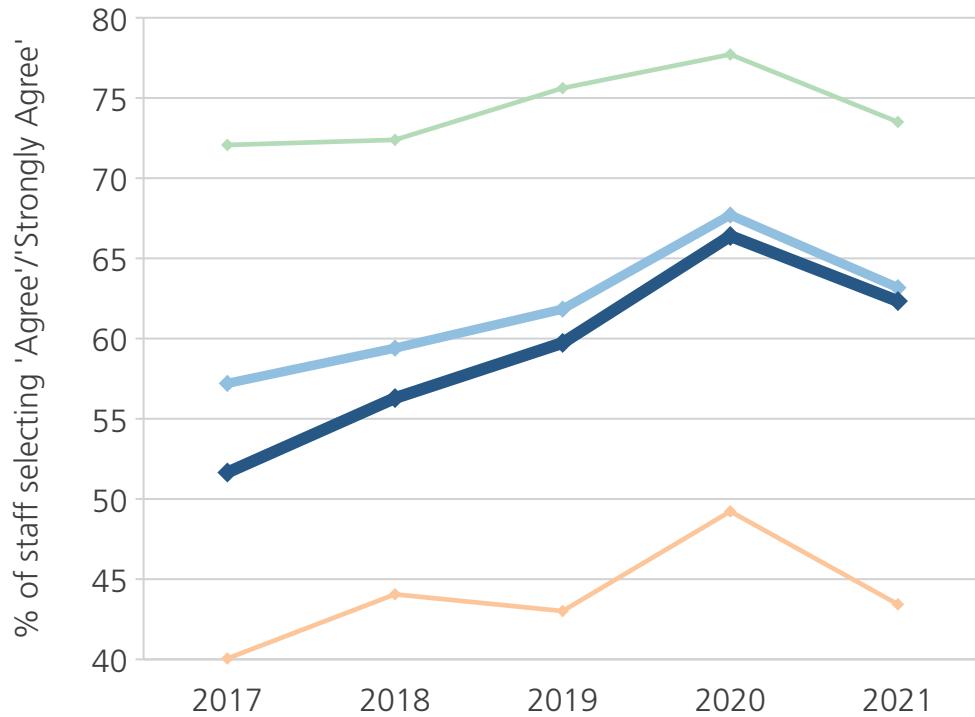


<b>Best</b>	86.1%	84.1%	85.8%	85.2%	86.5%
<b>Your org</b>	70.7%	70.5%	71.6%	74.1%	73.1%
<b>Average</b>	74.8%	74.0%	75.2%	77.0%	77.0%
<b>Worst</b>	57.6%	59.4%	54.7%	59.8%	60.9%

Responses 1,559 1,390 1,691 1,790 2,143

**Q21c**

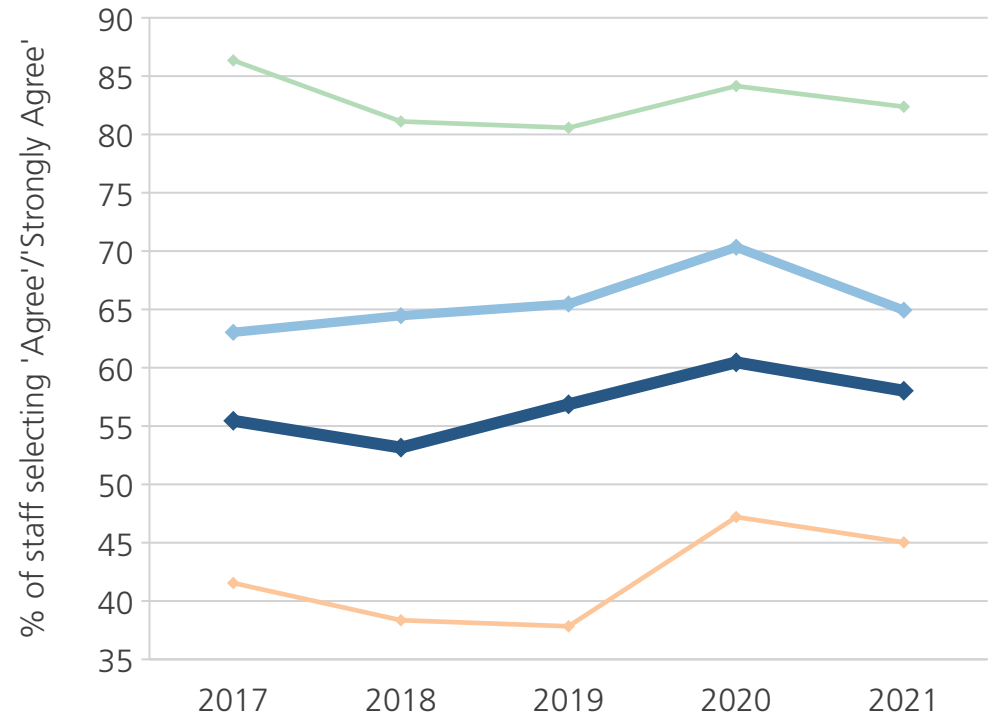
I would recommend my organisation as a place to work



<b>Best</b>	72.1%	72.4%	75.6%	77.7%	73.5%
<b>Your org</b>	51.7%	56.3%	59.7%	66.4%	62.3%
<b>Average</b>	57.2%	59.4%	61.8%	67.7%	63.2%
<b>Worst</b>	40.1%	44.1%	43.0%	49.2%	43.4%
<b>Responses</b>	1,558	1,392	1,690	1,789	2,141

**Q21d**

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



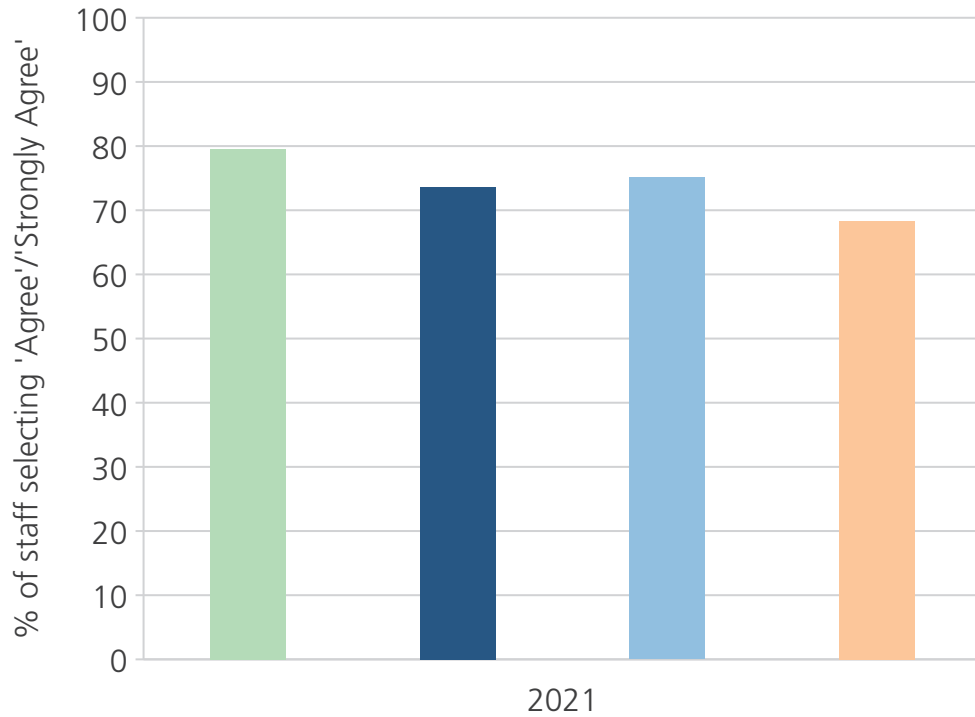
<b>Best</b>	86.3%	81.1%	80.6%	84.1%	82.4%
<b>Your org</b>	55.5%	53.2%	56.9%	60.5%	58.0%
<b>Average</b>	63.0%	64.5%	65.5%	70.3%	64.9%
<b>Worst</b>	41.5%	38.4%	37.8%	47.2%	45.0%
<b>Responses</b>	1,549	1,385	1,691	1,787	2,142



**Q9f**

My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question



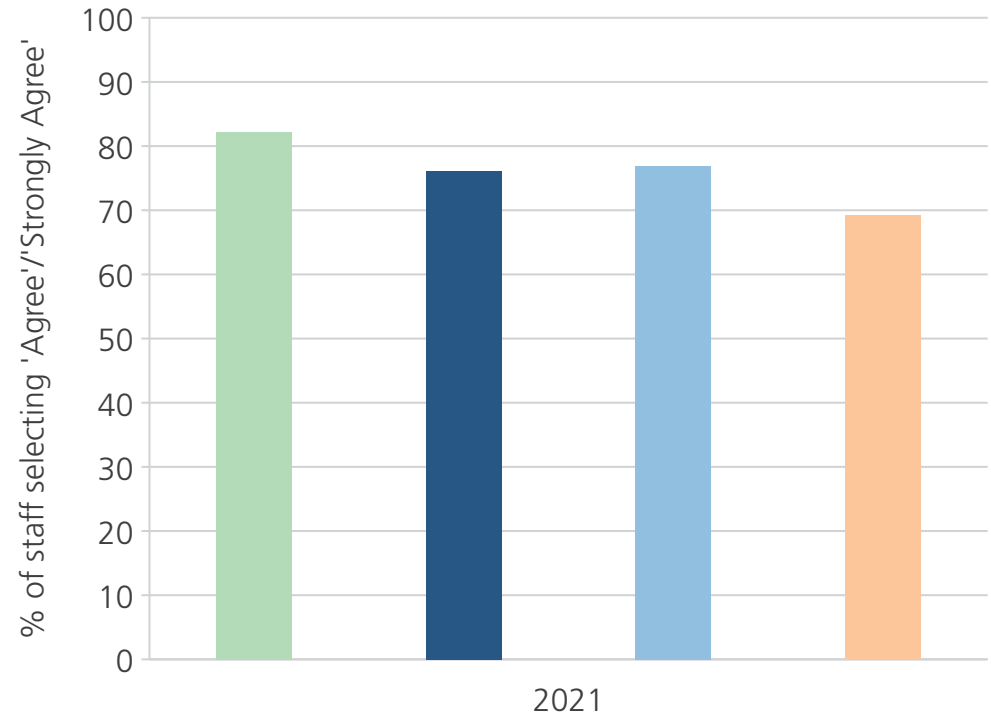
<b>Best</b>	79.6%
<b>Your org</b>	73.7%
<b>Average</b>	75.1%
<b>Worst</b>	68.3%

Responses 2,177

**Q9g**

My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question



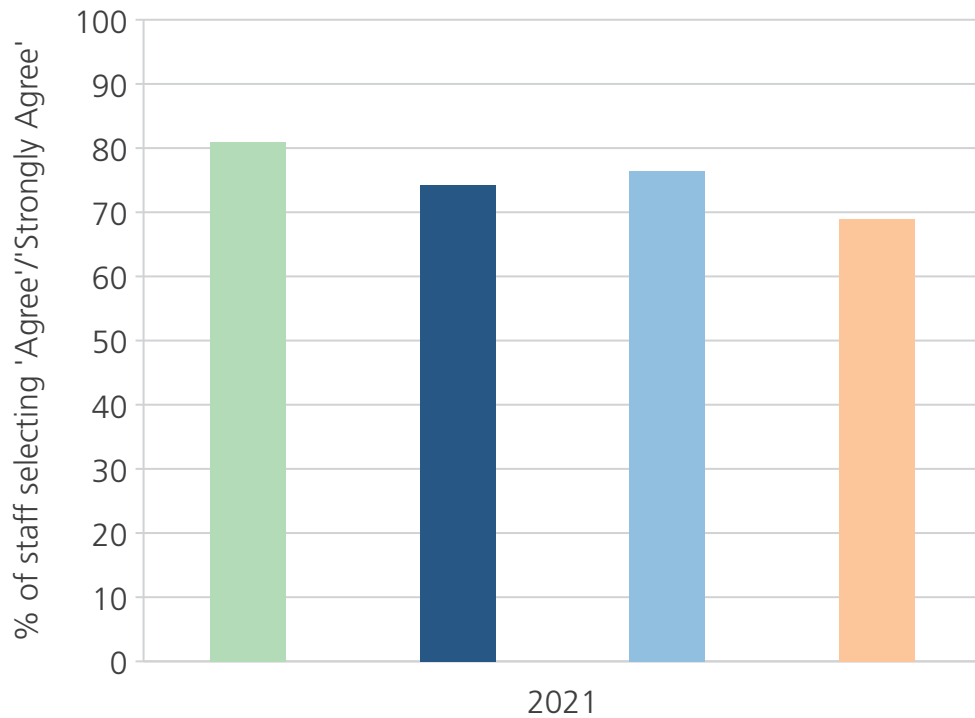
<b>Best</b>	82.2%
<b>Your org</b>	76.1%
<b>Average</b>	76.9%
<b>Worst</b>	69.2%

Responses 2,173

**Q9h**

My immediate manager cares about my concerns

No trend data are shown as this is a new question



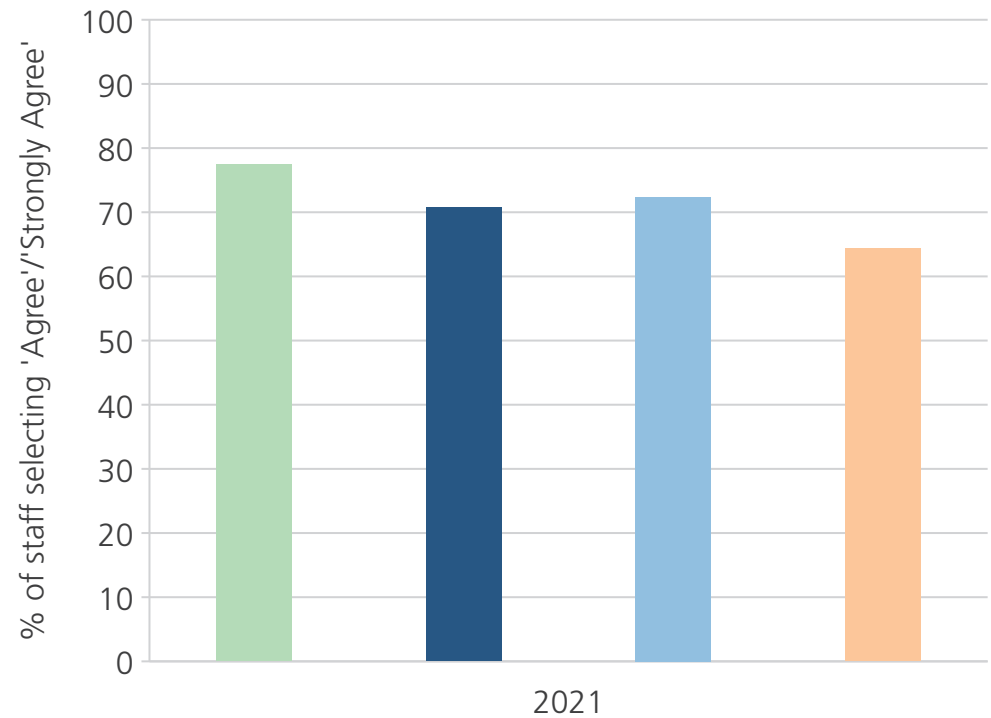
<b>Best</b>	80.9%
<b>Your org</b>	74.2%
<b>Average</b>	76.4%
<b>Worst</b>	68.9%

**Responses** 2,174

**Q9i**

My immediate line manager takes effective action to help me with any problems I face

No trend data are shown as this is a new question

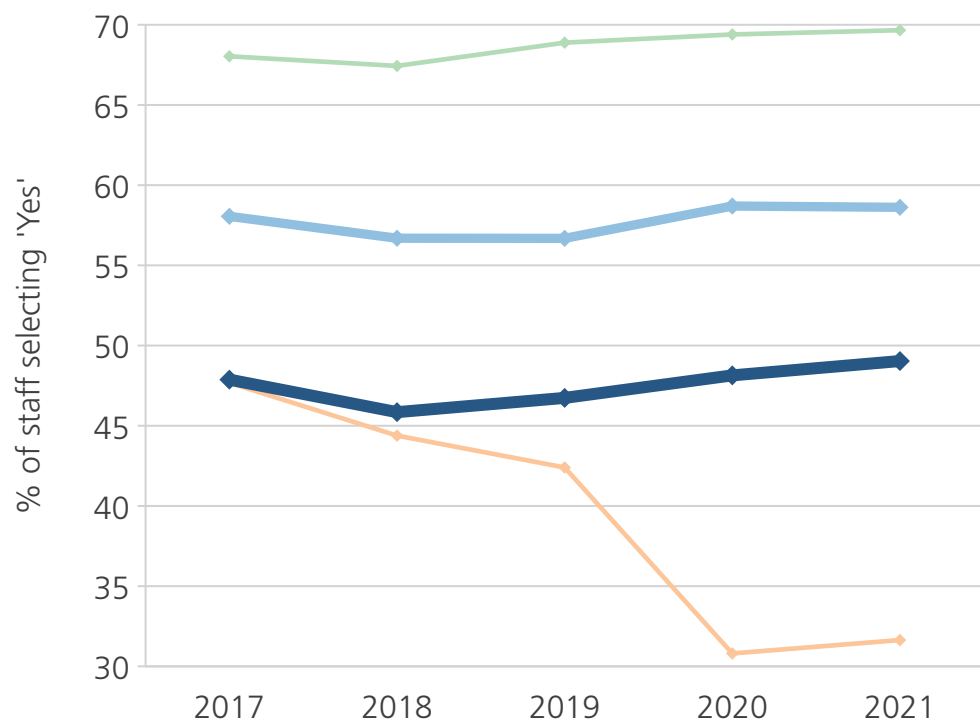


<b>Best</b>	77.5%
<b>Your org</b>	70.8%
<b>Average</b>	72.3%
<b>Worst</b>	64.4%

**Responses** 2,171

**Q15**

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

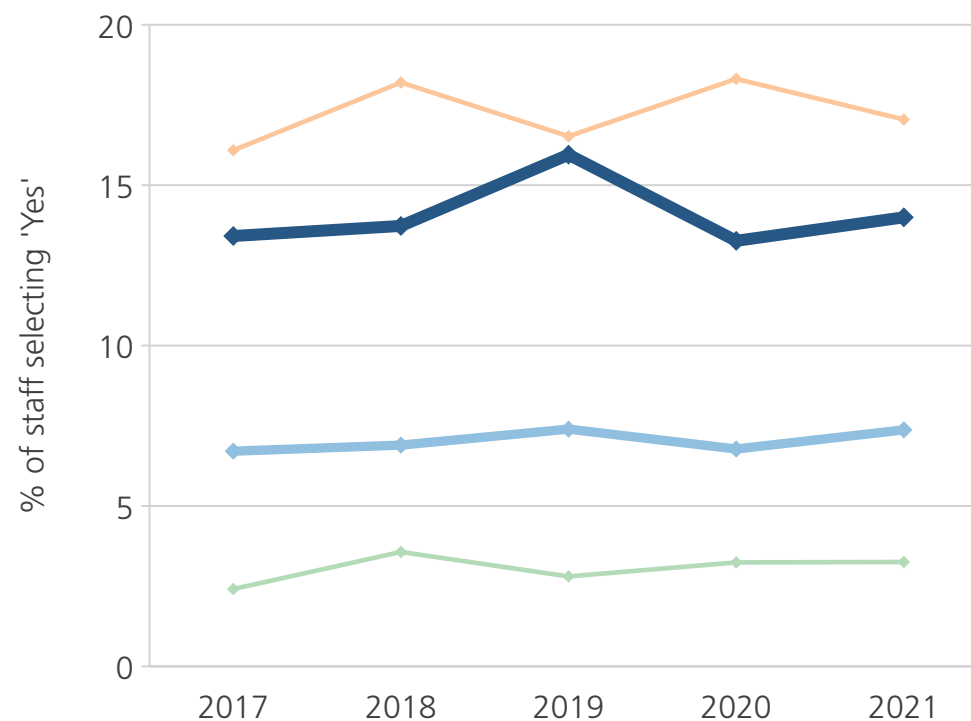


<b>Best</b>	68.0%	67.4%	68.9%	69.4%	69.7%
<b>Your org</b>	47.9%	45.8%	46.7%	48.1%	49.0%
<b>Average</b>	58.1%	56.7%	56.7%	58.7%	58.6%
<b>Worst</b>	47.7%	44.4%	42.4%	30.8%	31.6%

**Responses** 1,537 1,417 1,715 1,789 2,141

**Q16a**

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



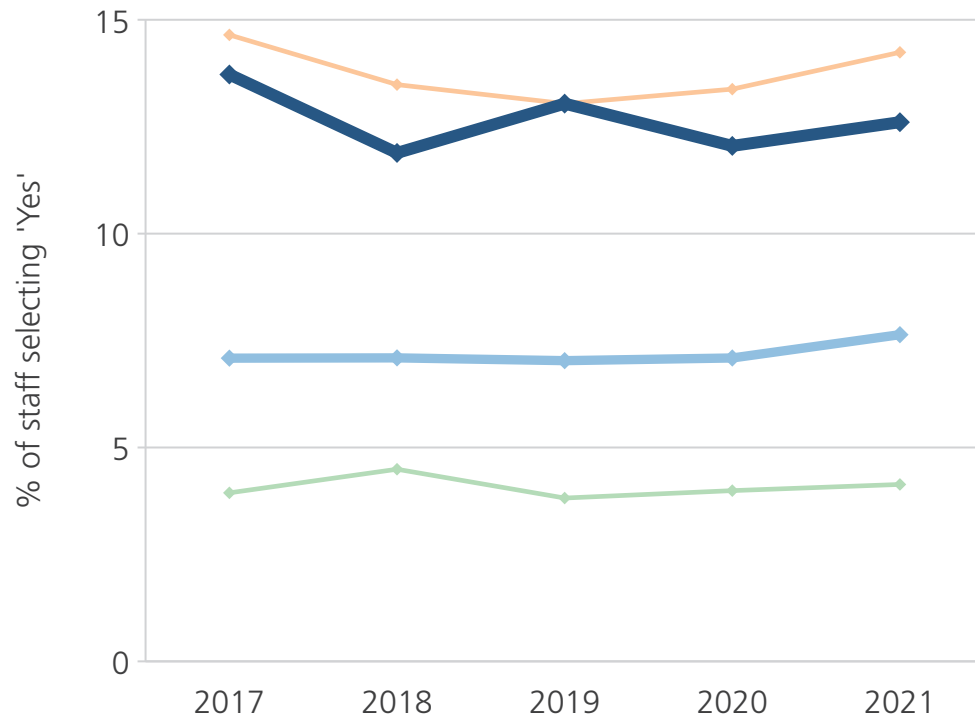
<b>Worst</b>	16.1%	18.2%	16.5%	18.3%	17.0%
<b>Your org</b>	13.4%	13.7%	16.0%	13.3%	14.0%
<b>Average</b>	6.7%	6.9%	7.4%	6.8%	7.4%
<b>Best</b>	2.4%	3.6%	2.8%	3.2%	3.3%

**Responses** 1,559 1,406 1,716 1,794 2,152

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

**Q16b**

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

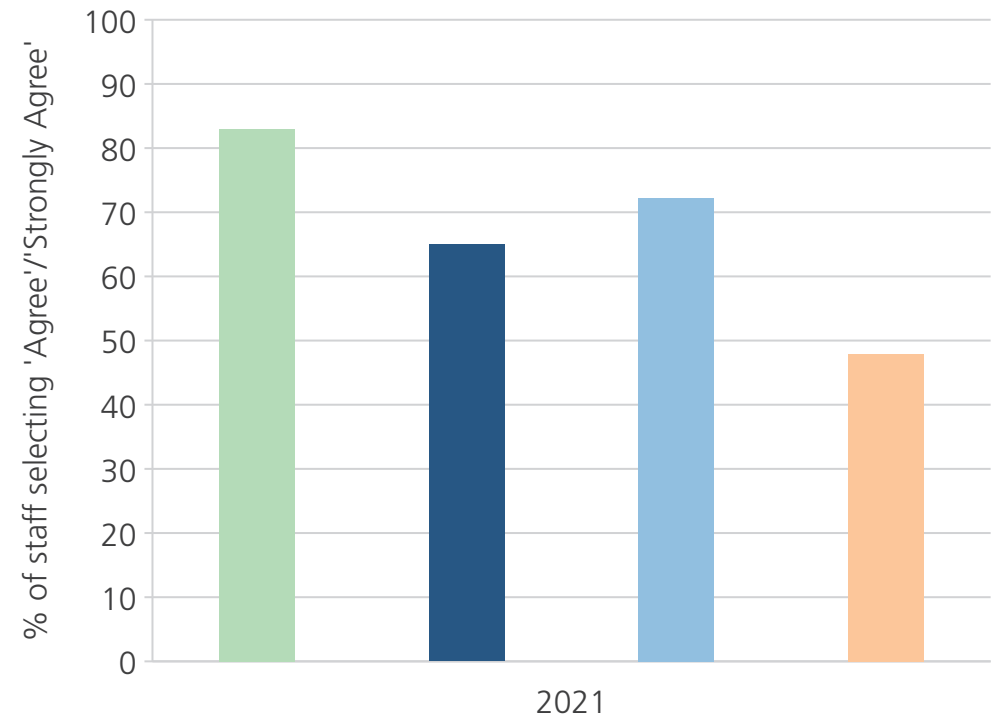


<b>Worst</b>	14.6%	13.5%	13.0%	13.4%	14.2%
<b>Your org</b>	13.7%	11.9%	13.0%	12.1%	12.6%
<b>Average</b>	7.1%	7.1%	7.0%	7.1%	7.6%
<b>Best</b>	3.9%	4.5%	3.8%	4.0%	4.1%
<b>Responses</b>	1,561	1,412	1,713	1,798	2,151

**Q18**

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question

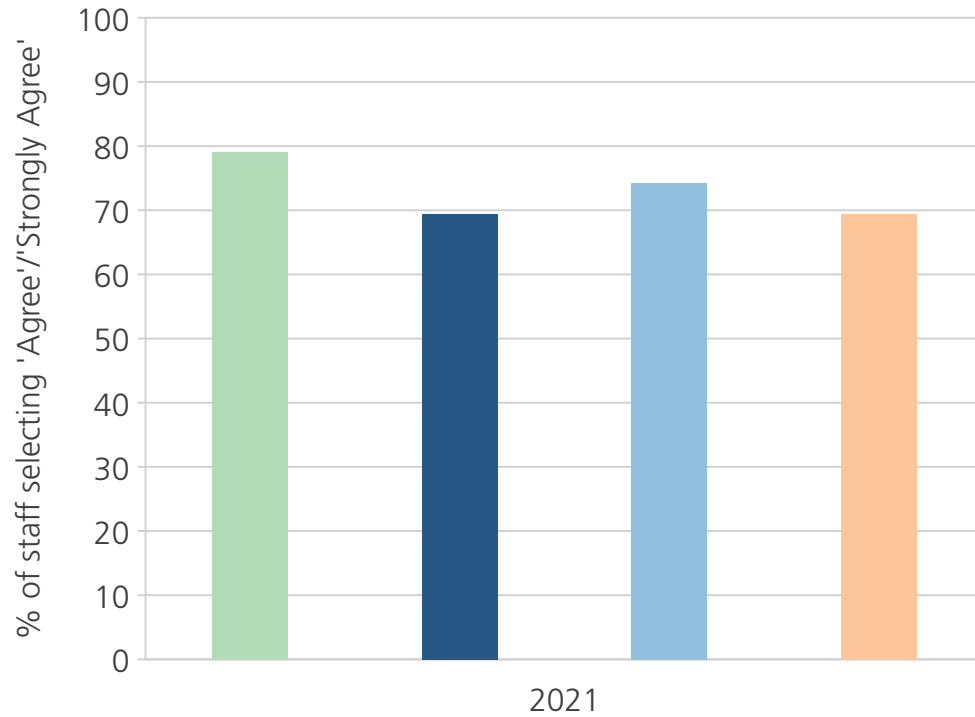


<b>Best</b>	82.9%
<b>Your org</b>	65.0%
<b>Average</b>	72.2%
<b>Worst</b>	47.9%
<b>Responses</b>	2,157

**Q7h**

I feel valued by my team

No trend data are shown as this is a new question



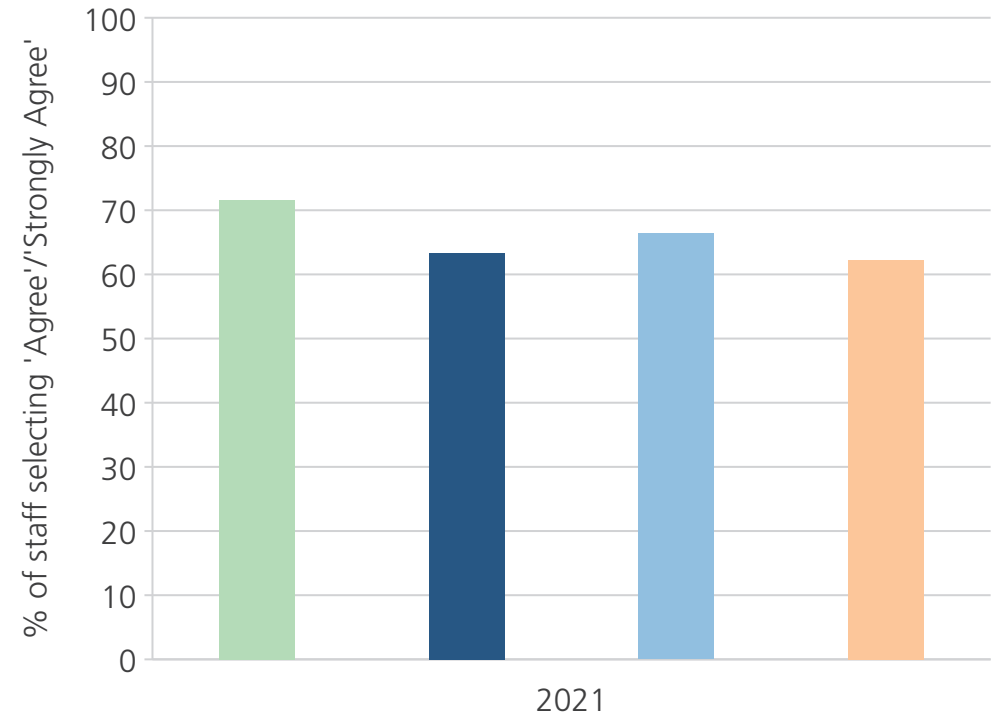
<b>Best</b>	79.1%
<b>Your org</b>	69.5%
<b>Average</b>	74.2%
<b>Worst</b>	69.5%

**Responses** 2,186

**Q7i**

I feel a strong personal attachment to my team

No trend data are shown as this is a new question



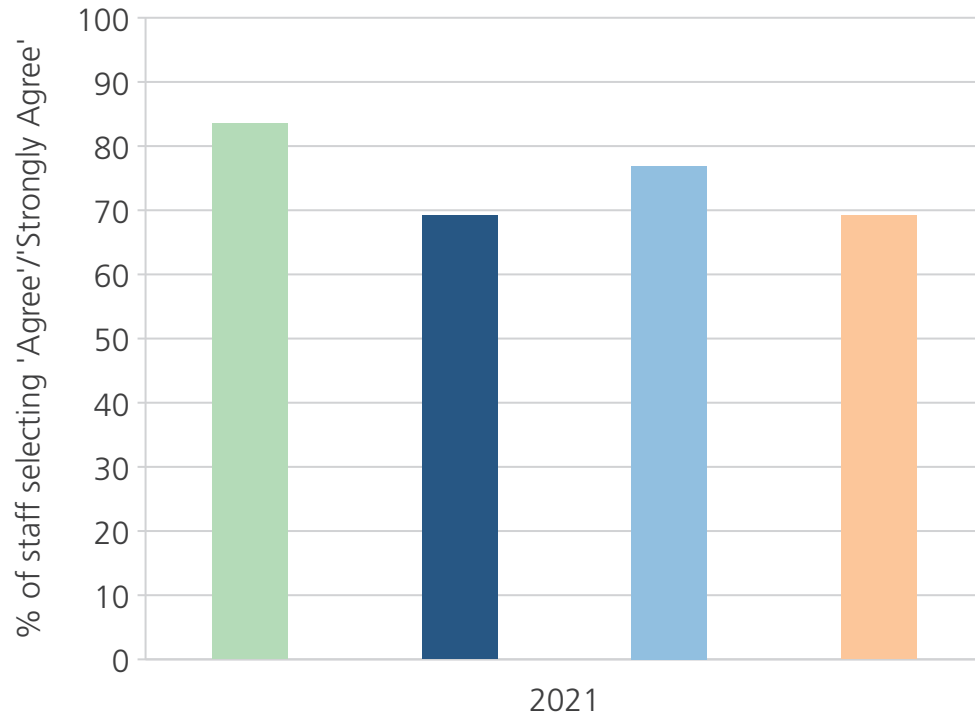
<b>Best</b>	71.6%
<b>Your org</b>	63.3%
<b>Average</b>	66.4%
<b>Worst</b>	62.2%

**Responses** 2,184

**Q8b**

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question



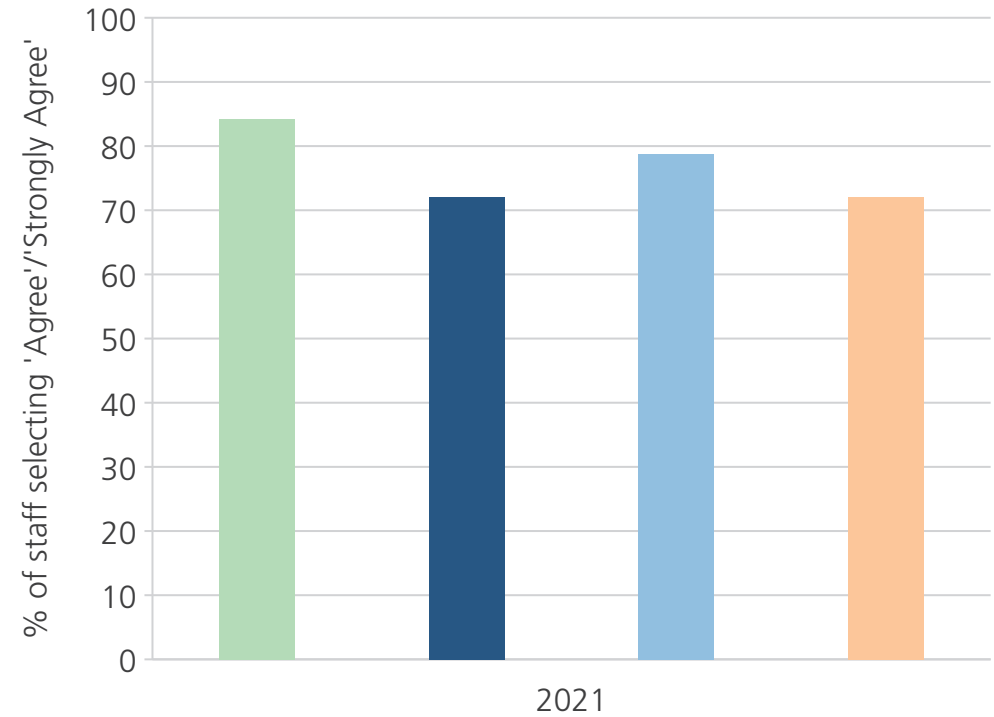
<b>Best</b>	83.5%
<b>Your org</b>	69.2%
<b>Average</b>	76.9%
<b>Worst</b>	69.2%

Responses 2,183

**Q8c**

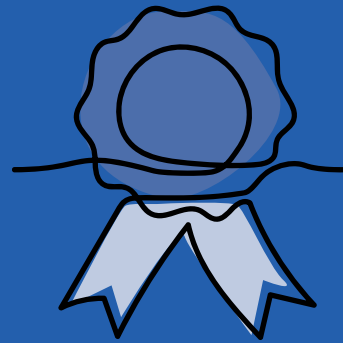
The people I work with are polite and treat each other with respect

No trend data are shown as this is a new question



<b>Best</b>	84.2%
<b>Your org</b>	72.0%
<b>Average</b>	78.8%
<b>Worst</b>	72.0%

Responses 2,183



# People Promise element detailed information – We are recognised and rewarded

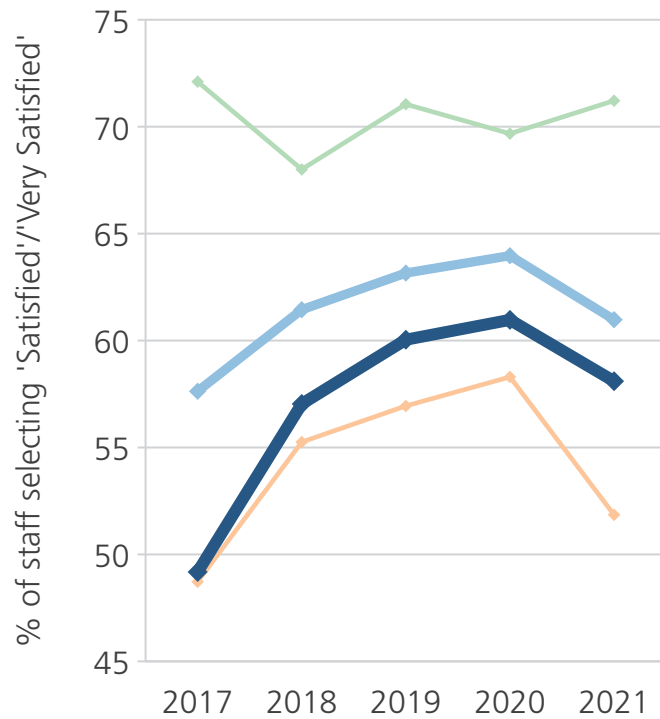
## Questions:

Q4a, Q4b, Q4c, Q8d, Q9e

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

**Q4a**

The recognition I get for good work

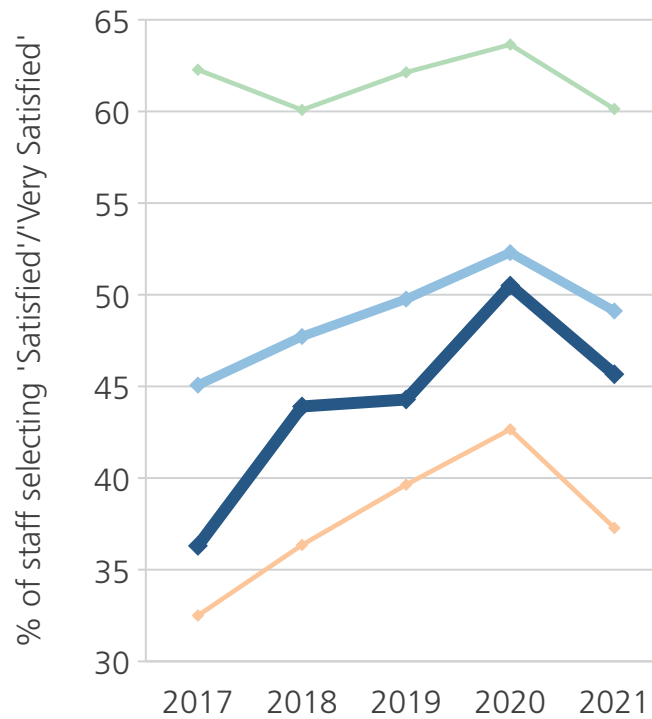


<b>Best</b>	72.1%	68.0%	71.1%	69.7%	71.2%
<b>Your org</b>	49.2%	57.0%	60.0%	61.0%	58.1%
<b>Average</b>	57.6%	61.4%	63.2%	64.0%	61.0%
<b>Worst</b>	48.7%	55.3%	56.9%	58.3%	51.9%

**Responses** 1,593 1,461 1,748 1,823 2,192

**Q4b**

The extent to which my organisation values my work

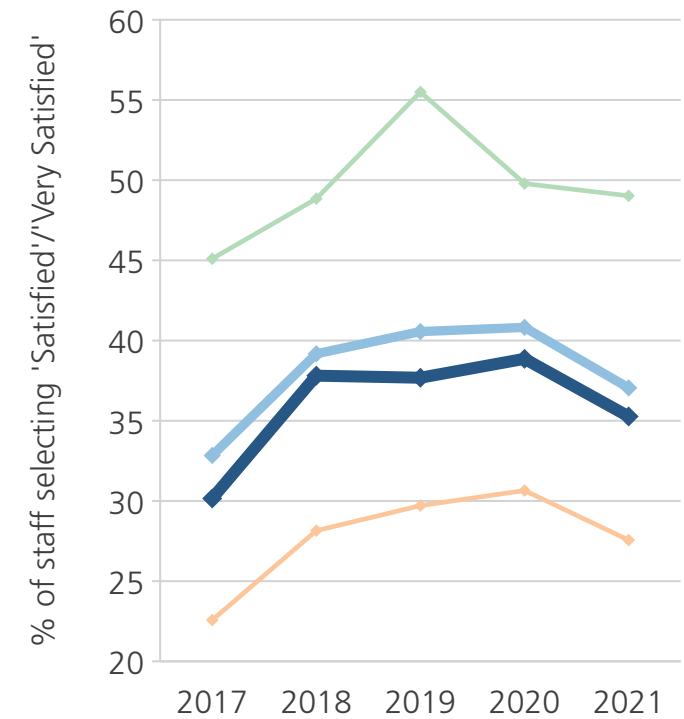


<b>Best</b>	62.3%	60.1%	62.1%	63.6%	60.1%
<b>Your org</b>	36.3%	43.9%	44.3%	50.5%	45.7%
<b>Average</b>	45.1%	47.7%	49.8%	52.3%	49.1%
<b>Worst</b>	32.5%	36.3%	39.6%	42.7%	37.3%

**Responses** 1,594 1,451 1,745 1,819 2,194

**Q4c**

My level of pay



<b>Best</b>	45.1%	48.8%	55.5%	49.8%	49.0%
<b>Your org</b>	30.2%	37.8%	37.7%	38.9%	35.3%
<b>Average</b>	32.8%	39.2%	40.6%	40.8%	37.0%
<b>Worst</b>	22.6%	28.1%	29.7%	30.7%	27.6%

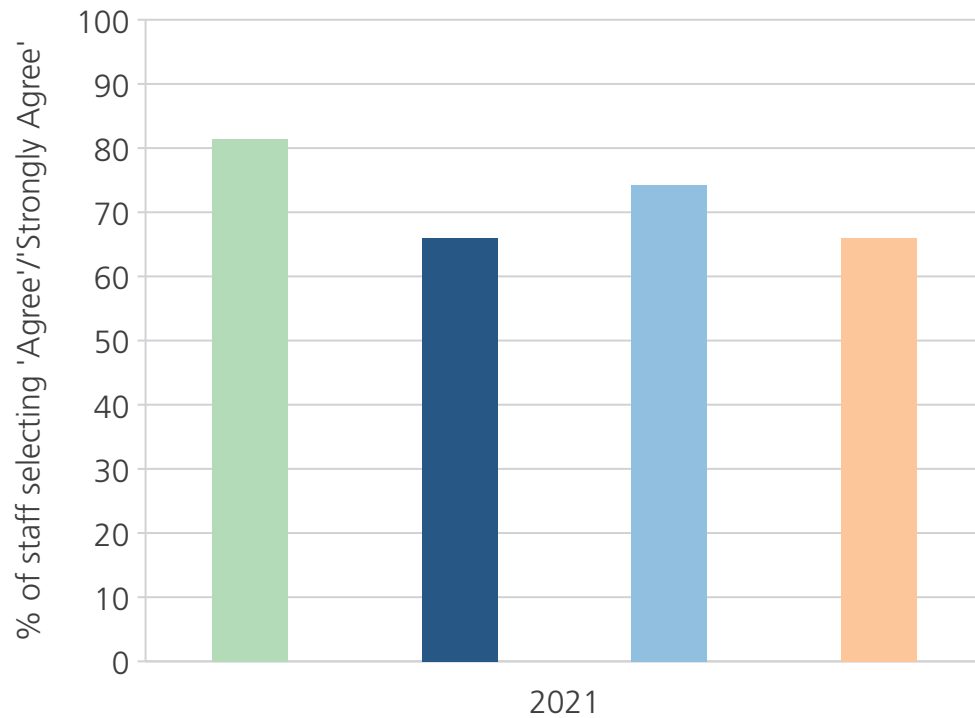
**Responses** 1,596 1,455 1,743 1,820 2,196



**Q8d**

The people I work with show appreciation to one another

No trend data are shown as this is a new question

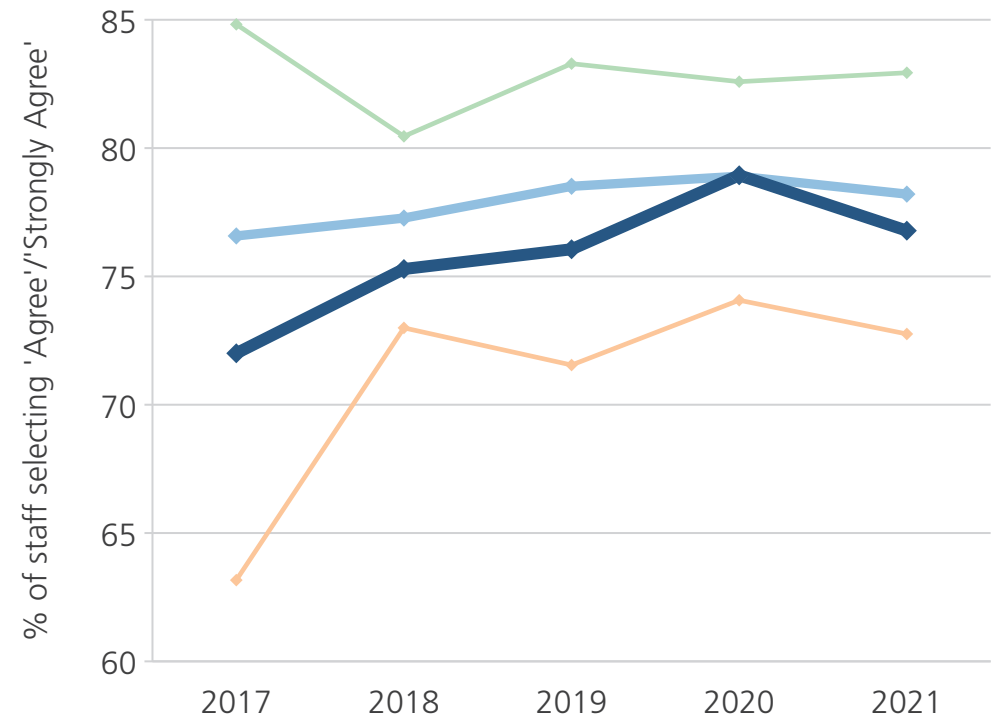


<b>Best</b>	81.4%
<b>Your org</b>	66.0%
<b>Average</b>	74.3%
<b>Worst</b>	66.0%

**Responses** 2,183

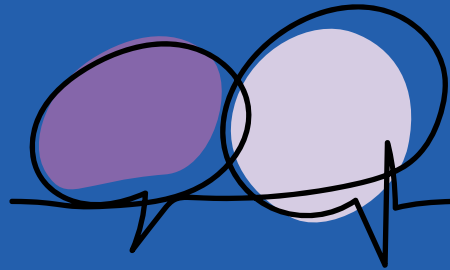
**Q9e**

My immediate manager values my work



<b>Best</b>	84.8%	80.5%	83.3%	82.6%	82.9%
<b>Your org</b>	72.0%	75.3%	76.1%	78.9%	76.8%
<b>Average</b>	76.6%	77.3%	78.5%	78.9%	78.2%
<b>Worst</b>	63.2%	73.0%	71.5%	74.1%	72.8%

**Responses** 1,582 1,445 1,736 1,811 2,172



# People Promise element detailed information – We each have a voice that counts

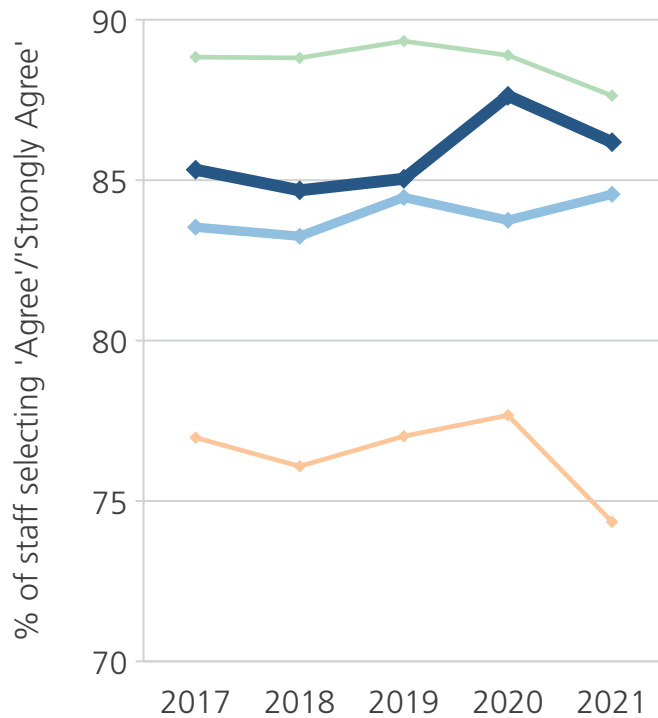
## Questions:

Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b  
Q17a, Q17b, Q21e, Q21f

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

**Q3a**

I always know what my work responsibilities are

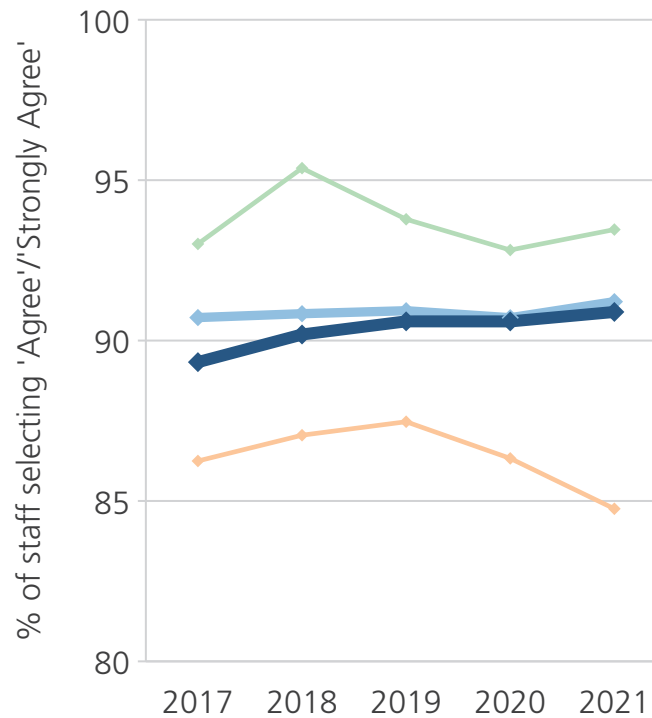


<b>Best</b>	88.8%	88.8%	89.3%	88.9%	87.6%
<b>Your org</b>	85.3%	84.7%	85.0%	87.6%	86.2%
<b>Average</b>	83.5%	83.3%	84.5%	83.8%	84.6%
<b>Worst</b>	77.0%	76.1%	77.0%	77.7%	74.3%

Responses 1,610 1,489 1,772 1,843 2,201

**Q3b**

I am trusted to do my job

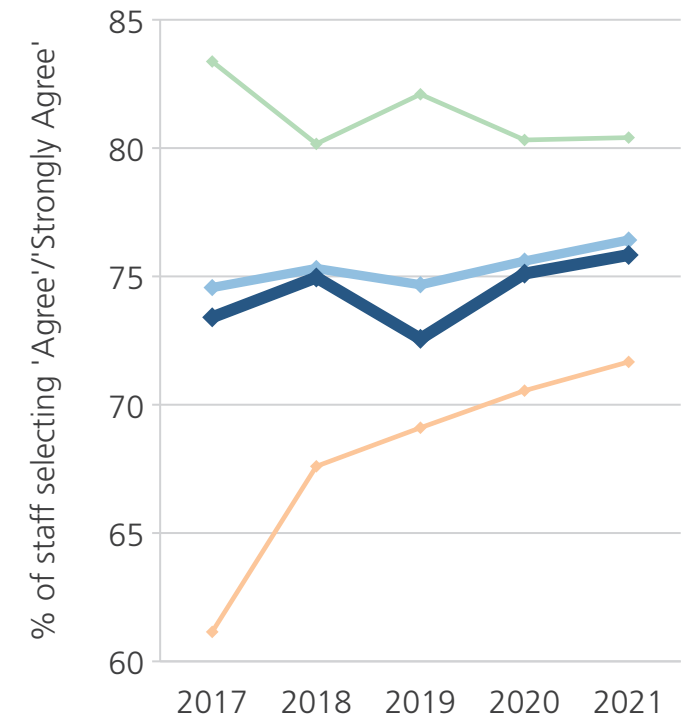


<b>Best</b>	93.0%	95.4%	93.8%	92.8%	93.5%
<b>Your org</b>	89.3%	90.2%	90.6%	90.6%	90.9%
<b>Average</b>	90.7%	90.8%	90.9%	90.7%	91.2%
<b>Worst</b>	86.2%	87.0%	87.5%	86.3%	84.8%

Responses 1,580 1,474 1,770 1,838 2,204

**Q3c**

There are frequent opportunities for me to show initiative in my role

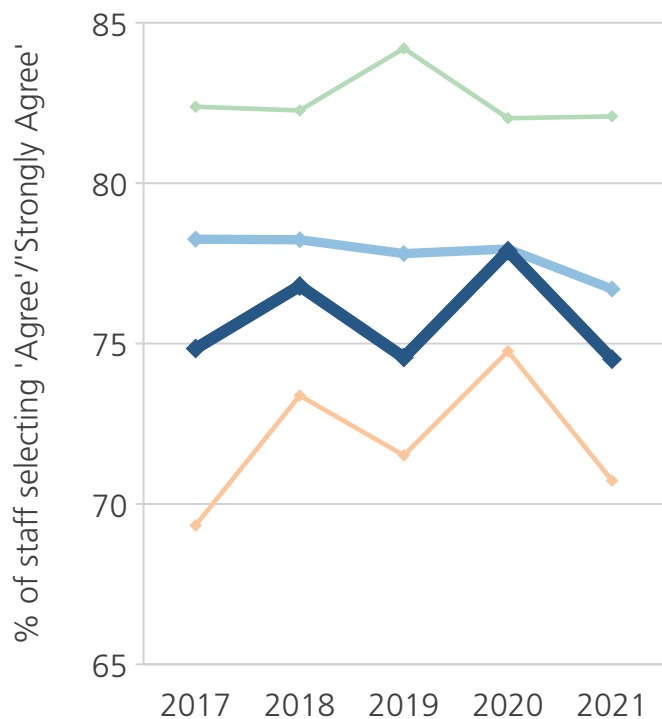


<b>Best</b>	83.4%	80.2%	82.1%	80.3%	80.4%
<b>Your org</b>	73.4%	75.0%	72.6%	75.1%	75.8%
<b>Average</b>	74.6%	75.3%	74.7%	75.6%	76.4%
<b>Worst</b>	61.1%	67.6%	69.1%	70.5%	71.7%

Responses 1,610 1,492 1,771 1,831 2,207

**Q3d**

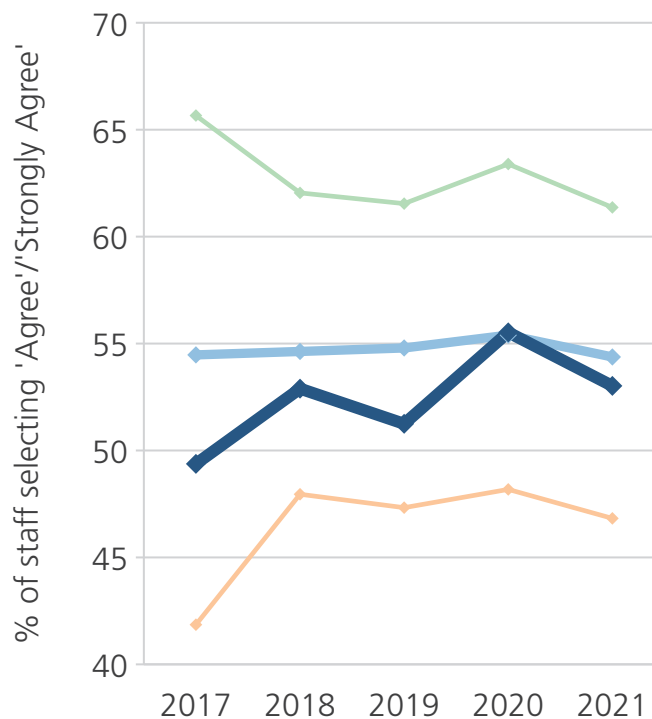
I am able to make suggestions to improve the work of my team / department



Responses 1,610 1,485 1,770 1,829 2,207

**Q3e**

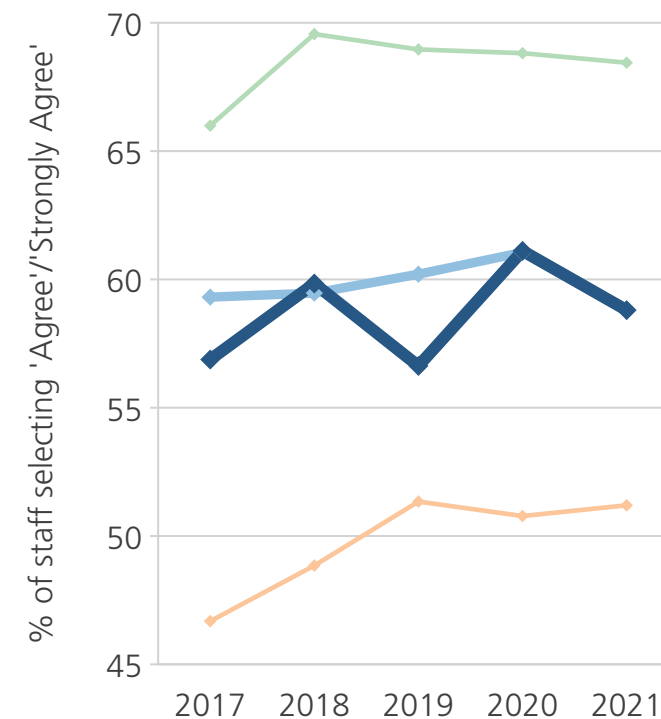
I am involved in deciding on changes introduced that affect my work area / team / department



Responses 1,606 1,484 1,771 1,828 2,202

**Q3f**

I am able to make improvements happen in my area of work



Responses 1,605 1,482 1,766 1,823 2,202

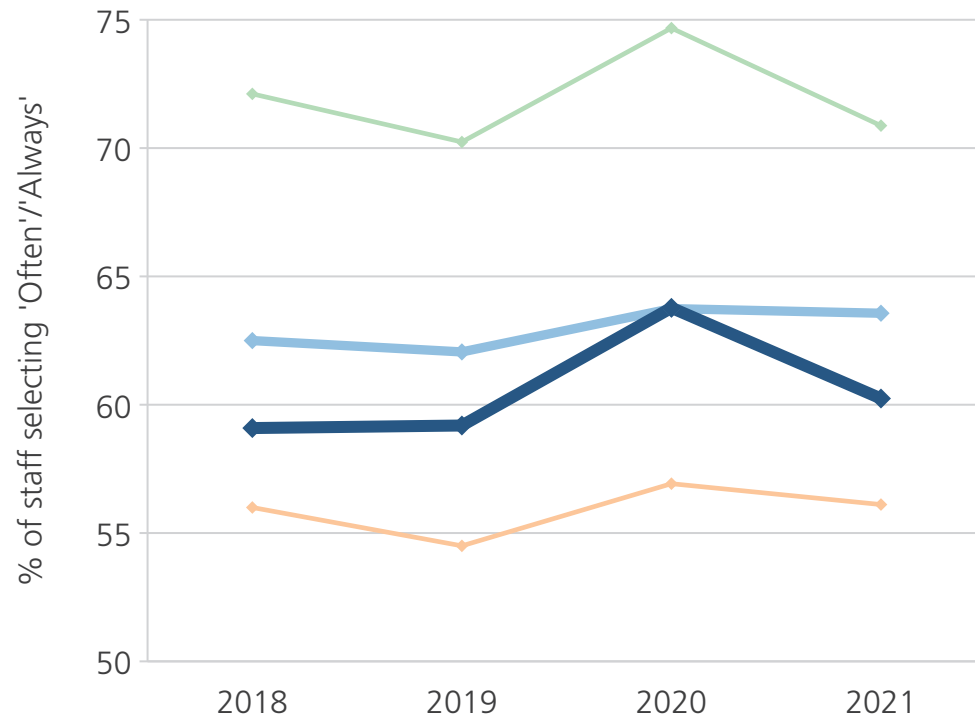
<b>Best</b>	82.4%	82.3%	84.2%	82.0%	82.1%
<b>Your org</b>	74.8%	76.8%	74.6%	77.9%	74.5%
<b>Average</b>	78.3%	78.2%	77.8%	77.9%	76.7%
<b>Worst</b>	69.3%	73.4%	71.5%	74.8%	70.7%

<b>Best</b>	65.7%	62.0%	61.5%	63.4%	61.4%
<b>Your org</b>	49.4%	52.9%	51.2%	55.5%	53.0%
<b>Average</b>	54.5%	54.6%	54.8%	55.4%	54.4%
<b>Worst</b>	41.9%	48.0%	47.3%	48.2%	46.8%

<b>Best</b>	66.0%	69.6%	69.0%	68.8%	68.4%
<b>Your org</b>	56.9%	59.8%	56.6%	61.1%	58.8%
<b>Average</b>	59.3%	59.5%	60.2%	61.1%	58.8%
<b>Worst</b>	46.7%	48.8%	51.3%	50.8%	51.2%

**Q5b**

I have a choice in deciding how to do my work

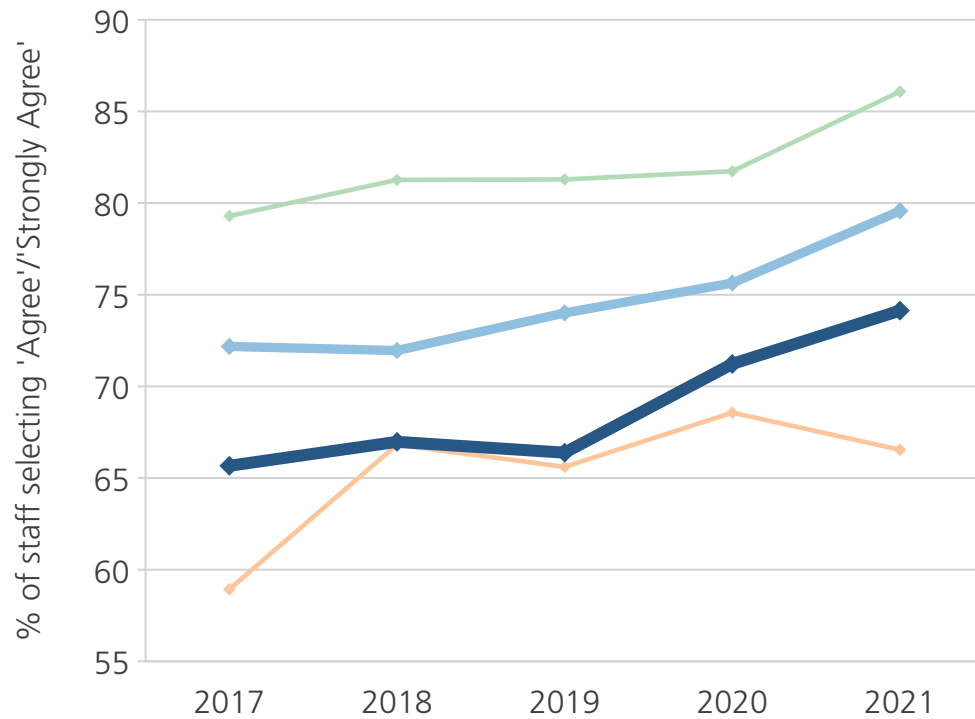


<b>Best</b>	72.1%	70.2%	74.7%	70.9%
<b>Your org</b>	59.1%	59.2%	63.8%	60.2%
<b>Average</b>	62.5%	62.1%	63.7%	63.6%
<b>Worst</b>	56.0%	54.5%	56.9%	56.1%

**Responses** 1,456 1,737 1,822 2,190

**Q17a**

I would feel secure raising concerns about unsafe clinical practice

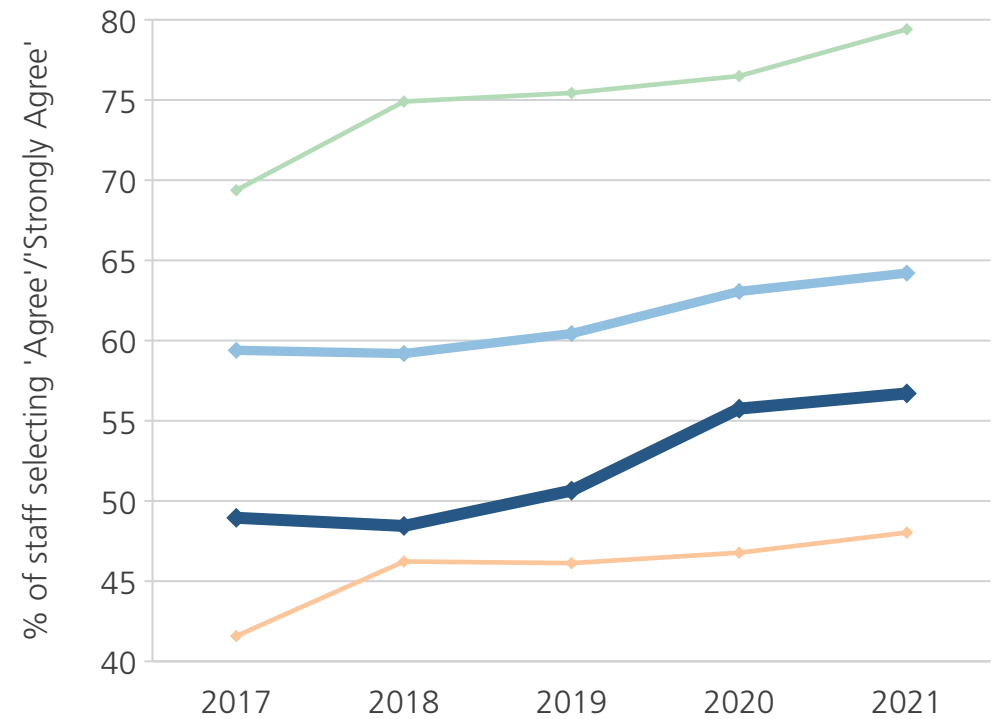


<b>Best</b>	79.3%	81.3%	81.3%	81.7%	86.1%
<b>Your org</b>	65.7%	67.0%	66.4%	71.2%	74.1%
<b>Average</b>	72.2%	72.0%	74.0%	75.6%	79.6%
<b>Worst</b>	58.9%	66.8%	65.6%	68.6%	66.5%

**Responses** 1,579 1,409 1,708 1,796 2,149

**Q17b**

I am confident that my organisation would address my concern

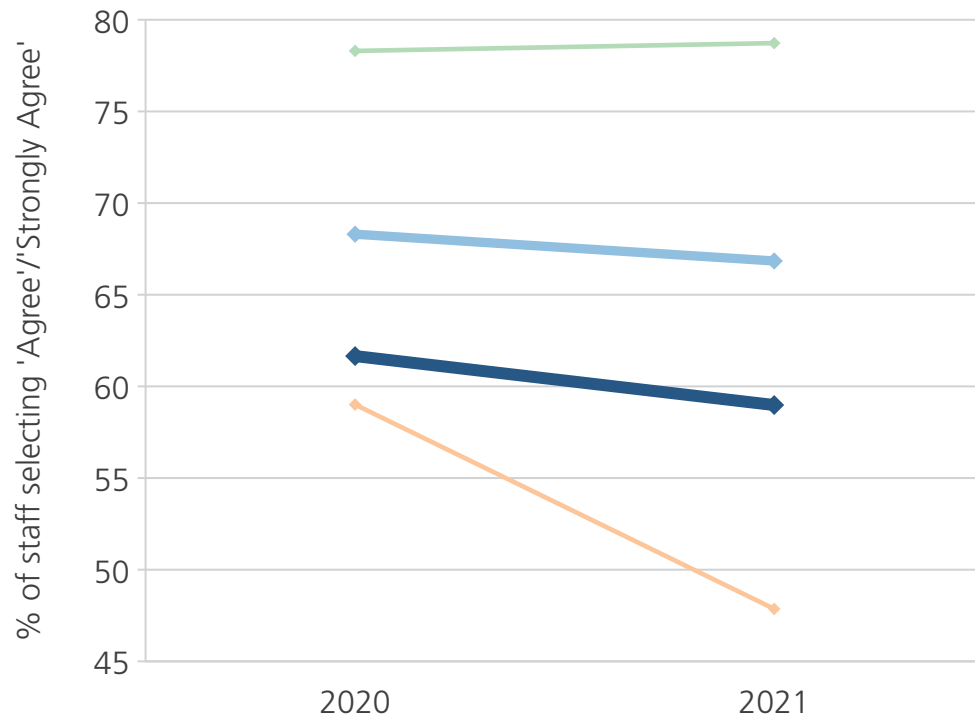


<b>Best</b>	69.4%	74.9%	75.4%	76.5%	79.4%
<b>Your org</b>	49.0%	48.4%	50.6%	55.8%	56.7%
<b>Average</b>	59.4%	59.2%	60.4%	63.1%	64.2%
<b>Worst</b>	41.6%	46.2%	46.1%	46.8%	48.0%

**Responses** 1,577 1,406 1,707 1,796 2,148

**Q21e**

I feel safe to speak up about anything that concerns me in this organisation

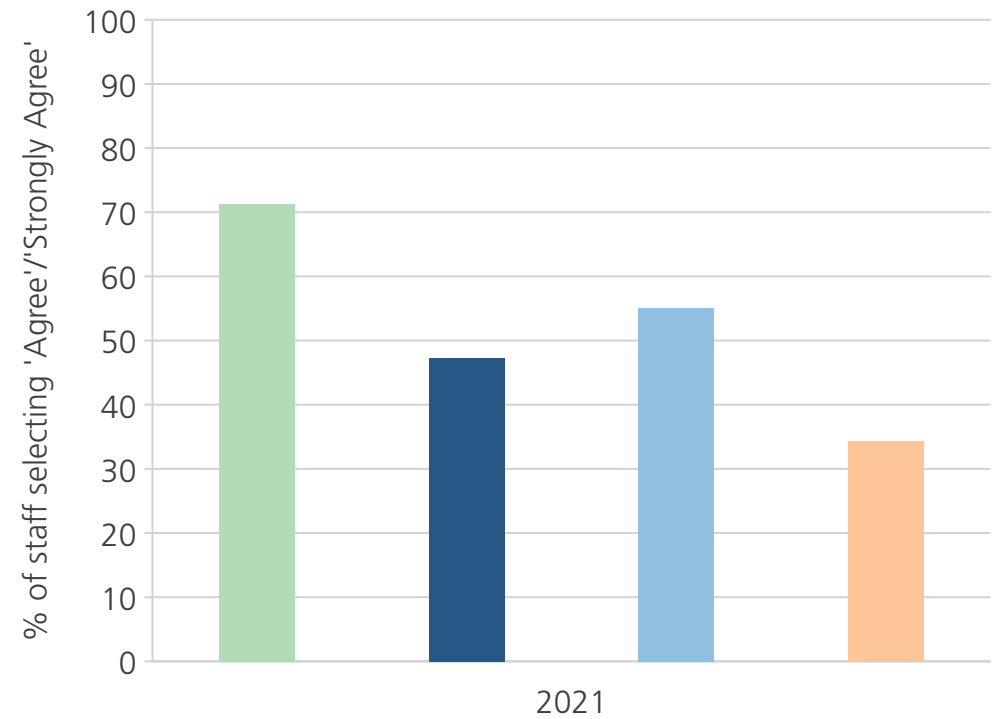


<b>Best</b>	78.3%	78.7%
<b>Your org</b>	61.7%	59.0%
<b>Average</b>	68.3%	66.8%
<b>Worst</b>	59.0%	47.9%
<b>Responses</b>	1,790	2,143

**Q21f**

If I spoke up about something that concerned me I am confident my organisation would address my concern

No trend data are shown as this is a new question



<b>Best</b>	71.3%
<b>Your org</b>	47.3%
<b>Average</b>	55.1%
<b>Worst</b>	34.3%
<b>Responses</b>	2,142



# People Promise element detailed information – We are safe and healthy

## Questions:

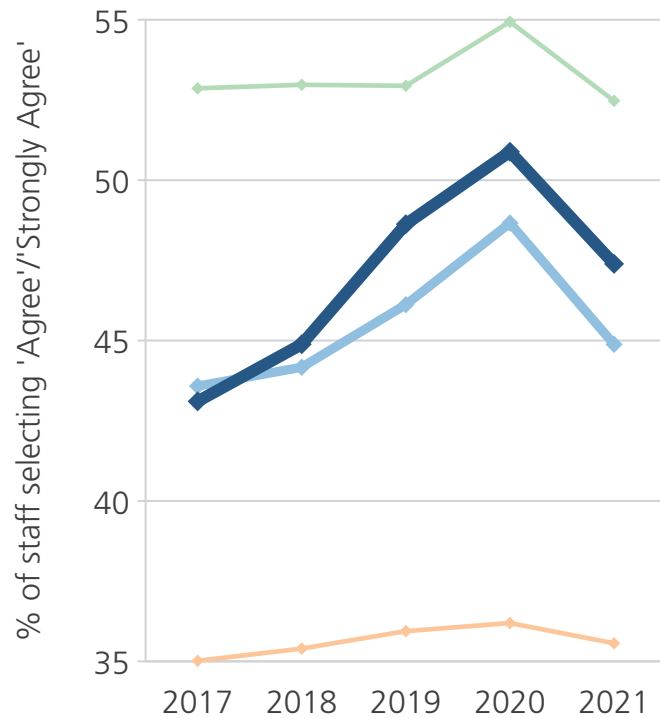
Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d  
Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g  
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



**Q3g**

I am able to meet all the conflicting demands on my time at work

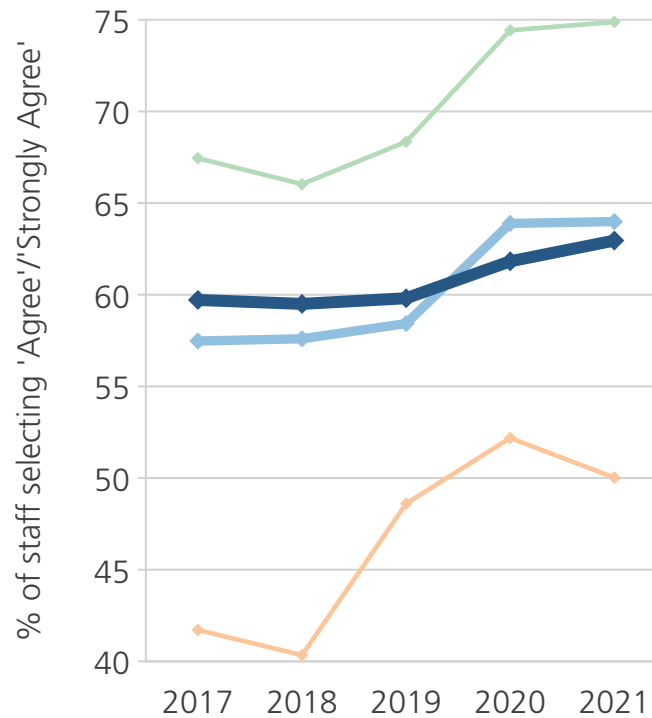


<b>Best</b>	52.9%	53.0%	52.9%	54.9%	52.5%
<b>Your org</b>	43.1%	44.9%	48.6%	50.9%	47.4%
<b>Average</b>	43.6%	44.2%	46.1%	48.7%	44.9%
<b>Worst</b>	35.0%	35.4%	35.9%	36.2%	35.6%

Responses 1,603 1,480 1,766 1,817 2,203

**Q3h**

I have adequate materials, supplies and equipment to do my work

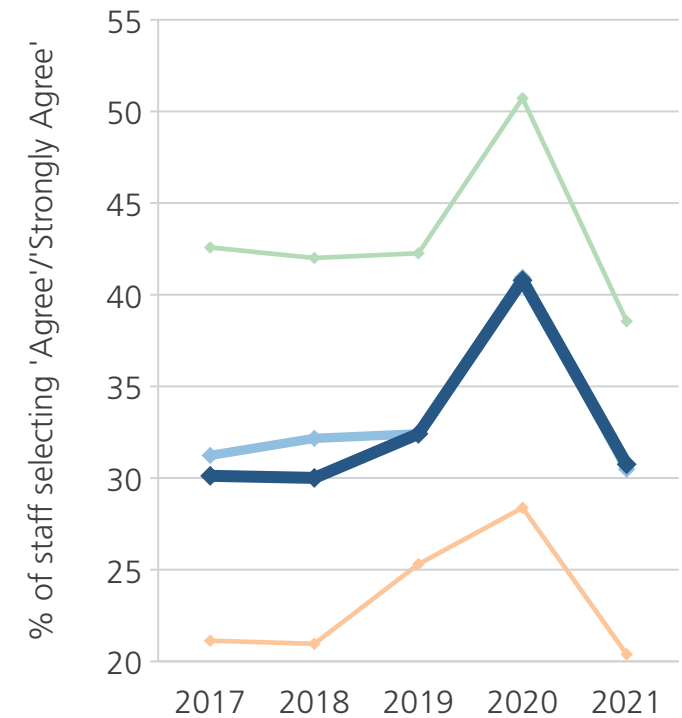


<b>Best</b>	67.4%	66.0%	68.3%	74.4%	74.9%
<b>Your org</b>	59.7%	59.5%	59.8%	61.8%	63.0%
<b>Average</b>	57.5%	57.6%	58.4%	63.9%	64.0%
<b>Worst</b>	41.7%	40.3%	48.6%	52.2%	50.0%

Responses 1,600 1,483 1,762 1,819 2,202

**Q3i**

There are enough staff at this organisation for me to do my job properly

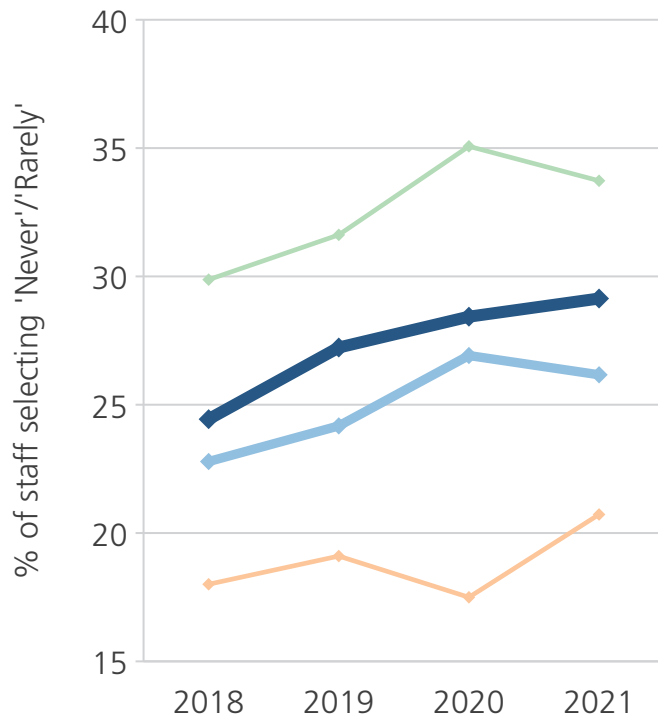


<b>Best</b>	42.6%	42.0%	42.3%	50.7%	38.6%
<b>Your org</b>	30.1%	30.0%	32.4%	40.8%	30.8%
<b>Average</b>	31.2%	32.2%	32.4%	40.9%	30.5%
<b>Worst</b>	21.1%	21.0%	25.3%	28.4%	20.4%

Responses 1,606 1,481 1,766 1,826 2,205

**Q5a**

I have unrealistic time pressures



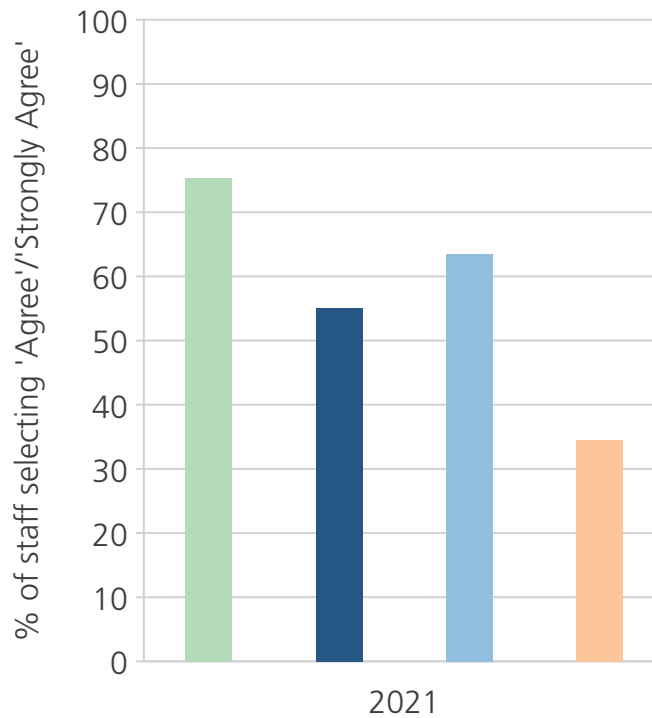
<b>Best</b>	29.9%	31.6%	35.1%	33.7%
<b>Your org</b>	24.4%	27.2%	28.4%	29.1%
<b>Average</b>	22.8%	24.2%	26.9%	26.2%
<b>Worst</b>	18.0%	19.1%	17.5%	20.7%

Responses 1,461 1,739 1,821 2,180

**Q11a**

My organisation takes positive action on health and well-being

No trend data are shown as this is a new question

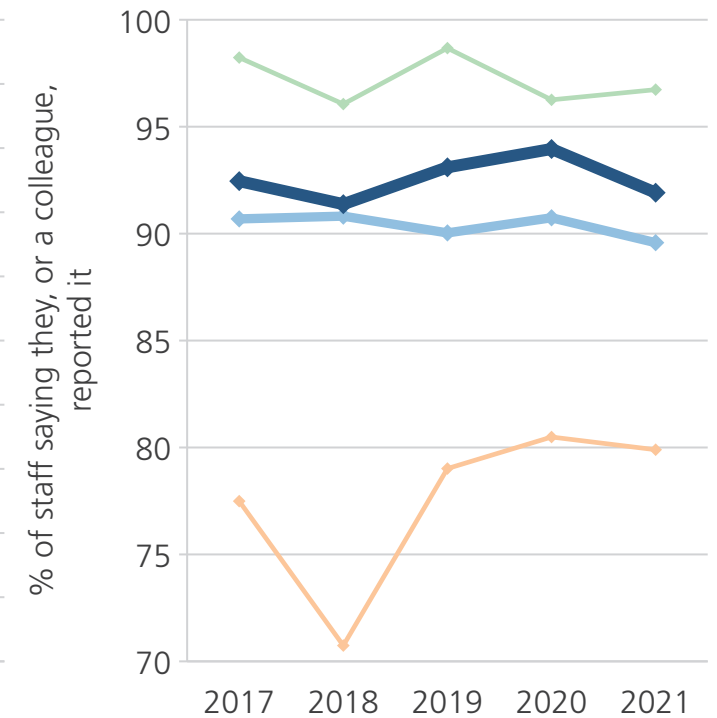


<b>Best</b>	75.3%
<b>Your org</b>	55.1%
<b>Average</b>	63.5%
<b>Worst</b>	34.5%

Responses 2,158

**Q13d**

The last time you experienced physical violence at work, did you or a colleague report it?

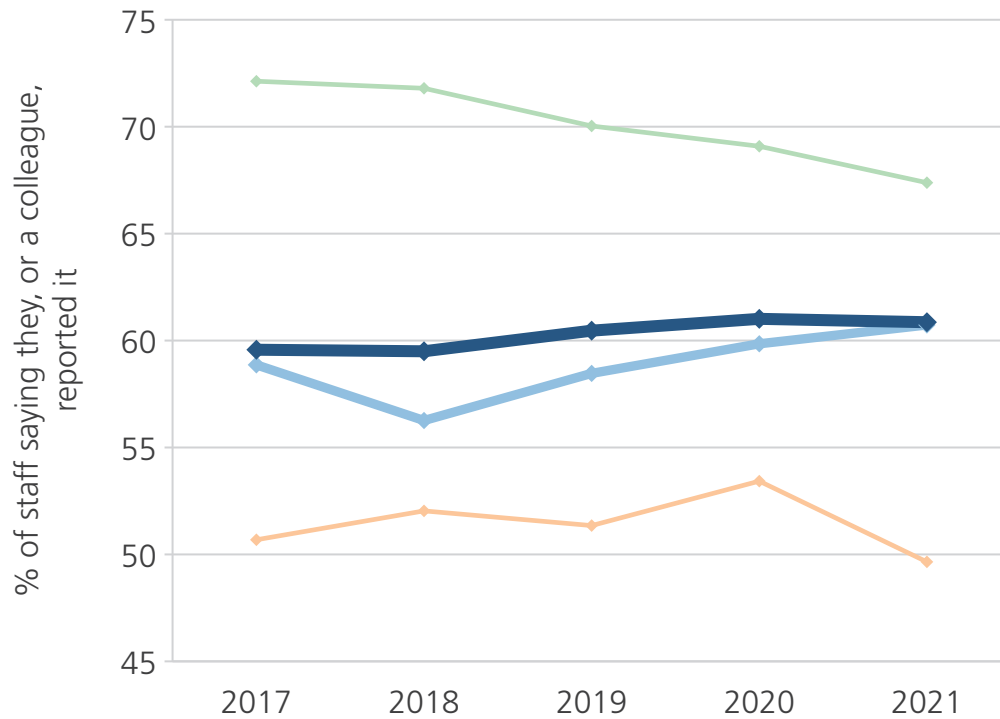


<b>Best</b>	98.2%	96.1%	98.7%	96.3%	96.7%
<b>Your org</b>	92.5%	91.4%	93.1%	94.0%	91.9%
<b>Average</b>	90.7%	90.8%	90.0%	90.7%	89.6%
<b>Worst</b>	77.5%	70.7%	79.0%	80.5%	79.9%

Responses 353 302 415 378 415

**Q14d**

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



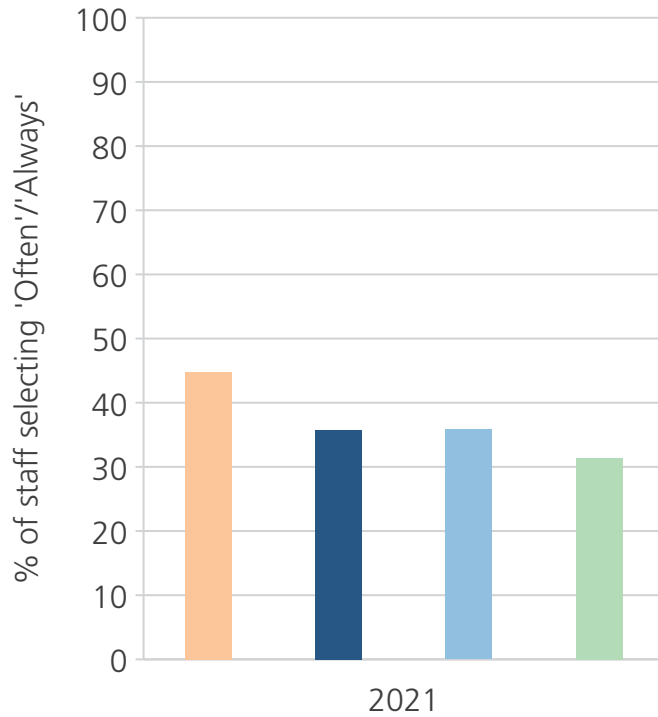
<b>Best</b>	72.1%	71.8%	70.0%	69.1%	67.4%
<b>Your org</b>	59.6%	59.5%	60.5%	61.0%	60.9%
<b>Average</b>	58.9%	56.3%	58.5%	59.8%	60.7%
<b>Worst</b>	50.7%	52.0%	51.3%	53.4%	49.7%

**Responses** 712 605 806 723 891

**Q12a**

How often, if at all, do you find your work emotionally exhausting?

No trend data are shown as this is a new question



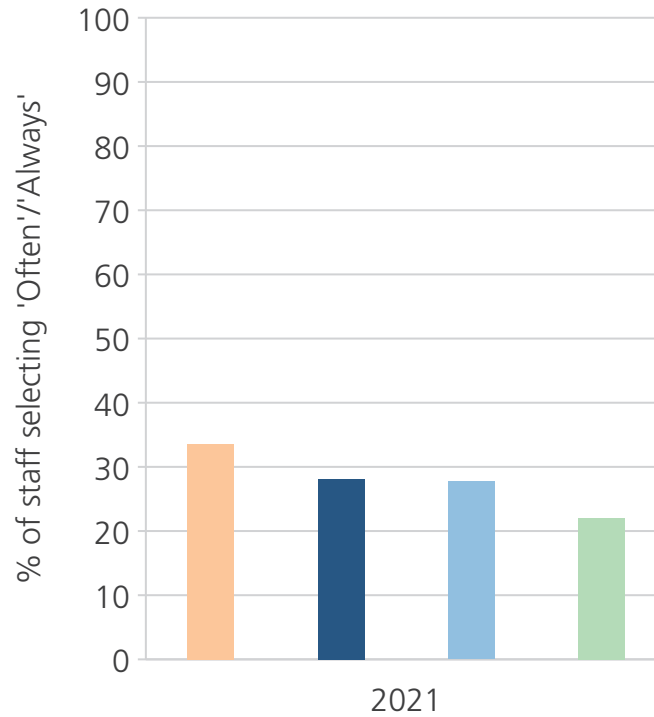
<b>Worst</b>	44.8%
<b>Your org</b>	35.7%
<b>Average</b>	35.8%
<b>Best</b>	31.4%

Responses 2,167

**Q12b**

How often, if at all, do you feel burnt out because of your work?

No trend data are shown as this is a new question



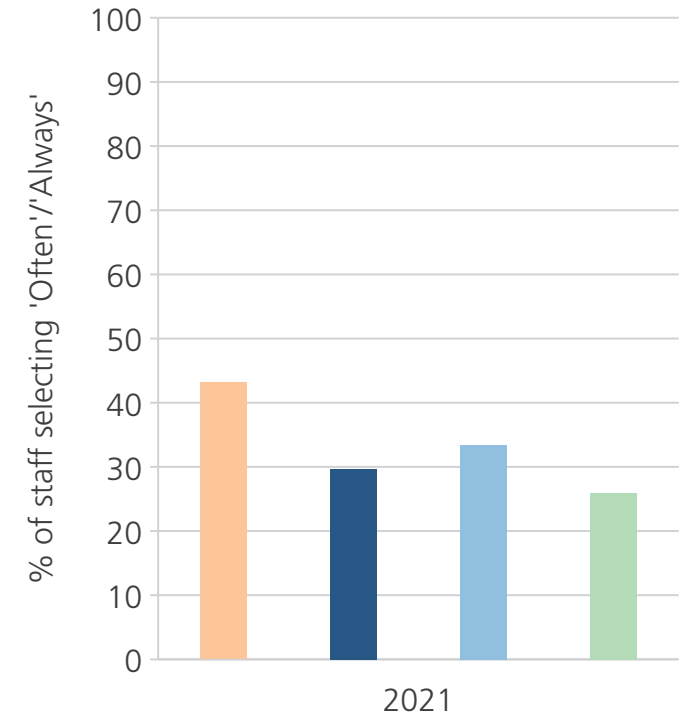
<b>Worst</b>	33.5%
<b>Your org</b>	28.1%
<b>Average</b>	27.7%
<b>Best</b>	22.1%

Responses 2,163

**Q12c**

How often, if at all, does your work frustrate you?

No trend data are shown as this is a new question



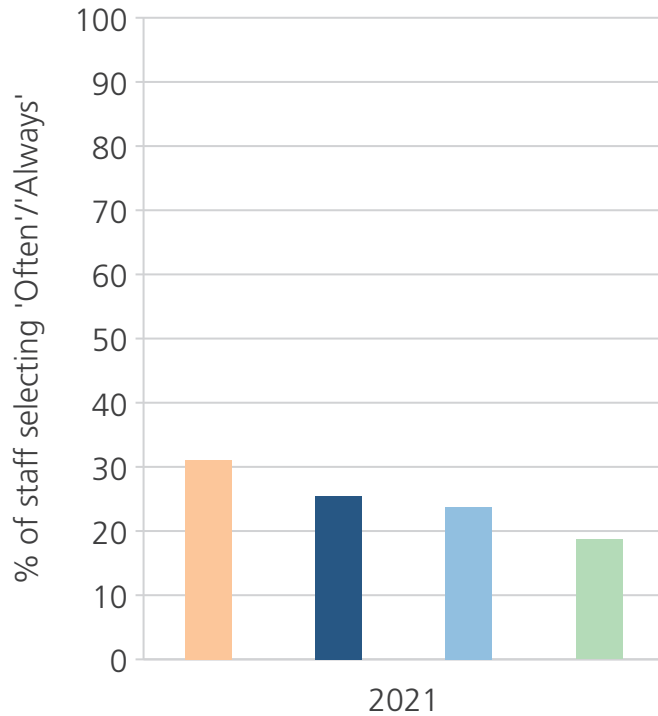
<b>Worst</b>	43.1%
<b>Your org</b>	29.6%
<b>Average</b>	33.4%
<b>Best</b>	26.0%

Responses 2,164

**Q12d**

How often, if at all, are you exhausted at the thought of another day/shift at work?

No trend data are shown as this is a new question



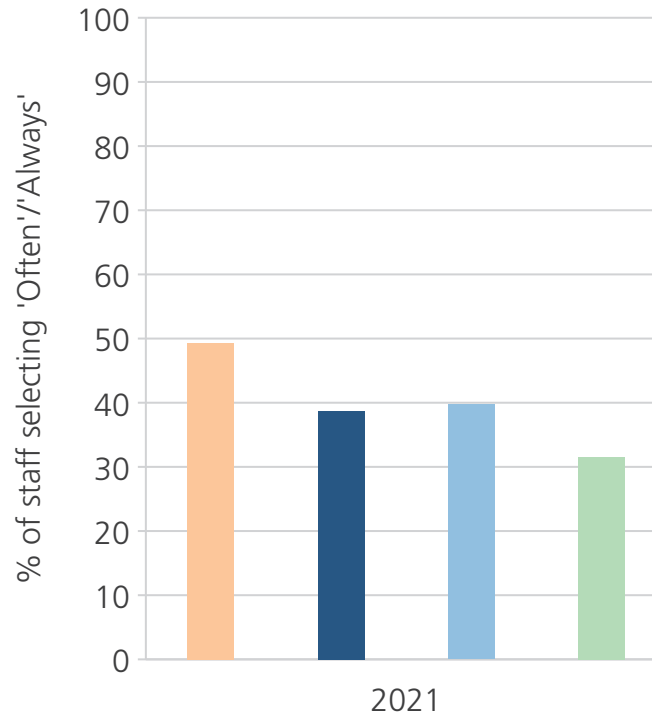
<b>Worst</b>	31.1%
<b>Your org</b>	25.5%
<b>Average</b>	23.8%
<b>Best</b>	18.7%

Responses 2,165

**Q12e**

How often, if at all, do you feel worn out at the end of your working day/shift?

No trend data are shown as this is a new question



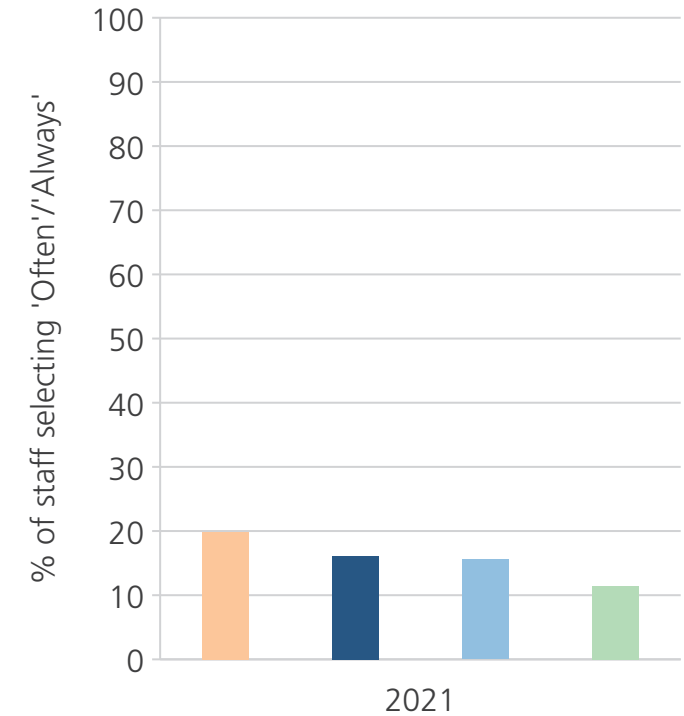
<b>Worst</b>	49.3%
<b>Your org</b>	38.7%
<b>Average</b>	39.7%
<b>Best</b>	31.5%

Responses 2,165

**Q12f**

How often, if at all, do you feel that every working hour is tiring for you?

No trend data are shown as this is a new question



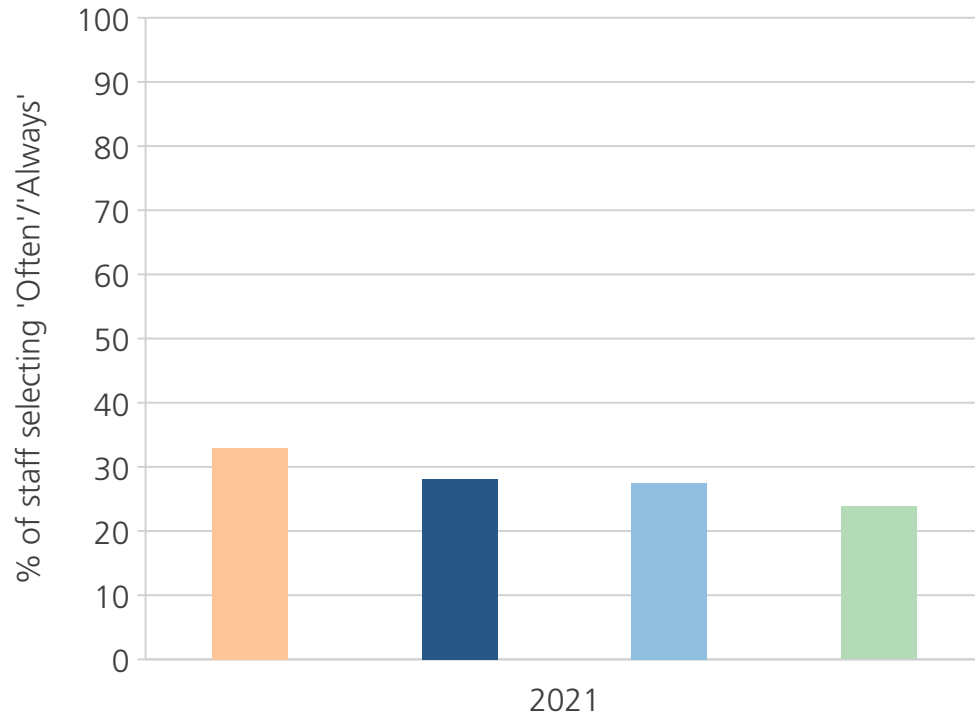
<b>Worst</b>	19.8%
<b>Your org</b>	16.2%
<b>Average</b>	15.6%
<b>Best</b>	11.4%

Responses 2,162

**Q12g**

How often, if at all, do you not have enough energy for family and friends during leisure time?

No trend data are shown as this is a new question

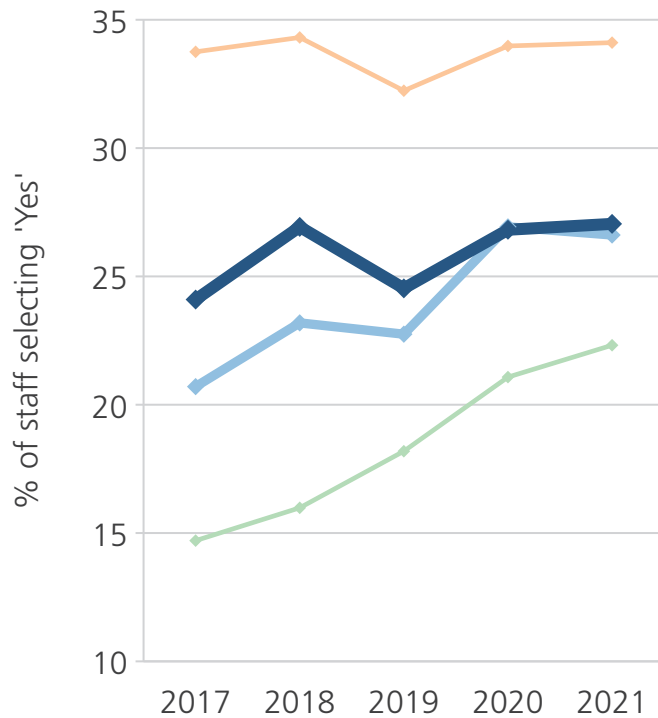


<b>Worst</b>	33.0%
<b>Your org</b>	28.1%
<b>Average</b>	27.5%
<b>Best</b>	23.8%

**Responses** 2,166

**Q11b**

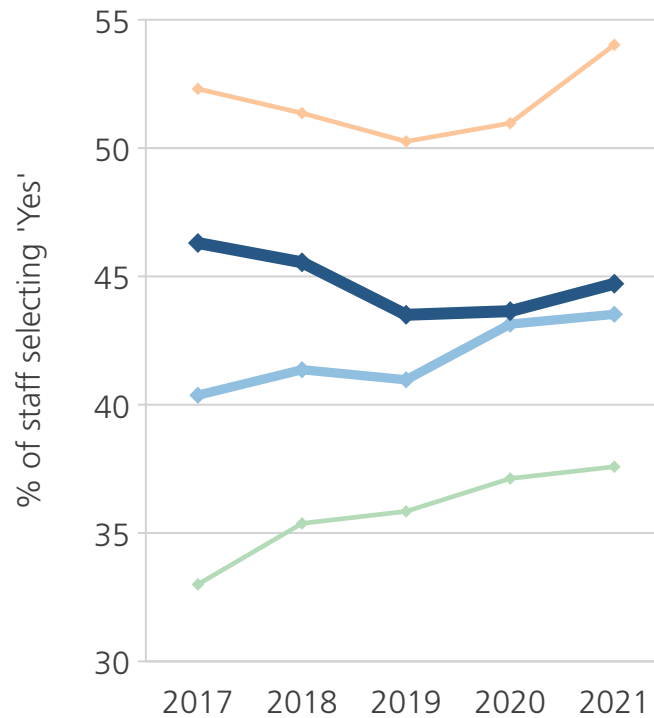
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Responses 1,584 1,434 1,728 1,802 2,171

**Q11c**

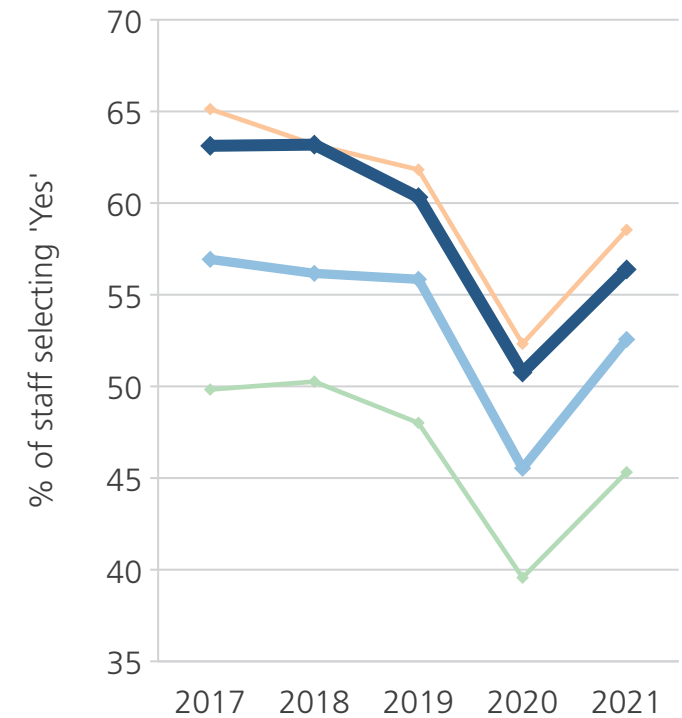
During the last 12 months have you felt unwell as a result of work related stress?



Responses 1,586 1,438 1,731 1,806 2,175

**Q11d**

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Responses 1,588 1,439 1,729 1,806 2,173

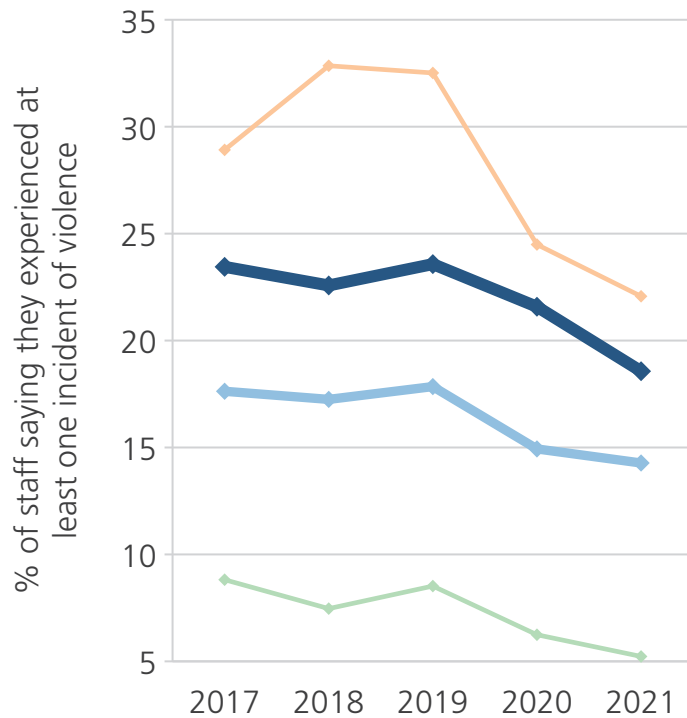
<b>Worst</b>	33.8%	34.3%	32.2%	34.0%	34.1%
<b>Your org</b>	24.1%	26.9%	24.5%	26.8%	27.0%
<b>Average</b>	20.7%	23.2%	22.7%	26.9%	26.6%
<b>Best</b>	14.7%	16.0%	18.2%	21.1%	22.3%

<b>Worst</b>	52.3%	51.4%	50.3%	51.0%	54.0%
<b>Your org</b>	46.3%	45.5%	43.5%	43.6%	44.7%
<b>Average</b>	40.4%	41.4%	41.0%	43.1%	43.5%
<b>Best</b>	33.0%	35.4%	35.8%	37.1%	37.6%

<b>Worst</b>	65.1%	63.2%	61.8%	52.3%	58.5%
<b>Your org</b>	63.1%	63.2%	60.3%	50.8%	56.4%
<b>Average</b>	56.9%	56.2%	55.8%	45.5%	52.6%
<b>Best</b>	49.8%	50.3%	48.0%	39.6%	45.3%

**Q13a**

In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

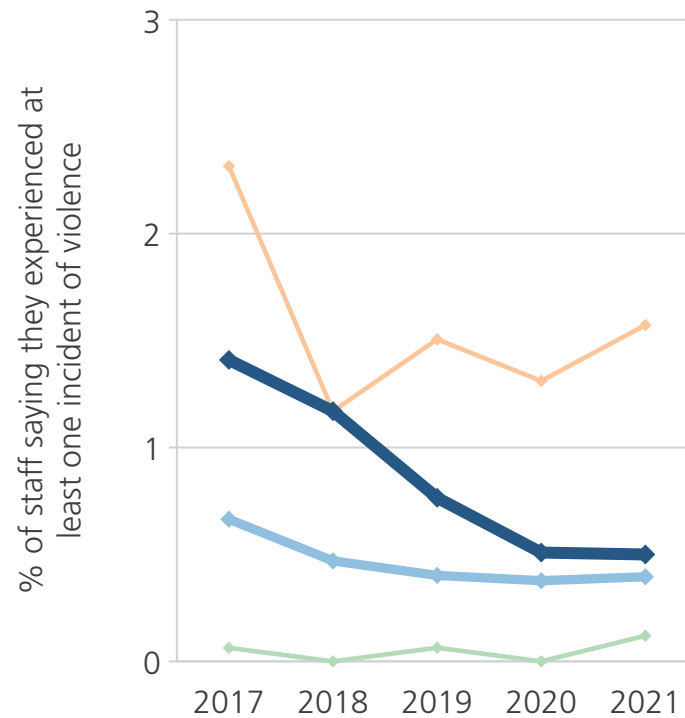


<b>Worst</b>	28.9%	32.8%	32.5%	24.5%	22.1%
<b>Your org</b>	23.4%	22.6%	23.6%	21.6%	18.6%
<b>Average</b>	17.6%	17.2%	17.8%	14.9%	14.3%
<b>Best</b>	8.8%	7.5%	8.5%	6.2%	5.2%

**Responses** 1,565 1,425 1,729 1,802 2,168

**Q13b**

In the last 12 months how many times have you personally experienced physical violence at work from managers?

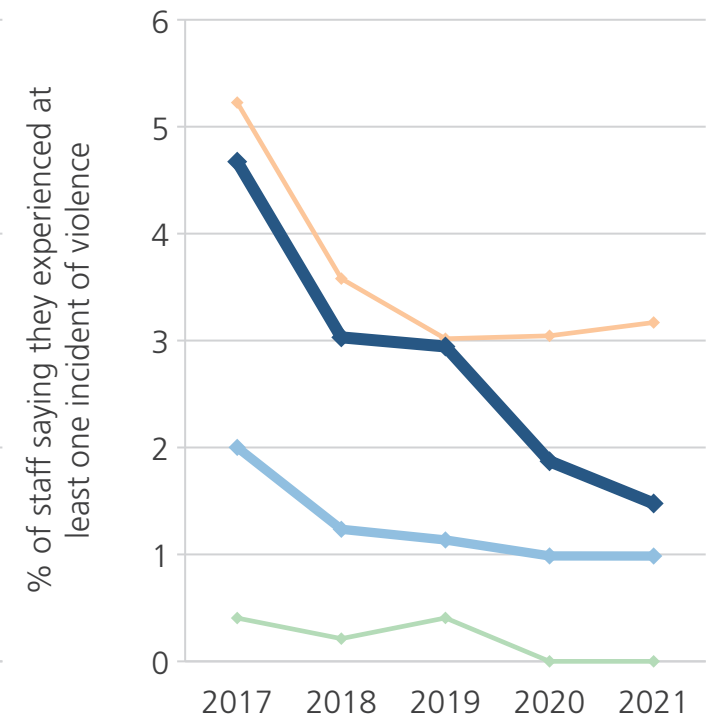


<b>Worst</b>	2.3%	1.2%	1.5%	1.3%	1.6%
<b>Your org</b>	1.4%	1.2%	0.8%	0.5%	0.5%
<b>Average</b>	0.7%	0.5%	0.4%	0.4%	0.4%
<b>Best</b>	0.1%	0.0%	0.1%	0.0%	0.1%

**Responses** 1,528 1,380 1,704 1,785 2,136

**Q13c**

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



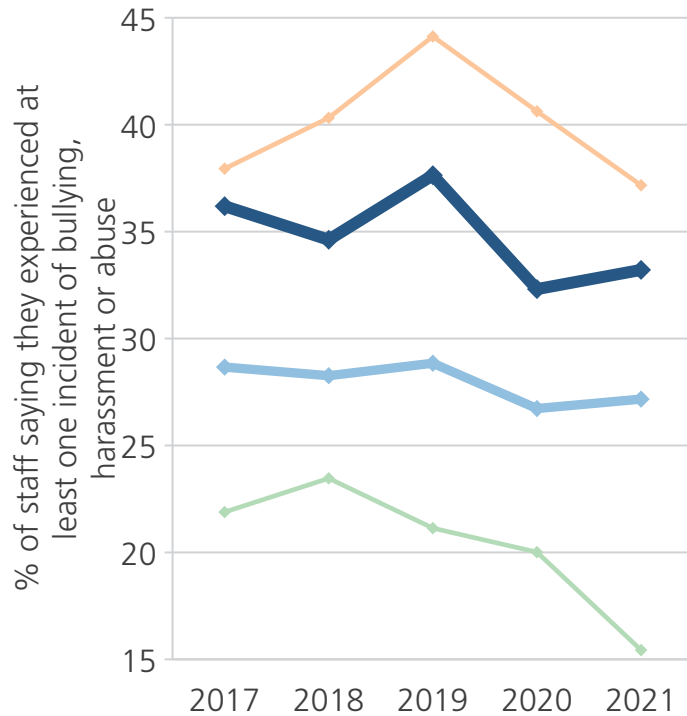
<b>Worst</b>	5.2%	3.6%	3.0%	3.0%	3.2%
<b>Your org</b>	4.7%	3.0%	2.9%	1.9%	1.5%
<b>Average</b>	2.0%	1.2%	1.1%	1.0%	1.0%
<b>Best</b>	0.4%	0.2%	0.4%	0.0%	0.0%

**Responses** 1,527 1,389 1,703 1,788 2,126



**Q14a**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

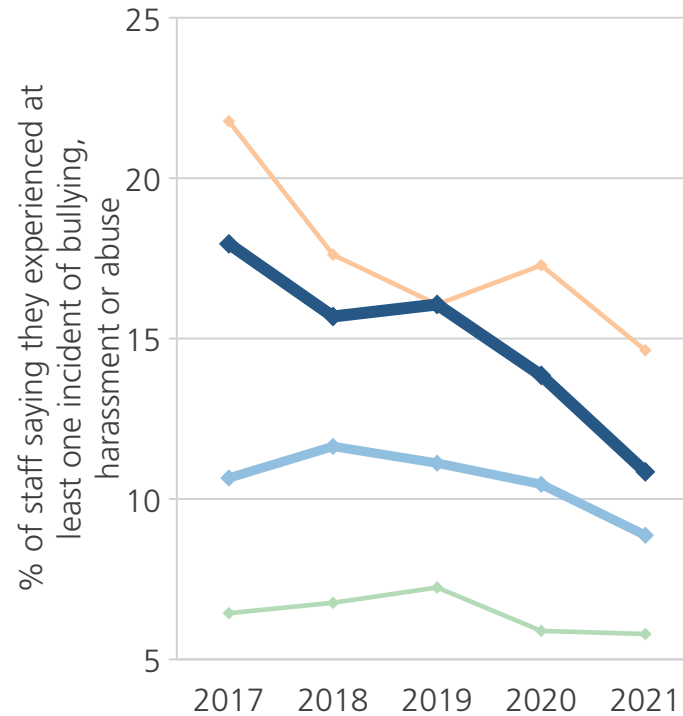


<b>Worst</b>	37.9%	40.3%	44.1%	40.6%	37.2%
<b>Your org</b>	36.2%	34.6%	37.6%	32.3%	33.2%
<b>Average</b>	28.7%	28.3%	28.8%	26.7%	27.2%
<b>Best</b>	21.9%	23.5%	21.1%	20.0%	15.4%

Responses 1,561 1,425 1,718 1,728 2,094

**Q14b**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

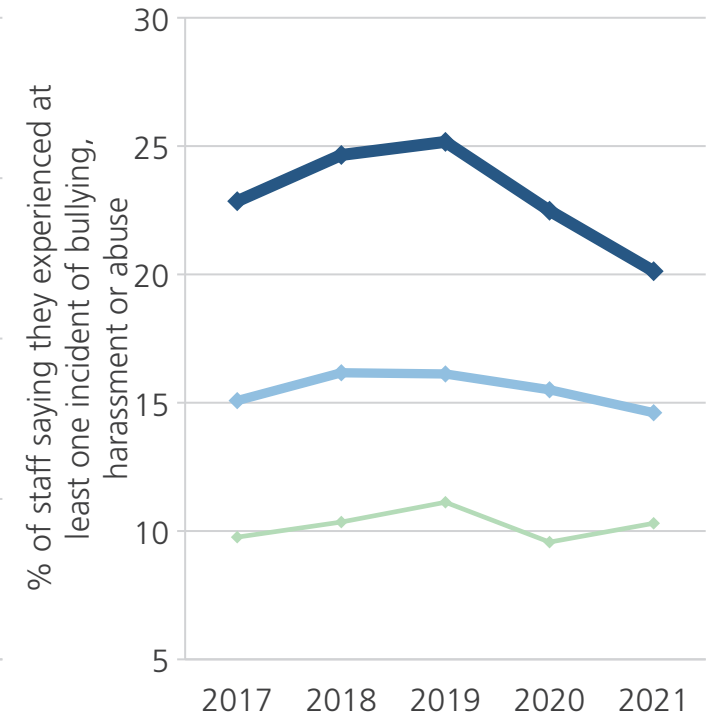


<b>Worst</b>	21.8%	17.6%	16.1%	17.3%	14.6%
<b>Your org</b>	18.0%	15.7%	16.1%	13.9%	10.8%
<b>Average</b>	10.7%	11.6%	11.1%	10.5%	8.9%
<b>Best</b>	6.4%	6.8%	7.2%	5.9%	5.8%

Responses 1,533 1,391 1,700 1,724 2,067

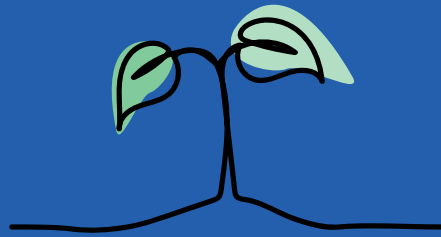
**Q14c**

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



<b>Worst</b>	22.9%	24.7%	25.2%	22.5%	20.1%
<b>Your org</b>	22.9%	24.7%	25.2%	22.5%	20.1%
<b>Average</b>	15.1%	16.2%	16.1%	15.5%	14.6%
<b>Best</b>	9.8%	10.4%	11.1%	9.6%	10.3%

Responses 1,534 1,387 1,703 1,730 2,065



# People Promise element detailed information – We are always learning

## Questions:

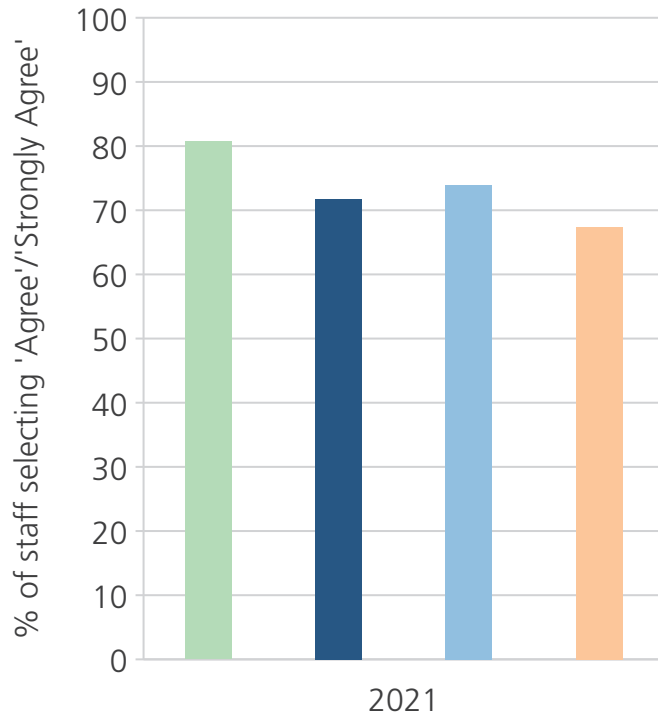
Q20a, Q20b, Q20c, Q20d, Q20e  
Q19a, Q19b, Q19c, Q19d

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

**Q20a**

This organisation offers me challenging work

No trend data are shown as this is a new question



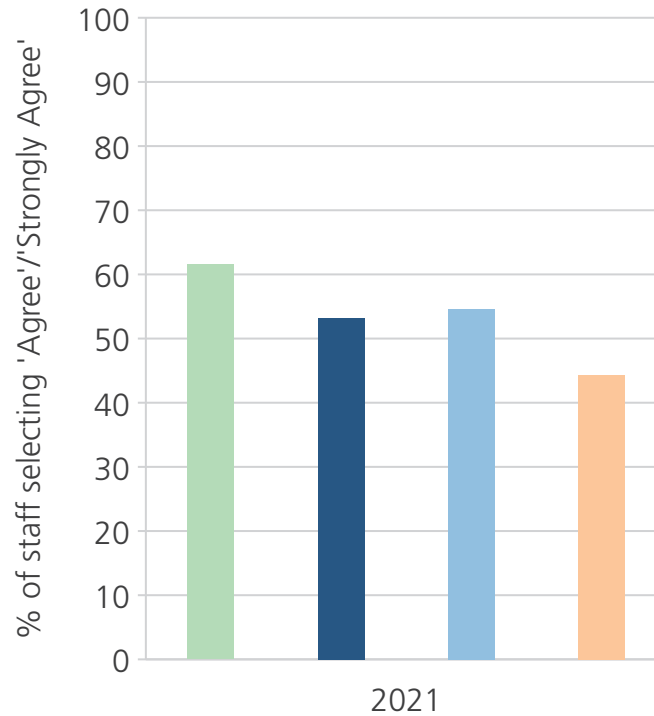
<b>Best</b>	80.7%
<b>Your org</b>	71.7%
<b>Average</b>	73.9%
<b>Worst</b>	67.4%

Responses 2,148

**Q20b**

There are opportunities for me to develop my career in this organisation

No trend data are shown as this is a new question



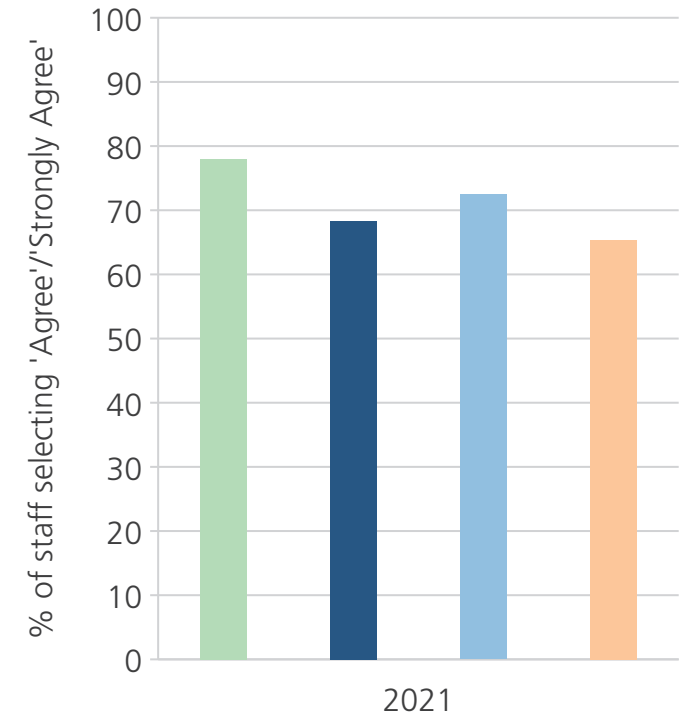
<b>Best</b>	61.6%
<b>Your org</b>	53.2%
<b>Average</b>	54.6%
<b>Worst</b>	44.3%

Responses 2,152

**Q20c**

I have opportunities to improve my knowledge and skills

No trend data are shown as this is a new question



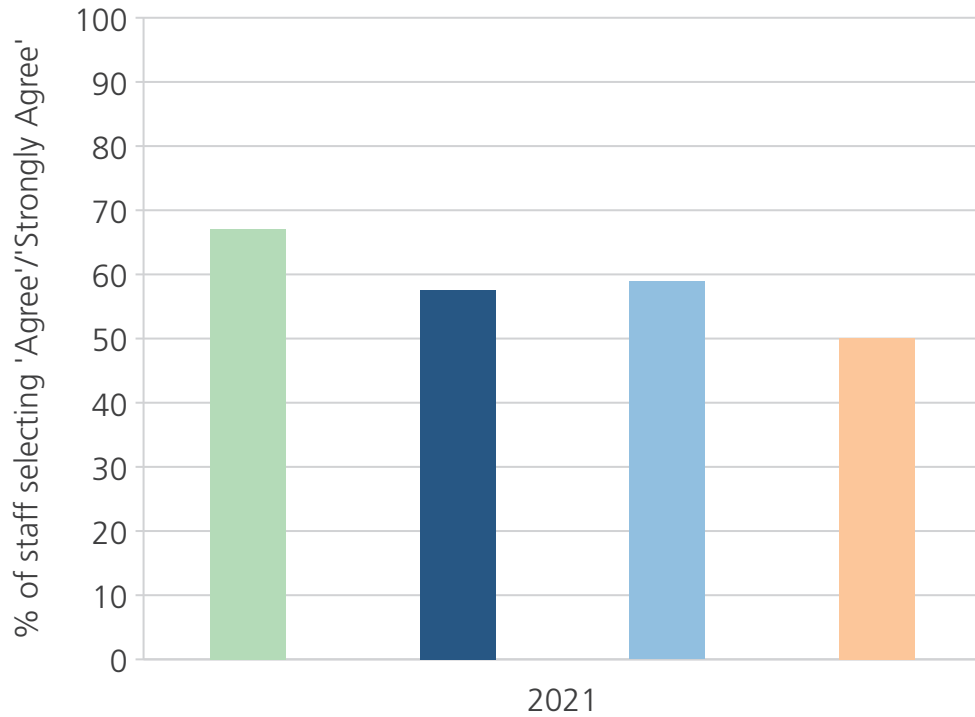
<b>Best</b>	78.0%
<b>Your org</b>	68.4%
<b>Average</b>	72.5%
<b>Worst</b>	65.4%

Responses 2,150

**Q20d**

I feel supported to develop my potential

No trend data are shown as this is a new question



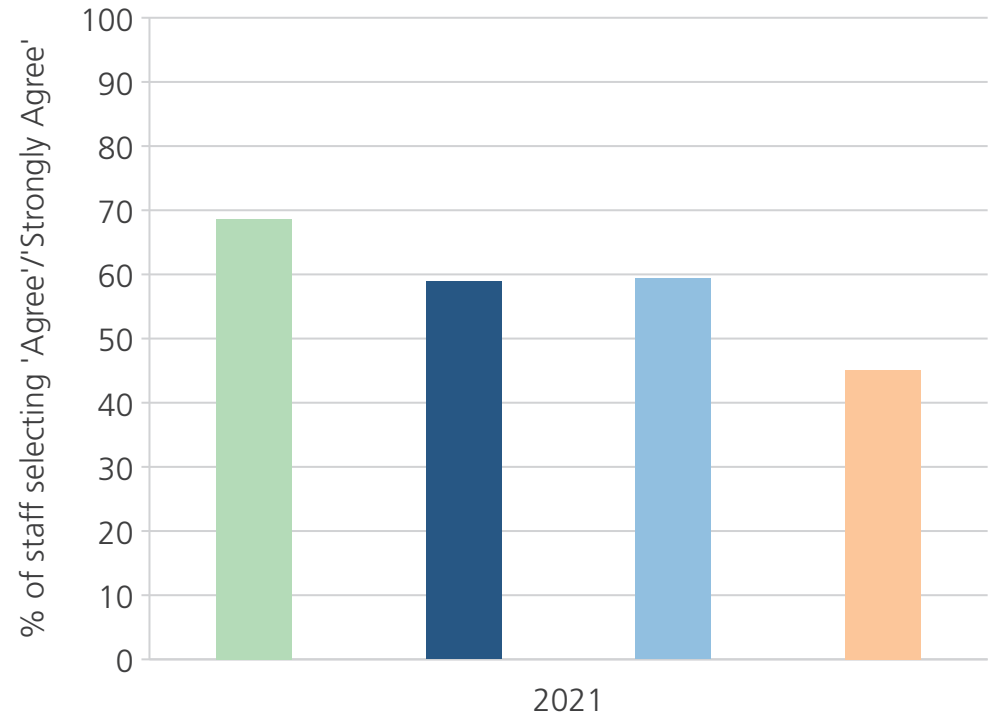
<b>Best</b>	67.1%
<b>Your org</b>	57.6%
<b>Average</b>	58.9%
<b>Worst</b>	50.1%

**Responses** 2,150

**Q20e**

I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question



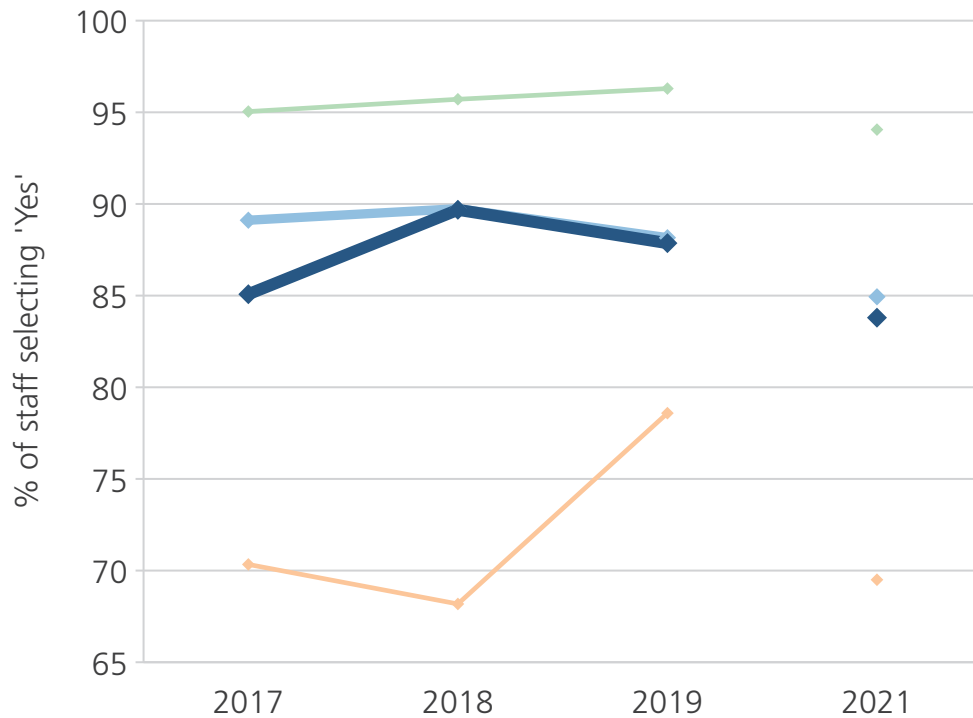
<b>Best</b>	68.7%
<b>Your org</b>	58.9%
<b>Average</b>	59.4%
<b>Worst</b>	45.1%

**Responses** 2,151

**Q19a**

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

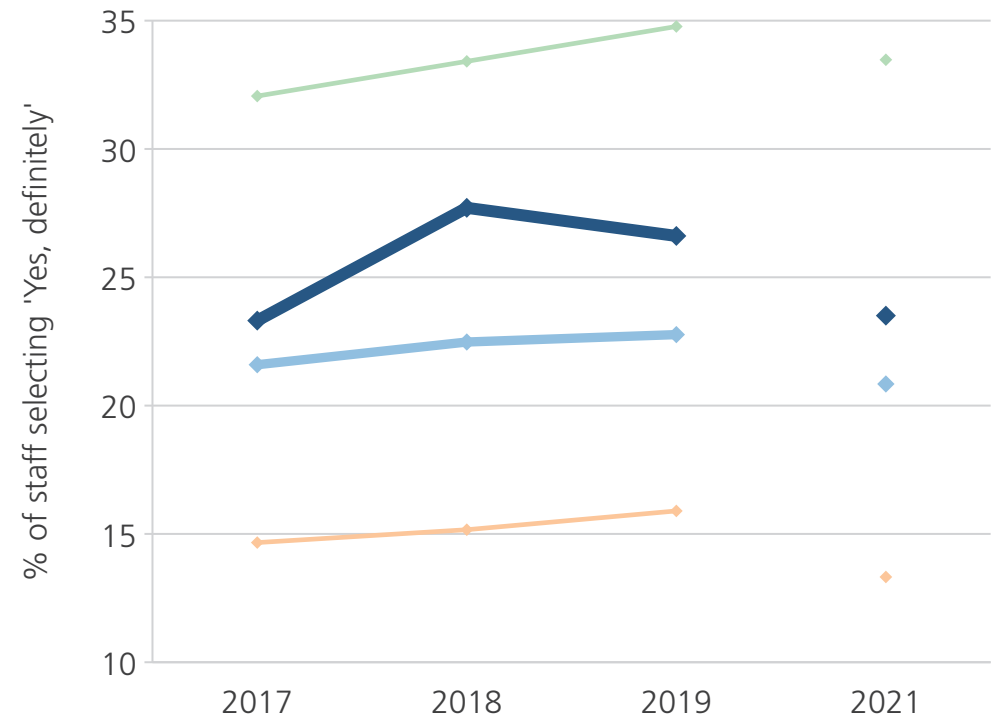


<b>Highest</b>	95.0%	95.7%	96.3%	94.1%
<b>Your org</b>	85.1%	89.7%	87.9%	83.8%
<b>Average</b>	89.1%	89.7%	88.2%	84.9%
<b>Lowest</b>	70.3%	68.2%	78.6%	69.5%
<b>Responses</b>	1,566	1,398	1,694	2,158

**Q19b**

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

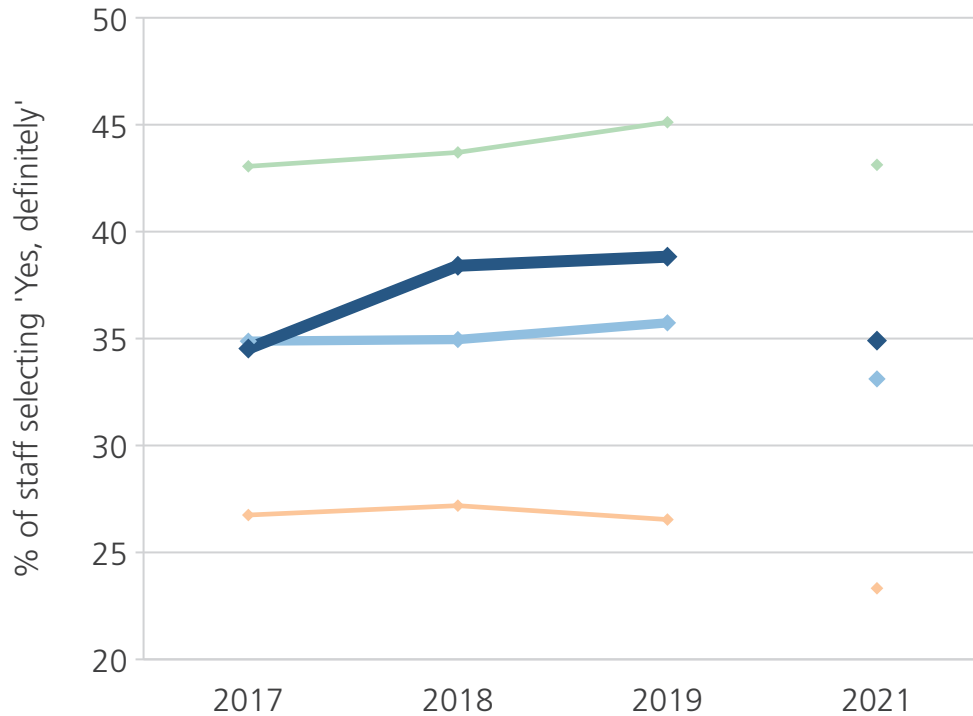


<b>Best</b>	32.1%	33.4%	34.8%	33.5%
<b>Your org</b>	23.3%	27.7%	26.6%	23.5%
<b>Average</b>	21.6%	22.5%	22.8%	20.8%
<b>Worst</b>	14.7%	15.2%	15.9%	13.3%
<b>Responses</b>	1,322	1,239	1,491	1,810

**Q19c**

It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



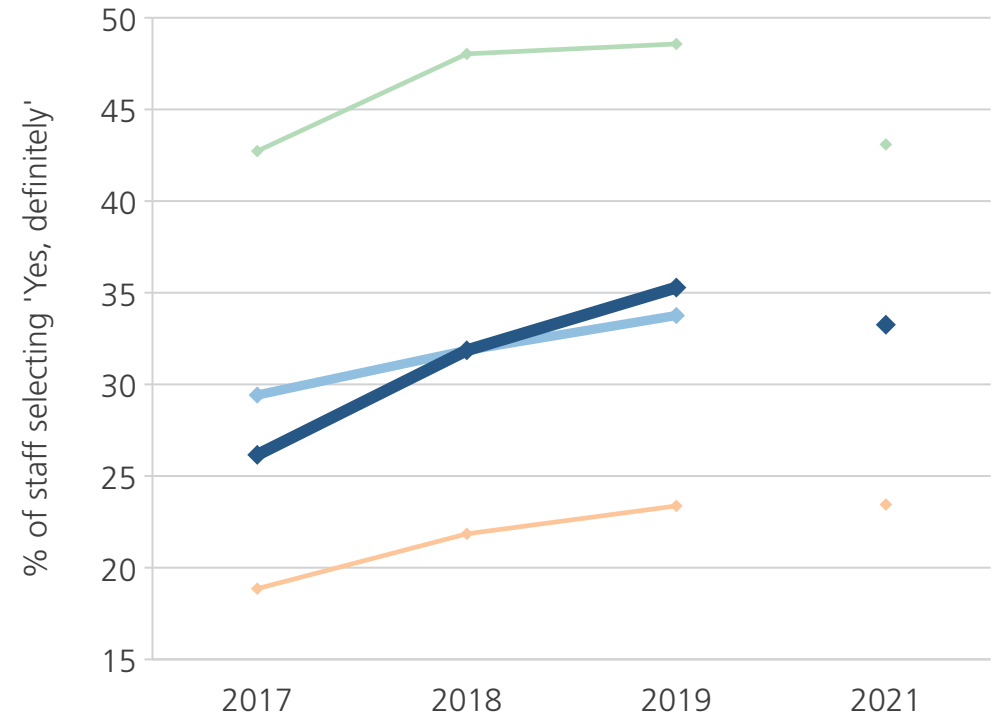
<b>Best</b>	43.1%	43.7%	45.1%	43.1%
<b>Your org</b>	34.5%	38.4%	38.8%	34.9%
<b>Average</b>	34.9%	35.0%	35.7%	33.1%
<b>Worst</b>	26.7%	27.2%	26.5%	23.3%

**Responses** 1,321 1,239 1,491 1,814

**Q19d**

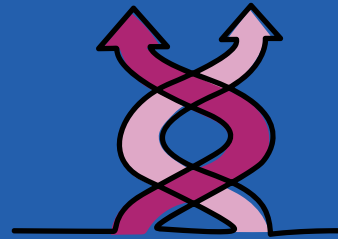
It left me feeling that my work is valued by my organisation

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



<b>Best</b>	42.7%	48.0%	48.6%	43.1%
<b>Your org</b>	26.2%	31.9%	35.3%	33.3%
<b>Average</b>	29.4%	31.9%	33.8%	33.3%
<b>Worst</b>	18.9%	21.8%	23.4%	23.4%

**Responses** 1,320 1,242 1,491 1,814



# People Promise element detailed information – We work flexibly

## Questions:

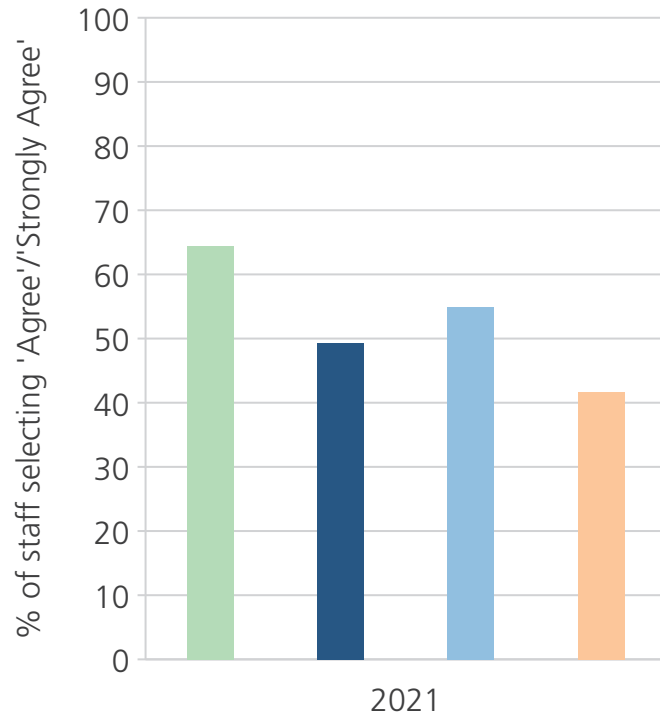
Q6b, Q6c, Q6d  
Q4d

Birmingham and Solihull Mental Health NHS Foundation Trust  
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**Q6b**

My organisation is committed to helping me balance my work and home life

No trend data are shown as this is a new question



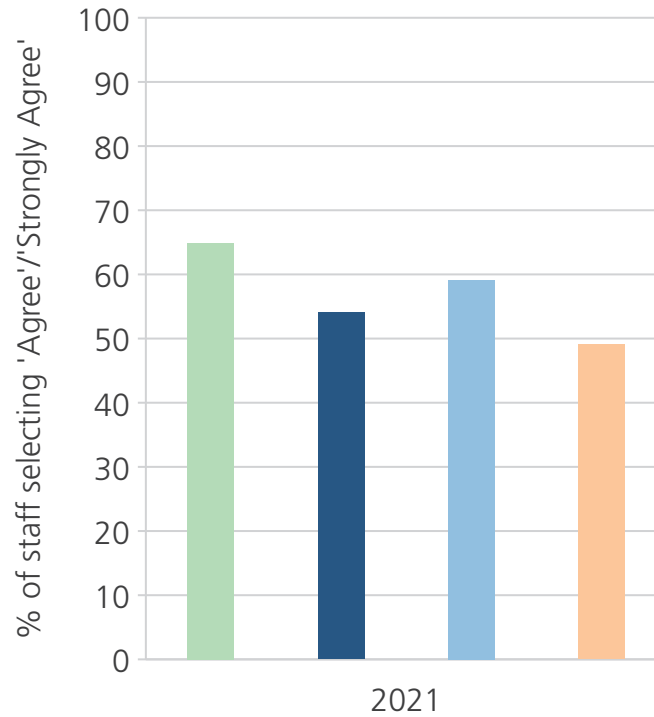
<b>Best</b>	64.4%
<b>Your org</b>	49.3%
<b>Average</b>	54.9%
<b>Worst</b>	41.6%

Responses 2,191

**Q6c**

I achieve a good balance between my work life and my home life

No trend data are shown as this is a new question



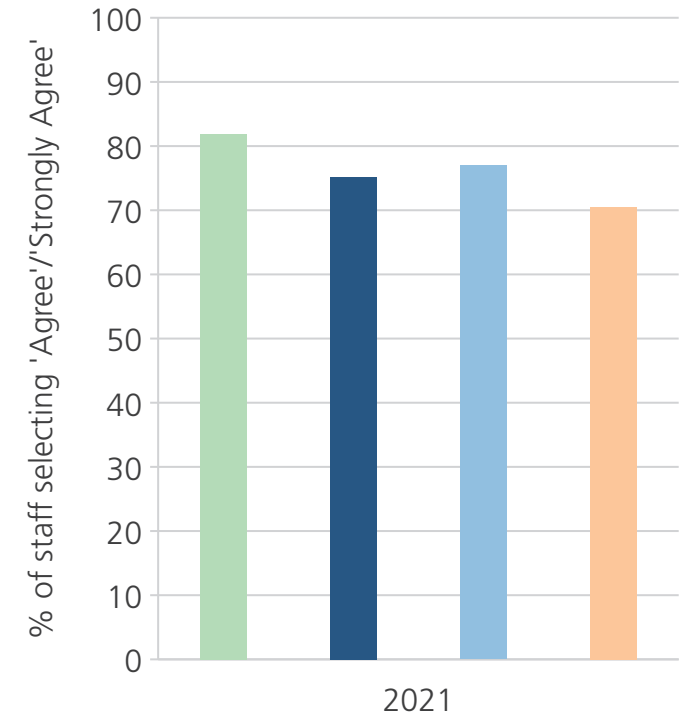
<b>Best</b>	64.9%
<b>Your org</b>	54.1%
<b>Average</b>	59.1%
<b>Worst</b>	49.1%

Responses 2,195

**Q6d**

I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question

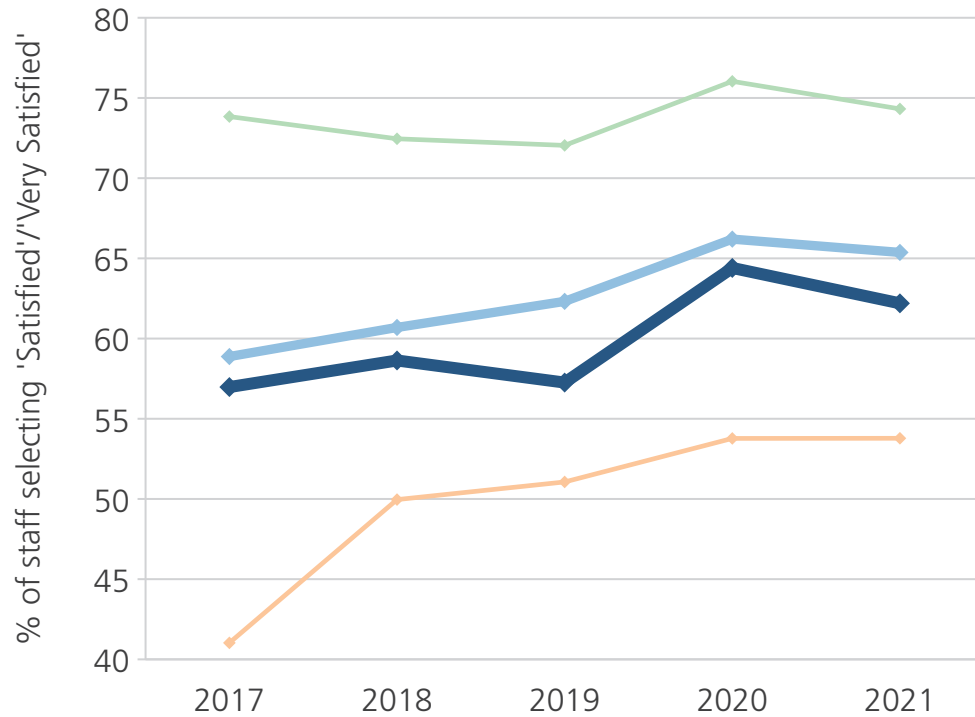


<b>Best</b>	81.9%
<b>Your org</b>	75.1%
<b>Average</b>	77.0%
<b>Worst</b>	70.5%

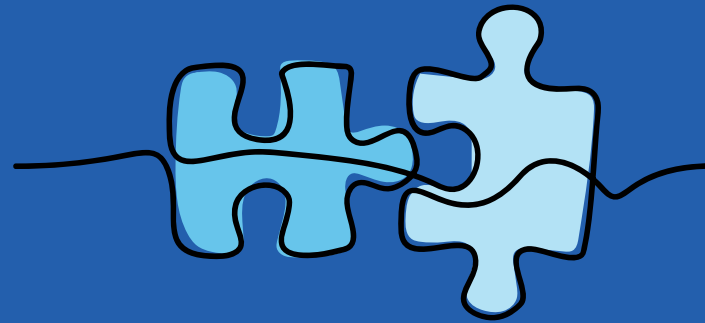
Responses 2,195



**Q4d**  
The opportunities for flexible working patterns



<b>Best</b>	73.8%	72.5%	72.0%	76.0%	74.3%
<b>Your org</b>	57.0%	58.6%	57.3%	64.4%	62.2%
<b>Average</b>	58.9%	60.7%	62.3%	66.2%	65.4%
<b>Worst</b>	41.0%	50.0%	51.1%	53.8%	53.8%
<b>Responses</b>	1,591	1,451	1,741	1,823	2,193



# People Promise element detailed information – We are a team

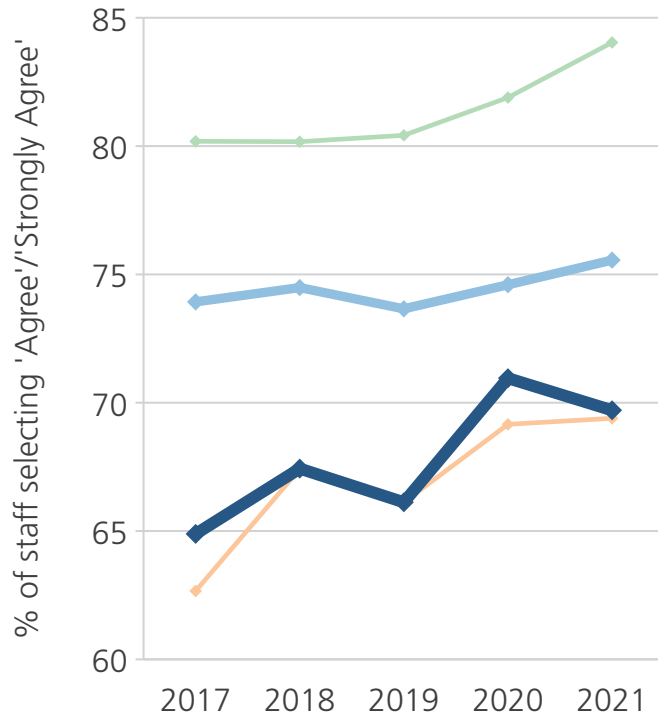
## Questions:

Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a  
Q9a, Q9b, Q9c, Q9d

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**Q7a**

The team I work in has a set of shared objectives

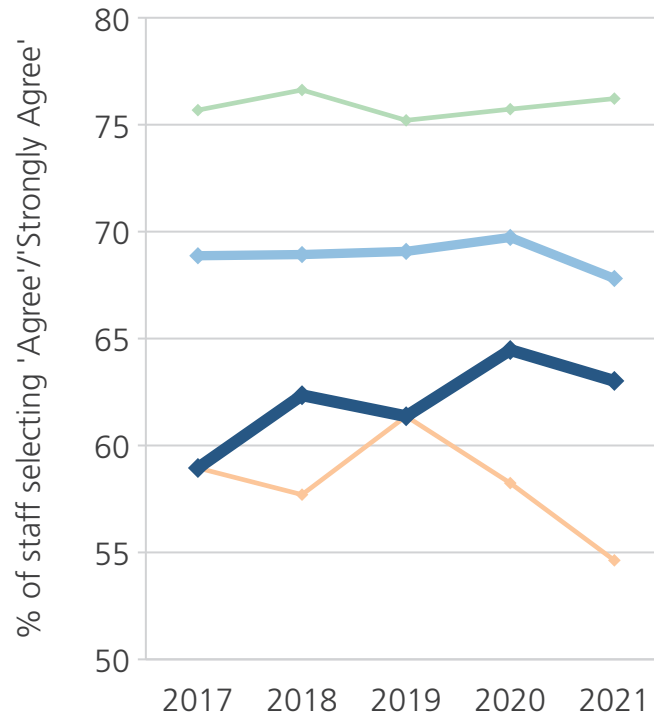


<b>Best</b>	80.2%	80.2%	80.4%	81.9%	84.0%
<b>Your org</b>	64.9%	67.4%	66.1%	71.0%	69.7%
<b>Average</b>	73.9%	74.5%	73.7%	74.6%	75.6%
<b>Worst</b>	62.7%	67.4%	66.1%	69.2%	69.4%

Responses 1,598 1,476 1,751 1,813 2,181

**Q7b**

The team I work in often meets to discuss the team's effectiveness

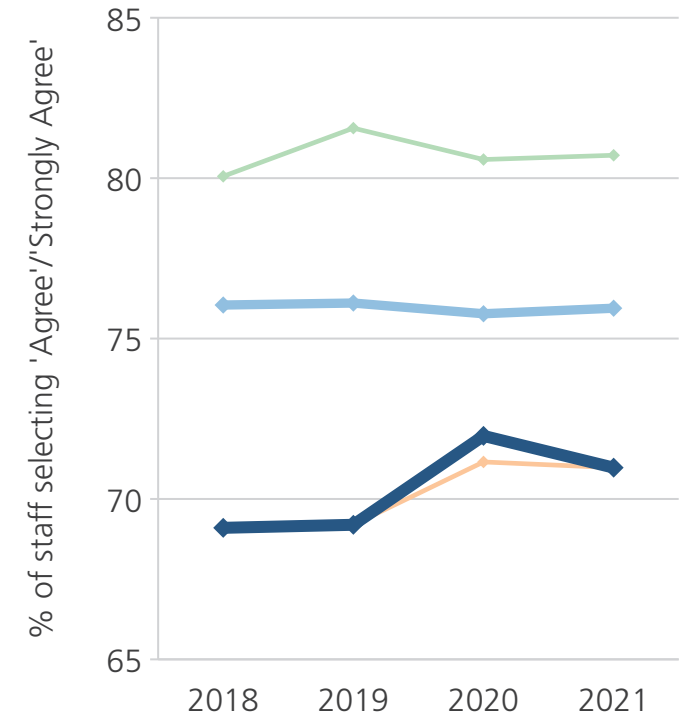


<b>Best</b>	75.7%	76.6%	75.2%	75.7%	76.2%
<b>Your org</b>	58.9%	62.4%	61.4%	64.5%	63.0%
<b>Average</b>	68.9%	68.9%	69.1%	69.7%	67.8%
<b>Worst</b>	58.9%	57.7%	61.4%	58.2%	54.6%

Responses 1,602 1,483 1,767 1,827 2,182

**Q7c**

I receive the respect I deserve from my colleagues at work



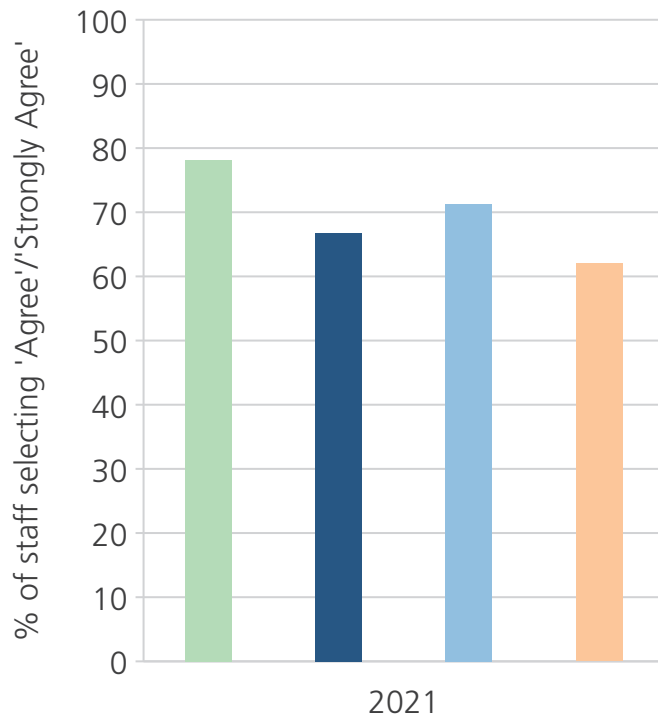
<b>Best</b>	80.1%	81.6%	80.6%	80.7%
<b>Your org</b>	69.1%	69.2%	72.0%	71.0%
<b>Average</b>	76.0%	76.1%	75.8%	75.9%
<b>Worst</b>	69.1%	69.2%	71.2%	71.0%

Responses 1,484 1,771 1,826 2,185

**Q7d**

Team members understand each other's roles

No trend data are shown as this is a new question



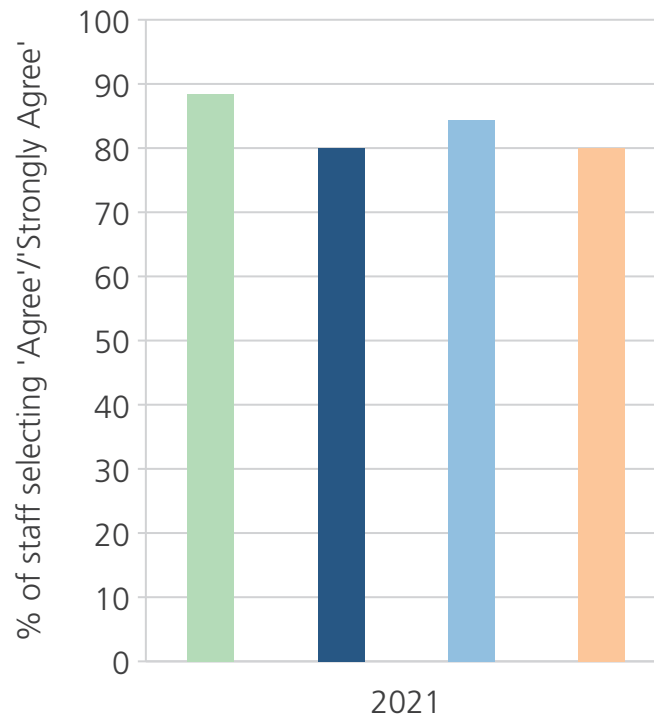
<b>Best</b>	78.1%
<b>Your org</b>	66.8%
<b>Average</b>	71.3%
<b>Worst</b>	62.0%

Responses 2,186

**Q7e**

I enjoy working with the colleagues in my team

No trend data are shown as this is a new question



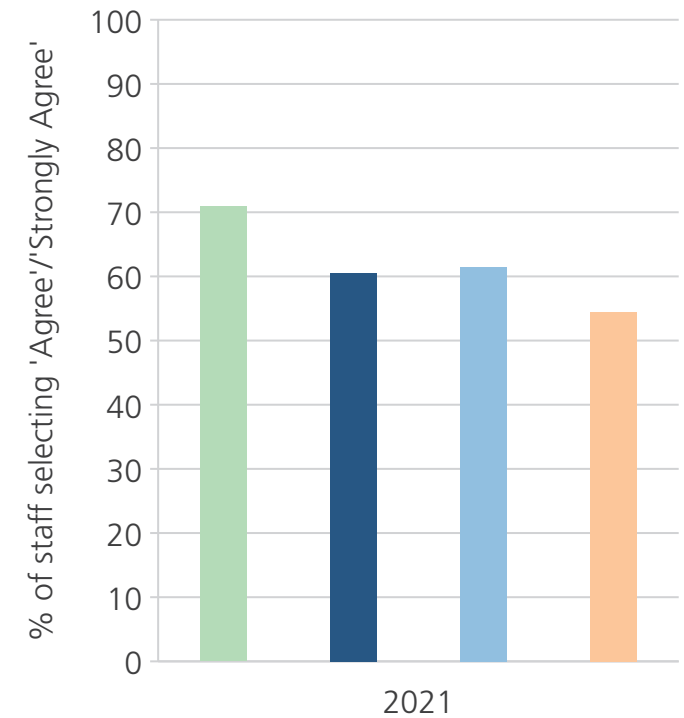
<b>Best</b>	88.5%
<b>Your org</b>	80.1%
<b>Average</b>	84.3%
<b>Worst</b>	80.1%

Responses 2,184

**Q7f**

My team has enough freedom in how to do its work

No trend data are shown as this is a new question



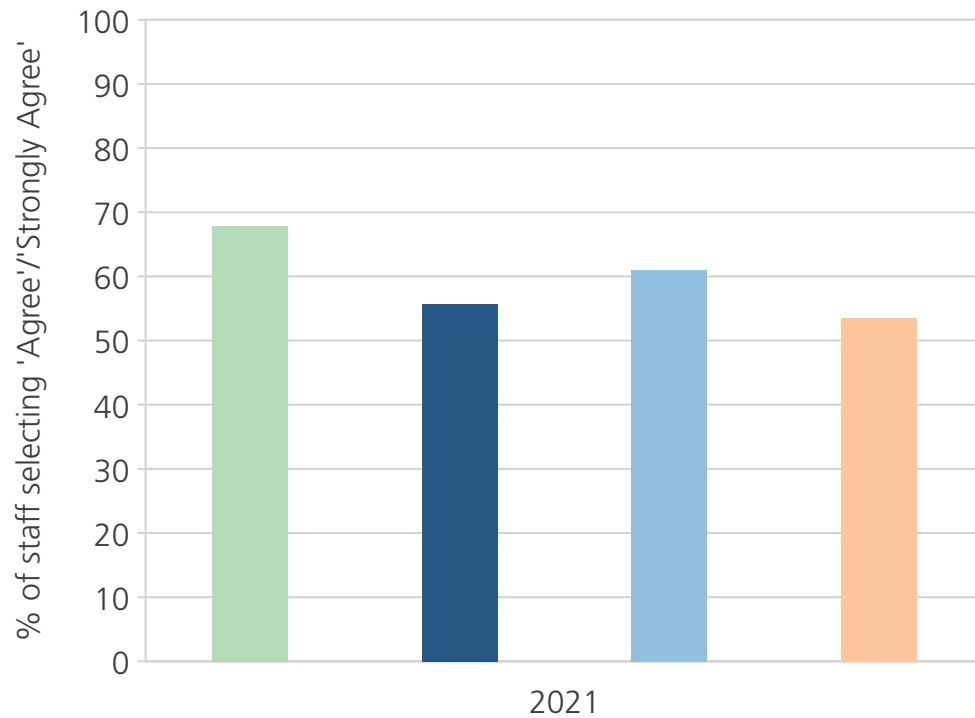
<b>Best</b>	70.9%
<b>Your org</b>	60.5%
<b>Average</b>	61.5%
<b>Worst</b>	54.5%

Responses 2,184

**Q7g**

In my team disagreements are dealt with constructively

No trend data are shown as this is a new question



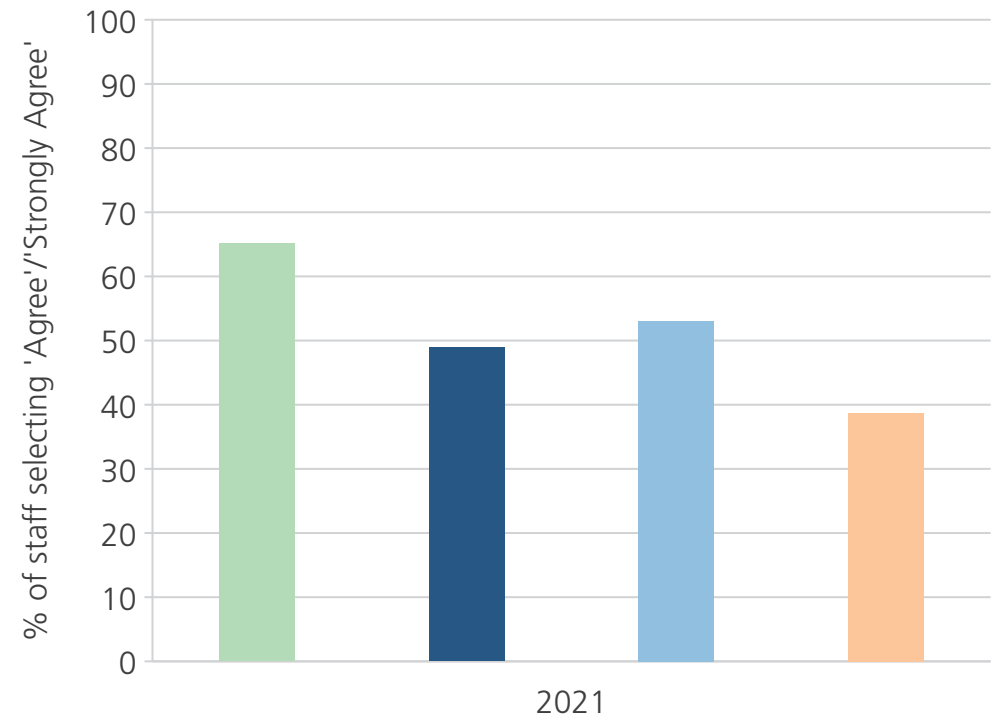
<b>Best</b>	67.9%
<b>Your org</b>	55.7%
<b>Average</b>	61.0%
<b>Worst</b>	53.5%

**Responses** 2,184

**Q8a**

Teams within this organisation work well together to achieve their objectives

No trend data are shown as this is a new question

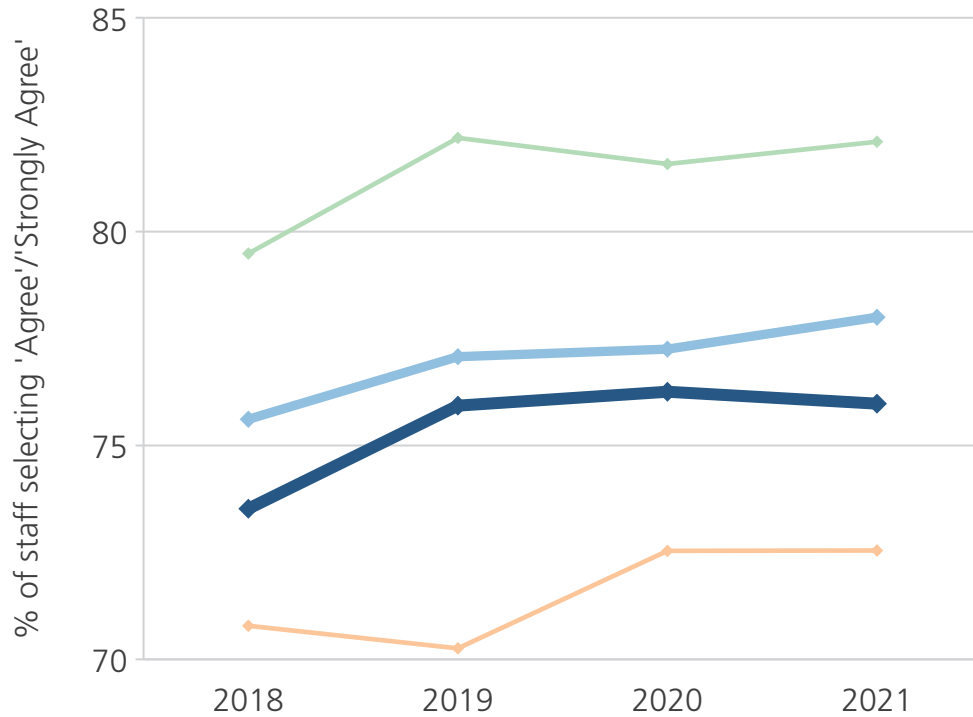


<b>Best</b>	65.1%
<b>Your org</b>	48.9%
<b>Average</b>	53.1%
<b>Worst</b>	38.8%

**Responses** 2,182

**Q9a**

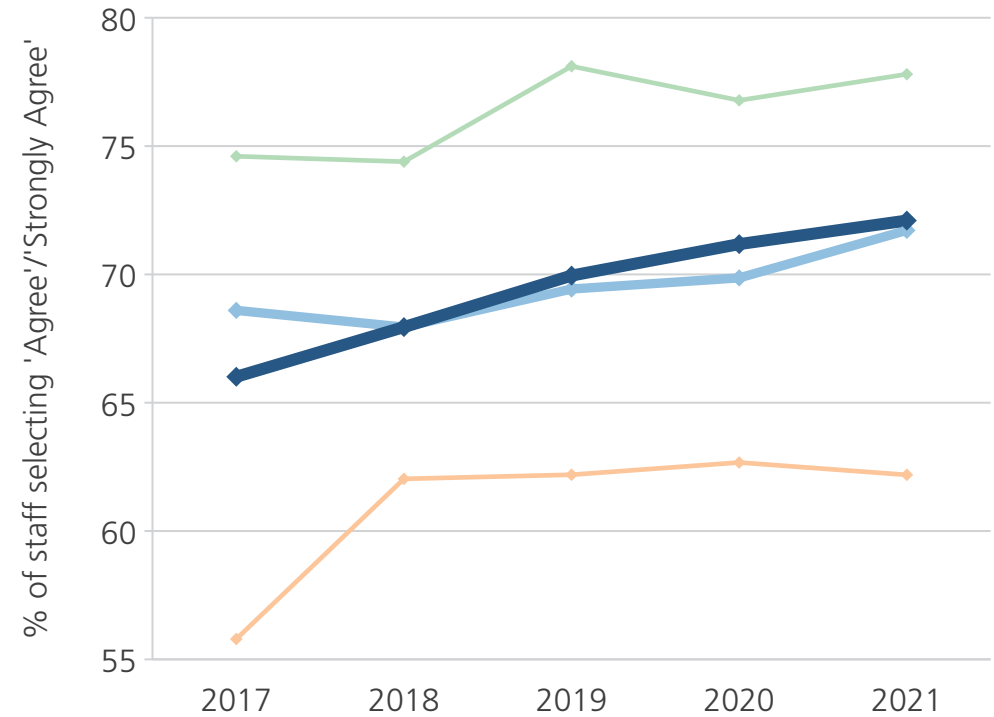
My immediate manager encourages me at work



<b>Best</b>	79.5%	82.2%	81.6%	82.1%
<b>Your org</b>	73.5%	75.9%	76.3%	76.0%
<b>Average</b>	75.6%	77.1%	77.3%	78.0%
<b>Worst</b>	70.8%	70.3%	72.5%	72.5%
<b>Responses</b>	1,453	1,739	1,812	2,178

**Q9b**

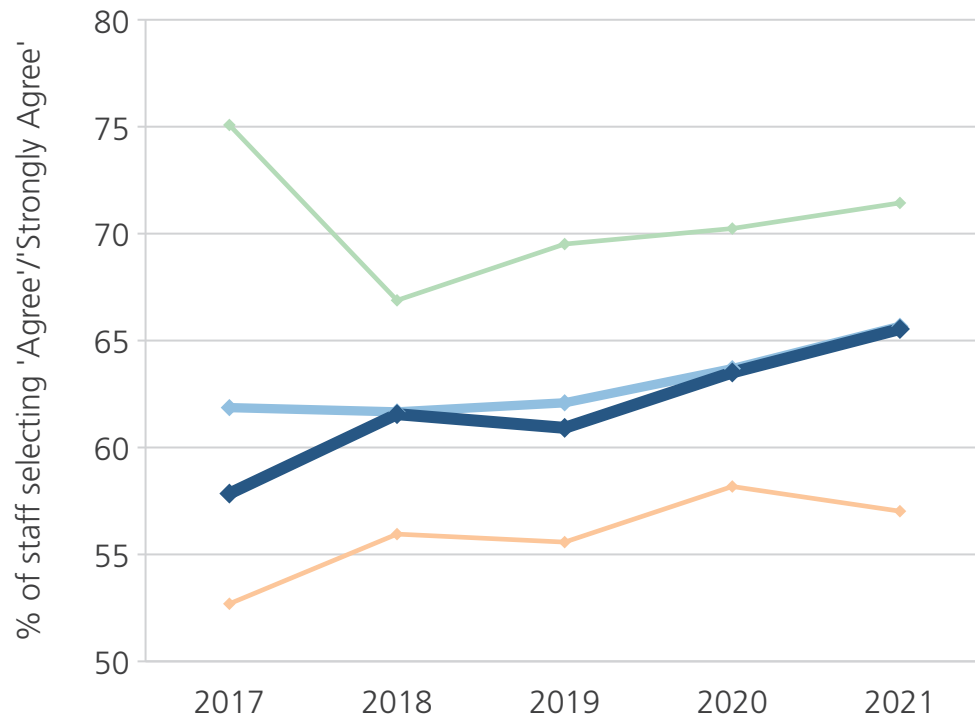
My immediate manager gives me clear feedback on my work



<b>Best</b>	74.6%	74.4%	78.1%	76.8%	77.8%
<b>Your org</b>	66.0%	67.9%	70.0%	71.2%	72.1%
<b>Average</b>	68.6%	67.9%	69.4%	69.9%	71.7%
<b>Worst</b>	55.8%	62.0%	62.2%	62.7%	62.2%
<b>Responses</b>	1,583	1,445	1,739	1,813	2,177

**Q9c**

My immediate manager asks for my opinion before making decisions that affect my work

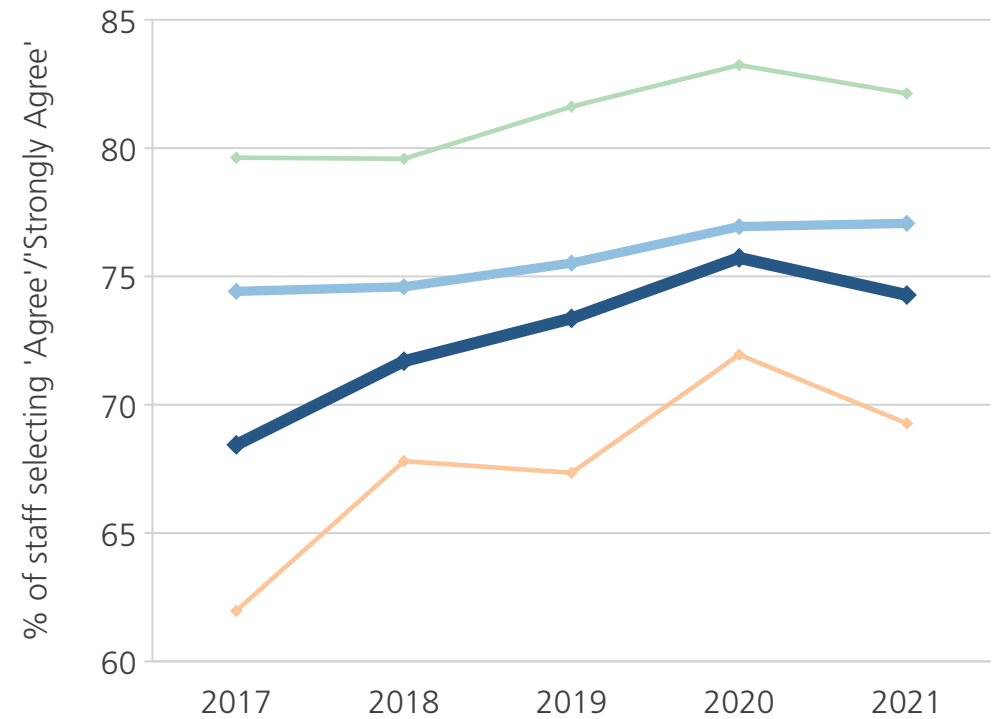


<b>Best</b>	75.1%	66.9%	69.5%	70.2%	71.4%
<b>Your org</b>	57.8%	61.6%	60.9%	63.5%	65.5%
<b>Average</b>	61.9%	61.7%	62.1%	63.7%	65.7%
<b>Worst</b>	52.7%	56.0%	55.6%	58.2%	57.0%

**Responses** 1,584 1,444 1,739 1,813 2,169

**Q9d**

My immediate manager takes a positive interest in my health and well-being



<b>Best</b>	79.6%	79.6%	81.6%	83.2%	82.1%
<b>Your org</b>	68.4%	71.7%	73.4%	75.7%	74.3%
<b>Average</b>	74.4%	74.6%	75.5%	76.9%	77.1%
<b>Worst</b>	62.0%	67.8%	67.3%	72.0%	69.3%

**Responses** 1,586 1,442 1,736 1,812 2,175

# Theme detailed information – Staff Engagement

## Questions:

Q2a, Q2b, Q2c

Q3c, Q3d, Q3f

Q21a, Q21c, Q21d

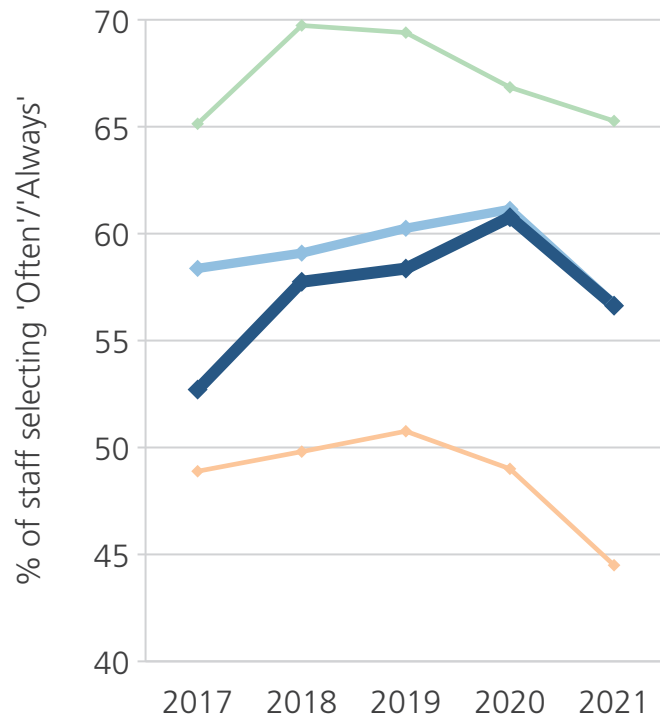
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**Q2a**

I look forward to going to work

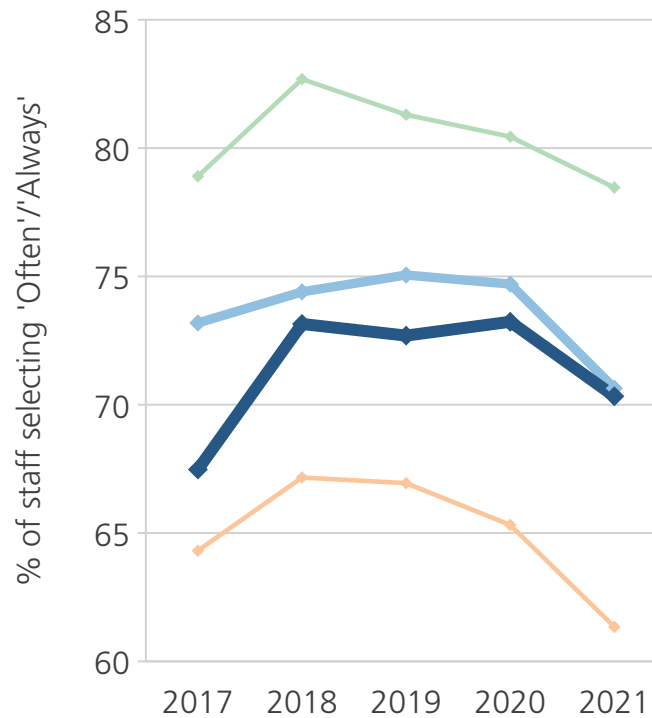


<b>Best</b>	65.1%	69.7%	69.4%	66.8%	65.3%
<b>Your org</b>	52.7%	57.7%	58.4%	60.8%	56.6%
<b>Average</b>	58.4%	59.1%	60.3%	61.1%	56.7%
<b>Worst</b>	48.9%	49.8%	50.8%	49.0%	44.5%

**Responses** 1,602 1,482 1,765 1,842 2,207

**Q2b**

I am enthusiastic about my job

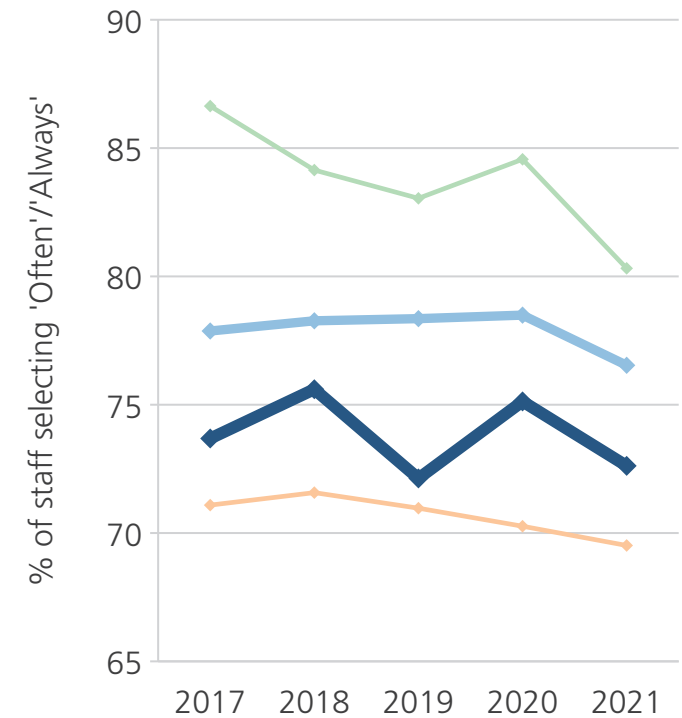


<b>Best</b>	78.9%	82.7%	81.3%	80.4%	78.5%
<b>Your org</b>	67.5%	73.1%	72.7%	73.2%	70.3%
<b>Average</b>	73.2%	74.4%	75.1%	74.7%	70.6%
<b>Worst</b>	64.3%	67.2%	66.9%	65.3%	61.3%

**Responses** 1,567 1,451 1,758 1,834 2,189

**Q2c**

Time passes quickly when I am working

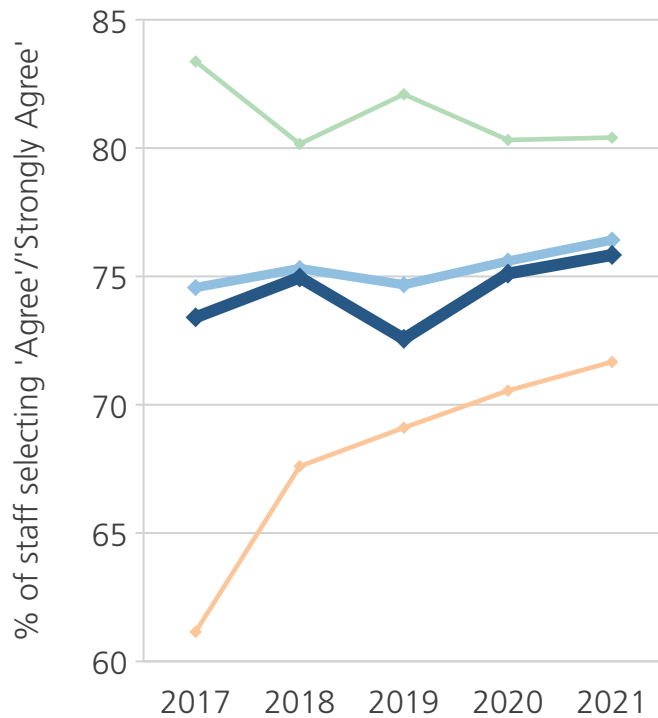


<b>Best</b>	86.6%	84.1%	83.0%	84.6%	80.3%
<b>Your org</b>	73.7%	75.6%	72.1%	75.1%	72.6%
<b>Average</b>	77.9%	78.3%	78.4%	78.5%	76.5%
<b>Worst</b>	71.1%	71.6%	71.0%	70.3%	69.5%

**Responses** 1,561 1,446 1,758 1,827 2,194

**Q3c**

There are frequent opportunities for me to show initiative in my role

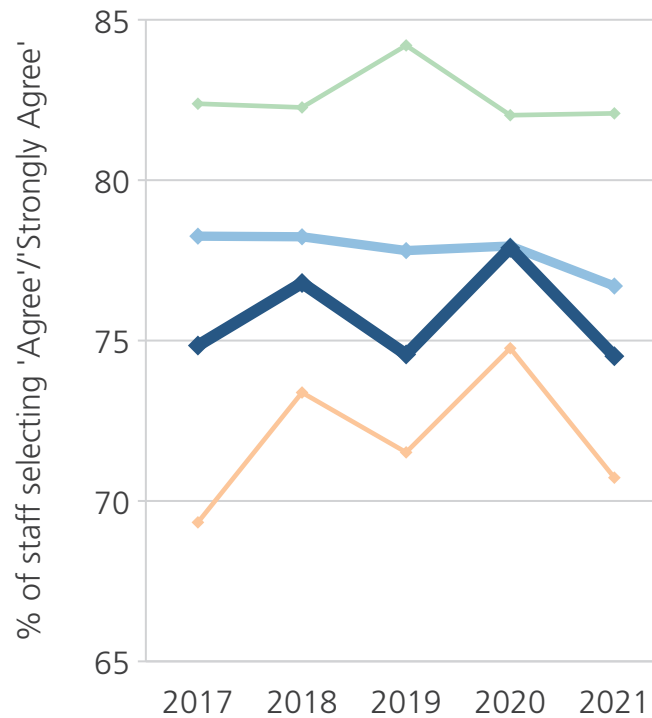


<b>Best</b>	83.4%	80.2%	82.1%	80.3%	80.4%
<b>Your org</b>	73.4%	75.0%	72.6%	75.1%	75.8%
<b>Average</b>	74.6%	75.3%	74.7%	75.6%	76.4%
<b>Worst</b>	61.1%	67.6%	69.1%	70.5%	71.7%

Responses 1,610 1,492 1,771 1,831 2,207

**Q3d**

I am able to make suggestions to improve the work of my team / department

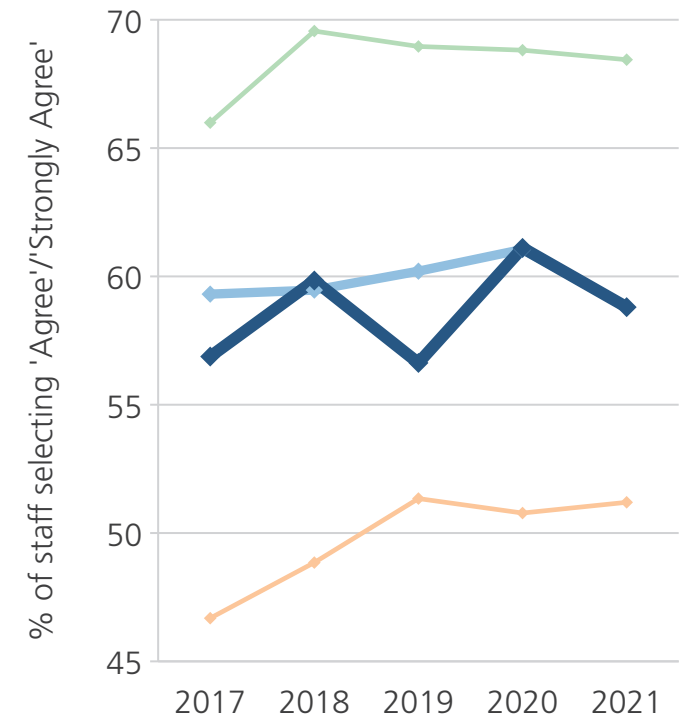


<b>Best</b>	82.4%	82.3%	84.2%	82.0%	82.1%
<b>Your org</b>	74.8%	76.8%	74.6%	77.9%	74.5%
<b>Average</b>	78.3%	78.2%	77.8%	77.9%	76.7%
<b>Worst</b>	69.3%	73.4%	71.5%	74.8%	70.7%

Responses 1,610 1,485 1,770 1,829 2,207

**Q3f**

I am able to make improvements happen in my area of work

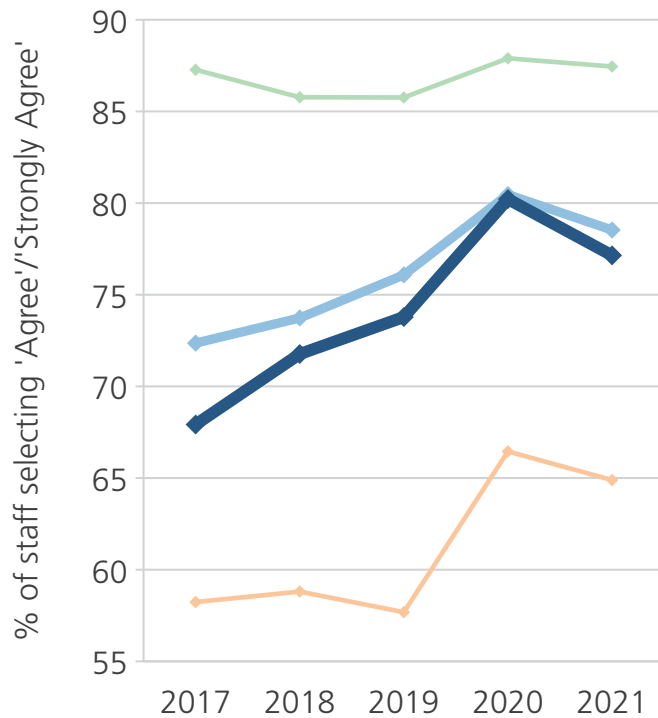


<b>Best</b>	66.0%	69.6%	69.0%	68.8%	68.4%
<b>Your org</b>	56.9%	59.8%	56.6%	61.1%	58.8%
<b>Average</b>	59.3%	59.5%	60.2%	61.1%	58.8%
<b>Worst</b>	46.7%	48.8%	51.3%	50.8%	51.2%

Responses 1,605 1,482 1,766 1,823 2,202

**Q21a**

Care of patients / service users  
is my organisation's top priority

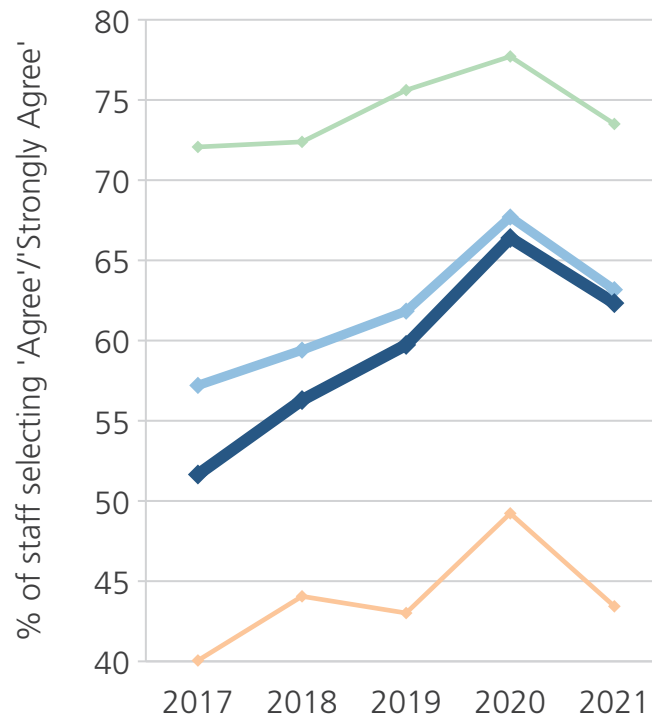


<b>Best</b>	87.3%	85.8%	85.8%	87.9%	87.5%
<b>Your org</b>	67.9%	71.8%	73.8%	80.2%	77.1%
<b>Average</b>	72.4%	73.7%	76.1%	80.5%	78.5%
<b>Worst</b>	58.2%	58.8%	57.7%	66.5%	64.9%

**Responses** 1,562 1,390 1,692 1,790 2,145

**Q21c**

I would recommend my  
organisation as a place to work

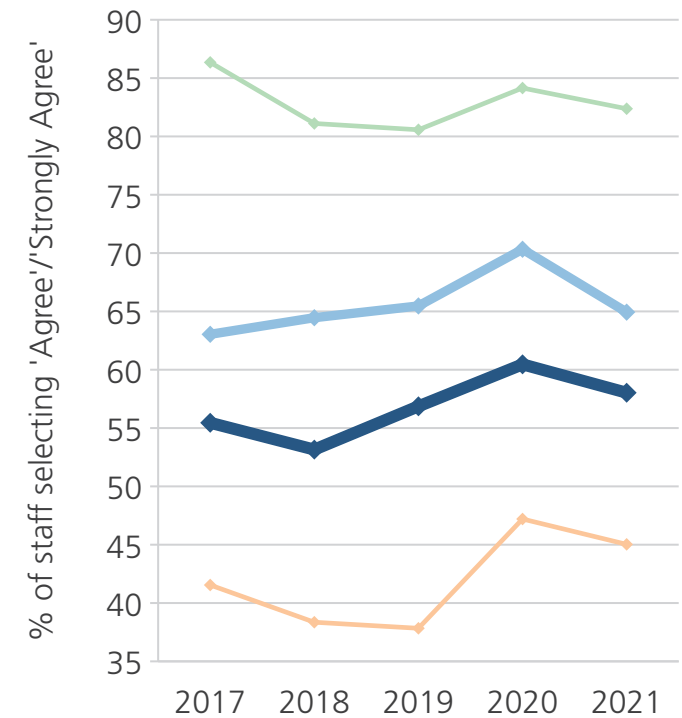


<b>Best</b>	72.1%	72.4%	75.6%	77.7%	73.5%
<b>Your org</b>	51.7%	56.3%	59.7%	66.4%	62.3%
<b>Average</b>	57.2%	59.4%	61.8%	67.7%	63.2%
<b>Worst</b>	40.1%	44.1%	43.0%	49.2%	43.4%

**Responses** 1,558 1,392 1,690 1,789 2,141

**Q21d**

If a friend or relative needed treatment  
I would be happy with the standard  
of care provided by this organisation



<b>Best</b>	86.3%	81.1%	80.6%	84.1%	82.4%
<b>Your org</b>	55.5%	53.2%	56.9%	60.5%	58.0%
<b>Average</b>	63.0%	64.5%	65.5%	70.3%	64.9%
<b>Worst</b>	41.5%	38.4%	37.8%	47.2%	45.0%

**Responses** 1,549 1,385 1,691 1,787 2,142

# Theme detailed information – Morale

## Questions:

Q22a, Q22b, Q22c

Q3g, Q3h, Q3i

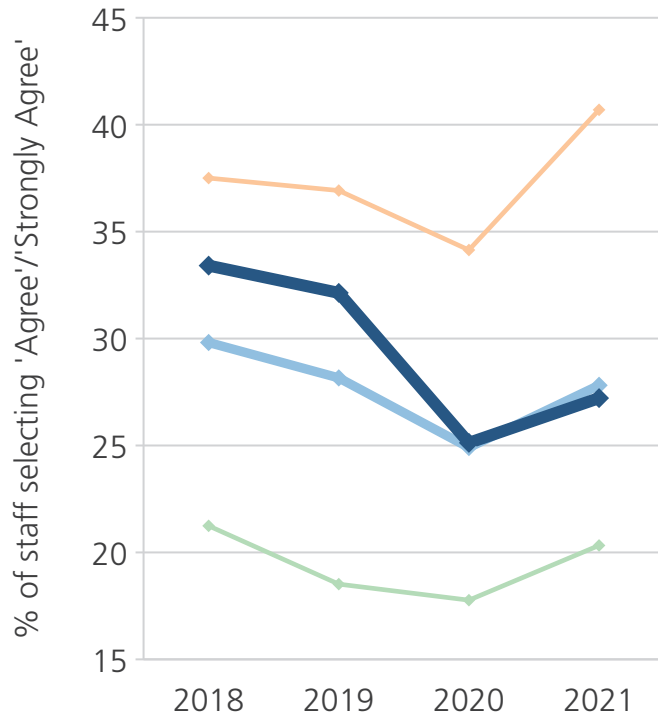
Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

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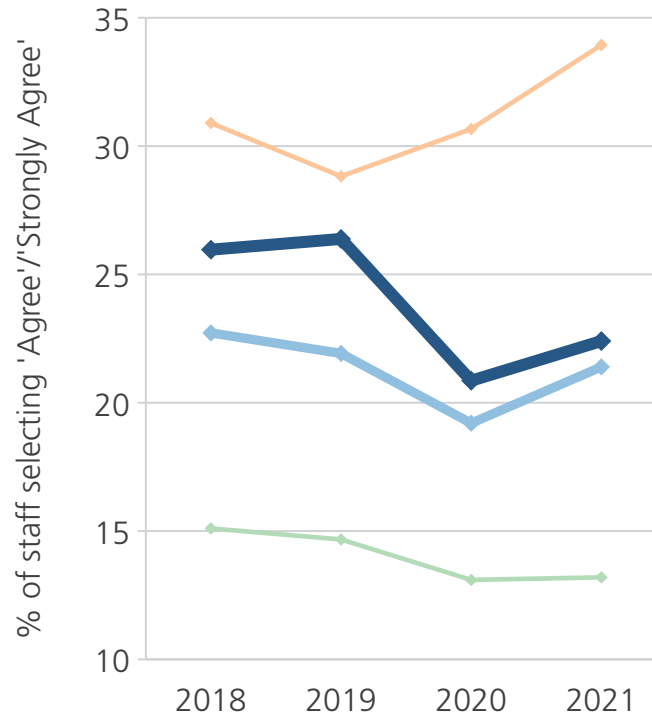
**Q22a**

I often think about leaving this organisation



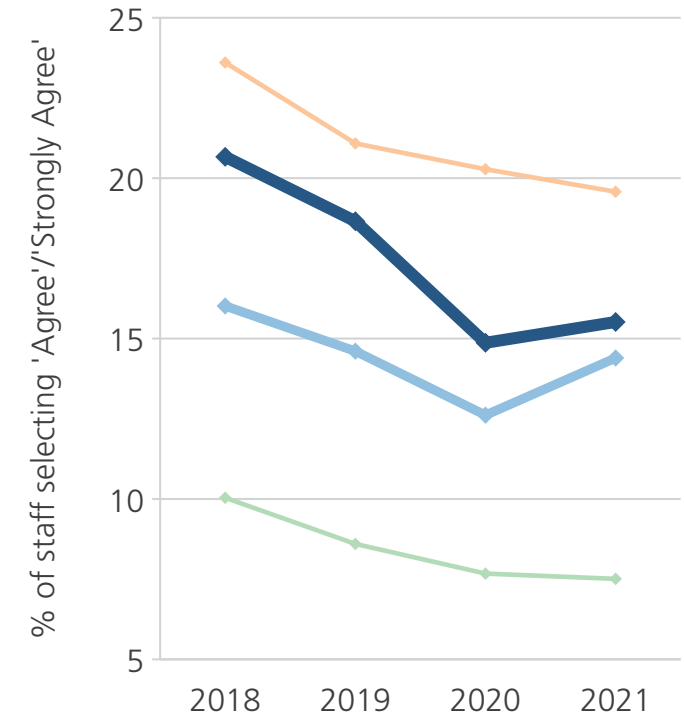
**Q22b**

I will probably look for a job at a new organisation in the next 12 months



**Q22c**

As soon as I can find another job, I will leave this organisation



<b>Worst</b>	37.5%	36.9%	34.1%	40.7%
<b>Your org</b>	33.4%	32.1%	25.1%	27.2%
<b>Average</b>	29.8%	28.2%	24.9%	27.8%
<b>Best</b>	21.2%	18.5%	17.8%	20.3%

**Responses** 1,392 1,686 1,787 2,140

<b>Worst</b>	30.9%	28.8%	30.7%	33.9%
<b>Your org</b>	26.0%	26.4%	20.9%	22.4%
<b>Average</b>	22.7%	21.9%	19.2%	21.4%
<b>Best</b>	15.1%	14.7%	13.1%	13.2%

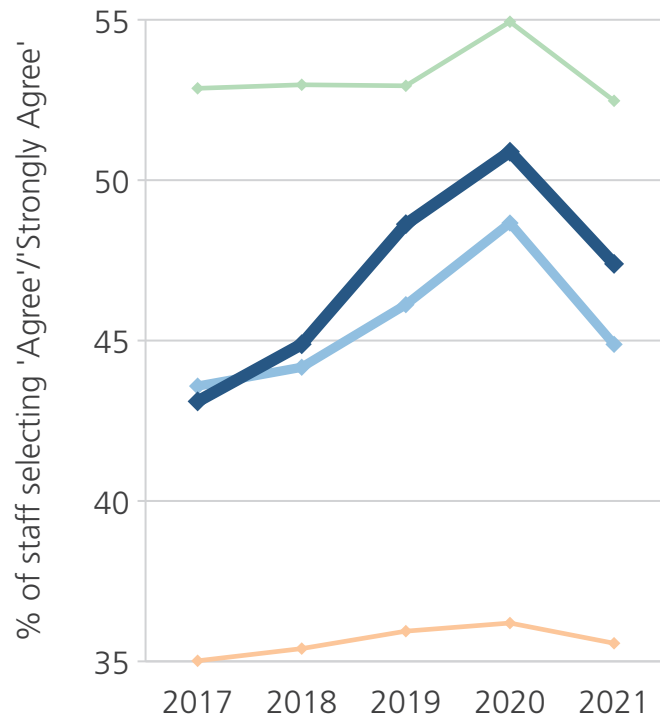
**Responses** 1,388 1,688 1,786 2,140

<b>Worst</b>	23.6%	21.1%	20.3%	19.6%
<b>Your org</b>	20.7%	18.7%	14.9%	15.5%
<b>Average</b>	16.0%	14.6%	12.6%	14.4%
<b>Best</b>	10.0%	8.6%	7.7%	7.5%

**Responses** 1,320 1,684 1,784 2,140

**Q3g**

I am able to meet all the conflicting demands on my time at work

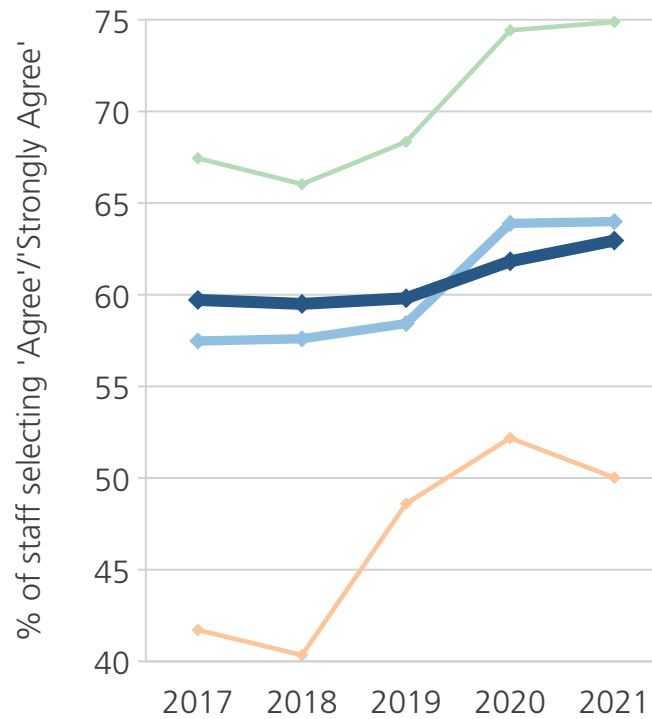


<b>Best</b>	52.9%	53.0%	52.9%	54.9%	52.5%
<b>Your org</b>	43.1%	44.9%	48.6%	50.9%	47.4%
<b>Average</b>	43.6%	44.2%	46.1%	48.7%	44.9%
<b>Worst</b>	35.0%	35.4%	35.9%	36.2%	35.6%

**Responses** 1,603 1,480 1,766 1,817 2,203

**Q3h**

I have adequate materials, supplies and equipment to do my work

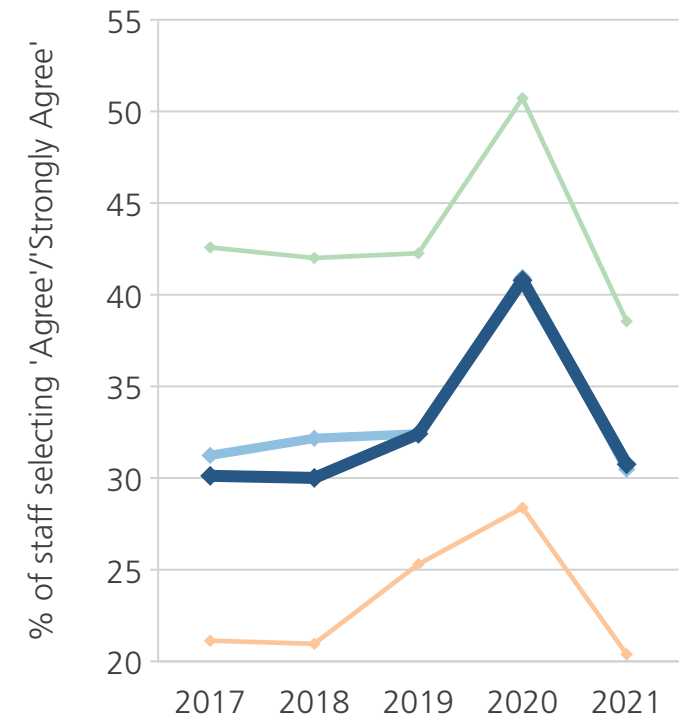


<b>Best</b>	67.4%	66.0%	68.3%	74.4%	74.9%
<b>Your org</b>	59.7%	59.5%	59.8%	61.8%	63.0%
<b>Average</b>	57.5%	57.6%	58.4%	63.9%	64.0%
<b>Worst</b>	41.7%	40.3%	48.6%	52.2%	50.0%

**Responses** 1,600 1,483 1,762 1,819 2,202

**Q3i**

There are enough staff at this organisation for me to do my job properly

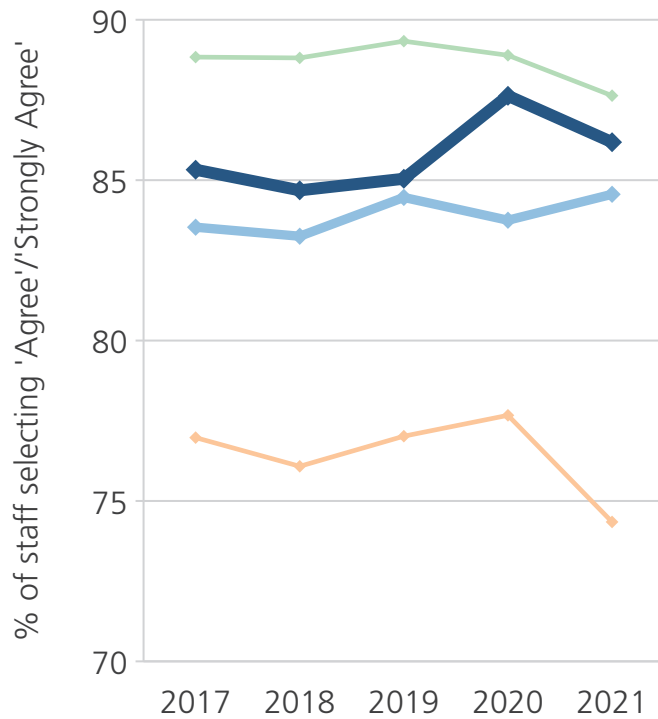


<b>Best</b>	42.6%	42.0%	42.3%	50.7%	38.6%
<b>Your org</b>	30.1%	30.0%	32.4%	40.8%	30.8%
<b>Average</b>	31.2%	32.2%	32.4%	40.9%	30.5%
<b>Worst</b>	21.1%	21.0%	25.3%	28.4%	20.4%

**Responses** 1,606 1,481 1,766 1,826 2,205

**Q3a**

I always know what my work responsibilities are

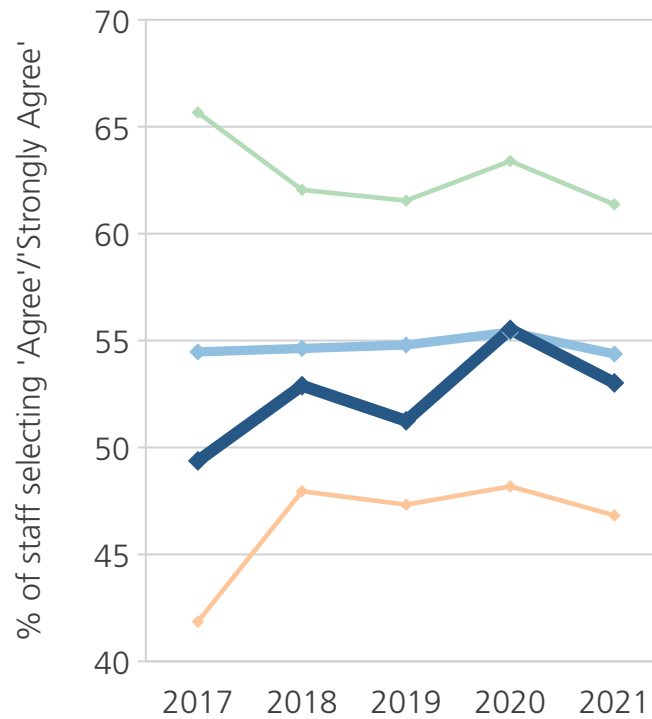


<b>Best</b>	88.8%	88.8%	89.3%	88.9%	87.6%
<b>Your org</b>	85.3%	84.7%	85.0%	87.6%	86.2%
<b>Average</b>	83.5%	83.3%	84.5%	83.8%	84.6%
<b>Worst</b>	77.0%	76.1%	77.0%	77.7%	74.3%

Responses 1,610 1,489 1,772 1,843 2,201

**Q3e**

I am involved in deciding on changes introduced that affect my work area / team / department

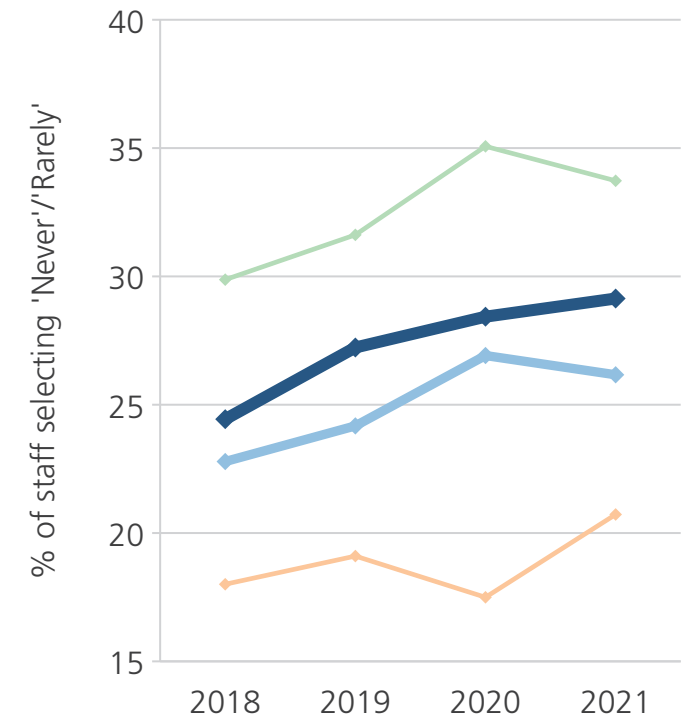


<b>Best</b>	65.7%	62.0%	61.5%	63.4%	61.4%
<b>Your org</b>	49.4%	52.9%	51.2%	55.5%	53.0%
<b>Average</b>	54.5%	54.6%	54.8%	55.4%	54.4%
<b>Worst</b>	41.9%	48.0%	47.3%	48.2%	46.8%

Responses 1,606 1,484 1,771 1,828 2,202

**Q5a**

I have unrealistic time pressures

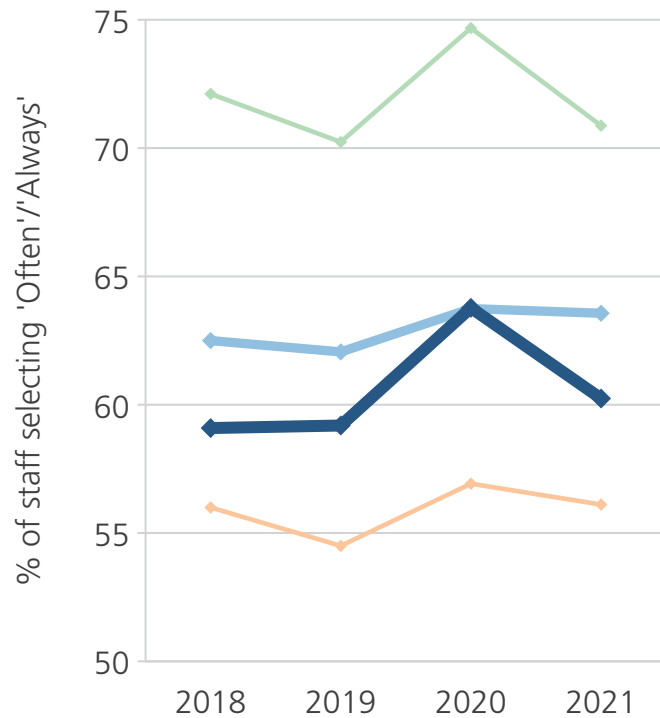


<b>Best</b>	29.9%	31.6%	35.1%	33.7%
<b>Your org</b>	24.4%	27.2%	28.4%	29.1%
<b>Average</b>	22.8%	24.2%	26.9%	26.2%
<b>Worst</b>	18.0%	19.1%	17.5%	20.7%

Responses 1,461 1,739 1,821 2,180

**Q5b**

I have a choice in deciding how to do my work

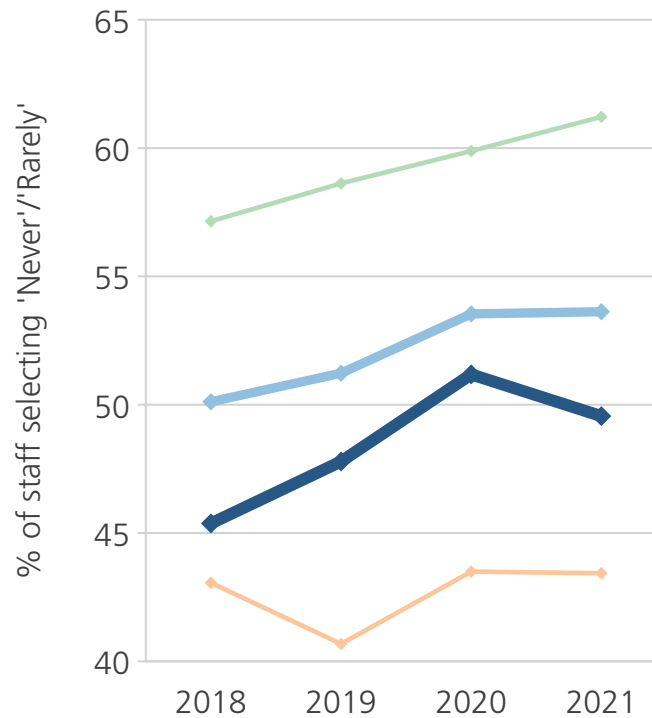


<b>Best</b>	72.1%	70.2%	74.7%	70.9%
<b>Your org</b>	59.1%	59.2%	63.8%	60.2%
<b>Average</b>	62.5%	62.1%	63.7%	63.6%
<b>Worst</b>	56.0%	54.5%	56.9%	56.1%

**Responses** 1,456 1,737 1,822 2,190

**Q5c**

Relationships at work are strained

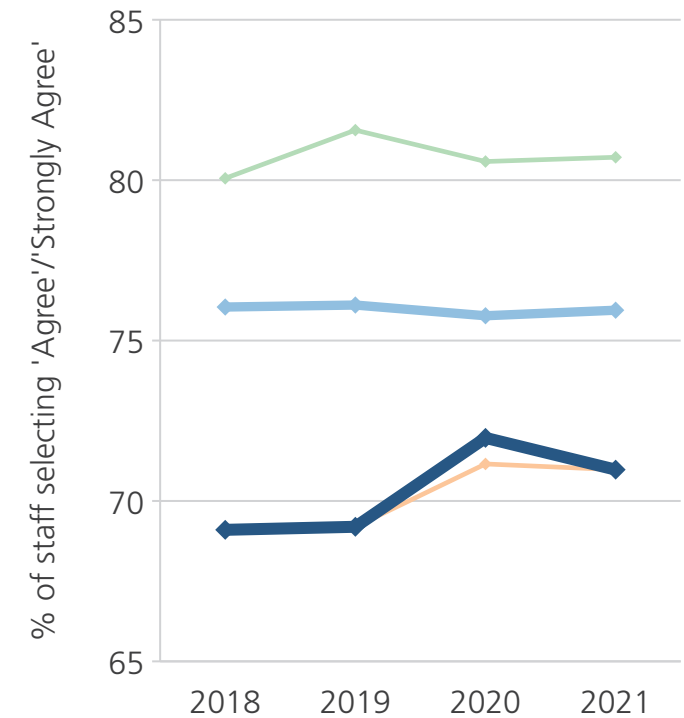


<b>Best</b>	57.1%	58.6%	59.9%	61.2%
<b>Your org</b>	45.4%	47.8%	51.2%	49.6%
<b>Average</b>	50.1%	51.2%	53.5%	53.6%
<b>Worst</b>	43.1%	40.7%	43.5%	43.4%

**Responses** 1,458 1,735 1,821 2,190

**Q7c**

I receive the respect I deserve from my colleagues at work



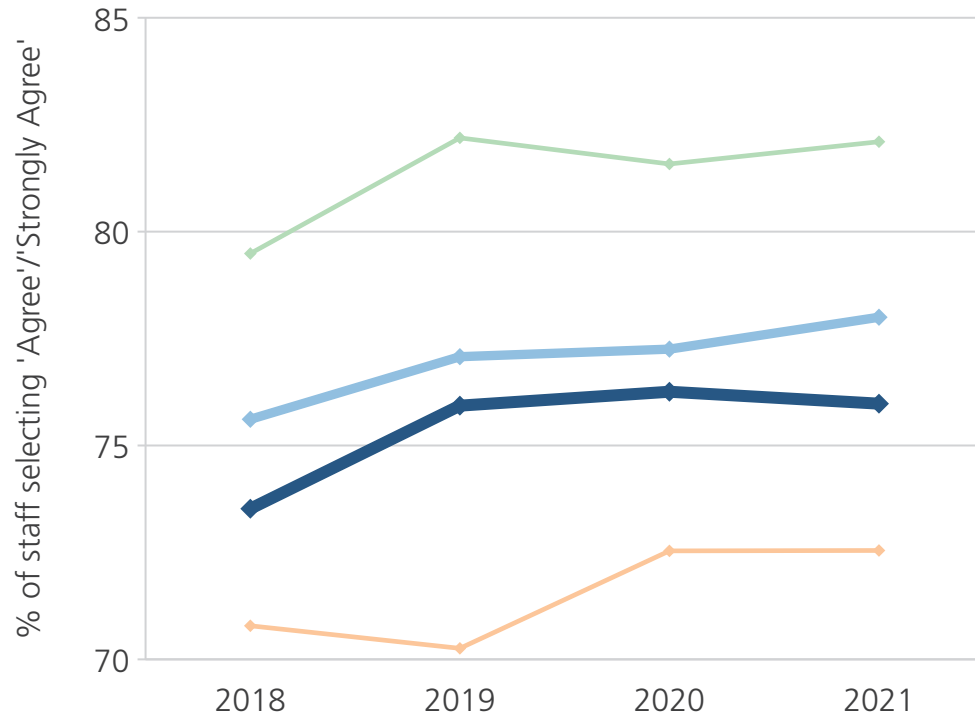
<b>Best</b>	80.1%	81.6%	80.6%	80.7%
<b>Your org</b>	69.1%	69.2%	72.0%	71.0%
<b>Average</b>	76.0%	76.1%	75.8%	75.9%
<b>Worst</b>	69.1%	69.2%	71.2%	71.0%

**Responses** 1,484 1,771 1,826 2,185



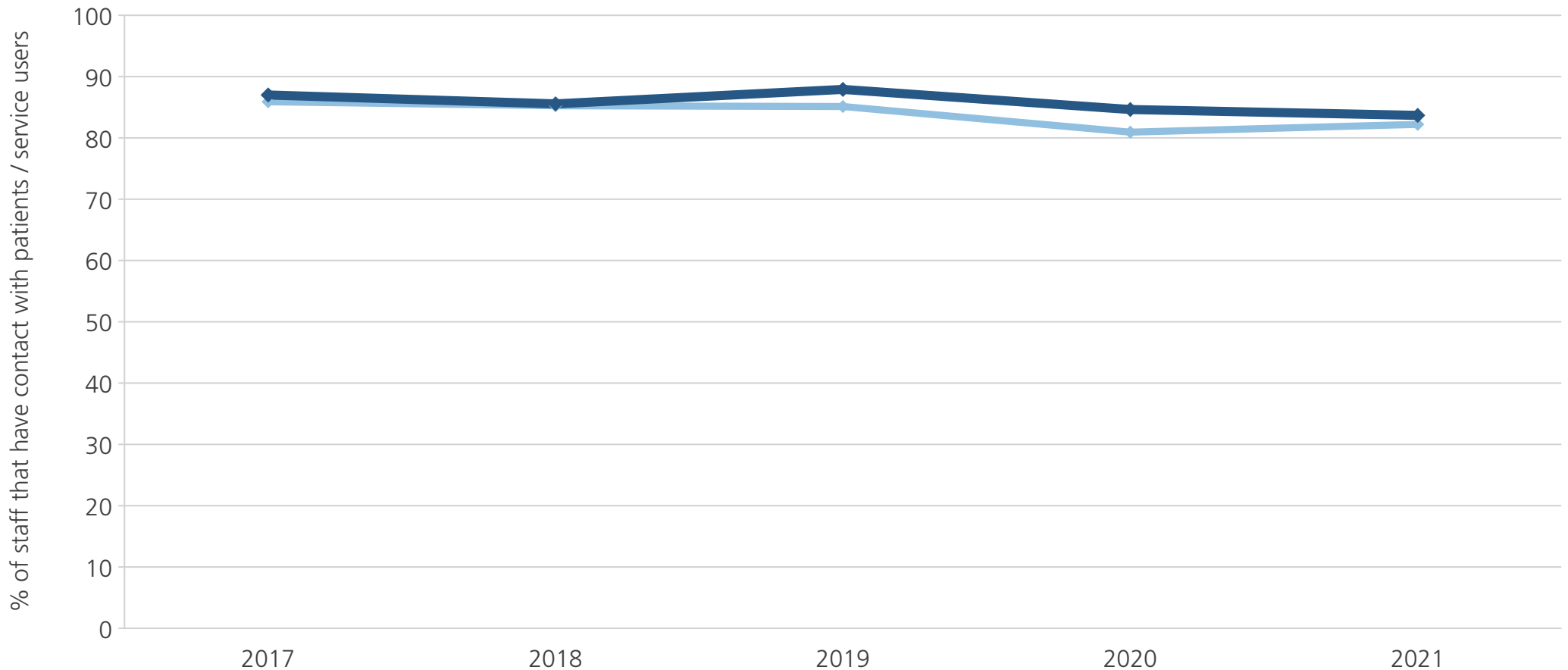
**Q9a**

My immediate manager encourages me at work

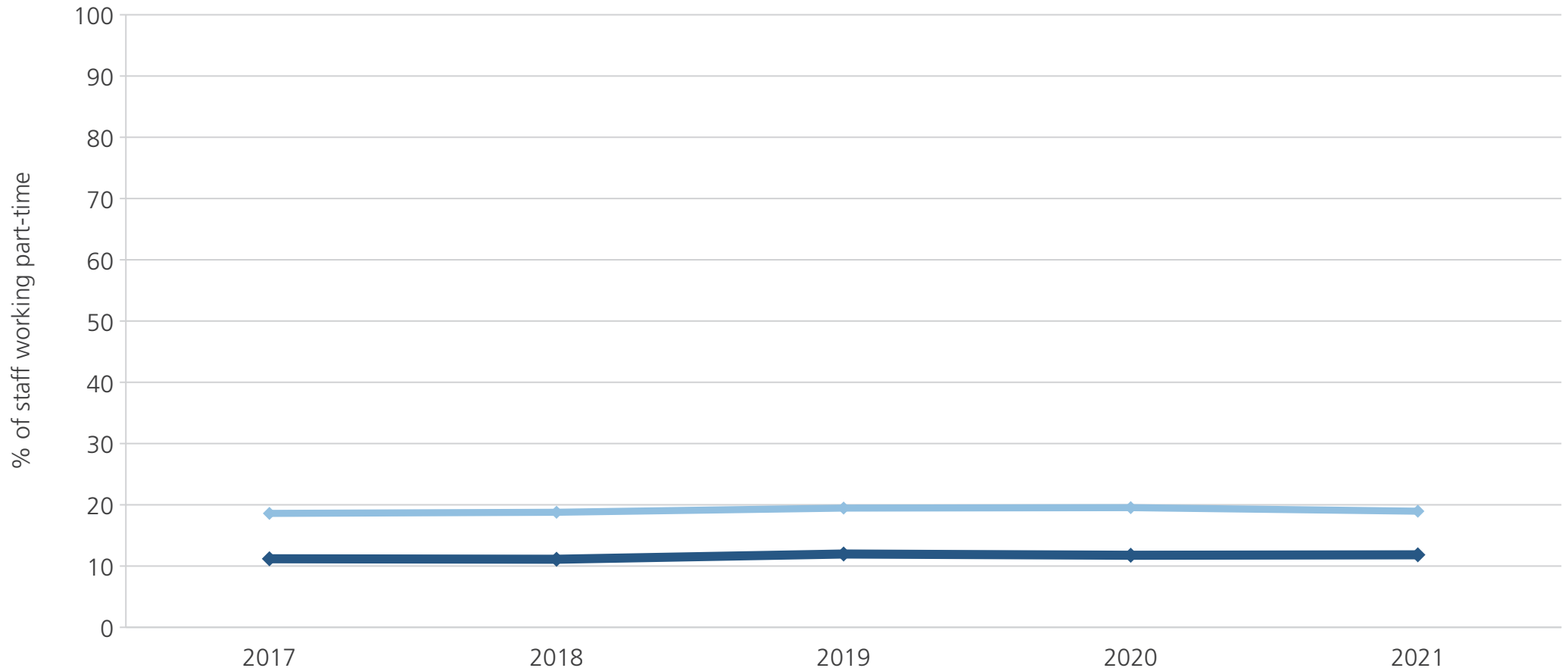


<b>Best</b>	79.5%	82.2%	81.6%	82.1%
<b>Your org</b>	73.5%	75.9%	76.3%	76.0%
<b>Average</b>	75.6%	77.1%	77.3%	78.0%
<b>Worst</b>	70.8%	70.3%	72.5%	72.5%
<b>Responses</b>	1,453	1,739	1,812	2,178

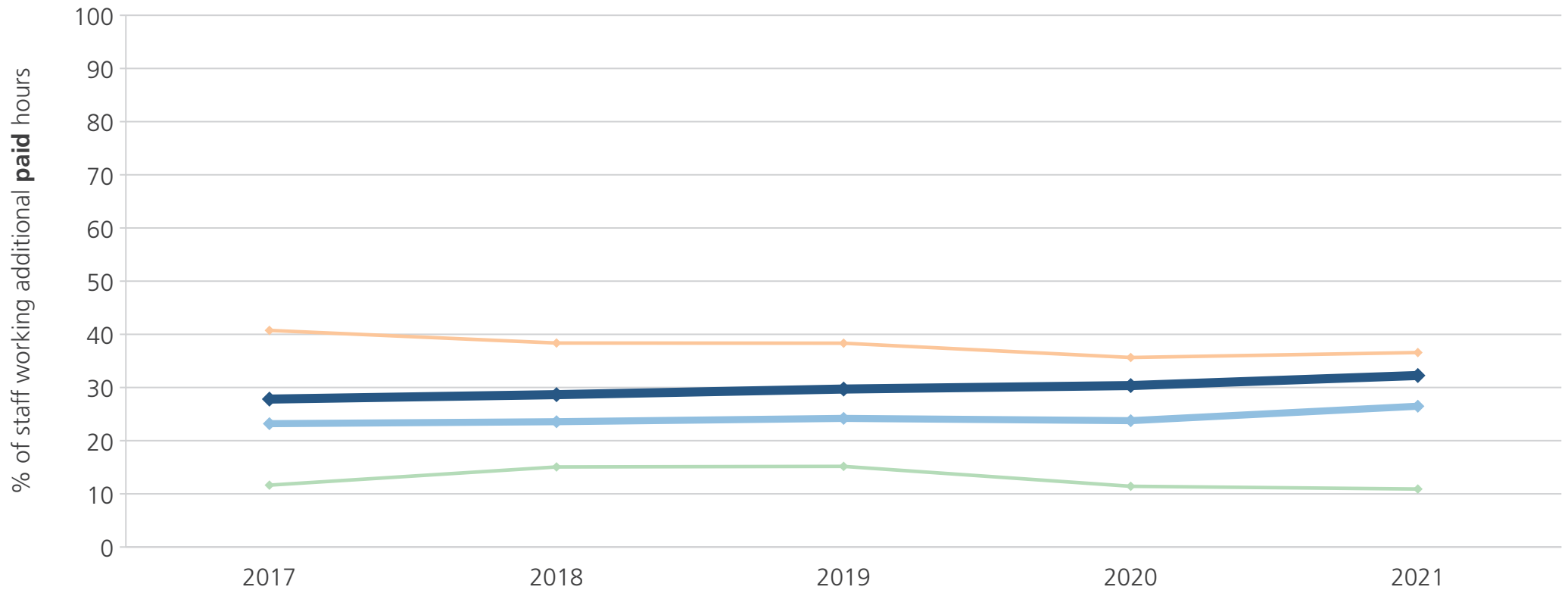
# Questions not linked to the People Promise elements or themes



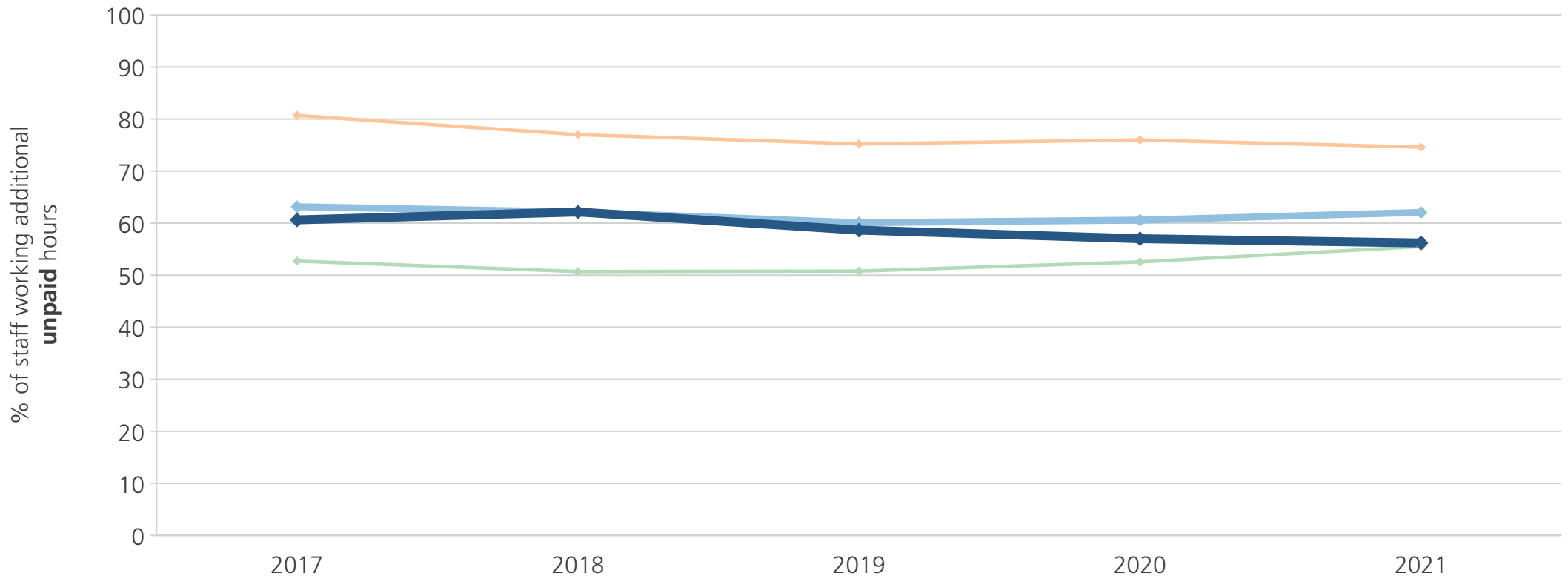
	2017	2018	2019	2020	2021
<b>Your org</b>	87.0%	85.5%	87.9%	84.6%	83.7%
<b>Average</b>	85.9%	85.2%	85.1%	80.9%	82.2%
<b>Responses</b>	1,446	1,391	1,778	1,854	2,217



<b>Your org</b>	11.2%	11.1%	12.0%	11.8%	11.8%
<b>Average</b>	18.6%	18.8%	19.5%	19.5%	19.0%
<b>Responses</b>	1,573	1,431	1,713	1,785	2,112

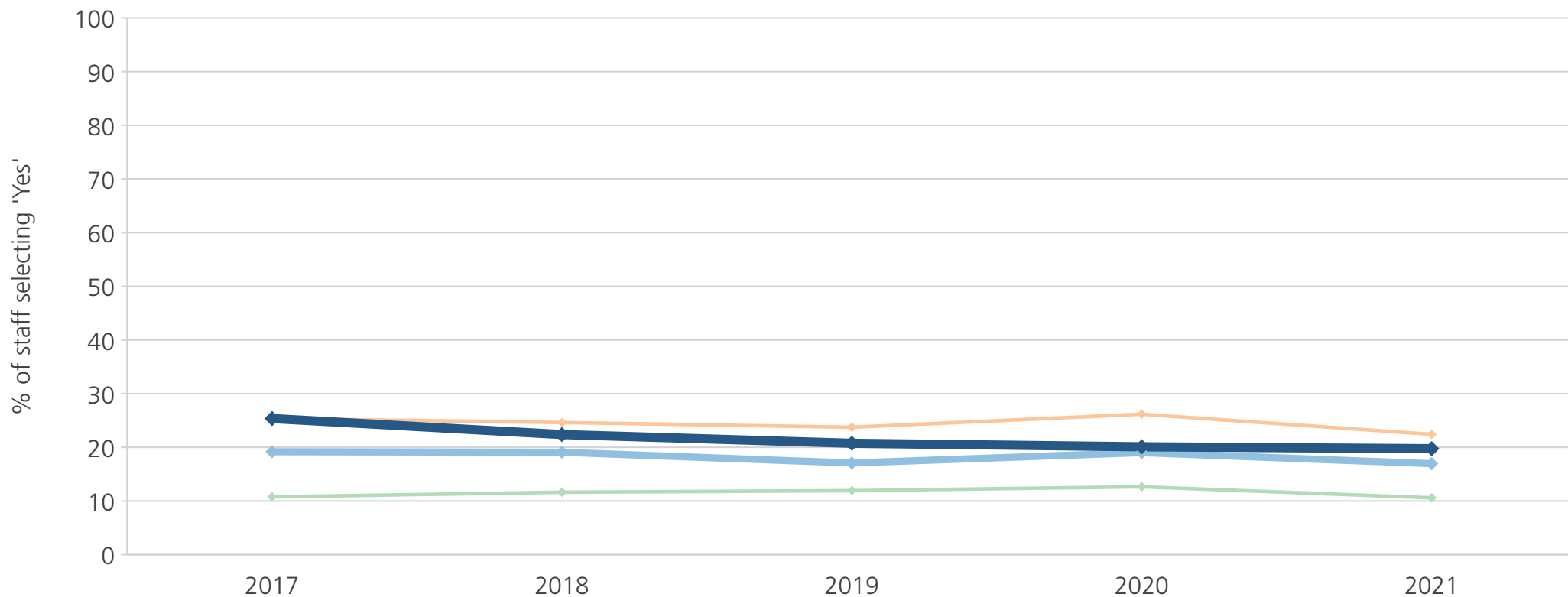


	2017	2018	2019	2020	2021
<b>Highest</b>	40.7%	38.4%	38.3%	35.6%	36.6%
<b>Your org</b>	27.8%	28.7%	29.7%	30.4%	32.3%
<b>Average</b>	23.2%	23.6%	24.2%	23.8%	26.5%
<b>Lowest</b>	11.6%	15.1%	15.2%	11.4%	10.9%
<b>Responses</b>	1,551	1,390	1,720	1,802	2,165

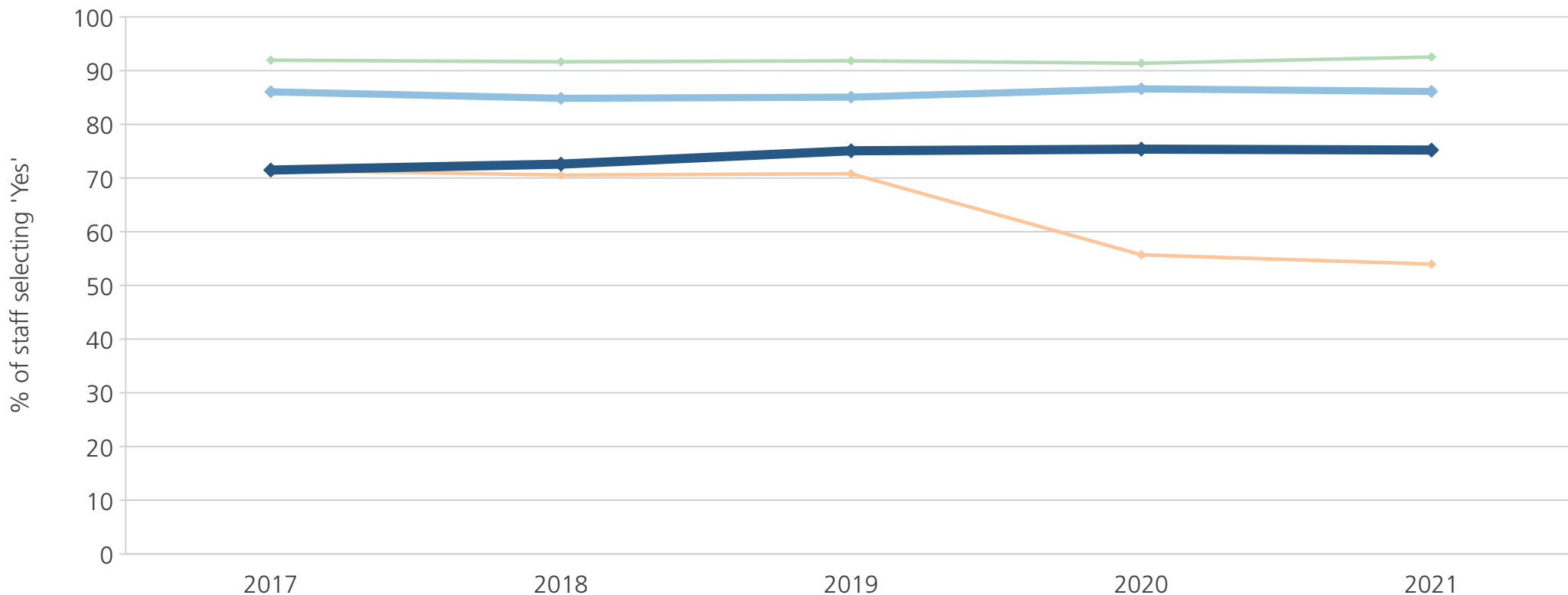


<b>Highest</b>	80.7%	77.0%	75.2%	76.0%	74.6%
<b>Your org</b>	60.6%	62.1%	58.6%	57.0%	56.2%
<b>Average</b>	63.2%	62.1%	60.1%	60.6%	62.1%
<b>Lowest</b>	52.7%	50.7%	50.8%	52.5%	55.5%
<b>Responses</b>	1,556	1,398	1,712	1,806	2,166

This question was only answered by people who responded 'Yes' to Q11d.



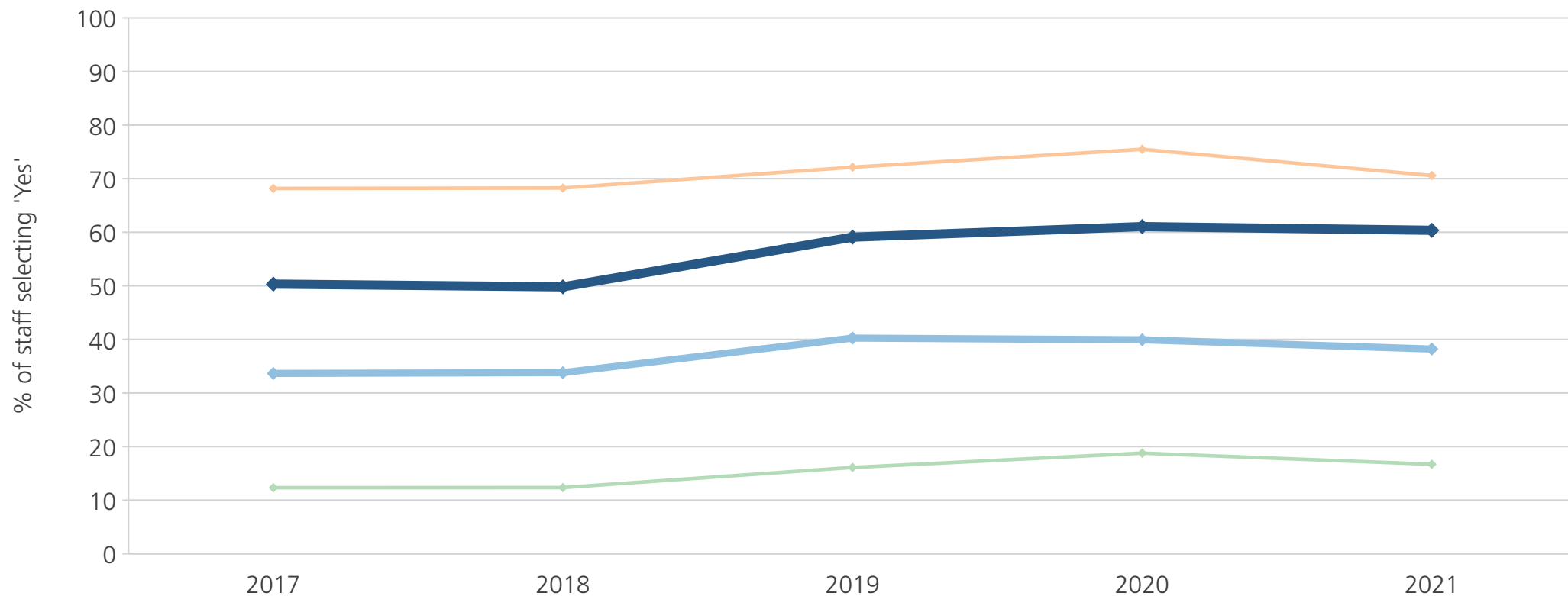
	2017	2018	2019	2020	2021
<b>Worst</b>	25.4%	24.6%	23.7%	26.2%	22.4%
<b>Your org</b>	25.4%	22.4%	20.7%	20.1%	19.7%
<b>Average</b>	19.2%	19.1%	17.1%	19.0%	17.0%
<b>Best</b>	10.8%	11.6%	11.9%	12.6%	10.6%
<b>Responses</b>	976	880	1,034	906	1,224



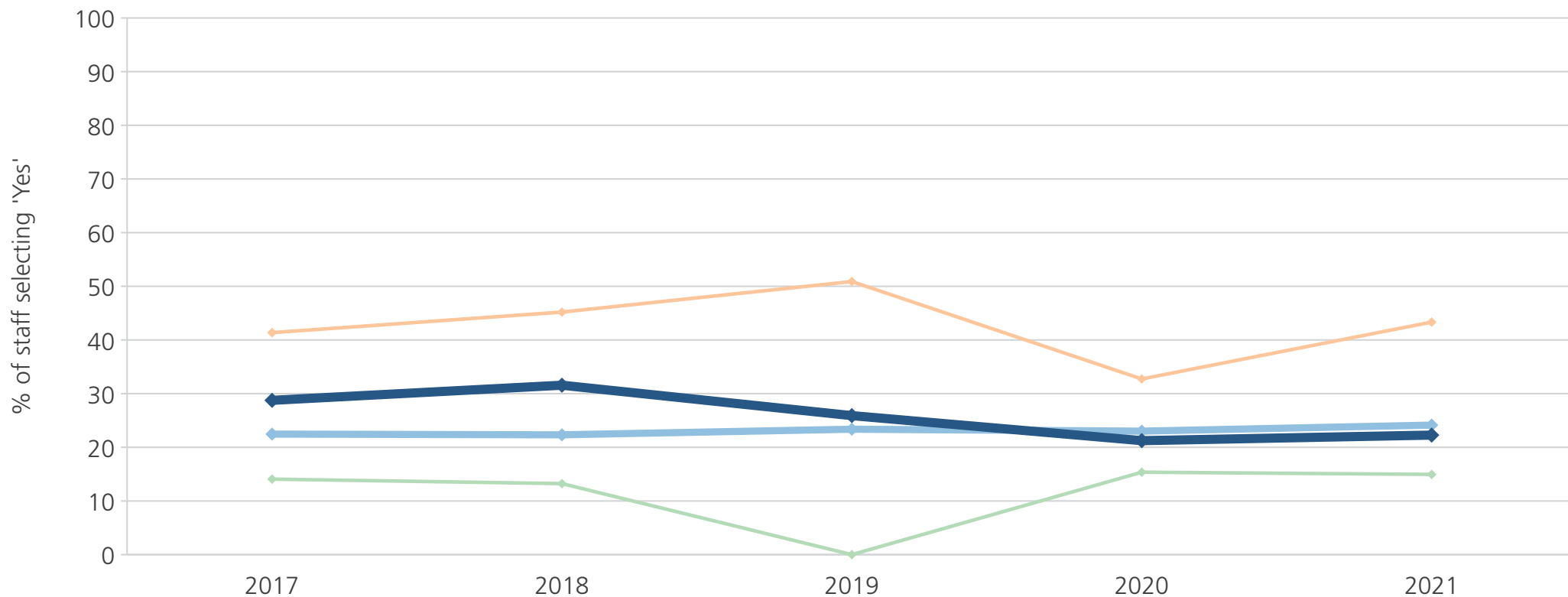
<b>Best</b>	91.9%	91.7%	91.8%	91.4%	92.5%
<b>Your org</b>	71.5%	72.6%	75.1%	75.4%	75.2%
<b>Average</b>	86.1%	84.9%	85.1%	86.6%	86.1%
<b>Worst</b>	71.5%	70.5%	70.8%	55.7%	54.0%

**Responses** 1,025 902 1,079 1,154 1,400

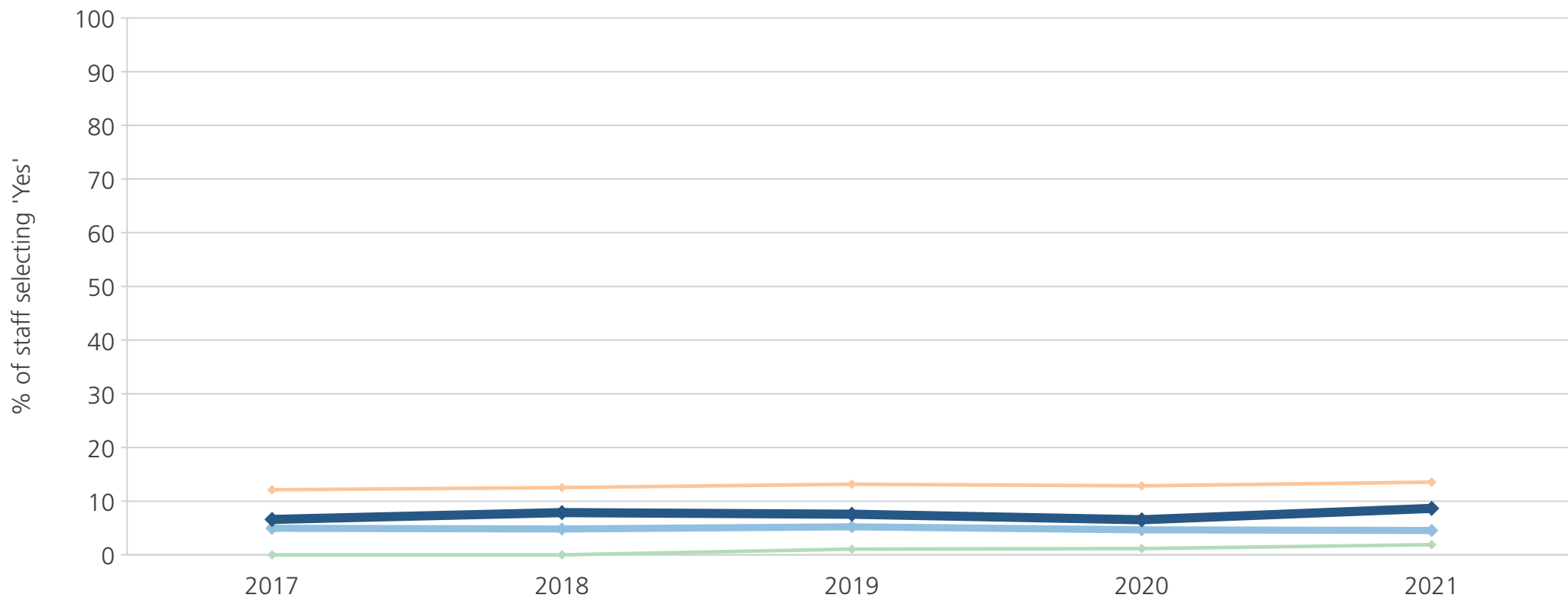




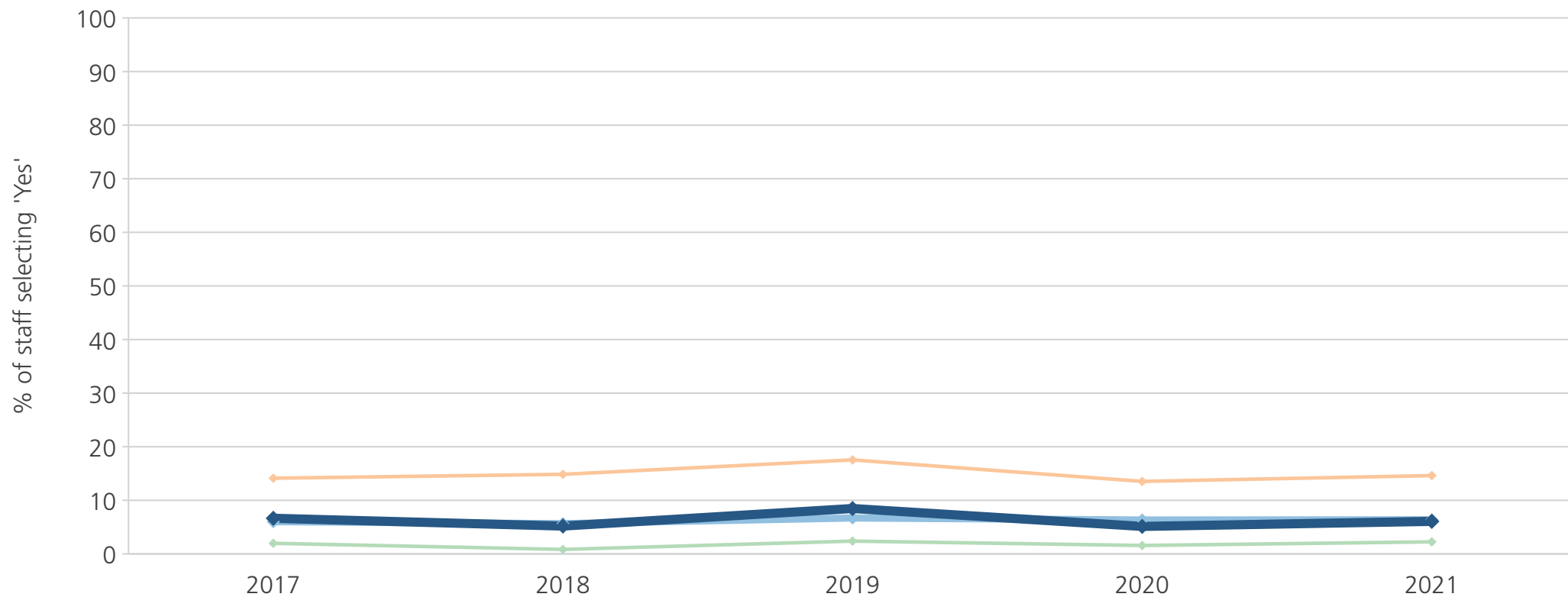
	2017	2018	2019	2020	2021
<b>Worst</b>	68.2%	68.3%	72.1%	75.5%	70.6%
<b>Your org</b>	50.3%	49.8%	59.1%	61.0%	60.4%
<b>Average</b>	33.6%	33.8%	40.2%	39.9%	38.2%
<b>Best</b>	12.3%	12.3%	16.1%	18.8%	16.7%
<b>Responses</b>	355	306	421	377	499



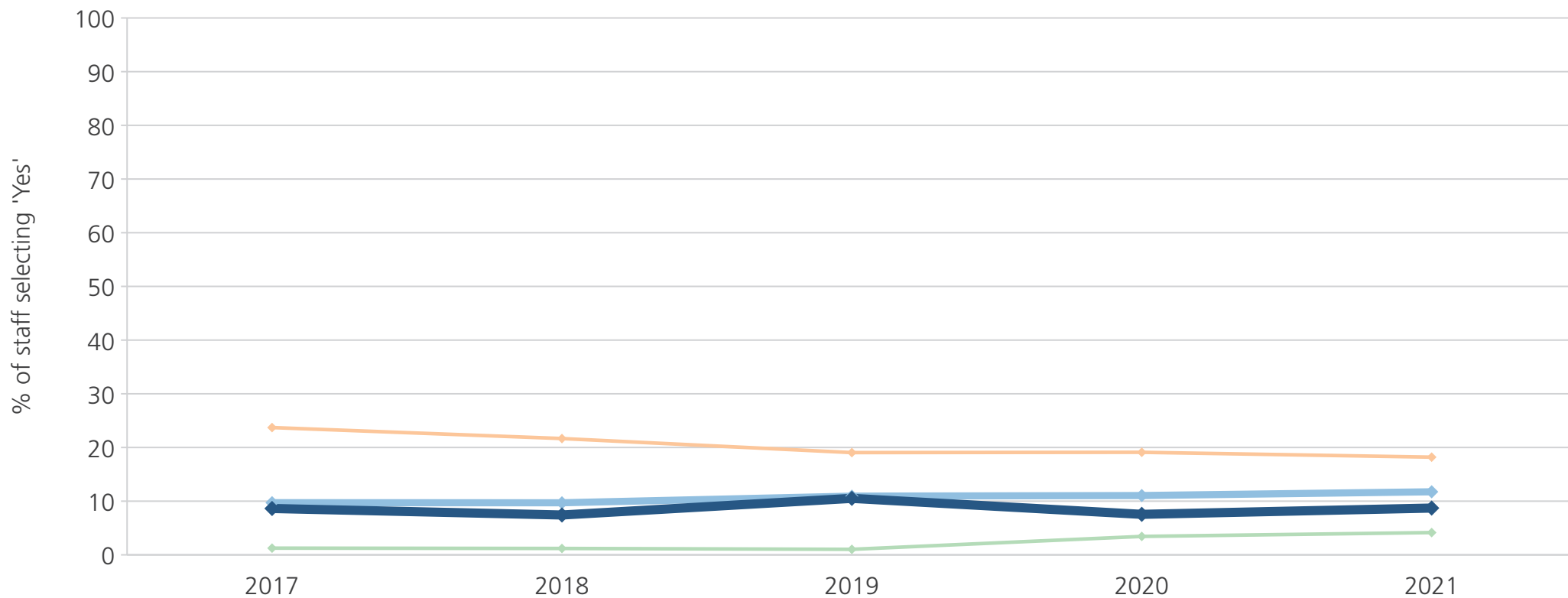
<b>Worst</b>	41.4%	45.2%	50.9%	32.7%	43.3%
<b>Your org</b>	28.8%	31.6%	25.9%	21.2%	22.3%
<b>Average</b>	22.5%	22.3%	23.4%	23.0%	24.1%
<b>Best</b>	14.1%	13.2%	0.0%	15.4%	14.9%
<b>Responses</b>	355	306	421	377	499



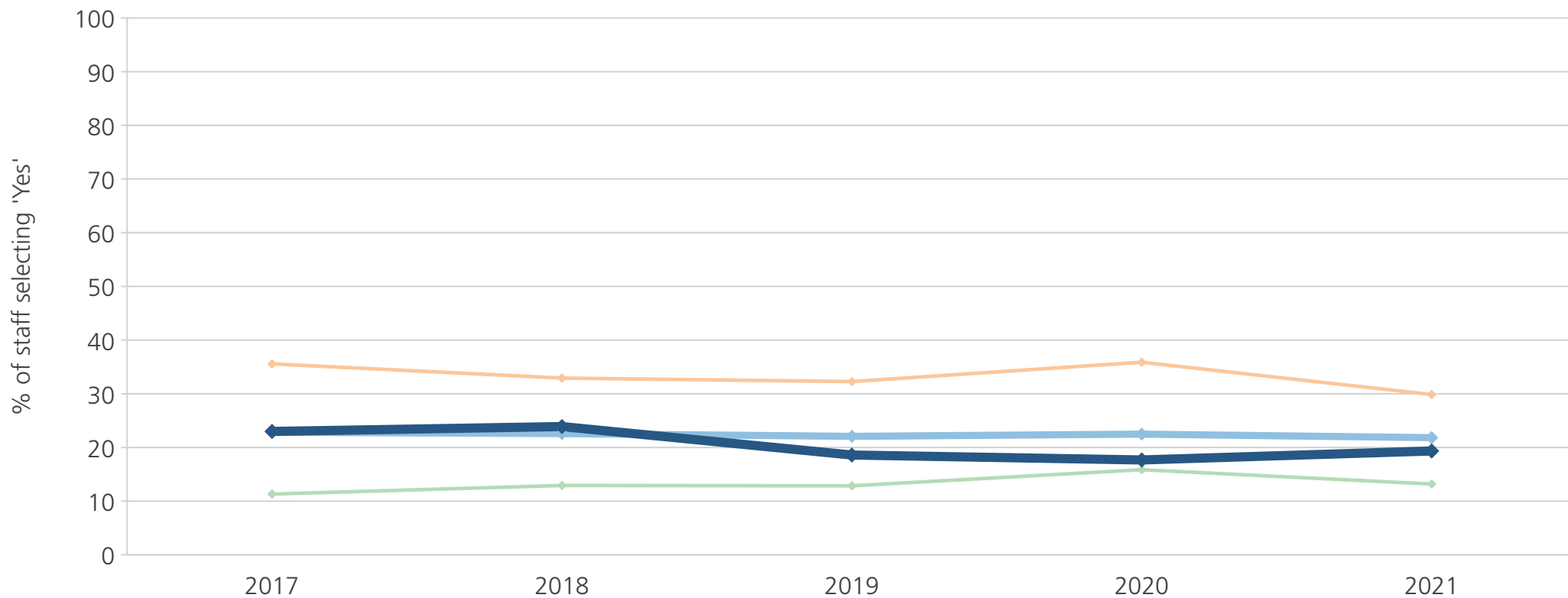
<b>Worst</b>	12.1%	12.5%	13.2%	12.9%	13.5%
<b>Your org</b>	6.6%	7.9%	7.6%	6.5%	8.7%
<b>Average</b>	5.0%	4.8%	5.2%	4.7%	4.5%
<b>Best</b>	0.0%	0.0%	1.1%	1.2%	1.9%
<b>Responses</b>	355	306	421	377	499



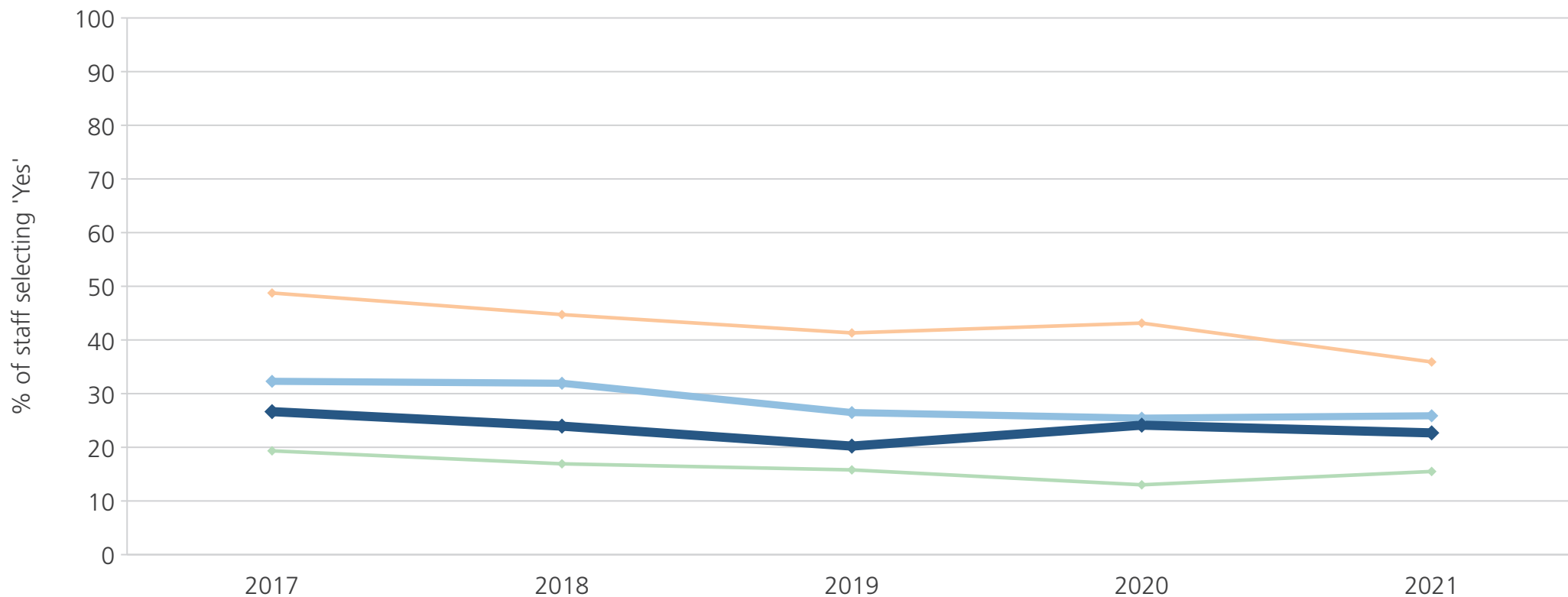
<b>Worst</b>	14.1%	14.9%	17.5%	13.5%	14.6%
<b>Your org</b>	6.6%	5.2%	8.5%	5.1%	6.1%
<b>Average</b>	6.0%	5.6%	6.7%	6.3%	6.4%
<b>Best</b>	2.0%	0.8%	2.4%	1.6%	2.3%
<b>Responses</b>	355	306	421	377	499



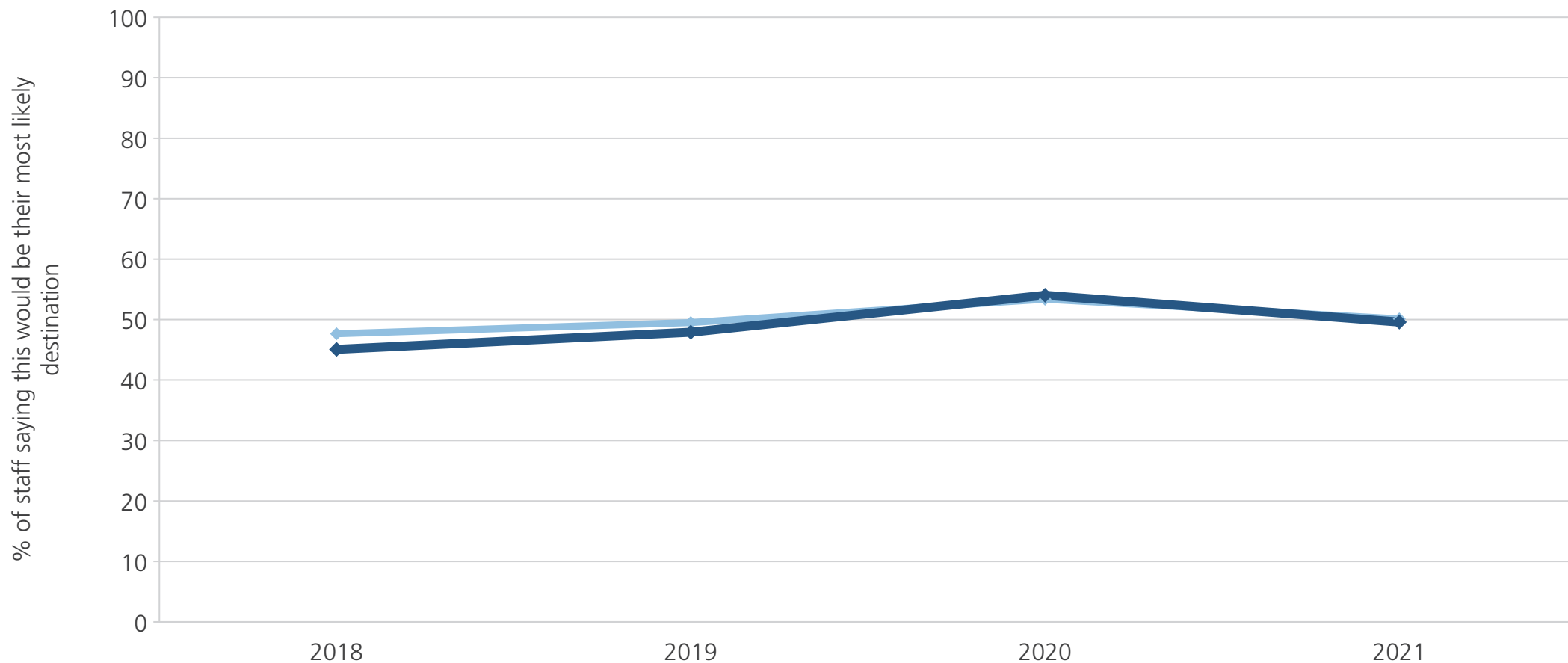
<b>Worst</b>	23.7%	21.7%	19.0%	19.1%	18.2%
<b>Your org</b>	8.6%	7.4%	10.5%	7.5%	8.7%
<b>Average</b>	9.7%	9.7%	10.9%	11.0%	11.7%
<b>Best</b>	1.3%	1.2%	1.0%	3.4%	4.1%
<b>Responses</b>	355	306	421	377	499



	2017	2018	2019	2020	2021
<b>Worst</b>	35.6%	32.9%	32.3%	35.9%	29.9%
<b>Your org</b>	23.0%	23.9%	18.6%	17.7%	19.3%
<b>Average</b>	22.8%	22.6%	22.1%	22.5%	21.8%
<b>Best</b>	11.3%	12.9%	12.9%	15.9%	13.2%
<b>Responses</b>	355	306	421	377	499

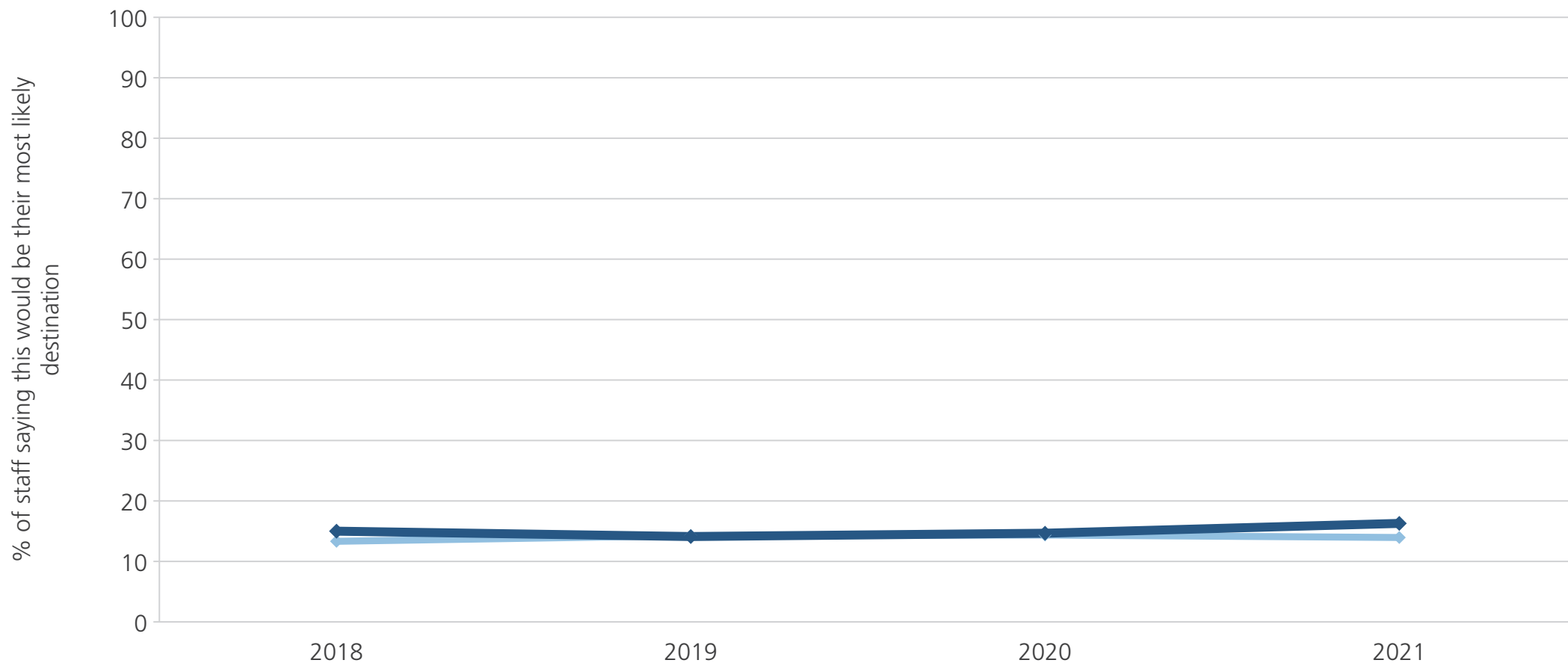


<b>Worst</b>	48.8%	44.7%	41.3%	43.1%	35.9%
<b>Your org</b>	26.6%	23.9%	20.2%	24.1%	22.7%
<b>Average</b>	32.3%	31.9%	26.5%	25.4%	25.9%
<b>Best</b>	19.3%	16.9%	15.8%	13.0%	15.5%
<b>Responses</b>	355	306	421	377	499

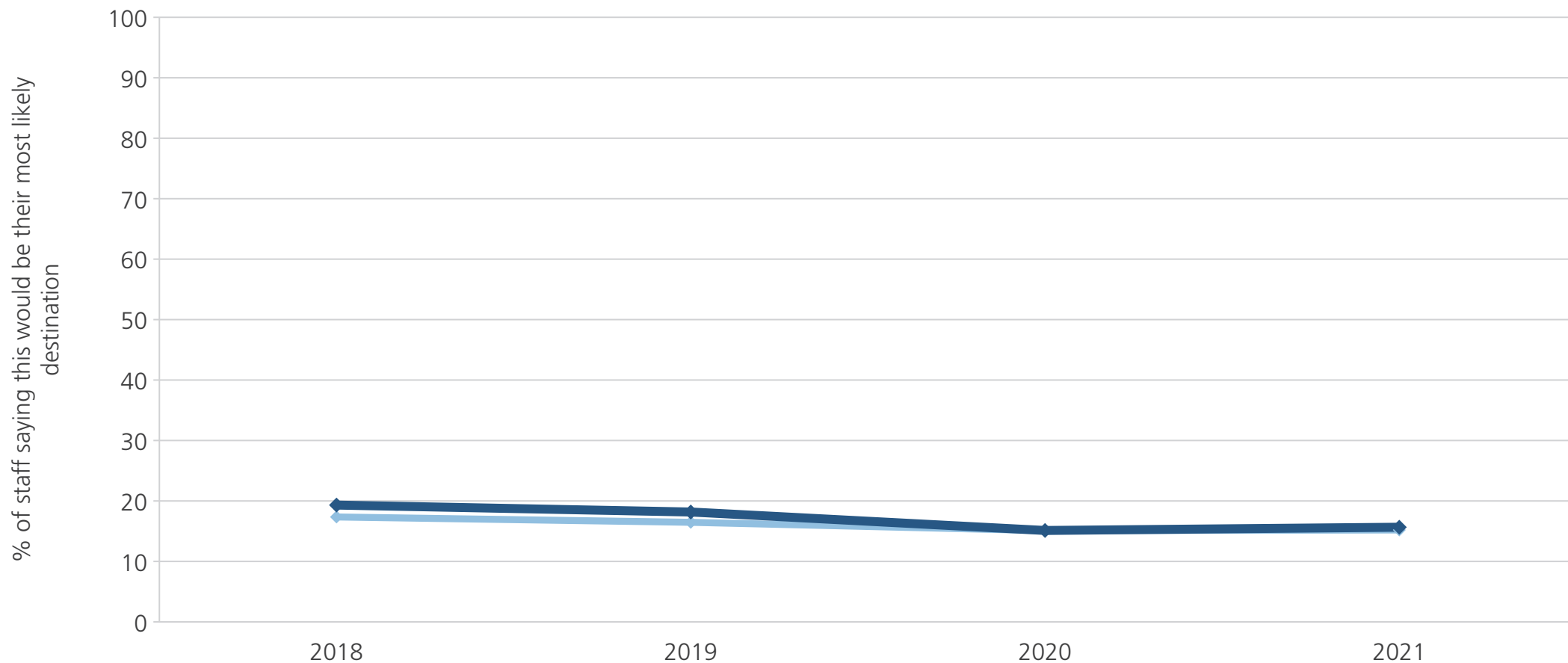


	2018	2019	2020	2021
<b>Your org</b>	45.1%	47.9%	54.0%	49.6%
<b>Average</b>	47.7%	49.5%	53.4%	50.1%
<b>Responses</b>	1,320	1,651	1,753	2,057

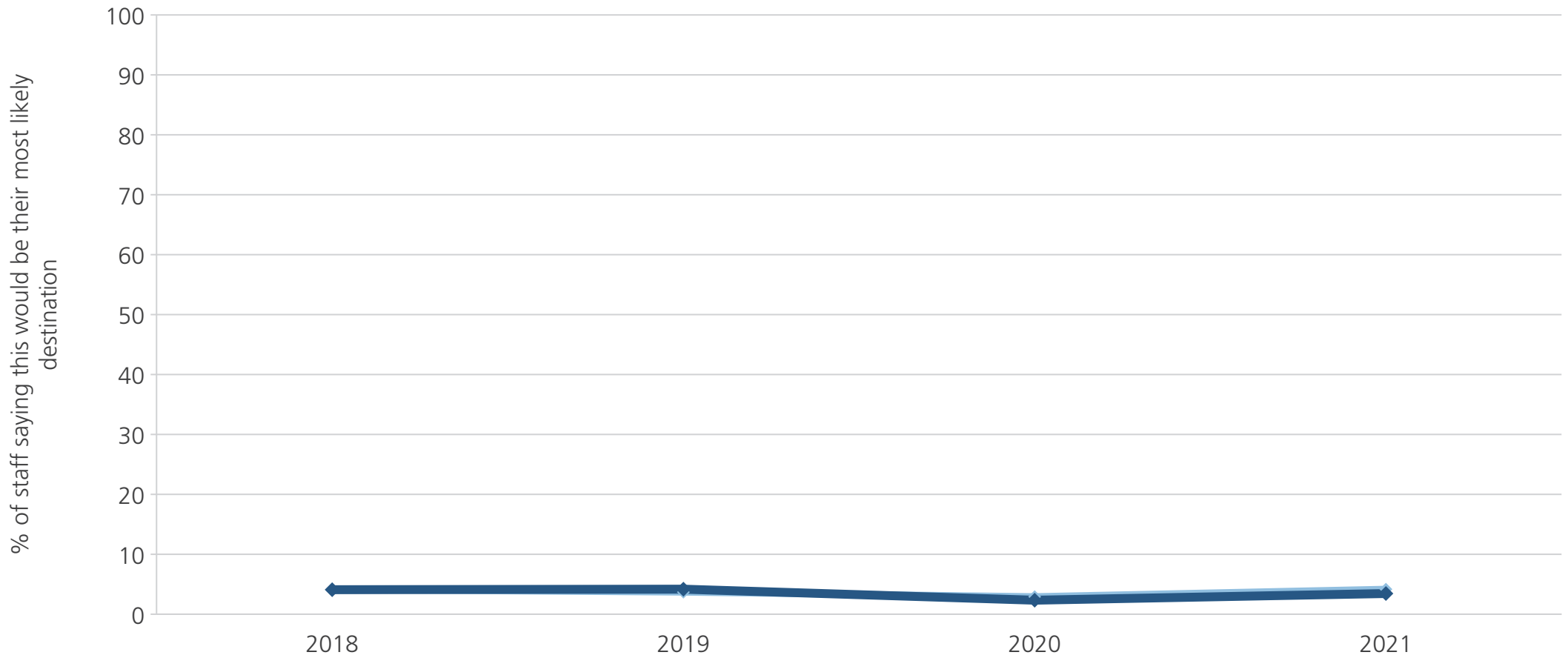




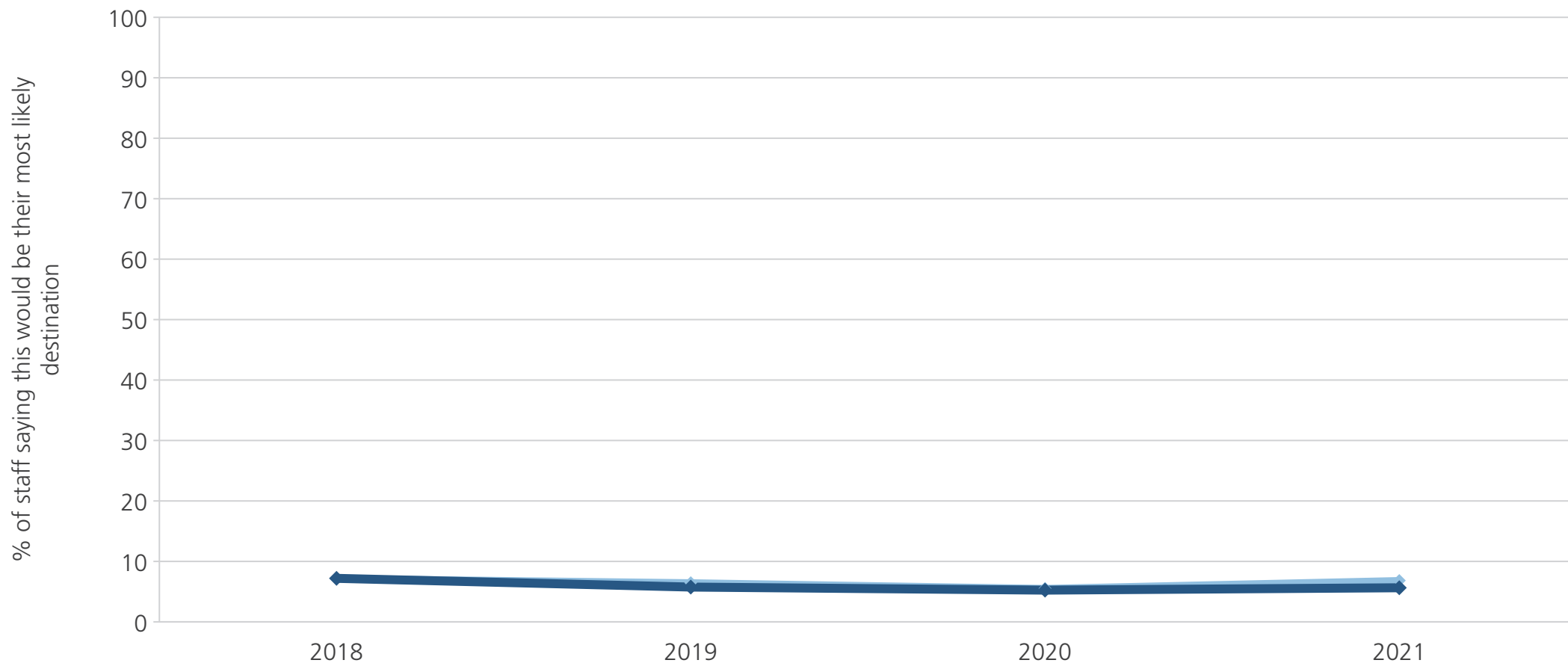
	2018	2019	2020	2021
<b>Your org</b>	15.0%	14.1%	14.7%	16.3%
<b>Average</b>	13.3%	14.3%	14.4%	14.0%
<b>Responses</b>	1,320	1,651	1,753	2,057



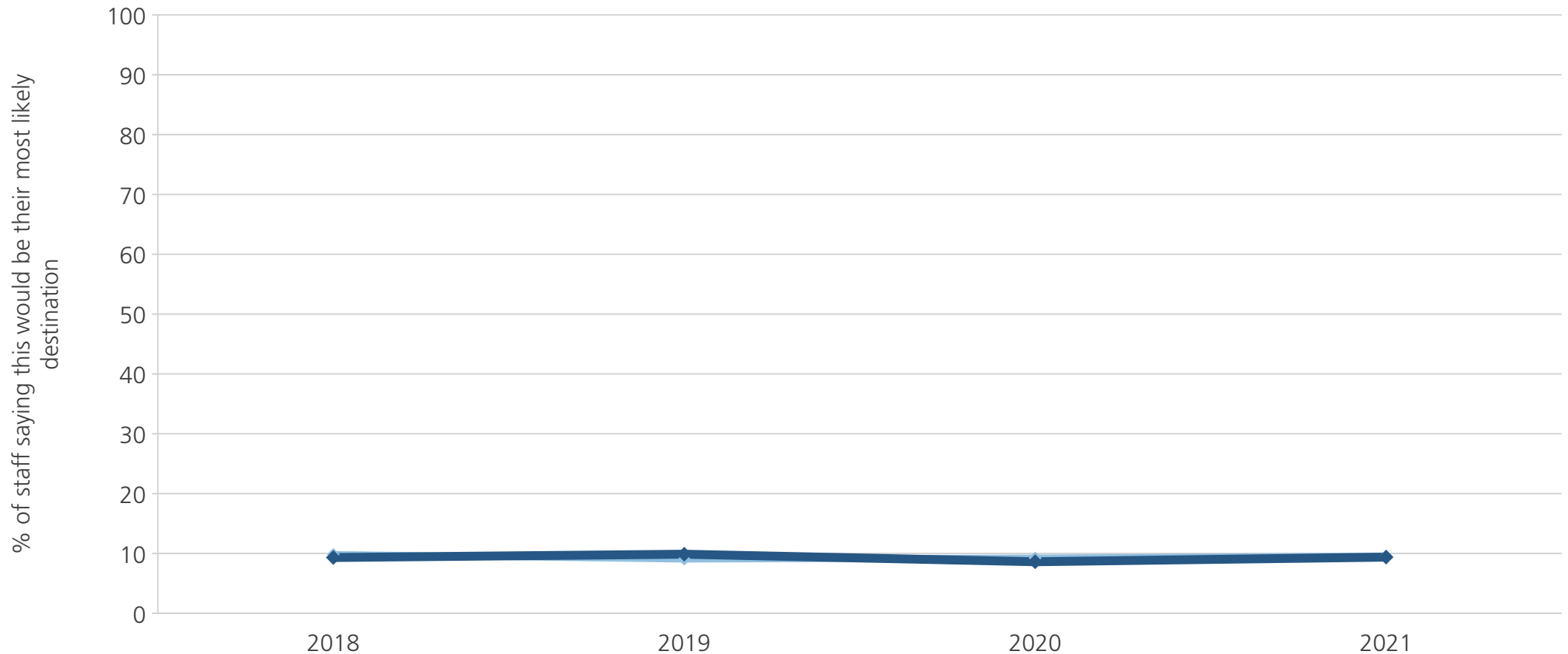
	2018	2019	2020	2021
<b>Your org</b>	19.3%	18.2%	15.1%	15.7%
<b>Average</b>	17.4%	16.5%	15.1%	15.2%
<b>Responses</b>	1,320	1,651	1,753	2,057



<b>Your org</b>	4.1%	4.2%	2.3%	3.5%
<b>Average</b>	4.1%	3.7%	2.9%	4.2%
<b>Responses</b>	1,320	1,651	1,753	2,057

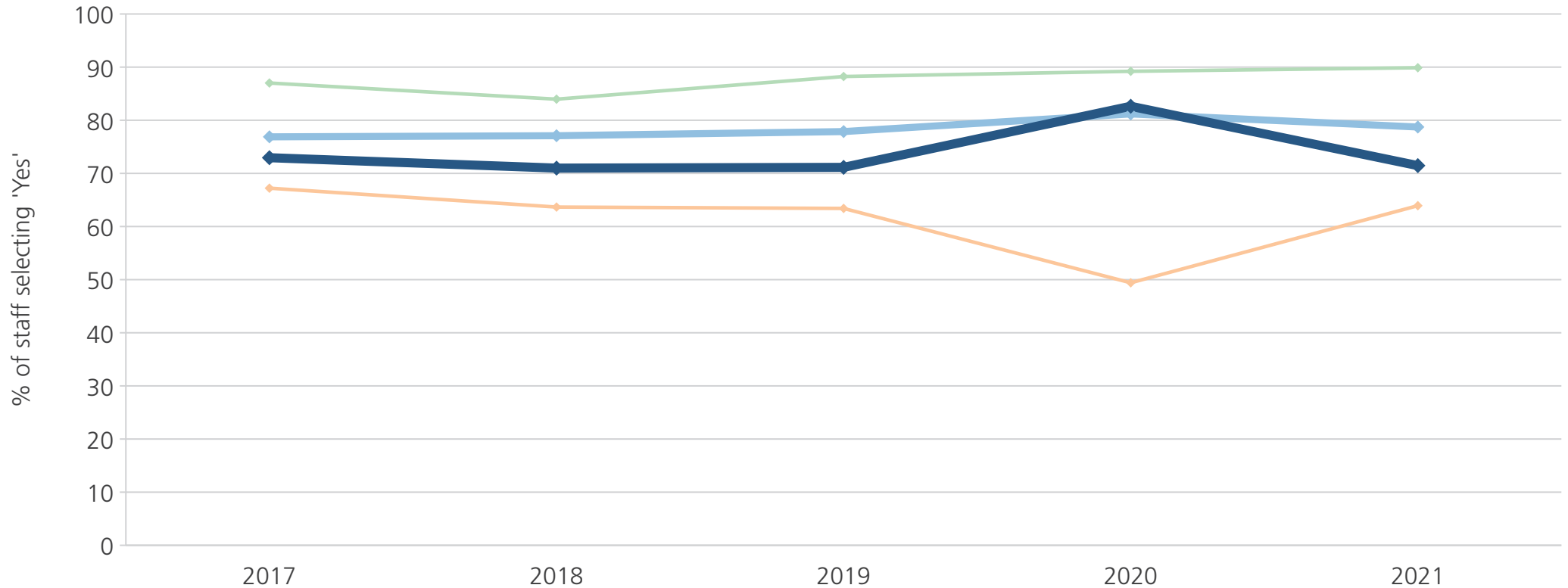


<b>Your org</b>	7.2%	5.8%	5.2%	5.6%
<b>Average</b>	7.2%	6.5%	5.5%	6.8%
<b>Responses</b>	1,320	1,651	1,753	2,057



<b>Your org</b>	9.3%	9.9%	8.6%	9.4%
<b>Average</b>	9.8%	9.1%	9.2%	9.6%
<b>Responses</b>	1,320	1,651	1,753	2,057

This questions was only answered by people who responded 'yes' to Q28a



<b>Best</b>	87.0%	84.0%	88.2%	89.2%	89.9%
<b>Your org</b>	73.0%	71.0%	71.1%	82.6%	71.5%
<b>Average</b>	76.9%	77.1%	77.9%	81.2%	78.7%
<b>Worst</b>	67.2%	63.7%	63.4%	49.4%	63.9%
<b>Responses</b>	221	207	278	294	361

# About your respondents

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

# About your respondents – The Covid-19 pandemic

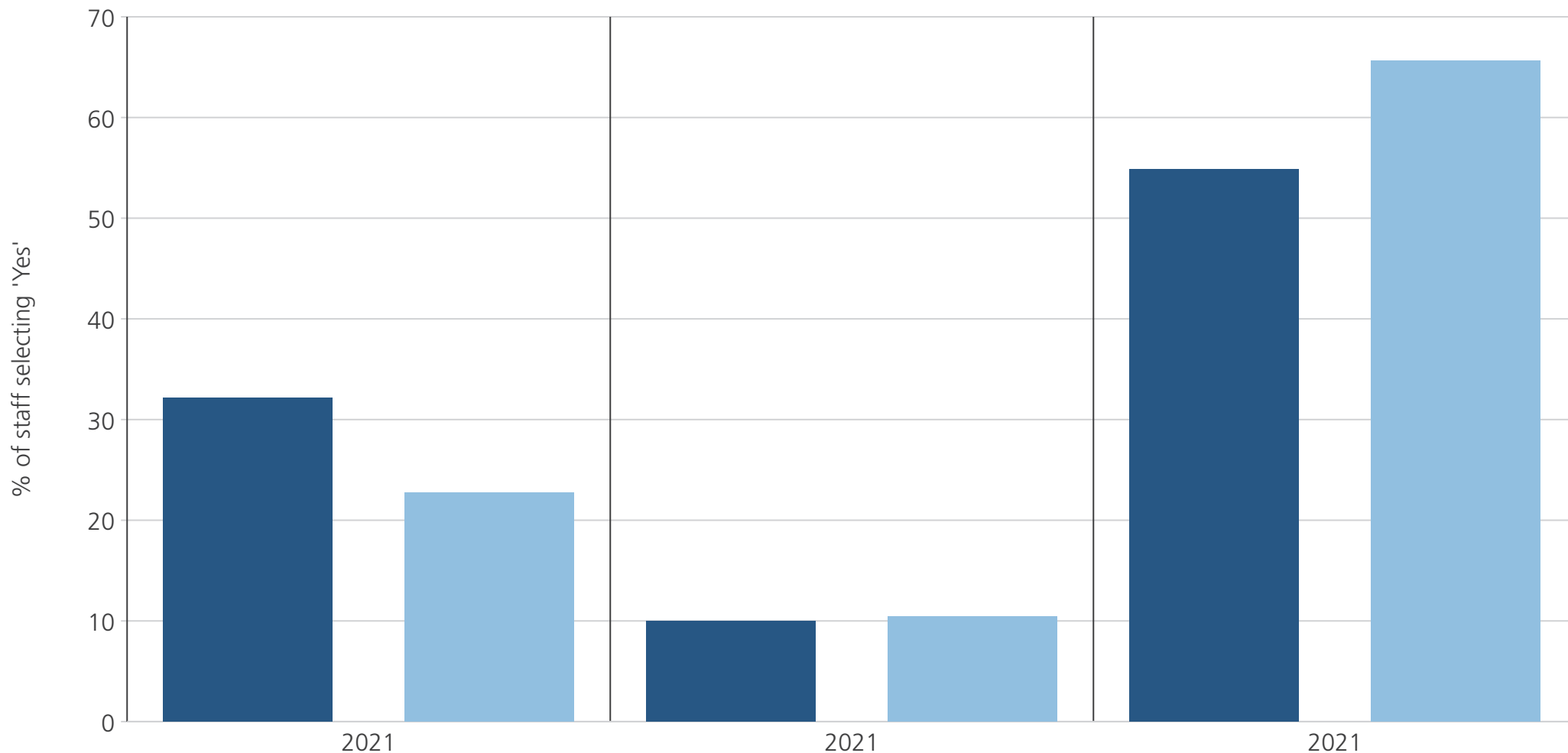
Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?

In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?

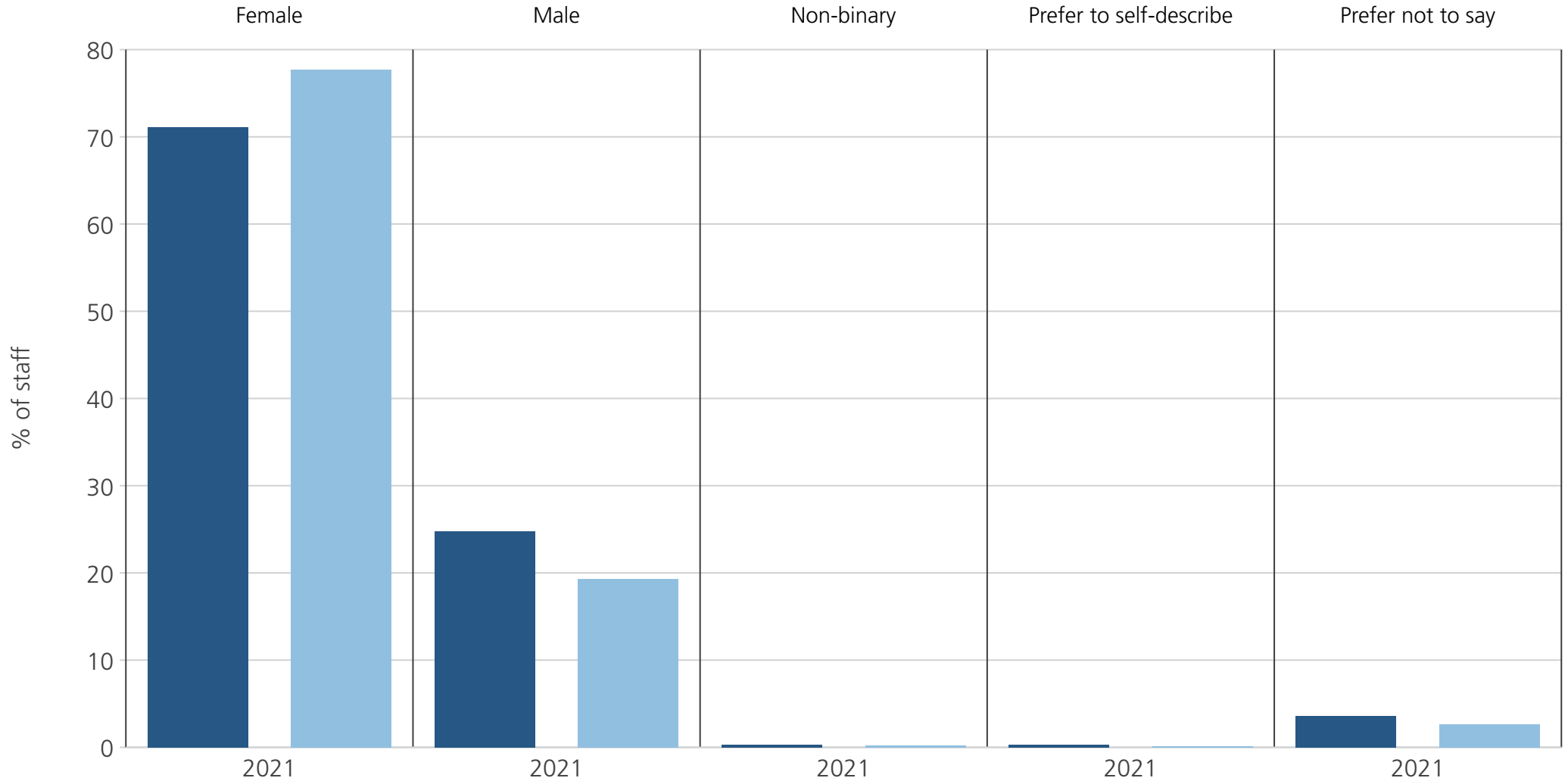
In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



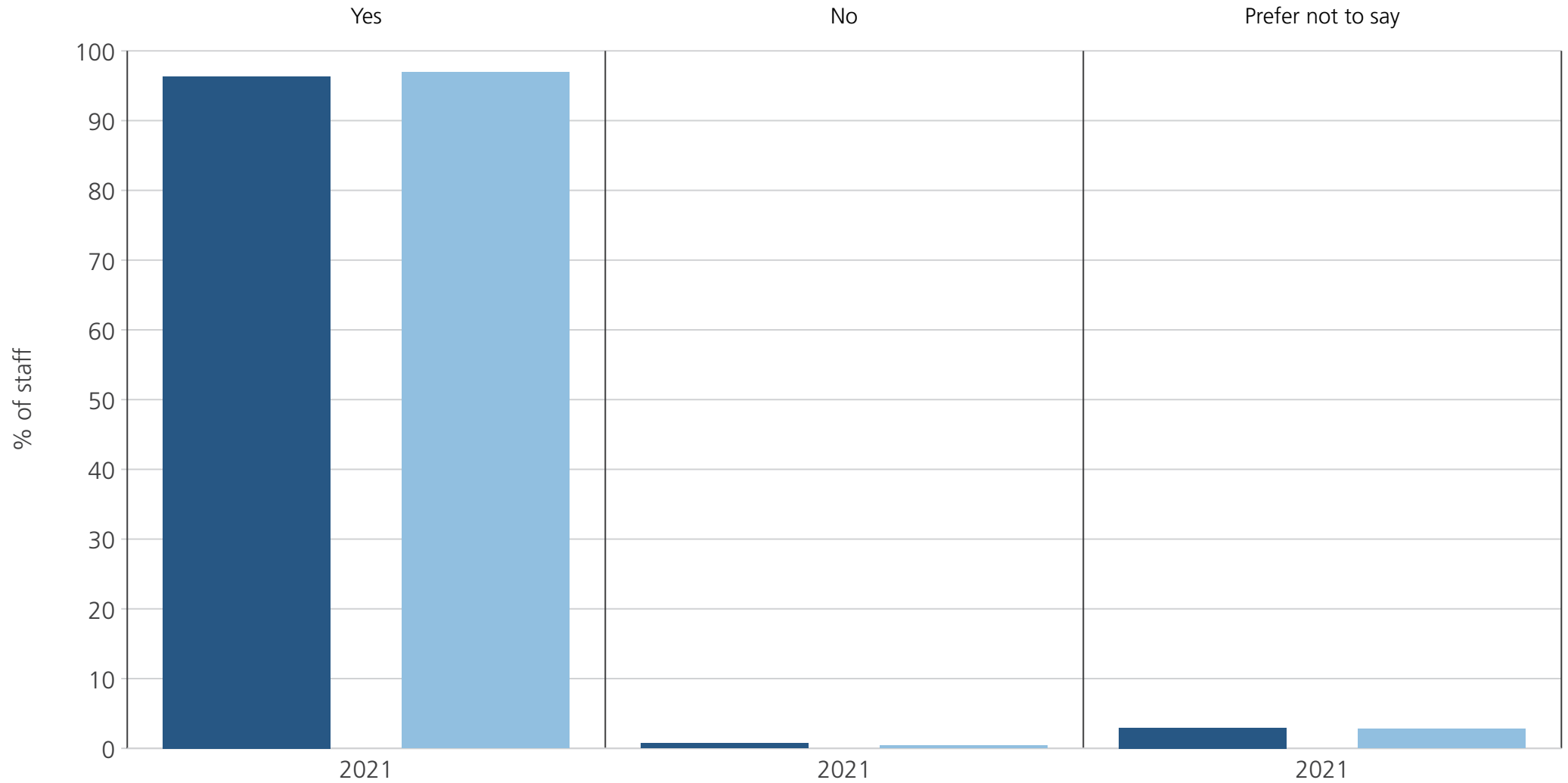
<b>Your org</b>	32.1%	10.0%	54.9%
<b>Average</b>	22.7%	10.4%	65.6%
<b>Responses</b>	2,144	2,140	2,141

# About your respondents – Background details

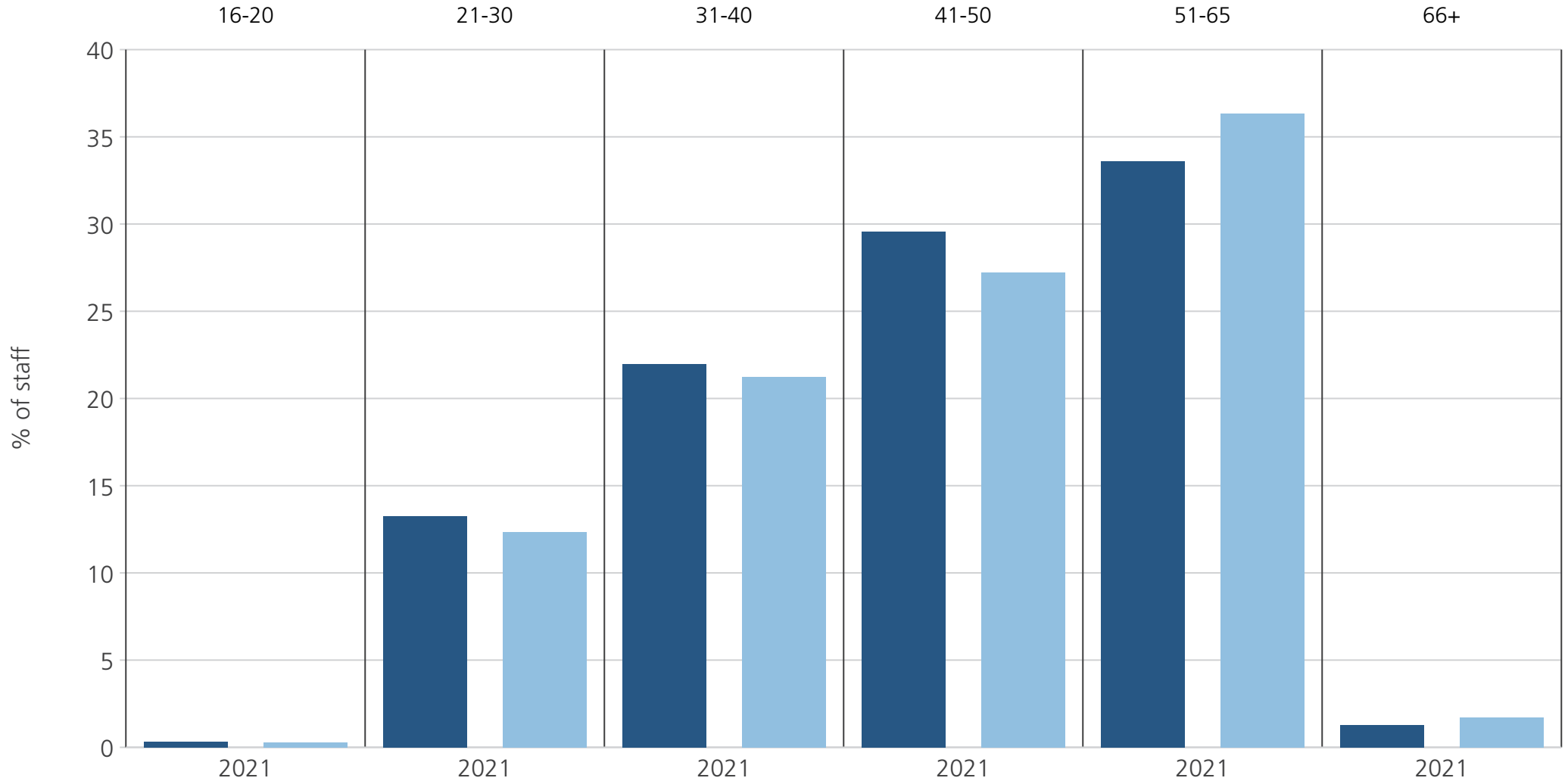
Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



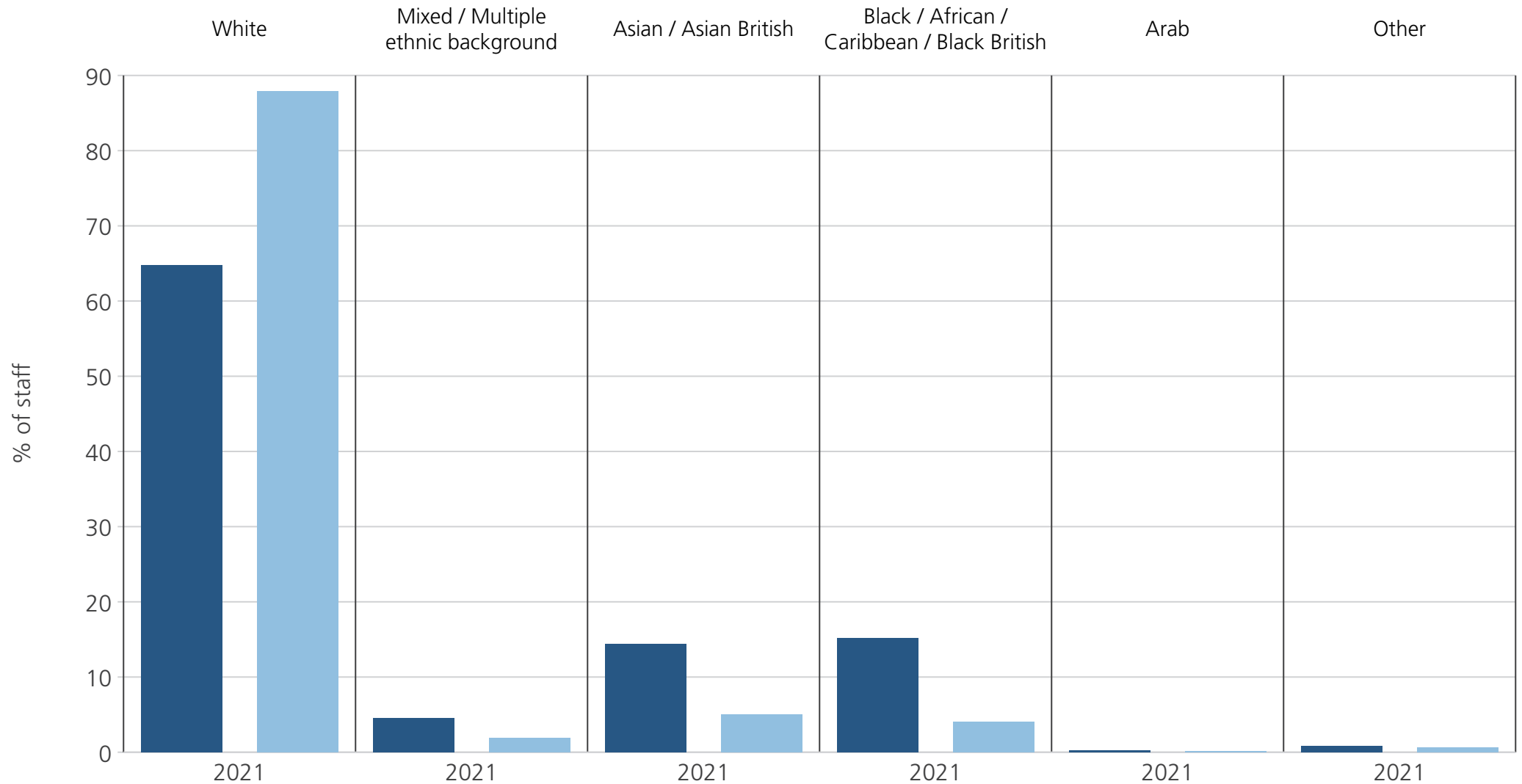
<b>Your org</b>	71.1%	24.7%	0.3%	0.3%	3.6%
<b>Average</b>	77.7%	19.3%	0.2%	0.2%	2.7%
<b>Responses</b>	2,130	2,130	2,130	2,130	2,130



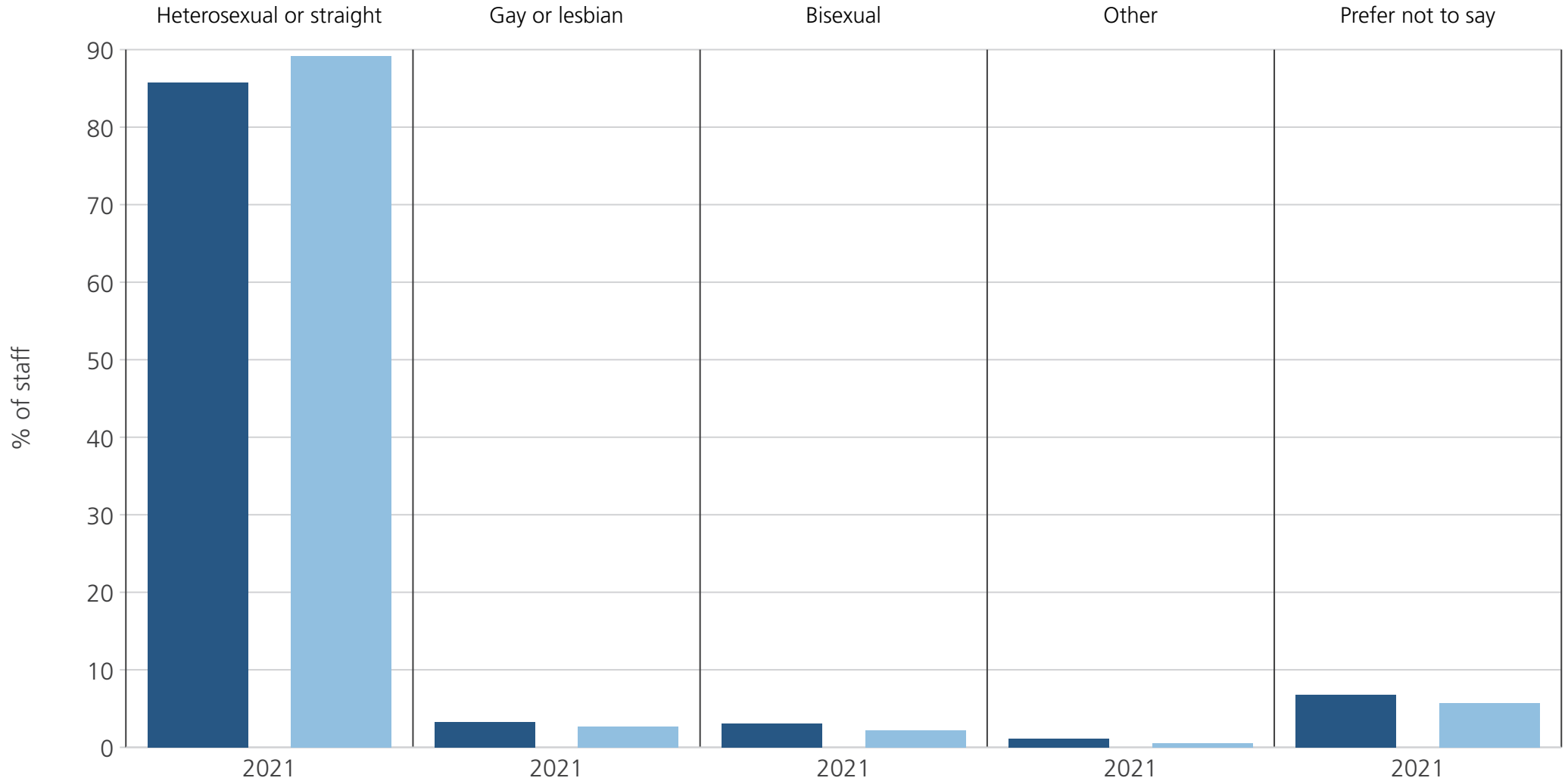
<b>Your org</b>	96.3%	0.7%	3.0%
<b>Average</b>	96.9%	0.4%	2.8%
<b>Responses</b>	2,130	2,130	2,130



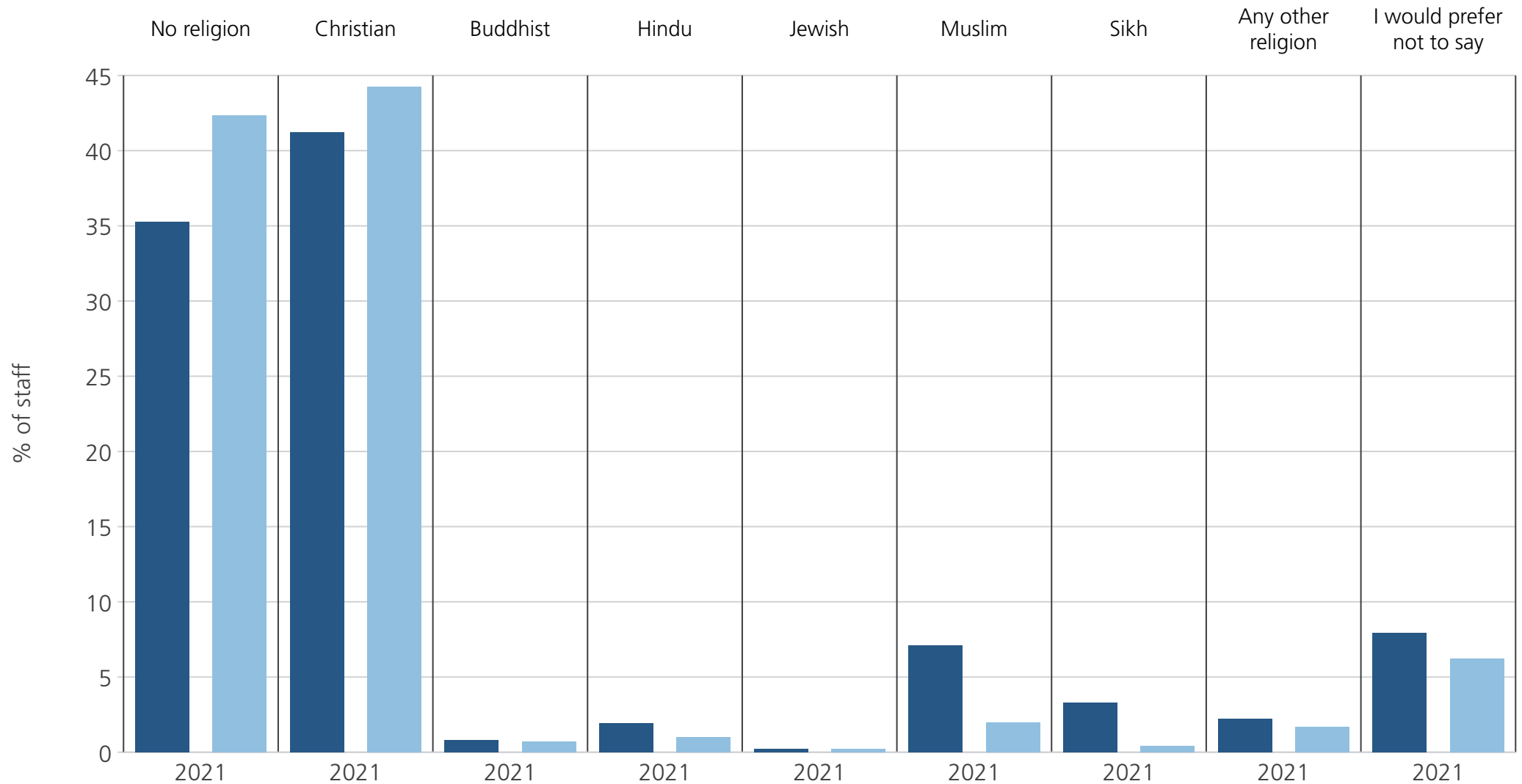
<b>Your org</b>	0.3%	13.2%	22.0%	29.6%	33.6%	1.3%
<b>Average</b>	0.3%	12.4%	21.2%	27.2%	36.3%	1.7%
<b>Responses</b>	2,137	2,137	2,137	2,137	2,137	2,137



<b>Your org</b>	64.7%	4.6%	14.4%	15.2%	0.2%	0.9%
<b>Average</b>	87.9%	1.9%	5.1%	4.1%	0.1%	0.6%
<b>Responses</b>	2,085	2,085	2,085	2,085	2,085	2,085



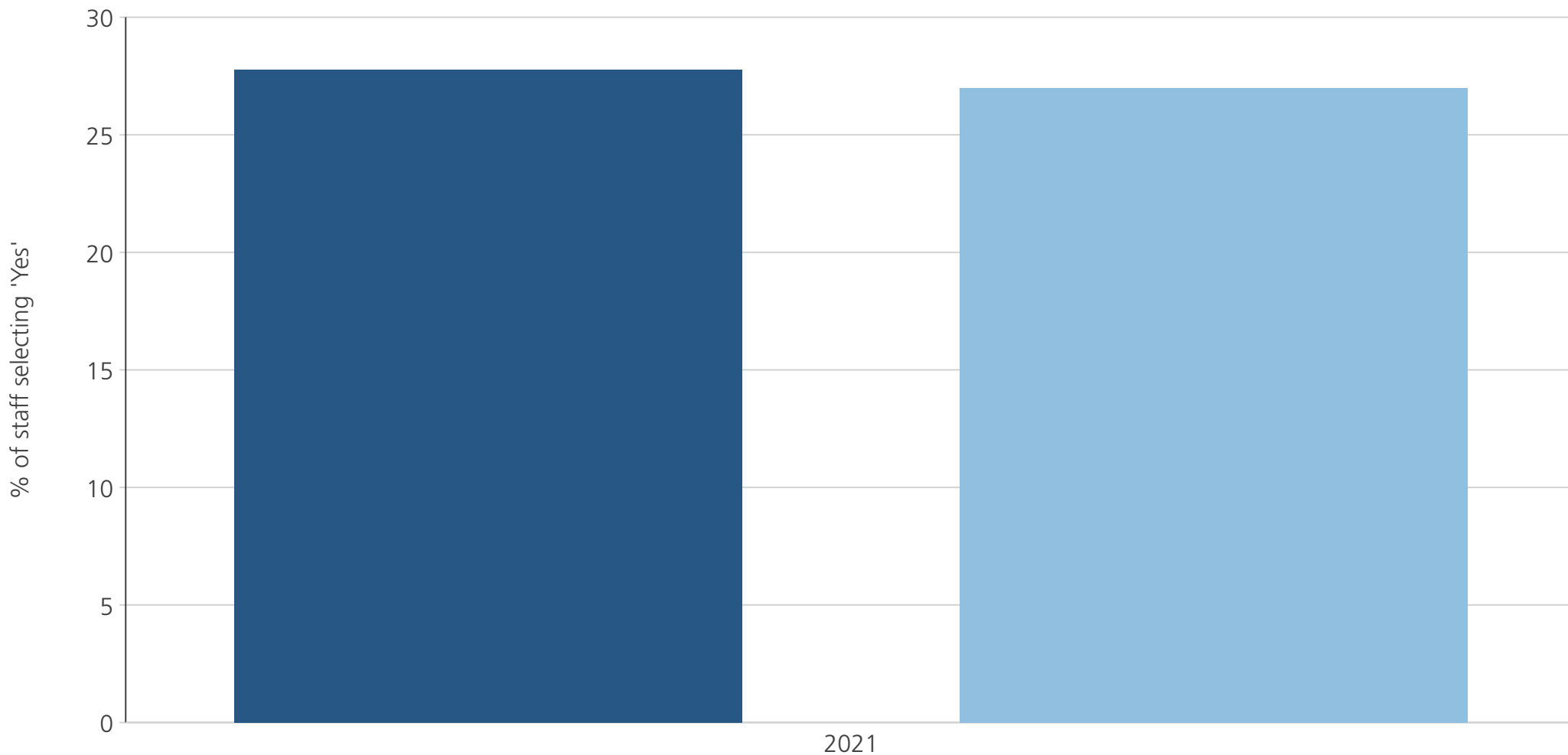
<b>Your org</b>	85.7%	3.3%	3.1%	1.1%	6.8%
<b>Average</b>	89.2%	2.7%	2.2%	0.5%	5.7%
<b>Responses</b>	2,118	2,118	2,118	2,118	2,118



<b>Your org</b>	35.3%	41.2%	0.8%	1.9%	0.2%	7.1%	3.3%	2.2%	7.9%
<b>Average</b>	42.4%	44.3%	0.7%	1.0%	0.2%	2.0%	0.4%	1.7%	6.2%
<b>Responses</b>	2,126	2,126	2,126	2,126	2,126	2,126	2,126	2,126	2,126



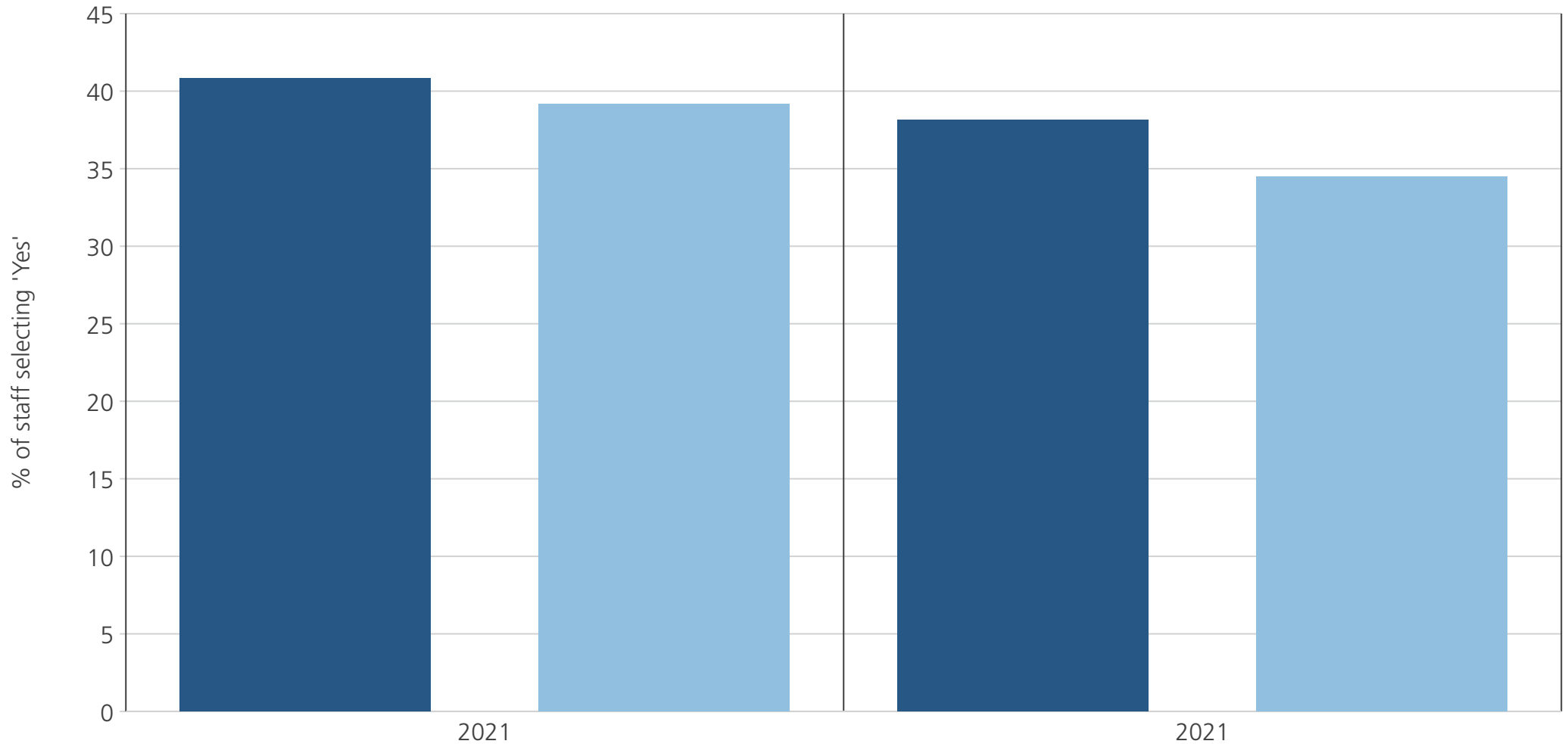
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



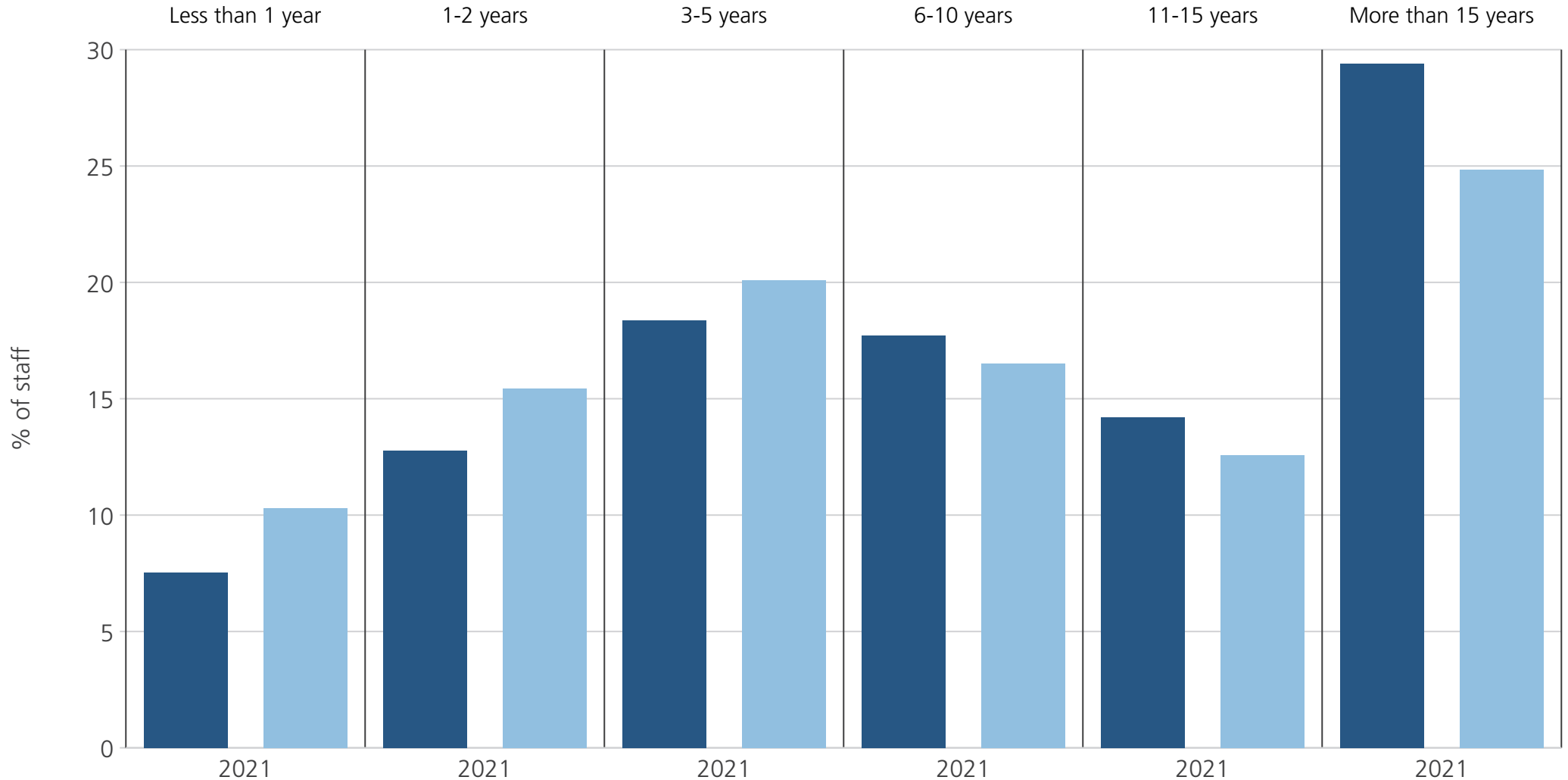
<b>Your org</b>	27.8%
<b>Average</b>	27.0%
<b>Responses</b>	2,134

Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?

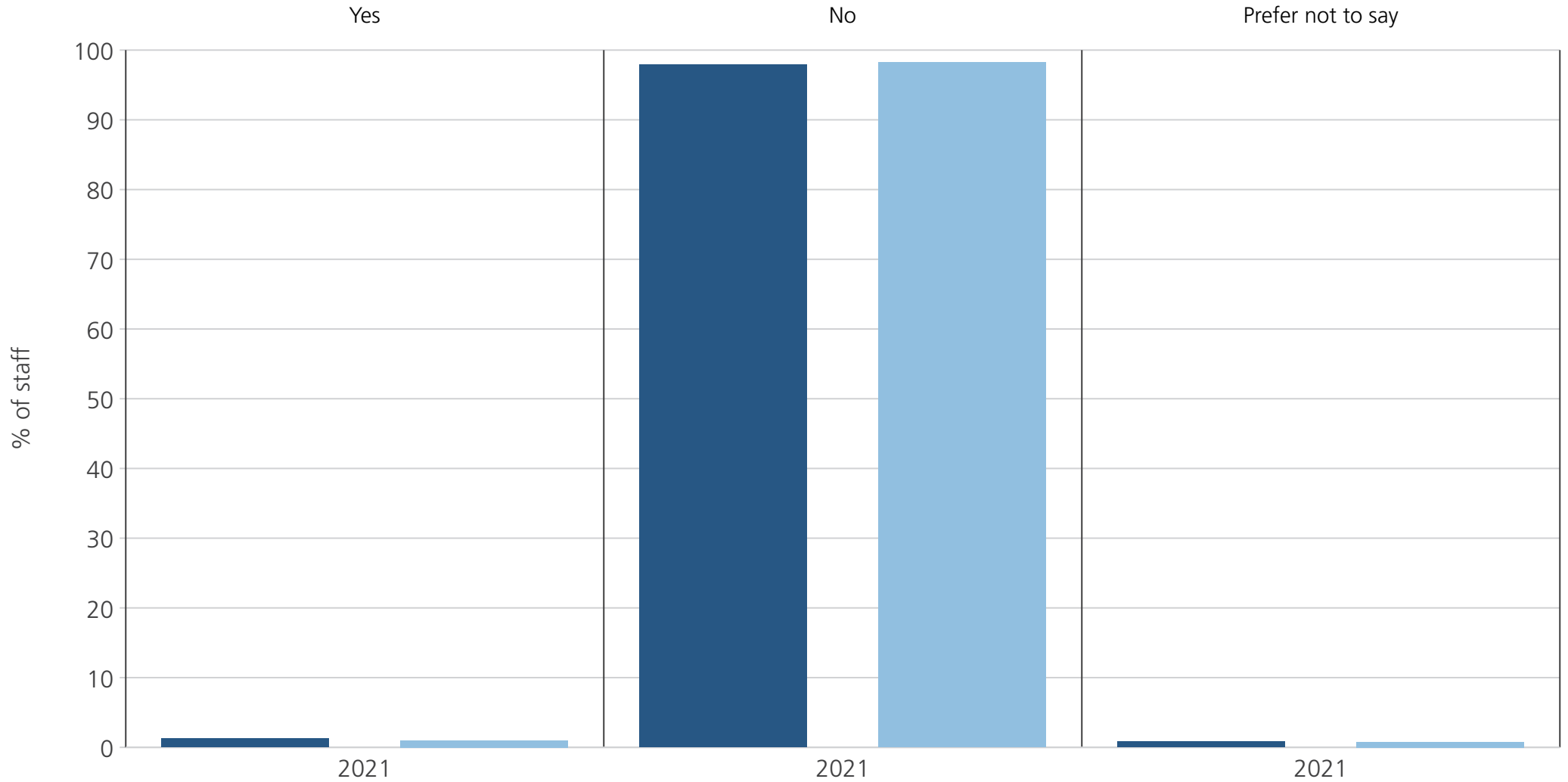
Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?



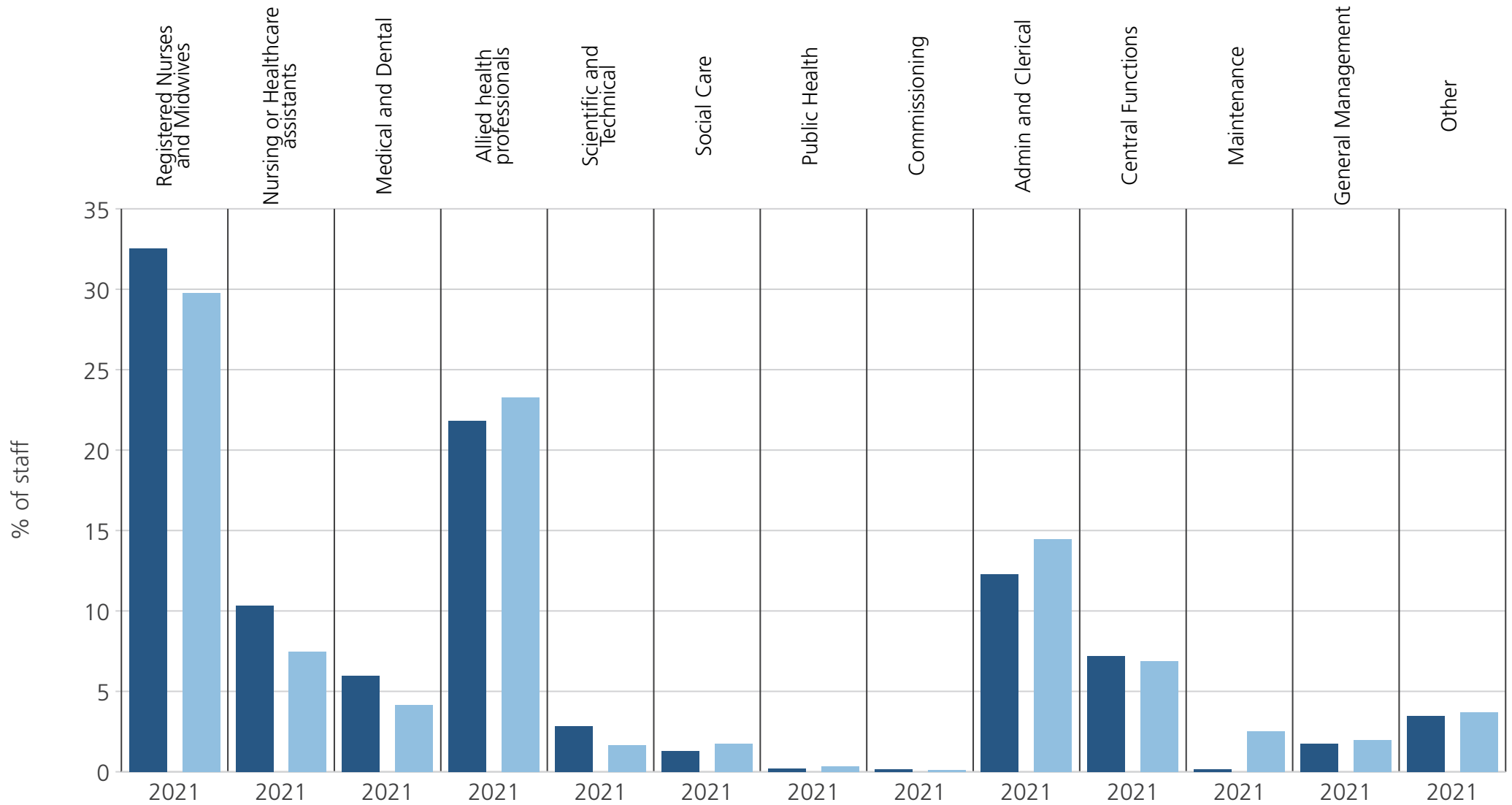
<b>Your org</b>	40.8%	38.2%
<b>Average</b>	39.2%	34.5%
<b>Responses</b>	2,128	2,128



<b>Your org</b>	7.5%	12.8%	18.4%	17.7%	14.2%	29.4%
<b>Average</b>	10.3%	15.4%	20.1%	16.5%	12.6%	24.9%
<b>Responses</b>	2,135	2,135	2,135	2,135	2,135	2,135



<b>Your org</b>	1.3%	97.9%	0.8%
<b>Average</b>	1.0%	98.2%	0.8%
<b>Responses</b>	2,129	2,129	2,129



<b>Your org</b>	32.5%	10.3%	6.0%	21.8%	2.8%	1.3%	0.2%	0.1%	12.3%	7.2%	0.1%	1.7%	3.5%
<b>Average</b>	29.8%	7.5%	4.2%	23.3%	1.7%	1.8%	0.3%	0.1%	14.5%	6.9%	2.5%	2.0%	3.7%
<b>Responses</b>	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121	2,121

# Workforce Equality Standards

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

## Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

## Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q28a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

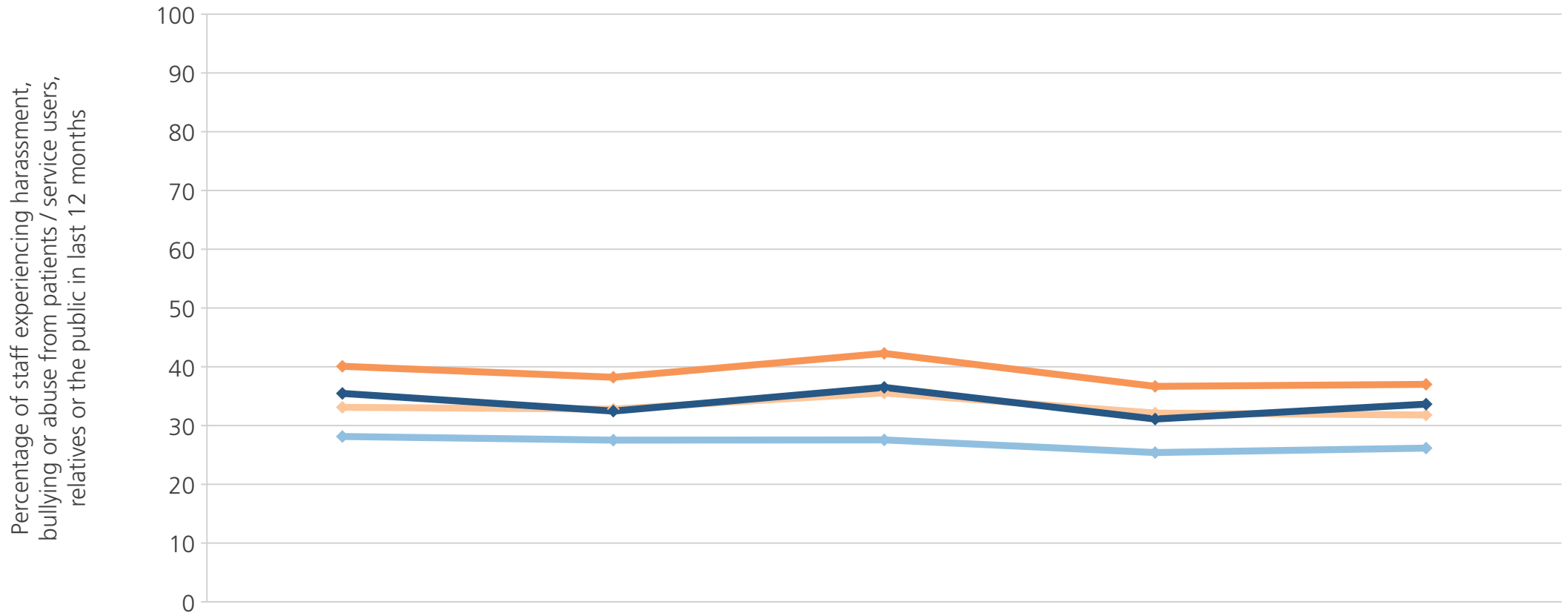
## Changes to how the Workforce Equality Standards are calculated

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
- Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

# Workforce Race Equality Standard (WRES)

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results





	2017	2018	2019	2020	2021
<b>White: Your org</b>	35.5%	32.5%	36.5%	31.1%	33.6%
<b>BME: Your org</b>	40.1%	38.2%	42.3%	36.7%	37.0%
<b>White: Average</b>	28.1%	27.5%	27.6%	25.4%	26.2%
<b>BME: Average</b>	33.1%	32.8%	35.5%	32.1%	31.8%

**White: Responses**

1,032

949

1,088

1,106

1,308

**BME: Responses**

479

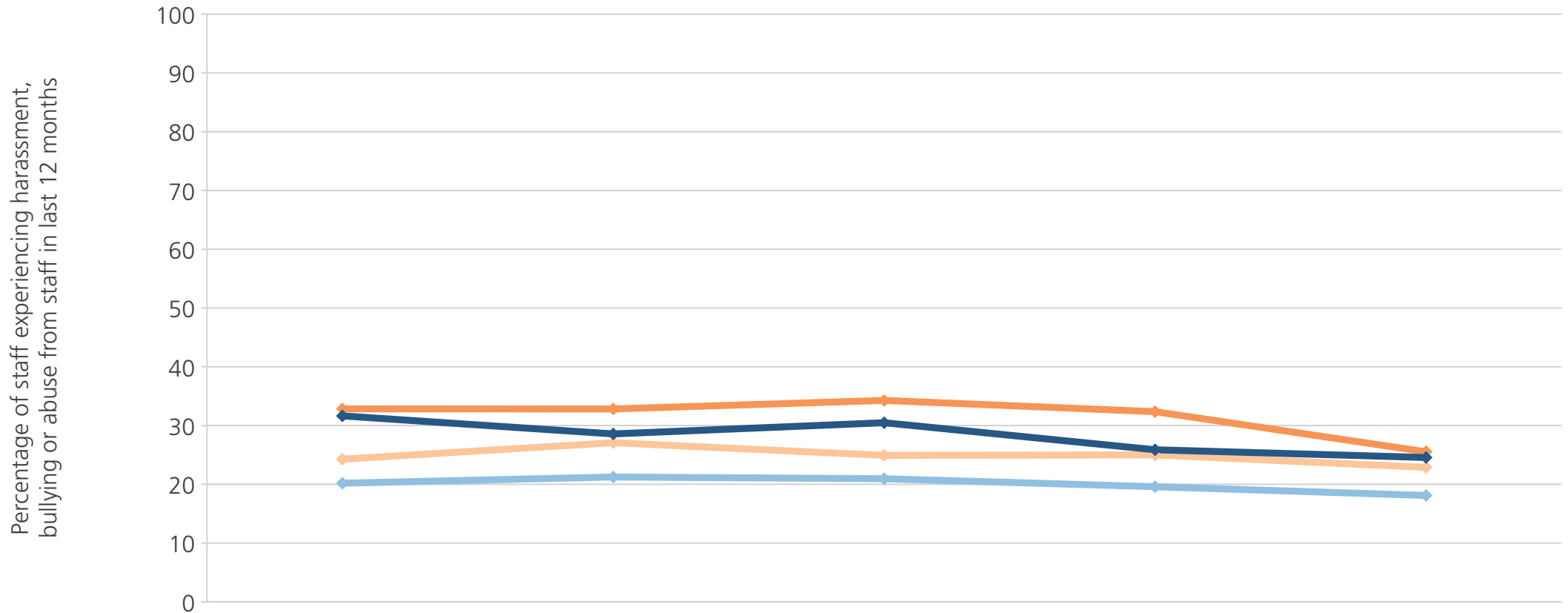
403

537

510

708

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
<b>White: Your org</b>	31.6%	28.6%	30.5%	25.9%	24.6%
<b>BME: Your org</b>	32.8%	32.8%	34.3%	32.4%	25.5%
<b>White: Average</b>	20.2%	21.2%	21.0%	19.6%	18.1%
<b>BME: Average</b>	24.3%	27.1%	24.9%	25.0%	22.9%

White: Responses

1,024

938

1,086

1,113

1,307

BME: Responses

472

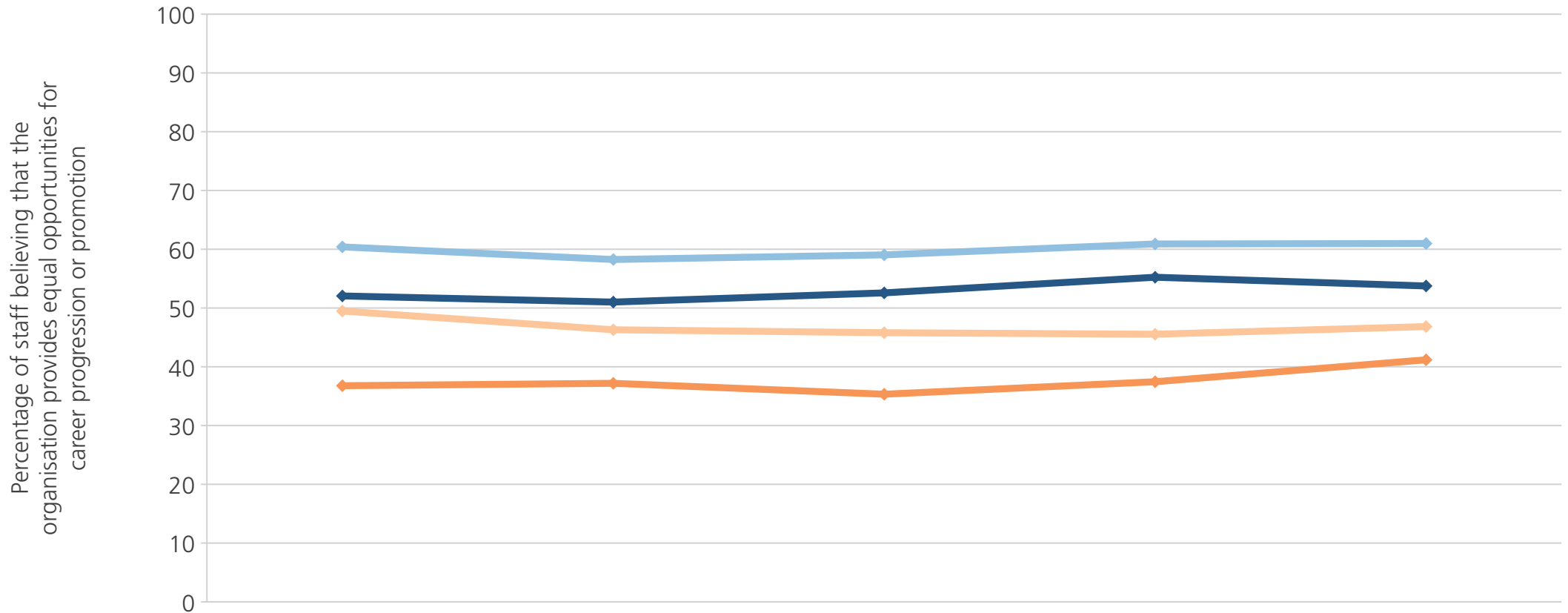
390

534

513

705

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
<b>White: Your org</b>	52.1%	51.0%	52.6%	55.2%	53.7%
<b>BME: Your org</b>	36.8%	37.2%	35.3%	37.5%	41.2%
<b>White: Average</b>	60.4%	58.3%	59.0%	60.9%	61.0%
<b>BME: Average</b>	49.5%	46.3%	45.8%	45.5%	46.8%

White: Responses

1,024

945

1,088

1,146

1,334

BME: Responses

465

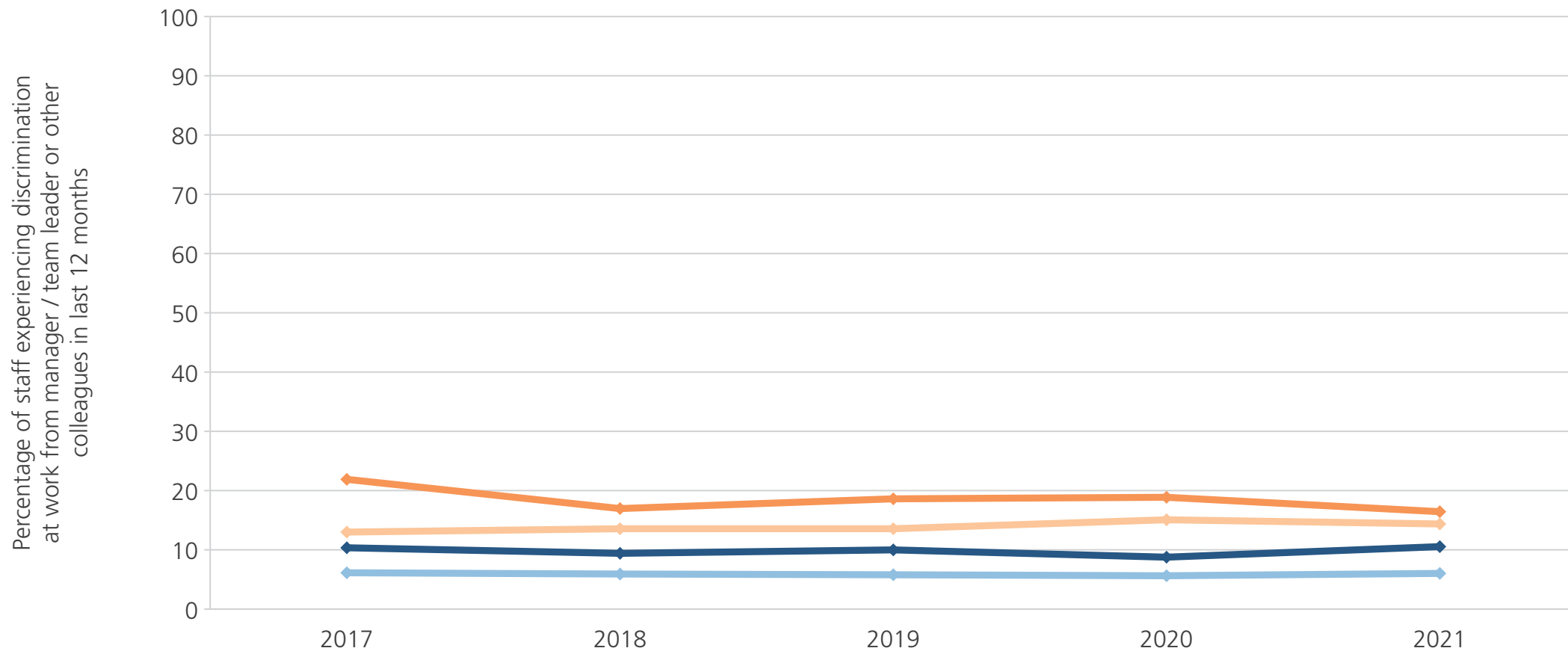
398

535

526

726

Average calculated as the median for the benchmark group



<b>White: Your org</b>	10.3%	9.4%	10.0%	8.8%	10.5%
<b>BME: Your org</b>	21.9%	17.0%	18.6%	18.9%	16.4%
<b>White: Average</b>	6.1%	5.9%	5.8%	5.6%	6.0%
<b>BME: Average</b>	13.0%	13.6%	13.6%	15.1%	14.4%

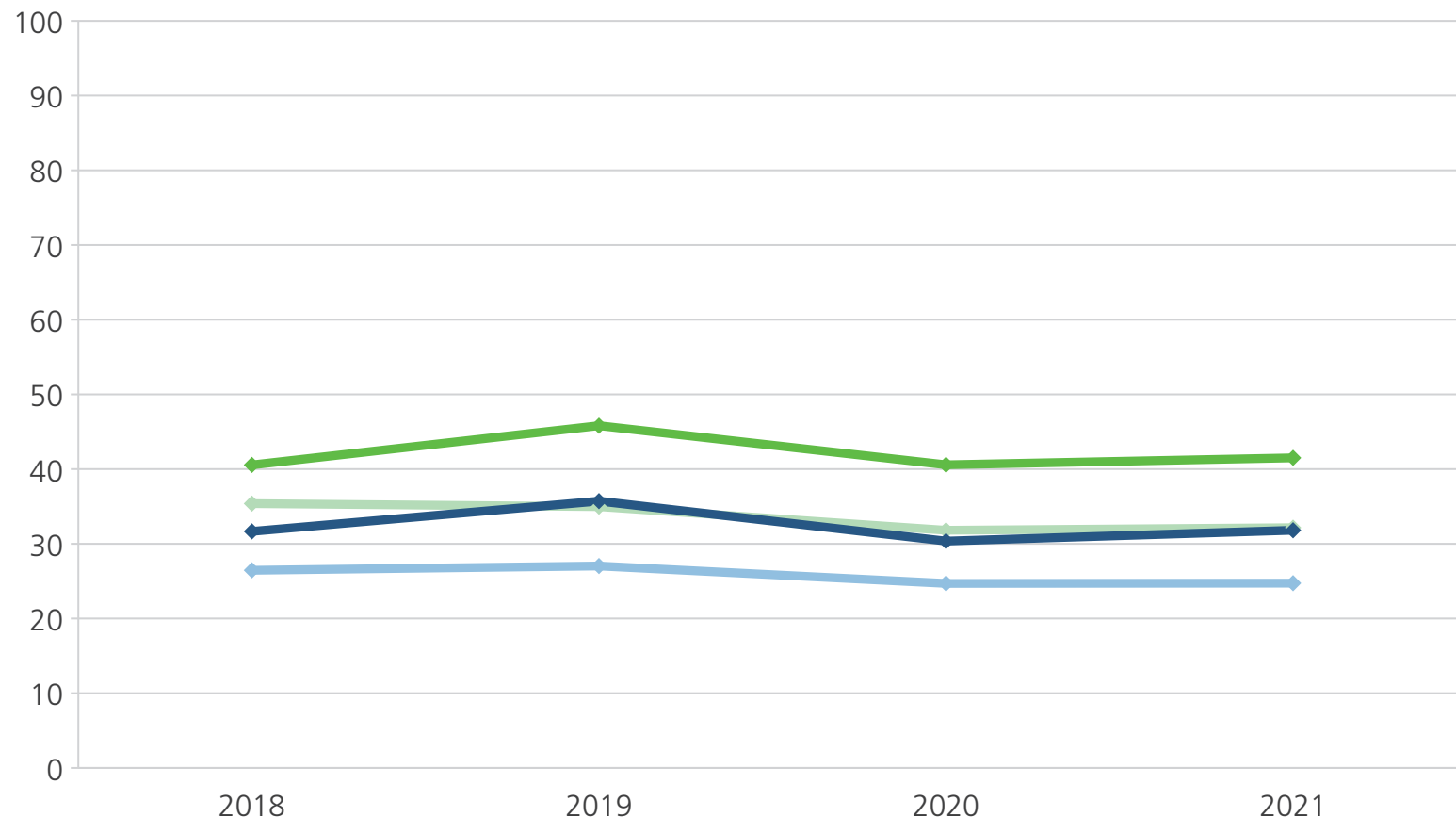
<b>White: Responses</b>	1,034	946	1,091	1,153	1,347
<b>BME: Responses</b>	475	395	532	530	724

Average calculated as the median for the benchmark group

# Workforce Disability Equality Standard (WDES)

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	40.6%	45.8%	40.6%	41.5%
<b>Staff without a LTC or illness: Your org</b>	31.7%	35.7%	30.4%	31.8%
<b>Staff with a LTC or illness: Average</b>	35.4%	35.0%	31.8%	32.2%
<b>Staff without a LTC or illness: Average</b>	26.5%	27.0%	24.7%	24.7%

Staff with a LTC or illness: Responses

323

430

451

571

Staff without a LTC or illness: Responses

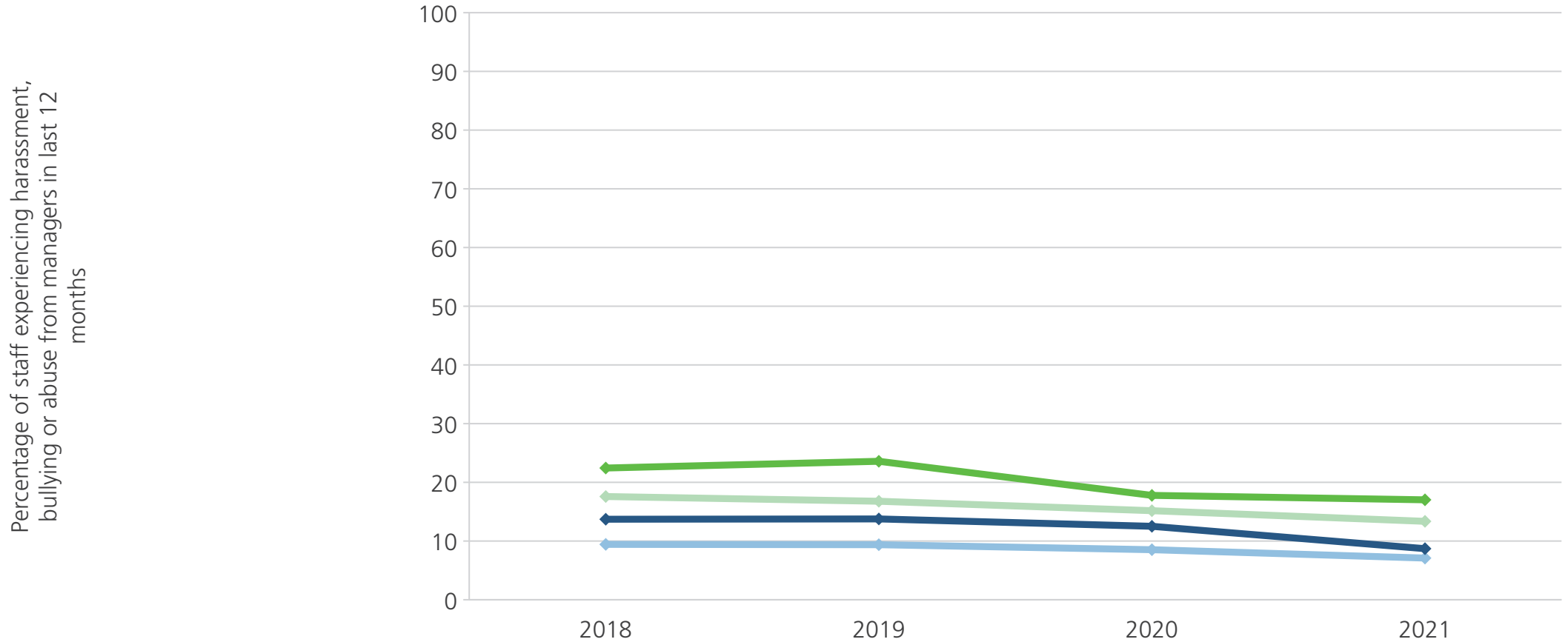
1,017

1,246

1,232

1,490

Average calculated as the median for the benchmark group



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	22.4%	23.6%	17.8%	17.0%
<b>Staff without a LTC or illness: Your org</b>	13.7%	13.8%	12.5%	8.7%
<b>Staff with a LTC or illness: Average</b>	17.6%	16.8%	15.2%	13.4%
<b>Staff without a LTC or illness: Average</b>	9.4%	9.4%	8.5%	7.1%

Staff with a LTC or illness: Responses

312

424

450

564

Staff without a LTC or illness: Responses

999

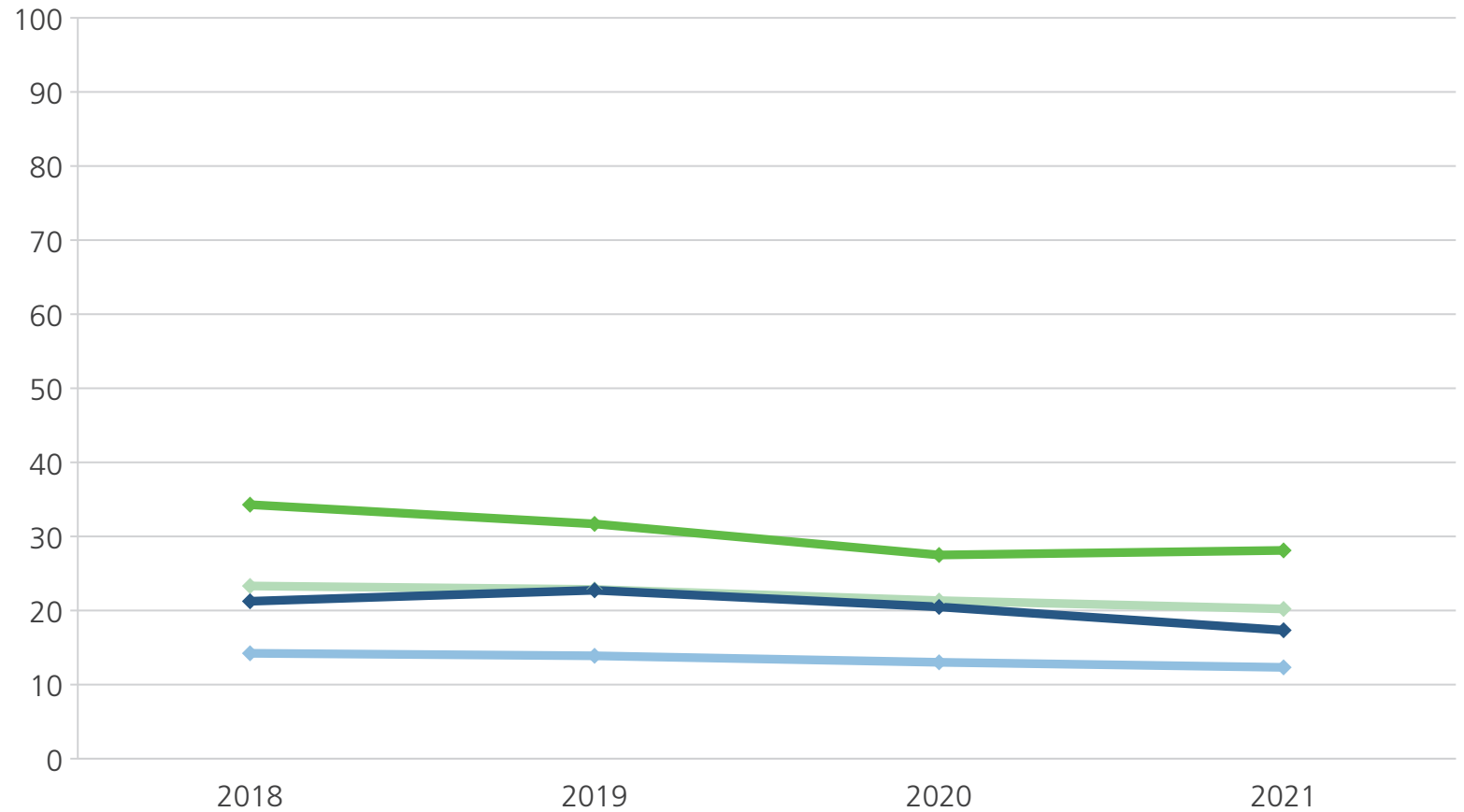
1,235

1,231

1,471

Average calculated as the median for the benchmark group

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	34.3%	31.7%	27.5%	28.1%
<b>Staff without a LTC or illness: Your org</b>	21.2%	22.7%	20.5%	17.3%
<b>Staff with a LTC or illness: Average</b>	23.3%	22.8%	21.3%	20.2%
<b>Staff without a LTC or illness: Average</b>	14.2%	13.9%	13.0%	12.3%

Staff with a LTC or illness: Responses

315

426

451

562

Staff without a LTC or illness: Responses

993

1,236

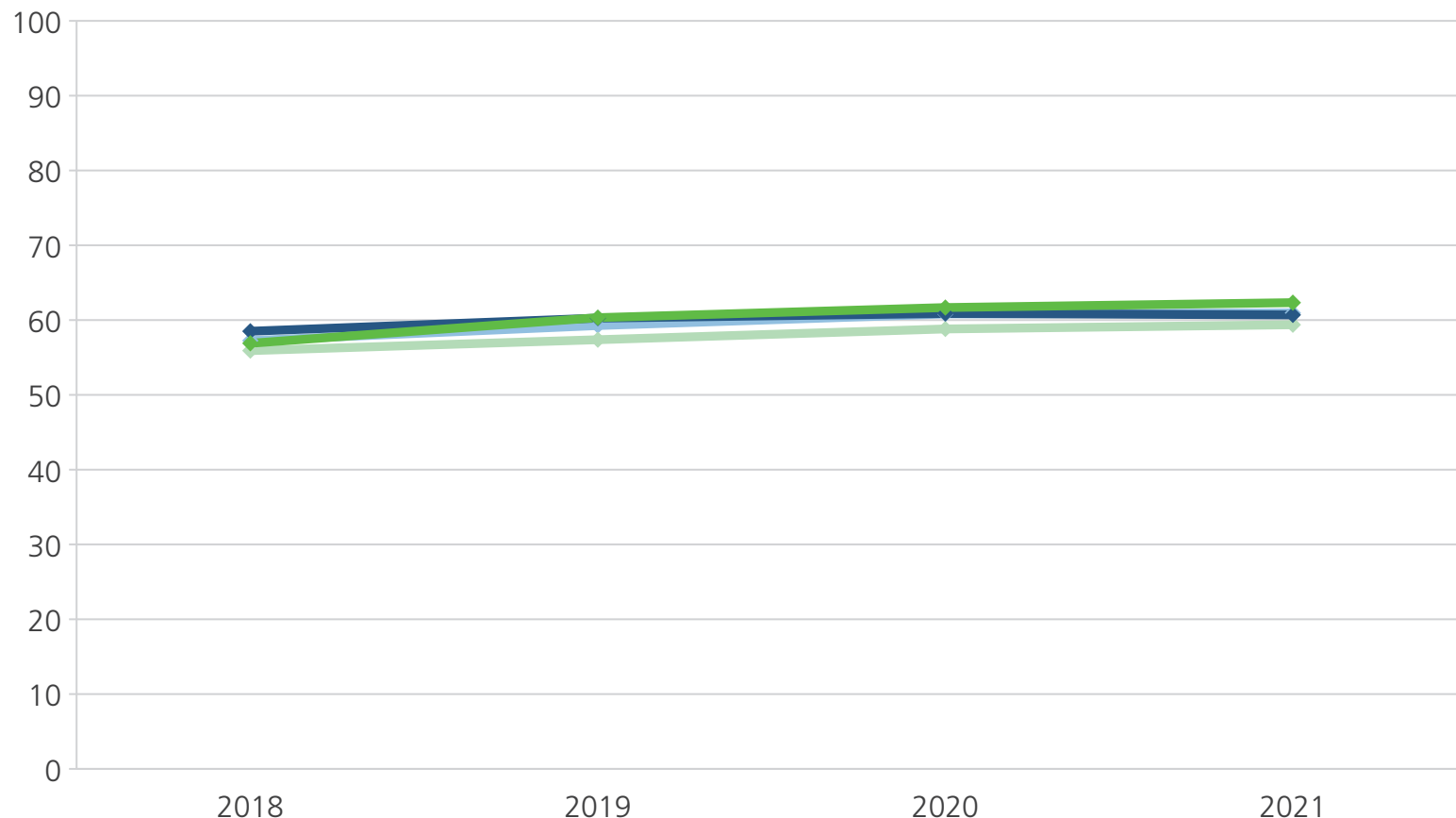
1,235

1,471

Average calculated as the median for the benchmark group



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	56.9%	60.3%	61.7%	62.3%
<b>Staff without a LTC or illness: Your org</b>	58.5%	60.3%	60.9%	60.7%
<b>Staff with a LTC or illness: Average</b>	55.9%	57.4%	58.8%	59.4%
<b>Staff without a LTC or illness: Average</b>	57.3%	59.3%	60.8%	61.0%

Staff with a LTC or illness: Responses

174

247

227

292

Staff without a LTC or illness: Responses

388

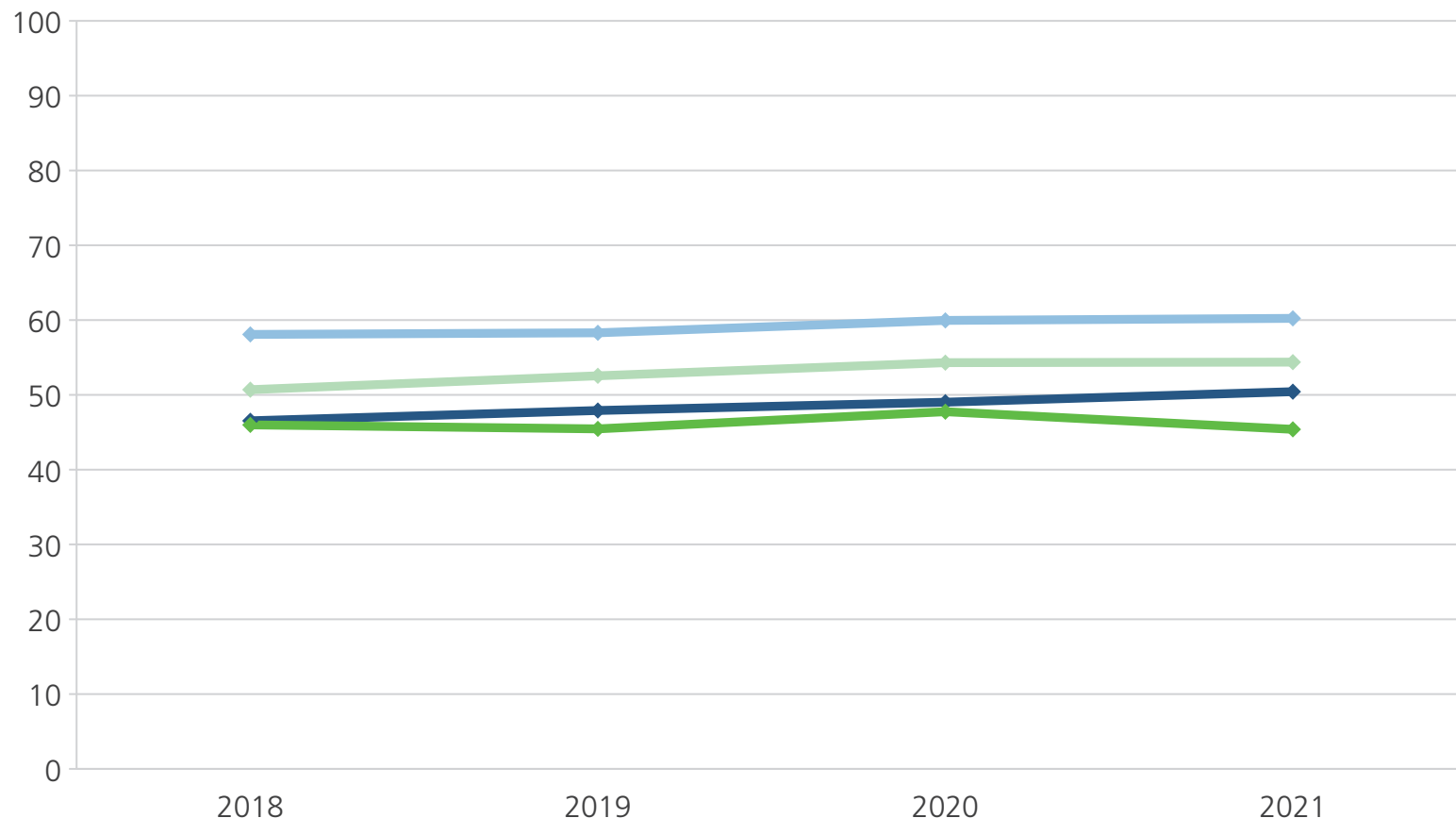
536

478

580

Average calculated as the median for the benchmark group

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	46.0%	45.5%	47.8%	45.4%
<b>Staff without a LTC or illness: Your org</b>	46.5%	47.9%	49.0%	50.4%
<b>Staff with a LTC or illness: Average</b>	50.7%	52.5%	54.3%	54.4%
<b>Staff without a LTC or illness: Average</b>	58.1%	58.3%	60.0%	60.2%

Staff with a LTC or illness: Responses

324

429

467

586

Staff without a LTC or illness: Responses

1,010

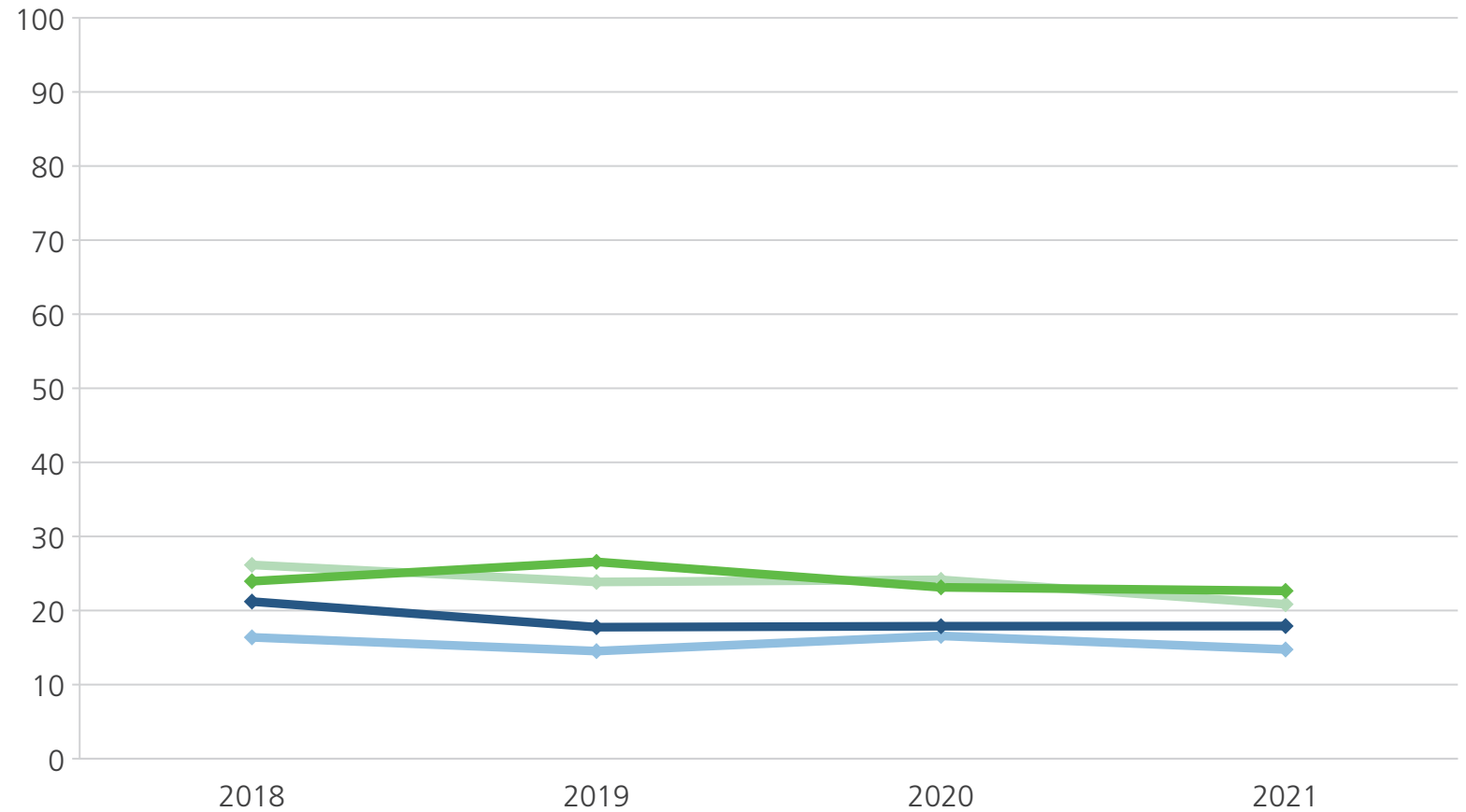
1,244

1,277

1,523

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	23.9%	26.6%	23.1%	22.7%
<b>Staff without a LTC or illness: Your org</b>	21.2%	17.8%	17.9%	17.9%
<b>Staff with a LTC or illness: Average</b>	26.2%	23.9%	24.1%	20.8%
<b>Staff without a LTC or illness: Average</b>	16.4%	14.5%	16.6%	14.7%

Staff with a LTC or illness: Responses

238

335

307

415

Staff without a LTC or illness: Responses

580

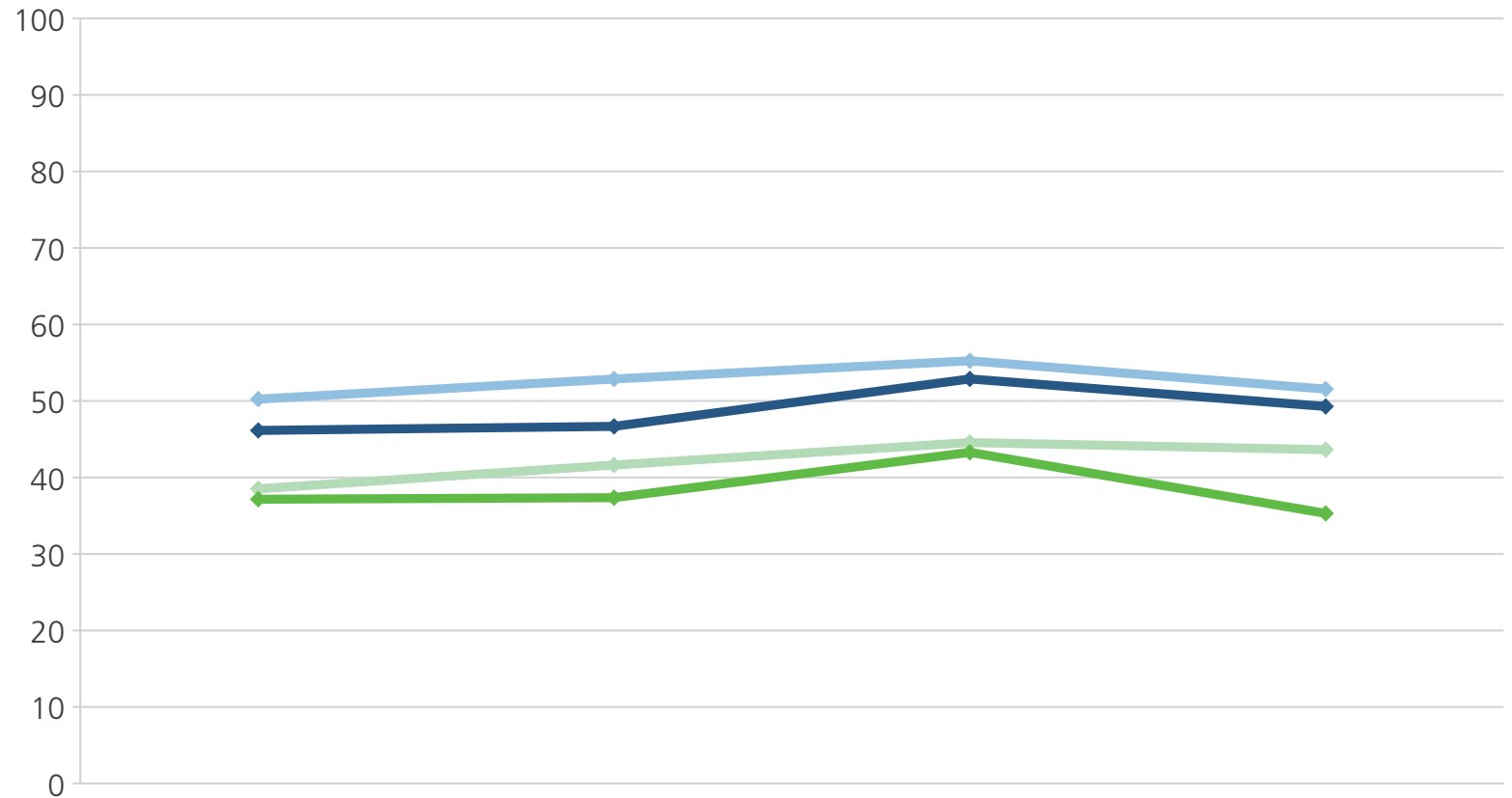
676

576

782

Average calculated as the median for the benchmark group

Percentage of staff satisfied with the extent to which their organisation values their work



	2018	2019	2020	2021
<b>Staff with a LTC or illness: Your org</b>	37.2%	37.4%	43.3%	35.3%
<b>Staff without a LTC or illness: Your org</b>	46.1%	46.7%	52.9%	49.3%
<b>Staff with a LTC or illness: Average</b>	38.5%	41.6%	44.6%	43.6%
<b>Staff without a LTC or illness: Average</b>	50.2%	52.9%	55.2%	51.5%

Staff with a LTC or illness: Responses

323

431

469

592

Staff without a LTC or illness: Responses

1,012

1,249

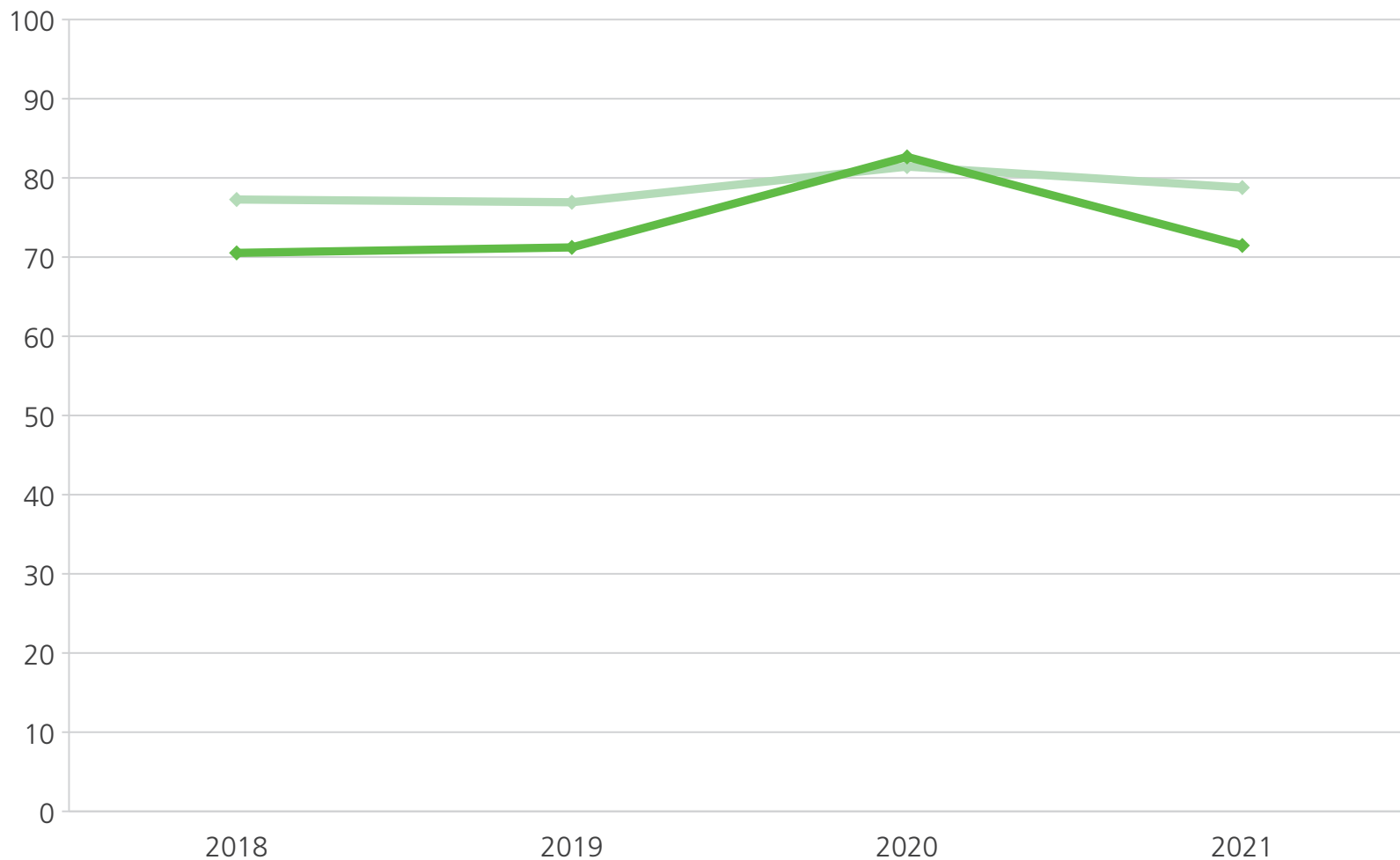
1,286

1,532

Average calculated as the median for the benchmark group

## 2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

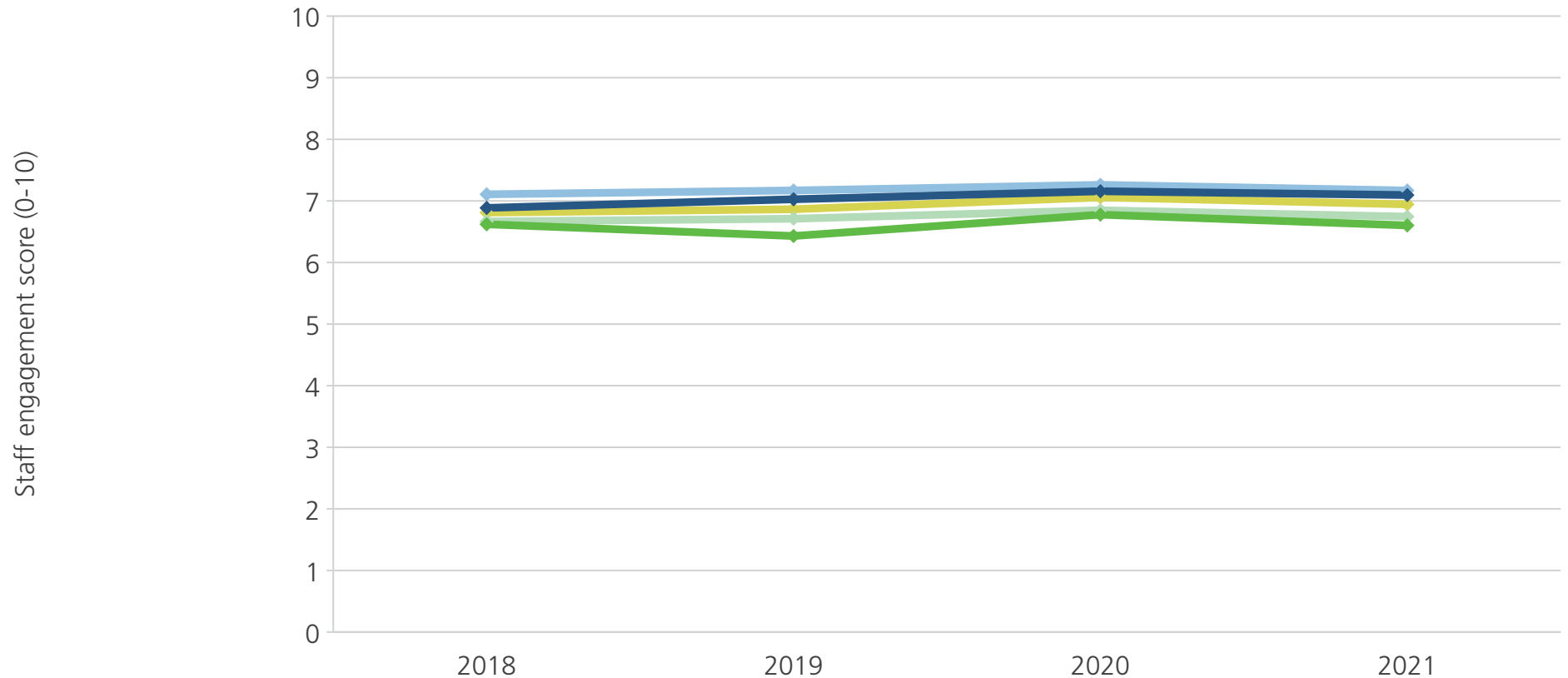
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



<b>Staff with a LTC or illness: Your org</b>	70.5%	71.2%	82.7%	71.5%
<b>Staff with a LTC or illness: Average</b>	77.3%	76.9%	81.4%	78.8%

<b>Staff with a LTC or illness: Responses</b>	207	278	294	361
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Average calculated as the median for the benchmark group



	2018	2019	2020	2021
<b>Organisation average</b>	6.8	6.9	7.1	6.9
<b>Staff with a LTC or illness: Your org</b>	6.6	6.4	6.8	6.6
<b>Staff without a LTC or illness: Your org</b>	6.9	7.0	7.2	7.1
<b>Staff with a LTC or illness: Average</b>	6.7	6.7	6.8	6.7
<b>Staff without a LTC or illness: Average</b>	7.1	7.2	7.3	7.2

<b>Organisation Responses</b>	1,483	1,768	1,830	2,205
<b>Staff with a LTC or illness: Responses</b>	325	431	470	593
<b>Staff without a LTC or illness: Responses</b>	1,017	1,254	1,289	1,540

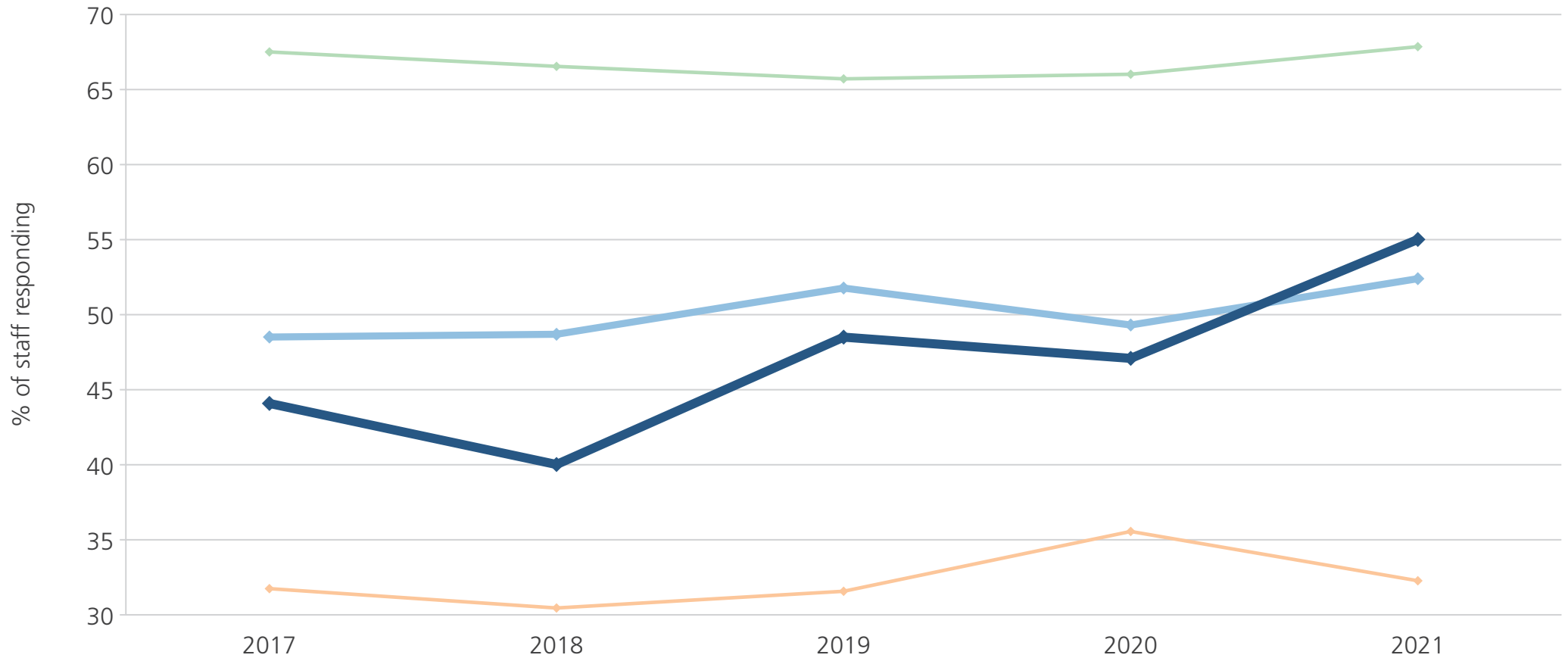
Average calculated as the median for the benchmark group

# Appendices

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

# Appendix A: Response rate





	2017	2018	2019	2020	2021
<b>Highest</b>	67.5%	66.5%	65.7%	66.0%	67.9%
<b>Your org</b>	44.1%	40.0%	48.5%	47.1%	55.0%
<b>Median</b>	48.5%	48.7%	51.8%	49.3%	52.4%
<b>Lowest</b>	31.7%	30.5%	31.6%	35.6%	32.3%

# Appendix B: Significance testing – 2020 vs 2021

Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021\*. Note that results for the People Promise elements are not available for 2020. The table details the organisation’s theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: **↑** indicates that the 2021 score is significantly higher than last year’s, whereas **↓** indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see ‘Not significant’. When there is no comparable data from the past survey year, you will see ‘N/A’.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			<b>7.2</b>	2164	N/A
We are recognised and rewarded			<b>6.1</b>	2197	N/A
We each have a voice that counts			<b>6.8</b>	2133	N/A
We are safe and healthy			<b>6.1</b>	2158	N/A
We are always learning			<b>5.6</b>	2067	N/A
We work flexibly			<b>6.4</b>	2185	N/A
We are a team			<b>6.9</b>	2176	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	<b>7.1</b>	1830	<b>7.0</b>	2205	<b>↓</b>
Morale	<b>6.2</b>	1822	<b>6.0</b>	2200	<b>↓</b>

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the [technical document](#).

# Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.



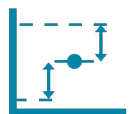
## Key points to note



- The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



- A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



- People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

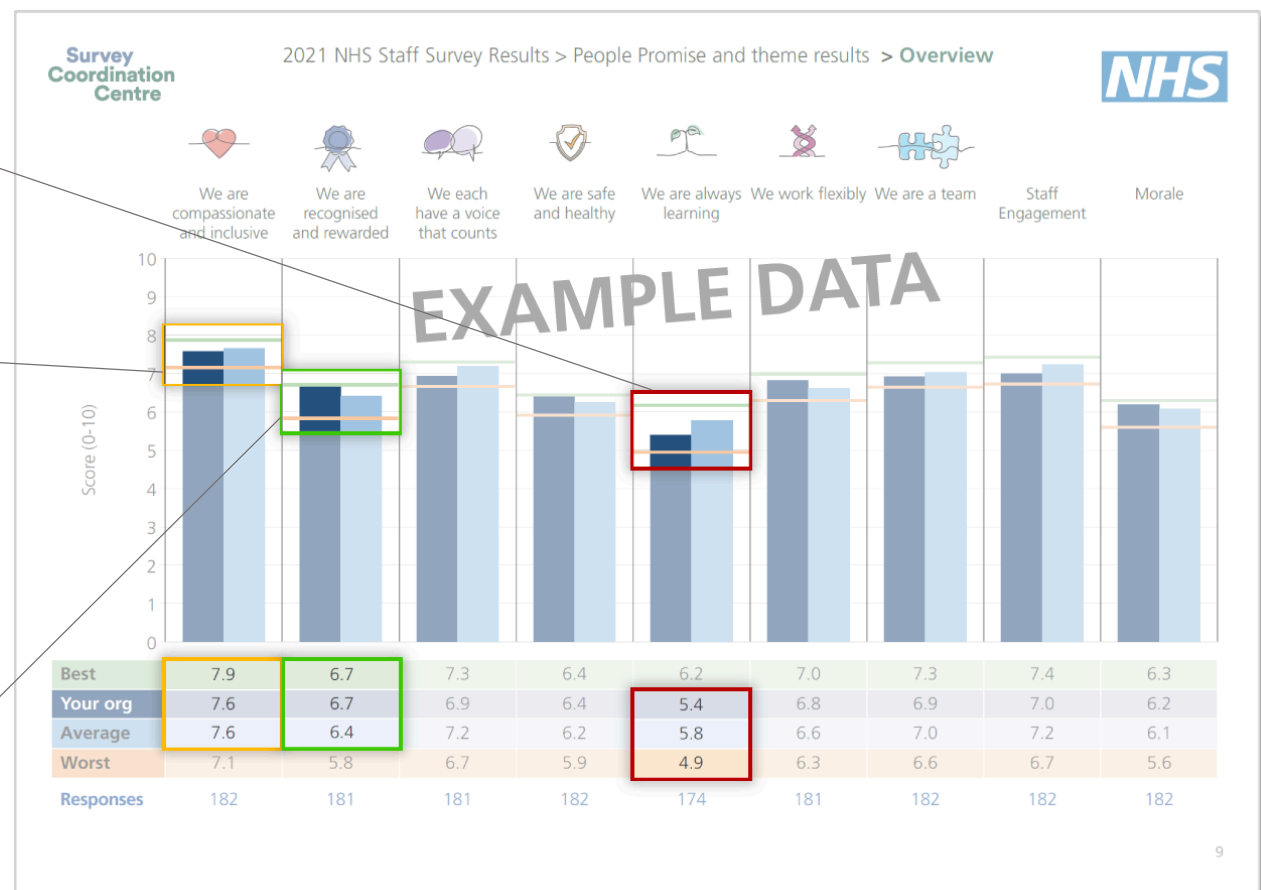
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

## Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

## Positive outcomes

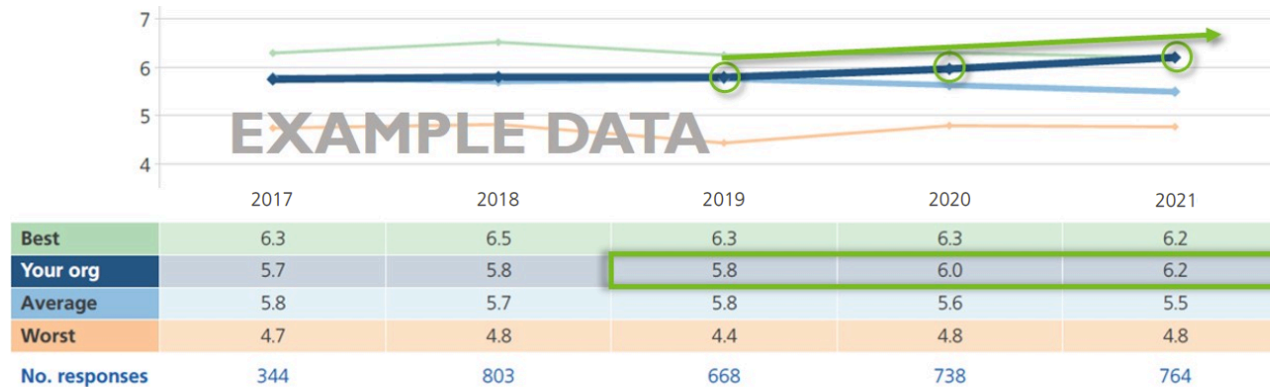
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



Only one example is highlighted for each point

## Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

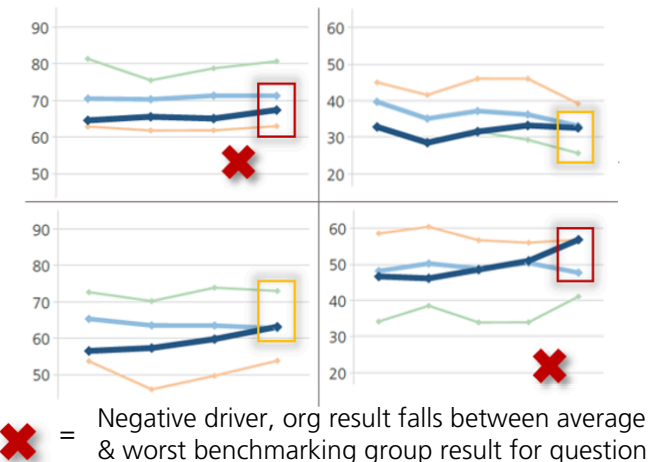


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

## Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation’s People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **‘Detailed information’** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing ‘Your org’ scores to the benchmarking group ‘Average’, ‘Best’ and ‘Worst’ scores for each question, the **questions which are driving your organisation’s People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation’s results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

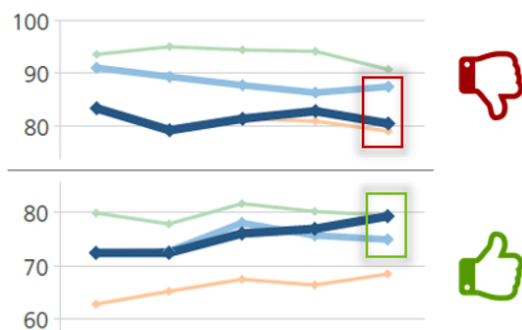
## Identifying questions of interest

### ➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

### ➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).





- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.






# Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.



## Supporting documents

-  **Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.
-  **Technical Document:** Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

## Other local results

-  **Local Benchmarking:** Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.
-  **Local Breakdowns:** Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.
-  **Directorate Reports:** Reports containing People Promise and theme results split by directorate (locality) for Birmingham and Solihull Mental Health NHS Foundation Trust.

## National results

-  **National Trend Data** and **National Breakdowns:** Dashboards containing national results – data available for five years where possible.
-  **Regional/System overview** and **Regional/System breakdown:** Dashboards containing results for each region and each ICS/STP.

# Birmingham and Solihull Mental Health NHS Foundation Trust

2021 NHS Staff Survey

**Directorate Report**

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This directorate report for Birmingham and Solihull Mental Health NHS Foundation Trust contains results by directorate for People Promise element and theme results from the 2021 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

**Please note:** It is possible that there are differences between the 'Your org' scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

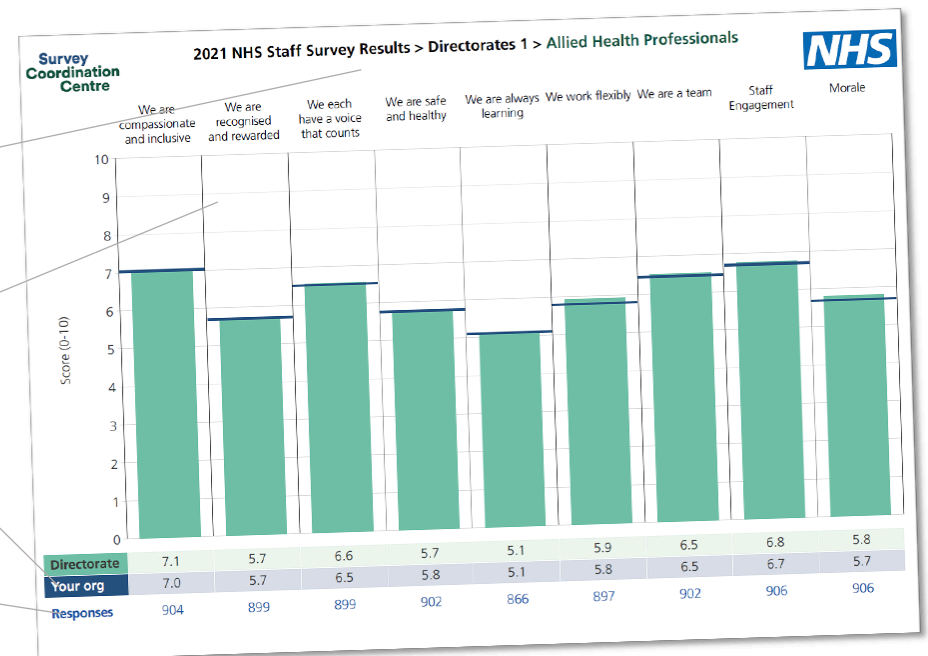
The directorate breakdowns used in this report were provided and defined by Birmingham and Solihull Mental Health NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our [results website](#).

## Key features

Breakdown type and **directorate name** are specified in the header. Black text in the header is hyperlinked: clicking on '2021 NHS Staff Survey Results' navigates back to the contents page.

Directorate results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score.

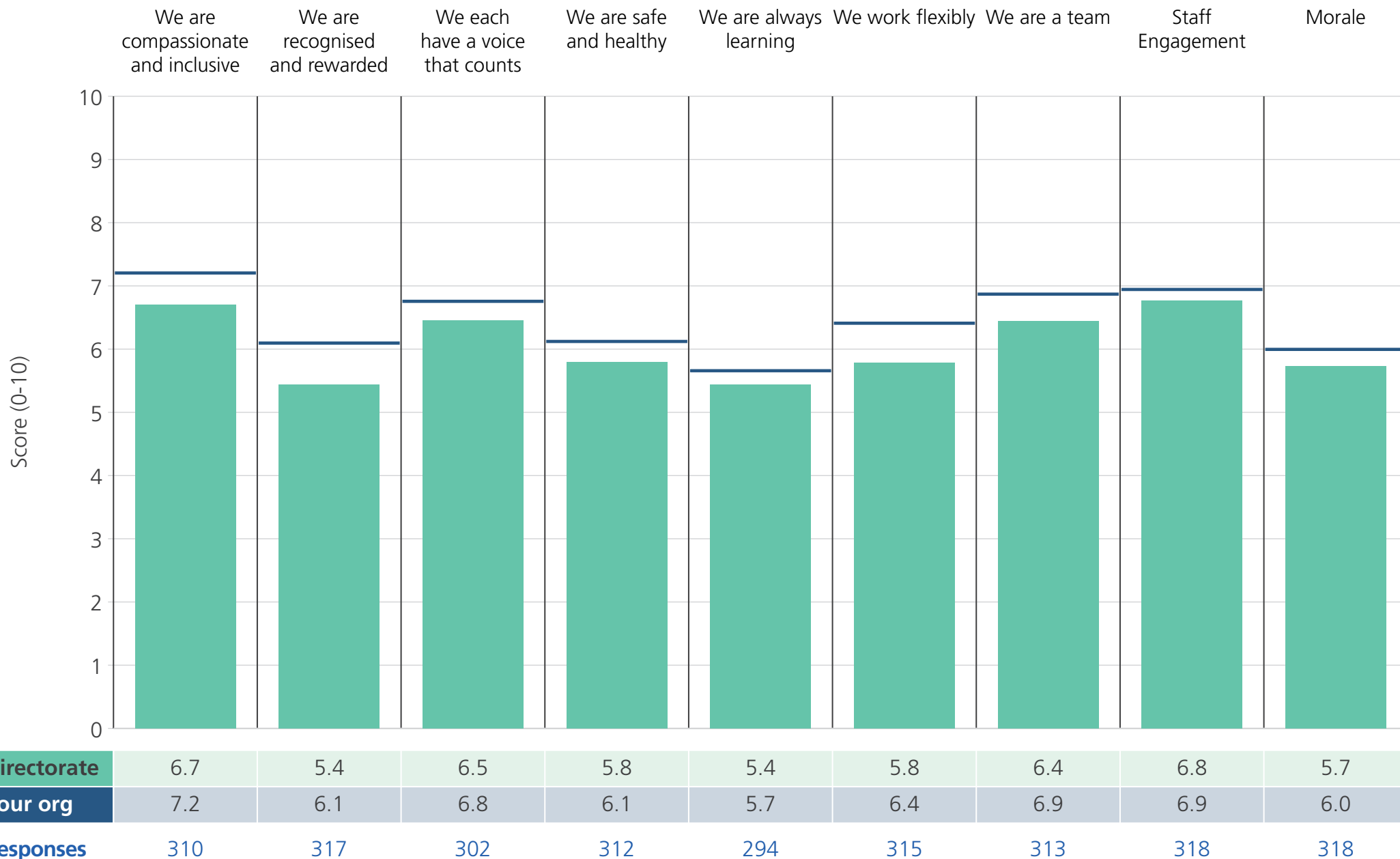
The **number of responses** feeding into each measures and sub-scores **for the given directorate** is specified below the table containing the directorate and trust scores.

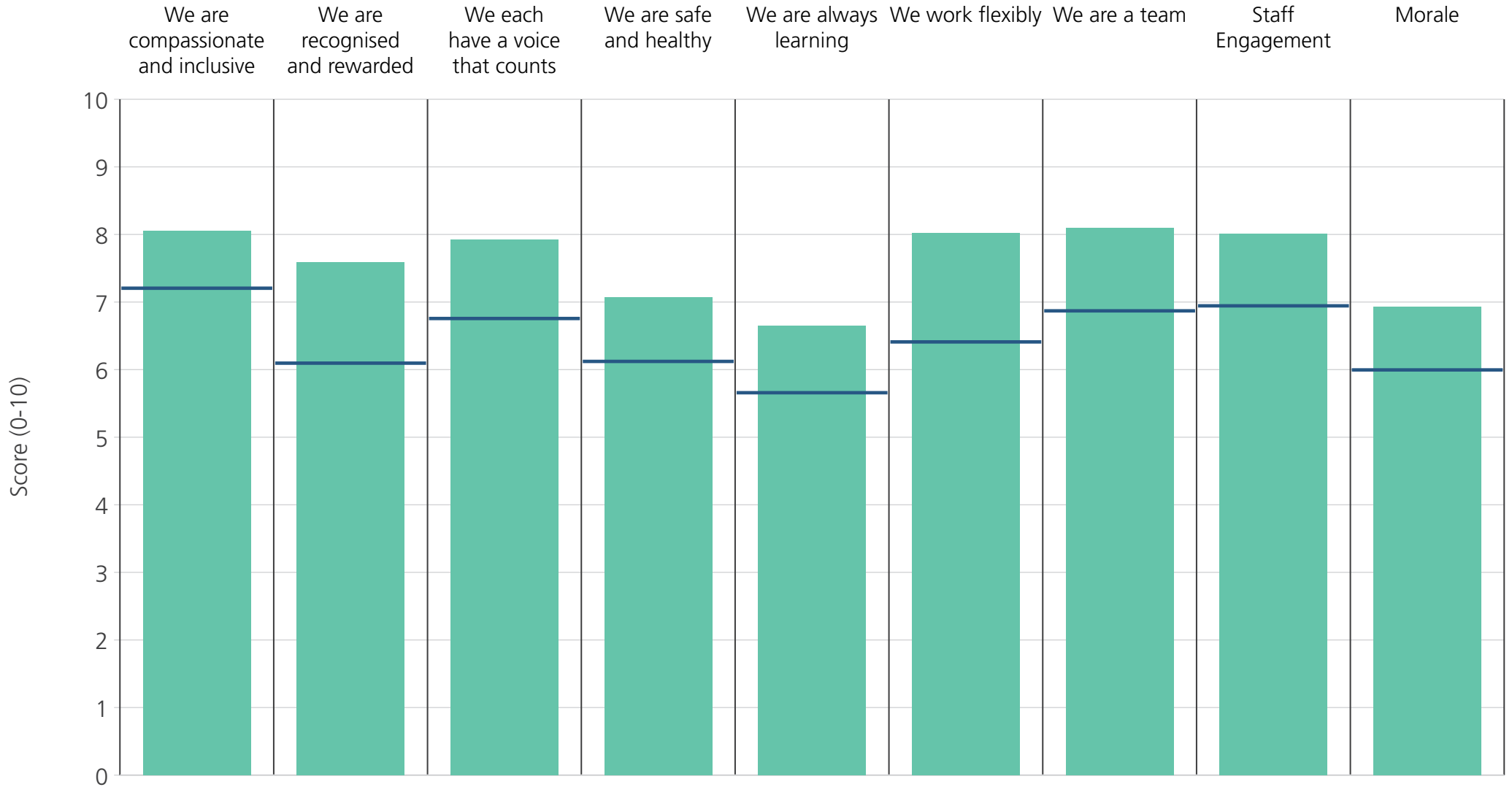


**! Note:** when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality

# Directorates 1

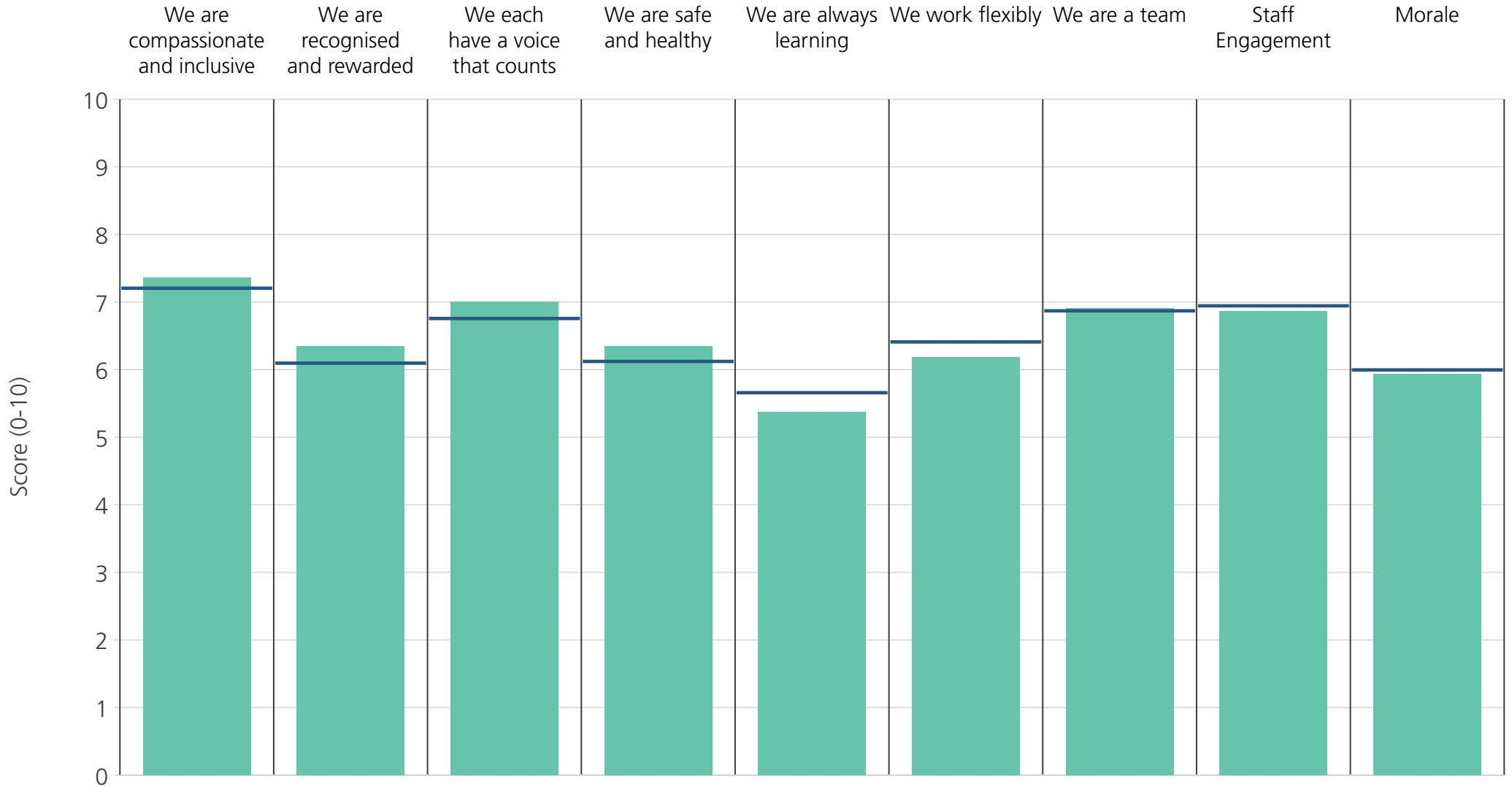
Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results



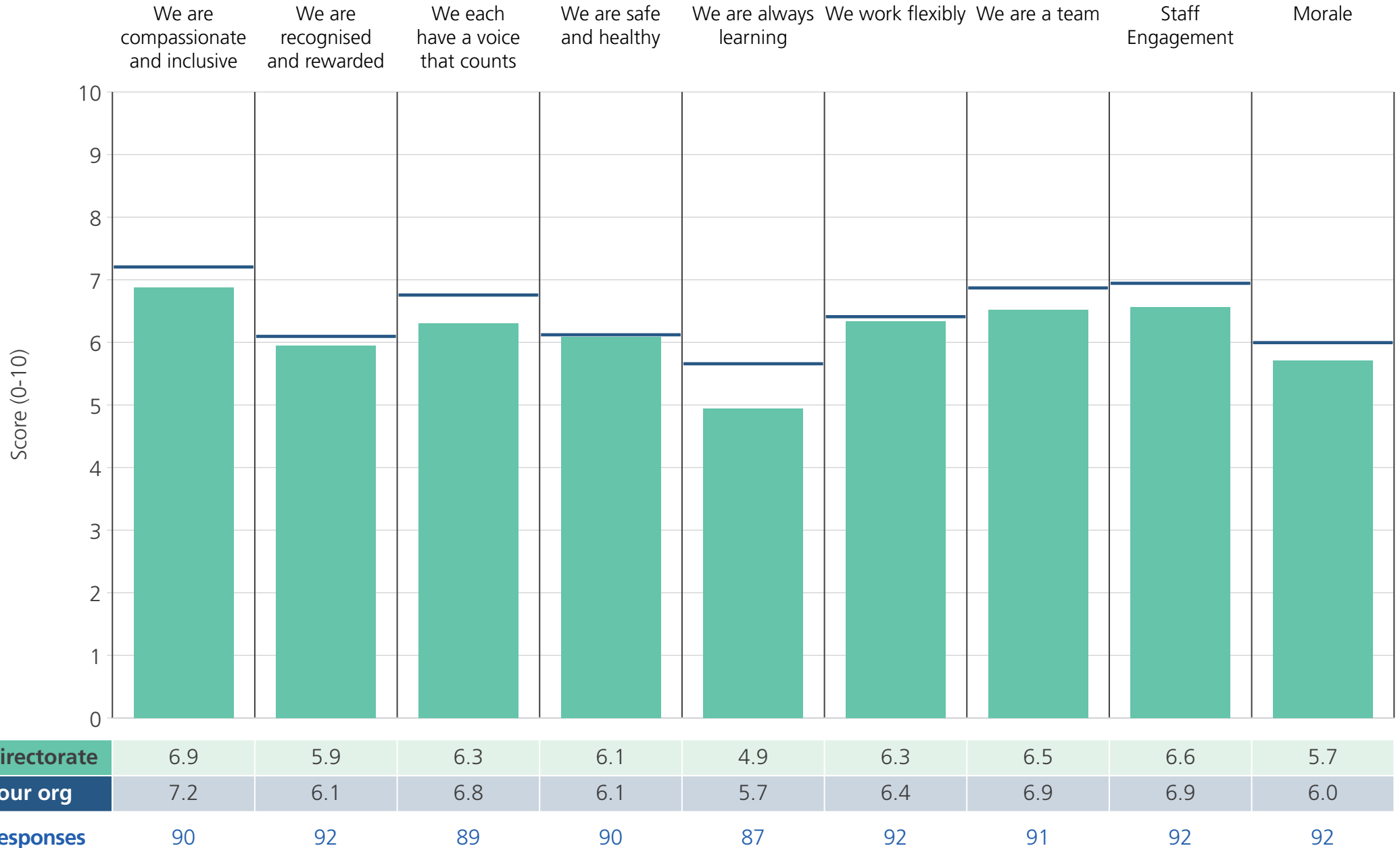


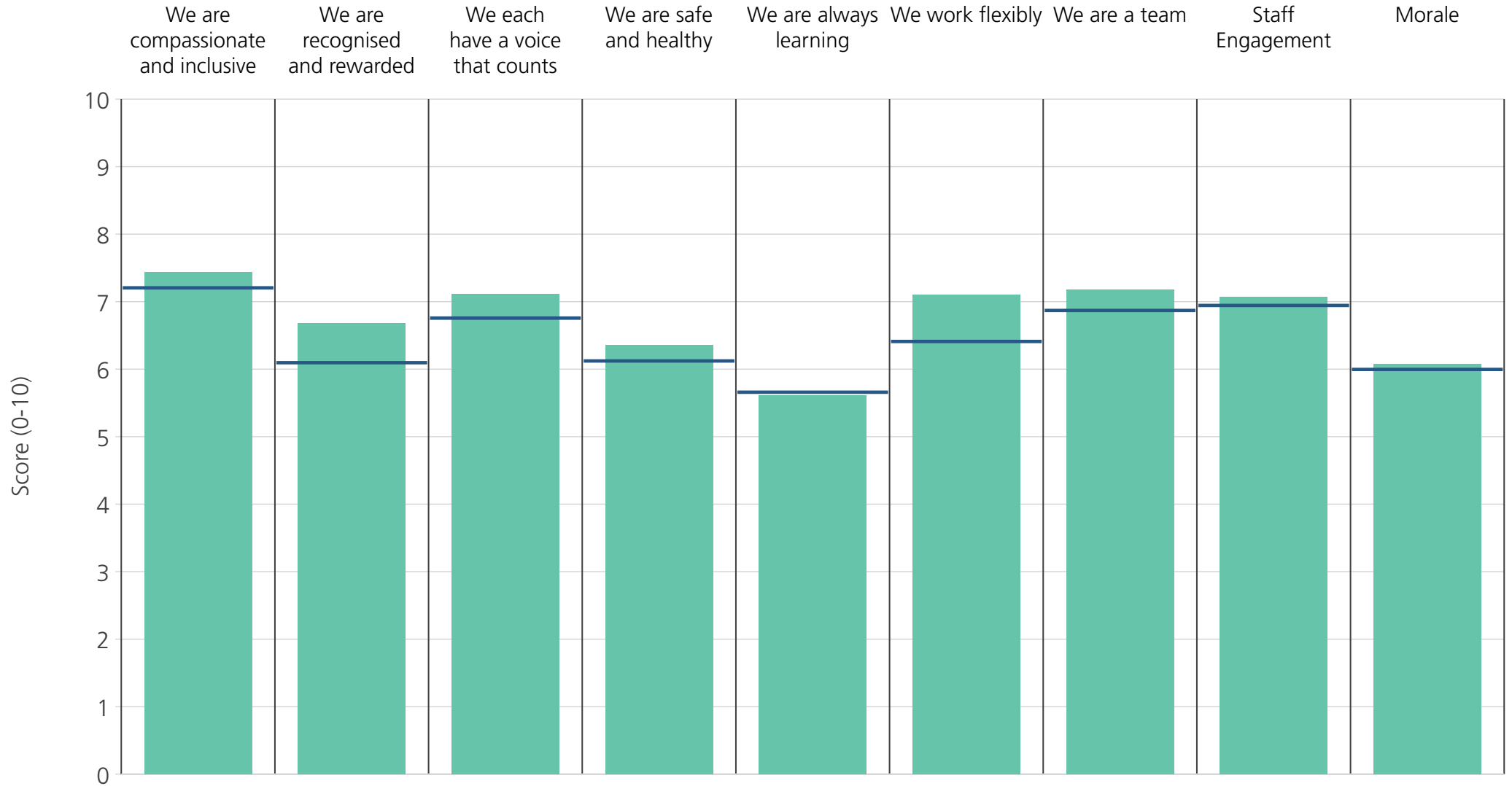
<b>Directorate</b>	8.1	7.6	7.9	7.1	6.6	8.0	8.1	8.0	6.9
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	12	12	12	12	11	12	12	12	12



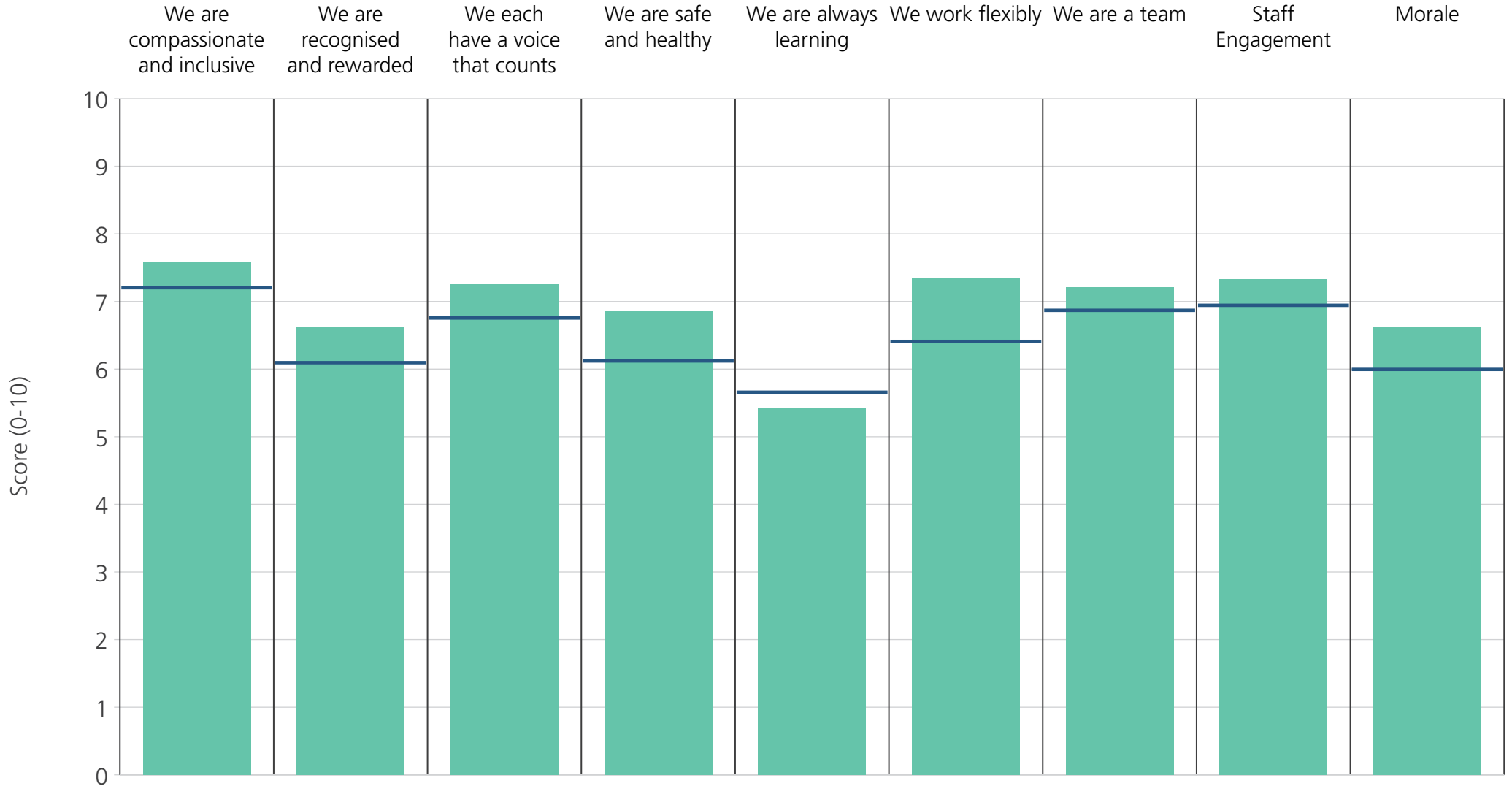


<b>Directorate</b>	7.4	6.3	7.0	6.3	5.4	6.2	6.9	6.9	5.9
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	31	32	31	31	28	32	31	32	32

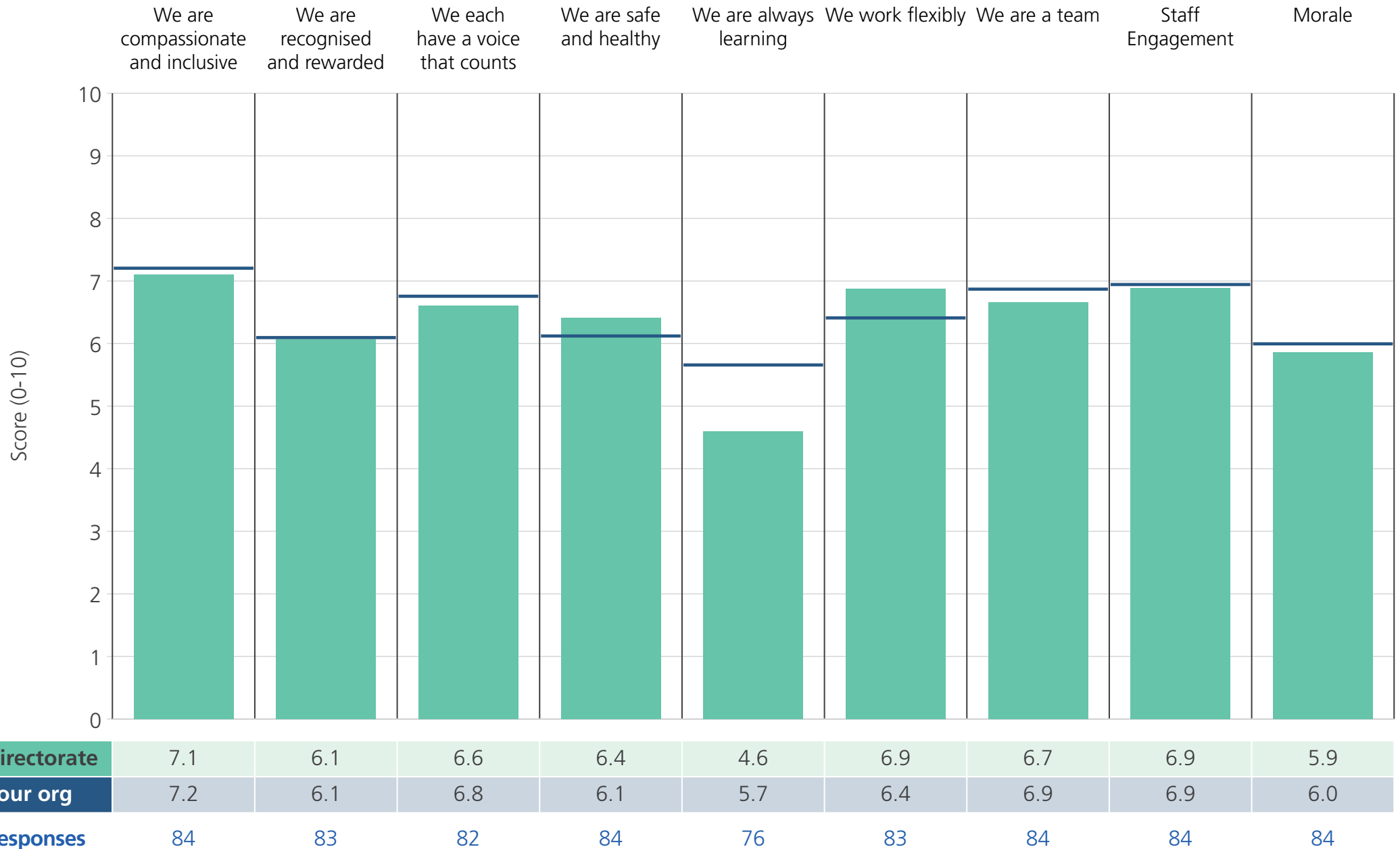


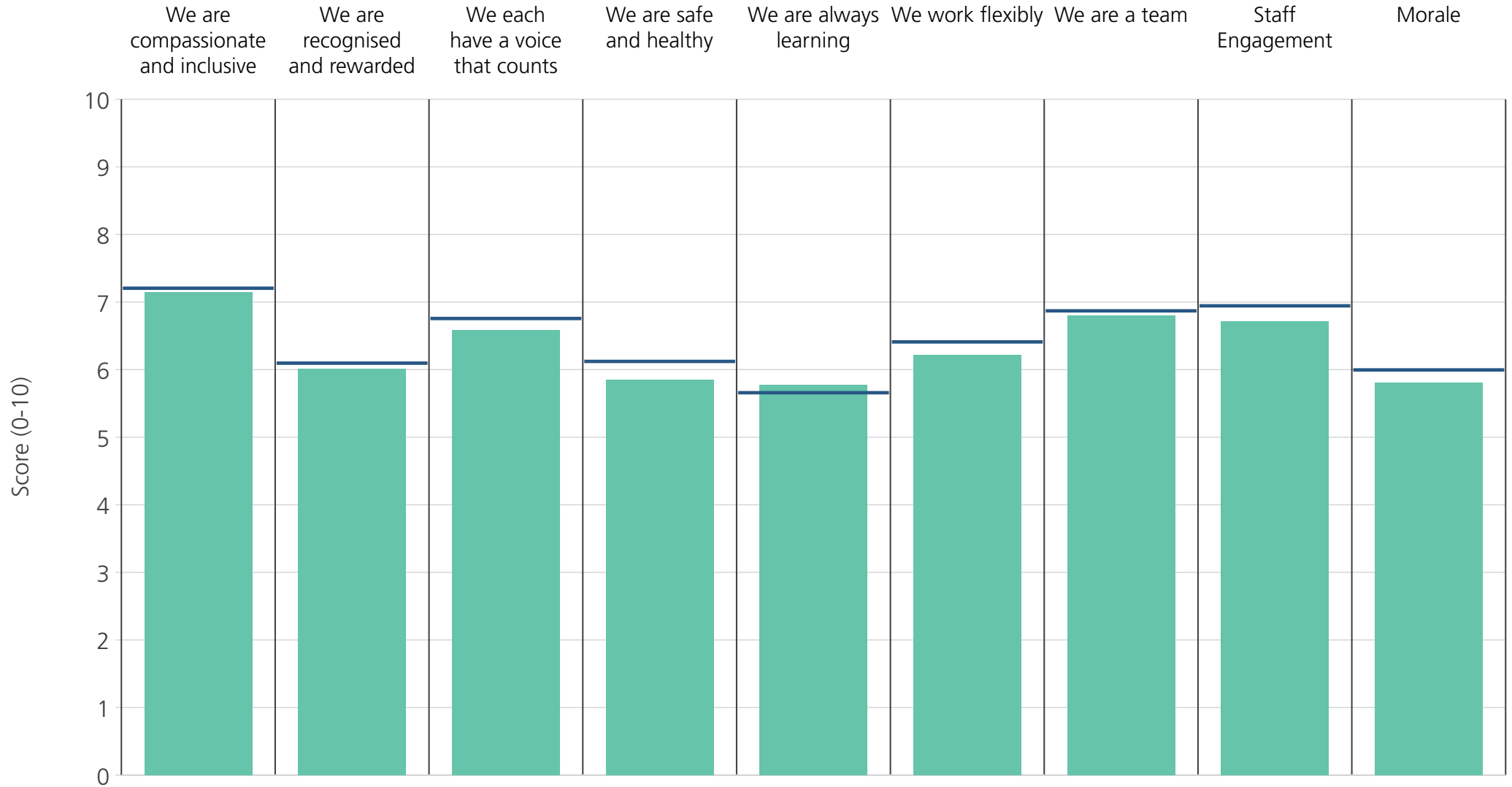


<b>Directorate</b>	7.4	6.7	7.1	6.4	5.6	7.1	7.2	7.1	6.1
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	107	108	107	107	103	107	107	109	107

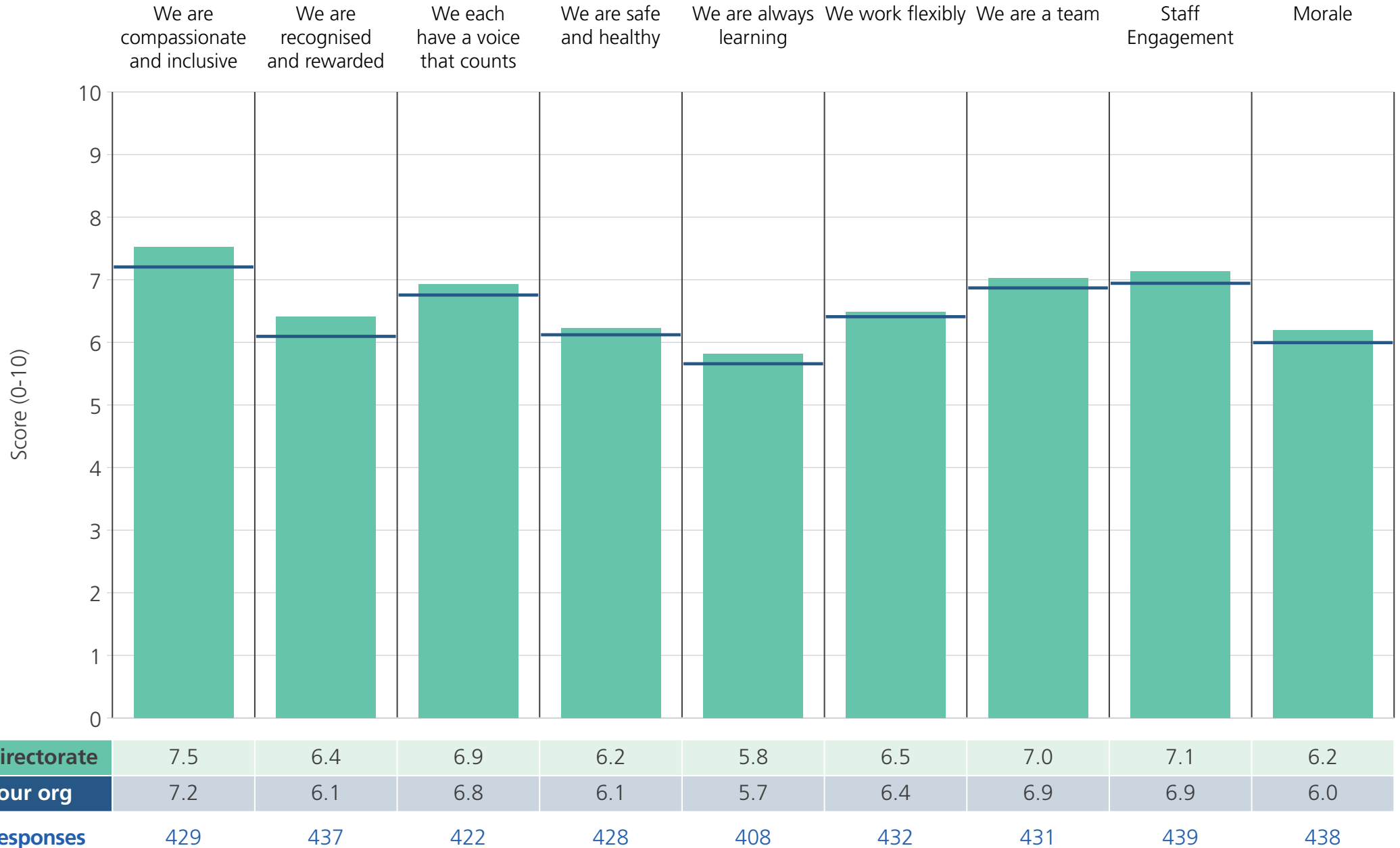


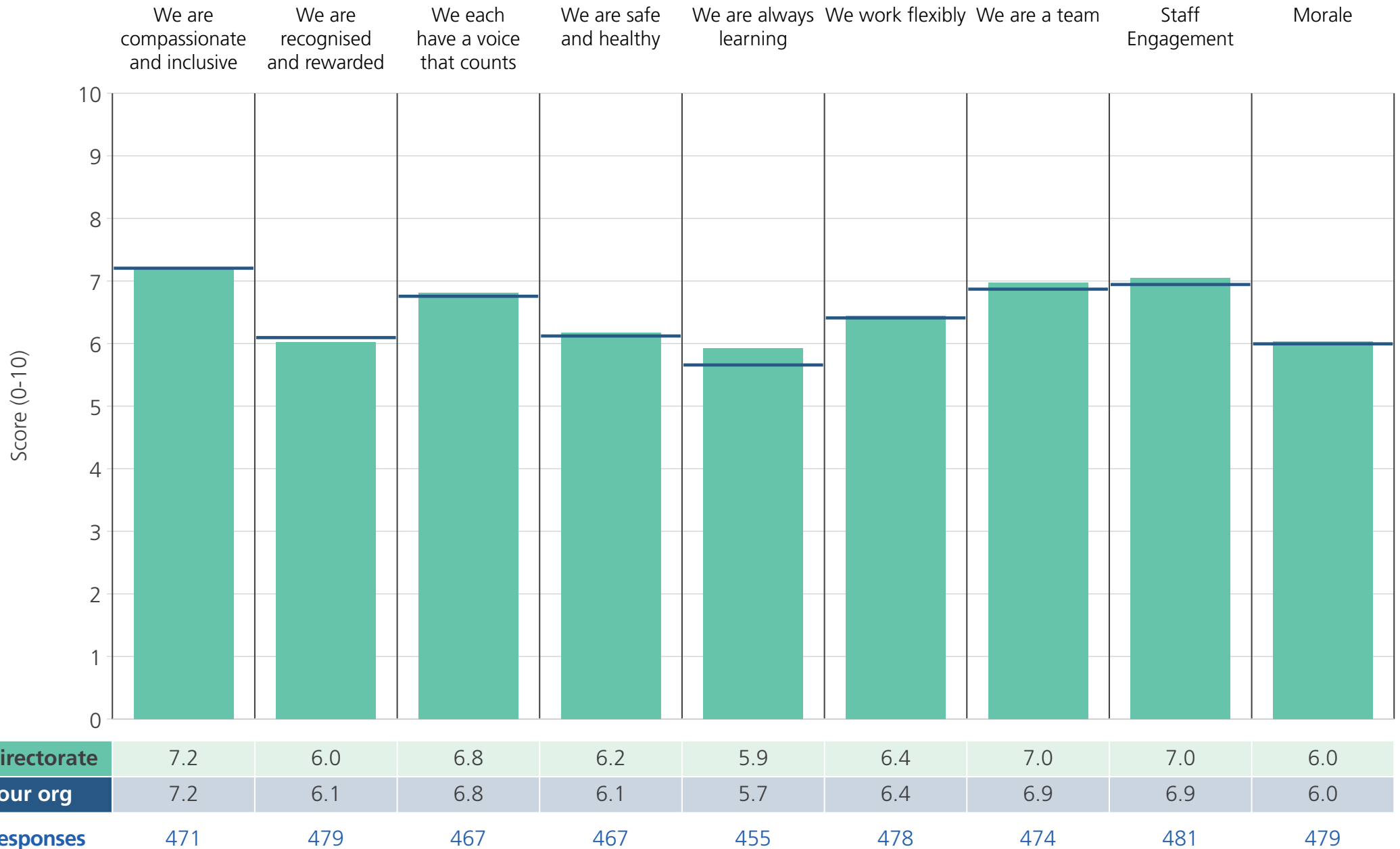
<b>Directorate</b>	7.6	6.6	7.3	6.9	5.4	7.3	7.2	7.3	6.6
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	139	140	139	139	129	139	140	141	141





<b>Directorate</b>	7.1	6.0	6.6	5.9	5.8	6.2	6.8	6.7	5.8
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	491	497	482	488	476	495	493	497	497

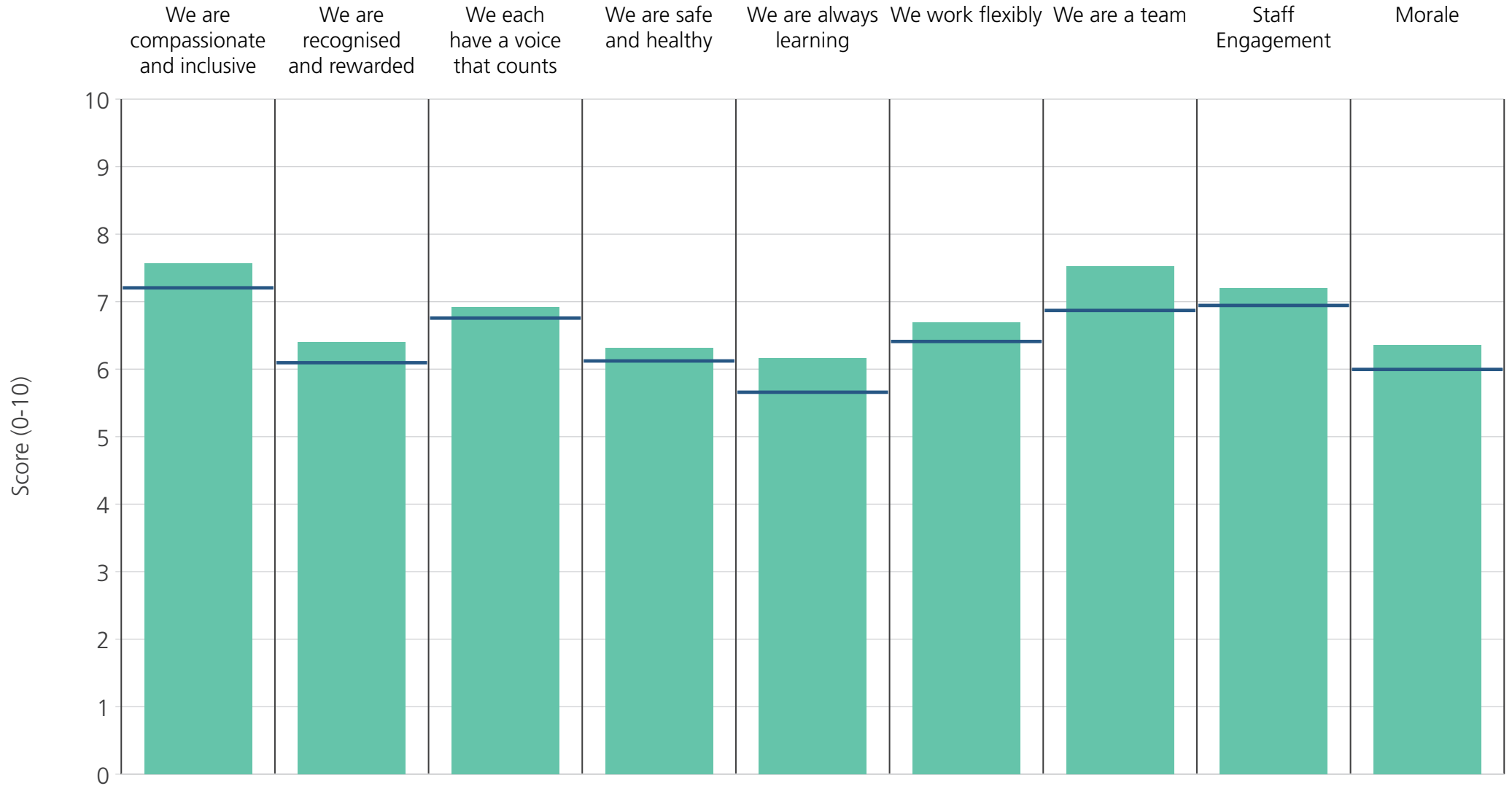




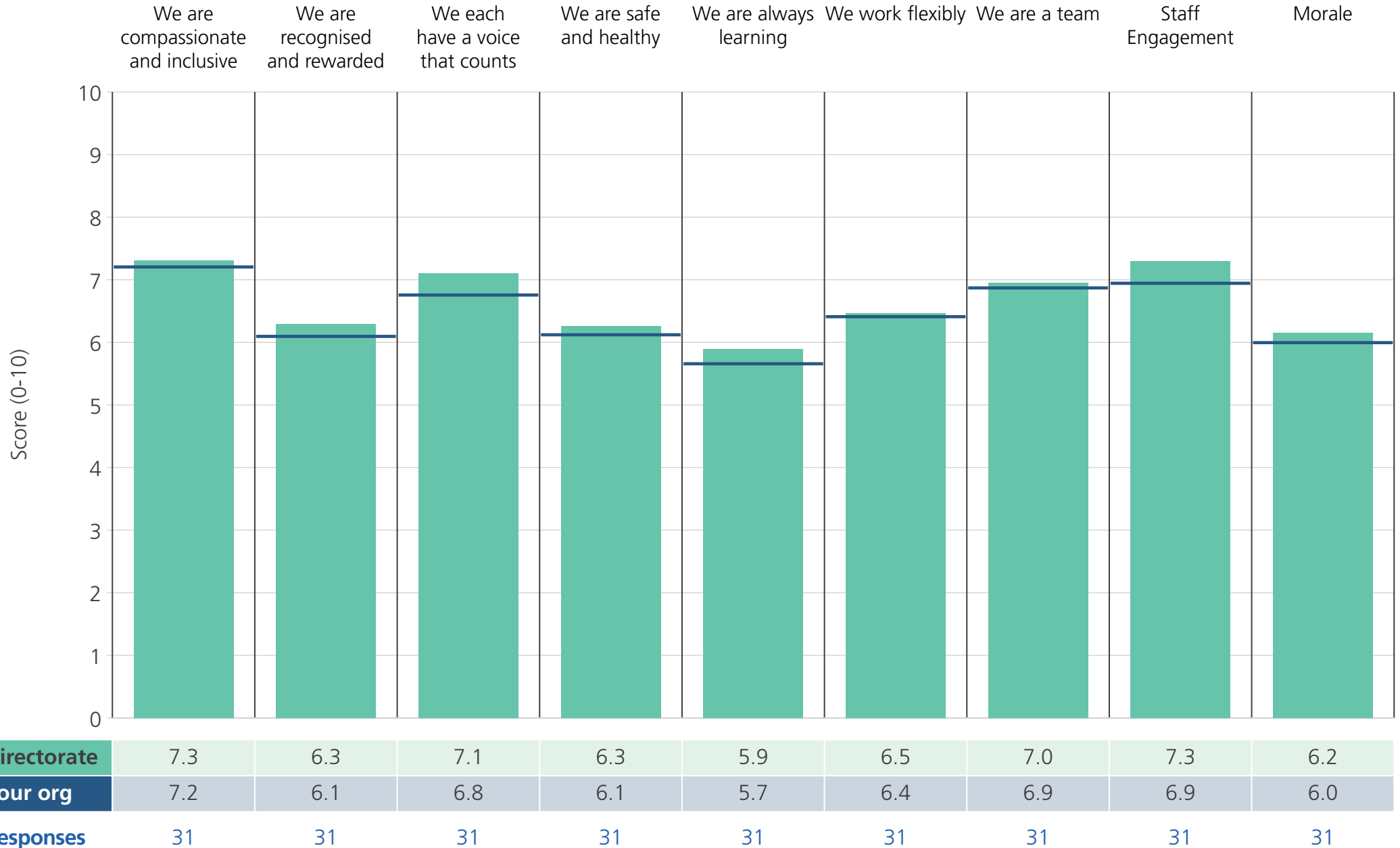


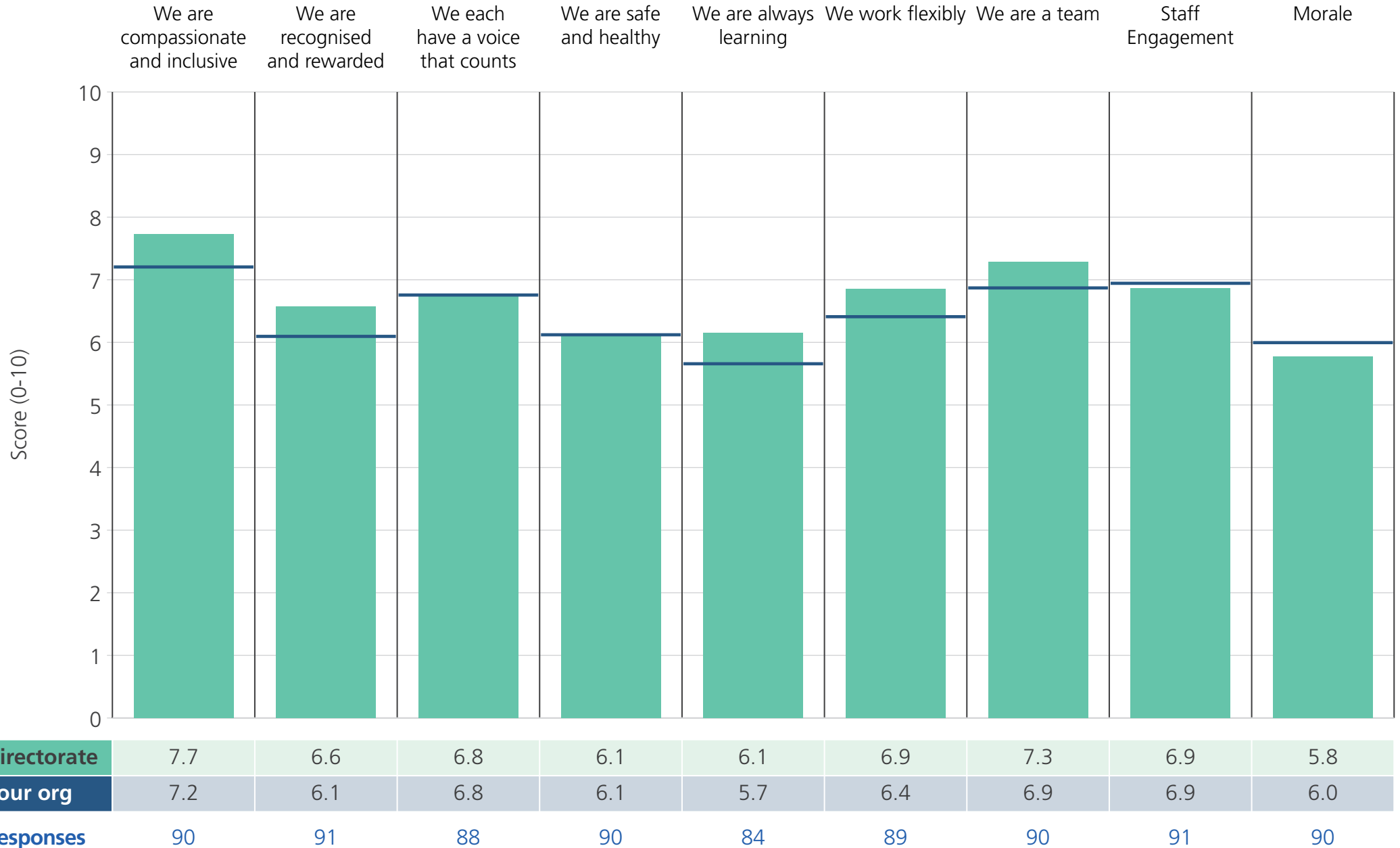
# Directorates 2

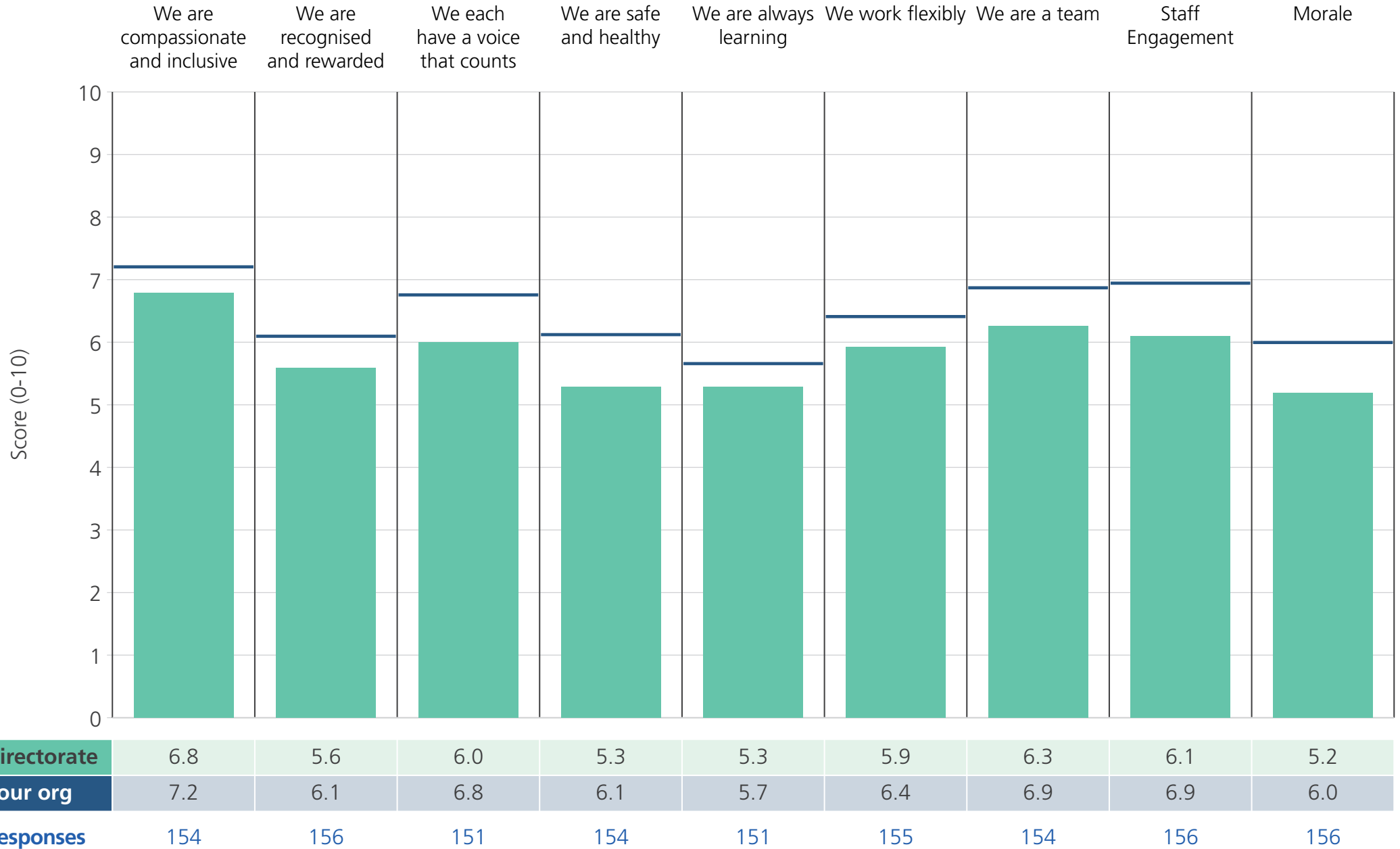
Birmingham and Solihull Mental Health NHS Foundation Trust  
2021 NHS Staff Survey Results

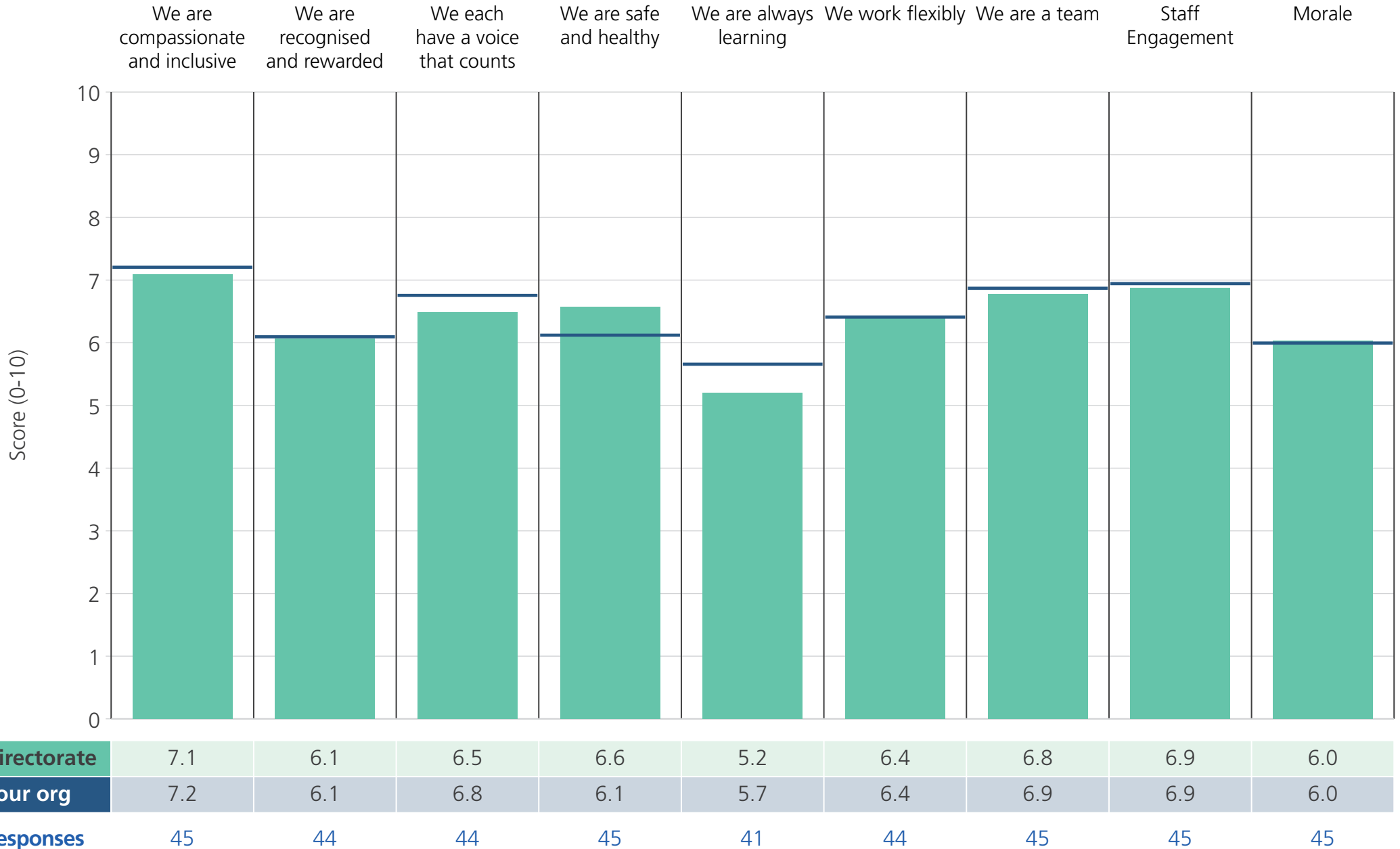


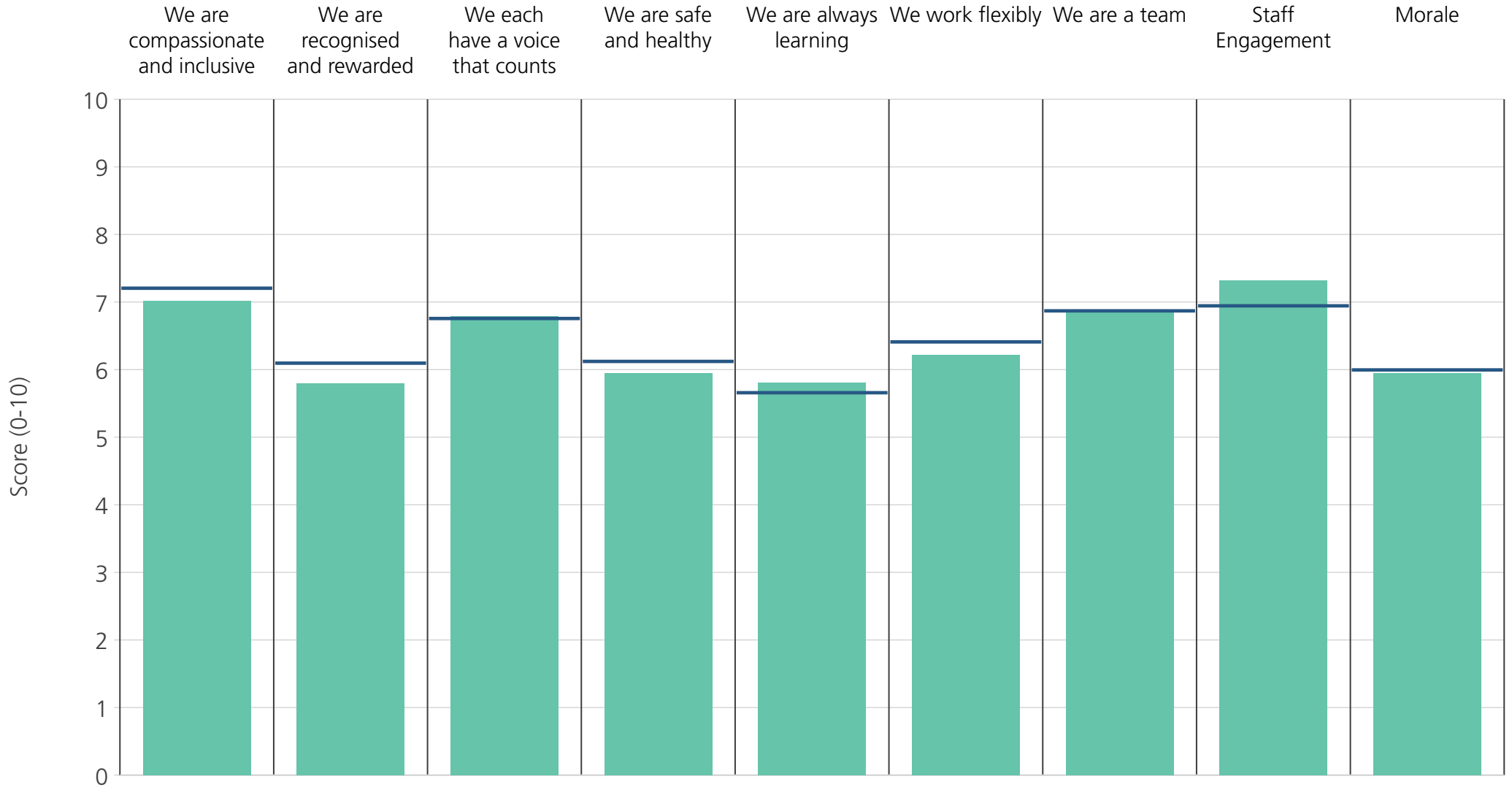
<b>Directorate</b>	7.6	6.4	6.9	6.3	6.2	6.7	7.5	7.2	6.4
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	75	75	74	75	73	75	75	75	75



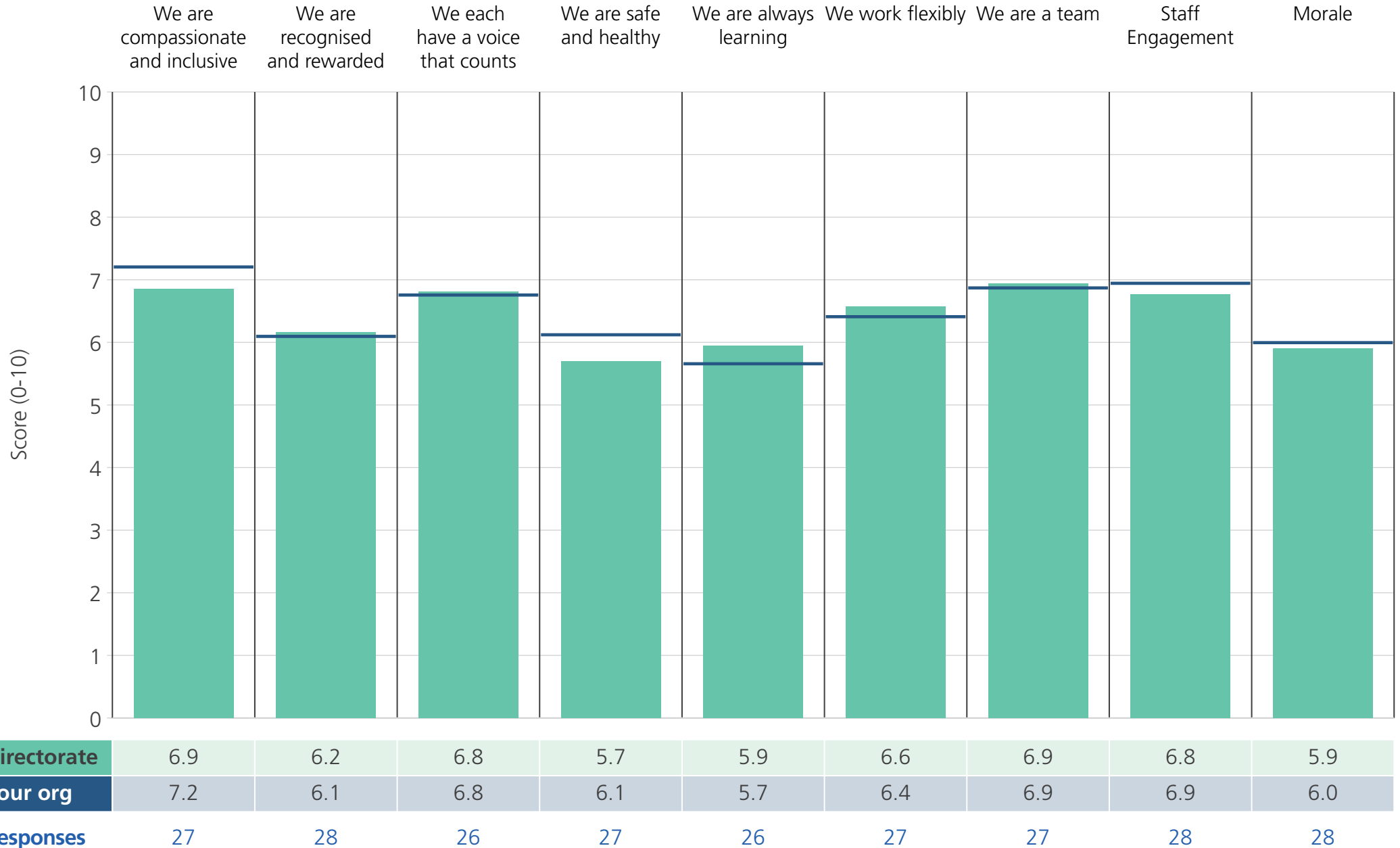




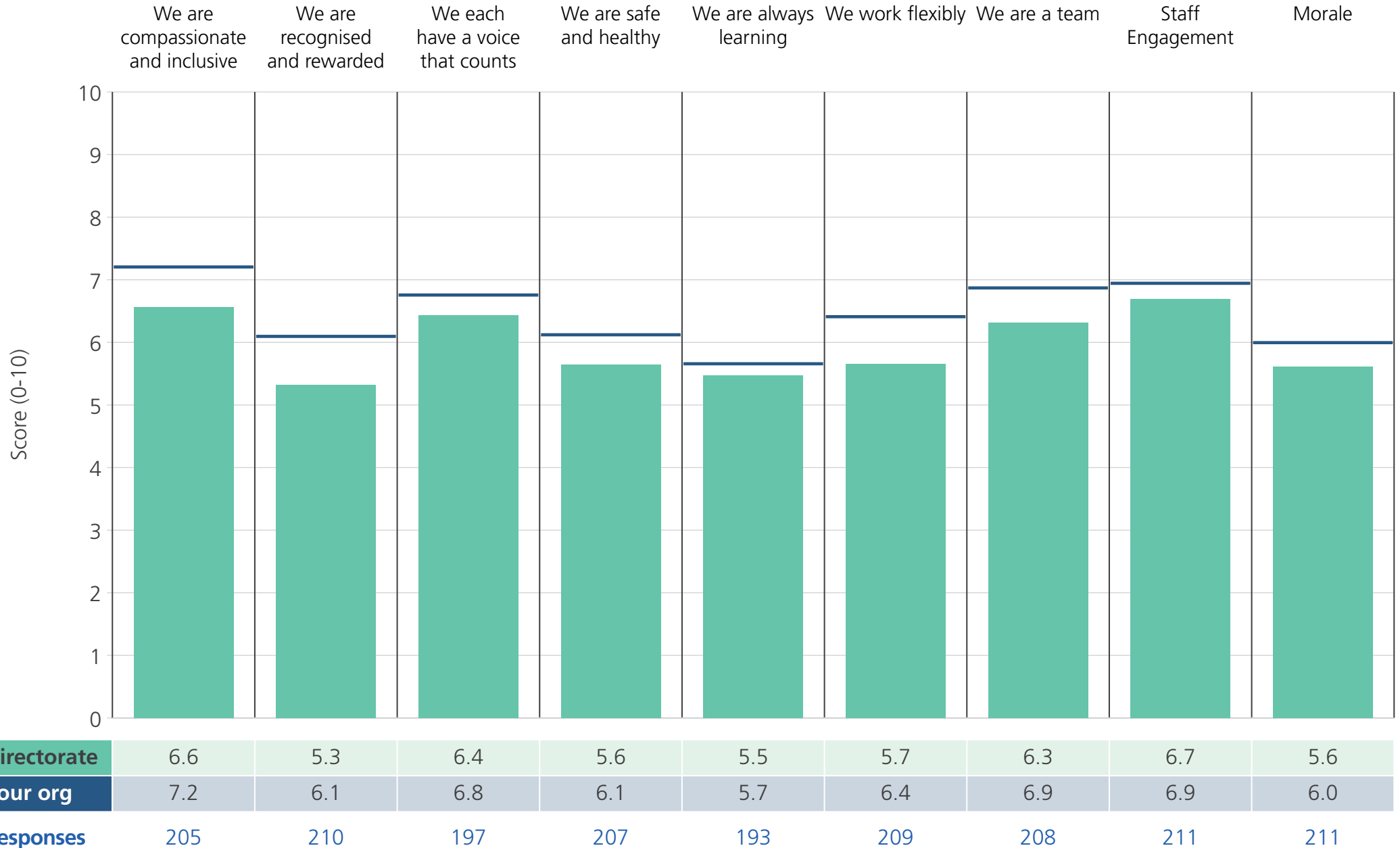


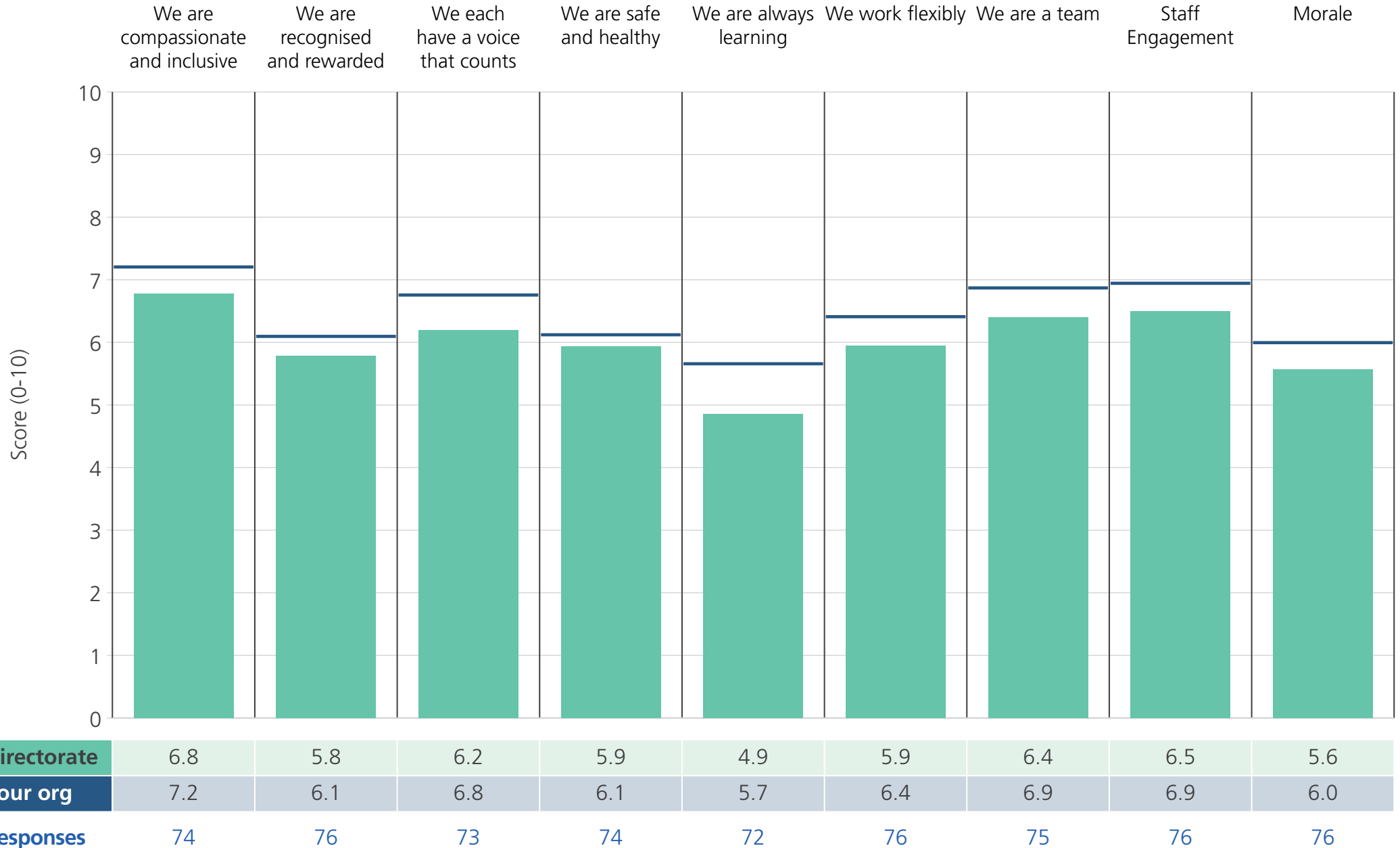


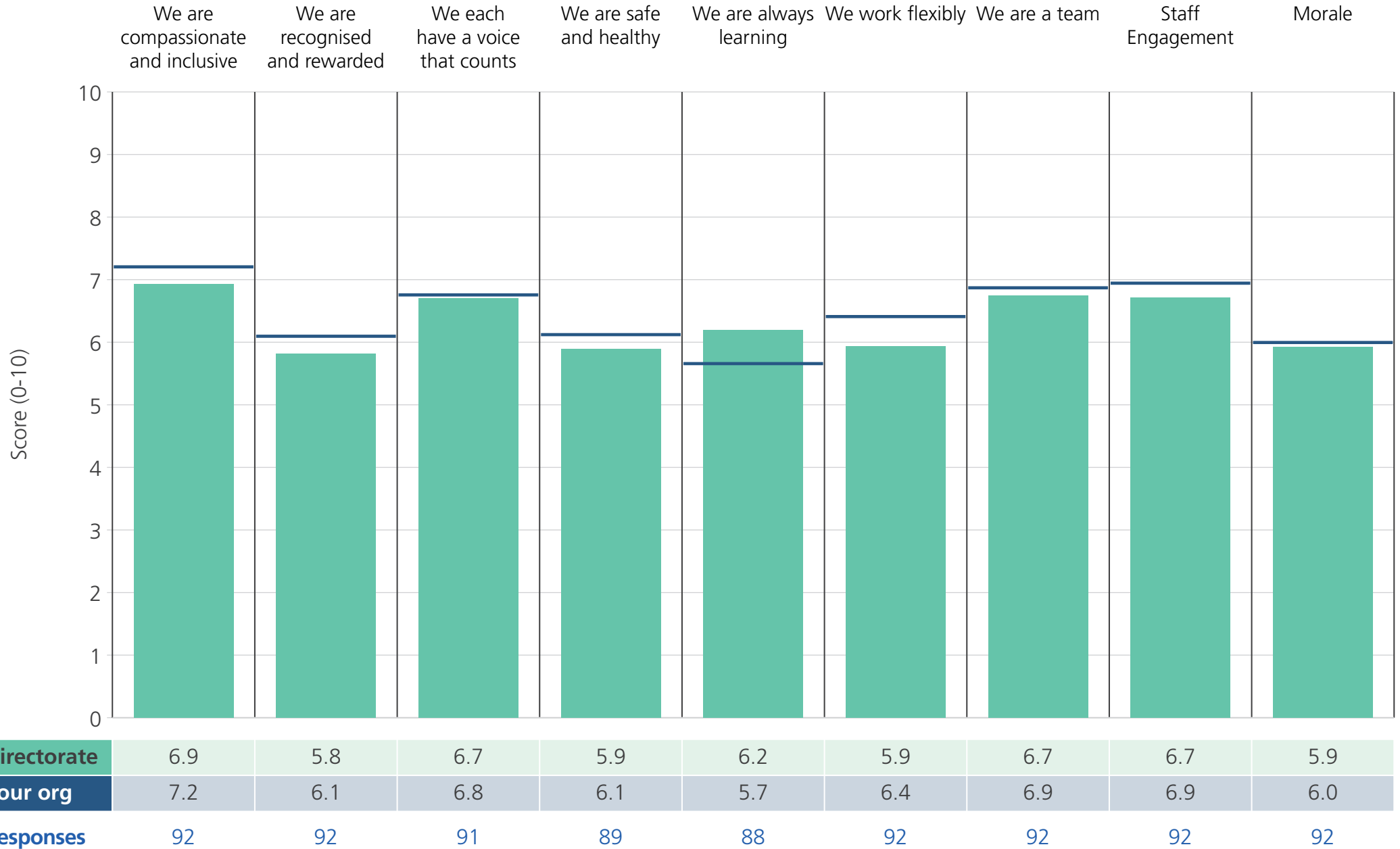
<b>Directorate</b>	7.0	5.8	6.8	5.9	5.8	6.2	6.8	7.3	5.9
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	42	43	42	42	40	42	42	43	43

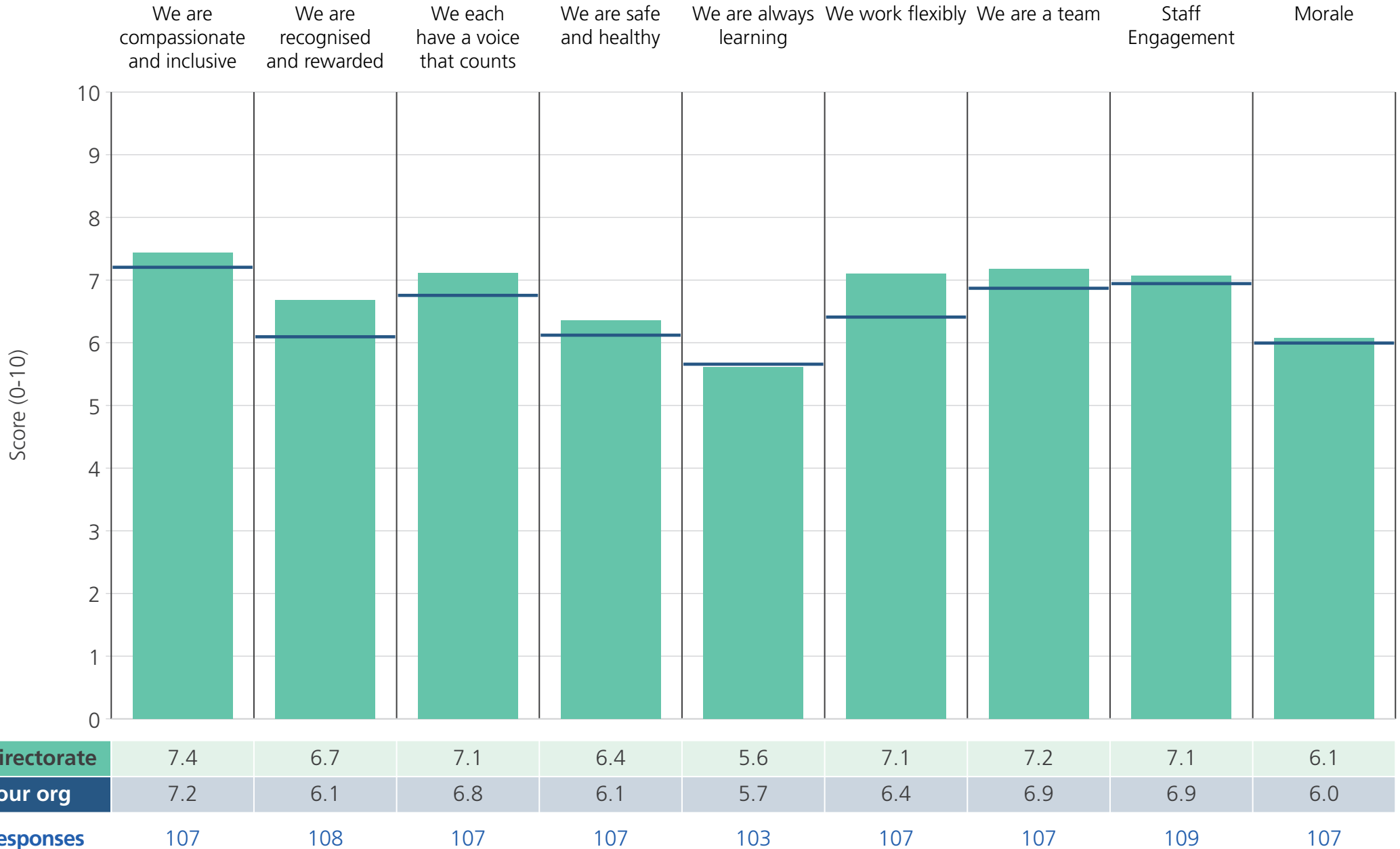


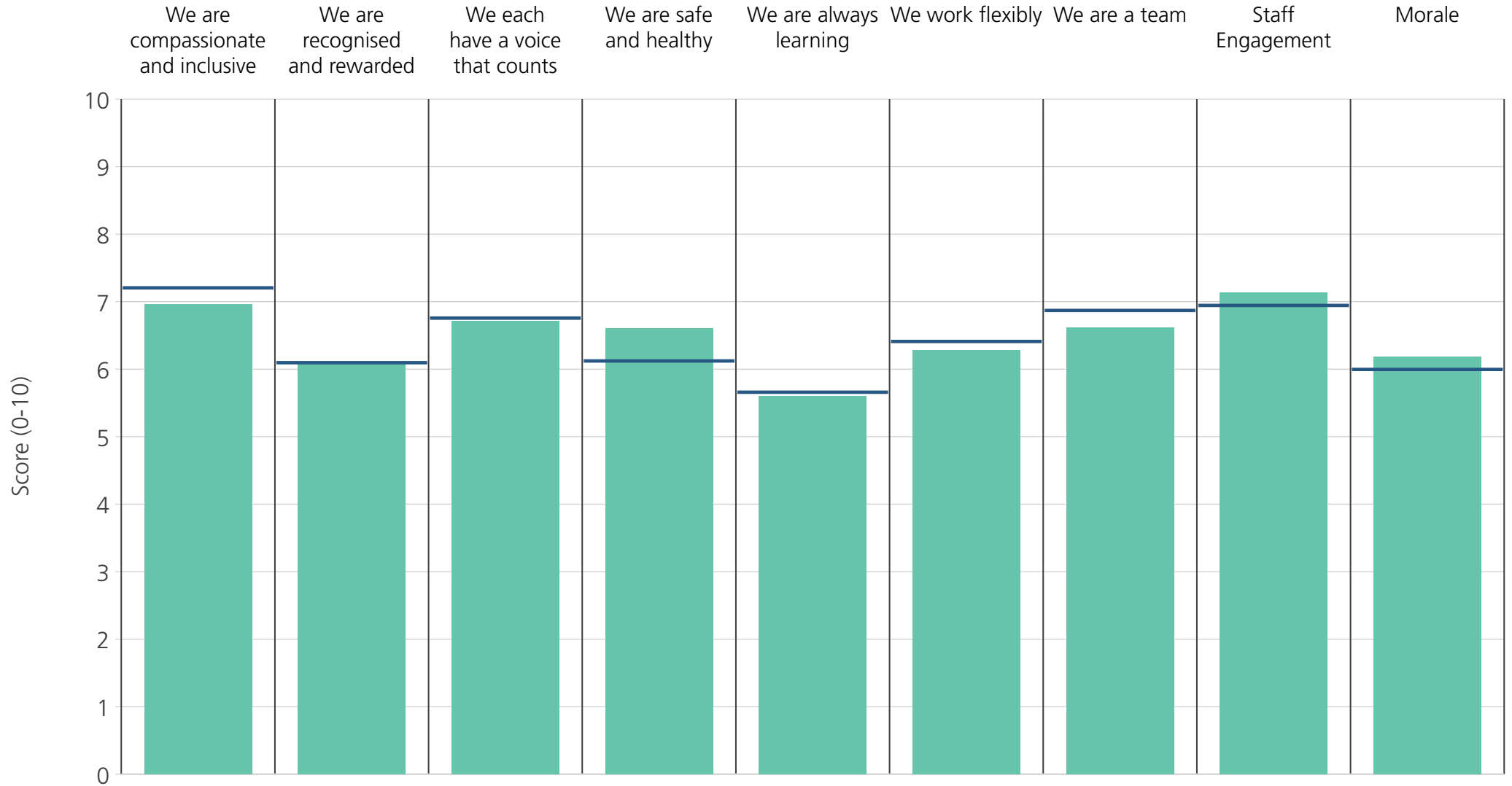




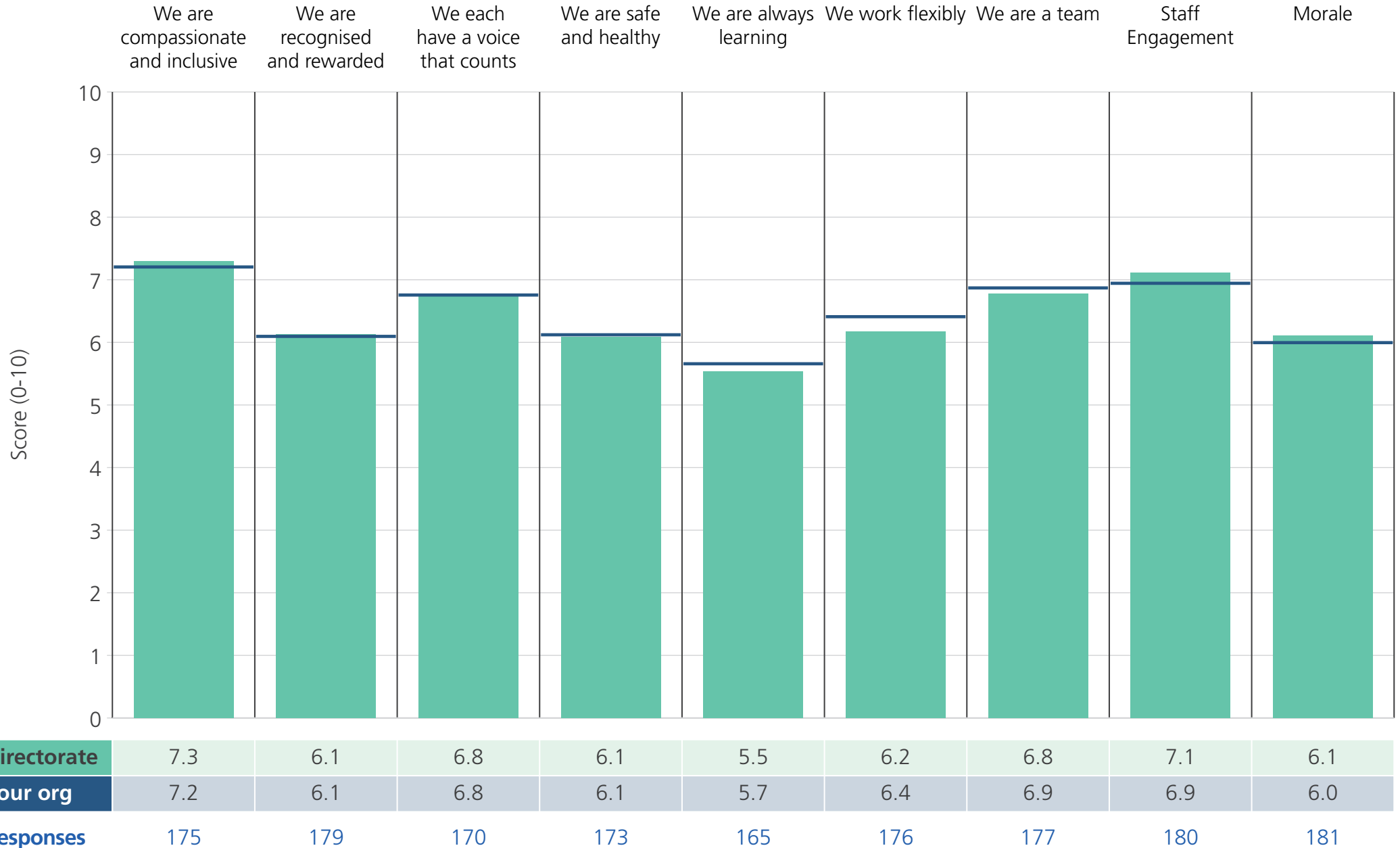


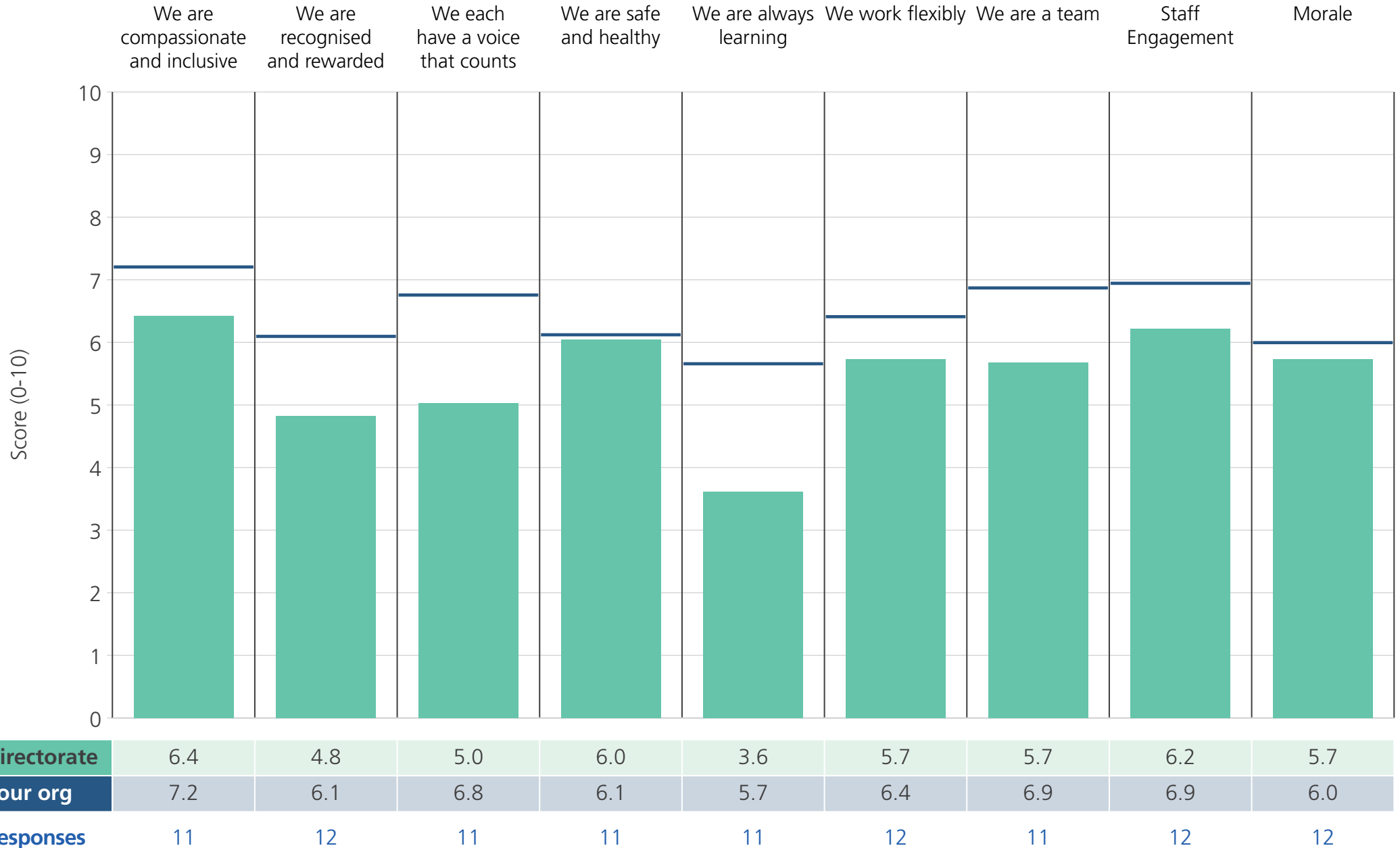


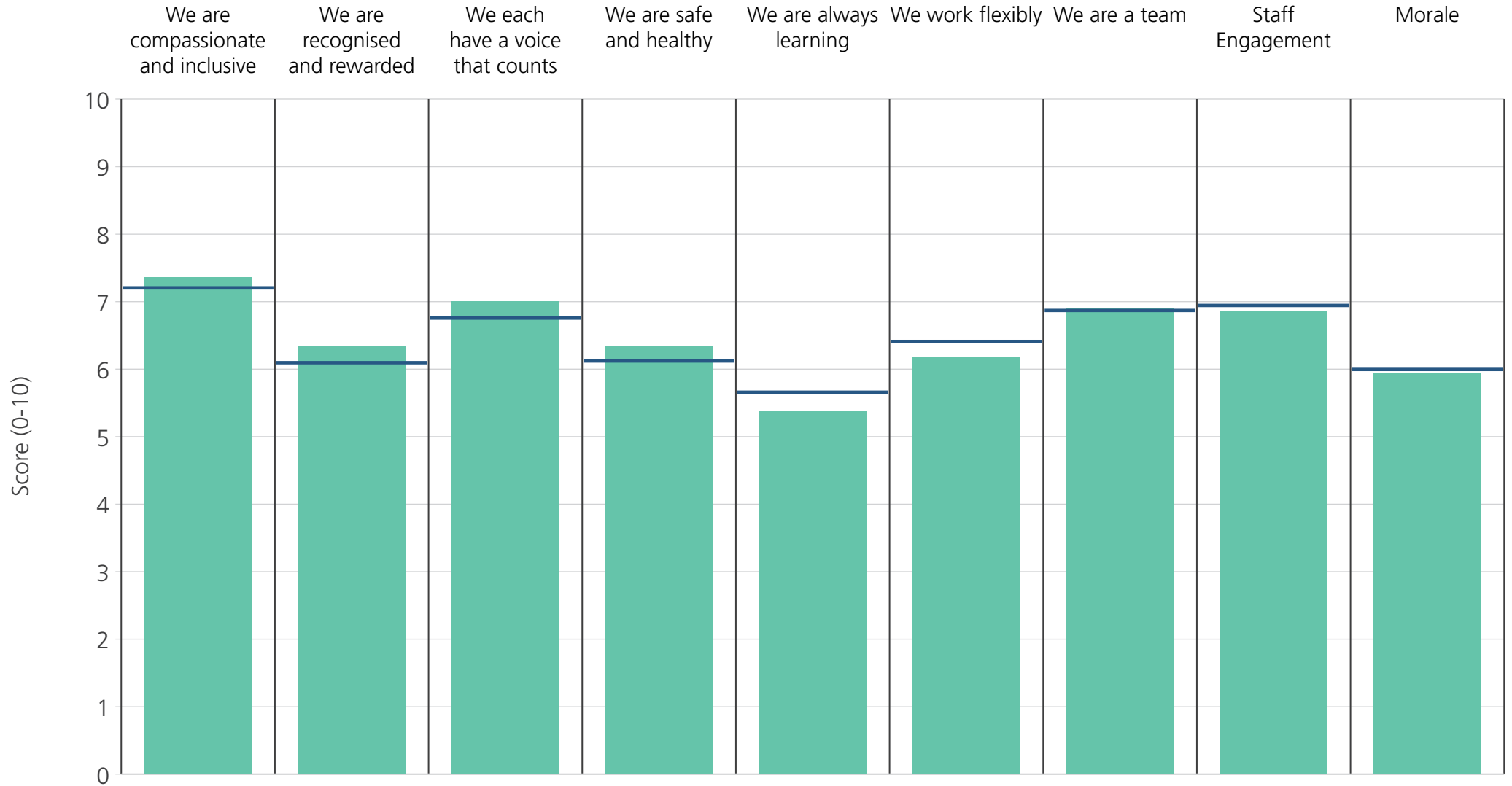




<b>Directorate</b>	7.0	6.1	6.7	6.6	5.6	6.3	6.6	7.1	6.2
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	40	40	40	40	40	40	40	40	40

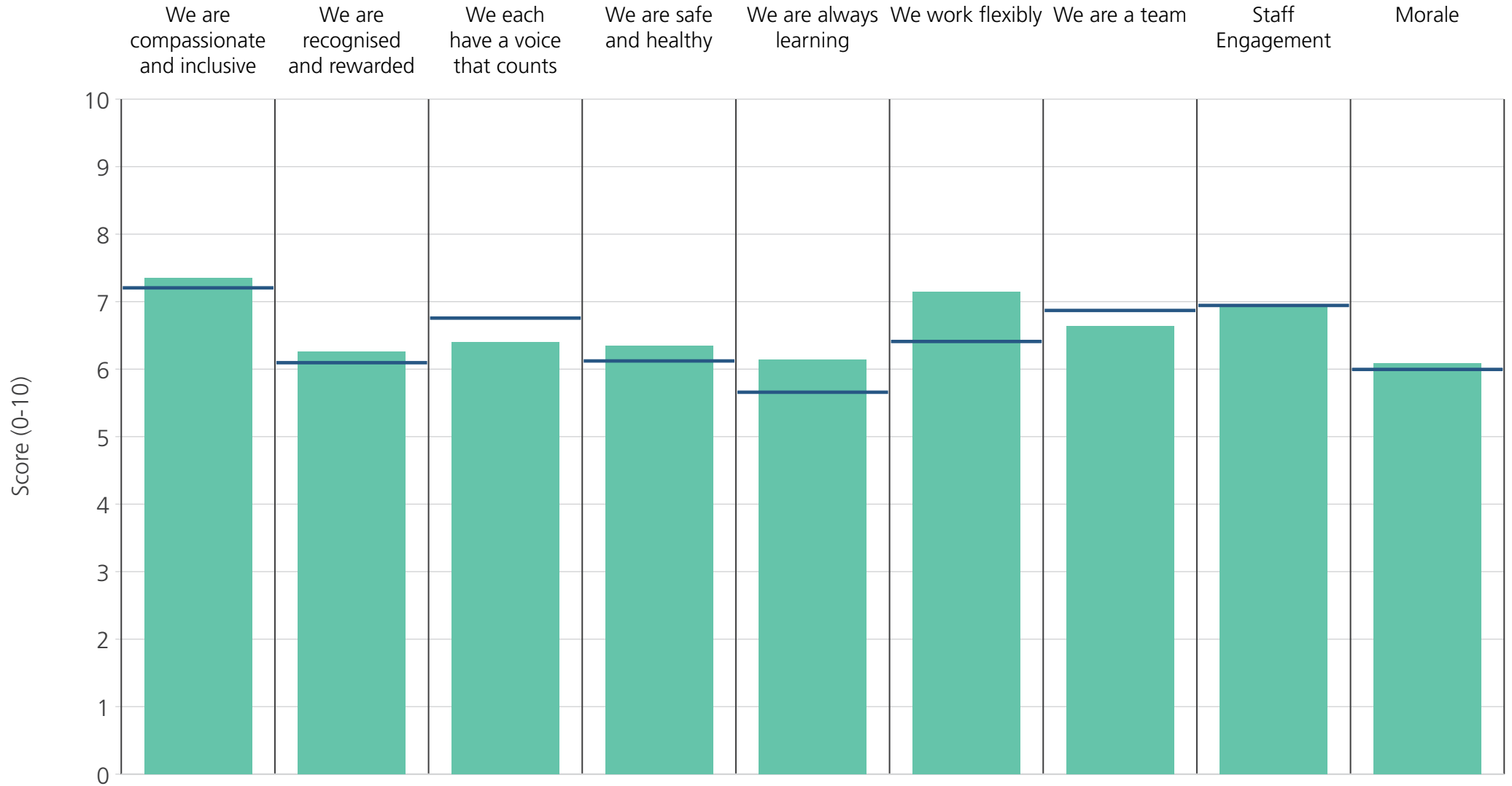




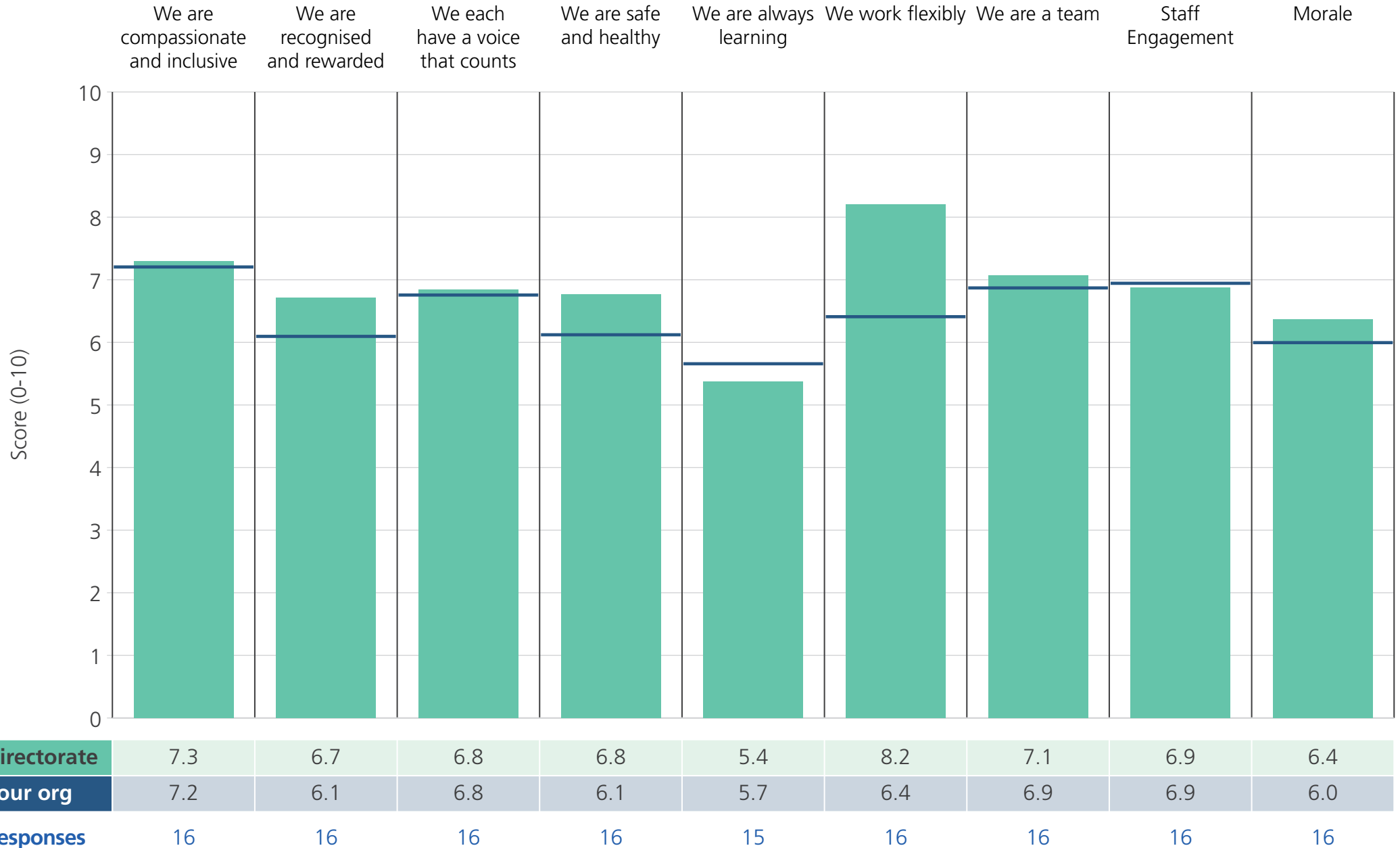


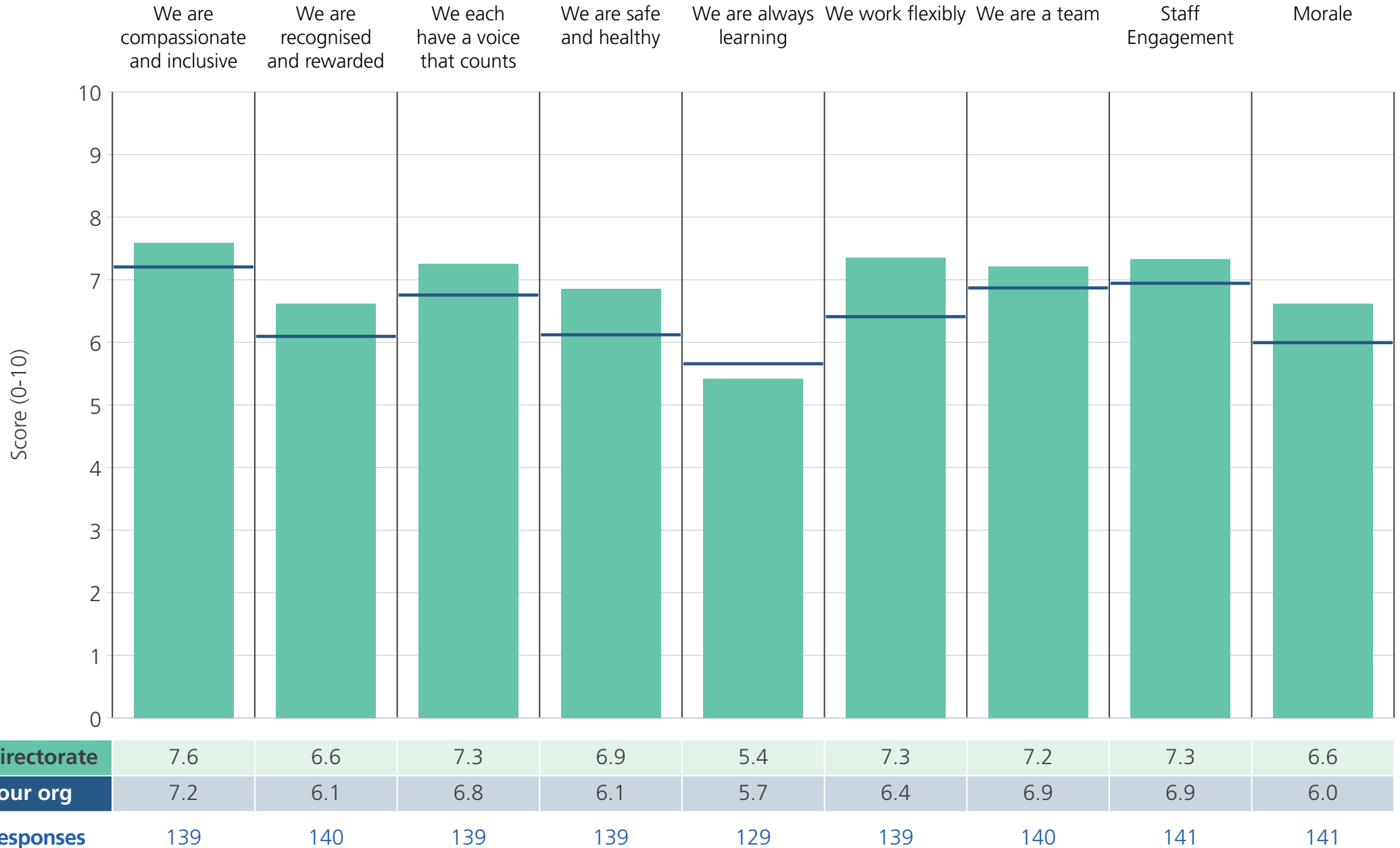
<b>Directorate</b>	7.4	6.3	7.0	6.3	5.4	6.2	6.9	6.9	5.9
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	31	32	31	31	28	32	31	32	32

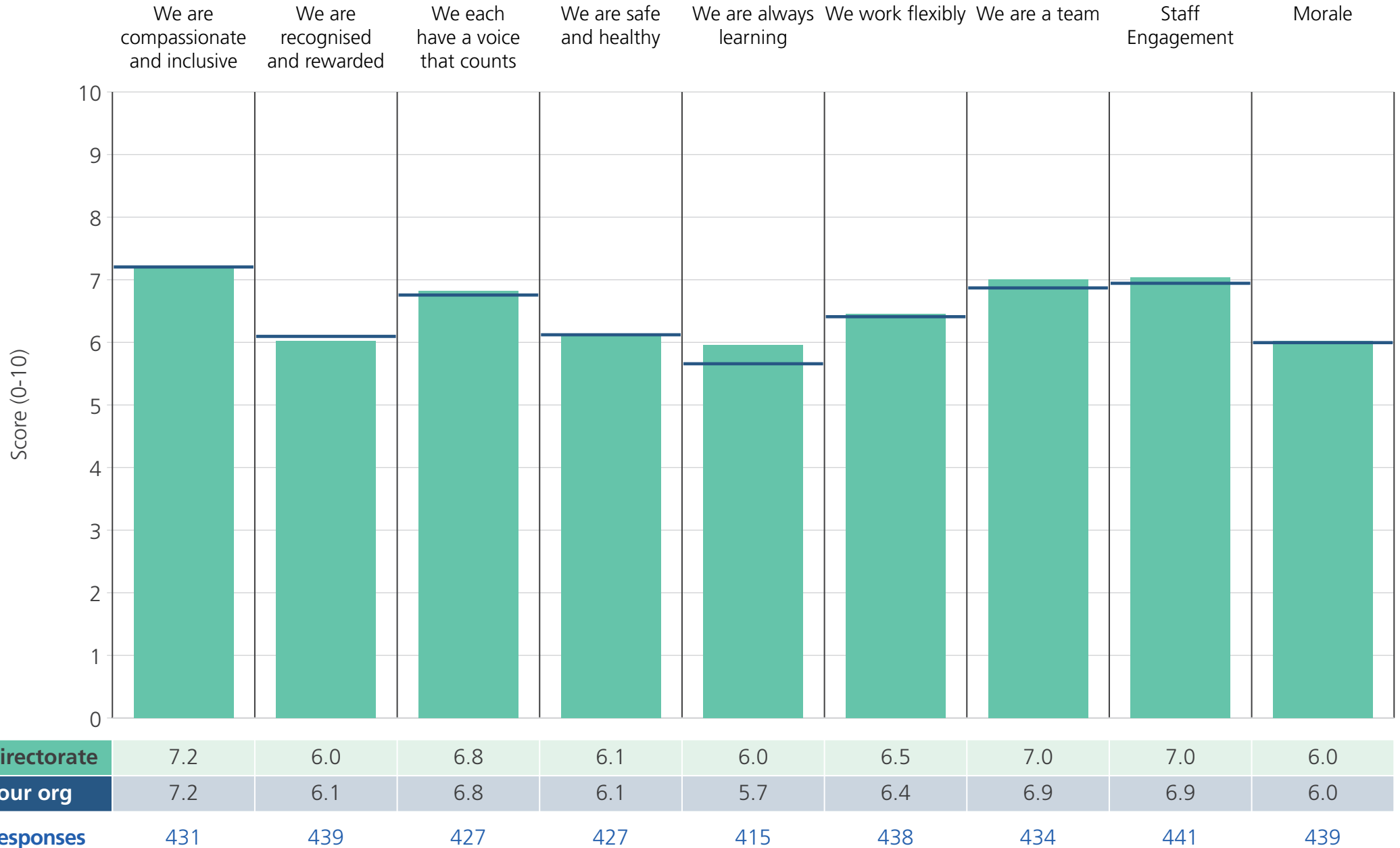


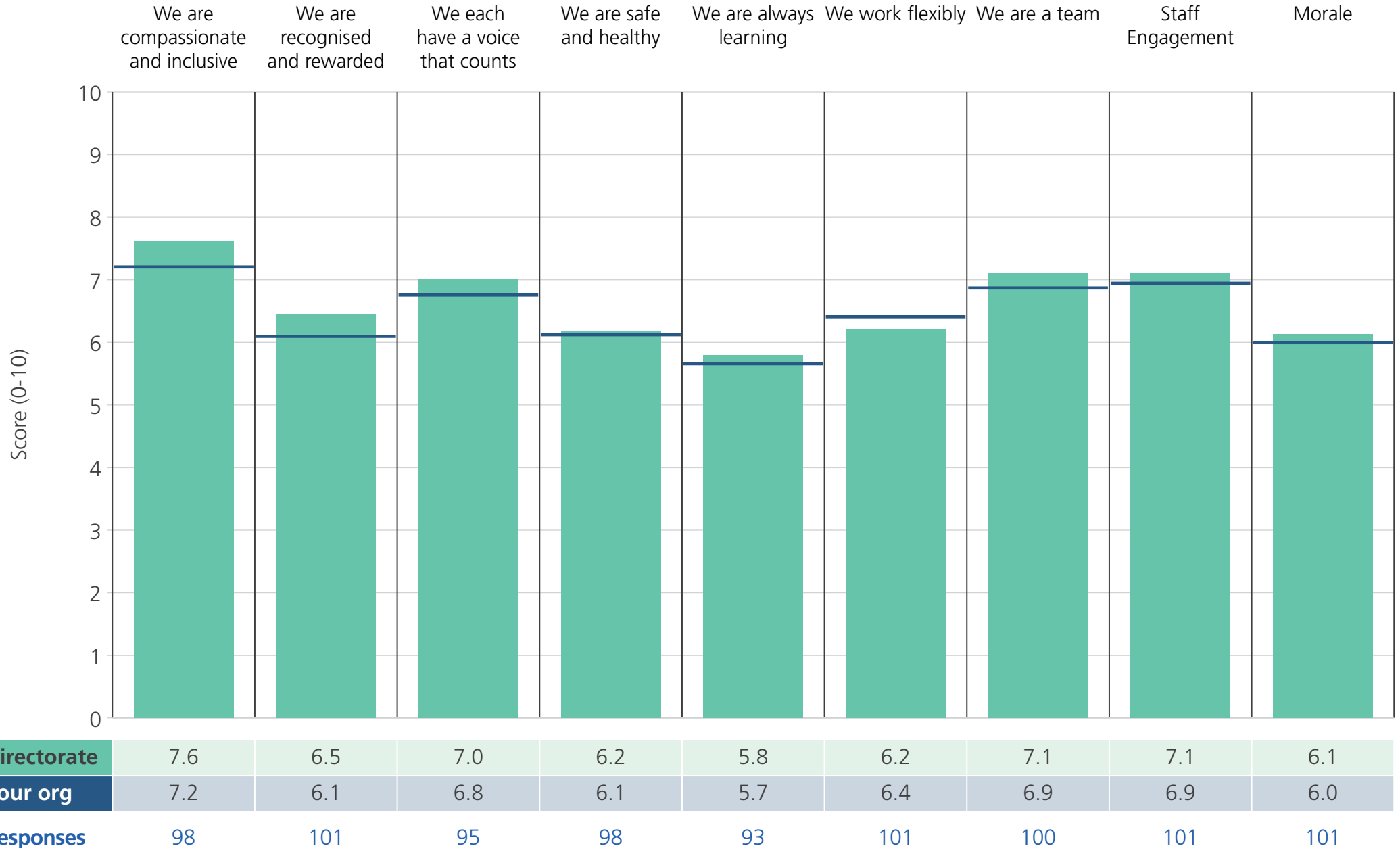


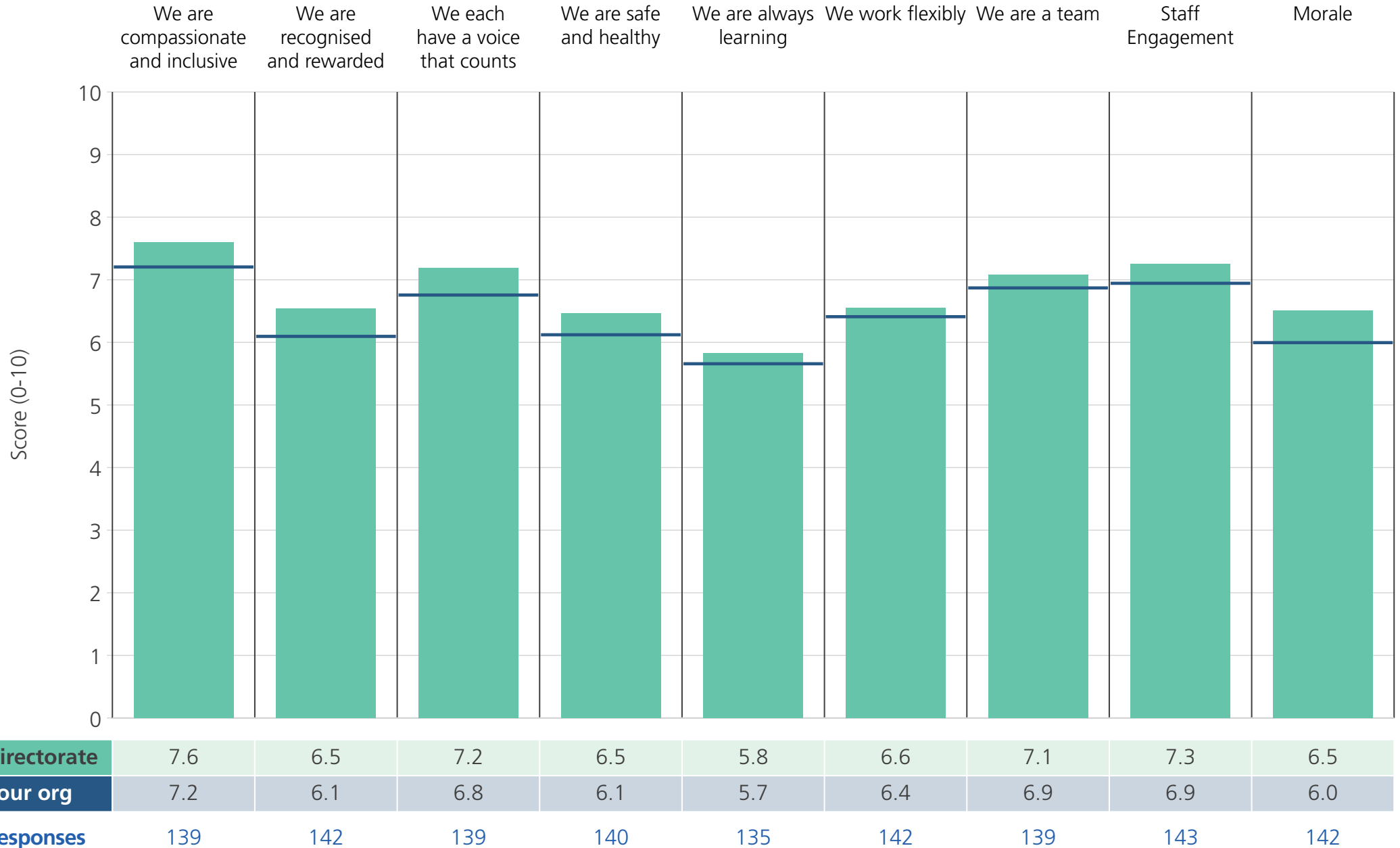
<b>Directorate</b>	7.4	6.3	6.4	6.3	6.1	7.1	6.6	6.9	6.1
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	19	19	19	19	19	19	19	19	19

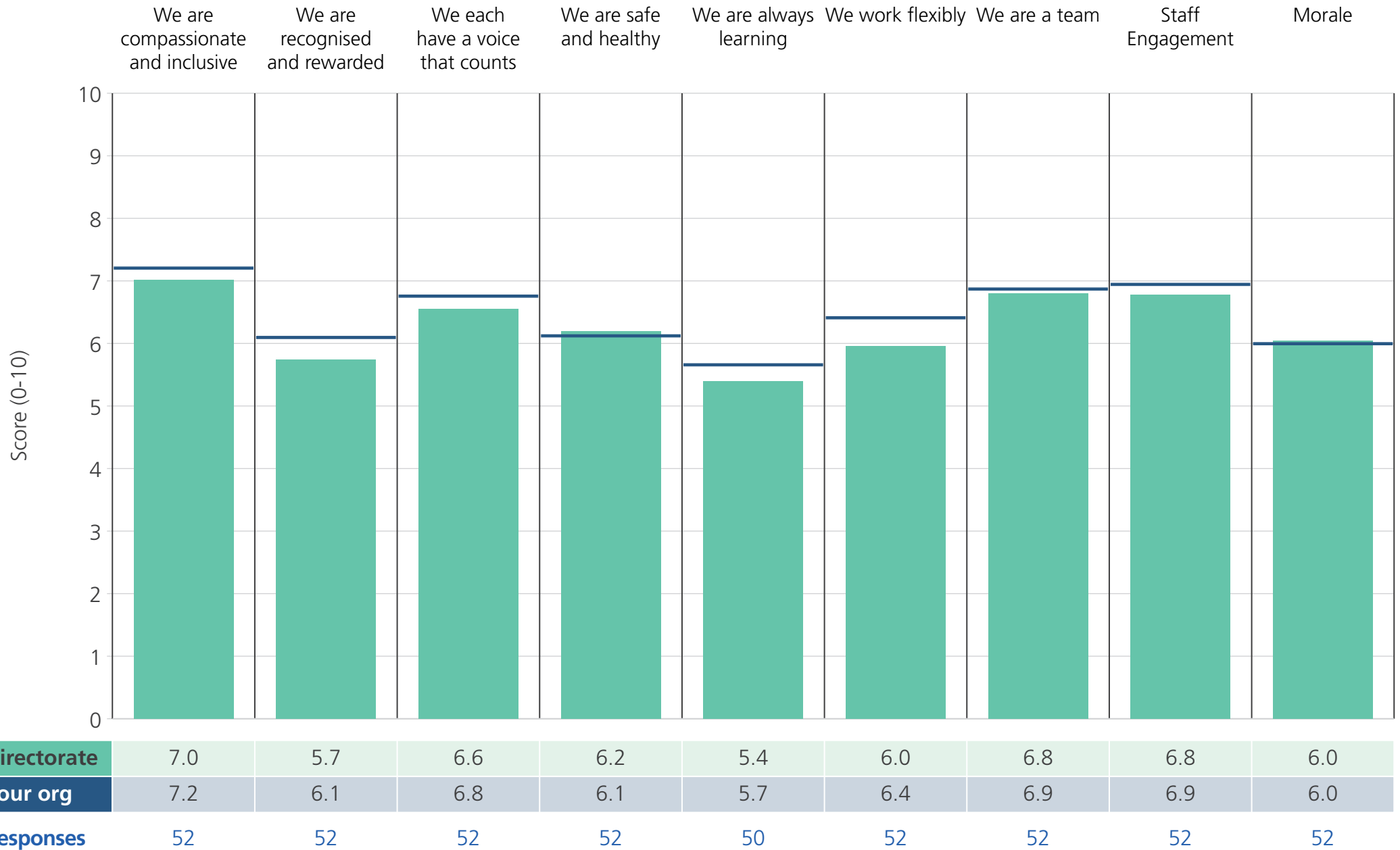


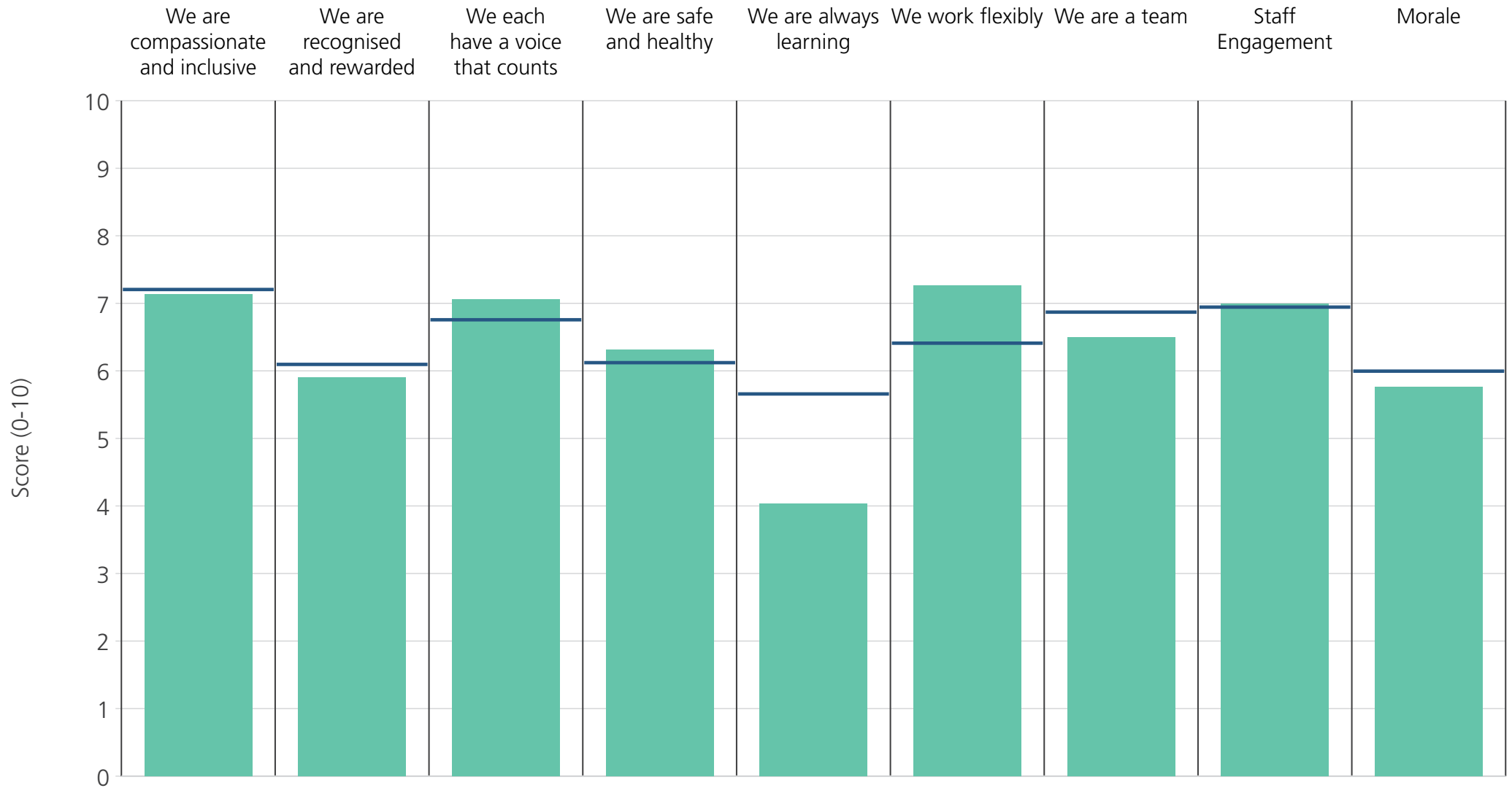






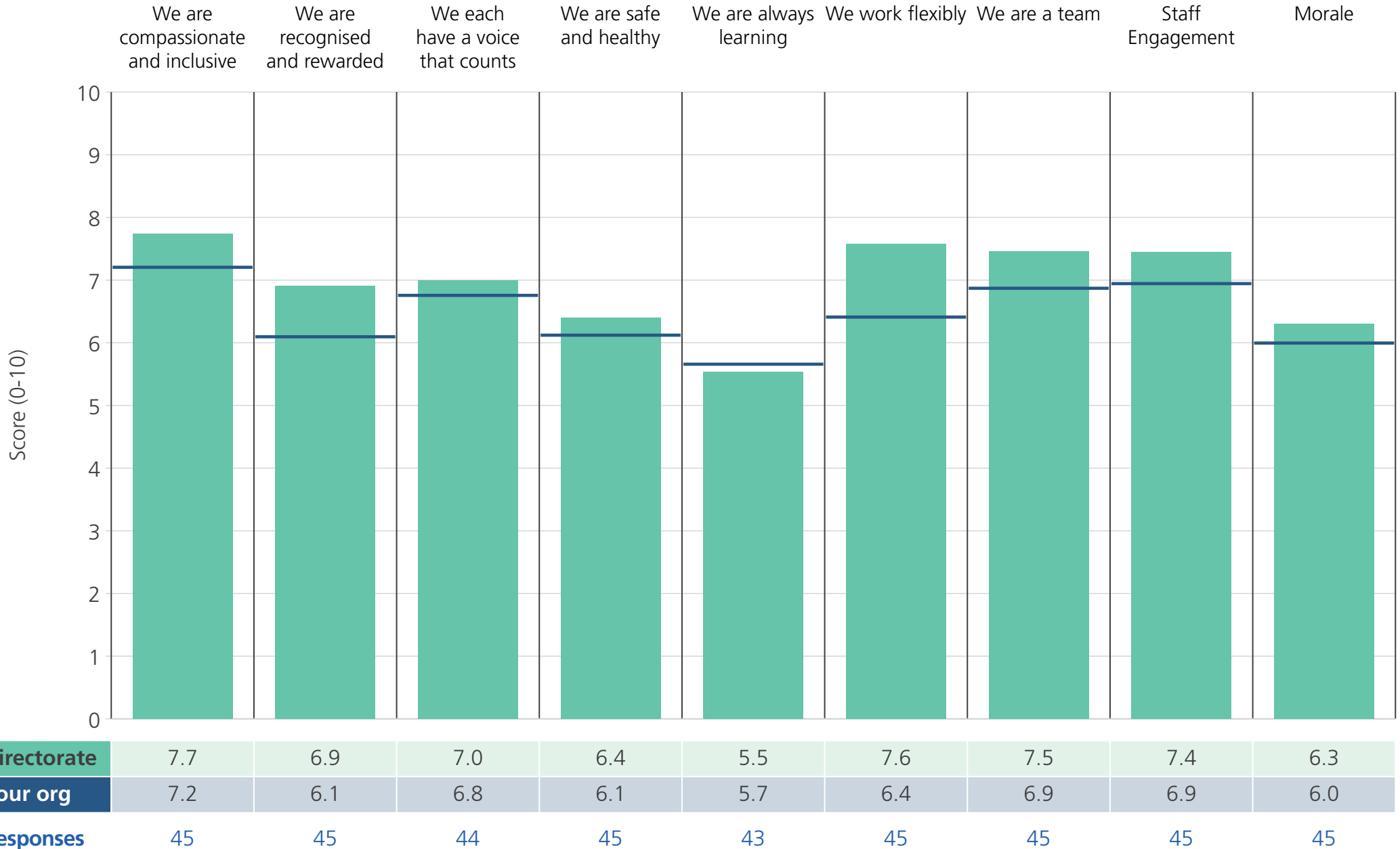






<b>Directorate</b>	7.1	5.9	7.1	6.3	4.0	7.3	6.5	7.0	5.8
<b>Your org</b>	7.2	6.1	6.8	6.1	5.7	6.4	6.9	6.9	6.0
<b>Responses</b>	26	26	26	26	22	26	26	26	26





# 11. BSOL Mental Health Provider Collaborative

<b>MEETING</b>	<b>BOARD OF DIRECTORS</b>
<b>AGENDA ITEM</b>	11
<b>PAPER TITLE</b>	<b>BSOL MHLDA PROVIDER COLLABORATIVE</b>
<b>DATE</b>	<b>30 March 2022</b>
<b>AUTHOR</b>	Abi Broderick, Head of Strategy, Planning and Business Development Andrew Hughes, ANHH Consulting
<b>EXECUTIVE SPONSOR</b>	Dave Tomlinson, Director of Finance Patrick Nyarumbu, Director of Strategy, People and Partnerships

<b>This paper is for (tick as appropriate):</b>		
<input checked="" type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

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

**Executive summary & Recommendations:**

In recent weeks, the Birmingham and Solihull Integrated Care System has taken further steps towards the creation of the Integrated Care Board from 1 July 2022 and subsequent delegation of commissioning arrangements. Central to the emerging proposals is the creation of four provider collaboratives:

- Mental Health, Learning Disabilities and Autism (“MHLDA”).
- Maternity and Paediatrics.
- Adult Acute Care
- Community Integration

We have been working with NHS, 3<sup>rd</sup> Sector and local authority partners to develop and scope our approach to working collaboratively in a mental health provider collaborative for the last 18 months. Due to the recent inclusion of LDA in the scope we are now widening our engagement to include LDA commissioning and provider colleagues in our planning.

It is recognised across the ICS that we are further ahead in mental health than other care programmes in both our approach to working in partnership together and our thinking about what our provider collaborative should look like. It is likely that our

provider collaborative will be the first to be established, providing a blueprint and lessons learned for the other three provider collaboratives.

We have recently appointed ANHH Consulting to provide specialist expertise and additional capacity to support the development of the MHLDA Provider Collaborative.

The attached report has been produced through dialogue with all partners to ensure a shared understanding and sign up to the direction of travel for the provider collaborative. It sets out the key assumptions and timeline, proposed governance and contractual model (being a lead provider arrangement with a partnership agreement across the provider collaborative), governance arrangements, values and behaviours, key risks and programme team resources.

The route map has been endorsed by the MHLDA Provider Collaborative Programme Board on 17 March subject to the following amendments:

- Reflect engagement and co-production with experts by experience within the document
- Reference importance of quality assurance and clear accountability throughout implementation in the assumptions
- Update and clarify the arrangements for the Tier 4 CAMHS Provider Collaborative as it has now been confirmed BWC will remain as lead provider
- Be clear in the introduction as to the purpose of the document and what it does and doesn't do.

The amended route map is the basis of this paper being taken to the Trust Boards of BSMHFT and BWC at the end of March for approval, as well as BSOL CCG's Transition Committee. The route map will also be shared within Birmingham City Council and Solihull Metropolitan Borough Council by local authority colleagues, recognizing currently political landscape and Purdah.

#### **Reason for consideration:**

Trust Board are asked to approve BSMHFT as the lead provider for the BSOL Mental Health, Learning Disabilities and Autism Provider Collaborative.

#### **Previous consideration of report by:**

Executive Team – 14 March 2022  
 MHLDA Programme Board – 17 March 2022 (Report 1 Route Map)  
 BSMHFT FPP – 23 March 2022

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

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

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

As lead provider for the provider collaborative, we will have delegated accountability for the commissioning of services including management of the financial budget.

**Board Assurance Framework**

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

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

Experts by experience are represented on the MHLDA Provider Collaborative Programme Board.

**BIRMINGHAM and SOLIHULL INTEGRATED CARE SYSTEM**  
**ROUTE MAP FOR DEVELOPMENT OF THE MHLDA PROVIDER COLLABORATIVE**  
**Paper for Consideration by the Provider Collaborative Partner Boards, March 2022**

### Contents

1. Introduction and context
  2. Assumptions
  3. Governance models
  4. Contractual model and the Partnership Agreement
  5. Provider Collaborative governance
  6. Values and behaviours
  7. Timeline
  8. Risks
  9. Risk Share Agreement
  10. Partner representatives
  11. Glossary
  12. Next steps and recommendations
- Appendix – Key Reading

## 1. Introduction and context

In recent weeks, the Birmingham and Solihull Integrated Care System has taken further steps towards creation of the Integrated Care Board and subsequent delegation of commissioning arrangements.

Central to the emerging proposals is the creation of four provider collaboratives, one of which will be the Mental Health, Learning Disabilities and Autism Provider Collaborative (“**MHLDA PC**”). The scope and scale of the MHLDA PC continues to emerge, with LDA services only just identified for inclusion.

This document has been produced for the PC by ANHH Consulting Ltd (“**ANHH**”), a specialist strategy, programme management and governance consultancy, which has been appointed to work with partner organisations to develop and implement the PC. It is a Route Map for the next twelve months, which will be developed into a detailed Programme Plan that will provide lessons for the other three PCs, and the ICB more widely. As has been stated:






*“...we would look to get something up and running as quickly as practical and learn as we progress.”*  
 (Kirby, 9 February 2022)

ANHH has produced a separate specification for the activities needed to ensure successful implementation of the MHLDA PC. That document is reflected in the timeline section of this Route Map.

The Programme Board, at its meeting on 17<sup>th</sup> March, approved the document for circulation to Partner Boards. Partner Boards are asked to consider the recommendations in Section 12 below.

## 2. Assumptions

Over the last month, in various governance forums and less formal settings, the partners have agreed some underpinning planning assumptions, which are listed and described below:

-  The system CEOs are expecting 'something' to happen during April 2022. The partners are keen to plan for something that demonstrates real and evidenced progress on a trajectory towards full delegation, but to avoid any unrealistic commitments. Now is not the time to set expectations that cannot be met
-  Linked to the above, communication and engagement must step up as continuous activities. The PC will ensure continued work with the Experts by Experience groups
-  The Programme Team has met with representatives from the Third Sector Forum to establish some key principles, and meetings will be held in the next fortnight with colleagues from Local Authorities (BCC and SMBC)
-  The involvement of learning disabilities and autism services in the PC is a very recent change. The Programme Team will lead an initial engagement with LDA providers, which are not currently arranged as a collaborative and some of which are based outside BSoI. Local Authority partners and the LD Third Sector Forum will be engaged from the outset
-  Governance arrangements for the MHLDA PC will be developed in line with emerging ICS proposals. The Programme Team will liaise with Browne Jacobson LLP and the ICS team to ensure full alignment

- The employment model for the CCG workforce will be developed as part of the programme, coordinated by the CCG/ICB
- BSol CCG ceases to be a legal entity on 1<sup>st</sup> July 2022, and Contracts with provider organisations will novate (temporarily) to the ICB until the Service Integrator Contract is let
- There is a separate workstream related to place-based partnership arrangements, which will inform the MHLDA PC work
- MH and LDA services will transfer at the same time
- Funding and responsibility for Section 117 and individual packages of care outside CHC will transfer, but CHC funding will remain in the ICB
- The MHLDA PC members are shown in the table below:

**Table One: MHLDA Provider Collaborative Members**

Mental Health (known)	LDA (assumed)
Birmingham and Solihull Mental Health NHS FT	Birmingham Community Healthcare NHS FT
Birmingham Women's and Children's NHS FT (lead for Forward Thinking Birmingham)	Coventry and Warwickshire Partnership NHST
	University Hospitals Birmingham NHS FT
	BSMHFT (Solar)
	Birmingham Women's and Children's NHS FT (lead for Forward Thinking Birmingham)
MH Third Sector Forum <sup>1</sup>	LD Third Sector Forum
Birmingham City Council	Birmingham City Council
Solihull Metropolitan Borough Council	Solihull Metropolitan Borough Council

There will be a concurrent exercise, led by BWC, related to future commissioning arrangements for CAMHS Tier 4 across the West Midlands. This will not form part of the PC's work but will be a further call on executive and project team time. The current assumption is that new arrangements will be in place from 1<sup>st</sup> July 2022.

### 3. Governance models

The Provider Collaborative Toolkit (NHSE&I, February 2022) described three governance models:

#### a) Provider Leadership Board

CEOs/Directors come together with common delegated responsibilities from their respective boards, in line with the scheme of delegation. This model uses committees in common for governance which is where committees of each organisation meet at the same time in the same place and take aligned decisions.

#### b) Lead Provider

A single trust takes contractual responsibility for an agreed set of services, on behalf of the provider collaborative, and then subcontracts to other providers as required. Alongside the contract between the commissioner and lead provider, the lead provider enters into a Partnership Agreement with other collaborative members who contribute to the shared delivery of services.

This model is commonly used across the NHS for NHS-led Provider Collaboratives for specialised mental health and learning disability and autism services.

#### c) Shared Leadership

Each collaborative member has a defined leadership structure in which the same person or people lead each of the trusts involved and mirror those roles in the PC. NHS trusts can also achieve shared leadership by having their board delegate certain responsibilities, within the remit of the provider collaborative, to a committee made up of members of another trust's leadership team. Under either approach, each trust's board remains separately accountable for the decisions it takes.

In January 2022, the NHS CEOs agreed that there would be four collaboratives across BSol:

- Mental Health, Learning Disability and Autism
- Adult Acute Care
- Maternity & Paediatrics
- Community Integration

<sup>1</sup> The Programme Team will work with the third sector to consider the option to create a new legal entity, e.g., an LLP or CIC, through which decisions can be taken and Contracts let

The assumption had been a governance model based on committees in common but, in his paper dated 9 February 2022, Richard Kirby confirmed the revised decision and approach:

*"The ICB/CCG, Birmingham & Solihull Mental Health NHS FT (BSMHFT) and Birmingham Women's & Children's NHS FT (BWCH) have agreed to establish a mental health provider collaborative with BSMHFT as the lead provider. The aim is that this collaborative could "go live" in early 2022/23 exercising some delegated commissioning functions."*

The Lead Provider model will therefore be adopted, founded on the following principles:

- BSMHFT is the lead provider, which then subcontracts, as appropriate, with the other members of the collaborative to deliver a defined set of services
- Funding for in-scope services flows to BSMHFT, which takes responsibility for designing pathways that meet the needs of patients and communities, and the terms of the contract; members of the collaborative agree how services will be designed and delivered
- BSMHFT and other members of the collaborative enter into a Partnership Agreement, setting out their shared vision, terms of reference, how they will work together and take decisions, how they will hold each other to account, and any risk sharing arrangements
- The role of the PC lead provider and their responsibilities are clearly established. Collaborative members may agree that some of the lead provider's decision-making powers will be exercised collaboratively with partners
- Providers in the collaborative work closely with other system partners, including local places, to plan whole pathways of care across historical boundaries of primary, secondary, and tertiary care. Clinical leadership should drive the design of new models of care
- BSMHFT's role in arranging provision of services should be clearly split from its operational functions and responsibilities. Lead provider governance arrangements are being developed as a separate and concurrent workstream
- A PMO function should be established to ensure the smooth functioning of the collaborative
- Strategic decisions are exercised through a partnership board where each provider is represented. This board can be advised by clinical groups or establish functional groups/ task-and-finish groups to take forward agreed actions.

#### 4. Contractual model and the Partnership Agreement

A Partnership Agreement will be drafted to capture the objectives of the collaborative, terms of reference, agreed ways of working, agreed principles and behaviours, governance and decision-making and how resources (financial and non-financial) will be shared and deployed. All member organisations will need to agree to these terms.

The Partnership Agreement will include:

- Principles of working
- Governance
- Information Sharing
- Confidentiality
- Conflicts of Interest
- Liability
- Termination and Exclusions
- Intellectual Property

The risk/gain share of the contract can be agreed between partner organisations to distribute among them any savings, or losses, from a change that involves the member trusts. This arrangement may exist separately or feature as part of the Agreement.

The treatment of third sector partners will be a specific feature, with the option of underwriting by public sector partners an option that could be explored.

BSMHFT will enter sub-contracts with other collaborative members.

#### 5. Provider Collaborative governance

Provider collaboratives ("PC") are a key component of system working, as one way in which providers can work together to plan, deliver, and transform services. PCs focus on partnership building, programme delivery, peer support and mutual accountability, joined-up working, and quality improvement.



What brings all that together is shared governance: proportionate arrangements that enable providers to come together and to take decisions efficiently, that speed up mutual aid, service improvements, and transformation.

National policy dictates that current commissioning entities will no longer exist from 1<sup>st</sup> July 2022 and that there is a need for commissioners to work more closely together, aligning their objectives with providers and taking a more strategic, place-based approach to commissioning.

ANHH will work with Browne Jacobson LLP to ensure that the MHLDA PC architecture aligns with the system-wide approach. It will be informed by a small number of important principles:

- Separation of the various responsibilities for the shaping of decisions:
  - Decision-forming:** clarifying what part of the architecture will set the context and drive strategic thinking, with some decision-making powers
  - Decision-making:** clarifying what part of the architecture will do the heavy lifting needed to make judgements and recommendations
  - Decision-taking:** confirming the accountable and responsible forum
- Confirmation of responsibility for assurance
- Clarity in nomenclature, i.e., only one Board, Sub-Committees reporting to Committees, Sub-Groups reporting to Groups, etc.

## 6. Values and behaviours

The development of the MHLDA PC is driven by the common purpose of improving the mental health, learning disabilities and autism system in the interests of patients, staff, and the wider community. In 2021, the mental health partners detailed how they wish to operate, in the document entitled *Birmingham and Solihull Mental Health Provider Collaborative: Our Proposed Approach to Integration and Partnership*.

The work is underpinned by the following guiding principles.

- To reduce health inequalities, achieve parity of esteem and champion inclusion and diversity
- To reduce demand for mental health services through prevention and the improvement of mental wellbeing
- To accelerate the time from seeking help to definitive treatment
- To improve safety before, during and after treatment
- To provide better outcomes for people who use services.
- To provide enhanced value

BSol ICS aims to create *The healthiest place to live and work, driving equity in life chances and health outcomes for everyone*.

There are four values to underpin delivery of that vision:

- Transformative
- Equality
- Accountable
- Mindful

The ICS has cross cutting themes that run through everything and to which the MHLDA PC subscribes.

### Health Inequalities commitments include:

- Supporting the ICS's work in this area
- Ensuring our programmes of work are explicit in demonstrating how they will contribute to reducing health inequalities and effectively monitoring this
- Working closely with local communities and making better use of data to inform our work
- Zero tolerance of discrimination.

### Place-Based Partnerships commitments include:

- Working with emerging place-based partnerships and ensuring local voices inform decision making
- Transforming the way we work with primary care and primary care networks
- Working more closely with local Third Sector Organisations
- Contributing to broader strategies to prevent poor mental health by addressing health inequalities and social determinants.

**Co-production commitments include:**

- Working as equal partners
- Supporting and valuing co-production in practical ways
- Ensuring co-production practice is inclusive
- Growing, developing, and valuing the lived experience workforce.

**Third Sector Partnership commitments include:**






- Strengthening the role of the Third Sector in the leadership and governance of the system
- Embracing the Third Sector as equal partners in service delivery and in helping to address barriers
- Drawing on the experience and insight of the sector in designing and developing services
- Exploring how local networks of Third Sector Organisations can be effectively linked with mental health services in each Primary Care Network and aligning with Neighbourhood Networks (Birmingham) and Thriving Communities Programme (Solihull).

**7. Timeline**

The partners have developed an indicative timeline for the next few months, as shown in the table below. Many activities can and will overlap as concurrent actions.

The “by” date is the latest date that activities will be delivered; some may be sooner.

**Table Two: Indicative Timeline for Creation of the MHLDA PC**

<b>Date</b>	<b>Activities</b>
By end of March 22	Agree scope of services to be included and excluded (MH and LDA)
	Alignment of CCG resource to support PC
	Develop Heads of Terms for Partnership Agreement
	Create specification for KPMG and Browne Jacobson for support to PC
	Engage with the Third Sector and Local Authorities
	Create Terms of Reference for Project Team
	Confirm and challenge Terms of Reference for existing PC forums, aligned to ICB emerging arrangements:
	<ul style="list-style-type: none"> <li> Transformation Board</li> <li> PC Programme Board</li> <li> FCCG and Quality Groups</li> <li> Programme Team</li> <li> Programme Steering Group</li> </ul>
	Agree Lead Provider internal governance arrangements
Partner Boards receive and agree Route Map	
During April 22	BSMHFT confirmed as Lead Provider, and assumes responsibility for planning for use of any additional SDF and LTFM funds
	CCG continues to Contract with providers for existing SDF/LTFM monies, and accepts recommendations from BSMHFT for use of additional resources
	CCG direct roles aligned (no employer liabilities) to MHLDA PC
From 1 <sup>st</sup> April to 30th June 22	Develop detailed Programme Plan
	Circulate draft Partnership Agreement
	Agree governance architecture for MHLDA PC
	Develop and agree Terms of Reference for governance forums
	Co-produce Risk Register
	Cement values and behaviours for the MHLDA PC
	Develop Accountability Framework linked to Risk Share Agreement
	Confirm ICB process for Due Diligence and pre-delegation assessment
	Amend LP governance instruments and Terms of Reference
	BSMHFT confirms structure and arrangements for internal commissioning and contracting function
	On 1 <sup>st</sup> July 22

Date	Activities
From 1 <sup>st</sup> July to 30 <sup>th</sup> September 22	PC governance, accountability, contractual and financial arrangements operate in trial form for MHLDA PC
	MHLDA Partnership Agreement signed
	CCG staff contracts of employment novate to ICB
	Due diligence and pre-delegation assessment
	Independent Assurance Report for services to transfer from 1 <sup>st</sup> October
	Learning and governance models shared with other ICB Provider Collaboratives
From 1 <sup>st</sup> October 22 to 1 <sup>st</sup> April 23	BSMHFT assumes full Lead Provider responsibility for all services that are ready to transfer (MH and LDA)
	Delegation of S117 functional mental health resource and commissioning
	Commissioning Delegation of Transforming Care Programme, including CTR/CETRs
	Delegation of LeDeR reviews
	Delegation of LD individual packages of care resource and commissioning
	Amend arrangements following pre-delegation assessment framework
On 1 <sup>st</sup> April 23	Service Integrator Contract between BSol ICB and BSMHFT
	Delegation of full ICB budgets for all MH and LDA services, including transfer of all associated Contracts and statutory responsibilities (Integrator Contract)
By end of June 23	End of Project review

## 8. Risks

The Programme Team will develop a Risk Register, which will inform the cycles of business of the various governance forum, overseen by the Programme Board.





Risk headings are shown below, together with an early, high-level assessment of their potential impact:

- Uncertainty regarding the other three BSol Provider Collaboratives, their timeline for implementation, their proposed governance arrangements, and their financial impact (**High**)
- Increasing scope of the PC (LDA) and more, new partners to be embedded, with the potential for continuing uncertainty (**High**)
- Capacity of Executive Teams to lead the process (**High**)
- Capacity of the wider internal teams to support the programme (**High**)
- Insufficient time to deliver due diligence and go-live (**High**)
- Uncertainty of the implications of a failure to deliver and the options for exit (**High**)
- Insufficient clarity on the timing of service transfers into the PC (**Medium**)
- Lead Provider's lack of preparedness to lead a much-expanded commissioner function (**Medium**).

The controls against these will be a range of behavioural, procedural, and developmental actions.

## 9. Risk Share Agreement

A good risk and gain share scheme should encourage PCs to:

-  Reduce healthcare costs the right way. It should not reduce costs by rationing or restricting access to cost effective interventions (i.e., by creating or growing waiting lists or times), by lowering quality standards, or by deselecting patients whose needs are great or whose patterns of care are not considered amenable to care management strategies
-  Act ambitiously, but not recklessly. Small incentives may not be sufficient to motivate an PC to innovate and seek improvements. If the incentives are too large, then providers might act irresponsibly, tempted by the substantial potential rewards
-  Plan thoroughly whilst acknowledging uncertainties. If incentivised appropriately, a PC should recognise the benefits of accurately planning and forecasting, acknowledging that it pays the consequence if its plans are poor
-  Benefit from accurately recording its activity. Resources are required to record activity accurately. If appropriate incentives do not exist, then providers may record activity poorly, leaving the lead provider with limited data and intelligence to assess performance and develop plans

- Encourage partners to collaborate and share information appropriately. It should never be in an ICS provider's interest to withhold information from its partners if this information could be used to deliver better outcomes for the population it serves or lower costs for the system
- Protect the more vulnerable members of the collaborative, for example by underwriting the financial exposure of the third sector.

## 10. Partner representatives

The key nominated partner representatives are listed below. The list reflects the scope of the PC to this point, so is mental health dominant. Immediate next steps will be to check the mental health representation, particularly from Local Authority partners, and to identify the LDA leads who will join the team from within the NHS, local authorities, and the third sector.

### BSMHFT's representatives are:

- Dr Linda Cullen, NED Lead for Quality Assurance
- Anne Baines, NED Lead for Commissioning
- Dave Tomlinson, SRO and ED Lead for Commissioning
- Patrick Nyarumbu, ED Lead for Partnerships
- Richard Sollars, SRO (to be seconded full-time into the role)
- Abi Broderick, Partnership Lead

### BWC's representatives are:

- Sue Noyes, NED Lead
- Alex Borg, SRO and ED Lead
- Mary Montgomery<sup>2</sup>, Programme Lead

### BSol CCG's representatives are:

- Stan Silverman, NED Lead for Commissioning
- Jo Carney, SRO and ED Lead
- Tom Howell<sup>3</sup>, Programme Lead

### The Third Sector Forum's representatives are:

- Helen Wadley, CEO, Birmingham Mind
- Ben Howells, CEO, Living Well Consortium

### Partner project resources available to the partners are:

- Communications Lead
- Project Support Officer

Discussions are continuing to confirm whether PMOs from all three organisation are available to the programme.

The scope of the programme will require periodic support from the three organisations' People, Company Secretariat, Quality Governance, Contract, Information, and Finance teams.

The Programme Team, comprising membership from the CCG, BSMHFT and BWC, will take **day-to-day responsibility for delivery** of the proposed arrangements, and terms of reference will be developed to frame its work.

The partners will have access to additional external support.

Service	Provider
Programme management	ANHH
ICS governance arrangements	Browne Jacobson LLP
Quality governance arrangements	KPMG LLP
PC governance arrangements LP governance arrangements	ANHH

<sup>2</sup> Lead for the PC's Quality and Outcomes Workstream

<sup>3</sup> Lead for the PC's Co-production, Place, and Workforce Workstreams

## 11. Glossary

**Lead Provider** relates to BSMHFT.



BSol ICB will enter a contract with BSMHFT, and BSMHFT will subcontract specific roles and responsibilities (and allocate risk associated with their performance) to providers, including BSMHFT itself.

BSMHFT will be responsible to the ICB for delivery of the entire Provider Collaborative service (both mental health and LDA), and for the coordination of the sub-contractor providers. The sub-contracting model is supported by the provisions of the NHS Standard Contract.

As a nuanced point, BSMHFT cannot be the "lead provider" for LDA services, as it does not provide those services. Instead, it will assume commissioning, contract delivery, and quality assurance processes.

## 12. Recommendations

Partner Boards are asked to:

-  **UNDERSTAND** the key principles underpinning development of the MHLDA PC
-  **APPROVE** the Route Map

## Appendix: Key reading

### BSol MH PC Documents

BSol CCG (Undated) *Phased Delegation of Responsibilities and Resource*. MHLDA PC Milestones V0.2. PowerPoint.

BSol CCG (Undated) *BSol MHLDA Collaborative: Draft V0.2 Governance Structure (illustrative for discussion)*. PowerPoint.

BSol ICS (Undated) *Inception Framework*.

BSol Mental Health System Governance (June 2021). PowerPoint.

BSol MH PC (Undated, V.1) *Our Proposed Approach to Integration and Partnership*.

Fallon-Williams, R., Marsh, S-J., Melbourne, D. (9 February 2022) *Tier 4 CAMHS Provider Collaborative*. Letter to Roz Lindridge, Interim Regional Director of Commissioning, NHSE&I – Midlands.

Kirby, R. (9 February 2022) *Provider Collaboratives in Birmingham and Solihull*. Paper to the BSol CEOs.

Lindridge, R. (15 February 2022) *NHS-Led CAMHS Tier 4 Provider Collaborative*. Letter to CEOs of BSOL ICS, BSMHFT and BWC. NHS England and NHS Improvement – Midlands.

MHLDA Programme Team (3 March 2022) *Update to Programme Board*.

### NHS England and NHS Improvement Guidance

NHSE&I (February 2022) *Provider Collaborative Toolkit*.

PAR642 (June 2021, Version 1) *Integrated Care Systems: design framework*.

PAR660 2 (September 2021, Version 1) *Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems*.

PAR661 (2 September 2021, Version 1) *Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities*.

PAR754 (August 2021) *Working together at scale: guidance on provider collaboratives*.

PAR905 (2 September 2021, Version 1) *Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector*.

PAR B886 (August 2021, Version 1) *Interim guidance on the functions and governance of the integrated care board*.

The Strategy Unit (June 2018) *Risk and Reward Sharing for NHS Integrated Care Systems*.

## 12. Finance, Performance & Productivity Committee Chair's Assurance Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>12</b>
<b>Paper title</b>	<b>FINANCE, PERFORMANCE &amp; PRODUCTIVITY COMMITTEE</b>
<b>Date</b>	30 <sup>th</sup> March 2022
<b>Author</b>	Russell Beale, Chair of FPP
<b>Executive sponsor</b>	Dave Tomlinson- Executive Director of Finance

<b>This paper is for: [tick as appropriate]</b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

<b>Executive summary</b>
The report provides assurance to the Board of Directors on the discussions held at the Finance, Performance & Productivity Committee held on the 23 <sup>rd</sup> March 2022.
<b>Reason for consideration</b>
For assurance
<b>Paper previous consideration</b>
<i>Not Applicable</i>
<b>Strategic objectives</b>
<i>Identify the strategic objectives that the paper impacts upon.</i> Sustainability
<b>Financial implications</b>
<i>Not applicable for this report</i>
<b>Board Assurance Framework Risks</b>
FPP1 The Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms FPP2 The Trust fails to focus on the digital agenda and to harness the benefits of digital improvements FPP3 The Trust fails to behave as a socially responsible organisation FPP4 The Trust fails to manage the safety and quality of its therapeutic environment
<b>Equality impact</b>
<b>Our values</b>
Committed Compassionate Inclusive



## REPORT FROM THE FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE

### 1. ISSUES TO HIGHLIGHT WITH THE BOARD

The Finance, Performance & Productivity Committee met on the 23<sup>rd</sup> March 2022 with a summary of the key discussions detailed below:

#### 1.1 Cygnnet Quality Assurance Response

Following a query raised at the last FPP Committee regarding Cygnnet Health Care Secure Services, a detailed response was received from the Reach Out Commissioning Sub Committee. Reach Out currently had 10 patients within Cygnnet sites. There had been no quality or CQC concerns identified through case management surveillance. It was reported that 2 Cygnnet Health Care sites rated as 'Requires Improvement' by the CQC. The report detailed the approach to quality assurance and risk with no risks identified for Cygnnet Health Care secure services

***Chair's Assurance Comments: Recent news articles had raised some concerns in general and so we specifically addressed whether there were any issues the trust needed to be aware of. We are assured that there are none of significance.***

#### 1.2 Financial Position and Budget Setting 2022/2023

The month 11 2021/22 consolidated Group position was a surplus of £2.1m year to date. This was compared to a break-even plan. The surplus was mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position included a break-even position for the Reach Out Provider Collaborative. The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.

The 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. A draft financial plan was submitted on the 17<sup>th</sup> March 2022 based on system agreed planning principles. For BSMHFT this was a break-even plan. Further work was ongoing to refine planning assumptions and review system reserve allocations ahead of the final plan submission on 28/4/22. A draft capital plan of £6.7m has been submitted for 2022/23 and £6m per year for the following four years. A system capital prioritisation process is underway and will inform the final capital plan submission in April.

In relation to efficiencies, it was reported that the health system has introduced a Central Improvement Unit with a purpose to review system wide opportunities. It was agreed that there would be a full Board finance discussion required on the financial system wide challenges which was being arranged.

The month 11 year to date Group capital expenditure was £7.5m, this was £0.9m less than original plan. The year-to-date underspend mainly relates to door set works. The full year capital forecast was £12.8m, an increase of £0.5m compared to prior month in line with an additional £0.5m PDC funding allocation for the Shared Care Record scheme. The month 11 Group cash position is £59m.

The Committee received assurance on the progress on the capital spend for anti-ligature doors which was a significant risk for the Trust receiving assurance that the Quality, Patient Experience and Safety Committee had discussed progress.

The Committee received a separate Going Concern review report and it was

recommended that the going concern basis of accounting was used for the preparation of year end accounts.

***Chair's Assurance Comments: The Board is requested to note that we consider the Trust to be a Going Concern.***

***Finances are currently in a good position, but we are concerned about the need to make savings next year and do not yet have visibility on the amount required, though about half has been identified. The remaining quantities will be difficult to achieve by trimming budgets and business as usual, and so we have requested a more detailed discussion about how we intend to transform patient pathways, ways of transacting, and the revolutionary, not evolutionary, approaches we are considering. This is covered partly by the Transformation Board and partly by actions from the execs within areas of responsibility, and we requested a report and corresponding deep dive for May. It should also be noted that the savings required are at a collective partnership level, which gives us opportunities we did not have before.***

***We thank the finance team for both doing end of year work and planning work – we recognize it is a substantial effort all at the same time.***

***We are partly assured that the anti-ligature works are progressing: we noted that we had received reassurances of progress previously yet were not yet in the position we wanted to be in – we do feel that the people involved are working hard to progress things as quickly as they can give the restrictions of Covid, but whilst the progress is as it is, a risk remains that we are keen to reduce.***

### 1.3 BSOL Mental Health, Learning Disability and Autism Provider Collaborative

The Committee received a report detailing the work underway with the NHS, 3<sup>rd</sup> Sector and local authority partners to develop and scope the approach to working collaboratively in a mental health provider collaborative for the last 18 months. Due to the recent inclusion of LDA in the scope the engagement was widening to include LDA commissioning and provider colleagues in our planning. It was recognised across the ICS that we were further ahead in mental health than other care programmes in both the approach to working in partnership together and the thinking about what the provider collaborative should look like. It was likely that our provider collaborative would be the first to be established, providing a blueprint and lessons learned for the other three provider collaboratives.

The Committee received two reports regarding (a) MHLDA Provider Collaborative Route Map and the MHLDA Lead Provider Governance Options.

The Committee fully supported the direction of travel and it was noted that further clarity on specific areas, including risk share, would be provided before a formal decision was taken by the Board of Directors

***Chair's Assurance Comments: We agreed that we would endorse the principle of us becoming the lead provider, but noted that we needed to understand the full financial implications, risk profile and sharing, and other details before we could formally recommend this.***

### 1.4 Integrated Performance Report

The Committee received the integrated performance report. There was a discussion on IAPT following the detailed presentation received at the February meeting.

It was reported that as part of the system wide actions, there was a diagnostic piece of work being undertaken by the Clinical Network Team who would be joining the system to support the Trust and discuss the significant underinvestment. The internal team has been asked to prepare a recovery plan with trajectories to improve performance. The recovery plan would be presented to the Performance Delivery Group and presented to the next FPP Committee.

***Chair's Assurance Comments: We are concerned that IAPT has a lot of pressures and felt that we needed to gain a greater awareness of the plans and process changes that will lead to improved outcomes, time to treatments, and improve other related metrics. We expect to receive more detail for the next committee and will test that plan then.***

#### 1.5 COVID Recovery

The Committee received a verbal update to gain an understanding of the challenges in the delays in treatments following the pandemic and clarity on the actions being taken. The Committee was informed that teams were working hard on recovery plans, however this was still restricted in a significant way due to the level of infection control issues still in place whilst further national guidance was received.

It was reported that there were two operational management meetings a month with one being a Restoration and Recovery OMT. One major piece of work being addressed was to increase face to face appointments when infection, prevention and control limitations reduced. Operational areas were reviewing what this would mean for community services. The plan would be presented to the Performance Delivery Group next month. The Committee would receive a Recovery and Restoration paper at the May meeting.

***Chair's Assurance Comments: This also relates to the cost savings discussed above – we agreed we need more visibility on the plans to catch up from the delays caused by Covid, to address the new issues arising during the pandemic, and to integrate these with the new ways of working we need to adopt.***

#### 1.6 Emergency Preparedness Resilience and Response

The report provided an account of the Trust emergency preparedness, resilience and response (EPRR) activities. It detailed the planning progress to ensure the Trusts response in the event of severe disruption; training and exercising and procedures to meeting the EPRR Framework 2015, EPRR Core Standards and Civil Contingencies Act 2004. The report included detail regarding the compliance against NHSEI Core Standards, the resilience in the event of a cyber attack and significant work being undertaken regarding Commonwealth games B2022 preparedness

***Chair's Assurance Comments: A solid report recording the excellent work done by the EPRR: we are assured we are in an appropriate, stable, resilient position for most foreseeable events.***

#### 1.7 Reach Out Commissioning Sub Committee

The monthly report from the Reach Out Commissioning Sub Committee was received with two specific issues being highlighted to the Board of Directors:

Firstly, It was reported that there was a finance decision agreed by the Committee to support the one-year continuation of St Andrews FIRST team until this was redesigned into the community transformation response.

Secondly, there were a number of cases being decided by NHS England which were not appropriately resourced, and this was being raised collectively by provider collaboratives.

## **2. SUMMARY**

**A useful meeting with strong contributions from all across the different agenda items, leading to good shared understanding, robust challenge, detailed discussion, and improved clarity.**

**Day to day, month to month, things are moving ahead effectively, but we have some significant challenges in recovering from Covid, improving the delivery of our services in both efficiency and scale terms, and in re-imagining and reorganizing our pathways and services to achieve this, and we will be seeking further assurances in the near future to ensure that we are considering the larger picture as well as the detail.**

**RUSSELL BEALE**  
**NON EXECUTIVE DIRECTOR** (*Chair FPP Committee*)

## 13. Integrated Performance Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>12</b>
<b>Paper title</b>	<b>INTEGRATED PERFORMANCE REPORT</b>
<b>Date</b>	30 <sup>th</sup> March 2022
<b>Author</b>	Richard Sollars, Deputy Director of Finance Rob Grant, Interim Associate Director of Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
<b>Executive sponsor</b>	David Tomlinson, Executive Director of Finance

<b>This paper is for (tick as appropriate):</b>		
<input type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

<b>Executive summary &amp; Recommendations:</b>
<p>New sets of metrics are being finalised for all domains following approval of the Trust Strategy.</p> <p>The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:</p> <ul style="list-style-type: none"> <li>• FPP – Out of area bed use, IAPT, CPA 12-month reviews, CPA 7-day follow up, new referrals not seen, financial position and CIP</li> <li>• People – Vacancies, fundamental training, bank and agency fill rate, appraisal rates, sickness and agency expenditure. Also the divergence in performance between different teams</li> <li>• QPES – Suspected community suicides</li> </ul>
<b>Reason for consideration:</b>
To assure the Committee of Trust delivery against its key performance indicators and priorities and seek support for recommended improvements.
<b>Previous consideration of report by:</b>
Executive Team, Performance Delivery Group, FPP and QPES Committee
<b>Strategic priorities (which strategic priority is the report providing assurance on)</b>
Clinical Services, Quality, People and Sustainability

<b>Financial Implications</b> <i>(detail any financial implications)</i>
None
<b>Board Assurance Framework Risks:</b> <i>(detail any new risks associated with the delivery of the strategic priorities)</i>
N/A
<b>Equality impact assessments:</b>
N/A
<b>Engagement</b> <i>(detail any engagement with staff/service users)</i>
Ongoing performance monitoring via Performance Delivery Group

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

## Top Line Commentary (Trust level)

- Performance:** Out of Area is improving. IAPT remain key problems
- People:** Continues to be adversely affected by COVID
- Quality:** Staff and Patient assaults
- Sustainability:** Savings plans yet to be identified

Division

A: All v

A: All

February 2022

## Performance

CPA 7 day FU	92.0%	↓
CPA with Formal Review last 12 mths	86.3%	↓
Data Quality Maturity Index (DQMI)	97.5%	↑
Delayed Transfer Bed Days	751	
Delayed Transfer, percent of bed days	5.2%	
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	↑
IAPT into recovery	51.2%	
IAPT seen in 18 weeks	69.6%	↓
IAPT seen in 6 weeks	26.8%	↓
Out of Area Bed Days	332	↑
Referrals over 3 mths with no contact	2641	↓

## People

Bank & Agency Fill Rate	85.1%	↓
Fundamental Training	91.9%	↓
Rolling 12m Turnover	9.7%	↑
Staff Appraisals	83.4%	↓
Staff Sickness	6.3%	↓
Staff Vacancies	9.5%	↓

## Quality

Absconsions from inpatient units	2	
Commissioner reportable incidents	6	
Community confirmed suicides	0	
Community suspected suicides	3	↓
Failure to return	6	↑
Incidents of self harm	137	↑
Incidents resulting in harm (other)	14.2%	↑
Incidents resulting in harm (patients)	15.0%	↑
Inpatient confirmed suicides	0	
Inpatient suspected suicides	0	
Ligature no anchor point	37	
Ligature with anchor point	2	
Patient assaults	38	

## Sustainability

CAP Ex	£3,614k	↑
Cash	£59,011k	↑
CIP	£374k	
Info Governance	85.4%	
Monthly Agency	£800k	
Operating Surplus	£456k	
Property	98.5%	↑
SOF rating	2	↓

	<b>Not meeting target</b>
↑	<b>significant IMPROVEMENT</b>
↓	<b>significant CONCERN</b>
↗	<b>possible improvement</b>
↘	<b>possible concern</b>



# Integrated Performance Dashboard

**HOME**

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

## Top Line Commentary (Trust level)

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

**People:** Continues to be adversely affected by COVID

**Quality:** Staff and Patient assaults

**Sustainability:** Savings plans yet to be identified

Division  
 A: All v

A: All

February 2022

## Performance

CPA 7 day FU	92.0%	↓
CPA with Formal Review last 12 mths	86.3%	↓
Data Quality Maturity Index (DQMI)	97.5%	↑
Delayed Transfer Bed Days	751	
Delayed Transfer, percent of bed days	5.2%	
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	↑
IAPT into recovery	51.2%	
IAPT seen in 18 weeks	69.6%	↓
IAPT seen in 6 weeks	26.8%	↓
Out of Area Bed Days	332	↑
Referrals over 3 mths with no contact	2641	↓

## People

Bank & Agency Fill Rate	85.1%	↓
Fundamental Training	91.9%	↓
Rolling 12m Turnover	9.7%	↑
Staff Appraisals	83.4%	↓
Staff Sickness	6.3%	↓
Staff Vacancies	9.5%	↓

## Quality

Incidents resulting in harm (patients)	15.0%	↑
Inpatient confirmed suicides	0	
Inpatient suspected suicides	0	
Ligature no anchor point	37	
Ligature with anchor point	2	
Patient assaults	38	
Patient assaults / 1000 OBD	2.2	
Physical restraints	207	↑
Physical restraints/ 1000 OBD	12.1	
Prone restraints	55	↑
Prone restraints/ 1000 OBD	3.2	↑
Reported incidents	1908	↑
Staff assaults	101	
Staff assaults / 1000 OBD	5.9	

## Sustainability

CAP Ex	£3,614k	↑
Cash	£59,011k	↑
CIP	£374k	
Info Governance	85.4%	
Monthly Agency	£800k	
Operating Surplus	£456k	
Property	98.5%	↑
SOF rating	2	↓

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

# Integrated Performance Dashboard



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

  
HOME

  
PERFORMANCE

  
PEOPLE

  
QUALITY

  
SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
CPA 7 day FU	95.00	91.8%	87.7%	88.9%	90.7%	94.4%	92.0% ↓
CPA with Formal Review last 12 mths	95.00	88.7%	87.2%	87.1%	87.1%	85.9%	86.3% ↓
Data Quality Maturity Index (DQMI)	95.00	98.4%	98.4%	98.5%	97.8%	97.8%	97.5% ↑
Delayed Transfer Bed Days		724	985	1006	1070	954	751
Delayed Transfer, percent of bed days		4.7%	6.2%	6.5%	6.9%	6.1%	5.2%
Eating disorders routine	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Eating disorders urgent	95.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0% ↑
IAPT into recovery	50.00	51.4%	48.4%	49.2%	54.0%	47.2%	51.2%
IAPT seen in 18 weeks	95.00	89.2%	81.8%	82.3%	76.0%	70.2%	69.6% ↓
IAPT seen in 6 weeks	75.00	28.1%	32.0%	30.5%	29.5%	27.4%	26.8% ↓
Out of Area Bed Days		613	430	591	583	553	332 ↑
Referrals over 3 mths with no contact		2423	2578	2523	2611	2627	2641 ↓

Top Line Commentary (Trust level)

**KEY CONCERN:**

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

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

# Integrated Performance Dashboard

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A: All ▼

A: All

Measure	Latest Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Staff Vacancies	6.00	9.8%	10.5%	10.5%	10.4%	10.2%	9.5% <span style="color: orange;">↓</span>
Staff Sickness	4.28	6.2%	6.5%	6.6%	6.6%	7.8%	6.3% <span style="color: orange;">↓</span>
Staff Appraisals	90.00	81.3%	80.9%	81.5%	81.2%	81.6%	83.4% <span style="color: orange;">↓</span>
Rolling 12m Turnover	11.00	9.6%	9.8%	9.8%	9.6%	9.7%	9.7% <span style="color: green;">↑</span>
Fundamental Training	95.00	91.5%	92.3%	93.4%	93.3%	92.7%	91.9% <span style="color: orange;">↓</span>
Bank & Agency Fill Rate	95.00	80.6%	84.3%	82.5%	81.1%	84.2%	85.1% <span style="color: orange;">↓</span>

Top Line Commentary (Trust level)

**KEY CONCERNS**

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

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

# Integrated Performance Dashboard

Board of Directors PAR 1

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A: All ▼

A: All

Top Line Commentary (Trust level)

**KEY CONCERNS**

\* Staff and patient assaults

Measure	Latest Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Absconsions from inpatient units		4	10	2	3	2	2
Commissioner reportable incidents		7	6	8	8	5	6
Community confirmed suicides		1	0	0	0	0	0
Community suspected suicides		3	1	1	0	1	3 <span style="color: red;">↓</span>
Failure to return		16	17	11	12	8	6 <span style="color: green;">↑</span>
Incidents of self harm		123	170	163	151	134	137 <span style="color: green;">↑</span>
Incidents resulting in harm (other)		14.9%	14.5%	15.1%	14.4%	13.0%	14.2% <span style="color: green;">↑</span>
Incidents resulting in harm (patients)		16.2%	14.6%	15.1%	16.5%	14.9%	15.0% <span style="color: green;">↑</span>
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		39	57	39	42	30	37
Ligature with anchor point		0	2	3	3	5	2
Patient assaults		44	54	47	41	41	38
Patient ssaults / 1000 OBD		2.3	2.8	2.5	2.2	2.2	2.2

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

# Integrated Performance Dashboard

Board of Directors PARFI

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HOME

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Division

A: All ▼

A: All

Top Line Commentary (Trust level)

**KEY CONCERNS**

\* Staff and patient assaults

Measure	Latest Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Incidents resulting in harm (patients)		%	%				
		16.2	14.6	15.1%	16.5%	14.9%	15.0% <span style="color: green;">↑</span>
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		39	57	39	42	30	37
Ligature with anchor point		0	2	3	3	5	2
Patient assaults		44	54	47	41	41	38
Patient ssaults / 1000 OBD		2.3	2.8	2.5	2.2	2.2	2.2
Physical restraints		275	265	213	214	193	207 <span style="color: green;">↑</span>
Physical restraints/ 1000 OBD		14.7	13.8	11.4	11.4	10.2	12.1
Prone restraints		64	54	55	36	29	55 <span style="color: green;">↑</span>
Prone restraints/ 1000 OBD		3.4	2.8	2.9	1.9	1.5	3.2 <span style="color: green;">↑</span>
Reported incidents		1966	2122	1980	2130	1941	1908 <span style="color: green;">↑</span>
Staff assaults		89	85	81	83	92	101
Staff assaults / 1000 OBD		4.6	4.4	4.3	4.4	4.9	5.9

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

# Integrated Performance Dashboard

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A: All ▼

A: All

Measure	Latest Target	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
CAP Ex		£763k	£420k	£590k	£766k	£220k	£3,614k <span style="color: green;">↑</span>
Cash		£36,798k	£51,192k	£51,252k	£52,956k	£55,797k	£59,011k <span style="color: green;">↑</span>
CIP		£0k	£0k	£748k	£374k	£374k	£374k
Info Governance	100.00	88.8%	91.4%	92.1%	84.4%	87.4%	85.4%
Monthly Agency		£542k	£603k	£667k	£575k	£507k	£800k
Operating Surplus		£2,626k	-£768k	-£645k	-£463k	-£681k	£456k
Property		98.5%	98.5%	98.5%	98.5%	98.5%	98.5% <span style="color: green;">↑</span>
SOF rating		2	2	2	2	2	2 <span style="color: red;">↓</span>

Top Line Commentary (Trust level)

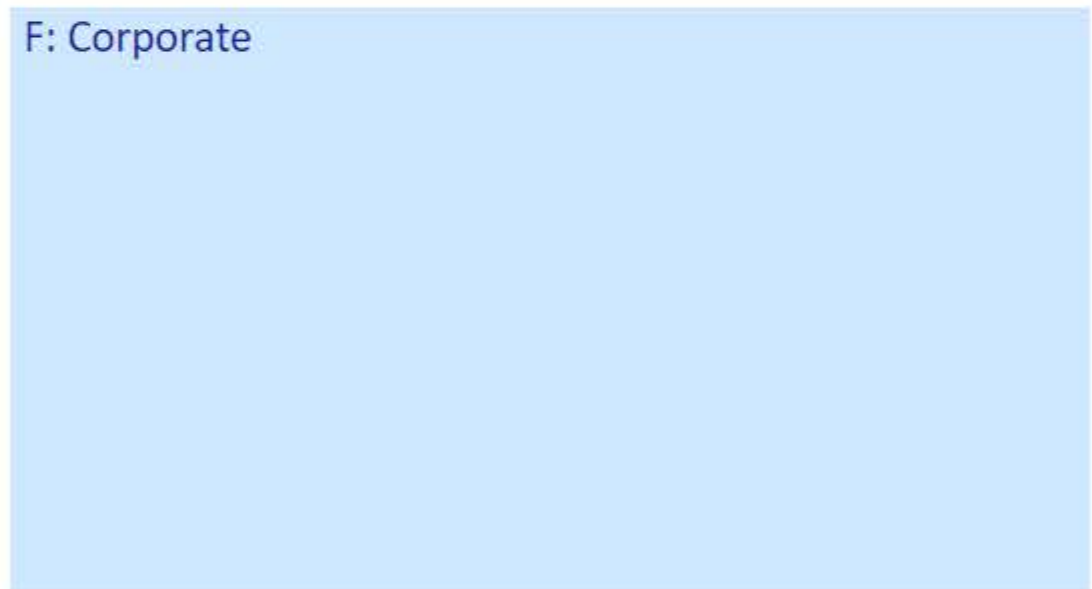
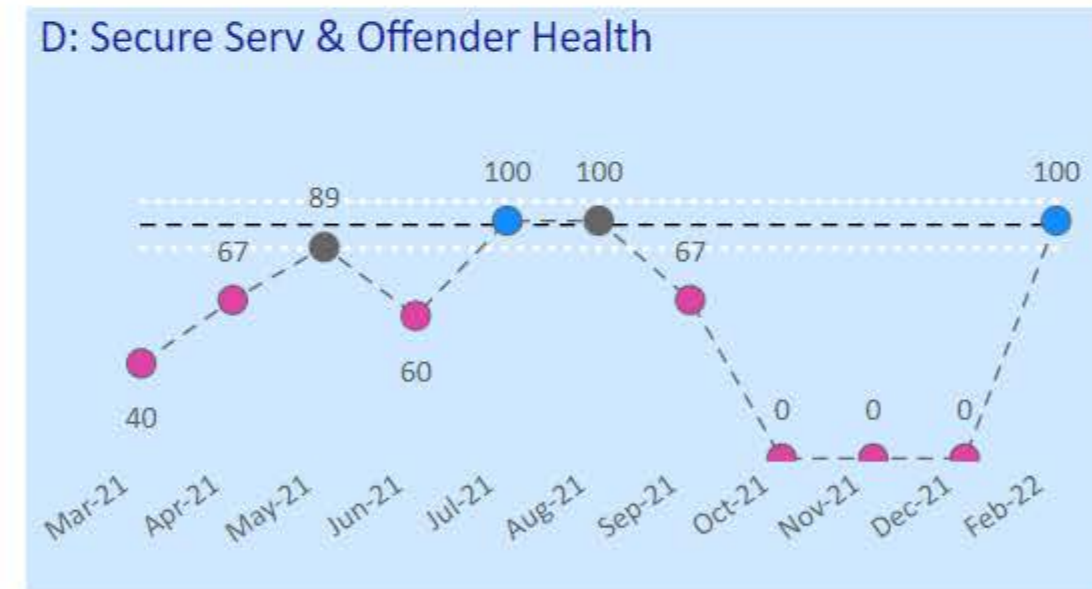
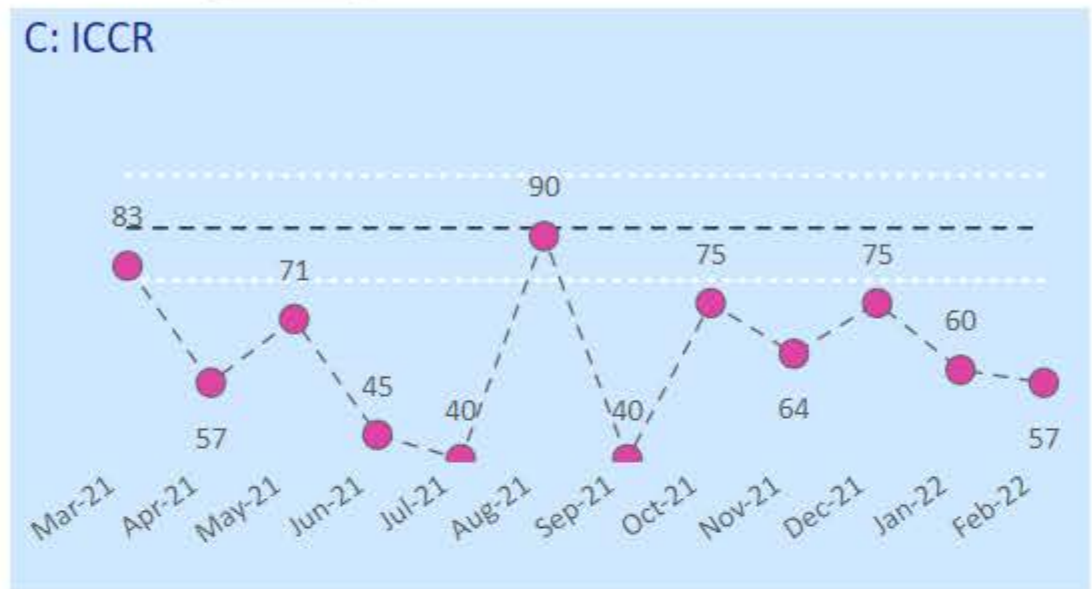
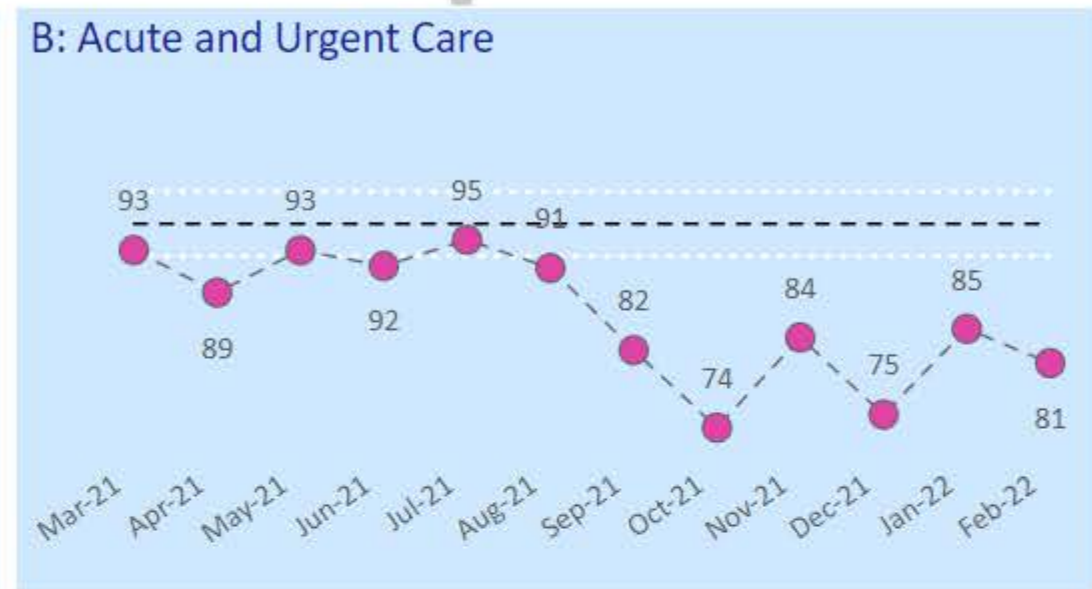
**KEY CONCERNS:**

- \* CIP under achievement
- \* National financial uncertainty

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



# CPA 7 day FU



Key

- UCL (Upper Control Limit)
- LCL (Lower Control Limit)
- Value (Current data point)
- Mean (Average)
- Concern (Red dot)
- Improvement (Blue dot)

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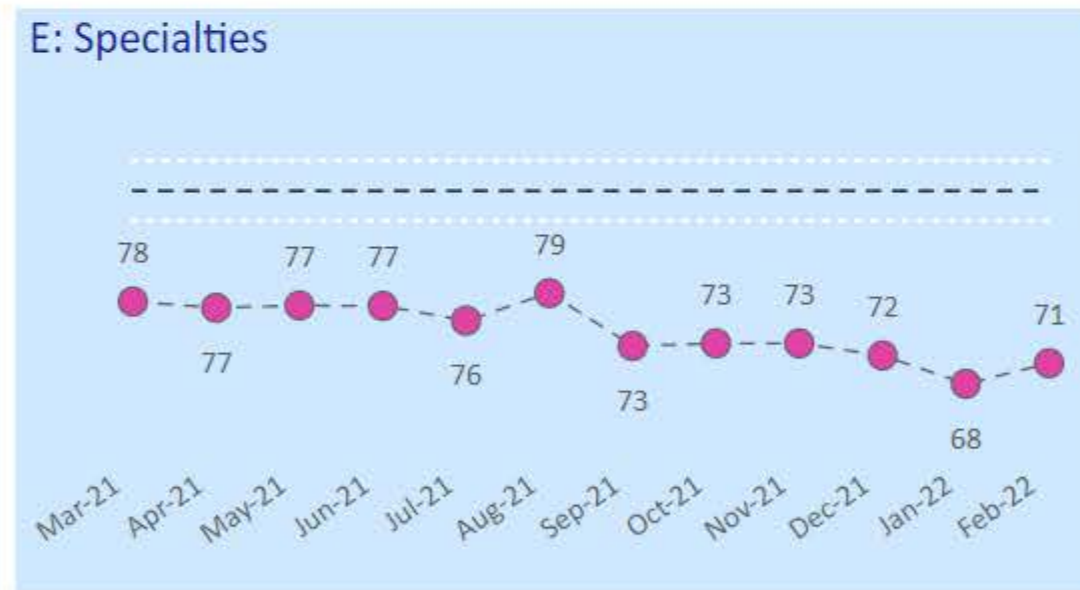
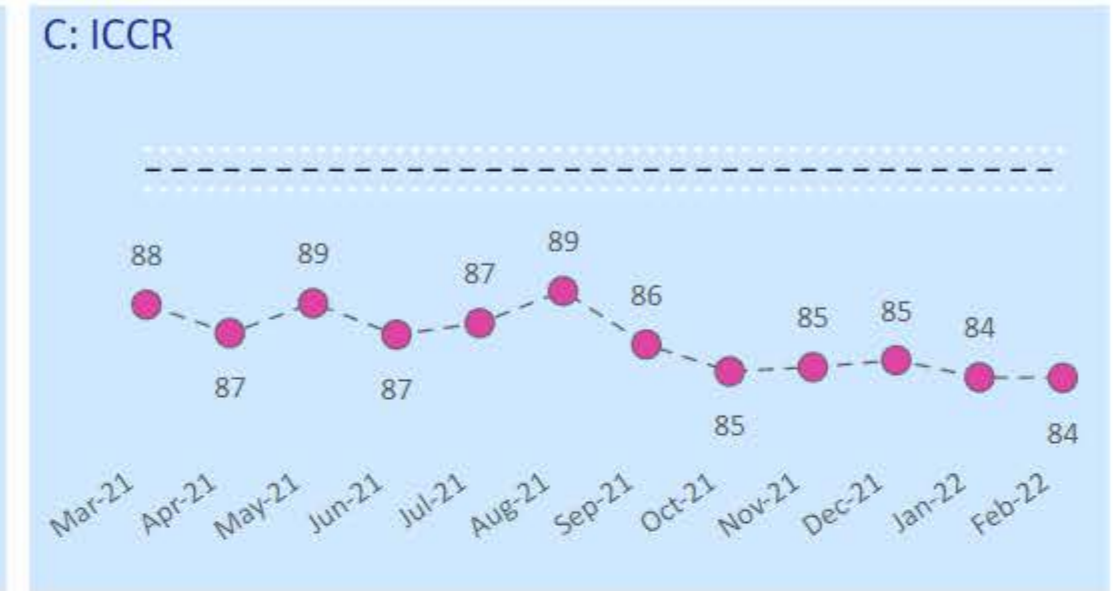
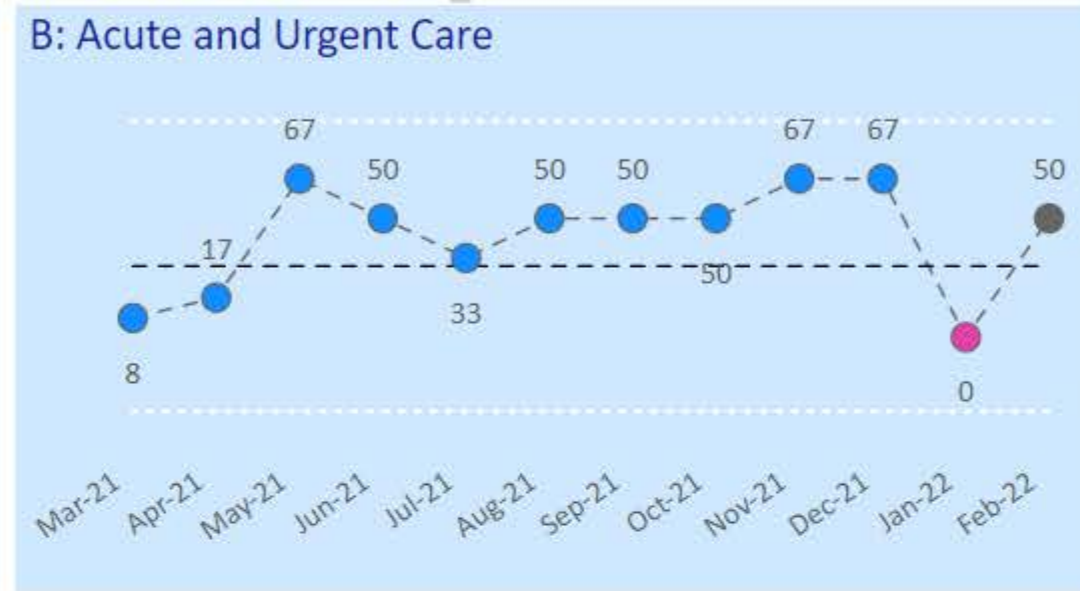
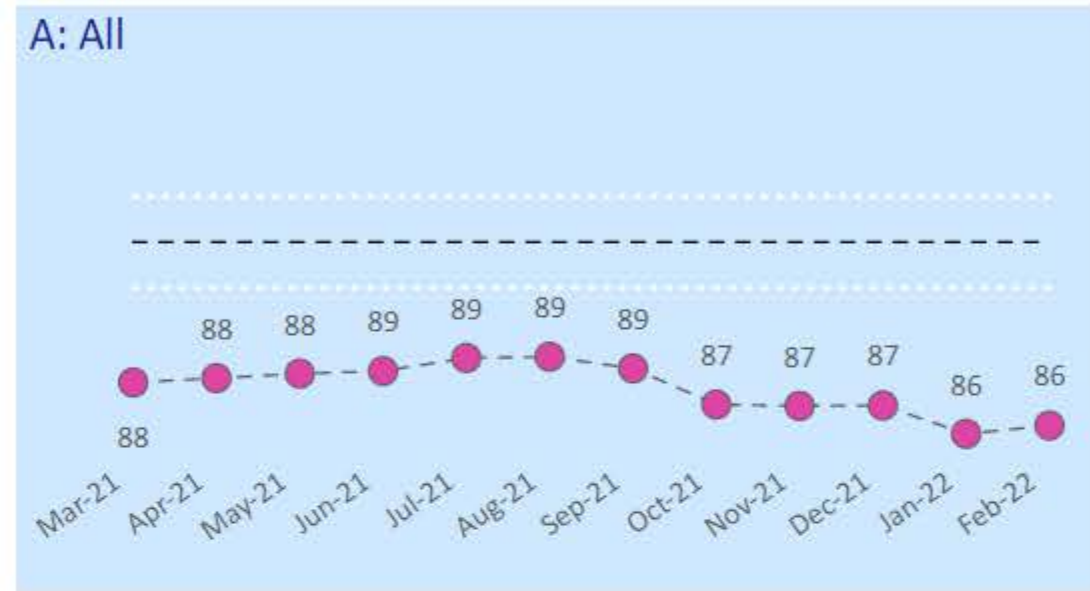
## CPA 7 day FU

Question	Answers
A: What has happened?	<p>National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 92% for February 2022, and is currently outside control limits.</p> <p>This relates to 11 outstanding follow ups from 138 discharges in February of which, 1 patient was discharged to the care of FTB, 2 patients were discharged to a care home, attempts were made to see 6 patients but were unsuccessful and 2 will be passes when recording is completed. Of the 11 exceptions 6 were acute adult, 2 were from ICCR and 3 were from secure services.</p>
B: Why has it happened?	<p>Impact of COVID, operational pressures, staff sickness levels have impacted on this measure including ability to access care homes during the COVID period. Where service users have been discharged to other mental health services to undertaking the follow up, this requires BSMHFT to check with them to see if this has taken place. During the last year we have not been asking services to undertake these checks as it is an additional burden on staff.</p>
C: What are the implications and consequences?	<p>Early follow up of patients post discharge prioritised by HTT in line with evidence based practise to reduce the risk of suicide or self harm. Service users are at a higher risk of suicide or self harm within the first 3-7 days of discharge and follow up is important to minimise this risk.</p>
D: What are we doing about it?	<p>Daily notifications of discharges are sent to the responsible team to alert them to plan follow up and this is monitored by the CSM for Home Treatment. Teams continue to require support from the information team regarding data entry on RIO. The addition of FTB data to the shared care record will also enable staff to check if patients have been followed up.</p>
E: What do we expect to happen?	<p>We expect 7 day follow up standard of 95% to be maintained with HTTs acting on the daily discharge notification received once the COVID restrictions are lifted.</p>
F: How will we know when we have addressed issues?	<p>Standard is being maintained with minimal or no input required from the information team to review data entry.</p>





# CPA with Formal Review last 12 mths



## Key

● UCL 
 ● LCL 
 ● Value 
 ● Mean 
 ● Concern 
 ● Improvement



Feb - 2022

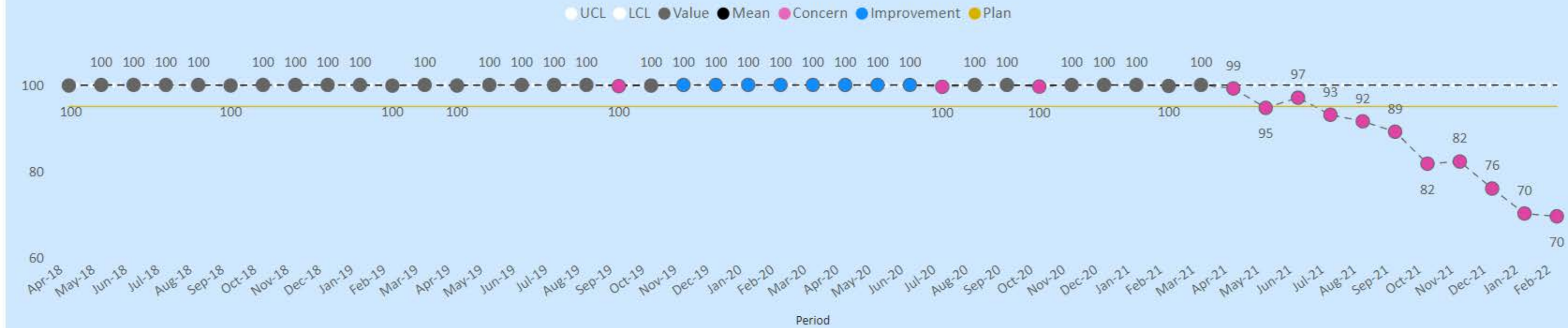
## CPA with Formal Review last 12 mths

Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was sustained at an average of 89% from April 2021 until October when it declined to 87%, this was then sustained until January 2022 when performance further declined to 85.9%. February was maintained at 86% Adult CMHT account for 56%, older adult CMHT for 4%, Secure for 14% and AOT for 21%.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people cannot take place unless co-ordinated on teams and remains challenging at the moment. The increase in performance in April to date is due to data quality work within Home treatment, Specialties and Secure care to close down CPA details for patients who have been discharged or updating the care level to care support.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA review is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place in to address data quality issues in HTT, specialties and secure care. A further review of outstanding reviews has taken place in November and identified a number of CPA reviews which have taken place in external settings but not recorded on Rio. A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.



# IAPT seen in 18 weeks

## Statistical Process Control (SPC)



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

Division	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A: All	89.2%	81.8%	82.3%	76.0%	70.2%	69.6%
E: Specialties	89.2%	81.8%	82.3%	76.0%	70.2%	69.6%

### Commentary

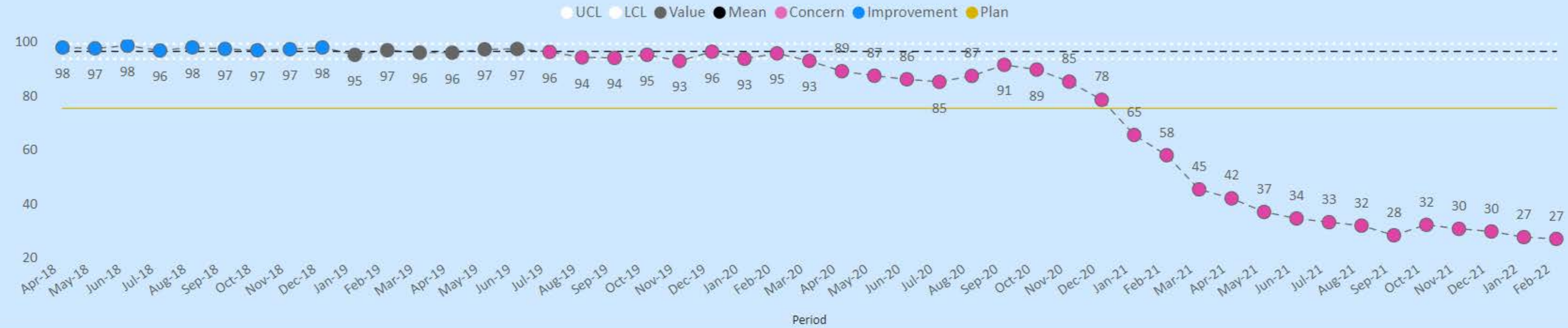
Performance has been on a reducing trend for the last 8 months and has been below the 95% target for the last 7 months. February 2022 has shown a further decrease to 69.58%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments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



# IAPT seen in 6 weeks



## Statistical Process Control (SPC)



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

Division	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A: All	28.1%	32.0%	30.5%	29.5%	27.4%	26.8%
E: Specialties	28.1%	32.0%	30.5%	29.5%	27.4%	26.8%

### Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. February 2022 is similar to January at 26.7% and is the lowest percentage to date.

The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.

Feb - 2022

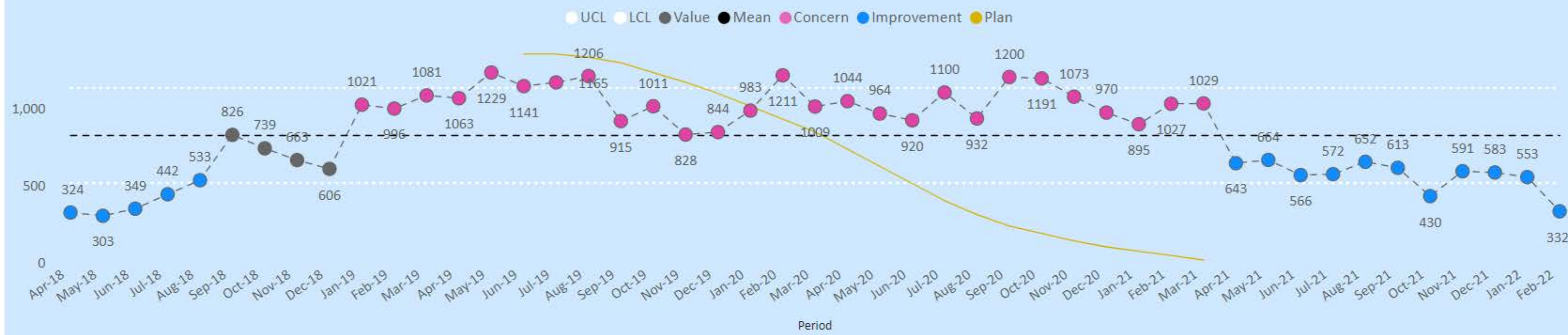
## IAPT seen in 6 weeks

Question	Answers
A: What has happened?	Performance has been on a reducing trend since March 2020 below the 75% target. February 2022 is similar to January at 26.7% and is the lowest percentage to date. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.
B: Why has it happened?	Ability to see patients face to face has been impacted by Covid as access to GP surgeries and community facilities were stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is reduced in number. The service has a large number of vacancies with additional challenges around retention, with staff leaving to take further training or moving to posts which attract higher bandings elsewhere.
C: What are the implications and consequences?	In response to the COVID impact, NHSE/I and commissioners issued support recognising that performance in complying with national standards may be impacted and that performance would therefore be monitored from an assurance perspective during this time. Timely access to IAPT services aims to support service users in managing their anxiety and depression and to enable adoption of recovery/management strategies to improve long-term outcomes including reduced need for mental health services in the future.
D: What are we doing about it?	A system wide forum has been set up with the support from the national IAPT team which will bring together providers and the lead IAPT commissioner to work on an integrated approach to IAPT across BSol and to address how we can work together to address demand and capacity. A number of strands of work have been identified both internal and external. Internally: a communications strategy to support increasing activity, HR support to help address the workforce issues and ongoing review of ability to provide groups and face to face activity is being reviewed. Externally: A review of Long term conditions pathway, prioritising where additional investment can be focused and ongoing review through IAPT forum with regional IAPT team.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 75% target.



# Out of Area Bed Days

## Statistical Process Control (SPC)



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

Division	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A: All	613	430	591	583	553	332
B: Acute and Urgent Care	613	430	591	583	553	332

### Commentary

Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional PICU and acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January at 575 bed days. February has seen a significant reduction to 332 days. The number of new OOA admissions has reduced from 9 in January to 3 in February 2022 taking the full month's number to 19 OOA placements.

From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priority acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it



Feb - 2022

## Out of Area Bed Days

Question	Answers
A: What has happened?	<p>Key areas of the out of area implementation plan have continued to be implemented and in April 2021, a significant reduction in the number of OBDs was achieved, down to 643, below pre covid levels and the lowest number in the previous 16 months. This was sustained through to September 2021. As a result of the additional PICU and acute bed capacity commissioned from October, OOA bed days reduced further to 430 days. However due to demand and COVID pressures on ward closures has seen an increase with the average from November to January at 575 bed days. February has seen a significant reduction to 332 days. The number of new OOA admissions has reduced from 9 in January to 3 in February 2022 taking the full month's number to 19 OOA placements.</p> <p>From the 1st October 2021 NHSE have agreed a Standard Operating Protocol (SOP) with the Trust to enable 10 Priory acute beds based in Willenhall to be classified as 'appropriate placements' for 6 months until 31st March 2022 in addition to the same classification for the MERIT beds. Internal reporting and commissioner reporting from 1st October 2021 has been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.</p>
B: Why has it happened?	<p>The observed reductions are a combination of a range of actions that are being implemented within the urgent and acute care service including the daily bed state review meetings, weekly multi agency meetings, implementation of the crisis houses, use of respite beds and targeted support and action via the 2 discharge coordinators to review complex cases. In addition, additional bed capacity has been purchased with support from commissioners is being utilised. The additional investment includes the procurement of 22 additional beds with the Priory, 12 PICU and 10 acute beds with admissions to the Woodbourne Priory and Willenhall being counted as 'appropriate'. Latest available national benchmarking data continues to identify the Trust as having one of the lowest number of adult acute beds per 100,000 weighted population. During December and January there have been a number of covid outbreaks on inpatient wards which have resulted in them closing to new admissions which has applied additional pressure. Of the 3 new OOA placements in February 1 was for an acute bed and 2 were PICU admissions.</p>
C: What are the implications and consequences?	<p>Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.</p>
D: What are we doing about it?	<p>See above for actions being taken. The out of area reduction plan is continuing to be implemented to support the repatriation of patients and increase the flow within existing trust beds. Additional bed capacity has been commissioned with commissioner support, and NHSE have agreed that Standard operating Protocol (SOP) to enable the 10 Priory acute beds based in Willenhall to be classed as 'appropriate placements' from 1st October 2021 for 6 months until 31st March 2022. It has also been agreed by NHSE that from the 1st January 2022 any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements'. Any patients admitted to PICU beds elsewhere will continue to be classified</p>

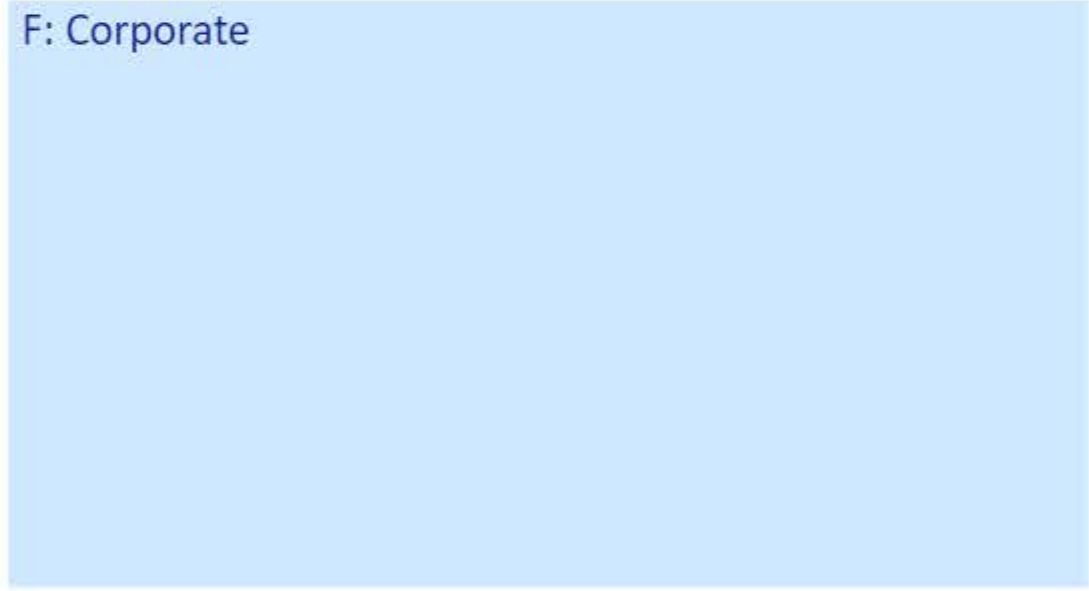
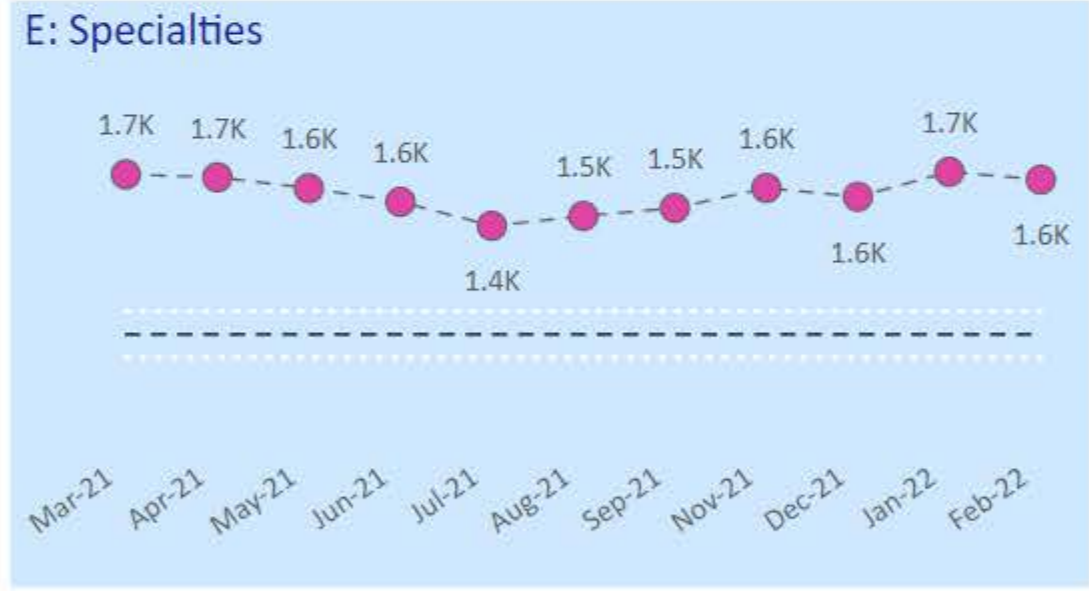
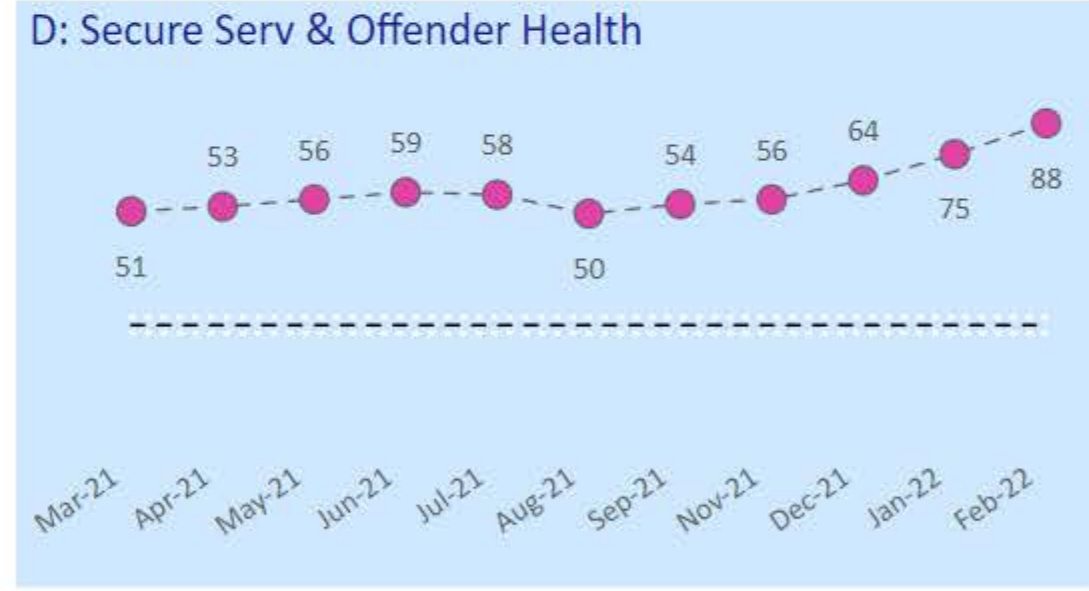
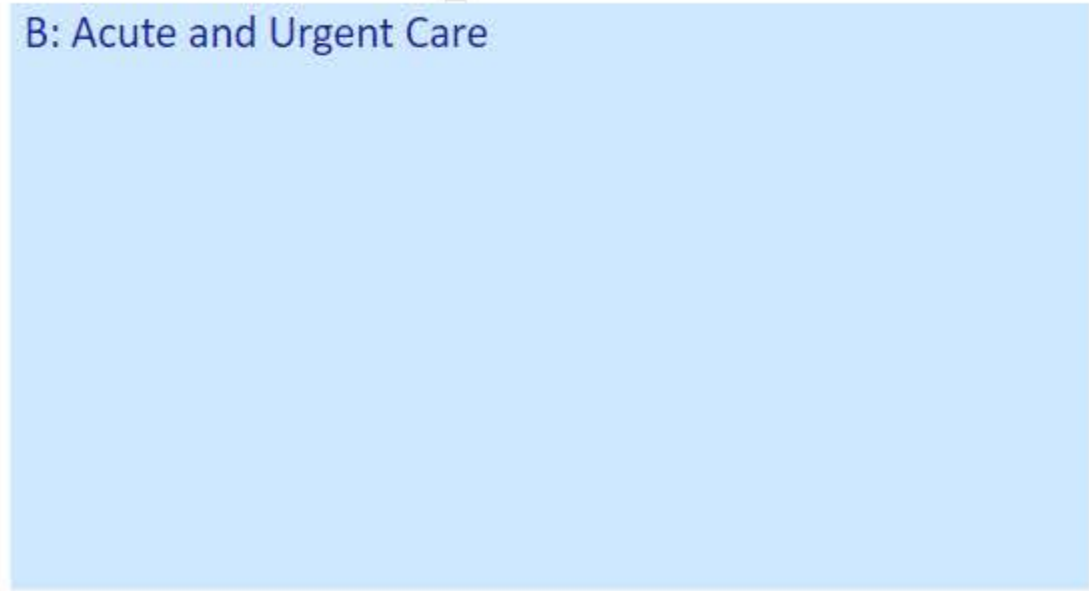
# Out of Area Bed Days

Question	Answers
	<p>been amended to reflect this change. It has also been agreed by NHSE that any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements' from the 1st January 2022. However, it should be noted that national reporting via the Mental Health Services Dataset (MHSDS) managed by NHS Digital currently does not recognise the bespoke arrangements agreed via NHSE/I. Discussions are taking place with NHSE/I leads as to how these changes can be reflected in national MHSDS submissions as the Priory beds at Willenhall will continue to be classified as 'inappropriate'. As a result, until this issue is resolved, there will be a difference between national reporting using MHSDS as the data source and local Trust reporting. Commissioners are also aware of this anomaly.</p>
<p>B: Why has it happened?</p>	<p>The observed reductions are a combination of a range of actions that are being implemented within the urgent and acute care service including the daily bed state review meetings, weekly multi agency meetings, implementation of the crisis houses, use of respite beds and targeted support and action via the 2 discharge coordinators to review complex cases. In addition, additional bed capacity has been purchased with support from commissioners is being utilised. The additional investment includes the procurement of 22 additional beds with the Priory, 12 PICU and 10 acute beds with admissions to the Woodbourne Priory and Willenhall being counted as 'appropriate'. Latest available national benchmarking data continues to identify the Trust as having one of the lowest number of adult acute beds per 100,000 weighted population. During December and January there have been a number of covid outbreaks on inpatient wards which have resulted in them closing to new admissions which has applied additional pressure. Of the 3 new OOA placements in February 1 was for an acute bed and 2 were PICU admissions.</p>
<p>C: What are the implications and consequences?</p>	<p>Without a system wide approach and a review of patient flow across MH pathways, demand will continue to exceed capacity and risks to patients and staff potentially increasing without the reconfiguration of services needed to manage demand and manage patients in community teams that have the staffing and skill mix levels to support. The bed waiting list identifies patients who are waiting to be admitted and are being risk managed in the community. Action plans receive national and commissioner scrutiny which will increase if the Trust is unable to demonstrate continuing progress.</p>
<p>D: What are we doing about it?</p>	<p>See above for actions being taken. The out of area reduction plan is continuing to be implemented to support the repatriation of patients and increase the flow within existing trust beds. Additional bed capacity has been commissioned with commissioner support, and NHSE have agreed that Standard operating Protocol (SOP) to enable the 10 Priory acute beds based in Willenhall to be classed as 'appropriate placements' from 1st October 2021 for 6 months until 31st March 2022. It has also been agreed by NHSE that from the 1st January 2022 any patients admitted to a PICU bed at Woodbourne Priory will be classed as 'appropriate placements'. Any patients admitted to PICU beds elsewhere will continue to be classified as 'out of area' due to geographical distance. Longer term options include the potential for a capital build solution which is at an exploratory stage.</p>
<p>E: What do we expect to happen?</p>	<p>Monthly use of Out of area beds is expected to continue but reducing as the range of actions get implemented and embedded and more recently as a result of the SOP agreed with NHSE. However, it should be noted that the service is currently facing significant Covid-19 pressures in terms of outbreaks on wards and impact on staff sickness absence levels.</p>
<p>F: How will we know when we have addressed issues?</p>	<p>When the numbers of OOA bed days reduce in line with the trajectory submitted in the action plan. Operational meetings have continued to take place to maintain the implementation of the actions required to support the actions on a sustainable basis. Stabilisation in terms of inpatient capacity and the Trust's plan to review new ways of working will further assist in taking forward this workstream.</p>





# Referrals over 3 mths with no contact



## Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement



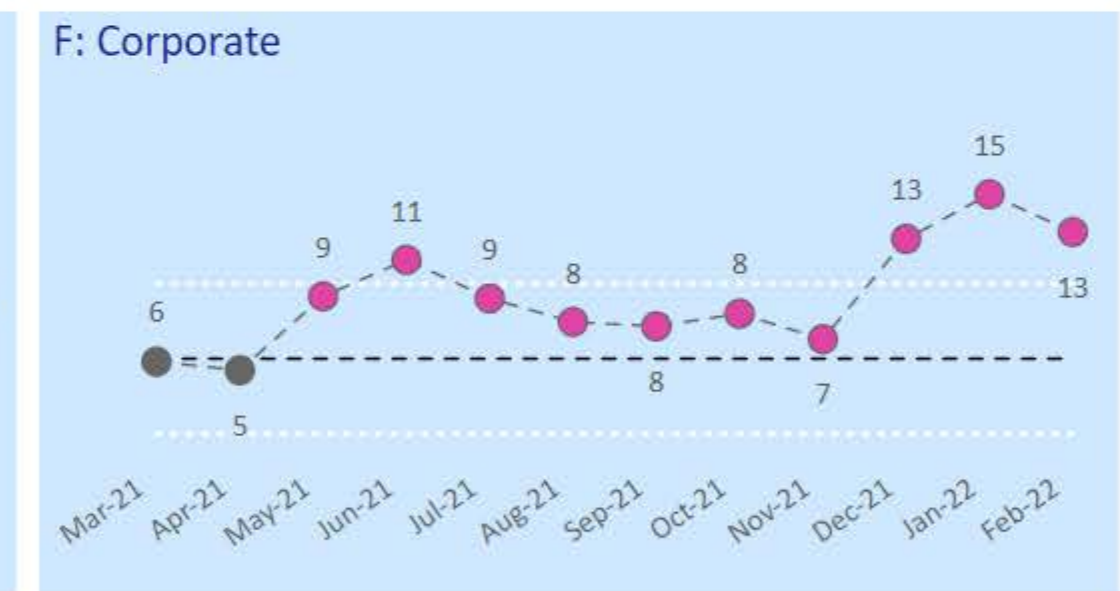
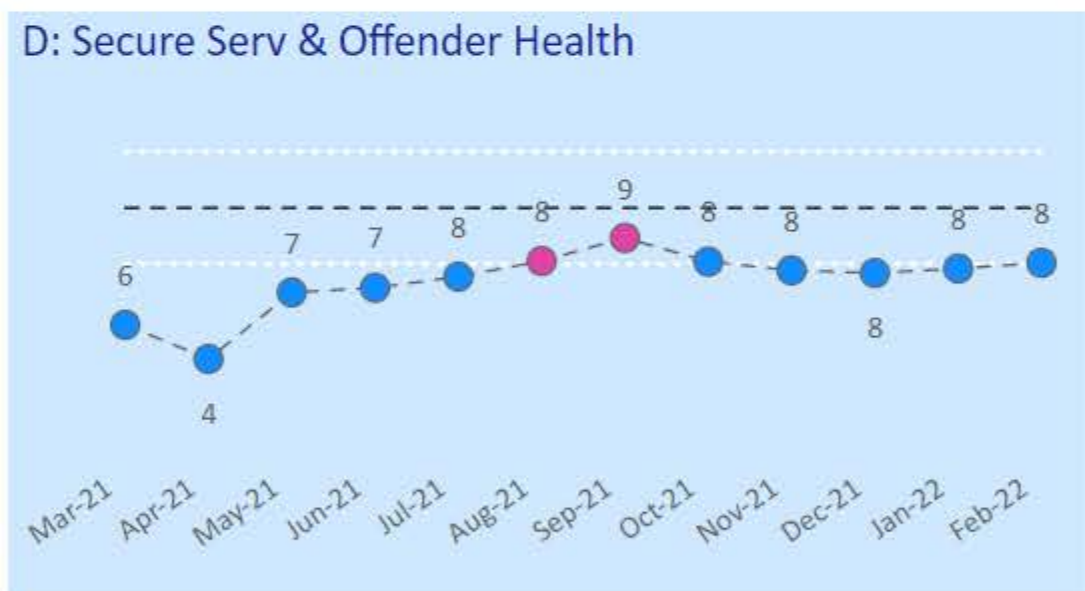
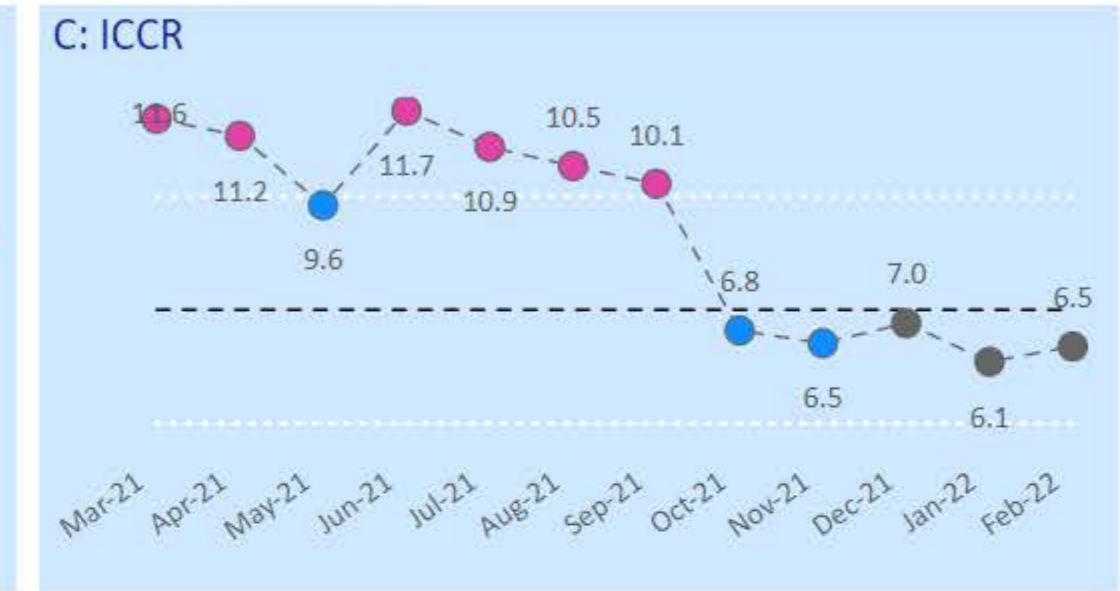
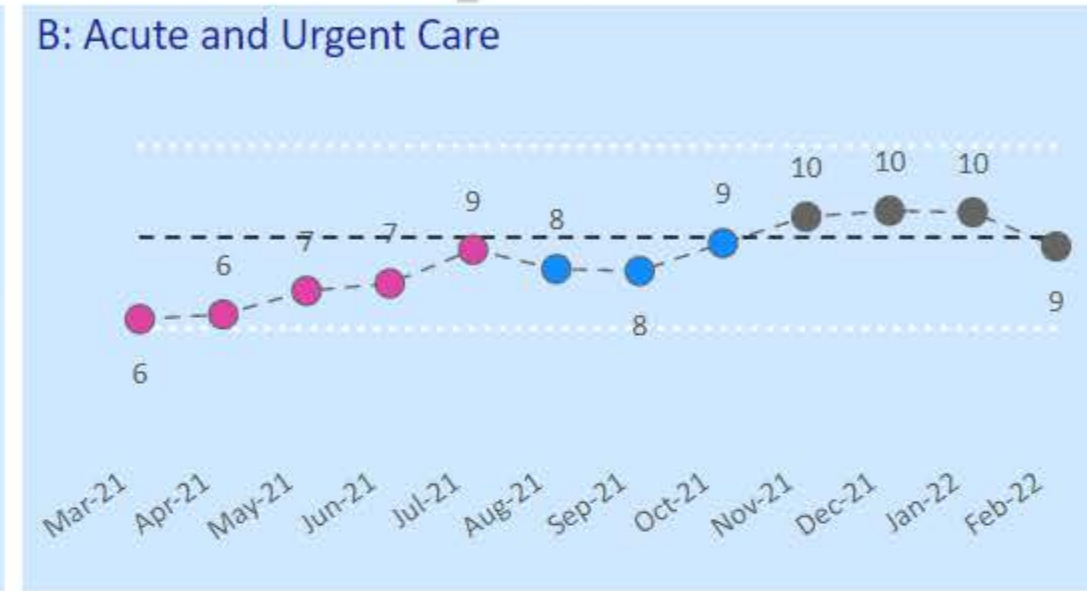
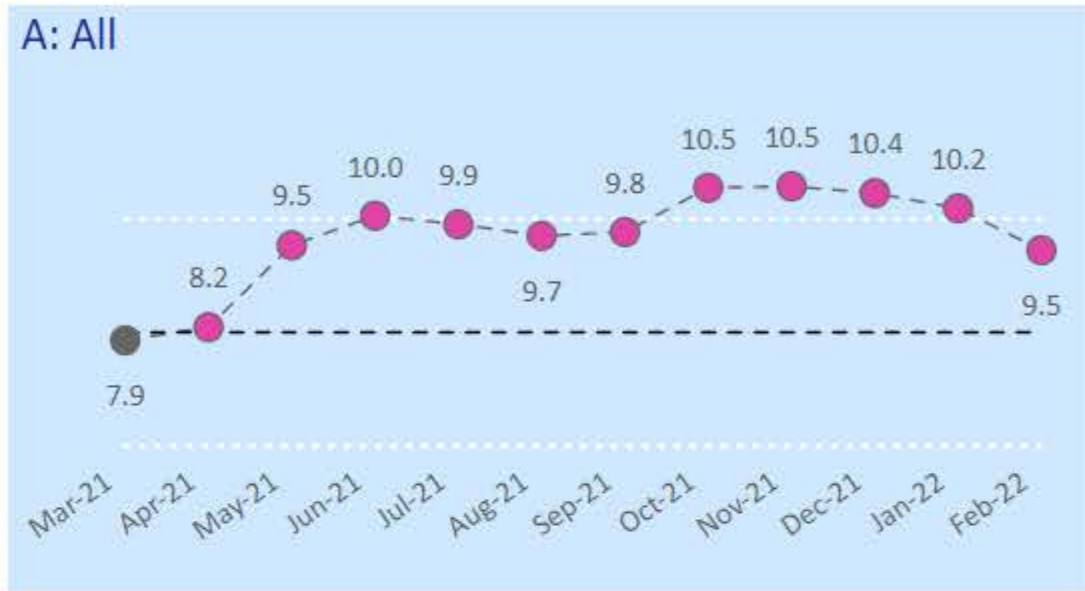
Feb - 2022

## Referrals over 3 mths with no contact

Question	Answers
A: What has happened?	<p>The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.</p> <p>The number of patients who have not been seen after 3 months of referral at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2641 in February 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of MAS which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 30% and Adult CMHTs 24% of referrals open for over 3 months without a contact.</p>
B: Why has it happened?	<p>During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. 50% of older adult CMHT patients are being treated in care homes and contact with carers BUT not directly with service users due to Covid impact and these remain on the waiting list although care has commenced.</p>
C: What are the implications and consequences?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
D: What are we doing about it?	<p>Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand and consideration is being given to how the level of face to face work can be increased. Work is being undertaken to review the long waiters within both adult and older adult CMHTs.</p>
E: What do we expect to happen?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
F: How will we know when we have addressed issues?	<p>Currently part of ongoing strategic service review discussions.</p>



# Staff Vacancies



## Key

● UCL  
 ● LCL  
 ● Value  
 ● Mean  
 ● Concern  
 ● Improvement



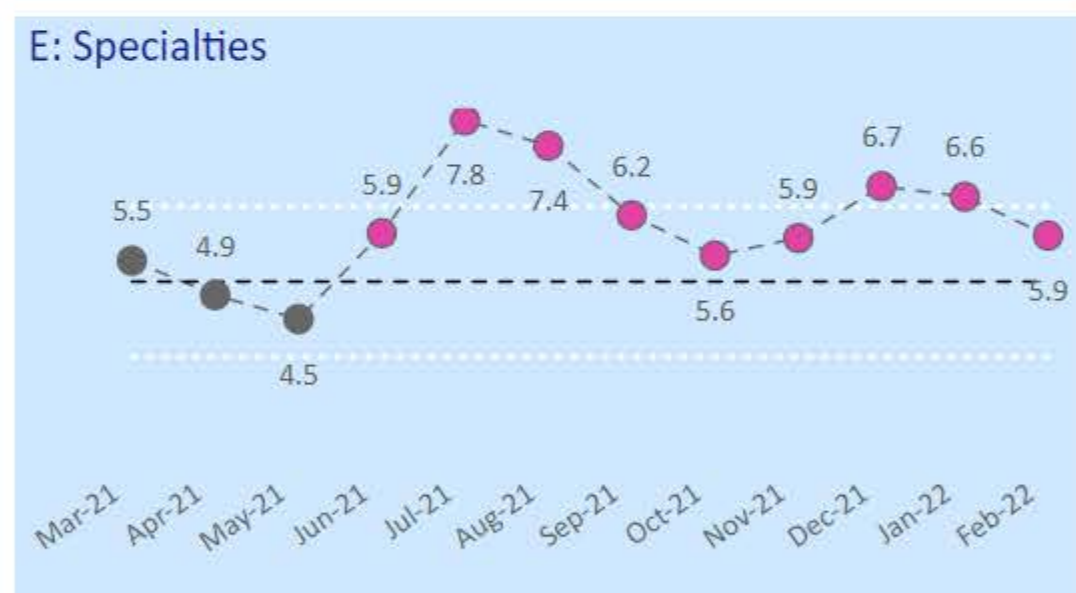
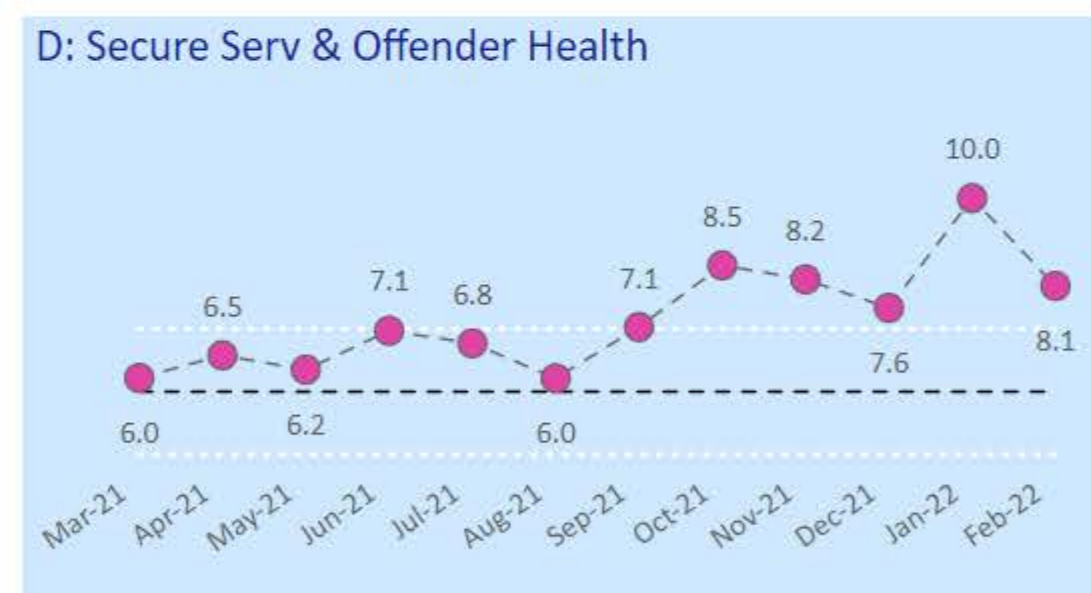
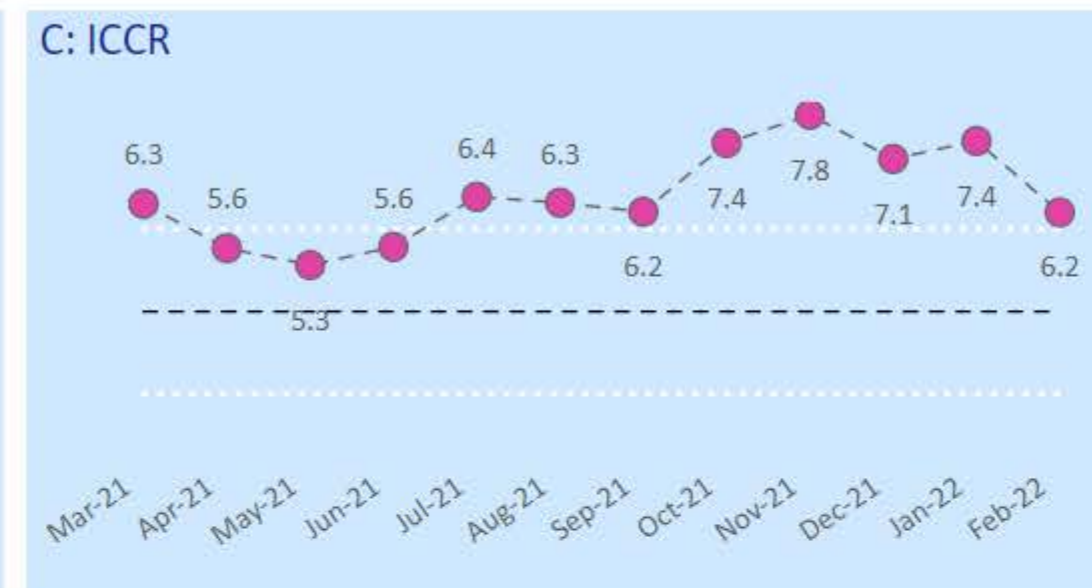
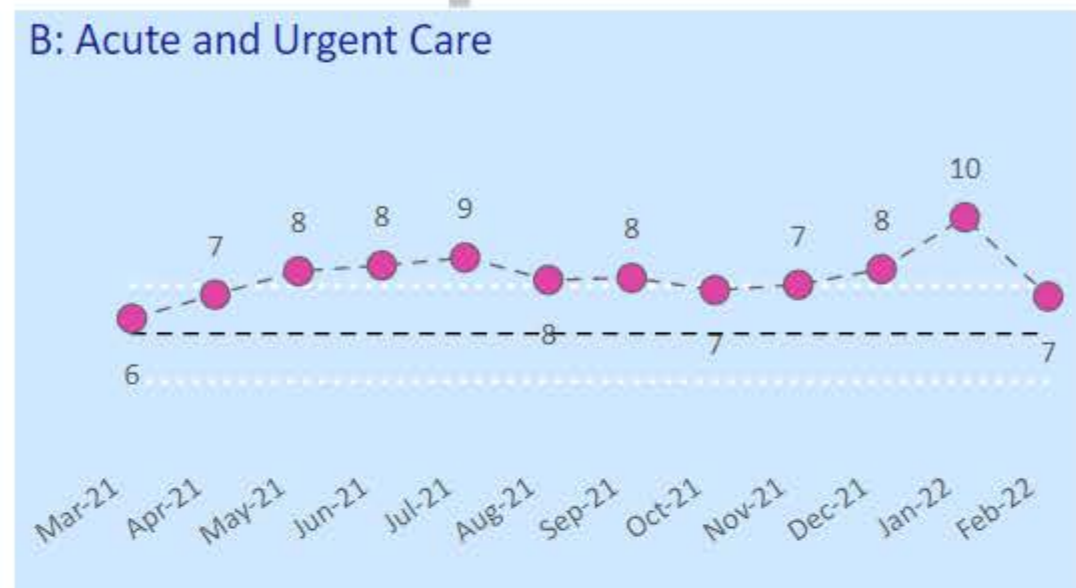
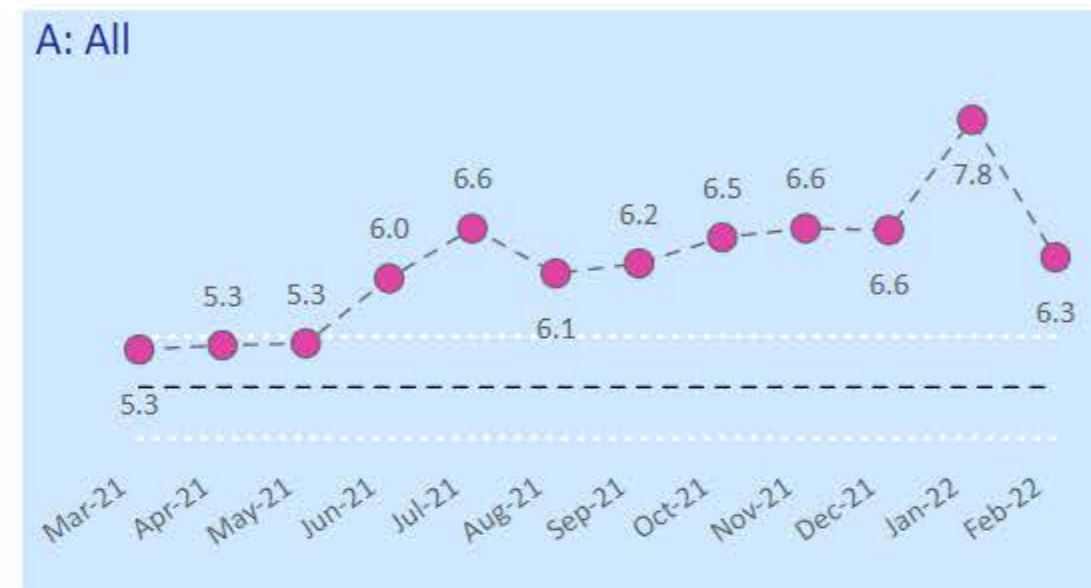
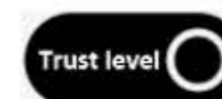
Feb - 2022

## Staff Vacancies

Question	Answers
A: What has happened?	The vacancy rate decreased in February to 9.5% and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 9% Specialties – 8.5%; Acute and Urgent Care – 11.8%; and ICCR – 12.5%.
B: Why has it happened?	The vacancy rate has increased due to an additional 29.85 staff in post between January and February.
C: What are the implications and consequences?	Nationally there is a shortage of registered nurses and this is reflected in our local data; Band 5 nurses particularly are a key concern with a high vacancy rate (35%). Whilst the vacancy rate has improved in some areas, there is a variance in rates across teams and staff groups and it is important to note areas are experiencing severe staffing level challenges - lower staffing levels has an impact on the Trust's ability to provide high quality patient care and increases reliance on bank and agency usage – this in turn impacts continuity of care for patients. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	The focus is to continue to reduce vacancies, particularly – hard to recruit posts. Some of the actions include: - Continue to query and understand our vacancy rate data, so we have accurate vacancy rates. - Work to promote the perception of the Trust by local community and beyond so we can continue to attract applicants. - Respond to staff survey and improve issues that may have an impact on the Trust's ability to recruit to particularly hard to fill roles. - Explore how we can improve the benefits we offer as part of our attraction package.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.



# Staff Sickness



**Key**

- UCL (Upper Control Limit)
- LCL (Lower Control Limit)
- Value (Current data point)
- Mean (Average)
- Concern (Pink circle)
- Improvement (Blue circle)

Feb - 2022

## Staff Sickness

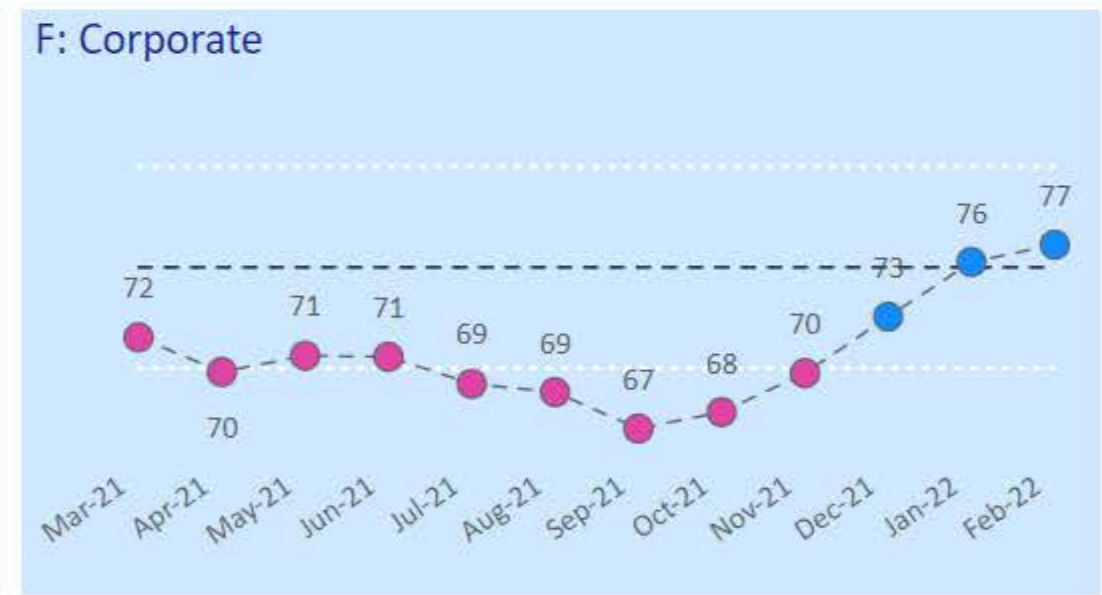
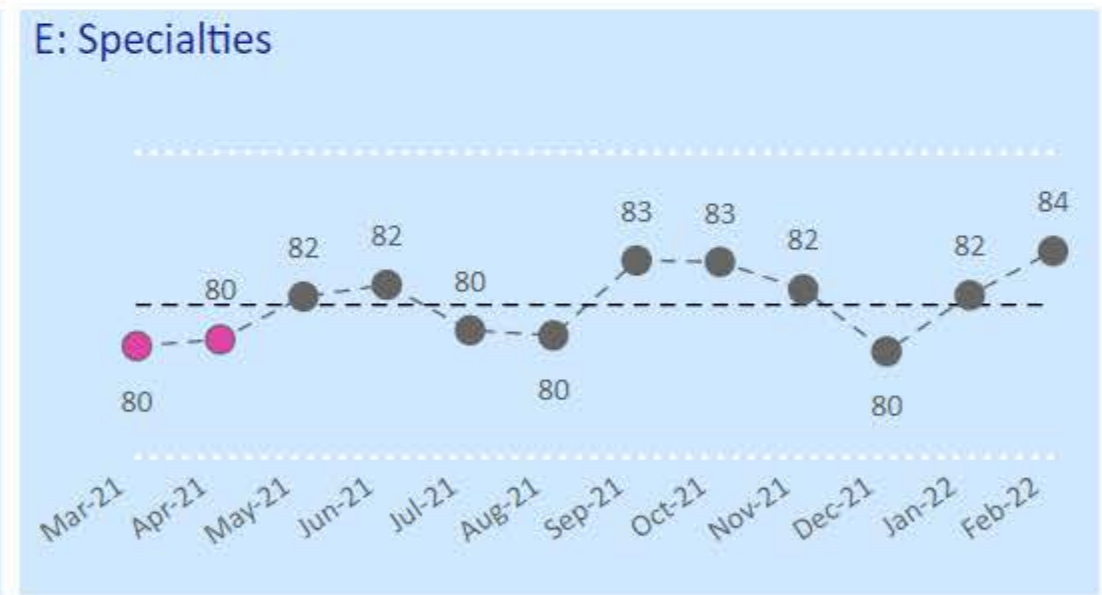
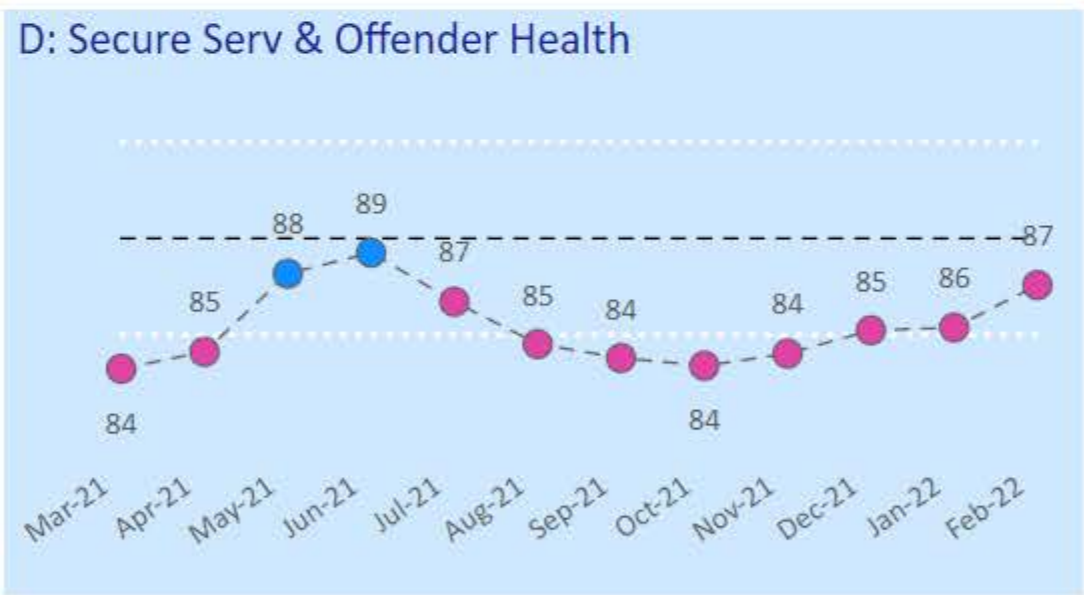
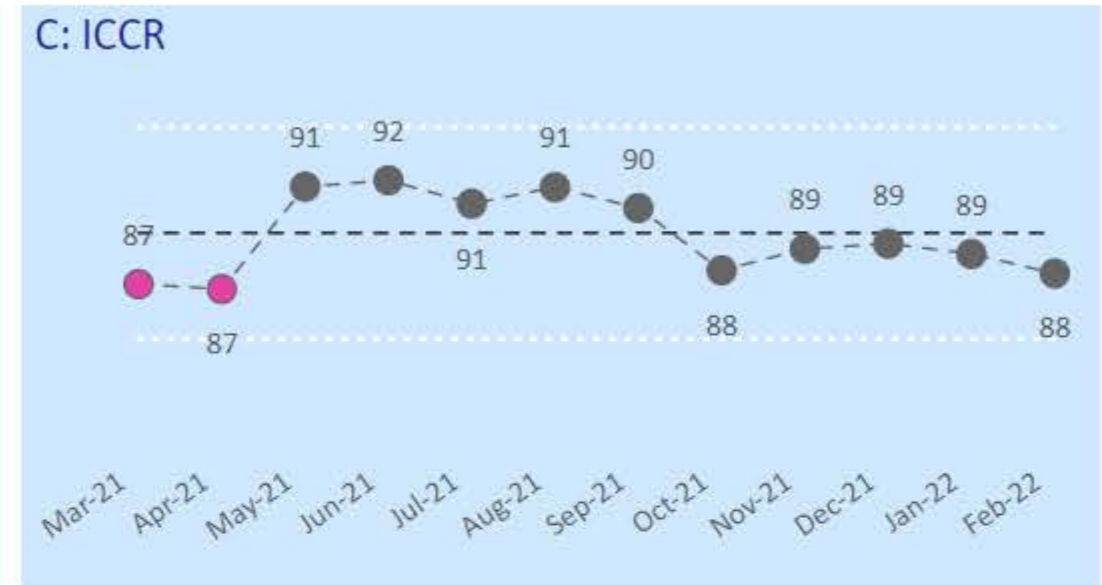
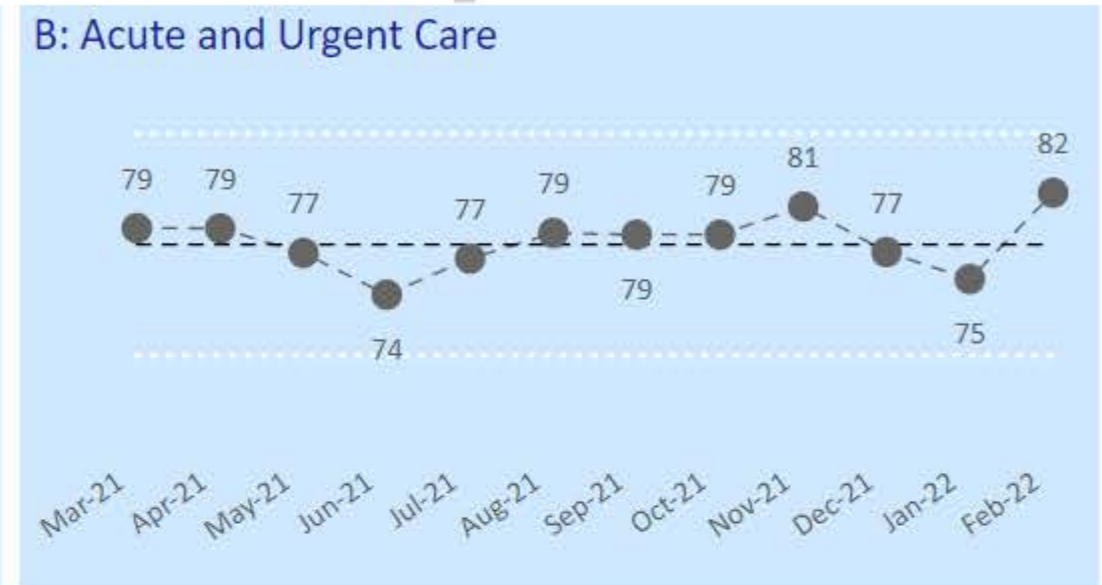
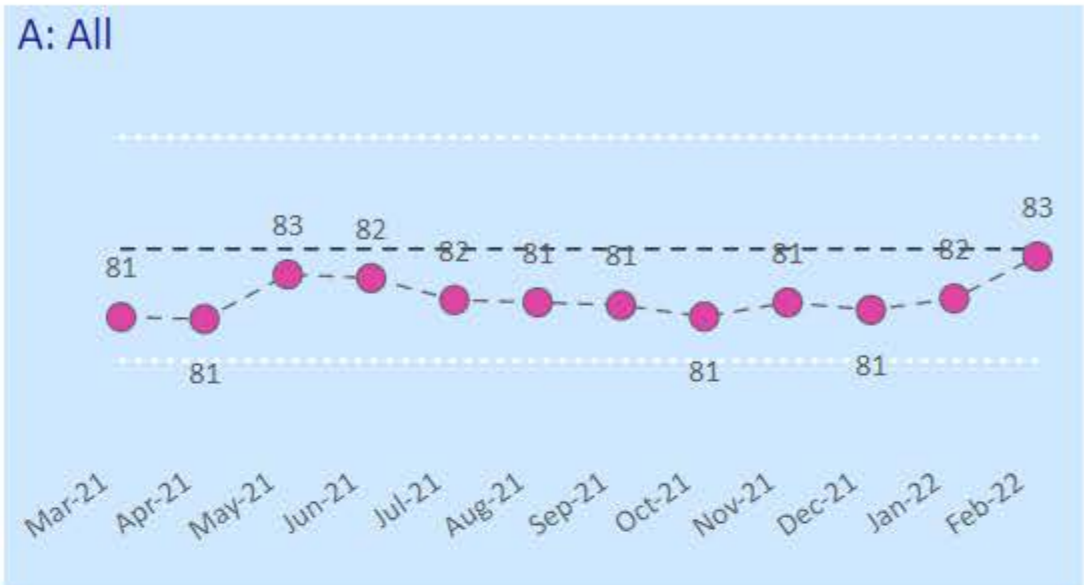
Question	Answers
A: What has happened?	Sickness absence saw a significant decrease in February to 6.28% from 7.82% in January 2022. Non-covid related sickness absence slightly decreased by 0.22% whilst Covid-19 related sickness absence decreased to 1.41% in February from 2.74% in January. There was a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

## Staff Sickness

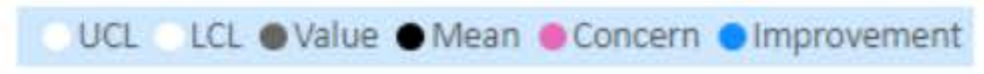
Question	Answers
	Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	<p>The People Partners/Senior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



# Staff Appraisals



## Key





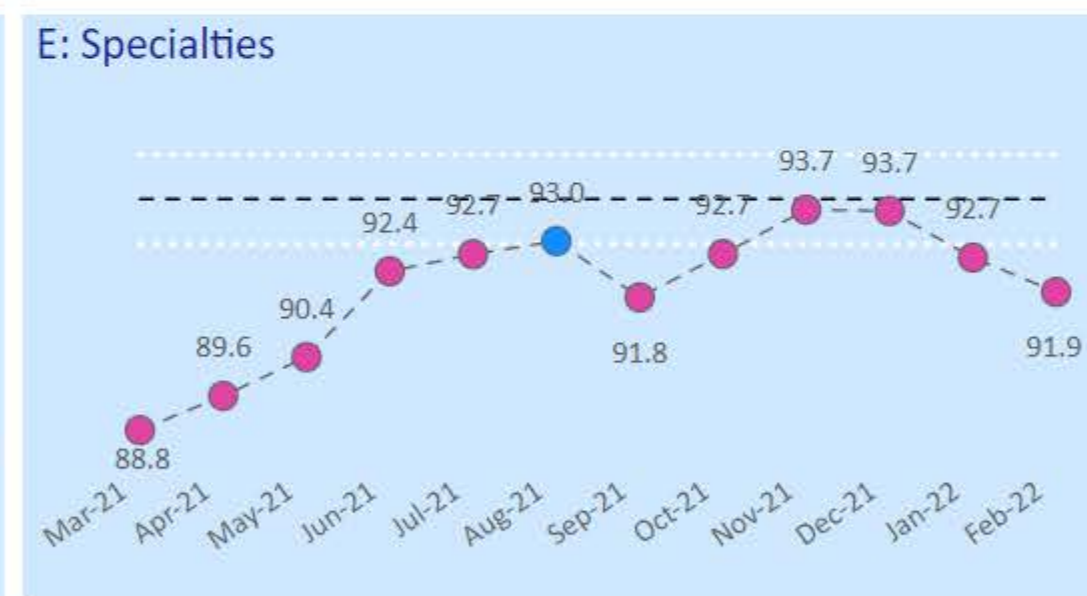
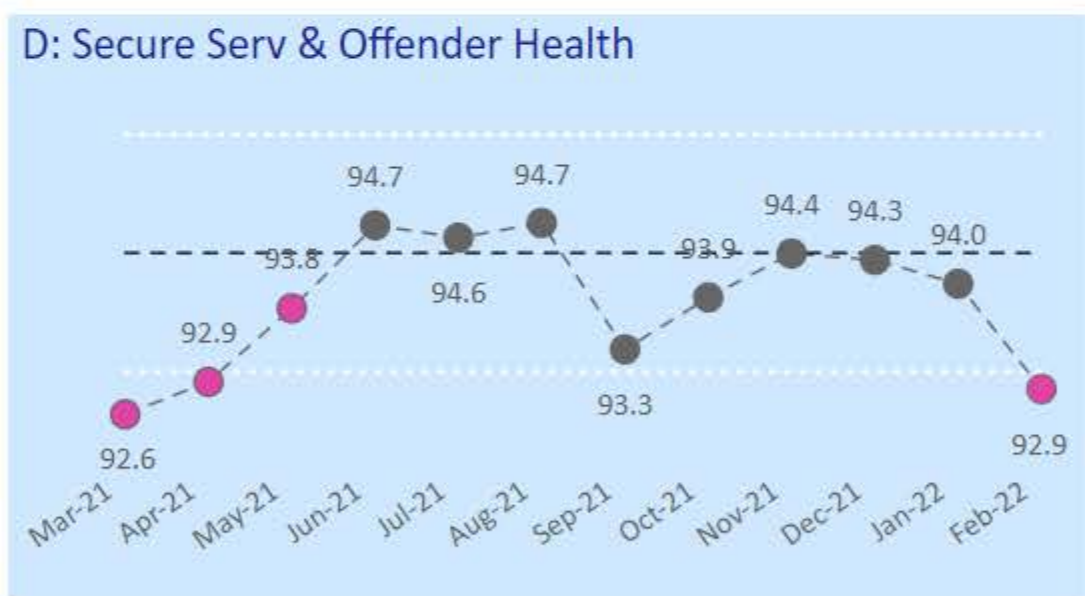
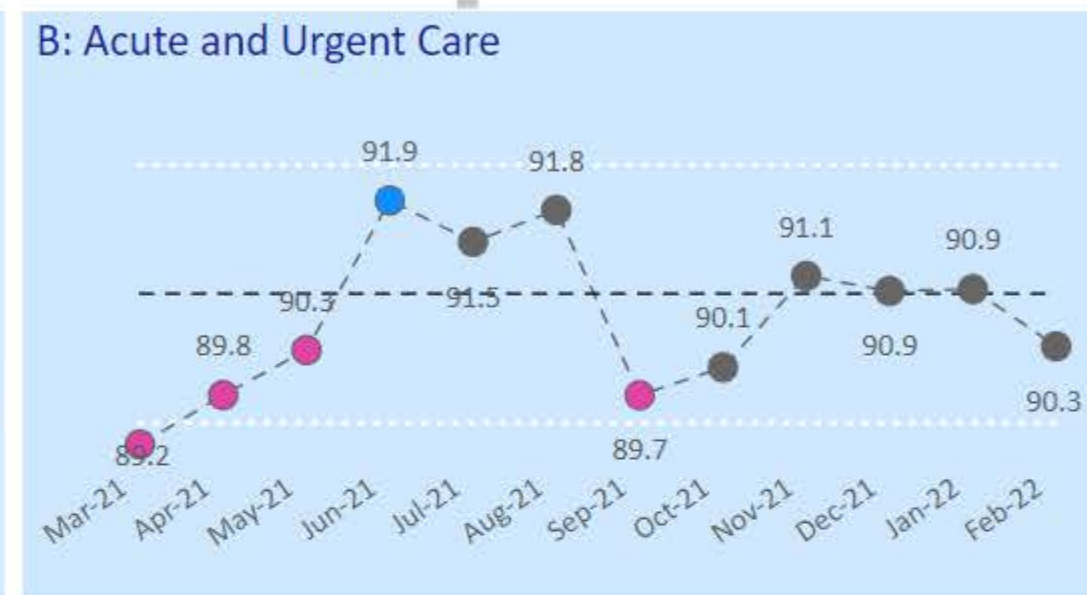
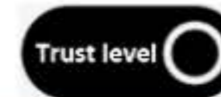
Feb - 2022

## Staff Appraisals

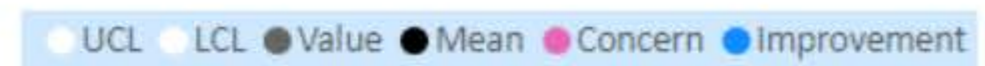
Question	Answers
A: What has happened?	Appraisal rates have increased to 83.4% in February 22, which is a positive step towards reaching pre-pandemic level . The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020 due to the impact of Covid-19. The appraisal rate breakdown by division for February 22 is as follows: ICCR – 88.4%; Secure and Offender Health – 87.7%; Specialties – 84.9%; and Acute and Urgent Care – 81.6%.
B: Why has it happened?	The main reason for the increase in appraisal compliance in Nov 2021 since April 2020 is the targeted compliance work completed by the L&D Administrator (as discussed below). However with the slight decrease in December 21, we will need to continue to review the appraisal completion report in order to provide appropriate support where required. We recognise that this figure will continue to fluctuate due to the impact of Covid-19.
C: What are the implications and consequences?	Failure to meet our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As part of our regular compliance work- an L&D Administrator is utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the ADR process; this approach was adapted throughout the pandemic to encourage supportive conversations as opposed to targeted work on recording appraisals recognising the significant staffing challenges - during the Covid period a best-practice appraisal guide was produced and made available on Connect to support all staff. As staffing pressures have increased due to the pandemic, focused work on the recording of appraisals and a review of how staff are being supported is taking place. Appraisal project/policy updates: - The appraisal form development work is currently being developed by the HTML coder within the ESR system. The Appraisal policy is within the consultation phase. Further project meetings will include key stakeholders to support the appraisal reporting work and comms plan moving forward.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on RMS and ADR data. The Appraisal compliance figure will continue to fluctuate due to the impact on staffing levels and capacity due to Covid-19, however we expect to see some recovery once the new Appraisal process and form has been implemented.
F: How will we know when we have addressed issues?	An improvement in appraisal completion rates to meet the 85% commissioner target; the appraisal project completion is ongoing and this will provide updates as the project moves forward. Improvement in the quality of values-based appraisal conversations, enabling the development of an inclusive, compassionate culture.



# Fundamental Training



## Key



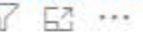


Feb - 2022

## Fundamental Training

Question	Answers
A: What has happened?	<p>Trust Target 95%</p> <p>Substantive staff Fundamental Training increased to 91.9% in February from 90.0% in January, an increase of 1.9%</p> <p>FT breakdown by division is as follows: All divisions are reported an increase in February Secure and Offender Health – up 0.9% to 92.8%; ICCR – up 2.1% to 92.9%; Specialties – up 1.2% to 91.8% and Acute and Urgent Care – up 2.6% to 90.4%.</p> <p>TSS Bank Workers Trust Target 75%</p> <p>Bank FT compliance has decreased by 0.3% to 62.7% in February.</p>
B: Why has it happened?	<p>Substantive staff FT compliance:</p> <p>FT compliance across all operational areas have remained consistent over Quarter 4 with all areas reporting an uptick in February. As a result of BAU and Fundamental Training Team processes. However, all areas remain below Trust target 95%.</p> <p>There are resource issues within training teams, due to trainer absenteeism and vacancies, however the FT team have worked within these restrictions to support clinical areas with bookings and availability, so we have now seen an uptick but still not enough to satisfy commissioners Withdrawals have decreased, however the volume of DNA's remain unsustainable &amp; coupled with the increase in new starters compromises the agreed 12% buffer.</p>
C: What are the implications and consequences?	<p>Business, Administration and Financial Risks:</p> <p>Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas. Breach of commissioners compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant. Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance. TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS</p>

Feb - 2022

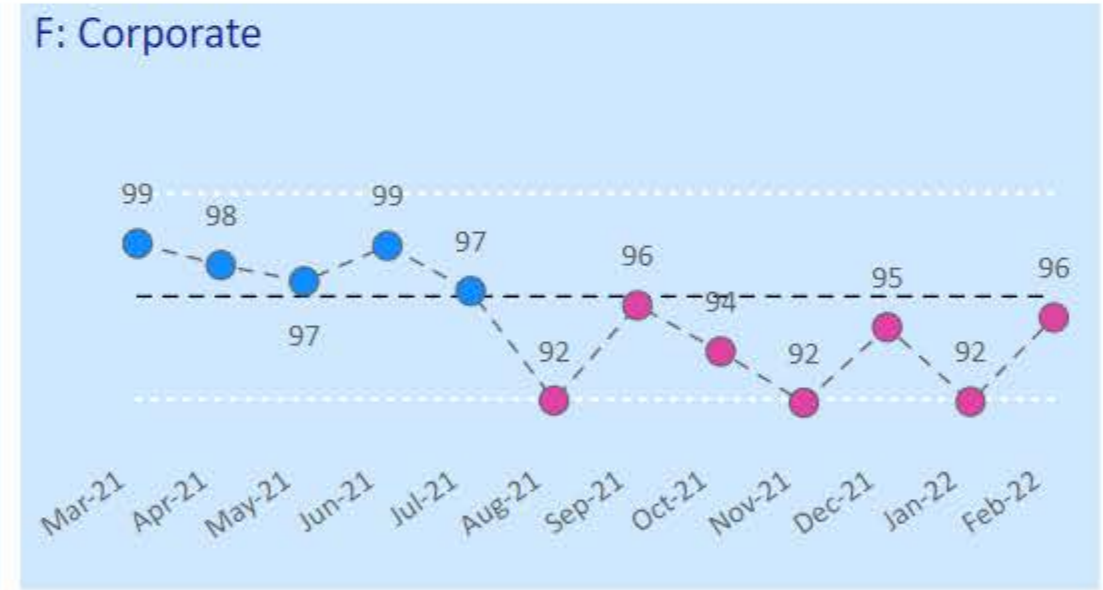
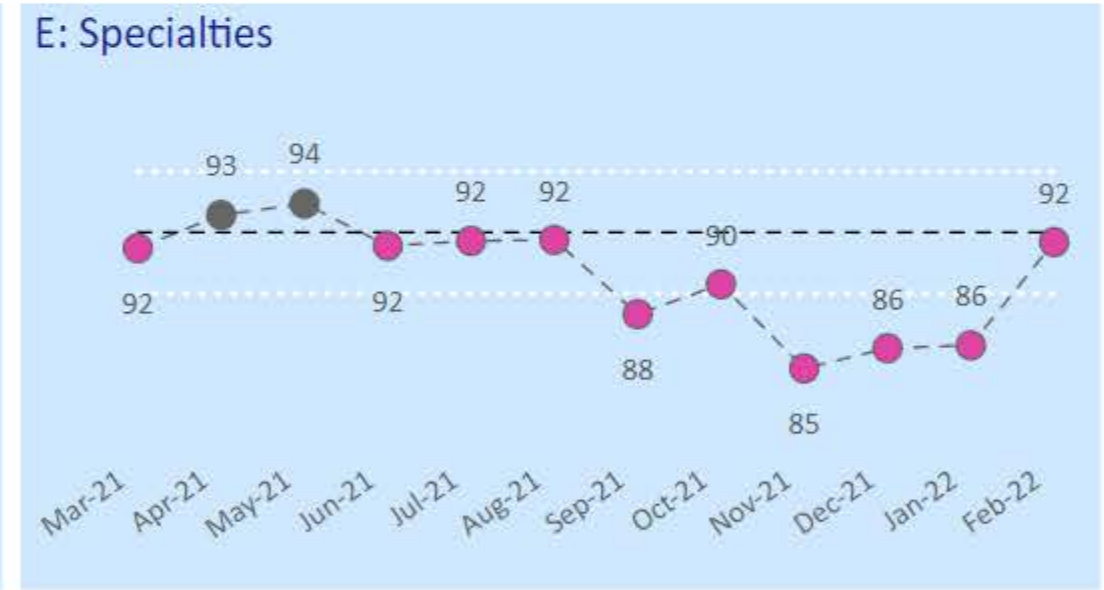
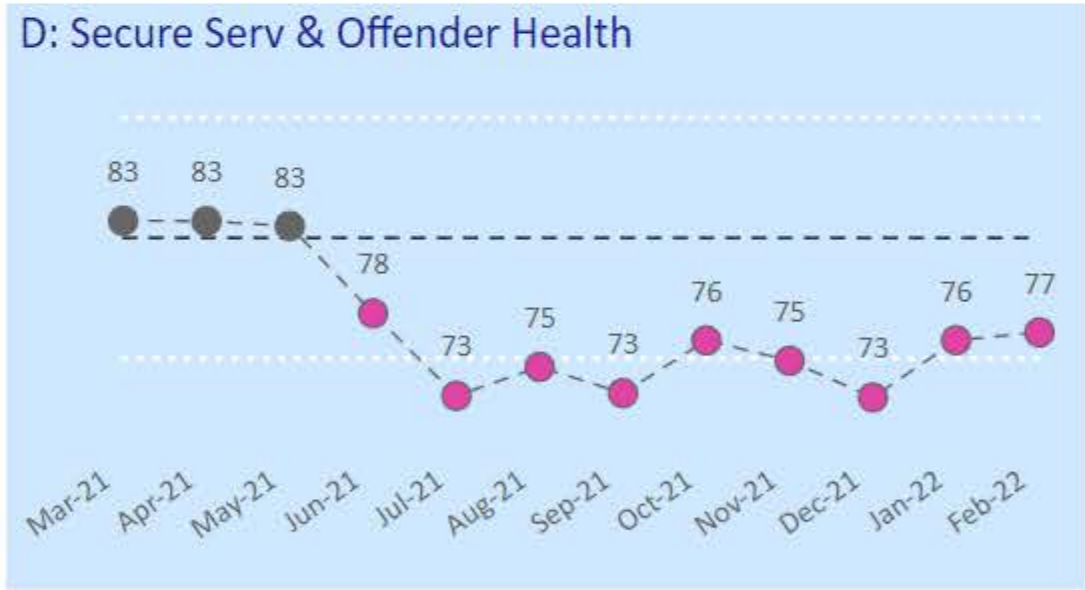
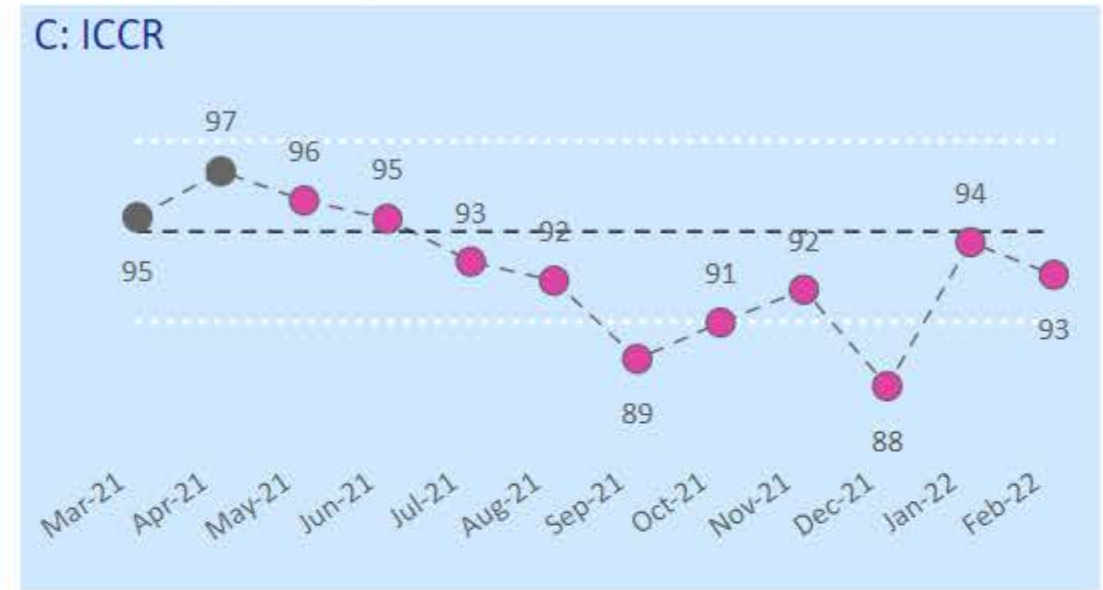
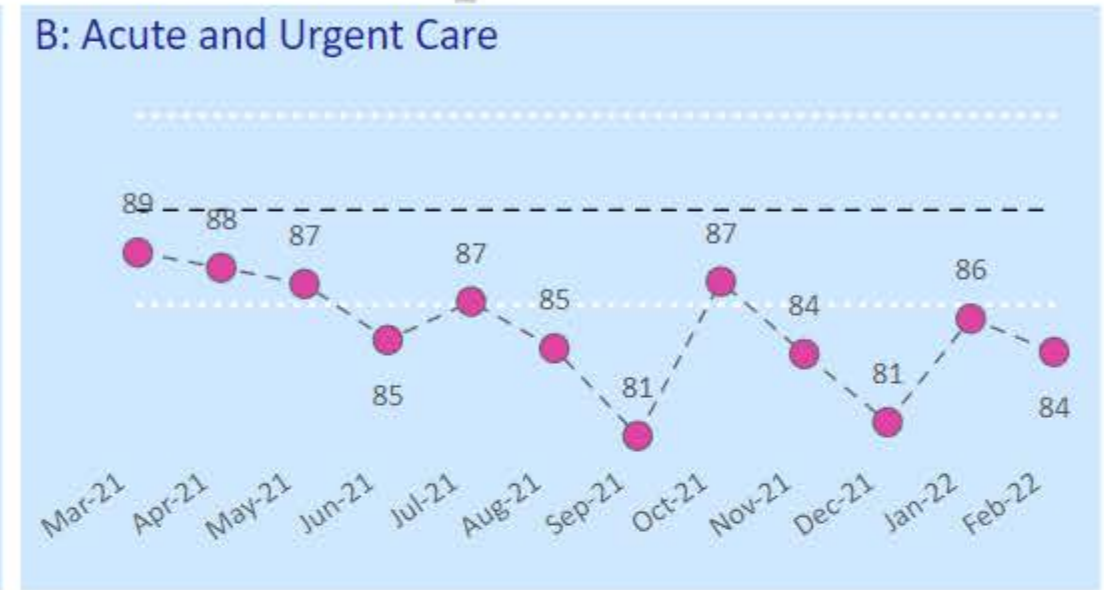


## Fundamental Training

Question	Answers
	<p>FT compliance across all operational areas have remained consistent over Quarter 4 with all areas reporting an uptick in February. As a result of BAU and Fundamental Training Team processes.</p> <p>However, all areas remain below Trust target 95%.</p> <p>There are resource issues within training teams, due to trainer absenteeism and vacancies, however the FT team have worked within these restrictions to support clinical areas with bookings and availability, so we have now seen an uptick but still not enough to satisfy commissioners</p> <p>Withdrawals have decreased, however the volume of DNA's remain unsustainable &amp; coupled with the increase in new starters compromises the agreed 12% buffer.</p>
<p>C: What are the implications and consequences?</p>	<p>Business, Administration and Financial Risks:</p> <p>Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas.</p> <p>Breach of commissioners compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant.</p> <p>Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance.</p> <p>TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS staff- this results in either a drop in substantive compliance or a TSS workforce who do not have the skills to practice safely.</p> <p>Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce.</p>
<p>D: What are we doing about it?</p>	<p>FT Team will be reinstating FT compliance chase ups mid Feb</p> <p>FT have requested additional team resources to enable them to manage TSS compliance and alternate streamlined processes for booking and reaching compliance for all colleagues</p>
<p>E: What do we expect to happen?</p>	<p>Post Covid recovery plans and associated trajectories have calculated that FT recovery for substantive staff is being achieved, as long as the DNA rate and staff turnover does not exceed the Trust agreed 12%.</p> <p>Early indications show the comms is having a positive affect – staff are feeding back how useful the email is. The FT team are seeing a 50% increase in email traffic, staff booking training, reporting issues with traffic lights and querying relevant training.</p> <p>TSS Training and compliance is managed by the TSS administration team, with guidance from the Fundamental Training Team when required.</p>
<p>F: How will we know when we have addressed issues?</p>	<p>With uptake of training offers and when the trajectories offered to the executive team and commissioners are achieved on the cited date.</p> <p>With successful recruitment into Resus Training positions</p> <p>Engagement with relevant stakeholders to address issues as the emerge.</p>



# Bank & Agency Fill Rate



## Key

● UCL 
 ● LCL 
 ● Value 
 ● Mean 
 ● Concern 
 ● Improvement

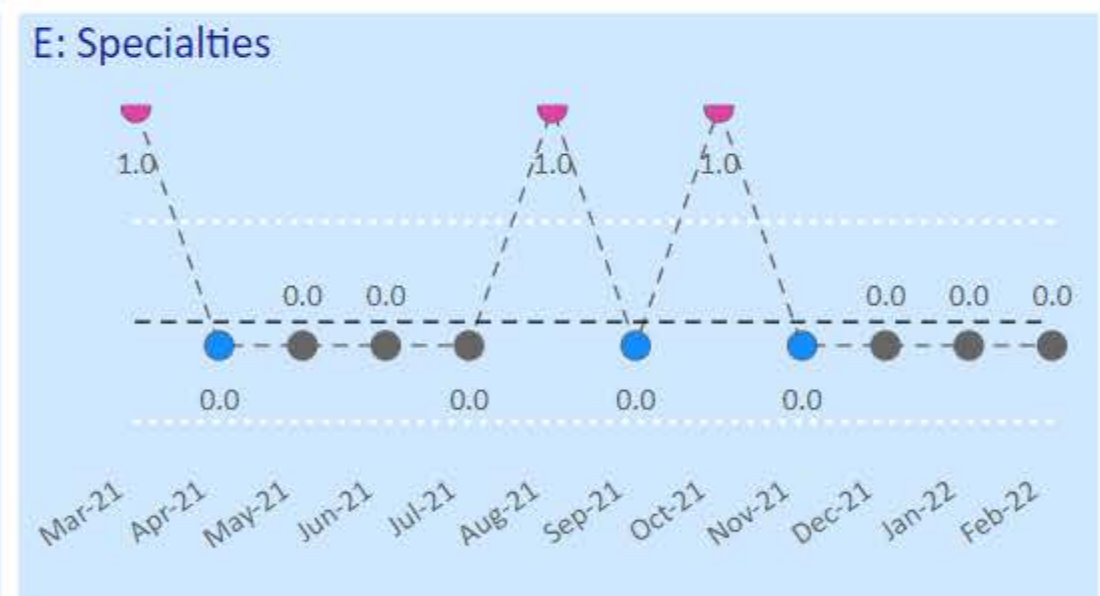
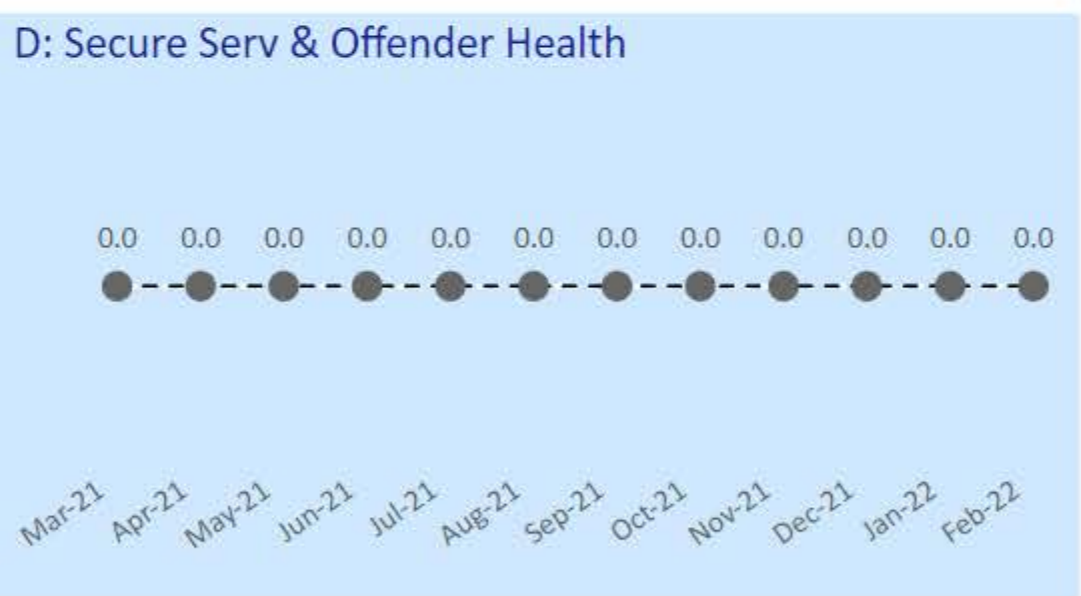
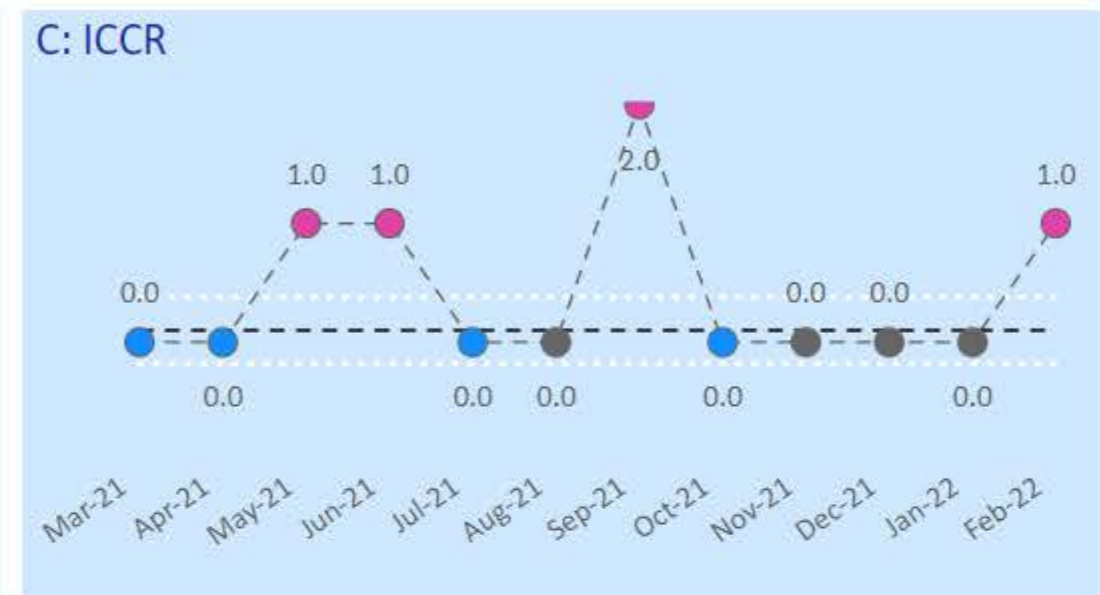
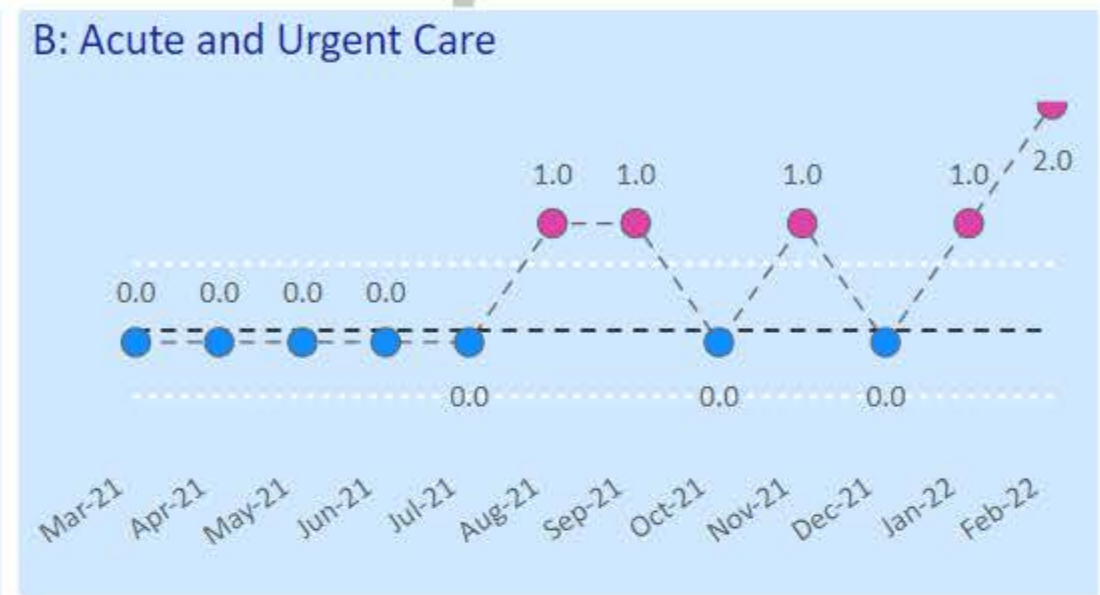
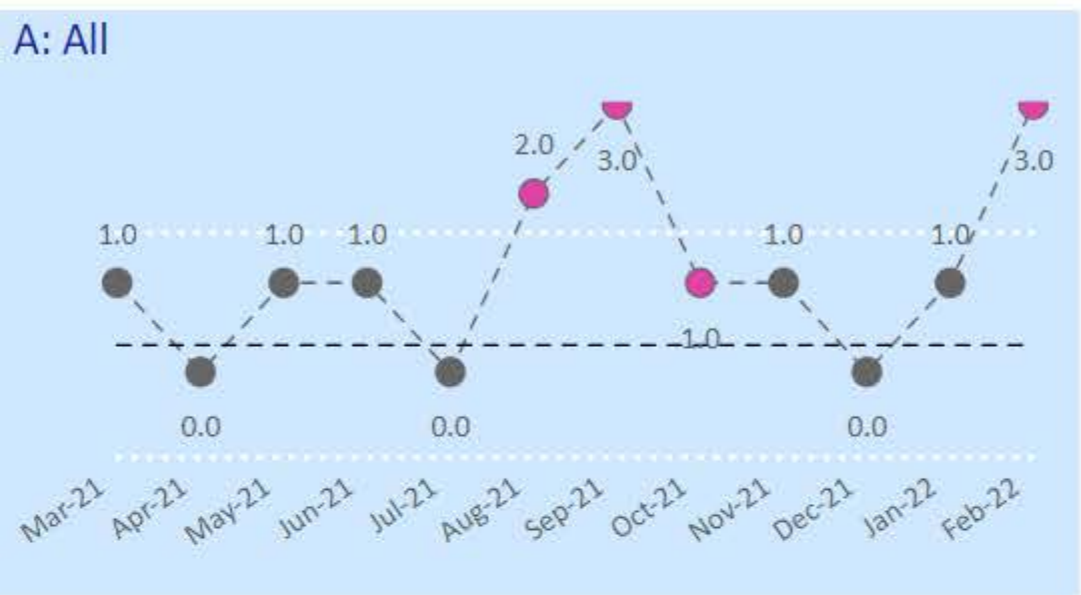
Feb - 2022

## Bank &amp; Agency Fill Rate

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



# Community suspected suicides



## Key

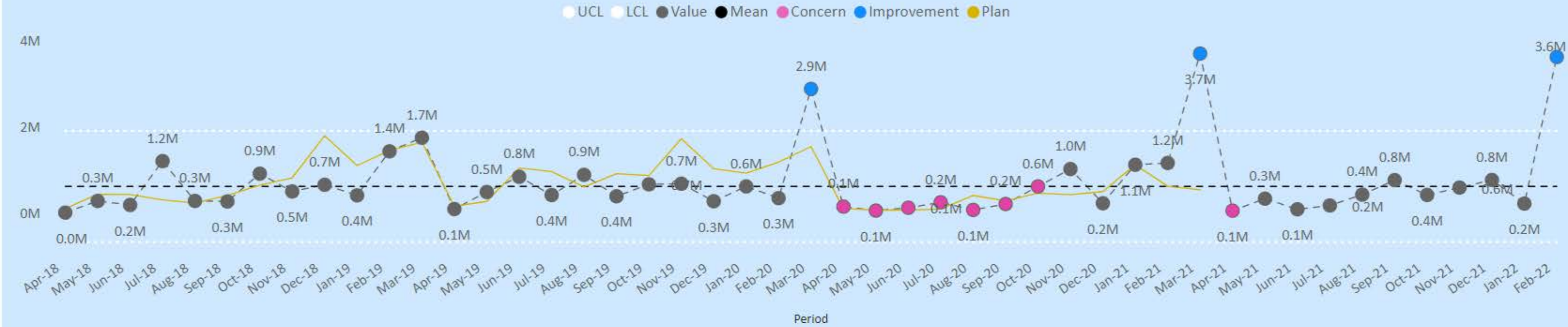




# CAP Ex



## Statistical Process Control (SPC)



### Commentary

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

Division	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A: All	£763k	£420k	£590k	£766k	£220k	£3,614k

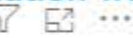
Very high spend in month as work ratchets up for year end, and YTD spend of £7.5m v plan of £8.4m





# Detailed Commentary

Feb - 2022



## CAP Ex

Question	Answers
A: What has happened?	Very high spend in month as work ratchets up for year end, and YTD spend of £7.5m v plan of £8.4m
B: Why has it happened?	Plan had little spend in first quarter, but has accelerated since then. Delays in finalising safety priorities
C: What are the implications and consequences?	The capital programme will need to be delivered in shorter timescales than normal, giving rise to a risk of non-delivery.
D: What are we doing about it?	Pushing hard to finalise in year delivery
E: What do we expect to happen?	There may be an under shoot for the year
F: How will we know when we have addressed issues?	When final plan is approved and we are spending in line with it



# Monthly Agency



## Statistical Process Control (SPC)



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

Division	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
A: All	£542k	£603k	£667k	£575k	£507k	£800k

### Commentary

There has been a significant increase in agency spend in February to £800k from £507k in January. January was a low spend month but February has seen the highest level this FY. This spend is above the NHSI monthly stretch target by £278k. Year to date expenditure is £5.85 million. We are now £213k above the estimated NHSEI year to date ceiling.

## 14. Finance

<b>MEETING</b>	<b>BOARD OF DIRECTORS MEETING</b>
<b>AGENDA ITEM</b>	<b>14</b>
<b>PAPER TITLE</b>	<b>FINANCE REPORT MONTH 11, FINANCIAL PLAN 2022/23 AND CAPITAL PLAN 2022/23</b>
<b>DATE</b>	30 March 2022
<b>AUTHOR</b>	Emma Ellis, Head of Finance & Contracts and Richard Sollars, Deputy Director of Finance
<b>EXECUTIVE SPONSOR</b>	David Tomlinson, Executive Director of Finance

<b>This paper is for (tick as appropriate):</b>		
<input checked="" type="checkbox"/> Action	<input checked="" type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

<b>Equality &amp; Diversity (all boxes MUST be completed)</b>	
<b>Does this report reduce inequalities for our service users, staff and carers?</b>	No
<b>What data has been considered to understand the impact?</b>	The overall submission has no impact on inequalities. Individual schemes and plans could have an impact and this will be taken into account in prioritising and implementing those schemes

<b>Executive summary &amp; Recommendations:</b>
<p><b>Revenue position</b>          The month 11 2021/22 consolidated Group position is a surplus of £2.1m year to date. This is compared to a break even plan. The surplus is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position for the Reach Out Provider Collaborative.</p> <p>The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.</p> <p><b>Capital position</b>          Month 11 year to date Group capital expenditure is £7.5m, this is £0.9m less than original plan. The year to date underspend mainly relates to door set works. The full year capital forecast is £12.8m, an increase of £0.5m compared to prior month in line with an additional £0.5m PDC funding allocation for the Shared Care Record scheme.</p> <p><b>Cash position</b>          The month 11 Group cash position is £59m.</p>

**2022/23 Planning**

2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. A draft financial plan was submitted on 17/3/22 based on system agreed planning principles. For BSMHFT this was a break even plan. Further work is ongoing to refine planning assumptions and review system reserve allocations ahead of the final plan submission on 28/4/22. A draft capital plan of £6.7m has been submitted for 2022/23 and £6m per year for the following four years. A system capital prioritisation process is underway and will inform the final capital plan submission in April.

**Capital Plan 2022/23**

As confirmed in discussions with BSol ICS, BSMHFT's capital envelope is £6.7m. Based on the agreed Capital Prioritisation process, the Executive Directors have approved £3.6m in pre-commitments/work carried over (including door sets) and statutory standards and backlog maintenance with the remaining £3.1m earmarked for risk assessment/health and safety/priority work, The detailed priorities are under discussion by the Directors of Nursing and Operations and will be formally proposed when confirmed.

The Board is asked to endorse this approach.

**Reason for consideration:**

To provide assurance on financial position.  
To formalise revenue and capital plans for 2022/23

**Previous consideration of report by:**

FPP and regular briefings with FPP Chair

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

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

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

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

**Board Assurance Framework**

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

Linked to existing BAF2\_0012

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

# Finance Report

Financial Performance:  
1<sup>st</sup> April 2021 to 28<sup>th</sup> February 2022

# Month 11

## Group financial position

Group Summary	Total 2021/22 Plan £'000	H1 (month 1-6)	H2 YTD	Total YTD
		Actual £'000	Actual £'000	Actual £'000
<b>Income</b>				
Healthcare Income	292,531	147,071	124,015	271,087
Other Income	61,168	9,100	48,056	57,156
<b>Total Income</b>	<b>353,698</b>	<b>156,171</b>	<b>172,071</b>	<b>328,243</b>
<b>Expenditure</b>				
Pay	(222,886)	(113,201)	(95,068)	(208,269)
Other Non Pay Expenditure	(91,772)	(24,747)	(60,798)	(85,544)
Drugs	(5,877)	(3,192)	(2,528)	(5,720)
Clinical Supplies	(1,359)	(273)	(545)	(818)
PFI	(10,349)	(5,164)	(4,536)	(9,700)
Unallocated Budgets	(5,156)	-	-	-
<b>EBITDA</b>	<b>16,300</b>	<b>9,594</b>	<b>8,596</b>	<b>18,190</b>
<b>Capital Financing</b>				
Depreciation	(8,084)	(4,100)	(3,036)	(7,136)
PDC Dividend	(2,364)	(1,180)	(982)	(2,162)
Finance Lease	(4,366)	(2,187)	(1,812)	(3,998)
Loan Interest Payable	(1,239)	(631)	(507)	(1,138)
Loan Interest Receivable	97	(0)	0	0
<b>Surplus / (Deficit) before taxation</b>	<b>344</b>	<b>1,495</b>	<b>2,260</b>	<b>3,756</b>
Impairment		(1,283)	0	(1,283)
Profit/ (Loss) on Disposal	40	-	-	-
Taxation	(384)	(192)	(160)	(352)
<b>Surplus / (Deficit)</b>	<b>0</b>	<b>20</b>	<b>2,100</b>	<b>2,121</b>

### Month 11 2021/22 Group Financial Position

The month 11 year to date consolidated Group financial position is £2.1m surplus. This is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position year to date for the Reach Out Provider Collaborative. This went live on 1 October 2021, with BSMHFT as lead provider.

### 2021/22 Group Forecast

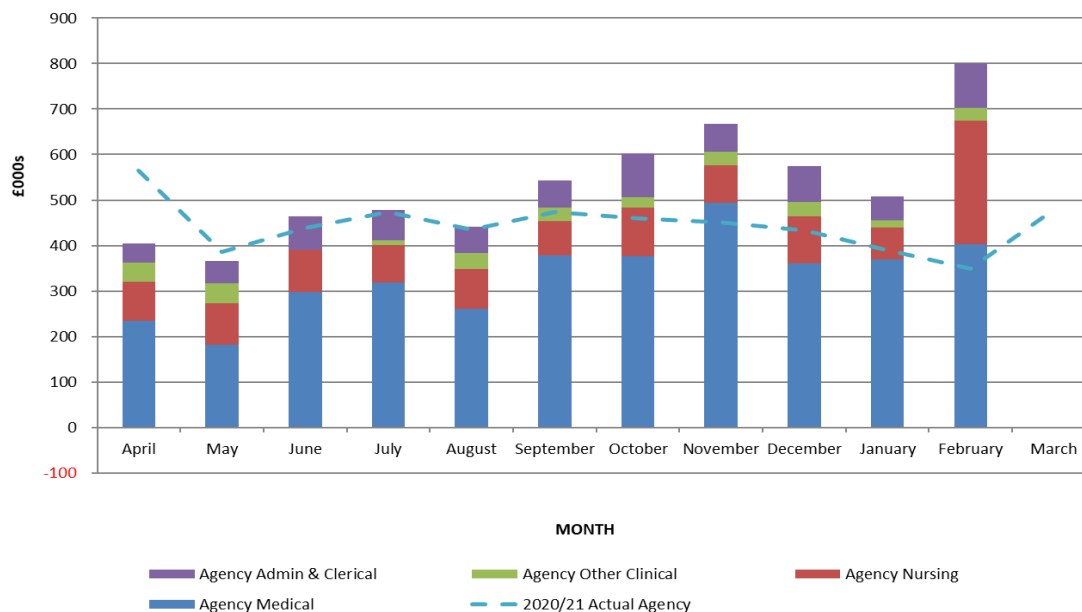
In line with the system risk assessed forecast outturn submission to NHSEI on 18/1/22, the most likely forecast outturn for 2021/22 is a Group surplus of £2m.

# Agency expenditure

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD
<b>Agency Spend (£'000)</b>	405	366	462	478	441	542	603	667	575	507	800		<b>5,848</b>
<b>NHSEI Ceiling (£'000)</b>	616	616	616	616	616	616	616	616	616	616	616		<b>6,779</b>
<b>Stretch target (£'000)</b>	501	501	501	501	501	501	538	522	522	522	522		<b>5,634</b>
<b>Variance to stretch target</b>	<b>96</b>	<b>135</b>	<b>39</b>	<b>23</b>	<b>60</b>	<b>(41)</b>	<b>(64)</b>	<b>(145)</b>	<b>(53)</b>	<b>15</b>	<b>(278)</b>	<b>0</b>	<b>(213)</b>

<b>Agency Medical</b>	234	183	298	318	261	379	376	495	360	370	403		3,677
<b>Agency Nursing</b>	86	91	92	82	87	75	108	82	104	70	272		1,149
<b>Agency Other Clinical</b>	42	44	(2)	10	36	29	22	29	31	15	28		284
<b>Agency Admin &amp; Clerical</b>	44	49	74	68	57	59	97	61	80	52	98		738
<b>Agency Spend (£000s)</b>	<b>405</b>	<b>366</b>	<b>462</b>	<b>478</b>	<b>441</b>	<b>542</b>	<b>603</b>	<b>667</b>	<b>575</b>	<b>507</b>	<b>800</b>	<b>0</b>	<b>5,848</b>

**2021/22 Agency Spend by Type**



There has been a significant increase in agency expenditure in February, with a total spend of £800k compared to £507k in January. This spend is £278k above the monthly stretch target. Year to date expenditure is £5.8m. This is £931k below the NHSEI ceiling but £213k above the stretch target.

There has been an increase in spend across all areas in February compared to January. The main increase is £202k in nursing agency spend. This is predominantly in Secure Care, being year to date costs to cover special observations in an Acute hospital. The £33k increase in medical agency expenditure and £46k increase in admin and clerical is partly due to receipt of some backdated invoices.

Agency controls are in place to ensure that spend remains below target:

- Agency rate paid to cap ceased on 7/2/22.
- Throughout February, 29 bank positions were recruited and filled, alleviating some need for agency shifts.
- Due to the current staffing pressures, twice monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity.





# Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-21 £m's	NHSI Plan YTD 28-Feb-22 £m's	Actual YTD 28-Feb-22 £m's	NHSI Plan Forecast 31-Mar-22 £m's
<b>Non-Current Assets</b>				
Property, plant and equipment	186.5	182.7	185.5	183.2
Prepayments PFI	1.6	1.4	2.5	1.4
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	0.1	(0.0)	0.1	(0.0)
<b>Total Non-Current Assets</b>	<b>188.1</b>	<b>184.0</b>	<b>188.1</b>	<b>184.5</b>
<b>Current assets</b>				
Inventories	0.4	0.4	0.3	0.4
Trade and Other Receivables	9.7	7.4	12.1	7.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	21.7	59.0	19.8
<b>Total Current Assets</b>	<b>38.9</b>	<b>29.5</b>	<b>71.4</b>	<b>27.6</b>
<b>Current liabilities</b>				
Trade and other payables	(29.4)	(29.0)	(51.3)	(28.0)
Tax payable	(4.4)	(4.4)	(4.7)	(4.4)
Loan and Borrowings	(2.7)	(2.7)	(2.6)	(2.7)
Finance Lease, current	-	-	-	-
Provisions	(1.2)	(0.7)	(1.1)	(0.7)
Deferred income	(13.2)	(11.2)	(21.3)	(11.2)
<b>Total Current Liabilities</b>	<b>(50.9)</b>	<b>(48.1)</b>	<b>(81.0)</b>	<b>(47.1)</b>
<b>Non-current liabilities</b>				
Loan and Borrowings	(29.5)	(27.3)	(27.3)	(27.3)
PFI lease	(49.3)	(47.9)	(47.9)	(47.7)
Finance Lease, non current	-	-	(0.0)	-
Provisions	(2.4)	(1.8)	(4.4)	(1.8)
<b>Total non-current liabilities</b>	<b>(81.3)</b>	<b>(77.0)</b>	<b>(79.6)</b>	<b>(76.9)</b>
<b>Total assets employed</b>	<b>94.9</b>	<b>88.4</b>	<b>99.0</b>	<b>88.1</b>
<b>Financed by (taxpayers' equity)</b>				
Public Dividend Capital	110.5	110.5	112.5	110.5
Revaluation reserve	27.5	24.6	27.5	24.6
Income and expenditure reserve	(43.1)	(46.8)	(41.0)	(47.0)
<b>Total taxpayers' equity</b>	<b>94.9</b>	<b>88.4</b>	<b>99.0</b>	<b>88.1</b>

## SOFP Highlights

The Group cash position at the end of February 2022 is £59m (this includes Reach Out).

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

## Current Assets & Current Liabilities

### Ratios

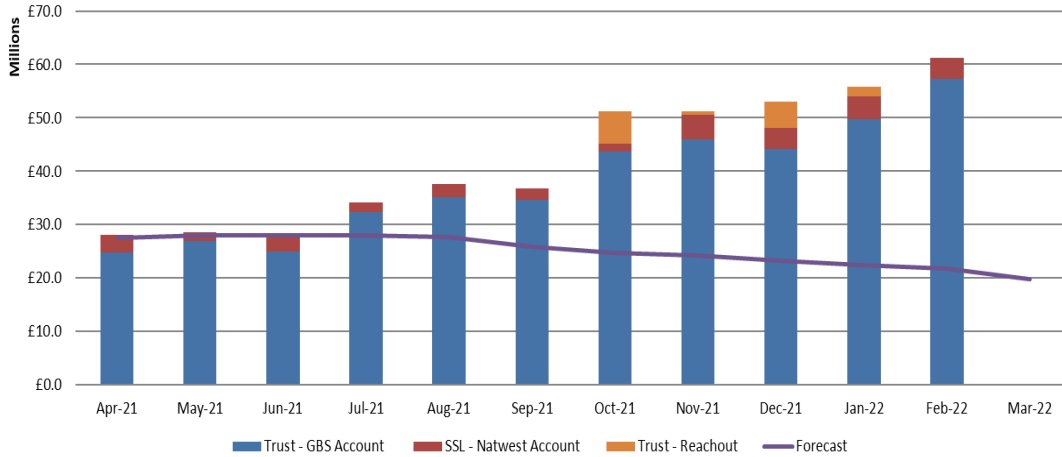
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

Current Ratio :	£m's
Current Assets	71.4
Current Liabilities	-81.0
<b>Ratio</b>	<b>0.9</b>

Current Assets to Current Liabilities cover is 0.9:1 this shows the number of times short-term liabilities are covered.



**Group Cash Holding**



**Cash**

The Group cash position at the end of February 2022 is £59m.

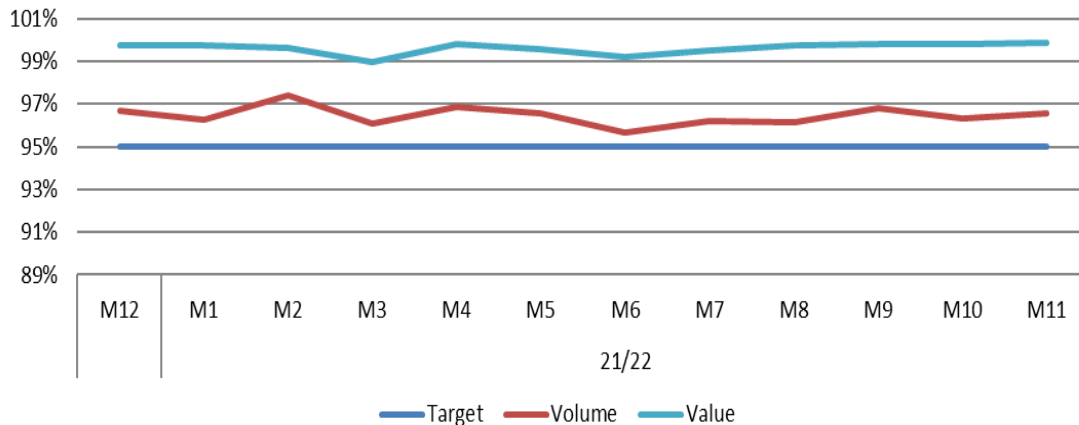
As per the financial regime introduced as a result of the pandemic, the majority of our NHS contracts are being paid on a block basis.

**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.

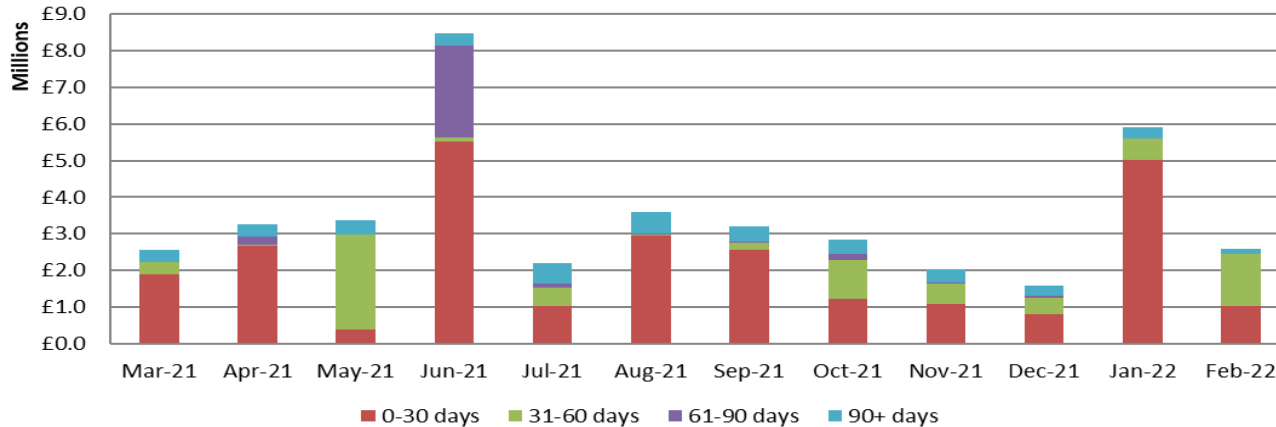
**Public Sector Pay Policy**



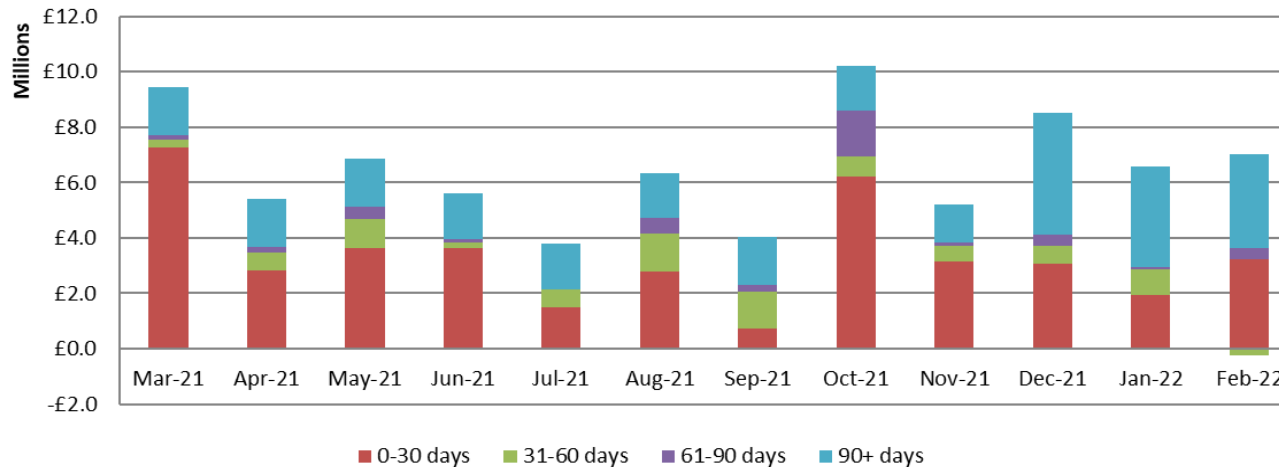
**Better Payment Practice Code :**

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

## Ageing of Trade Receivables



## Ageing of Payables



### Trade Receivables

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

#### Receivables:

- **0-60 days**- BCW £736k, SWIFT £143k & SSL £464k - no known issues
- **Over 90 days** -Staff overpayments (on payment plans)

### Trade Payables:

#### Over 90 days –

- BSoL invoices £2m in query-credit notes totalling £1m received but awaiting validation for balance of charges.
- NHS Property Services £496k– Awaiting lease agreement to be finalised to enable/facilitate payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position).
- Non-NHS Suppliers (37+) £1.0m – mainly Reach-out invoices in query, most accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in March 2022.

# Month 11 YTD Capital expenditure behind plan

Capital schemes	Total 2021/22	Forecast 2021/22	Forecast variance to plan	YTD plan	YTD actual	YTD variance
	£'m	£'m	£'m	£'m	£'m	£'m
Pre committed - major schemes c/f from 20/21- Urgent Care Centre	1.2	1.2	0.0	1.2	1.1	0.1
Pre committed - minor schemes c/f from 20/21	0.3	0.1	0.2	0.3	0.0	0.3
Pre committed - Ardenleigh Women's seclusion suite	0.5	0.2	0.4	0.3	0.1	0.3
Door Sets phase 1 and phase 2	4.4	4.8	-0.4	4.1	2.3	1.8
Statutory Standards & Backlog Maintenance (SSBM)	1.8	2.0	-0.2	1.3	2.1	-0.8
ICT	0.8	1.2	-0.4	0.8	0.5	0.3
Newington refurbishment	0.5	0.7	-0.2	0.0	0.4	-0.4
ECG Machines		0.2	-0.2	0.0	0.0	0.0
Risk Assessments	0.8	0.0	0.8	0.4	0.0	0.4
Barberry rear fence		0.1	-0.1	0.0	0.0	0.0
Ardenleigh wall		0.1	-0.1	0.0	0.0	0.0
Shared Care Record (PDC funded)		2.5	-2.5	0.0	1.0	-1.0
<b>TOTAL</b>	<b>10.3</b>	<b>12.8</b>	<b>-2.5</b>	<b>8.4</b>	<b>7.5</b>	<b>0.9</b>

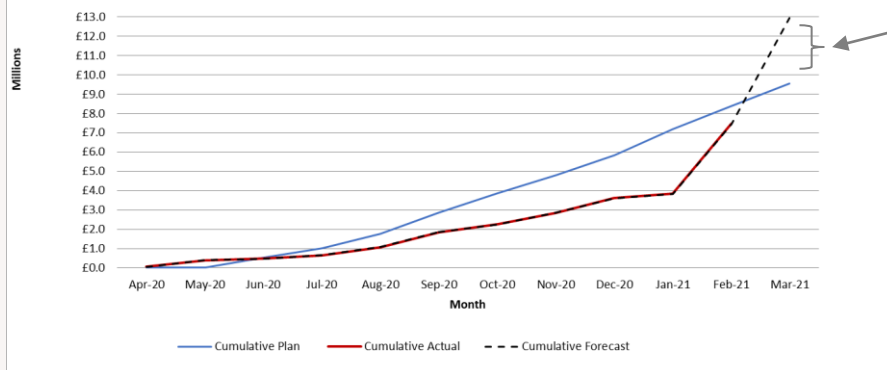
## Month 11 Group Capital expenditure

Month 11 year to date Group capital expenditure is £7.5m, which is £0.9m less than original plan. The year to date underspend mainly relates to slippage to date on door sets works £1.8m due to ward access issues related to covid outbreaks and initial delays in finalising specifications. Assurance has been provided that works are progressing and the slippage to date will be recovered by year end. £0.3m underspend relates to ICT expenditure. Orders have been raised and expenditure is expected to be fully realised by year end. Statutory standards and backlog maintenance has progressed ahead of the original year to date plan by £0.8m. £1m Shared Care Record expenditure has been incurred to date, this is funded by additional PDC funding allocation.

## Capital Forecast

The forecast capital expenditure as at month 11 is £12.8m. This is an increase compared to prior month of £0.5m. £0.5m increase relates to the Shared Care Record scheme in line with an additional PDC funding allocation. It is expected that the Ross House disposal will be realised in month 12, however, there is still a risk that this could slip into the next financial year, this would reduce the in year envelope by £0.4m.

2021/22 Capital Expenditure



£2.5m additional PDC funding allocation for Shared Care Record

# Birmingham and Solihull ICS

## Financial position Month 10 YTD

### System revenue performance:

The month 10 year to date system revenue position was £15.7m surplus. This comprises an £0.8m surplus for H1 (April to September 2021) plus a £14.8m surplus for H2 year to date (October 2021 to January 2022). This is a £15.5m variance to year to date plan. The system forecast outturn is £29.4m surplus.

	H1 Actual £'000	H2 YTD Actual £'000	YTD Actual £'000	YTD Plan £'000	YTD Variance £'000	Forecast £'000
B'ham and Solihull MH FT	20	2,556	2,577	0	2,577	2,000
B'ham Community Healthcare FT	0	322	322	1	321	0
B'ham Women's and Children's FT	393	3,893	4,286	-2	4,288	10,238
Royal Orthopaedic Hospital FT	0	435	435	-165	600	1,159
University Hospitals Birmingham	412	7,526	7,938	287	7,650	16,000
B'ham and Solihull CCG	0	97	97	0	97	1
<b>System Total</b>	<b>826</b>	<b>14,828</b>	<b>15,654</b>	<b>122</b>	<b>15,532</b>	<b>29,398</b>

### System cash position:

As at month 10, the system cash position was £520m. This is a £122m increase since the start of the year and a £23m increase in month. The slippage on capital programmes across the ICS continue to impact cash positively, receivables increased by £16m in month.

	Opening cash	M9	M10	Monthly movement	YTD Movement
	£'000	£'000	£'000	£'000	£'000
Provider Cash					
<b>System Total</b>	<b>398,265</b>	<b>496,623</b>	<b>520,119</b>	<b>23,496</b>	<b>121,855</b>

### System capital performance:

The system capital plan for 2021/22 was £163m. Additional funding through PDC and donations has been allocated totalling £35m, taking the capital resource available to £199m.

The month 10 year to date system capital position was £31m underspend against the total capital programme. This included £23m underspend against the system CDEL target (£14.8m relating to ACAD). The same pattern can be seen across the NHS Midlands region as supply chain pressures add to other areas of slippage. The system capital forecast is a £1m underspend against the revised capital programme envelope (£35m above original programme).

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

System Capital position	Year to Date Variance	Forecast Variance
	£'000	£'000
<b>CDEL</b>	<b>23,114</b>	<b>-34,705</b>
<b>Total Programme</b>	<b>30,868</b>	<b>-35,128</b>

Please note, system financial reporting is one month in arrears

# 2022/23 Financial Plan

2022/23 Priorities and Operational Planning Guidance was issued on 24/12/21. The deadline for draft financial plans being 17/3/22, with final submissions due 28/4/22.

## 2022/23 Revenue Allocation

A draft system finance envelope for 2022/23 for BSOL was published as shown below. In addition, the system anticipates £71.3m for Elective Recovery and £41m of SDF funding.

The envelope is based on the H2 envelope, adjusted for non recurrent items, then doubled to create a recurrent H2 x 2 system envelope of £2,350m.

Further adjustments have then been made including boundary change impacts. Covid allocations have been reduced by 57%.

Collaborative discussions across the system have been ongoing to work towards an agreed first draft financial plan submission.

System Envelope	Core			Running Costs £000s	Primary Care £000s	Total £000s	Change from previous £000s
	Excl COVID £000s	COVID £000s	Total £000s				
H2 Envelope	1,002,723	79,432	1,082,155	11,455	101,425	1,195,034	0
Non-recurrent back pay	-14,802	-1,163	-15,965			-15,965	0
Non-recurrent support for income loss		-3,948	-3,948			-3,948	0
Non-recurrent adjustments	-14,802	-5,112	-19,913	0	0	-19,913	0
Recurrent H2 Envelope	987,921	74,320	1,062,241	11,455	101,425	1,175,121	0
<b>Recurrent H2 x 2</b>	<b>1,975,841</b>	<b>148,641</b>	<b>2,124,482</b>	<b>22,910</b>	<b>202,850</b>	<b>2,350,242</b>	<b>0</b>
Boundary Changes	298,090		298,090	3,999	34,984	337,073	-20,400
Additional funding	107,465	-84,677	22,788		16,240	39,028	-2,047
<b>22/23 Funding</b>	<b>2,381,396</b>	<b>63,963</b>	<b>2,445,360</b>	<b>26,909</b>	<b>254,074</b>	<b>2,726,343</b>	<b>-22,447</b>

An internal system planning timetable was agreed to ensure the overall system financial plan could be agreed in line with the draft submission deadline of 17/3/22.

All system partners were asked to submit 2022/23 draft financial plans by 4/3/22 using the following assumptions:

- Costs to reflect most likely scenarios regarding inflationary pressures, service restoration, workforce levels etc
- All COVID costs to be challenged and stepped back where possible in line with the reduction in COVID funding
- Each organisation to make a minimum of 1.1% efficiencies, plus additional savings to cover local cost pressures
- Costs to include the delivery of ERF activity targets

### 9/3/22 CFO Review of System Plan

The total system draft plan submitted for system review on 4/3/22 was a system deficit of £100m.

The position was reviewed and challenged by Chief Finance Officers on 9/3/22, with changes made to assumptions around specialised services income and access to specialist services ERF funding, as well as adjustments to funding available from the Better Care Fund. In addition, it was proposed that we recognise slippage in the use of SDF funding (25%) to reflect the consistent trend seen in previous years.

This reduced the overall deficit to £69m, including £164m system reserves for allocation.

It was agreed that reserves should be allocated as follows:

- Balance of growth reserve – to be retained in system reserves held by CCG
- ICB ERF – to be retained in system reserves held by CCG
- COVID to be allocated on “fair shares” – in proportion to the values in H2 contracts
- Maternity reserve – to be allocated to BWC and UHB based on income received for Ockenden in H2

£10m of further local queries were identified that CFOs were asked to review internally and confirm whether changes could be made. This would reduce the overall deficit to £59m.

### BSMHFT position

Following the allocation of reserves as agreed by CFOs on 9/3/22, the BSMHFT draft 2022/23 financial plan moved from an £8m deficit to break even as detailed in the bridge on the following page.

	Deficit
BSMHT	(£8m)
BCHC	(£19m)
BWCH	(£24m)
ROH	(£19m)
UHB	(£112m)
CCG	(£51m)
Reserves	£164m
<b>TOTAL</b>	<b>(£69m)</b>
Potential Adj	£10m
<b>Revised TOTAL</b>	<b>(£59m)</b>



	£'000
<b>BSMHFT plan as at 4/3/22</b>	<b>-8,203</b>
Allocation of reserves as agreed by CFOs 9/3/22:	
Recurrent reserves	1,309
Efficiency top up FIT target - fair share allocation	-1,774
Health inequalities non recurrent reserve	520
COVID non recurrent reserve	6,048
<b>Total system reserves applied</b>	<b>6,103</b>
Provisional allocation of SDF income	12,023
Financial planning assumption SDF slippage 25%	-9,017
<b>Net SDF slippage assumption</b>	<b>3,006</b>
<b>BSMHFT plan post CFO review 9/3/22</b>	<b>906</b>
System allocation reduction	-906
<b>Adjusted BSMHFT plan per draft NHSEI submission 17/3/22</b>	<b>0</b>

BSMHFT	Plan 31/03/2023 Year Ending £'000
Operating income from patient care activities	389,382
Other operating income	14,147
<b>Total Income</b>	<b>403,529</b>
Employee expenses	(230,958)
Operating expenses (excluding employee expenses)	(164,682)
<b>Operating Surplus / (deficit)</b>	<b>7,889</b>
Non operating expenditure	(7,889)
<b>Surplus/(deficit) for the period/year</b>	<b>0</b>

The BSMHFT draft 2022/23 financial plan (before allocation of system reserves) was a deficit of £8.2m.

Following review of the system position by CFOs on 9/3/22, £6.1m of system reserves were allocated to BSMHFT. This predominantly related to allocation of 'fair share' of non recurrent COVID reserve £6m.

The plan position was improved by a further £3m utilising a financial planning assumption relating to SDF slippage. This resulted in a £906k surplus plan. A further system allocation reduction was applied of £906k to take the overall draft financial plan for BSMHFT to break even as submitted to NHSEI on 17/3/22. It should be noted that the allocations of reserves across organisations is subject to further review and agreement across the system. This together with further refinement of planning assumptions will be worked through over the next month before final plan submission at the end of April.

The BSMHFT summary income & expenditure draft plan as submitted to NHSEI on 17/3/22 is shown opposite.

## System Risks

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

- Failure to deliver 104% of 19/20 elective activity by value will result in a clawback of 75% of the underperformance, up to a maximum of 75% of the system's ERF allocation. If costs do not reduce by an equivalent level, this would create a financial gap.
- Efficiency schemes are starting from a standing start this year, so supplemented by very little in terms of the Full Year Effect of prior year schemes.
- The current plan includes £13m of ICB recurrent efficiency schemes that are unidentified
- There is a lack of clarity around the position on Specialised Commissioning income, with discussions between Providers and Specialised commissioners ongoing. Plans therefore include income assumptions which may not materialise
- There is a lack of clarity around the treatment of boundary change movements within the first quarter of 22/23.

## BSMHFT Risks

- Efficiencies: the draft 2022/23 break even plan assumes delivery of an ambitious efficiency target of £8.6m. This is made up of a brought forward savings target and 1.1% efficiency target in line with national guidance.
- Lack of clarity regarding Specialised Commissioning income, in particular for the Reach Out Provider Collaborative.
- Potential inflationary pressures above plan. To date, key inflationary pressures identified in the plan, above the 2.8% national assumption are:

	£'000
Energy & Utilities	-1000
ISP	-500
PFI	-800
Cost of capital	-959

## Capital Allocation

The system has been issued with a 3 year capital envelope (years 2 and 3 indicative).

BSOL Capital	Envelope			Indicative allocations							Total System Capital £000s	Midlands ERF Allocation £000s
	Core £000s	Primary Care £000s	Total £000s	Diagnostics - Endoscopy £000s	Diagnostics - Community Diagnostic Centre (CDC) £000s	Total Diagnostics £000s	NHSX levelling digital maturity £000s	NHSX Front Line digitisation £000s	NHSX Critical Cybersecurity infrastructure risks £000s	Total NHSX £000s		
21/22 envelope	70,572	2,606	73,178			0				0	73,178	
22/23 envelope	74,458	2,644	77,102	280	15,460	15,740	2,773	0	370	3,143	95,985	133,000
23/24 envelope	67,324	2,638	69,962	810	5,980	6,790				0	76,752	95,000
24/25 envelope	67,324	2,632	69,956	420	5,980	6,400				0	76,356	57,000

For 22/23 this is an indicative system envelope of £96m and comprises core envelope for BAU capital £74m. This has been built up using a formulaic approach which is equivalent to 1.98% of the national core capital envelope.

### Distribution of core envelope – 22/23 proposal:

On 13/1/21, system CFOs discussed a proposal to distribute the 22/23 core envelope of £74m using a formulaic approach. This would result in 86% of the capital envelope being distributed with 14% (£10m) retained as a System Capital Investment Fund (SCIF).

Under this proposal, our share of the 86% core envelope distribution would be £5.8m. For planning purposes, a fair share of the SCIF has also been allocated across organisations, with our share being £0.9m. The total BSMHFT capital plan for 22/23 as submitted in the draft planning submission on 17/3/22 was therefore £6.7m.

### System capital prioritisation:

On 11/3/22, all system partners were required to submit prioritised capital plans to allow the System Investment Committee to review and prioritise the system capital envelope. The committee outcome will determine whether there is any change in the BSMHFT capital envelope allocation for 22/23.

While system conversations continue to finalise capital allocation shares, BSMHFT Executive Team have supported a proposal to allow capital planning works to commence for schemes totalling £4m. This includes £1.2m pre commitments for works commenced in 2021/22 that will continue in 2022/23, essential Statutory Standards and Backlog Maintenance works £1.7m and essential ICT capital requirement £1.1m.

### Future years capital plans

For planning purposes, our allocated share of the 23/24 and 24/25 capital envelopes is £6m each year. The draft financial plan submission on 17/3/22 required submission of a 5 year capital plan. For planning purposes, in the absence of capital envelopes for 25/26 and 26/27, a continuation of £6m per year has been assumed.

# 2022/23 System Planning Next Steps

Next steps ahead of final submission on 28/4/22:

- Confirm and challenge to drive down cost assumptions. An extraordinary system investment committee has been added on 25/3/22 to oversee this process
- Additional development of efficiency opportunities
- Clarification of Specialist Commissioning income and activity assumptions
- Agreement on approach to the allocation of ERF and other growth reserves
- Consideration of the opportunity to utilise further non-recurrent flexibility to support the 22/23 position
- Review and prioritisation of system capital through system investment committee

Date and Time			Meeting/Submission
Wednesday	16/03/2022	9.30-11.30am	System Investment Committee
<b>Wednesday</b>	<b>16/03/2022</b>		<b>MR to collate 3rd cut plan and produce narrative for draft submission</b>
<b>Thursday</b>	<b>17/03/2022</b>	<b>NOON</b>	<b>DRAFT SUBMISSION</b>
Tuesday	22/03/2022	1.30-3pm	Operational FDs meeting
Wednesday	23/03/2022	TBC	System CFO meeting
<b>Friday</b>	<b>25/03/2022</b>	<b>12.30-2.30</b>	<b>Special System Investment Committee - REVIEW OF FINANCIAL PLANS</b>
Tuesday	29/03/2022	1.30-3pm	Operational FDs meeting
<b>Friday</b>	<b>01/04/2022</b>	<b>NOON</b>	<b>4th cut financial plan following SIC</b>
Tuesday	05/04/2022	1.30-3pm	Operational FDs meeting
	Mid April TBC		NHS CFO meeting
Tuesday	12/04/2022	1.30-3pm	Operational FDs meeting
<b>Friday</b>	<b>15/04/2022</b>	<b>NOON</b>	<b>5th and final cut financial plan</b>
Tuesday	19/04/2022	1.30-3pm	Operational FDs meeting
	End April TBC		System CFO meeting
Friday	22/04/2022		Final plan to CEOs
Tuesday	26/04/2022	1.30-3pm	Operational FDs meeting
<b>Thursday</b>	<b>28/04/2022</b>	<b>NOON</b>	<b>FINAL SUBMISSION</b>



# 2022/23 Capital Plan

Update  
24/03/22

## Capital Allocation

BSOL Capital	Envelope			Indicative allocations							Total System Capital £000s	Midlands ERF Allocation £000s
	Core £000s	Primary Care £000s	Total £000s	Diagnostics - Endoscopy £000s	Diagnostics - Community Diagnostic Centre (CDC) £000s	Total Diagnostics £000s	NHSX levelling digital maturity £000s	NHSX Front Line digitisation £000s	NHSX Critical Cybersecurity infrastructure risks £000s	Total NHSX £000s		
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23/24 envelope	67,324	2,638	69,962	810	5,980	6,790				0	76,752	95,000
24/25 envelope	67,324	2,632	69,956	420	5,980	6,400				0	76,356	57,000

### Distribution of core envelope – 2022/23 system proposal:

On 13/1/22, system CFOs discussed a proposal to distribute the 2022/23 core envelope of £74m using a formulaic approach. This would result in 86% of the capital envelope being distributed with 14% (£10m) retained as a System Capital Investment Fund (SCIF).

Under this proposal, our share of the 86% core envelope distribution would be £5.8m. For planning purposes, a fair share of the SCIF has also been allocated across organisations, with our share being £0.9m. The total BSMHFT capital plan for 22/23 as submitted in the draft planning submission on 17/3/22 was therefore £6.7m.

### System capital prioritisation:

On 11/3/22, all system partners were required to submit prioritised capital plans to allow the System Investment Committee to review and prioritise the system capital envelope. The committee outcome will determine whether there is any change in the BSMHFT capital envelope allocation for 22/23. While system conversations continue to finalise capital allocation shares, BSMHFT Executive Team have supported a proposal to allow capital planning works to commence for schemes totalling £3.6m. This includes £1.2m pre commitments for works commenced in 2021/22 that will continue in 2022/23, essential Statutory Standards and Backlog Maintenance works £1.7m and essential ICT capital requirement £0.75m (revised from original ask of £1.1m). The balancing figure of £3.05m has been allocated against Risk Assessment works within the system submission. Prioritisation of Risk Assessment schemes to be finalised.

The Executive Team has already given approval for pre committed/essential capital expenditure totalling £3.6m to allow capital planning works to commence.

The £3.6m comprises:

- £1.2m pre commitments for works commenced in 2021/22 that will continue in 2022/23: door sets £0.8m and Coral Seclusion Suite £0.4m.
- Statutory Standards and Backlog Maintenance (SSBM) considered essential by SSL Estates team £1.7m.
- Essential ICT capital requirement £0.75m

<b><u>2022/23 Capital Programme</u></b>	
	<b>£'m</b>
<b>Proposed Share of Core Capital Envelope</b>	<b>5.8</b>
<b>Fair-Share of SCIF (assumed for planning purposes)</b>	<b>0.9</b>
<b>Sub-Total</b>	<b>6.7</b>
<b>Pre-committed Schemes</b>	
Ligature/ Doorset works Phase 1 and Phase 2 c/f	-0.8
Seclusion Suite - Ardenleigh Coral c/f	-0.4
Statutory Standards and Backlog Maintenance	-1.7
Essential ICT	-0.8
<b>Total Commitment</b>	<b>-3.6</b>
<b>Balance for Prioritisation</b>	<b>3.1</b>

# Capital Prioritisation

The 2022/23 long list of identified capital schemes totals £19m. As described on page 2, £3.6m has already been approved, leaving £15.7m to be prioritised against the anticipated remaining envelope of £3.1m as summarised below:

2022/23 Scheme Long-List by Category	Per 2022/23 long list	Previously approved	To be considered for prioritisation
	£'m	£'m	£'m
Anti-Ligature Work	9.6	-	9.6
Major Projects	4.4	0.8	3.6
Minor Projects	2.3	0.4	2.0
SSBM	1.7	1.7	0.0
ICT	1.4	0.8	0.6
<b>Total</b>	<b>19.3</b>	<b>3.6</b>	<b>15.7</b>

For further detail on schemes, see Appendix 1.



# Appendix 1

## 2022/23 Capital long list summary

High Value Scheme Detail		
Scheme Category	Scheme Name	£'m
Anti-Ligature Work	Door Monitoring Alarms - Tamarind	2.7
	Door Monitoring Alarms - Oleaster	2.3
	Door Monitoring Alarms - Zinnia	1.0
	Door Monitoring Alarms - Eden	0.6
	Anti-Ligature Work Other	3.0
<b>Total Anti-Ligature Work</b>		<b>9.6</b>
Major Projects	Highcroft & Reaside redevelopment	1.0
	Ardenleigh Mechanical Ventilation	1.0
	Pre-Committed Schemes (door sets)	0.8
	Reservoir Court Reconfiguration	0.5
	Hollyhill Reconfiguration	0.5
	Major Projects Other	0.6
<b>Total Major Projects</b>		<b>4.4</b>
Minor Projects	Pre-Committed Coral Seclusion Suite	0.4
	Juniper Centre - Handrails Replacement	0.2
	Ashcroft - Relocation of Teams	0.2
	Ardenleigh - En-Suite Upgrades	0.2
	Ardenleigh - Security Upgrades	0.2
	Ardenleigh- Britplas Windows	0.2
	Ardenleigh- Lighting Upgrades	0.1
	Minor Projects Other	1.0
<b>Total Minor Projects</b>		<b>2.3</b>
SSBM	Approved	1.7
<b>Total SSBM</b>		<b>1.7</b>
ICT	Approved	0.8
	Other ICT	0.6
<b>Total ICT</b>		<b>1.4</b>
<b>Total 2022/23 Capital long list</b>		<b>19.3</b>

## 15. Charitable Funds Committee Chair's Report

<b>Meeting</b>	<b>BOARD OF DIRECTORS</b>
<b>Agenda item</b>	<b>15</b>
<b>Paper title</b>	<b>CHAIR'S ASSURANCE REPORT FROM CHARITABLE FUNDS COMMITTEE</b>
<b>Date</b>	24 March 2022
<b>Author</b>	Mr W Weir, Non-Executive Director, Acting Chair
<b>Executive sponsor</b>	Mr P Nyarumbu, Executive Director of Strategy, People & Partnerships

<b>This paper is for: [tick as appropriate]</b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

**Executive summary**

The Charitable Funds Committee met on the 24 March 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors. The following items were discussed at the committee:

The committee received a presentation and discussed the development of a strategy to raise the profile of its "Caring Minds" charity whose aim is

*'It is Caring minds ambition to support the Trusts Vision of Improving Mental Health Wellbeing by providing funding that will enhance the service user and staff experience beyond what the NHS is able to provide.'*

The committee wished to support the fundraising manager and endorsed a number of ideas for raising the profile of the Trust's charitable activities.

The committee were assured of the funds held by its investment advisors Casenove. The Committee noted the market value of the fund as at 28th February 2022 is £567,777.27

The funds held on behalf of fund managers across the Trust total £514k.

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

**Reason for consideration**

To demonstrate assurance for the recording, reporting, use of funds donated to the Trust's charities.

**Strategic objectives**

Sustainability  
 Sustainability  
 Being recognized as an excellent digitally enabled organization which performs strongly and efficiently, working in partnership for the benefit of our population.

**Financial implications**

The Trust has appointed Manager for Charitable Funds which should raise the profile of

charitable giving and “Caring Minds” Charity. The impact should be an increase in charitable receipts and expenditure on staff wellbeing, service user well being and specific facilities.

### **Risks**

There are no risks relating to this on the Board Assurance Framework. Financial and audit risks of financial use of funds in line with Charitable objectives but this is considered to be minimal

### **Equality impact**

The Equality impact has not been done – this needs to be reviewed in relation to the balance of restricted and unrestricted funds, the service areas and spending plans.

### **Our values**

Committed  
Compassionate  
Inclusive

## CHAIR'S ASSURANCE REPORT FROM CHARITABLE FUNDS COMMITTEE

### 1. ISSUES TO HIGHLIGHT TO THE BOARD

#### 1.1 Caring Minds Update

The Committee received a detailed presentation from Louise John, Fundraising Manager, on the priorities and vision for the charity.

The Committee noted and approved the proposed ambition,

*'It is Caring minds ambition to support the Trusts Vision of Improving Mental Health Wellbeing by providing funding that will enhance the service user and staff experience beyond what the NHS is able to provide.'*

Key priorities were approved with an agreement they must align to the trust Strategy.

The Committee agreed to relaunch Caring Minds and endorsed the approach proposed by Louise John in her presentation to the committee.

***Chair's assurance comments:***

**The committee were assured of the development of plans to raise the profile of Caring Minds Charity. The committee noted the presentation which prompted an active discussion on who to engage, activities to raise profile and support to the Fundraising Manager.**

#### 1.2 Cazenove (Schroders) Update

The Committee received the update and noted the market value of the fund as at 28th February 2022 is £567,777.27 (split between the multi asset fund and cash). This is compared to a historic cost value of £332,618. To date for the financial year investment income has been received of £17,868.

The returns on the funds are significantly more than would be received through holding pure cash investments. Given the current limited level of donations into the charity it is important to maximise the return from investments.

***Chair's assurance comments:***

**The committee noted the report from Cazenove.**

#### 1.3 Fund balances and financial analysis

The Committee were assured the position of the Charity as at 28th February 2022. There has not been much financial activity bar the 4000 lottery income for 2122 to date.

- Fund Balances total £514k
- Donations to February 2022 £27k (£2.5k Dec 21-Feb 22)
- Expenditure to February 2022 £174k (£6k Dec 21-Feb 22)

- Cash Balance as at December 2021 is £355k (this will reduce due to the Charity settling its debt with the Trust for the purchases made on its behalf)

***Chair's assurance comments:***

**The committee noted the fund balances and the limited donations and expenditure since the last meeting.**

**2. SUMMARY**

The committee welcomed the presentation from the Fundraising Manager on the priorities and vision for the charity "Caring Minds". The committee wished to support the fundraising manager and endorsed a number of ideas for raising the profile of the Trust's charitable activities. The committee were assured of the funds held by its investment advisors Casenove and the funds held on behalf of fund managers across the Trust.

**WINSTON WEIR  
NON-EXECUTIVE DIRECTOR**

## 16. EPRR

<b>MEETING</b>	<b>BOARD OF DIRECTORS</b>
<b>AGENDA ITEM</b>	<b>16</b>
<b>PAPER TITLE</b>	<b>EMERGENCY PREPAREDNESS, RESILIENCE &amp; RESPONSE (EPRR)</b>
<b>DATE</b>	30 <sup>th</sup> MARCH 2022
<b>AUTHOR</b>	Louise Flanagan, EPRR Officer
<b>EXECUTIVE SPONSOR</b>	Vanessa Devlin, Director of Operations

<b>This paper is for (tick as appropriate):</b>		
<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance

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

**Executive summary & Recommendations:**

This report provides an account of the Trust emergency preparedness, resilience and response (EPRR) activities. It details the planning progress to ensure the Trusts response in the event of severe disruption; training and exercising and procedures to meeting the EPRR Framework 2015, EPRR Core Standards and Civil Contingencies Act 2004. It sets out the Trust's state of readiness and provides assurance to the Committee of the Trusts continued effective resilience programme.

Key Issues:

- Compliance against NHSEI Core Standards
- Resilience in the event of a cyber attack
- Commonwealth games B2022 preparedness

**Reason for consideration:**

For assurance

**Previous consideration of report by:**

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

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



<b>Financial Implications</b> <i>(detail any financial implications)</i>
<b>Board Assurance Framework</b> <i>(detail: (a) the strategic risk the report is providing assurance on or (b) any new risks being identified that is associated with the delivery of the strategic priorities)</i>
<b>Engagement</b> <i>(detail any engagement with staff/service users)</i>



# **Emergency Preparedness**

## **Resilience & Response (EPRR) Report**

### **March 2022**

## 1. INTRODUCTION

Under the NHS Constitution 2015, the NHS is there to help the public when they need it most; this is especially true during a significant incident or an emergency. Each NHS funded organisation must therefore ensure it has robust and well tested arrangements in place to respond and recover from these situations. The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United Kingdom. The Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at a local level. The Trust as a Category 1 responder is subject to the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency.

The NHS England Emergency Preparedness Framework (2015) provides strategic national guidance for all NHS funded organisations to help with meeting the requirements of these statutory obligations.

This annual report provides an overview of the Trusts emergency preparedness and covers the activities the Trust has undertaken during 2021/22 to ensure the Trust's resilience in the event of a business continuity, critical or major incident, a mass casualty event or other severe disruption occurring.

This is to provide the FPP Committee/Trust Board with an update regarding activities undertaken in 2021/22 in relation to emergency preparedness, and to ensure that the Trust is able to meet its responsibility to provide an effective emergency response, while maintaining the services the Trust offers.

It goes without saying that the Trust has experienced a serious and sustained period of high pressure during the current level 4 national incident, and this has tested our resilience and ability to respond to and recover from the most challenging period ever experienced by the NHS.

## 2. GOVERNANCE ARRANGEMENTS

The overall responsibility for complying with the CCA 2004 and EPRR framework rests with the Chief Executive who is responsible for ensuring, through appropriate delegation of responsibility, within the Trust and EPRR core standards are met.

The Accountable Emergency Officer (AEO), the Chief Operating Officer is the Executive Director with delegated responsibility for ensuring resilience across the Trust and the delivery of safe and responsive

responses to all kinds of emergency disruptions, supported by the Emergency Preparedness, Resilience & Response Officer (EPRRO)

Operational management support is provided by EPRRO. The AEO represents the Trust at regional forums including the Local Health Resilience Partnership (LHRP). The Trust has an Emergency Planning and Business Continuity Committee (BCEPC) which meets on a quarterly basis (stood down for the majority of the pandemic) An assurance position is provided to the Finance, Performance & Productivity (FPP) Committee on an annual basis which is then reported to Board. Any other assurance statements required will be presented to FPP as and when required.

### 3. RISK

The National Risk Register (NRR) for Civil Emergencies provides a national picture of the risks of emergencies occurring. The 2020 NRR includes a broader range of risks to the safety and security of the UK than previous iterations, reflecting technical improvements to risk assessment approaches and demonstrating the full range of challenges facing the UK.

These risks are taken into consideration in line with the risks identified on the Local Community Risk Register, to ensure that there is an appropriate level of preparedness to enable an effective response to emergency incidents, which have a significant impact on the communities of the West Midlands Conurbation. The Trust must have suitable, up to date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in the national and local community risk registers. The Local Health Resilience Partnership (LHRP) have considered all local risks within the West Midlands and developed an agreed risk register to ensure that all NHS Organisations should align to. On this basis, the Trust has recorded risks on our internal register to ensure that it is compatible and that we have plans in place to ensure that we can respond.

Further detail on the risks highlighted in both the national and community risk registers can be found at the following links:

[National Risk Register 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-risk-register-2020)

[preparing-the-west-midlands-for-emergencies.pdf \(wordpress.com\)](https://www.wordpress.com/preparing-the-west-midlands-for-emergencies.pdf)

### 4. PLANNING AND PREPAREDNESS ACTIVITIES

A series of plans have been reviewed and updated throughout 2020/2021, these being:

- Cold Weather Plan
- Heatwave Plan
- Fuel Disruption Plan
- Preparation and Plan for the Management of Self-Presenters from Incidents Involving Hazardous Materials (HAZMAT) – in conjunction with the rollout of IOR boxes and training.

As part of on-going delivery of business continuity management and in line with Core Standards requirements, the Trust has reviewed its Business Continuity Management Policy GC 09, and this was launched in July 2021 following approval at PCG.

Following feedback from the 2021 Core Standards process, the Major Incident and Business Continuity Plan is currently under review and will also include reference to psychological support to major incident responses as well as post-incident support, as highlighted by reports into recent major incidents in the UK.

The Trusts Infection Prevention Control Plan for Pandemic Influenza remains overdue for review and sits in the portfolio of the Director of IPC. It is worth noting that the national plan has not been updated since 2014.

## 5. TRAINING AND EXERCISES

A level 4 National incident was declared by NHSEI in March 2020 due to the declaration of a global pandemic and we have remained stood up continuously since that time (the incident level was lowered to a level 3 on 25 March 2021 but raised to a level 4 again in December 2021). Since March 2020 the Trust has had an operational Incident Control Centre (ICC) stood up (initially based at B1 and then moving to a virtual ICC as the situation dictated). As such, the Trust has thoroughly tested its Command, Control and Co-ordination (C3) procedures, thus negating the need to undertake a separate command post or 'live play' exercise for this Core Standards period. With agreement of the Business Continuity & Emergency Preparedness Committee (BCEPC), the planning of any further exercises was postponed (with the exception of communications exercises) due to the pressure being experienced within operational services.

The Trust has been fully engaged in the planning for the Commonwealth Games (CWG) which is being hosted by Birmingham between 27 July and 7 August 2022 and will be participating in a system-wide exercise, planned for 12 April 2022. This exercise is a multi-agency, counter terrorism (CT) type exercise, resulting in the need to manage a mass casualty situation and will:

- Confirm Major Incident arrangements have been tested and any lessons identified implemented before the CWG.
- Confirm the NHS-wide roles and responsibilities outlined in the C3 CONOPS.
- Meet the requirements of the annual EPRR exercise as outlined within the EPRR Framework.

A successful communications exercise was undertaken in April 2021, testing the ability of an external caller to be able to contact our on-call/in hours designate director in the event an incident were to be declared. This exercise will be repeated in line with the requirements of the EPRR Framework and Core Standards, however our ability to be able to contact appropriate staff and be contacted by external agencies in the event of an incident/emergency has also been thoroughly tested throughout the Covid 19 pandemic response.

The Trust is currently in the process of updating its on-call pack and the Emergency Preparedness, Resilience and Response Officer (EPRRO) is working collaboratively to provide some specific EPRR related on-call guidance/training.

In conjunction with the rollout of Initial Operational Response (IOR) boxes to designated sites across the Trust, an online training package has been developed for both frontline and clinical staff in the use of the equipment and application of the HAZMAT plan.

A comprehensive training program was rolled out by the Trusts IPC team as part of the Trusts response to the pandemic to provide training in the fit testing of FFP3 masks, as a result the Trust now holds a register of trained fit testers, an area in which we had been previously non-compliant as an organisation.

The Trusts EPRRO attended a one day Structured Debrief Course in 2021. This was delivered by Public Health England (now UKHSA) and the purpose was to enable those involved in emergency planning to gain the skills to effectively facilitate a structured debrief following an incident or exercise. This is important in identifying lessons to be learnt and identifying opportunities for improvement.

The Trust remains in a position of having insufficient trained Decision Loggists who would be called upon to support a Major Incident Management Group in the event we needed to stand up our ICC. The EPRRO is working with the People Team to establish a way in which this role could be incorporated into some standard job descriptions and the financial incentives we may be able to offer to retain an appropriate level of loggists.

## 6. COMMONWEALTH GAMES

The Commonwealth Games (CWG) will be held in Birmingham from 28 July to 8 August 2022. BSMHFT have been fully engaged in the Joint ICS Planning Groups, CWG Training & Exercising Working Group and the Travel and Transport Planning Group.

Issues have been raised as a system in relation to the disruption to both staff and patient travel during the period of road closure/restrictions, some of which will be in place from 19<sup>th</sup> July until 10<sup>th</sup> August. In particular there are concerns around the QEH Campus site which will house a large athlete village and is also in very close proximity to some of the event venues and of course housing QEH, Oleaster, Barberry, National Blood and Transplant Services and the university estate. It is expected that circa 19k visitors are expected to travel through University Train Station daily and some local bus routes will be re-routed to take into account the planned road closures/restrictions. Demand on public transport is likely to be extremely high during the period of the games.

It is not anticipated that the games will have a significant impact on our clinical services as the CWG Organising Committee (OC) will be providing polyclinics at event sites and athlete villages, providing a range of healthcare, including access to mental health support for athletes and the wider CWG family.

We are required by NHSEI to complete a CWG Readiness assurance document and key themes include:

- Staff & patient travel

- Workforce availability
- Overseas patients
- Athlete presentations to our services
- Financial implications

Full planning information including details of all events, athlete villages can be found in the latest version of the ICS briefing pack.



ICS - CWG22 NHS  
briefing pack v0.5.ppt

## 7. CYBER RESILIENCE

The current situation in Ukraine has led to an increased risk of the NHS being the target of a cyber-attack. As such we have been asked by NHSEI to review our plans to respond to a total telecommunications and network outage of up to 96 hours duration. In response to this, interim plans have been developed to ensure all operational areas are aware how to maintain continuity of critical services during such an incident. In the mid to long-term we will be developing these plans further to ensure they provide robust and clear guidance to operational staff.

## 8. ASSURANCE AND OBLIGATIONS

### NHSEI Emergency Preparedness Resilience and Response (EPRR) Core Standards

The Trust undertook its annual self-assessment for 2021, against the standards to determine its level of compliance. The Trust self-assessed as being 'substantially compliant', however following the subsequent confirm & challenge process, we received a confirmed status of 'partially compliant'. This was disappointing as it represents a reduction in our overall level of compliance from 2020. However this is due to the fact that only a very basic level of assurance was requested for 2020 and also partly due to additional scrutiny being applied by NHSEI than previously. An action plan is in place to address the areas of non-compliance which should be concluded by the end of April 2022, ahead of the 2022 Core Standards submission.

## 8. PARTNERSHIP WORKING

Whilst predominantly stood down regionally at the onset of the pandemic, the Trust continues to participate in a series of groups, in encouraging a joint approach to emergency preparedness for planning, response and recovery. This includes:

- Local Health Resilience Partnership – Executive Group (LHRP) – quarterly
- Local Health Resilience Forum for Emergency Planning Officers (LHRF) – monthly
- CWG B2022 Training and Exercising Working Group
- CWG B2022 Joint ICS Co-ordinating Group (BSol & BCWB)

## 9. PRIORITIES FOR 2021/2022

- On-going delivery of statutory requirements under the CCA 2004, the framework for EPRR and Core Standards and NHS Standard Contract requirements
- Improve and maintain Core Standards compliance position
- Exercise to test evacuation procedures for forensic services
- Improve plans in relation to a successful cyber attack
- Further debrief from the current incident



## 17. Fit & Proper Persons Declaration

## 18. Questions from Governors and Members of the Public

## 19. Any Other Business

## 20. Feedback on Board Discussions

21. 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

22. Date & Time of Next Meeting:  
09:00am, 27th April 2022