Board of Directors: Part I

Schedule	Wednesday 28 April 2021, 9:00 AM — 12:30 PM BST
Venue	Via Microsoft Teams
Organiser	Sharan Madeley

Agenda

14. Capital Programme 2021/2022

GOVERNANCE & RISK

15. Board Assurance Framework Quarter 4 2020/2021

16. Development of Board Assurance Framework 2021/2022

17. Questions from Governors

18. Any Other Business

19. Review of Board Performance: Feedback on the Meeting

20. RESOLUTION: To exclude members of the public from the reminder of the meeting having regard to the confidential nature of the business to be transacted

21. Date & Time of Next Meeting: 26th May 2021

Birmingham and Solihull Mental Health NHS Foundation Trust

AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 28th APRIL 2021 VIA VIDEO-CONFERENCING

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

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

STAFF STORY: ARDENLEIGH: SECURE CARE

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: *Apologies: J Warmington* Declarations of interest	*Chair*	09:30	-	-
2.	Minutes of the previous meeting (a) 24th February 2021 (b) 28th March 2021		09:35	 A A	Approval
3.	Matters Arising/Action Log		09:40	A	Assurance
4.	Chair's Report		09:45	A	Assurance
5.	Chief Executive's Report	*CEO*	09:50	A	Assurance
6.	Non-Executive Overview: Trust Values	*P. Gayle*	10:05	V	Assurance
QUALITY					
7.	Integrated Quality Committee Chair Report	*W. Saleem*	10:20	A	Assurance
8.	Serious Incidents Report *(to update if required)*	*S. Bloomfield*	10:30	V	Assurance
PEOPLE					
9.	People Committee Chair Report	*P. Gayle*	11:00	*To follow*	Assurance
SUSTAINABILITY					
10.	Finance, Performance & Productivity Committee Chair Report	*R. Beale*	11:15	*A*	Assurance
11.	Audit Committee Chair Report	*G. Hunjan*	11:20	*A*	Assurance
12.	Integrated Performance Report	*D. Tomlinson*	11:20	A	Assurance

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
13.	Finance Report	*D. Tomlinson*	11:30	A	Assurance
14.	Capital Programme 2021/2022	*D. Tomlinson*	11:40	A	Approval
GOVERNANCE & RISK					
15.	Board Assurance Framework: Quarter 4: 2020/2021	*S. Madeley*	*12:00*	*A*	*Assurance*
16.	Development of new Board Assurance Framework 2021/2022	*S. Madeley*	*12:10*	*A*	*Assurance*
17.	Questions from Governors	*Chair*	*12:20*	*V*	*Assurance*
18	Any Other Business *(at the discretion of the Chair)*	*Chair*	*12:30*	*V*	-
19.	**SNAPSHOT REVIEW OF BOARD PERFORMANCE** Were items appropriate? Were timings appropriate? Are there any items for inclusion on the action log? Are there any items to be disseminated across the Trust? Were the papers, clear, concise and aided decision making?	*Chair*		*V*	-
20.	**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.				
21.	**Date & Time of Next Meeting** • 09:00am • 26th May 2021			*Chair*	

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

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

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF BOARD OF DIRECTORS MEETING HELD 24th FEBRUARY 2021 VIA VIDEO CONFERENCING, MICROSOFT TEAMS

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

IN ATTENDANCE:

Mrs S Madeley	-	Company Secretary
Mr S Muzaffar	-	Guardian of Safe Working Hours
Ms N Fletcher	-	Clinical Nurse Manager, Acute & Urgent:
Ms C Maiden	-	Team leader Sutton Team
Mr R Johnson	-	Home Treatment Team
Mr P Skerrett	-	Home Treatment Team
Dr S Koul	-	Consultant Home Treatment

GOVERNORS OBSERVING:

Mr F Uddin	-	Lead Governor
Mrs M Johnson	-	Carer Governor
Mrs H Kench	-	Public Governor
Mr M Miza	-	Service User Governor
Mr J Nawaz	-	Public Governor
Mr R Manghra	-	Public Governor
Mr J Travers	-	Staff Governor

1. STAFF STORY: NORTH HOME TREATMENT TEAM

The Chair welcomed the staff members from North Home Treatment Team. The team provided a detailed overview of Home Treatment which included the challenges of the COVID-19 pandemic, their staff challenges and how these were addressed, clinical guidelines, safeguarding and the local staff training and development

2. OPENING ADMINISTRATION

Apologies for absence was received from Prof R Beale.

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

3. MINUTES FROM THE PREVIOUS MEETING

The minutes from the meetings held on the 25th of November 2020 and the 27th of January 2021 were approved as a true record of the meeting.

The minutes of the meeting held on the 27th of January 2020 were approved as a true record of the meeting

4. CHAIR'S REPORT

The Board received an update report on the activities undertaken during the month. This included arranging 1:1 meetings with Governors and a meeting with the Chair of Lincolnshire Partnership NHS Foundation Trust regarding how they engaged with Governors. In relation to external activities, the Chair had attended the Integrated Care System (ICS) Board meeting and had been involved in the interviews for the Integrated Care System Equalities lead. The report was received and noted.

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5. CHIEF EXECUTIVE'S REPORT

The Board was informed that the pressures and impacts associated with COVID-10 had continued to be significant during February with outbreaks, colleague absences, rising demand and levels of acuity being of particular note**.** The vaccination programme promotion and communications to colleagues have increased in month, and the vaccination programme for service users in in patient settings had commenced. The redeployment Group had been looking at innovative ways to access more workforce capacity during the pandemic. It was noted they were using good practice learnt from recruiting colleagues to volunteer and support vaccination hubs.

It was noted that the bid for transformation of adult and older adult community services had been successful and during a confirm and challenge session with NHS England/Improvement the bid was deemed to be outstanding. It was also noted that the bid had been approved relating to the Crisis Alternatives Transformation Funding proposal.

6. QUALITY

6.1 Integrated Quality Committee Chair Report

Mr Saleem, Chair of the Committee presented the report which summarised the discussions held on the 20th of January 2021. The Committee was provided with assurance on actions taken in relation to the Care Quality Commission (CQC) Section 31 Improvement plans and were informed that there had been a delay in conducting a survey on Larimar Ward for the ensuite door alarm system.

Access to the ward was compromised due to a COVID-19 outbreak and the formation of a staff bubble. The delay would not however impact on the overall installation of the system in accordance with the original defined timeframe.

The Committee had received a comprehensive presentation on the West Midlands (Reach Out) Adult Secure Care with a robust conversation on how the clear separation between being a provider and commissioner within the same organisation would be managed and details of the reporting structure were presented.

6.2 Serious Incident Report

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

6.3 Annual Customer Relations Report 2019/2020 including Complaints and PALS

Mrs Hartley presented the Annual Customer Relations Report for 2019/2020 which summarised the activity and performance of the Customer Relation Team which comprised of the Complaints and PALS service for the Trust for 1st April 2019 to 31st March 2020. The presentation of the report had been delayed due to the challenges of the pandemic**.**

It was reported that during 2019/2020 there was a total of 85 formal complaints, 677 PALS resolutions and provided advice and information to 3381 callers. The highest number of concerns have been in relation to values and behaviours and also communications. It was reported that during the year, the team had concentrated on expanding the portfolio of trained investigation officers with training offered to 27 members of staff across the Trust. It was reported that the team had fully investigated complaints within an average timescale of 34.1 days across the year.

During the year the Complaints Policy was refreshed and approved and cascaded across the Trust. The PALS surgeries were re-launched on inpatient wards and community centres which were positively received.

During the next 12 months, there would be a short video communicating 3 lessons learnt from complaints in 3 minutes and would be located on the Trust intranet page. This meant that the video could reach all staff across the Trust enabling Trust wide learning.

There had been two cases open to the Parliamentary and Health Service Ombudsman with 1 case receiving a “partially upheld” outcome with a robust action plan in place which had been completed and shared with the Ombudsman and complainant. The remaining case was pending final outcome.

The report was received and noted.

7. PEOPLE

7.1 People Committee

The Committee met in a reduced capacity on the 17th of February 2021 and were provided with detailed assurance around a number of actions regarding well-being. This included updates on the Schwartz rounds, virtual well-being webinars, virtual physiotherapy sessions, post incident support and sessions regarding violence towards staff. It was reported that work was continuing to enhance well-being provision and in particular a focus on well-being hubs being rolled out by May at Ardenleigh, Prison services and Juniper. A formal evaluation undertaken last year on the wellbeing provision for staff was rated by 95% of staff as being "good". The Trust continued to have requests for on-site counselling with the Occupational Health department setting up onsite counselling for staff at Reaside.

The Committee had requested a further paper to be prepared and circulated prior to the Board meeting on fundamental training compliance which would include the details of the review of fundamental training and plans to reinstate the programme of work.

The Committee was informed that the Trust had been focusing on a communication plan for staff and the challenges of ensuring that supportive and informative information was available to all staff across the Trust.

The report was received and noted.

7.2 Guardian of Safe Working Hours

The Board received the quarterly report from Dr Muzaffar, Guardian of Safe Working Hours, to provide assurances of safe working hours and training opportunities for Doctors in Training and to highlight issues arising. It was reported that exceptions had reduced to 3 within a five-month period. However, it was reported that this may be due to COVID-19, with staff willing to do additional shifts, and with the use of Microsoft Teams this had assisted Doctors in reducing their travel time to each location. The reduction in exception report had been discussed at the Junior Doctors forum for trainee feedback. IT was suggested that at times doctors did not complete exception reports even when exceptions occur. There was an ongoing research-evaluation project looking at qualitative and quantitative data around trainee confidence and engagement with the process.

The Chair thanked Dr Muzaffar for presenting the report to the Board.

8. SUSTAINABILITY

8.1 Finance, Performance & Productivity Committee Chair Report

The Chair summarised the discussed held at the Committee on the 17th of February 2021.

The Committee geld detailed discussions on the Reach-Out West Midlands Adult Secure Care Lead Provider Collaborative. With the Committee recommending to the Board that the Governance framework and Standing Operating Protocols provided the relevant assurance to enable Board sign off. The Committee also received a detailed report in relation to Eating Disorders and was informed that the timetable was ahead of Reach-Out with a go live date at the beginning of April 2021. The Board would be receiving the formal Business case for approval at the March 2021 meeting.

In relation to Child and Adolescent Mental Health Services, the timescale for the collaborative was different due to the complexity of the commissioning arrangements with a planned phased approach in shadow form for 18 months up until March 2023.

The Committee was informed of the month 10 financial position which was slightly better than planned year to date. The COVID spend had worsened due to temporary staffing levels in January. The cash position continued to be high and was currently at £67m and the cash balance at the end of the financial year was due to reduce to £21m.

The Committee had discussed capital prioritisation expenditure with a report detailing the timeline for the approval of capital expenditure had slipped to March to enable further internal conversations to be held at the Health & Safety Committee to ensure the priorities for expenditure could be effectively challenged.

8.3 Integrated Performance Report

D. Tomlinson reported that discussions had commenced with the performance domain owners with a new report format being introduced for April data, reporting in May. The Board was informed that the most significant issues were around staffing and that the metrics within the People Plan were being reviewed to ensure the appropriate workforce measures were in place.

The out of area placements were higher than trajectory but lower than the Trust has seen in several months. It was reported that there had been an increase in numbers during the last three weeks which related to further COVID-19 outbreaks at ward level which had resulted in a loss of beds. The Board was informed that the Out of Area Steering Group had been reinstated to review the hot spots and to review the challenges with flow. It was also reported that the Trust was regularly liaising with NHS England/Improvement on the out of area position.

8.4 Finance Report

It was reported that for month 10 2020/2021 the consolidated Group position was a deficit of £1.4m. This was £0.6m better than the year-to-date phase 3 financial projection, submitted to NHSEI on 22nd October 2021. In month 10 the forecast had improved by £0.3m, to a projected deficit of £2.3m.

This was due to an STP-wide agreement to release system contingency, centrally held by BSOL CCG. The Trusts income share of £324k was expected to be reviewed in month 11.

Due to current pressures on the NHS, the national financial planning timetable for 2021/2022 had been revised. There would be a roll-over of current financial arrangements for the first quarter and an expectation that plans for quarter 2-4 of 2021/2022 would be submitted within the first quarter.

The Chair queried the use of resources slide and the Board needed to be clear that where assurances were sought related to finances being used effectively despite the pandemic, however stated that there would be issues for the Trust to address regarding efficiencies and productivity in the coming year. These were questions which would need to be addressed once further national guidance was received. The report was received and noted.

9. GOVERNANCE & RISK

9.1 Questions from Governors

Mrs M Johnson said that she had been involved in the transformation bid and was delighted to hear that the bid had been successful, thanking all the team for their hard work.

Mr J. Travis said that the Home Treatment Team presentation was very informative. Mr Travis queried the new Board Assurance Framework (BAF) for 2021/2022 with R. Fallon-Williams stating that the Board had held a development session on the 22nd of February 2021 to commence the work on the BAF and this would continue during the next two months.

9.2 Any Other Business

Mrs S Hartley, Executive Director of Nursing

R. Fallon-Williams reported that the meeting would be the last for Sue Hartley, Executive Director of Nursing, therefore thanked S. Hartley on behalf of the Board of Directors and the Trust for all her work within the Trust for 7 years and wished her all the very best with her retirement and new adventures.

10. RESOLUTION TO EXCLUSE MEMBERS OF THE PUBLIC & MEMBERS OF THE PRESS

DECISION: ***It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted***.

Birmingham and Solihull Mental Health NHS Foundation Trust

MINUTES OF BOARD OF DIRECTORS MEETING HELD 30th MARCH 2021 VIA VIDEO CONFERENCING, MICROSOFT TEAMS

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

IN ATTENDANCE:

Mrs S Madeley	-	Company Secretary
Daisy	-	Solar Service (item 1)
Mr L Laughton	-	Solar Hub Manager (item 1)

GOVERNORS OBSERVING:

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

1. SERVICE USER STORY: SOLAR SERVICE

The Chair welcomed Daisy and L. Laughton to the meeting to present Daisy's personal experiences of SOLAR. L. Laughton introduced the presentation by informing the Board that children's mental health was on the increase and in 2020 it was reported that 1 in 5 (20%) of young people aged 17 -22 and 1 in 6 children aged 5 – 16 were identified having a mental health disorder. SOLAR was a partnership between Birmingham & Solihull Mental Health Foundation Trust, Barnardos and Autism West Midlands providing emotional wellbeing and mental health support to children and families in Solihull.

Daisy provided a very detailed and personal overview of her experiences which commenced at the start of lockdown in March 2020 and provided a personal explanation of the factors she was detailing with and the areas that were impacting on her personal and school life.

Daisy explained how she was able to contact and gain access to services at SOALR and the steps that followed for treatment which commenced before and during lockdown due to the pandemic. Daisy informed the Board on the areas that had helped her work through the challenges and explained to Board Members that her future was on track to pass exams and apply for a college place.

The Chair thanked Daisy for attending the meeting and for being very open regarding her experiences and wished Daisy all the best for the future. (Daisy and Liam left the meeting)

R. Fallon-Williams stated that mental health services for young people in Birmingham and Solihull had been spilt which was a decision taken by the Commissioners. However, it was known that the mental health need within both localities was different, therefore closer working was being undertaken to review joint learning reviewing what the future would look like. It was noted that SOLAR was focused on partnership working and it was a service that had received national recognition. However, it had been on a journey and there had been concerns regarding outcomes but with significant effort to support teams, the service had moved to now being recognised as a good service.

H. Grant added that there had been careful thinking regarding the model and how the Trust needed to learn from SOLAR so this could be taken into the Community Teams. In addition, there had been an evaluation of the service undertaken by Warwick University which had also been built into the model. It was explained that the waiting lists had improved and a single point of access had been reviewed, in addition to how Barnardo's signposted into the service. V. Devlin agreed to clarify the current waiting list information for Board Members. It was also reported that there had been investment in SOLAR and there were additional investments regarding the surge planning.

The Chair said that the official thanks of the Board would be sent to Daisy for sharing her experience of the service and to L. Laughton for leading such an amazing service.

DECISION: (a) The waiting list information for SOALR would be circulated to Board Members for supporting information.
(b) A letter on behalf of the Board would be sent to Daisy and L. Laughton for attending the meeting.

2. OPENING ADMINISTRATION

There was full attendance at the meeting.

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

3. MINUTES FROM THE PREVIOUS MEETING & ACTION LOG

The minutes of the meeting held on the 24th February 2021 were deferred for approval to the following meeting due to a technical issue.

The action log was presented with the outstanding action relating to the presentation of the Reach-Out Business case at the April Board meeting.

4. CHAIR'S REPORT

The Chair presented a formal written report to the Board which was received and noted

5. CHIEF EXECUTIVE'S REPORT

R. Fallon-Williams reported the Trust did not currently have any patients with COVID-19 within wards and it was important to note and thankful to colleagues regarding how outbreaks had been managed across the Trust with the CEO sending a formal letter of thanks to services for all their work.

There were 350 colleagues absent through sickness which equated to 8.6% absence with 51% relating to COVID-19. The position was being monitored and in relation to lateral flow testing, work had been undertaken to enable the Trust to learn from the initial testing process and a plan was in place with an increase in staff reporting their results from the lateral flow testing.

In terms of the testing of patients, there had been delays with results and the Trust has been in discussions with the pathology provider and a response was expected regarding their ability to meet the requirement to ensure results were received quickly to keep people safe. If assurance could not be provided than the Trust would use an alternative provider.

The vaccination programme was progressing well and the Trust we were looking at patients who had a serious mental illness to ensure all were being vaccinated. In terms of staff, the Trust was behind with the uptake of the vaccination which was currently at 63% which was much lower than peers and the action plans were being revised on a regular basis. A deep dive was also being undertaken, especially on the ward areas. A thematic review had been undertaken and reported through Integrated Quality Committee and a gap analysis had been undertaken against the Health & Safety Executive Report with planning taking place with operational areas and the infection control team.

The Board was informed that four nurses had received recognition through the Chief Nursing Officer Awards.

Work around the integrated care approach continued and it was hoped that a report would be brought to a future meeting. Further work was being undertaken as a system, through the People Board regarding the areas of joint working.

Non-Executive Director colleagues queried staff absences and what percentage related to staff shielding and it was stated that the Trust was expecting a significant number of staff to return to work which would then in turn affect the absence rates. It was explained that the majority of staff shielding were being utilised across the Trust in remote ways which was being led by the Redeployment Group and the figures were shared with the People Committee. It was explained that when lockdown eased, this was not a signal for wholesale change, and that the use of PPE and social distancing would still be very important.
Within the thematic review, the floor walking on operational areas would be to support staff to do the right thing to stay safe.

Non-Executive Directors queried the conversations being held with staff regarding the vaccinations and whether there was any feedback from staff who initially did not want the vaccine but had taken up the vaccinations following those conversations. It was explained that within ICCR, the uptake had increased to 75.1% and this was about ensuring compassionate non-judgemental discussions with staff and this was why the uptake had increased within that service.

The Chair stated that the partnership working SSL was undertaking was an excellent example of collaborative working across the system for the future and SSL was enacting partnership working and was at the forefront regarding infrastructure support across the system.

R. Fallon-Williams stated that following a discussion at the BSOL People Board, the system needed to be more ambitious regarding the number of people who could be supported to come into the health and social care employment. The Board noted that progress on the work within the system regarding recruitment would be reported through the People Committee and the People Board was currently discussing how reporting took place across organisations.

6. NON-EXECUTIVE OVERVIEW: L. CULLEN, NON-EXECUTIVE DIRECTOR

L. Cullen informed the Board of her personal reflections in relation to the Trust values of Compassion, Inclusive and Commitment during the previous month and had reflected on the issue of the stresses of the pandemic and the impact on the mental health. There had been contact with the community directorate where morale did seem good. L. Cullen stated that she had become aware of how many staff were personally affected by the pandemic by either being ill themselves or the loss of family members. The commitment of staff could be seen on a daily basis with the bravery of staff coming to work every day especially when there were high rates within the community and on wards before staff being given the opportunity to have the vaccine.

L. Cullen reported that she had worked as a vaccinator at the Queen Elizabeth and had seen the exhaustion of staff and had held discussions with community staff who stated they were having the vaccination to protect patients and their colleagues.

L. Cullen had come across compassion within the Trust, and specifically mentioned a site where a member of staff had been lost due to COVID and staff had organised a condolence room for the family to visit due to the reduction in people being able to attend funerals. The family was invited in on a particular day and were able to read all the condolence messages left by colleagues and patients which really showed compassion and care.

In the charity role, there had been activity with staff and an example of compassion and commitment was provided with a member of staff bidding for charity money to create a memorial garden at Uffculme and had secured volunteers to plant trees and plants in the coming months. There was also a recovery workshop held which was well attended by staff with 26 people in attendance via a “teams” meeting. Despite the numbers, and

how difficult it was to have contributions through a virtual meeting, it was evident how staff were inclusive and respectful of everyone at the workshop to hear about good practice.

L. Cullen said that in the Committees she continued to be struck by the commitment of senior leaders and the wonderful example of the ICCR directorate who had done a creative piece of work to work with service users to create a plan to transform community services which had been a truly collaborative piece of work with service users and carers.

The Chair thanked L. Cullen stating that these were strong examples of how staff are striving to live to the Trust values.

7. QUALITY

7.1 Integrated Quality Committee Chair's Assurance Report

W. Saleem provided a detailed overview of the discussions held at the Committee and highlighted an update on the out of area target which was discussed under the Hot Topics agenda item with the Committee receiving assurance that work was being undertaken in the best interest for patients regarding to ensuring safe care keeping patients local rather than being moved out of area.

The Board was informed regarding the update on the CQC Action Plans from acute and ICCR services and it was noted that the Exec had been asked to review the timescale regarding rolling out the en-suite door alarms across inpatients unit. In addition, the potential ligature points were discussed and the PFD report was highlighted and a comprehensive review was requested regarding all the ligature points and the associated risks. The fundamental principles of care plans were discussed along with the risk assessment which were undertaken in therapeutic environments which would keep patients safe but it was also acknowledged that physical changes were required to reduce the risks.

S. Bloomfield reported that the first CQC Assurance meetings had been held with Directorates and programme leads and there had been a challenging discussion around the action plans.

A report would be submitted to the Health & Safety Committee on the confirm and challenge process regarding the issues and assurance reported through Clinical Governance Committee with a report being submitted to IQC in April.

W. Saleem acknowledged the accountability for plans presented were the responsibility of everyone across the organisation.

The Chair welcomed the additional assurance work being undertaken by the Committee on ligature points. H. Grant stated that the assurance testing was evident at the CQC Assurance meeting especially around the issue of care planning.

W. Saleem reported that the pre-commitment of capital expenditure was supported by the Committee.

6.2 Serious Incident Report

The Board was informed of the recent Preventing Future Deaths (PFD) notice stating there had been discussions at Executive level regarding revisiting root cause analysis of PFDs to compare the findings of the inquest and a process was being put in place.

7. PEOPLE

7.1 People Committee Chair's Assurance Report

The People Committee met on the 17th March 2021 where the People Strategy was revisited along with the three strategic aims of Shaping our Future Workforce, transforming our culture and staff experience and modernising our people practices with the report detailing the actions which had commenced against year 1 of the strategy. The Committee also reviewed the measures by which progress against the actions in the strategy would be assessed. The plan would return to the Board in April.

There was a very full discussion on the staff survey and it was noted that there had been incremental progress across most of the measures. The response rate was still under the average but an improvement was seen since last year. It was noted that the areas of equality, diversity and inclusion (EDI) were still in deficit. The Committee discussed how the results would be used and discussed producing the data by area as leaders were requesting further information regarding the results. The Committee noted the new appointment to lead on EDI to support the ambitions of the Trust and heard about a range of initiatives currently underway.

The Committee received the Annual Equality Monitoring report and noted the considerable effort which had been undertaken in compiling the information.

The Committee noted a report on the ambitions of the Just Culture work which detailed now the Trust was providing staff with confidence to report safety issues and to learn from incidents.

Finally, the Committee formally thanked Meagan Fernandes for all her hard work for the Trust who had contributed hugely to developing the People Plan as she was leaving the organisation for a new challenge.

The Chair said that it underlined the importance of a Chair's Assurance Report from Committees to enable the Board to understand the impact of work undertaken on strategic priorities, and that going forward the report would be especially important in consideration of the performance metrics around the People agenda. P. Gayle said that the importance of measuring the metrics was crucial as this was a huge agenda and this would be conveyed through the assurance reports at future meetings.

L. Cullen added it would be important to have qualitative measures to be included as well as the process and protocol areas. P. Nyanrumbu added in terms of metrics, these were detailed within the People Plan to ensure there was qualitative and quantitative information to provide the appropriate assurance to the Committee and to the Board.

DECISION: People Strategy to be presented to the Board of Directors in April 2021.

7.2 Staff Survey

P. Nyanrumbu reported that the survey was held during September – November 2020 and all staff were invited to respond. The response rate was 47% compared to 49% the previous year with the national medium response rate being 49%. The Trust remained below average and was 19 out of 27 mental health and learning disability Trusts with the Picker Institute and ranked 4th regarding the organisations that had improved within that grouping.

The Board was informed of the improvements made in specific areas and the actions taken to increase engagement with staff, e.g. Listen Up Live events. There had been a significant improvement within the safety culture and with the Freedom to Speak Up Guardians within the Trust.

The Trust has seen no significant change within 35 questions with 7 questions remaining the same. There had been one question with a worst position which related to whether staff felt pressured by colleagues to come to work.

D. Tomlinson queried the variance within directorates and the divergence of different teams and it was important that the survey was owned by managers. The survey contained useful information at a team level which was where changes would be made. P. Gayle said there were key areas where improvements had not been made within equality and diversity and bullying and harassment and the take up in completing the survey had reduced from previous years.

The Chair said that it was important to remember that the Trust Staff Survey results were in the lower quartile and for someone working in the Trust and their experience of the working environment would impact upon their ability to provide their best for patients and service users, which underpins the whole of the Trust Strategy.

R. Fallon-Williams said that the survey was reporting on the areas which the Trust was already aware of and the consistency of leadership would be one of the threads which would enable change. In addition, the tools that staff required to assist with improvement would include the behavioural framework; values-based recruitment, and leadership development. The responsibility was to nurture green shoots and to address the “barren” areas.

Queries from Non-Executive colleagues were raised regarding how appraisal mechanisms fed into the questions that needed to take place, i.e with the Pulse survey and queried if the results of the survey were shared in terms of the impact on the recruitment programme. R. Fallon-Williams stated that the Trust did undertake Pulse checks during the pandemic as there was an opportunity through the national survey which indicated there were signs of improvement in terms of how staff were feeling regarding communications etc. The Trust took the decision not to continue the Pulse survey due to the pressures on staff and the Trust needed to consider whether the survey data needed is that which is done nationally or more bespoke local pulse surveyts that are able to drill down into specific areas of concern.

R. Fallon-Williams highlighted the work which was being done as a system and the areas performing poorly collectively related to morale, health and wellbeing and team working.

8. SUSTAINABILITY

8.1 Finance, Performance & Productivity Committee Chair Report

R. Beale reported that the FPP Committee met in March and added that weekly meetings were also held with the Finance Team to enable regular updates to the Chair of the Committee. Discussions were held on the capital plan and support provided for the pre-commitment of the capital expenditure within a set envelope.

R. Beale thanked the finance team for all their work during the pandemic as were working with a reduced team being in place.

8.2 Integrated Performance Report

D. Tomlinson reported that following the last Board meeting, a meeting had been held with the Chair and Company Secretary to review the content of the performance report and the ability to drill down into teams with the specific metrics being reviewed. It was important for the Committee Chairs to be assured on the detail therefore, the integrated report would go to Committees to enable discussion on the relevant metrics. In addition, a session would be arranged for the Chairs of Committees to review metrics. The Chair added that she had reviewed the processes and was considering whether the current performance information helped to focus on the areas of concerns.
This would allow the Committees and Board to provide the assurance on performance and would ensure that the information was understood within the reports which were also available to the public via the Board reports.

The Chair added that when the content of the reports had been reviewed, it would be helpful if Governors would review the content to ensure it was clear regarding how performance was being monitored.

W. Saleem stated that within IQC it was useful to have an overview of quality metrics from a Committee perspective and for the Board to receive a high-level summary at the Board meetings.

DECISION: A meeting would be arranged with the Chairs of Committees to review the integrated performance report.

8.3 Finance Report

D. Tomlinson reported on the financial position at the end of February 2021, month 11, and had previously described the national finance regime as the Trust was funded for the first 6 months of the year and the last six months was a block payment through the STP.

The Chair asked whether the work on converting long term temporary workers into substantive roles was able to address colleague pay requirements and need for flexibility around shift patterns and was informed that, whilst an increase had been seen moving onto TSS for a variety of reasons and there had been a difference regarding ensuring flexibility for individuals, this was yet to make a significant difference and therefore the Trust needed to review what more could be offered to people leaving the Trust to join TSS as part of the retention plan. R. Fallon-Williams reported that in relation to the system, the lack of flexibility was also being reviewed with work being undertaken regarding how the numbers of substantive staff could remain with the Trust but with the flexibility they craved.

D. Tomlinson added within the COVID chart in the report all of the temporary expenditure was for bank and not agency spend. There was a shortfall on substantive employment and the Trust still had a significant number of vacancies.

The Chair queried the Trust being in an artificial financial situation, how could the Board receive assurance around the organisational readiness to work in a more productive and efficient way as it was a challenge to understand the long term financial position. It was agreed that the Trust did not have a consistent approach to CIP as the Trust has not focused on savings plans during the pandemic. However, moving forward clarity would be needed regarding how this would be addressed as the strategy stated that the Trust needed to ensure sustainable services, the issue of service sustainability was being considered with partners across the STP.

The national financial guidance had been received and in terms of preparation for next year a debate would be held at the Finance, Performance & Productivity Committee.
This was critically important as there was likely to be a change in the financial regime of the first six months of the new financial year. The report was received and noted.

8.4 Trust Strategy Launch

The paper was presented to the Board in preparation for the launch of the strategy on the 8th April 2021 which had been delayed due to the pandemic.

The paper highlighted the work which had been undertaken since September 2020. This included the Trust being awarded an equality mark and commencing the design and branding work for the strategy, in addition to continuing to engage with the workforce.

There were clear priorities for the launch detailed within the paper and work was commencing with Directorates for them to articulate what the strategy meant to teams and how this was going to be delivered so there was a clear bottom-up approach.

The CEO stated that we want to reduce health inequalities but mapping was required from a Birmingham & Solihull perspective. There was a certain amount of data available, and it was known that specific communities were not accessing the IAP services and believed this was the first priority which needed to be undertaken. The Chair thanked P. Nyanrumbu A. Broderick for the helpful detailed report.

8.5 New Care Models: Eating Disorders

P. Nyanrumbu reported that this was a follow up report on the report received last month regarding the Trust proceeding as a Core Partner in the West Midlands Eating Disorders Provider Collaborative from the 1st April 2021. The Board was informed that through financial due diligence, the Trust was satisfied that there were no significant financial risks from the proposed financial model or risk and gain share. It was noted that the Trust had not yet received a contract offer for 2021/2022 due to the delays in confirmation of the national financial framework but it was not anticipated there were any significant risks.

D. Tomlinson said that he was conscious that the Trust would receive risk gain shares from other provider collaboratives and therefore an estimate would be included within the report to the FPP Committee.

DECISION: (a) The Board formally approved that the Trust could proceed to go live as a core partner in the West Midlands Eating Disorders Provider Collaborative from 1st April 2021.

(b) The Board agreed for the Partnership Agreement to be signed by the Chief Executive.

9. GOVERNANCE & RISK

9.1 Development of new Board Assurance Framework

The Company Secretary thanked all the Committee Chairs and Lead Executives for their work during the last few weeks with A. Hughes and A. Rickard on identifying new strategic risks.

The Committees have all met to review the proposed strategic risks to enable the refreshed Board Assurance Framework to be developed to identify the key risks regarding the four strategic priorities within the strategy. The report detailed the process followed which commenced at the Board Development session in February 2021.

The 19 strategy headings had been consolidated into 16 strategic risks split by Committee which were being presented to the Board for approval. Each Committee had also discussed their risk appetite which were detailed within the report. The next stage was to meet with the Committee Chairs and Lead Executive Director within the next couple of weeks to populate the controls and assurance associated with the strategic risks, along with the initial, residual and target risk scores.

The report is here for the Board to approve the strategic risks and will receive a populated BAF following the work that will now be undertaken to populate the controls and assurances.

R. Beale said as Chair of FPP Committee it had been very helpful to have the support and to review and agree amended iterations of the risks and it had also raised queries for the Board to address regarding, for example the risks associated with new technologies which were encompassed within the whole digital environment and crossed into a number of areas. G. Hunjan added that it had been helpful to look at the risk appetite and link the risks to strategy.

R. Fallon Williams stated that under the strategic area of being a leader in mental health, health inequalities were not detailed and the term of missed income opportunities which related to the requirement of partnership working/provider collaboratives. In addition, stated that she wished to see carers and service users mentioned in the language.

G. Hunjan stated that further guidance would be required regarding monitoring the risks that were to be shared across the Committees. P. Nyanrumbu stated that he had reflected on the comments and queried the Quality Committee risk appetite as being “Open” and queried whether this would be “seeking”. W. Saleem stated that there had been a long debate at the Committee and it was concluded that the risk appetite was “Open” due to challenges the Trust was facing but did not however, mean that this was a fixed appetite and may reviewed but “Open” was the current consensus due to the safety issues identified by the CQC

V. Devlin stated that the clinical services priority did not sit neatly in the Committee structure with the challenge being to ensure there was oversight but felt challenging yet exciting.

The Chair stated that there would need to be work undertaken to structure the agendas appropriately of the Committees and Board to focus discussions on addressing the strategic risks.

S. Bloomfield added that the Trust needed to be ambitious but needed to be assured regarding the assurance mechanisms in place to address risks along with ensuring that through the risk identification process, hot spots could be effectively identified and when this process was solid then Committees could review their risk appetites.

DECISION:
- ***(a) The Board noted for assurance the process that had been used to develop the Board Assurance Framework.***
- ***(b) Subject to the strategic risks reflecting where appropriate, the effect on service users and carers, the strategic risks were approved.***
- ***(c) The risk appetite for Committees were approved.***
- ***(d) The Assignment of strategic risks by Committee were approved.***
- ***(e) The Board noted the next steps in the development process for the Board Assurance Framework.***

9.3 Questions from Governors

The Chair stated that Governors would be able to attend Part II of the Board of Directors meetings. However, where there was business to be discussed that may, for example be in confidence regarding staff, the Chair may then ask Governors to leave that part of the meeting.

9.4 Any Other Business

There was no further business transacted.

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

DECISION: ***It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted***.

Birmingham and Solihull Mental Health NHS Foundation Trust

BOARD OF DIRECTORS: ACTION LOG MARCH 2021

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
Part II Agenda 24th February 2021	Reach-Out Final Business Case for Reach-Out to be presented to the public May Board meeting.	D. Tomlinson	May 2021		
Agenda item 1 28th March 2021	Patient Story: SOLAR A formal thankyou to be sent to Daisy for attending the Board meeting	S. Madeley	March 2021		Actioned by S. Madeley after the Board meeting
	The waiting list information for SOALR would be circulated to Board Members for supporting information	V. Devlin	April 2021		Actioned. Circulated to Board Members via email on the 9th April 2021
Agenda item 1 28th March 2021	The minutes from the February 2021 meeting would be presented for formal approval to the next meeting.	S. Madeley	April 2021		On the agenda for approval
Agenda item 7.1 28th March 2021	People Committee The People Strategy to be presented to the Board of Directors in April 2021.	P. Nyanrumbu	May 2021		Originally April but moved to May Board with agreement of Chair
Agenda item 8.2	Integrated Performance Report A meeting would be arranged with the Chairs of Committees to review the integrated performance report	D. Tomlinson	April 2021		Session is taking place with all Board Members following the Board meeting in April
Agenda item 9.1 28th March 2021	Development of new Board Assurance Framework The strategic risks to be reviewed to reflect where appropriate, the effect on service users and carers.	S. Madeley	April 2021		

RAG KEY

Overdue
Resolved
Not Due

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**4**
Paper title	**CHAIR'S REPORT**
Date	28th April 2021
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

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

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1. INTRODUCTION

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

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

1.3 I am pleased to offer a brief report to the Board giving an overview of my key areas of focus since the last Board meeting with my intention to provide a regular update at each Board meeting. It has been a busy period, and I will limit this report to focus on just a few aspects of activity.

2. CLINICAL SERVICES

2.1 In our introductory meeting Dr Sadira Teeluckdharry, Clinical Director, emphasised the significance of the Community Mental Health Transformation work and the importance of the Board understanding the scale of the journey involved to change ways of working and be underpinned by new reporting systems.

2.2 I was also pleased to meet with Dr Dhruba Bagchi, Clinical Director for an introductory meeting and to learn more about his work.

3. PEOPLE

3.1 An introductory meeting with Akilah Duffus, BAME Network Lead, underlined the scale of the organisational culture challenges, in particulary workforce race inequality, and the importance of the Trust's strategic focus in this area.

3.2 At a meeting with WMCA HR Group I explored the Walsall Together Anchor Employer model as part of a regional focus on widening access to good quality careers and diversifying the workforce in the NHS.

4. REDUCING INEQUALITIES.

4.1 <u>Our response to the Commission on Race and Ethnic Disparities Report</u>

Following the recent publication of the Commission on Race and Ethnic Disparities Report, Roisin Fallon-Williams, CEO and myself have written to colleagues on behalf of the Board of Directors.

We do not support the implied notion within the report that institutional and structural racism does not exist and we wanted to make it clear that we will remain focussed on reducing race and ethnic disparities.

We recognise this is a very real issue, experienced by many of us, our service users and those in the communities we serve, which we believe simply cannot be ignored.

In the letter we have emphasised our commitment and that of the Board to take a number of actions to tackle racial and ethnic discrimination and inequalities. We see this as our duty.

Both the CEO and myself expect to be held to account as a Board, as a Trust and as teams and individuals for delivering on our commitments. All of us in team BSMHFT has a part to play in making a difference and ensuring we truly live our value of being Inclusive and in doing so create an anti-racist anti discriminatory organisation.

5. QUALITY

5.1 I was pleased to see the debate and reflection at the launch of the Reducing Restrictive Practice Collaborative and also at Schwartz round event. These initiatives serve to improve quality, safety and experience for patients, service users and colleagues.

6. SUSTAINABILITY

Many of my external partnership activity has focused on driving ambition and building accountability around the issue of health inequalities:

6.1 I presented on health inequalities as core to and not peripheral to the work of the NHS at the BSol ICS Board strategy session.

6.2 I participated in the ICS Board recruitment panel for a Non-Executive Director with a special interest in health inequalities.

6.3 I met with Judith Davis, Quality & Practice Development Facilitator, Central London Community Healthcare NHS Trust, to understand the health inequalities work being developed in that area.

6.4 My meeting with Dr Frances Mason, Service Lead for Inequalities in Birmingham's Public Health Division provided useful contextual knowledge of work underway with partners.

7. COUNCIL OF GOVERNORS

7.1 It was good to explore perspectives on maximising the governor role in my introductory meetings with Mustak Mirza, Service User Governor, Jim Chapman, Stakeholder Governor, John Travers, Staff Governor, Stephanie Bloxham, Stakeholder Governor, Maria Michail, Stakeholder Governor and Maureen Johnson, Carer Governor.

7.2 Term of Office
At the Council of Governors meeting in March, it was agreed that the maximum number of consecutive terms for Governors will be for three three-year terms (nine years maximum). The Foundation Trust Code of Governance provisions in respect of Non-Executive Directors, states:

'Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review and should take into account the need for progressive refreshing of the board.
Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.'

Recruitment of Non-Executive Director
The recruitment process for a new Non-Executive Director, to replace Joy Warmington will commence shortly.

DANIELLE OUM
CHAIR

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**5**
Paper title	**CHIEF EXECUTIVE'S REPORT**
Date	28th April 2021
Author	Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

Executive summary

My report to the Board this month provides context of the on going. COVID-19 pandemic and our response to decreasing numbers of COVID-19 positive cases and easement of lockdown restrictions. It also provides information on focused work of relevance to the Board.The key aim of my report is to provide the Board with an overall summary of our collective response to these pandemic and information on specific matters and key areas of interest for the Board in relation to Trust, local and national reports and emerging issues.

Reason for consideration

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

Paper previous consideration

Not Applicable

Strategic objectives

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

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

CHIEF EXECUTIVE'S REPORT

1. CURRENT PANDEMIC SITUATION

At the time of writing I am pleased to report that the Trusts last recorded outbreak of COVID-19 was concluded on the 1st April and we have had no further outbreaks since this time and currently we have no inpatients with COVID-19 symptoms or diagnosis.

2. COVID-19 SERVICES UPDATES

2.1 Clinical and Ethical Group (CEG)

There was a proposal discussed at the Silver/Bronze Command group on 20th April 2021 regarding the plan to stand down the Covid CEG group. This was because the COVID-19 situation was improving and there are fewer new guidelines being published. In addition, colleagues are now familiar with the guidelines and processes in clinical areas.

The group are working towards allocating the current COVID-19 guidelines to the relevant Committees and these committees will carry on oversight and review responsibilities.

The plan is to hold the last Covid CEG meeting on 13 May 2021, we will of course stand these up again in due course if required

Our Infection Control team continues to work with clinical service areas to ensure all measures remain in place and provide advice and guidance. We are also working with our Health and Safety colleagues and Operational colleagues to ensure COVID-19 risk environmental risk assessments are up to date and will commence an assurance process based on the national document 'Every Action Counts' which will enable us to ensure the range of preventative measures are well embedded across all service areas.

2.2 Workforce

2.3.1 Reflection / Take Time Out Spaces

The first Wellbeing Reflection / Take Time Out Space was launched at Ardenleigh as a pilot and part of an overall wellbeing week of activity on Monday 19 April 2021. This is part an overall approach to support colleagues who we recognise have had an extremely challenging time through the pandemic. A further two areas will be rolled out as part of the Pilot. These areas will have resources such as hot drinks, access to self-help and will also have rotas where volunteers and colleagues trained in psychological first aid will be able to support front those who access the facilities at the start, during and end of shifts.

2.3.2 Wellbeing Vouchers

As a joint wellbeing approach by the Trust and SSL, colleagues have been given a lifestyle gift voucher as a small token of The Trust's appreciation, which is hoped will support their wellbeing.

The voucher provides access to some of the top UK retailers, cinemas, holidays and more than 16,000 dining venues.

These were distributed alongside the quote from the book The Boy, the Mole, the Fox, and the Horse: “Being kind to yourself is one the greatest kindnesses”.

2.3.3 Staffing Capacity

As part of the drive to look at innovative ways to access more staffing capacity during the pandemic and engage more directly with the local community to promote the career opportunities available in mental health, a virtual community event was held on 25 March and was well attended with over 60 people. It consisted of explaining the wide range of jobs available across the NHS from a system and also local perspective. It also had guest speakers talking about their own career journey and development within the Trust. Further Events are planned including in April with how to apply for jobs within the Trust and tips to strengthen applications.

We continue to have significant staff absences across services including a number of staff, absent due to long COVID. We continue to work with Occupational Health and Human Resources to support staff back to work making adjustments where possible. We have been putting in place a number of over recruitment plans within services of both Health Care Assistants and registered nurse staff to mitigate pressures, including demand increases and in advance of service developments and transfers.

2.3.4 Mental Health Workforce Collection

The workforce planning is currently being undertaken, with Mental Health returns being required to be completed in April 2021 in time for submitting in early May using a Mental Health Workforce Collection Tool developed by Health Education England (HEE) in collaboration with NHSE/I.

There are two returns:-

- A provider level Mental Health workforce plan completed by individual Trusts
- A system level ICSs/STPs Mental Health workforce plan which will include workforce in Mental Health Trusts, Non-Mental Health Trusts i.e. Community, Ambulance, Acute and Primary Care and non-NHS organisations

The Trust is leading the system return with the support of members of the Birmingham and Solihull People Board.

2.5 Recovery and Surge Planning

COVID-19 recovery and surge plans are being developed across all the Directorates. Plans are being developed in consultation with individual teams to ensure plans can be developed and implemented effectively and reflect the key issues for each service and Directorate.

COVID-19 Vaccines

Vaccination offers for both staff and service users continues on all sites. Managers continue to meet with staff for supportive, coaching conversations to explore the reasons around vaccine hesitancy and provide quality information on vaccines to enable our staff make informed decisions.

2.6 Service area updates

2.6.1 Integrated Community Care & Recovery (ICCR)

ICCR leads are resuming programmes of work around staff wellbeing, inclusivity, equality and diversity and empowerment. The team are working with John Travers, Internal Communications and Engagement Lead; Jane Reames, Organisational Development Consultant; Stephen Laws, Local Security Management Specialist; and other corporate and clinical leads to take this work forward. We aim to have a conversation with each team over the course of the year to garner their views on how we can further improve our support offer across all of these domains. This will also be an opportunity to celebrate each teams' contributions over the past year.

Detailed planning has commenced around community transformation. The Long-Term Plan (LTP) Transformation Project Lead will commence in post on 21st June 2021. Working groups have been set up to progress the project, focusing initially on the East and South of the city, Primary Care Network (PCN) leads, Forward Thinking Birmingham (FTB) and Voluntary, Community and Social Enterprise (VCSE) sector, are fully engaged in the project. Plans are also being progressed to utilise surge funding to support further developments of mental health workers being embedded within primary care via the Additional Roles Reimbursement Scheme (ARRS).

2.6.2 Secure Care and Offender Health

The business case for the re provision of Reaside and Hillis Lodge is progressing, and we are currently advertising for a 'Transformational Lead' role to lead this work, along with developing and implementing the clinical model of care.

2.6.3 Acute and Urgent Care

The Crisis House pilot has now been going for 7 weeks, the feedback we have received from user users has been overwhelmingly positive. Those who have used the service have felt it has prevented a possible admission into an inpatient ward. They have found the level of activities and support beneficial to their episode of crisis. An intensive weekly activity timetable along with dedicated psychology and consultant input ensures that service users appropriate for the 7-day crisis intervention are fully supported during their time in the crisis house. The crisis pathway clinical lead officially commenced their role on the 1 April 2021 and had been part of the crisis house development prior to this .

The pilot “wrap around plus” service has now commenced. This service provides support to service users currently in acute care, who need some initial support over and above what is available in respite before they go onto their final housing destination. The tailored support helps build the confidence of service users leaving an acute environment for a time limited period whilst in respite.

Work continues on the Out of Area (OOA) placement plans with greater daily in reach from staff and consultant, and reviews with complex cases taking place twice a week. This has helped bring the number of OOA placements down to 21.

Work is moving forward on the acute localised bed base. The North locality early adopter is now being embedded and an 8-week plan has been developed for the completion of the roll out.

The pilot on therapeutic activities across four wards has now come to an end and early indications are that these have been successful on all four wards. The quality improvement report is now being written and plans are being developed for the role out across all acute care wards.

Safety huddles have now been established across all acute inpatient wards, these provide a dedicated space for daily discussions to take place on wards regarding risks and safety issues, which can then be addressed on shift, or where appropriate handed over to the oncoming shift

The Mental Health Hub pilot at Heartlands has proved very successful. The pilot service sees over 50% of all Heartland A&E Liaison referrals work is well underway for the development of the Urgent Care Centre, and (Home Treatment Team (HTT) based at the Oleaster has been relocated, whilst noise heavy construction work takes place over the next 5 weeks.

2.6.4 Specialties

As reported previously an admission area was opened on Rosemary Suite at the Juniper Centre to enable an isolation process to be implemented for new admissions prior to transfer to their host ward. This process was put in place to enable admissions to take place and to minimise the risk of COVID-19 infections across all four older adult wards. Although challenging to implement for staff, the admission strategy has proved very successful and enabled the service to maintain admissions over the past twelve months.

As national restrictions ease the service is developing a recovery plan for Rosemary Suite to ensure changes are implemented in a planned way and prioritise the safe admission of older people to our inpatient units.

3. INTERNAL UPDATES

3.1 Trust Strategy

The week beginning the 16th April 2021 saw the launch of a six week campaign to launch our new Trust Five Year Strategy and make it real for all of us. We have circulated a Trust wide email to introduce the strategy and the launch; there is a short introduction to our strategy, including our vision, values and strategic priorities, which can be viewed via an animation video on the intranet site. A letter has been sent to all colleagues about the launch of the Strategy, how it was developed and how we can all play our part in delivering our ambitions. We are distributing packs of materials, including hard copies of the strategy, a-z-card' handy guide to our strategy, values and behaviours and display materials.

The Board will receive a detailed report at our May meeting on the wider detail of the strategy, reporting and assurance mechanisms and the first years milestones.

3.2 Our Values and Behaviours

Following the launch of our strategy last week we have commenced our focus on our values and behaviours and we are highlighting each day within the Trust different aspects of our values and behaviours.

Our values are our standard of expectation for how we treat ourselves and each other. Our behaviour guides describe what our values look like in practice in our everyday work. They give us a shared language to bridge the wide variety of specialities and roles across our Trust. They also describe what our roles have in common, how we want to work together and treat each other, no matter what role we are in. It's not just what we do, but how we do it that's important to us.

We are gradually embedding our refreshed values across our people policies and processes such as recruitment, appraisal and our learning and development offer. Each Trust site has also received promotional materials about our strategy, values and behaviours so please do share these with your colleagues so that they reach everyone.

4. LOCAL ISSUES

4.1 Shared Care Record

For a number of years now colleagues using our care record system known as Rio, have been able to see information presented to them about the GP record, and information from Neighbouring Mental Health Trusts (as part of what was. The MERIT work). We have taken the next step forward by adding in elements of patient records from University Hospitals Birmingham, Royal Orthopaedic Hospital and some of the Social Care data from Birmingham City Council. We have taken an important step towards providing better, safer, and more connected care for the patients we support.

We are now live on the Shared Care Record (SCR), the system that's bringing together people's records from health and social care organisations across Birmingham and Solihull. Our care professionals will be able to see vital health and social care information our partner organisations hold on people.
In time Professionals in partner organisations will also be able to use the SCR to view appropriate elements of the records we hold.

This two-way availability of data between the organisations will enhance collaborative working and help improve care outcomes for patients we support.

This marks an important step forward in how we work with colleagues across the local health and social care system and the benefits that will bring for patients we support. We will be able to give safer, more efficient care, knowing we've been able to make better decisions based on the best available information.

The list of partners, as well as our professionals providing care will soon be able to see the records from the following organisations:

- GP practices in Birmingham and Solihull
- University Hospitals Birmingham NHS Foundation Trust
- Birmingham Women's and Children's NHS Foundation Trust (including Forward Thinking Birmingham)
- Birmingham Community Healthcare NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- Birmingham City Council
- Solihull Metropolitan Borough Council
- Birmingham Children's Trust
- West Midlands Ambulance Service University NHS Foundation Trust

4.2 Universal Credit - court fines deductions Judicial Review ruling

The Birmingham & Solihull Liaison & Diversion team has been involved in a Judicial Review brought by Shelter and the Hackney Law Centre after being approached by several clients through Justice Network, L&D, Birmingham Shelter and Anawim. A Judicial review found that the government had acted unlawfully in making 30% deductions in universal credit without some practical way of assessing means. A group of former rough sleepers who were left destitute after the Department for Work and Pensions automatically deducted a third of their universal credit allowance to pay off court fines won a high court victory.

The department's blanket deductions policy had left the four highly vulnerable individuals with £52 a week to live on and unable to meet the cost of food and heating or transport to job interviews and medical appointments. The judge ruled the department was in breach of a law requiring benefits officials to use their discretion to ensure court fines were deducted from universal credit at a rate recognising claimants' vulnerability and ability to repay. The ruling means claimants repaying historical court fines who are facing financial hardship – not just rough sleepers – can now ask the work and pensions department to lower the level of deductions.

ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE

Meeting	**BOARD OF DIRECTORS**
Agenda item	**7**
Paper title	**INTEGRATED QUALITY COMMITTEE CHAIR REPORT**
Date	
Author	Waheed Saleem, Chair of IQC
Board sponsor	Waheed Saleem, Chair of IQC

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

Executive summary
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee

Reason for consideration
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee
Paper previous consideration
Not Applicable
Strategic objectives
Identify the strategic objectives that the paper impacts upon. Quality
Financial implications
Not applicable for this report
Risks
No specific risk is being highlighted to the Board regarding the contents of the report
Equality impact
Not applicable for this report
Our values
Committed Compassionate Inclusive

REPORT FROM THE IQC COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

1.3 CQC Section 31 Escalation and Forecast Report

We received the news that the Trust had now received a section 31 letter of intent from the CQC following a patient suicide on George Ward. The requested data was now being collated and an action plan was being produced as requested by the CQC.

There was a robust discussion on the assurance position for the delivery of the improvement plans and we were informed that additional actions would be added to the overarching action plan and the timings of the actions were also being reviewed to ensure they are as expedient as possible.

The NEDs asked how staff on the wards were feeling around this and we were informed that they are being fully supported and discussions on strengthening the offer and leadership for staff trust wide were underway and an update would come to IQC in May as part of the planned ligature review.

IQC were informed that the therapeutic activity changes on Lavender Ward have made significant improvement to the culture of the ward.

Chair's assurance comments:
The CQC letter of intent has added further urgency on delivery of the action plan and ensuring we can demonstrate consistent high quality and safe service for our service users. We are not there as yet, however, there is a lot of activity that is being undertaken, however, we have been on this journey for some time. There is a need to ensure that the activity being undertaken are evidenced based and not a repeat of previous efforts that have not worked. We will be receiving a comprehensive risk assessment report at the May committee and will be discussing this in detail. I will welcome other Board members to the Committee to attend to be part of the discussion for this item.

1.4 Clinical Services Strategy

The Executive Director of Operations and the Head of Planning and Development presented the report detailing the strategy ambition "transforming how we work to provide the best care in the right way at the right place at the right time, with joined up care across health and social care". They articulated the five key transformations and six areas of areas of focus.

The NED's challenged if the data from the pandemic in relation to health inequalities could be utilised as part of the transformation and development plans.

Chair's assurance comments:
The important element of any plan is delivery. This is a comprehensive plan, however, we need to ensure this is delivered consistently across the organization and IQC will be monitoring the delivery.

1.5 PFD Themed Review

IQC received the report from the Associate Director of Governance providing a summary of historic PFD reports issued to the Trust over the past five years. She highlighted that each individual case had been reviewed and identified, any themes that required/require improvement to prevent the risk of future deaths were known to the Trust.

IQC were informed that individual actions had been assurance tested for delivery. This has identified that all but 1 action had been delivered and this had been followed up and should be complete this month.

There was a NED challenge on the Home Treatment Team case load levels and questioned if the strategy was sustainable given the expected increase on demand due to COVID19. The Executive Director of Operations informed IQC that additional financial support for the system had been identified and additional resources for the teams was being put in place in the future. She added that additional support from the third sector was also part of the discussions.

There was further NED challenge on how following the issues of making early contact with service users during the pandemic would hinder the opportunities to help individuals before they go into crisis.

The Chair of IQC questioned how aware were the staff on the frontline of the actions and learning from the PFD's. The Interim Executive Director of Quality and Safety (Chief Nurse) could not give full assurance on this and stated that more work was needed to embed this culturally.

Chair's assurance comments:
It is important that the learning from PFD's are shared with all clinical staff and protected learning time should be provided to ensure lessons are learned and change if implemented. The Executive are currently looking at developing a mechanism for this to occur.

1.6 Integrated Performance Report

The Associate Director of Governance highlighted that the national staff survey was published last month and the data was showing some improvement in the safety culture within the organization, but further work was still required.

We were also informed that suspected community suicide data was increasing due to COVID19 lockdowns and pressures on the public in general.

IQC were advised that the Least Restrictive Practice Collaboration has now been launched.

1.7 Integrated Quality Report

The Associate Director of Governance highlighted that there was a concern on the issue of communication and staff values and behaviours themes arising from patient experience intelligence and we have seen concerns around family and carer engagement come through complaints, public forums and a recent PFD

The Interim Executive Director of Quality and Safety (Chief Nurse) commented that the score of 79% for quality and safety did not feel representative of the Trust at this time. The Chair of IQC agreed and asked that the measures are reviewed.

The NED's challenged how the hotspots in services could be targeted.
The CEO indicated that an early warning trigger system was needed to identify the services and teams that need focus and attention. She confirmed that this work was underway to help give intelligence to the data we receive.

Chair's assurance comments:
Front line clinicians and managers need should have intelligent date to understand their ward and service area and use the data to implement improvements, as well as act as early warning system to identify issues and concerns early on. This should be used to inform risks and issues for the organization. We have a lot of data but not the capability to analyze and use the date intelligently by front line managers. The Executives will need to consider how this can be achieved.

1.8 IPR Metrics 2021/22

The Associate Director of Governance presented the metrics, she added that there was a discussion at Clinical Governance Committee as to how these could be improved or removed if they do not add any value and further work on this was underway.

The Medical Director added as part of the care planning review, it would also include community patients and was looking to introduce DIALOGUE system.

There was some NED challenge as to how to link the staff experience around how they feel working in the organisation as a metric. The Interim Executive Director of Quality and Safety (Chief Nurse) agreed and would take this forward.

The CEO questioned how the Community Services voice could be stronger. She also questioned if the staffing levels could be a metric. The Interim Executive Director of Quality and Safety (Chief Nurse) agreed that staffing levels should be included and presented at the People Committee too.

The Associate Director of Governance confirmed that the data dashboard would be available to all staff from May 2021, but work was needed to ensure staff understand how to use it going forward.

Chair's assurance comments:
The metrics are an important indicators to enable IQC to seek assurance on quality and safety and once agreed will be monitored through the committee.

1.9 Quality Priorities 2021/22 (draft)

The Associate Director of Governance confirmed that the initial goals had been identified and further goals need to be identified and agreed before signing off.

IQC were informed that further development of the goals will take place at the Clinical Governance Committee in May 2021 enabling final approval of our confirmed goals at the IQC meeting next month.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**10**
Paper title	**PEOPLE COMMITTEE**
Date	28th April 2021
Author	Patrick Nyarumbu
Executive sponsor	Patrick Nyarumbu

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

Executive summary
To provide the Board of Directors with an update relating to the people committee.

Reason for consideration
To provide the Board with a summary of issues and Chairs assurance relating to the remit of the Committee
Paper previous consideration
Not Applicable
Strategic objectives
Identify the strategic objectives that the paper impacts upon. People
Financial implications
Not applicable for this report
Risks
No specific risk is being highlighted to the Board regarding the contents of the report
Equality impact
Not applicable for this report
Our values
Committed Compassionate Inclusive

1. ISSUES TO RAISE WITH THE BOARD

The People Committee did not meet in April 2021 and an exception report has been developed to update the Board as follows:

1.1 Wellbeing – Reflective Spaces

The first wellbeing reflective space was launched at Ardenleigh as a pilot and part of an overall wellbeing week of activity on Monday 19 April 2021. This is part an overall approach to support staff who we recognise have had an extremely challenging time through the pandemic. Further work by the Wellbeing group is being done to open two more areas which will be rolled out in May 2021. These areas will have resources such as hot drinks, access to self-help and will also have rotas where volunteers and staff trained in psychological first aid will be able to support front line staff who access the facilities at the start, during and end of shifts.

1.2 Rewarding and recognising our staff

The Trust Wellbeing group engaged with staff side and staff networks to consider a number of ways to show colleagues how much the hard work and difficult experiences people have had as part of Team BSMHFT over this pandemic period is valued and recognised. We have previously used a number of ways to recognise colleagues for their incredible work and as a result of this engagement, staff employed by the Trust received a £100 lifestyle gift voucher as a token of The Trust's appreciation. The voucher provides access to some of the top UK retailers and more than 16,000 dining venues.

1.3 Sickness Absence

- Sickness absence decreased to 5.25% in March from 6.49% in February.
- Non-Covid related sickness absence decreased slightly to 4.14% in March compared to 4.19% in February, however Covid-19 related absence decreased more significantly to 1.12% in March from 2.30% in February.
- Both short term and long term sickness absence reduced in March.
- Return to work contacts decreased significantly to 38.1% in March from 56.6% in February. There are some data issues in relation to recording within 7 days of the absence. The People Function is supporting services in ensuring return-to-work meetings take place and are recorded following each episode of absence. Included in the current refresh of the sickness absence toolkits is the refresh of the return-to-work forms and process.

1.4 Recruitment and Community Engagement

As part of the drive to look at ways to engage more directly with the local communities to promote the career opportunities available in mental health, a virtual community event was held on 25 March 2021 and was attended by over 60 people. The Trust was able to outline a wide range of clinical and non-clinical jobs available across the NHS from a system and also local perspective. The event included guest speakers talking about their own career journey and development within the Trust. Further Events are planned in April to support local people with applying for jobs within the Trust and practical ways of developing their applications.

1.5 Mental Health Workforce Planning

The workforce planning round is currently being undertaken with Mental Health returns being required to be completed in April 2021 in time to for submitting in early May using a Mental Health Workforce Collection Tool developed by Health Education England (HEE) in collaboration with NHSE/I.

There are two returns:-

- A provider level Mental Health workforce plan completed by individual Trusts
- A system level ICSs/STPs Mental Health workforce plan which will include workforce in Mental Health Trusts, Non-Mental Health Trusts i.e. Community, Ambulance, Acute and Primary Care and non-NHS organisations

The Trust is leading the system return with the support of members of the Birmingham and Solihull People Board.

1.6 Dates of Future Meetings

- 20 May 9-11am
- 15 June 10-12pm
- 14 July 2-4pm
- 11 August 1-3pm
- 15 September 2-4pm
- 13 October 2-4pm
- 10 November 2-4m

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**10**
Paper title	**FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE**
Date	28th April 2021
Author	Russell Beale
Executive sponsor	Russell Beale

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

Executive summary

- Clinical services strategy: received with thanks; quality and depth of work noted; some suggestions for improved digital focus and transformative agenda to be discussed.
- Capital spending plans: more information needed on some plans and costs, waiting on H&S committee; separate meeting planned to prioritise.
- Financial year end: acceptable position for the Trust; worked with STP envelope to provide good systemic outcome.
- Long term substantive posts unfilled require further attention

Reason for consideration

To provide the Council with a summary of issues and Chairs assurance relating to the remit of the Committee

Paper previous consideration

Not Applicable

Strategic objectives

Identify the strategic objectives that the paper impacts upon.
Sustainability

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

REPORT FROM THE FPP COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

The Finance, Performance & Productivity Committee met on the 21st April 2021 with a summary of the key discussions being detailed below:

1.1 Clinical Services Strategy

The Committee was presented with the draft clinical services strategy to address the ambition of transforming how we work to provide the best care in the right way at the right place at the right time, with joined up care across health and social care. The strategy articulated five key transformations and six areas of focus. Due to unforeseen circumstances, the Director of Operations was unable to joint the meeting, therefore, the Committee will have further discussions in detail at the next meeting.

Chair's assurance comments: A lot of work has gone into this, which we recognize. One area that we noted was the limited role of digital services in the new vision, and a transformative agenda, both of which will be picked up in 1:1 conversations to better understand and elaborate the vision of a world-leading provider. We also recognize that publishing the strategy so that it can be enacted is relatively urgent.

1.2 Capital Update

The Committee was informed that on the 22nd of March 2021, NHSE issued the STP with a capital envelope of £71m for 2021/2022 and requested that the system worked together to produce a 2021/2022 capital plans and plans for a further four years for submission on the 12th of April 2021. Following discussions across the STP regarding allocation of the system capital envelope, Chief Finance Officers had agreed that 85% of the envelope be apportioned to organisations with the remaining 15% held within a system capital investment fund. The Trust's allotted share of the capital envelope was £8m. The planned PFI capital spend on the completion of the Urgent Care Centre, £1.2m, would not impact on capital departmental expenditure, therefore a total plan of £9.6m has been submitted for 2021/2022.

The proposed plan had been based on the capital prioritisation work as presented to the Health & Safety Committee and Board of Directors in March 2021. This consists of the £3.4m pre-committed plans (approved by the Board in March), £1.5m Statutory Standards and Backlog maintenance; £0.8m ICT, with the balance of £3.9m allocated to risk assessments.

The Committee was concerned that the capital risk assessment process had taken too long which was being raised at a capital meeting with the Committee Chairs and Executive Leads at a meeting on the 22nd of April 2021.

The Committee was informed that the strategic outline business cases for Reaside would be presented to FPP in May and for Highcroft in June 2021. The Trust would then be informed of central approvals following which the Outline Business Cases would be prepared with the proposed timings for completion being 2026.

Chair's assurance comments: Essentially, the update was that we need to have the capital prioritization meeting to finally agree the plans. The additional funding from the STP has increased the overall envelope, but it remains well below our desired spending, and so we need to ensure we properly prioritise the key projects and balance their risks against each other. There is some delay in getting these figures from the H&S committee.

1.3 Financial Update

The Committee was presented with the draft set of 2020/2021 financial figures. The financial deficit at the year-end was £1.7m which was £1.4m better than the plan submitted in the Autumn but worse than the plan being discussed during recent months.

The report described the moving feast of the financial position due to the national financial position and national guidance being received.

It was noted that on the completion of year end, the annual leave figure had moved slightly as the Trust was originally only receiving 80% of the increase in annual leave and the centre had decided to allocate 100%. The Trust had received £1.3m of income which had been received with the Trust

It was reported that the agency spend was £5.3m which had reduced since the last financial year despite the pandemic and the Trust has seen a significant reduction in the last five years of 53% in agency spend. It was noted that there were approximately 400 vacancies across the Trust with a number of substantive positions not being filled therefore the level of vacancies were a concern. It was reported of the £5.3m, a large proportion was for medical agency which was being reviewed by the Deputy Medical Director. The Chair asked for this specific issue to be flagged to the People Committee.

Chair's assurance comments: We have been careful to observe proper accounting practices and make appropriate changes so that our final position is both accurate and appropriate at the STP level as well as the trust level.
Agency spend is down, which is excellent, but we are concerned that some of this is becoming baked into the system as we have a significant number of substantive positions unfilled which have been so for some time. We have raised this with People Committee, and hope that through a combination of additional recruitment approaches, changes in requirements, more flexible job planning, and alternative resourcing requests we can reduce this further.

1.4 Integrated Performance Report

The Committee was informed that the main operational performance issue related to the out of area bed use which had been an ongoing issue and related to the demand for beds regarding COVID. The Committee did receive assurance at the last meeting on the work being undertaken receiving a detailed report on Out of Area placements.

Chairs assurance comments: Nothing to add.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**11**
Paper title	**AUDIT COMMITTEE**
Date	28th April 2021
Author	Gianjeet Hunjan
Executive sponsor	Gianjeet Hunjan

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

Executive summary

To provide the Board of Directors with a summary of issues and Chairs assurance relating to the remit of the Committee

Reason for consideration

To provide assurance to the Board of Directors.

Paper previous consideration

Not Applicable

Strategic objectives

Identify the strategic objectives that the paper impacts upon.
Sustainability

Financial implications

Not applicable for this report

Risks

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

Equality impact

Not applicable for this report

Our values

Committed
Compassionate
Inclusive

REPORT FROM THE AUDIT COMMITTEE

1. ISSUES TO HIGHLIGHT WITH THE BOARD

The Audit Committee met on the 22nd April 2021 with a summary of the key discussions being detailed below:

1.1 Clinical Audit Presentation

Dr R Rowe attended the Committee to provide a presentation regarding clinical audit. It was reported that clinical audit was a way of reviewing clinical performance against agreed standards and was a corner stone for improving clinical practice. This included national mandated audits, internal priority audits which arise from serious incidents etc. and the local audits where local services address specific audit work.

The Committee was pleased to note the amount of the clinical audit work which had been undertaken during the pandemic.

It was evident that the Trust was seeing the benefit of collaboration with Dr Rowe reporting that she was part of a network where good practice could be shared. In addition, a framework was being established to ensure a consistent approach regarding how learning was shared.

Chair's assurance comments:
As Chair, I had requested that a detailed presentation came back to the Audit Committee which would focus on the system arrangements for managing clinical audit, reporting processes, the process for agreeing local audits, timescales, evidence based, prioritisation criteria, relevance, and implementation of recommendations.
The presentation provided significant assurance on the clinical audit processes and how this aligned with the QI framework within the Trust.

1.2 Annual Internal Audit Report

The Committee received the internal audit annual report. The areas taken into account included whether there had been changes to the plan and why changes had occurred. It was reported that the delivery of the planned audit work for 2020/2021 had been impacted by the pandemic with the completion of the locality site visits, and the DSP Toolkit being deferred to 2021/2022. The CIP review could not be completed due to a lack of guidance from NHSE.

The Committee noted that as a result, the opinion had been amended to reflect this reduced coverage and could only provide assurance on the areas that were covered rather than on the wider governance, risk and control framework.

P. Lazenby added that on the basis of the work undertaken, the Head of Internal Audit's Annual Opinion would reflect a "reasonable opinion" due to controls being efficient and appropriate and not being able to complete all the planned audit work due to the pandemic.

Four additional audits had been commissioned and field work is currently being undertaken. There had been delays in staff availability, but they will be completed for the May Committee meeting.

The audit plan for 2021/22 was presented and approved.

Chair's assurance comments:
2020/21 has been a challenging year with remote working and consequently this had impacted on the planned audit programme. Pandemic pressures had resulted in delays in implementing agreed recommendations and therefore an extensive review and follow up of all outstanding recommendations was completed. Following the last Audit Committee in January 2021, I regularly met with the Internal Auditors, and the Director of Finance in order to ensure progress as a lack of progress may have negatively impacted on the Head of Internal Audit Opinion. Where necessary, I escalated matters to colleagues. During the review, I was assured of the working arrangements in place to resolve any potential issues, without compromising the respective accountabilities and responsibilities. However, I am concerned that on-going pandemic pressures will continue and would urge Colleagues to ensure staff are directed to participate and engage in the agreed audit programme for 2021/22, as well as implementing agreed audit recommendations.

1.3 Internal Audit Contract

The contract with TIAA commenced in 2017 which was a 3 years + 2 years contract.

The proposal was to extend the contract for another year but in the context that there may be a view across the health economy that there should be one internal audit supplier across the ICS/STP. Therefore, further dialogue would be required with system with colleagues. The current year, 2021/2022, was within the contract and was the final year of the extension.

Chair's assurance comments:
As Chair and members, we were assured this was within the agreed arrangements and therefore approved this extension.

1.4 Draft Annual Accounts 2021/2021

The Committee received an overview regarding the preparation of the draft annual accounts. The draft annual accounts would be submitted by 12 noon on the 27th April 2021. The Accounts would then be subject to review and testing by the External Auditors in order for the audit opinion to be issued. The Annual Accounts will be considered for approval by the Audit Committee on the 8th June 2021. (Sharan – just check does AC recommend the accounts to Board for approval or just approves it – please amend accordingly)

The report provided an overview on the accounts specifically relating to the financial account's guidance from NHS Improvement; Consolidated Accounts; key accounting judgements and transactions; the I&E account and the statement of the financial position.

It was reported that deferred income had been an issue for the whole of the NHS and the issues had been flagged early with external audit. In addition, the Finance, Performance & Resources Committee had been regularly updated on the planning assumptions. National guidance which was issued on the 1st April 2021 for the year ending 31st March had been simplified and the FPP Committee had received a full presentation on the recommendation that the Trust could proceed with preparing the accounts on a going concern basis and there were no material

transactions which would have a significant impact on this. The forward plans for the Trust focused on the elimination of the financial deficit. The current pandemic had created many new risks but the Trust was not at any greater risk than all other NHS organisations.

Chair's assurance comments:
We were assured that the Annual Accounts would be prepared in accordance with NHS guidelines and agreed accounting standards. We were assured they will be submitted within the required timescale. Extensive engagement between the finance team and the External Auditors had helped to strengthen working relationships, clarifying emerging issues and their impact on the Trust.

1.5 Production of Annual Report 2021/2022

The Committee was informed that the draft content for the Annual Report was currently being addressed and there was an internal meeting being held on the 26th April 2021 to review content against the statutory requirements and the report would be circulated internally to colleagues for comment.

Chair's assurance comments
We were assured of the production of the annual report. A draft report would be shared for comments.

1.6 Board Assurance Framework (BAF)

The Board would be receiving the quarter 4 position of the BAF at the Board of Directors meeting on the 28th April for 2020/2021.

The Committee was informed that the Board had commenced work on identifying new strategic risks aligning to the new Trust Strategy, This commenced with a Board Development session in January and continued with Committee Chairs and Lead Executives agreeing the strategic risks, the controls and mitigations. This work was continuing with the risk scoring taking place at the next round of Committee meetings with the Quarter 1 position for 2021/2022 being presented to the Board of Directors in June 2021.

Chair's assurance comments:
I was assured the existing BAF would inform the 2020/21 annual accounts processes. The revised BAF aligning risks to the new Trust Strategy, assigning risks to Committees, clarifying lead responsibility for shared risks, controls and mitigations will inform the 2021/22 accounting processes.

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**12**
Paper title	**INTEGRATED PERFORMANCE REPORT**
Date	28th April 2021
Author	Richard Sollars, Deputy Director of Finance Dawn Clift, Associate Director of Governance Lizzie Prior, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

We are critically reviewing our performance management and reporting approaches as we begin to move forward with the new Trust Strategy. We will retain the positive intentions of the existing approach and enhance the process in a number of respects.

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

- IQC - Staff and patient assaults, pressure sores, prone restraints, commissioner reportable incidents, falls
- FPP – Out of area bed use, financial position and CIP
- People - Return to work interviews, fundamental training, appraisal rates and sickness. Also the divergence in performance between different teams

Reason for consideration:

To assure the Committee of Trust delivery against its key performance indicators and priorities

Previous consideration of report by:

Executive Team and Performance Delivery Group & Finance, Performance & Productivity Committee

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

Clinical Services, Quality, People and Sustainability

Financial Implications *(detail any financial implications)*

None

Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
N/A
Equality impact assessments:
N/A
Engagement *(detail any engagement with staff/service users)*
Ongoing performance monitoring via Performance Delivery

Integrated Performance Report

Context

As has been outlined in previous discussions at Committee and Board meetings, we are critically reviewing our performance management and reporting approaches as we begin to move forward with the new Trust Strategy to ensure that:

- We focus on the priorities and key outcomes associated with the Strategy
- We develop our Board Assurance Framework to understand the strategic and emerging risks relating to the Strategy and the world around us
- We provide the right information at the right level of detail in the right format that helps us transparently explain what has happened and the implications and identify the action required to improve outcomes

We will retain the positive intentions of the existing approach:

- Balanced review of performance in the round rather than concentrating on one factor at the expense of others
- Use of graphics to make it easy to understand trends and distinguish between random variation and underlying issues
- Allow drill down from top level or average information to identify the underpinning detail

We will enhance the process in a number of respects:

- Improve the robustness of performance review by the Executive Team and performance Delivery Group
- Provide greater insight and intelligence to the Committees to allow them to better understand key performance issues and improve the level of assurance they provide to the Board
- Improve the integration and structure of data in different Trust systems to improve accuracy and integrity

Performance in March 2021

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds, which was the national target set for this month. For March there were 1,027 out of area bed days, equivalent to 33 beds per day
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. While this has deteriorated as a result of COVID, the divergence between individual teams is of real concern:
- **Financial position and CIP** – We have achieved deficit for the year as a whole of £1.7m although this is clouded by the impact of the national funding regime due to COVID-19. We

delivered efficiencies of £3.8m (1.5%) against a target at the start of the year of £13m and currently expect a deficit for 2021/22

Quality

- The Quality domain as a whole continues to generate the best overall aggregate position, although the nature of the standards set means that there will always be large fluctuations against individual metrics
- There are issues with the level of inpatient assaults on patients and staff, prone restraints and commissioner reportable incidents
- There were three grade 2 pressure sores reported. This is unusually high
- As always, the Trust performs well against the Duty of Candour and Never Events metrics and has a very good reporting culture
- The percentage of incidents resulting in harm to patients (17%), compares favourably against the national average (39%)
- **Key concerns: Staff and patient assaults, pressure sores, prone restraints, commissioner reportable incidents, falls**

Performance

- The overall score has been adversely impacted by introduction of new KPIs and decisions to be taken regarding performance standards for these
- Of the continuing metrics, the Out of Area Patient performance remains the main concern – it is little changed in month
- IAPT patients seen within 6 weeks of referral has consistently worsened over last three months to worst position in entire reporting period (60 weeks since Apr-16). It reflects large number of staff vacancies (14%)
- The % of service users on CPA having a formal review in the last 12 months remains a worry at 88% though performance standards not yet agreed
- New referrals not seen within 3 months are of concern but have reduced in month to 2,292
- On the large majority of targets, the Trust achieves target or better on an ongoing basis
- **Key concerns: Out of Area, IAPT seen in 6 weeks, CPA 12 month review and new referrals not seen in 3 months**

People

- The People domain has seen the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Return to Work contacts – 56% overall against a target of 85% - individual departments/teams vary between Urgent Care (15%) and Tamarind (97%)
- Fundamental training – 89% overall against a target of 95% - varies between Psychotherapy (80%) and Tamarind (94%)
- Staff Appraisals – 81% overall against a target of 90% - varies between Psychology (52%) and Addictions (97%) with Tamarind on 93%
- Sickness absence – 5.3% overall against a target of 3.9% and 6.5% last month – varies between Older People (0.9%) and NAIPS (13.1%)
- Rolling 12 month turnover and agency expenditure continue to be better than plan
- **Key concerns: Return to work interviews, fundamental training, appraisal rates and sickness**

Sustainability

- For the year as a whole, the deficit is £1.7m, better than plan and mid-year forecast, although this reflects the positive impact of changes to the national funding regime

- The underlying financial position remains a serious concern, although immediate risks are mitigated in short term by national funding decisions relating to COVID-19
- Cash, performance against the capital expenditure plan and property standards remain well above target
- **Key concerns: CIP under achievement impacting adversely on Operating Surplus**

INTEGRATED PERFORMANCE DASHBOARD

Overall Performance @ Mar-21

Birmingham and Solihull Mental Health NHS Foundation Trust

OVERALL 73.5%

QUALITY	PERFORMANCE
79%	76%

PEOPLE	SUSTAINABILITY
60%	79%

KEY CONCERNS:
* **Staff and patient assaults**
* **Pressure sores**
* **Prone restraints**
* **Commissioner reportable incidents**
* **Falls**

SOME CONCERNS:
* None

	Now	1m ago	12m ago
QUALITY	79%	83%	82%
PERFORMANCE	76%	72%	80%
PEOPLE	60%	49%	72%
SUSTAINABILITY	79%	79%	73%
OVERALL	74%	71%	77%

KEY CONCERNS:
* **Financial position**
* **Some Quality metrics problematic**
* **Workforce metrics in general**
* **Out of Area bed usage**

KEY CONCERN:
* **Out of Area - unchanged in month**
* **IAPT seen in 6 weeks - large number of staff vacancies**
* **New referrals not seen in 3M - reduced to 2,292, performance standard not yet agreed**
* **CPA 12 month review - standards under discussion**

SOME CONCERNS:
None

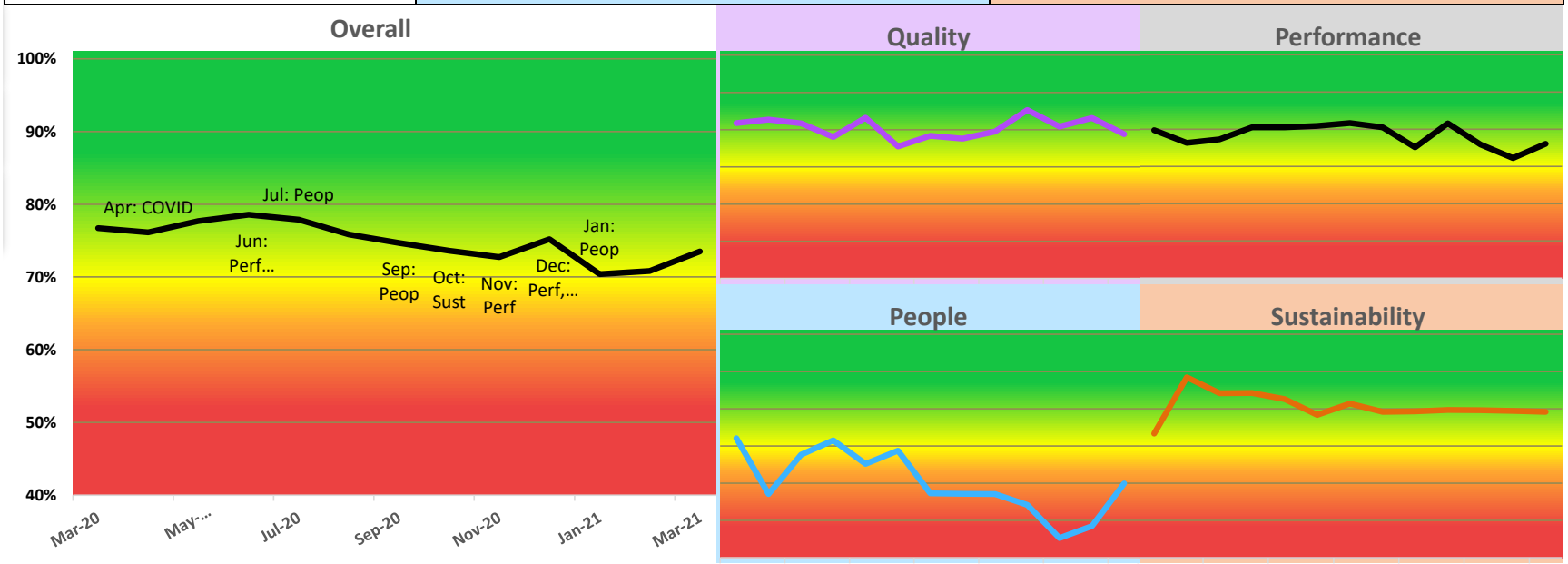
* Quality score remains highest scoring domain, reflects high incident reporting as positive outcome
* Performance improved - issues with capacity and new metrics
* People improved but significant under performance across the board
* Sustainability artificially improved, but impacted by removal of top up income

KEY CONCERNS
* **Return to Work interviews have remained at or below 60% for last seven months and show no signs of improvement**
* **Fundamental training at lowest level since Jun-16 during Feb-21**
* **Appraisals improved but remains significantly below pre-COVID levels**
* **Sickness improved on previous two months, but remains worryingly low**

SOME CONCERNS
* **Shift Fill Rate has improved but remains significantly below target**

KEY CONCERNS:
* **Surplus, Cash, SOF figures artifically boosted by COVID - Surplus slightly better on mid-year forecast**
* **Removal of top-up funding exposes underlying performance**
* **CIP will be an issue when national funding regime returns to normal**
* **SOF remains at 'normal' position**

SOME CONCERNS: IG held down by poor compliance by temporary staff



INTEGRATED PERFORMANCE DASHBOARD

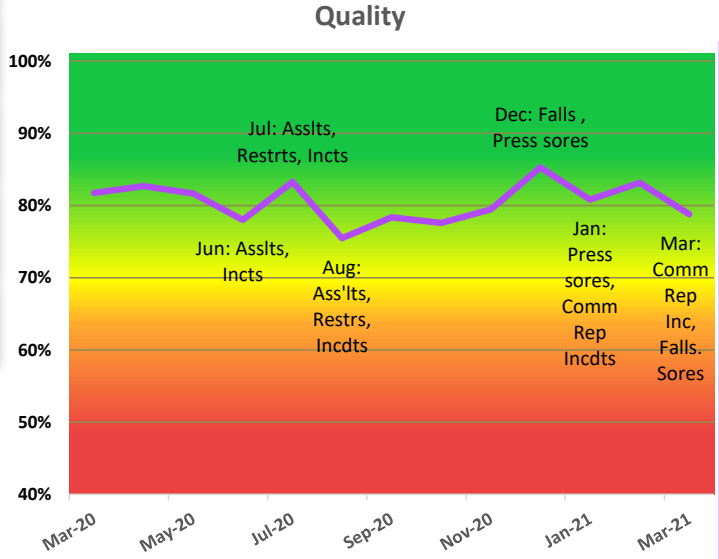
Quality @ Mar-21

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
73.5%	
QUALITY	PERFORMANCE
79%	76%
60%	79%
PEOPLE	SUSTAINABILITY

*

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
Duty of Candour	0	Target	0.5	100%	100%	100%		DoC oversight
Staff assaults/ 1000 OBD	4.5	Target	0	56%	53%	54%		Assaults on staff
Patient assaults/ 1000 OBD	2.7	Target	0	45%	53%	49%		Assaults on patients
Prone restraints/ 1000 OBD	5.8	Target	0	62%	66%	76%		Prone restraints
Physical restraints/ 1000 OBD	11.2	Target	8	84%	75%	100%		Physical restraints
Abscon. and Fail to Return	7	Target	0	92%	93%	57%		Fails to Return summary
Incidents resulting in harm	17.0%	Target	0	100%	100%	100%		Incidents result. in harm
Reported incidents	1,889	Target	1,800	100%	98%	98%		Incidents reported
Comm report incidents	7	Target	0	53%	80%	67%		Summary of CR incidents
Homicides in month	0	Target	0	100%	100%	100%		Homicide analysis
Inpatient suicides	0	Target	0	100%	100%	100%		Inpatient suicides
Comm'ty suicides	0	Target	0.5	100%	100%	93%		Community suicides
Never events	0	Target	0	100%	100%	100%		Never events
Pressure sores (weighted)	3	Target	0	40%	60%	60%		Pressure sores
Inpatient falls/ 1000 OBD	1	Target	0	79%	62%	62%		Inpatient falls
Falls resulting in serious harm	1	Target	0	55%	100%	100%		Serious harm falls
Qual BAF Score	7	5x5 matrix		74%	74%	74%		BAF Summary
QUALITY				79%	83%	82%		



Headlines

KEY CONCERNS:

* **Staff and patient assaults**
* **Pressure sores**
* **Prone restraints**
* **Commissioner reportable incidents**
* **Falls**

SOME CONCERNS:

* None

NO CONCERNS:

All other metrics on or close to target

INTEGRATED PERFORMANCE DASHBOARD

Performance @ Mar-21

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
	73.5%

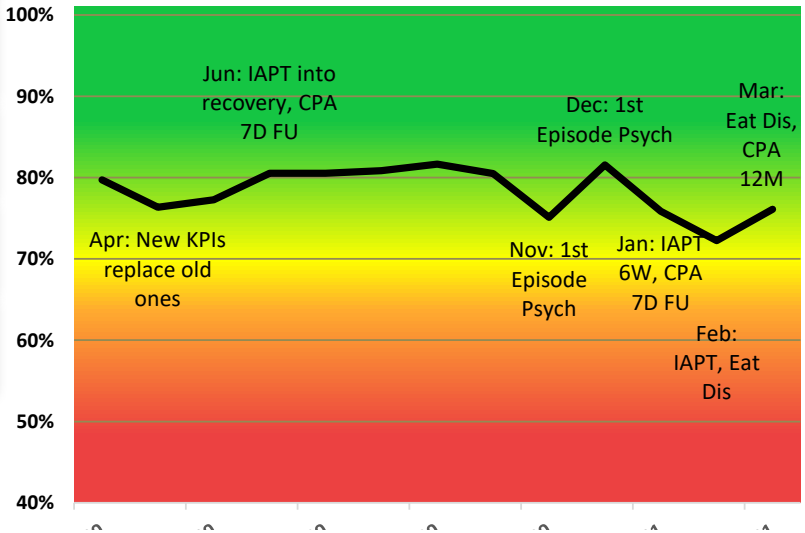
QUALITY	PERFORMANCE
79%	76%

PEOPLE	SUSTAINABILITY
60%	79%

*

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
Data Quality Matur. Index	98%	Target	95%	100%	100%	100%		DQMI summary
IAPT seen in 6 weeks	45%	Target	75%	0%	0%	100%		IAPT <6 weeks
IAPT seen in 18 weeks	100%	Target	95%	100%	100%	100%		IAPT <18 weeks
IAPT into recovery	56%	Target	50%	100%	100%	96%		IAPT moving to recovery
1st episode psychosis	100%	Target	60%	100%	100%	100%		1st Episode psychosis
Eating disorders urgent	100%	Target	95%	100%	100%	100%		Eating disorders urg.
Eating disorders routine	100%	Target	95%	100%	57%	100%		Eating disorders rout.
Out of Area Bed Days	1,029	Target	17	0%	0%	0%		OAP bed days
Admissions gatekept HTT	97%	Target	95%	100%	100%	100%		Gatekept admissions
CPA 7 day FU	96%	Target	95%	100%	100%	56%		7 day follow up
CPA 3 day FU	85%	Target	80%	100%	100%	93%		3 day follow up
CPA 12m Review	88%	Target	95%	54%	43%	73%		12 month review
DTOC %	5%	Target	8%	100%	100%	46%		DTOC
New Referrals not seen in 3m	2,292	Target	1,000	35%	32%	39%		New refer not seen
Perf BAF Score	13	5x5 matrix		52%	52%	52%		BAF Summary
PERFORMANCE				76%	72%	80%		

Performance



Headlines

KEY CONCERN:

* **Out of Area - unchanged in month**
* **IAPT seen in 6 weeks - large number of staff vacancies**
* **New referrals not seen in 3M - reduced to 2,292, performance standard not yet agreed**
* **CPA 12 month review - standards under discussion**

SOME CONCERNS

None

NO CONCERNS

* DQMI score has sustained improvement and in top 7 nationally
* All other metrics are on or close to target
* BAF scores/risks based on new definitions, 2 risks in Performance domain

INTEGRATED PERFORMANCE DASHBOARD

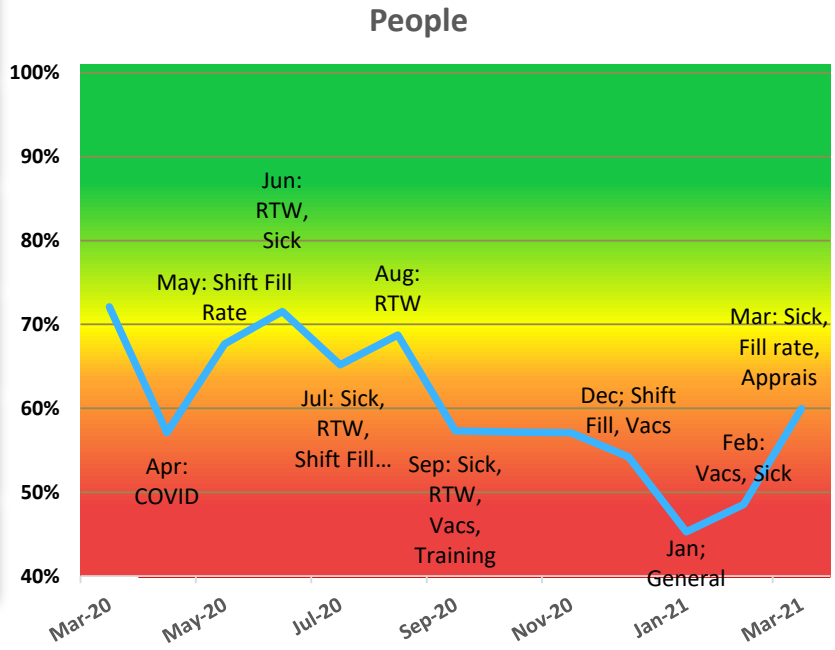
People @ Mar-21

Birmingham and Solihull Mental Health NHS Foundation Trust

OVERALL	QUALITY	PERFORMANCE	PEOPLE	SUSTAINABILITY
73.5%	79%	76%	60%	79%

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
Staff Sickness	5%	Target	4%	58%	19%	54%		Sickness absence
RTW Contact	56%	Target	85%	0%	0%	33%		Return to Work
Bank & Agency Fill Rate	89%	Target	95%	68%	23%	67%		Shift fill rate
Rolling 12m Turnover	9%	Target	11%	100%	100%	98%		Staff turnover
Staff Vacancies	8%	Target	6%	83%	82%	90%		Staff vacancy rates
Staff Appraisals	81%	Target	90%	55%	41%	76%		Staff appraisals
Fundamental Training	89%	Target	95%	38%	35%	93%		Fundamental training
Monthly Agency £'000	£478	Target	£628	100%	100%	100%		Agency expenditure £'000
Peop BAF Score	16	5x5 matrix		38%	38%	38%		BAF Summary
Staff Well Being								
Staff Temperature								
PEOPLE				60%	49%	72%		

*



Headlines

KEY CONCERNS

* Return to Work interviews have remained at or below 60% for last seven months and show no signs of improvement
* Fundamental training at lowest level since Jun-16 during Feb-21, slightly improved
* Appraisals improved but remains significantly below pre-COVID levels
* Sickness improved on previous two months, but remains worryingly low

SOME CONCERNS

* Shift Fill Rate has improved but remains significantly below target

OTHER

Metrics/data quality under review to ensure most relevant items of performance reported

INTEGRATED PERFORMANCE DASHBOARD

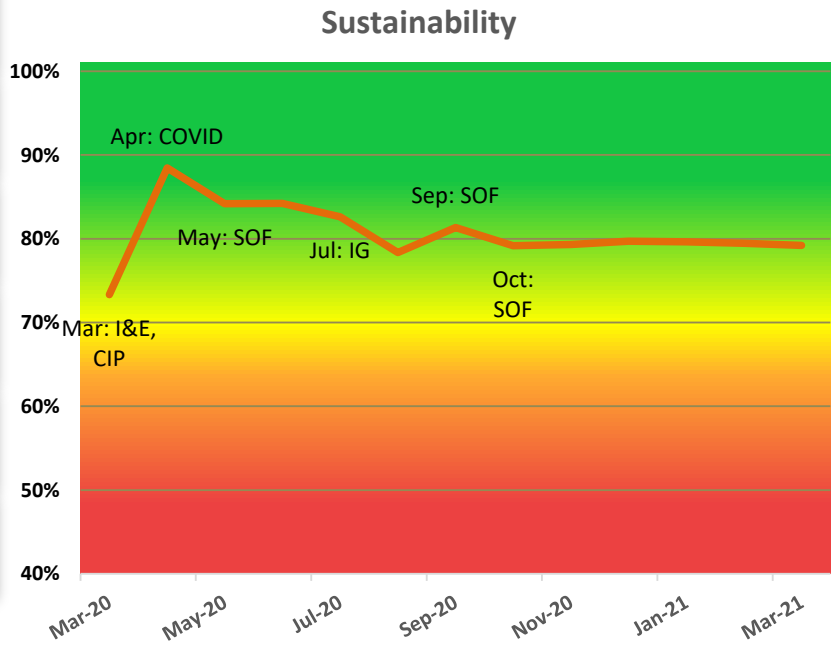
Sustainability @ Mar-21

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
73.5%	
QUALITY	PERFORMANCE
79%	76%
60%	79%
PEOPLE	SUSTAINABILITY

Metric	Actual	Comparator		Now	1m ago	12m ago	4y Trend	Reference
YTD Operating Surplus £m	-£1.7	Plan	-£3.1	100%	100%	38%		Surplus details
SOF rating	3	1-4 matrix		67%	67%	67%		SOF/Use of Resources
YTD CIP £'000	£3,833	Plan	£13,006	29%	31%	62%		CIP details
Cash £'000	£20,000	Plan	£18,000	100%	100%	78%		Cash details
YTD CapEx £'000	£8,761	Plan	£4,688	100%	100%	66%		Capital Expenditure
Sust BAF Score	14	5x5 matrix		46%	46%	63%		BAF Summary
Property	98%	Plan	95%	100%	100%	100%		Property standards
Info Governance	92%	Target	200%	92%	93%	87%		Info Governance
SUSTAINABILITY				79%	79%	73%		

*



Headlines

KEY CONCERNS:

*** Surplus, Cash, SOF figures artifically boosted by COVID - Surplus slightly better on mid-year forecast**

*** Removal of top-up funding exposes underlying performance**

*** CIP will be an issue when national funding regime returns to normal**

*** SOF remains at 'normal' position**

SOME CONCERNS: IG held down by poor compliance by temporary staff

NO CONCERNS

* BAF score reflects revised strategic risks (4 in Sustainability domain) including financial position at score of 25

INTEGRATED PERFORMANCE DASHBOARD

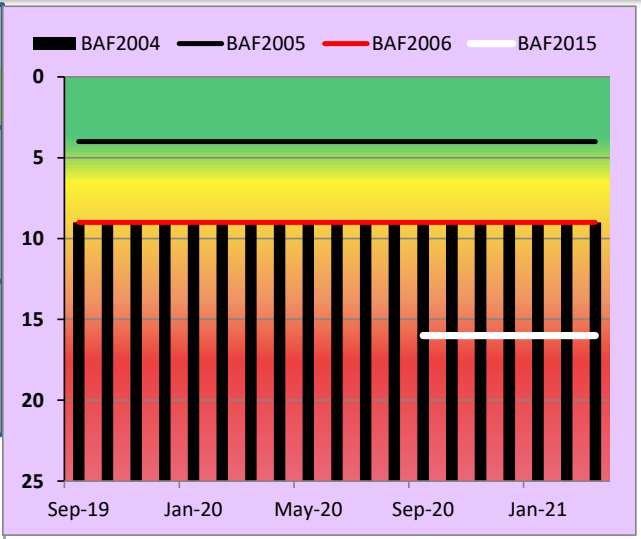
Board Assurance Framework @ Mar-21

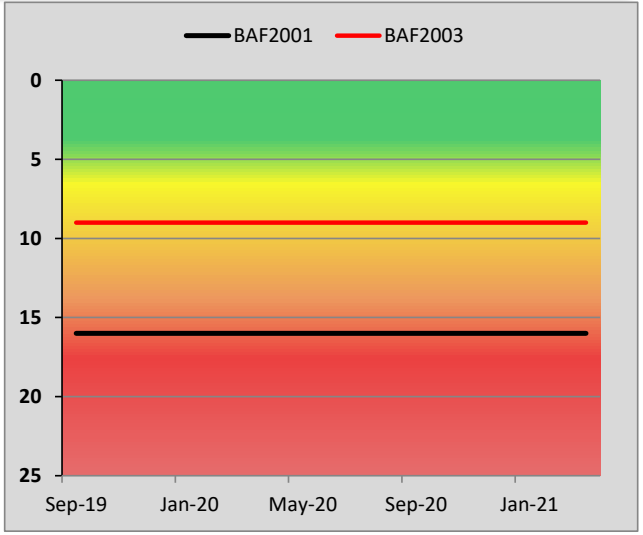
NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

OVERALL	
73.5%	
QUALITY	PERFORMANCE
79%	76%
60%	79%
PEOPLE	SUSTAINABILITY

*

Latest Board Assurance Framework

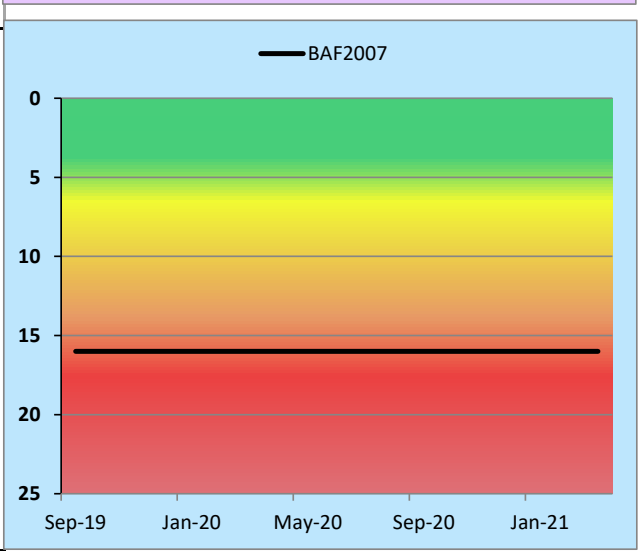


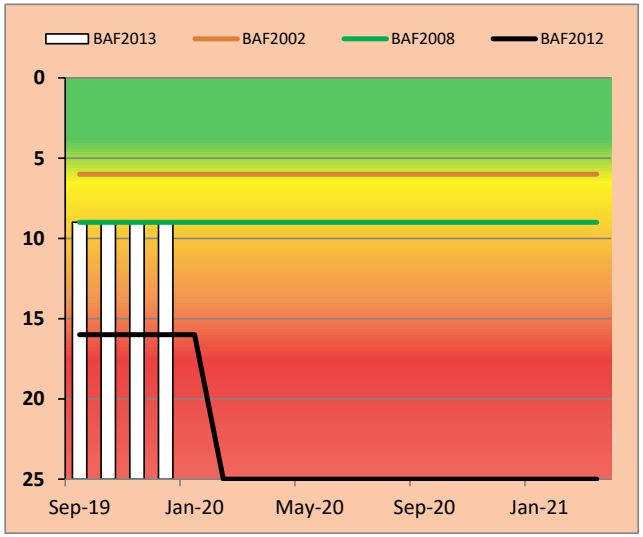


TOP RISKS (Impact * Likelihood)

BAF2012: Failure of medium to long term financial sustainability - 25
BAF2001: Unable to maintain acceptable levels of care - 16
BAF2007: Unable to recruit staff – 16
BAF 2015 - Risk of pandemic - 16

MOVEMENTS
BAF2013 - closed





Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**13**
Paper title	**Month 12 2021 Finance Report**
Date	28 April 2021
Author	Emma Ellis
Executive sponsor	David Tomlinson

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

Executive summary & Recommendations:

The month 12 2020/21 consolidated Group position is a deficit of £1.7m, this is £1.4m better than the phase 3 financial projection.
The month 12 position is £0.7m adverse to the £1m deficit forecast reported to NHSEI in the month 11 financial return. This is mainly attributable to year end provisions for pay and dilapidations partly offset by additional income including funding for annual leave accrual.

Capital expenditure is £8.7m, this is £3.4m ahead of original plan mainly driven by additional external funding including critical infrastructure risk funding and shared care record funding.

Reason for consideration:

Assurance on the 2021/22 financial position

Previous consideration of report by:

Regular briefing on financial position with FPP chair and FPP Committee

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

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

Financial Implications *(detail any financial implications)*

Group financial position

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

Linked to existing BAF2_0012

Equality impact assessments:
N/A
Engagement *(detail any engagement with staff/service users)*
Ongoing financial briefings via Operational Management Team and Sustainability Board.

Birmingham and Solihull Mental Health NHS Foundation Trust

Finance Report

Financial Performance:

1st April 2020 to 31st March 2021

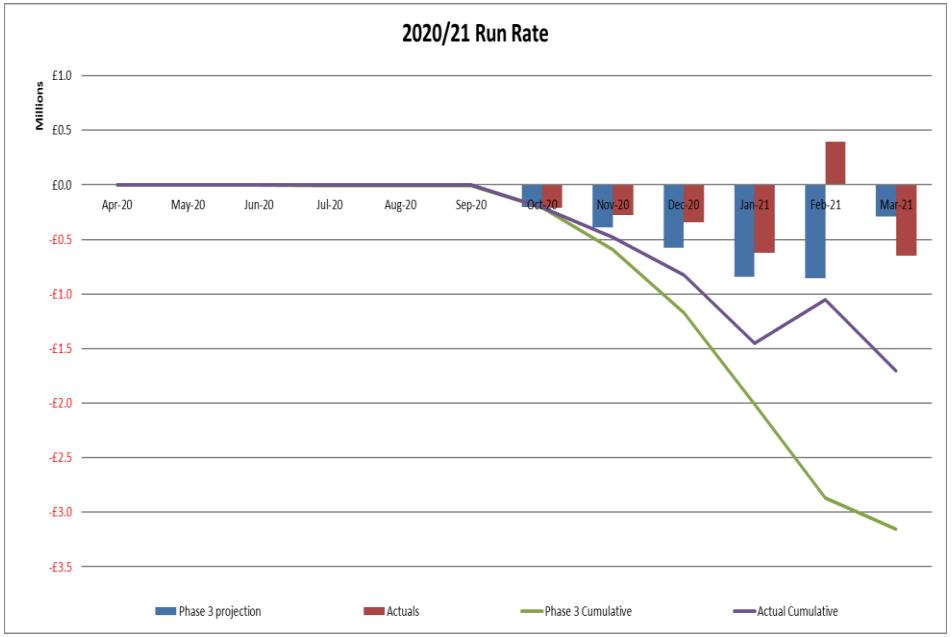
2020/21 outturn position better than phase 3 projection

Birmingham and Solihull Mental Health NHS Foundation Trust

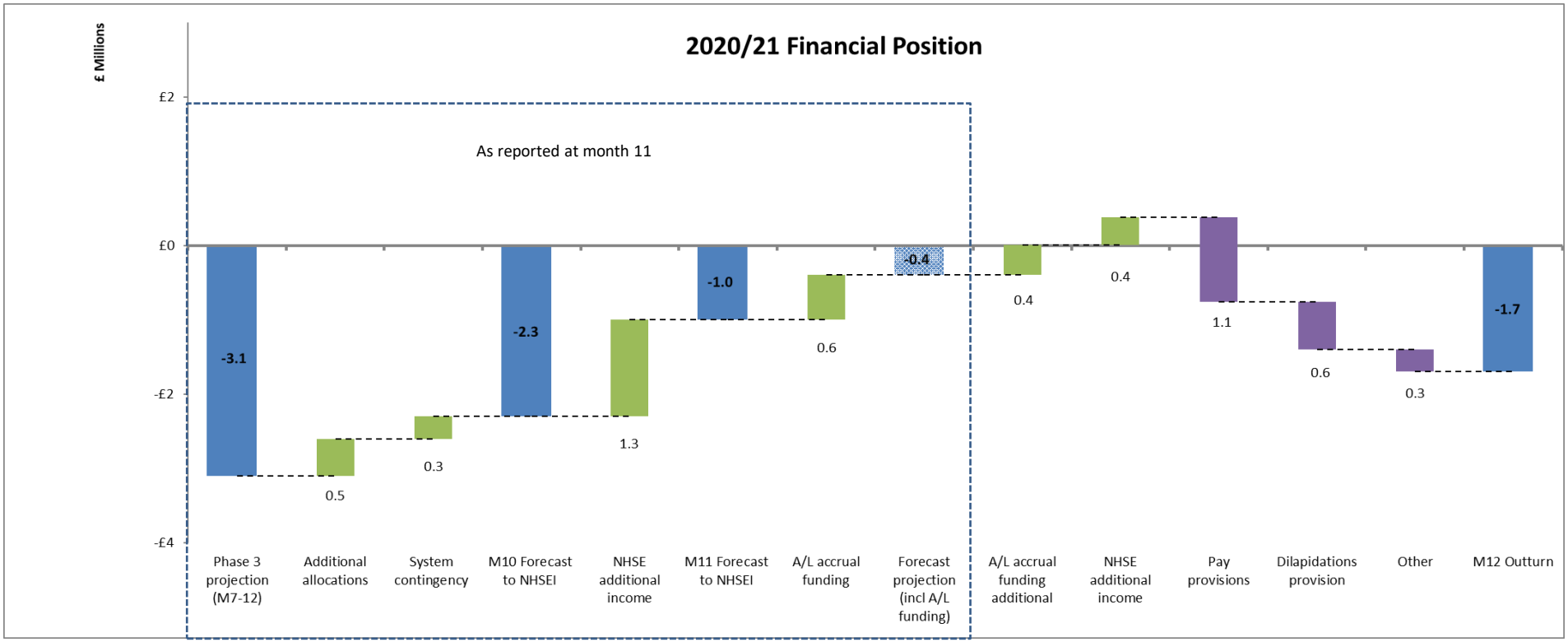
Group Summary	Original Plan	20/21 Position		
		Phase 3 Projection	Actual	Variance
	£'m	£'m	£'m	£'m
Income				
Healthcare Income	250.4	250.4	247.5	(3.0)
Other Income	13.8	23.0	43.8	20.7
Total Income	**264.2**	**273.5**	**291.2**	**17.8**
Expenditure				
Pay	(201.8)	(204.5)	(213.0)	(8.5)
Other Non Pay Expenditure	(31.4)	(37.2)	(48.2)	(11.0)
Drugs	(5.9)	(6.9)	(6.4)	0.5
Clinical Supplies	(0.8)	(0.5)	(0.7)	(0.2)
PFI	(10.2)	(8.8)	(10.2)	(1.4)
Indicative Forecast Risk	-	-	-	-
Unallocated Budget	(3.7)	(3.7)	-	3.7
EBITDA	**10.4**	**12.0**	**12.8**	**0.9**
Capital Financing				
Depreciation	(7.0)	(7.1)	(6.9)	0.2
PDC Dividend	(2.8)	(2.3)	(1.6)	0.6
Finance Lease	(4.4)	(4.4)	(4.4)	0.0
Loan Interest Payable	(1.3)	(1.4)	(1.3)	0.0
Loan Interest Receivable	0.1	0.0	(0.0)	(0.0)
Surplus / (Deficit) before impairment	**(5.0)**	**(3.2)**	**(1.4)**	**1.8**
Impairment	-	-	(0.0)	(0.0)
Taxation	-	-	(0.3)	(0.3)
Surplus / (Deficit)	**(5.0)**	**(3.1)**	**(1.7)**	**1.4**

The month 12 2020/21 consolidated Group position is a deficit of £1.7m. This is £1.4m better than the phase 3 financial projection, submitted to NHSEI on 22/10/20.

The month 12 position is £0.7m adverse to the £1m deficit forecast reported to NHSEI in the month 11 financial return. This is mainly attributable to year end provisions for pay and dilapidations partly offset by additional income including funding for annual leave accrual. For further detail on the drivers of the month 12 outturn position, see page 3.



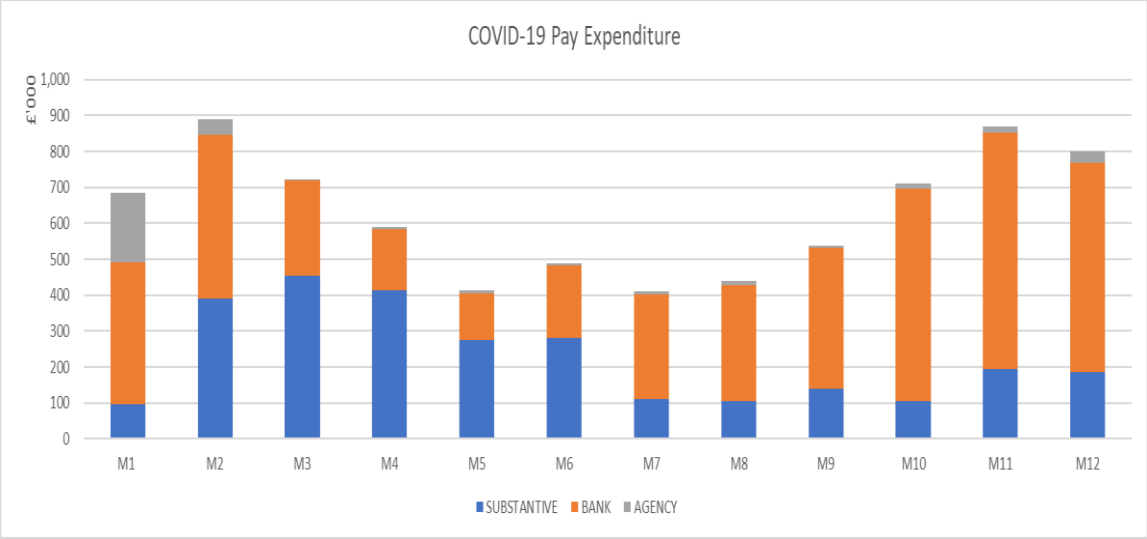
2020/21 Outturn



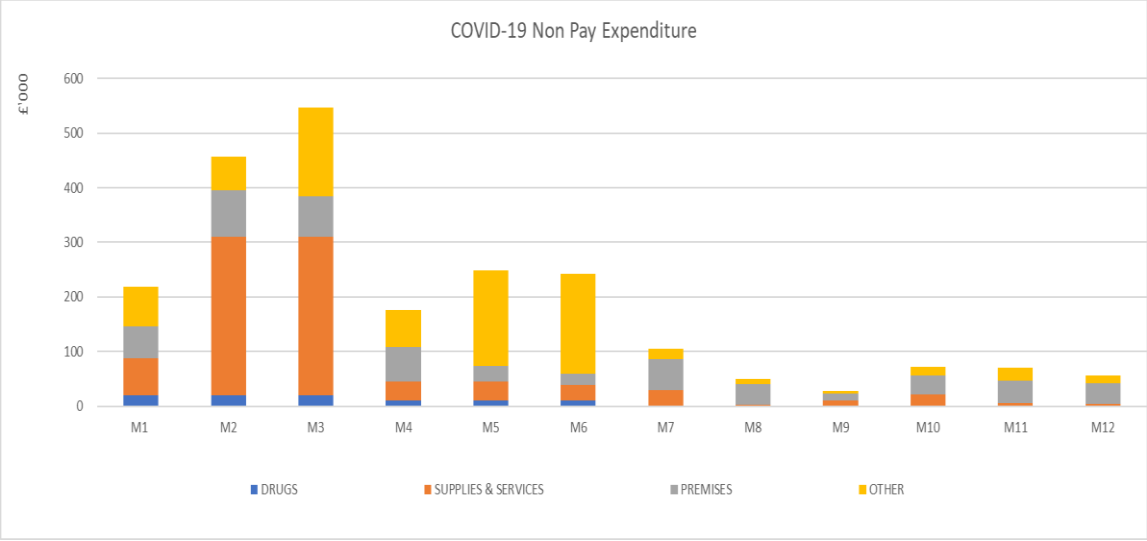
The phase 3 projection as submitted to NHSEI in October 2021 was a deficit of £3.1m. The waterfall chart above summarises the key factors contributing to the overall improvement to the month 12 £1.7m deficit position:

- £0.5m improvement (as reported in month 8 NHSEI return) to recognise benefit from additional allocations following agreement across the STP.
- £0.3m improvement (as reported in month 10 NHSEI return) due to an STP-wide agreement to release system contingency, centrally held by BSOL CCG.
- £1.3m improvement (as reported in month 11 NHSEI return) due to additional income from NHSE as part of arrangements to assist providers in managing cash positions. A further £0.4m has been accrued at month 12 with formal confirmation expected later in the month.
- Annual leave accrual funding – in mid March we were notified that we would receive £0.6m interim funding (being 80% of the forecast annual leave accrual movement) but were requested not to include in the month 11 forecast. A further £0.4m funding has been accrued based on the month 12 assessment and notification that 100% of the accrual movement will be funded subject to a cap of 5 days, formal confirmation is expected later in the month.
- A full month 12 assessment of pay provisions has resulted in an increase of £1.1m.
- An independent assessment of dilapidations provision requirement has resulted in an increase of £0.6m.

COVID-19 Revenue Expenditure



COVID EXPENDITURE	Q1	Q2	Q3	Q4	TOTAL
	£'000	£'000	£'000	£'000	£'000
SUBSTANTIVE	939	972	356	486	2,752
BANK	1,117	500	1,006	1,831	4,455
AGENCY	239	23	25	60	348
PAY TOTAL	**2,296**	**1,495**	**1,387**	**2,377**	**7,554**
DRUGS	62	31	0	0	93
SUPPLIES & SERVICES	647	98	43	30	818
PREMISES	217	113	108	115	553
OTHER	296	424	33	52	806
NON PAY TOTAL	**1,221**	**667**	**184**	**198**	**2,270**
TOTAL	**3,517**	**2,162**	**1,571**	**2,575**	**9,824**



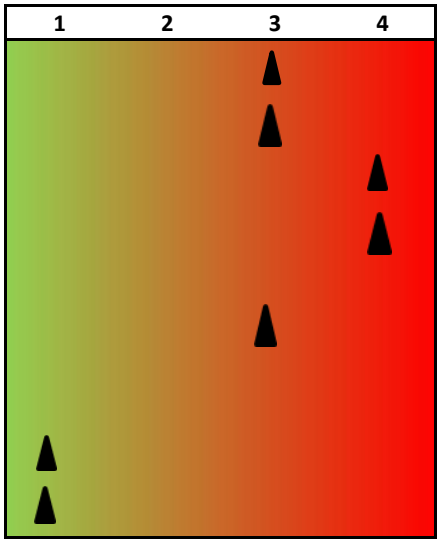
As at month 12, £9.8m COVID-19 expenditure has been incurred; £7.6m pay and £2.3m non pay.

- Under the financial regime for months 1 to 6, COVID expenditure was offset by retrospective top up income.
- Under the updated financial regime for the second half of the year, COVID expenditure is expected to be covered via system funding allocation.
- Month 12 expenditure is £84k less than month 11, mainly due to a reduction in temporary staffing expenditure.

Trust Use of Resources rating: 3

Birmingham and Solihull Mental Health NHS Foundation Trust

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



Month 12 Single Oversight Framework (SOF) rating is 3 (after overrides).

- Month 12 Liquidity rating is 4.
- Month 12 Capital servicing score is 4.
- Month 11 I&E Margin Rating is 3.
- Month 11 Agency spend is scored at 1 as expenditure is below the NHSEI ceiling.

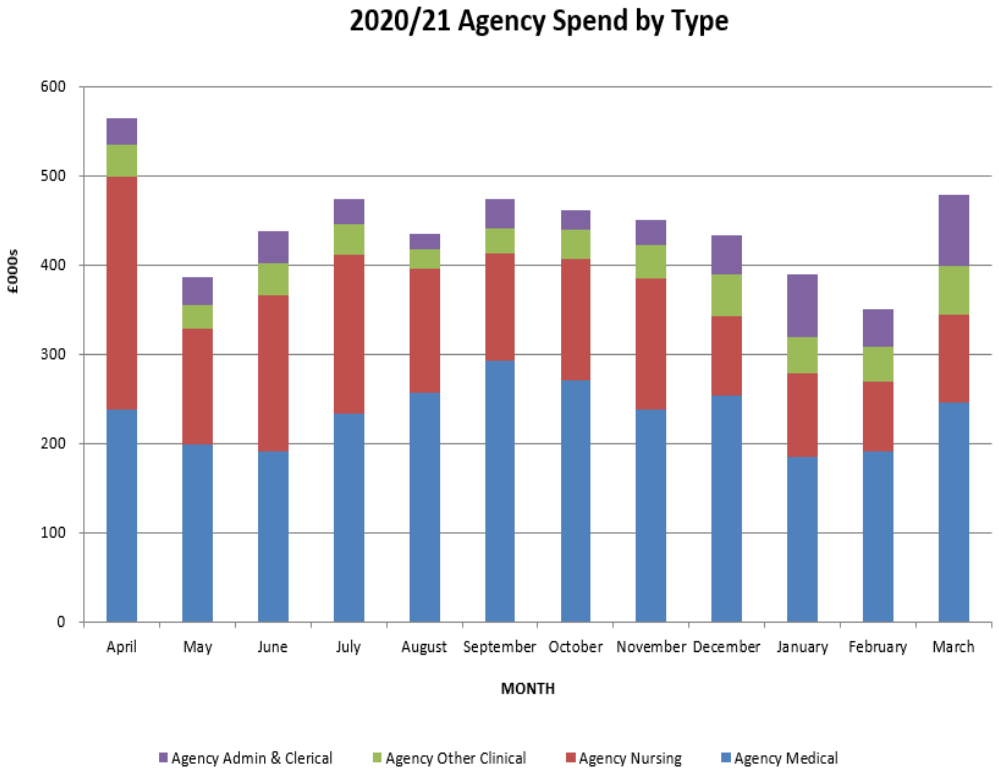
Single Oversight Framework Risk Rating	**Month 12 2020/21**	**Phase 3 Projection (£3.1m deficit) 2020/1**
	Risk Rating	**Risk Rating**
Liquidity (Current Assets and Current Liabilities less inventories and assets held for sale / Operating Expenditure x No of days in financial year to date)	4	4
Capital servicing (EBITDA for year to date / capital servicing costs)	4	4
I&E Margin %	3	4
Distance from Financial Plan	1	1
Agency Spend	1	1
Rounded Average	**3**	**3**
Single Oversight Framework (without Overrides**)**	**3**	**3**
Single Oversight Framework (After Overrides**)**	**3**	**3**

Agency expenditure remains below ceiling

NHS
Birmingham and Solihull Mental Health

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21Total
Agency Spend (£000s)	564	386	438	474	435	474	460	450	434	389	350	478	5,333
NHSEI Ceiling (£000s)	608	628	608	628	628	608	628	608	628	628	567	628	7,395
Net (£000s)	**44**	**242**	**170**	**154**	**193**	**133**	**168**	**158**	**194**	**239**	**218**	**150**	**2,062**

Agency Medical	237	198	190	233	257	292	271	238	253	185	191	246	2,791
Agency Nursing	260	130	175	178	138	121	136	147	90	94	78	99	1,647
Agency Other Clinical	36	26	36	34	22	28	32	37	47	41	39	54	433
Agency Admin & Clerical	30	31	37	29	17	33	22	28	44	70	41	79	461
Agency Spend (£000s)	**564**	**386**	**438**	**474**	**435**	**474**	**460**	**450**	**434**	**389**	**350**	**478**	**5,333**



The agency expenditure ceiling for 2020/21 was £7.4m. Actual expenditure for 2020/21 was £2m below the ceiling, with a total expenditure of £5.3m.

Agency spend increased from £350k in February to £478k in March with an increase seen across all staffing groups. This is the first increase in agency spend since September 2020 and is the second highest month of spend in 2020/21, following a spike in April. An increase in agency spend in March is a consistent yearly trend due to the impact of annual leave.

Agency controls are in place to ensure that spend remains below target:

- There was rapid, substantial recruitment to the bank at the start of 2020/21 in response to Covid-19. Outstanding issues with the provision of AVERTS training delayed start dates however, as training is completed, more individuals have started on the bank in Q4 with risk assessments for an earlier start undertaken where possible which has increased bank capacity.
- In response to the increasing staffing pressures, weekly bank recruitment has also been undertaken throughout Q4; guidance has been produced detailing if an individual is waiting to complete AVERTS training, where they can work dependent on other training they may have completed e.g., MAPA.
- In response to significant staffing pressures, HCA over-recruitment was stood back up for Q4 with recruitment rounds taking place in February and March. The Trust has accessed national winter pressure funding in relation to this.
- To reduce staffing pressures and agency reliance, those who have recently retired were contacted in January to ask whether they were able to return and assist the Trust in any capacity. Those who have responded have been deployed through the Trust redeployment process.
- Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide and recruitment plans continue to be developed and reviewed with each service to address clinical vacancies and recruit to additional posts identified through the Long Term Plan expansion requirements.
- The Trust continues to run internal track and trace and outbreak processes to ensure the staffing impact of COVID-19 is minimised as much as possible to help prevent heavy reliance on agency workers. The Trust's Redeployment group continues to meet weekly with additional urgent meetings where needed to review deployment of staff, including clinical and non-clinical Corporate staff, to reduce workforce gaps and release clinical capacity on wards.

Consolidated Statement of Financial Position (Balance Sheet)

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Statement of Financial Position - Consolidated	EOY - Final 31-Mar-20 £m's	NHSI Plan YTD 31-Mar-21 £m's	Actual YTD 'Draft' 31-Mar-21 £m's
Non-Current Assets			
Property, plant and equipment	180.6	178.1	186.5
Prepayments PFI	1.5	1.5	1.4
Finance Lease Receivable	-	-	0.0
Finance Lease Assets	-	-	(0.0)
Deferred Tax Asset	(0.3)	(0.3)	0.1
Total Non-Current Assets	181.7	179.2	187.9
Current assets		-	
Inventories	0.4	0.4	0.4
Trade and Other Receivables	17.4	17.4	8.6
Finance Lease Receivable	-	-	-
Cash and Cash Equivalents	14.0	10.4	28.8
Total Curent Assets	31.8	28.3	37.7
Current liabilities			
Trade and other payables	(24.2)	(24.2)	(28.0)
Tax payable	(4.1)	(4.1)	(4.4)
Loan and Borrowings	(2.7)	(2.7)	(2.7)
Finance Lease, current	-	-	-
Provisions	(0.6)	(0.6)	(1.2)
Deferred income	(7.3)	(7.3)	(13.2)
Total Current Liabilities	(38.9)	(38.9)	(49.5)
Non-current liabilities			
Loan and Borrowings	(31.7)	(29.5)	(29.5)
PFI lease	(50.9)	(49.3)	(49.3)
Finance Lease, non current	-	-	0.0
Provisions	(2.1)	(2.1)	(2.4)
Total non-current liabilities	(84.7)	(81.0)	(81.3)
Total assets employed	89.9	87.7	94.9
Financed by (taxpayers' equity)			
Public Dividend Capital	106.7	106.7	110.5
Revaluation reserve	24.6	24.6	27.5
Income and expenditure reserve	(41.4)	(43.6)	(43.1)
Total taxpayers' equity	89.9	87.7	94.9

SOFP Highlights

The Group cash position at the end of March 2021 is £29.0m.

For further detail on the current month cash position and movement of trade receivables and trade payables, see pages 8 to 9.

Current Assets & Current Liabilities

Ratios

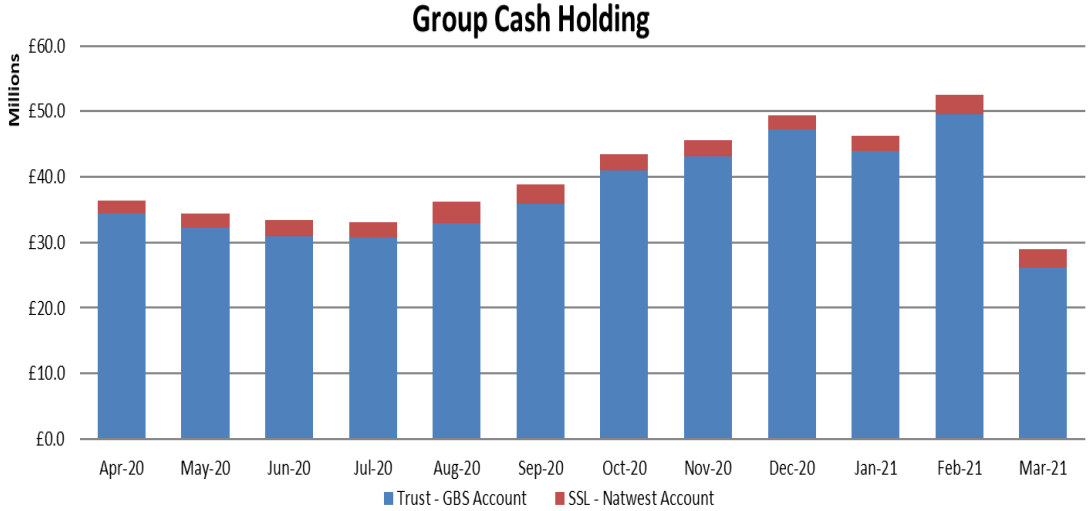
Liquidity measures the ability of the organisation to meet its short-term financial obligations.

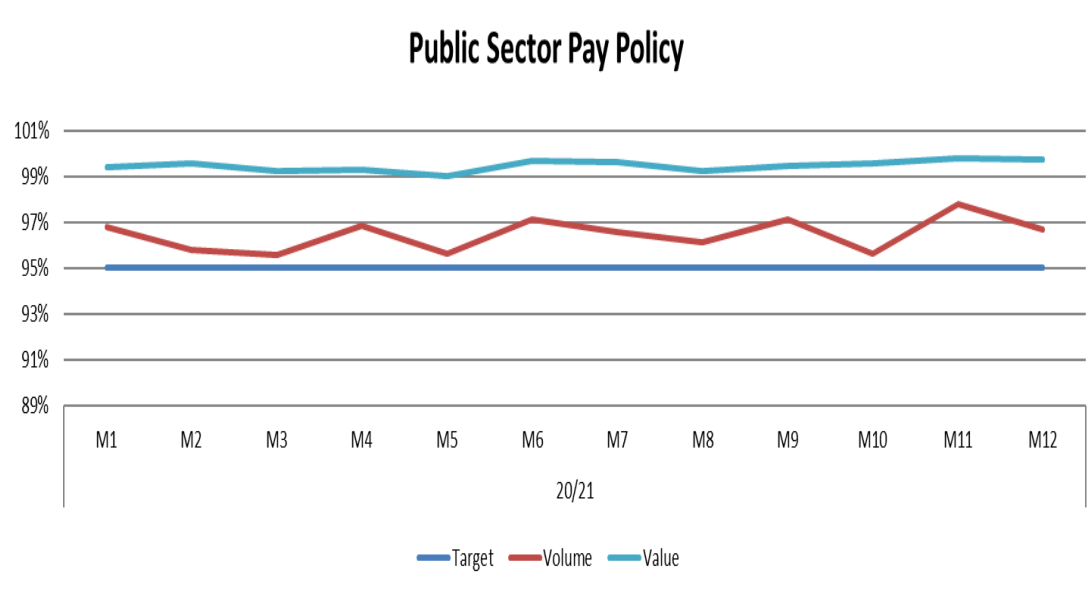
Current Ratio :	**£m's**
Current Assets	37.7
Current Liabilities	-49.5
Ratio	0.8

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

Cash & Public Sector Pay Policy

Birmingham and Solihull Mental Health NHS Foundation Trust





Cash

The Group cash position at the end of March 2021 is £29m.

Under the financial regime introduced as a result of the pandemic, the majority of our NHS contracts were paid on a block basis. During the year the payments have been made in advance to bolster cash positions. This arrangement ceased in month 12, hence the reduction in cash balance in March. The block arrangement will continue for the first half of 2021/22, but payments will not be made in advance.

Better Payments

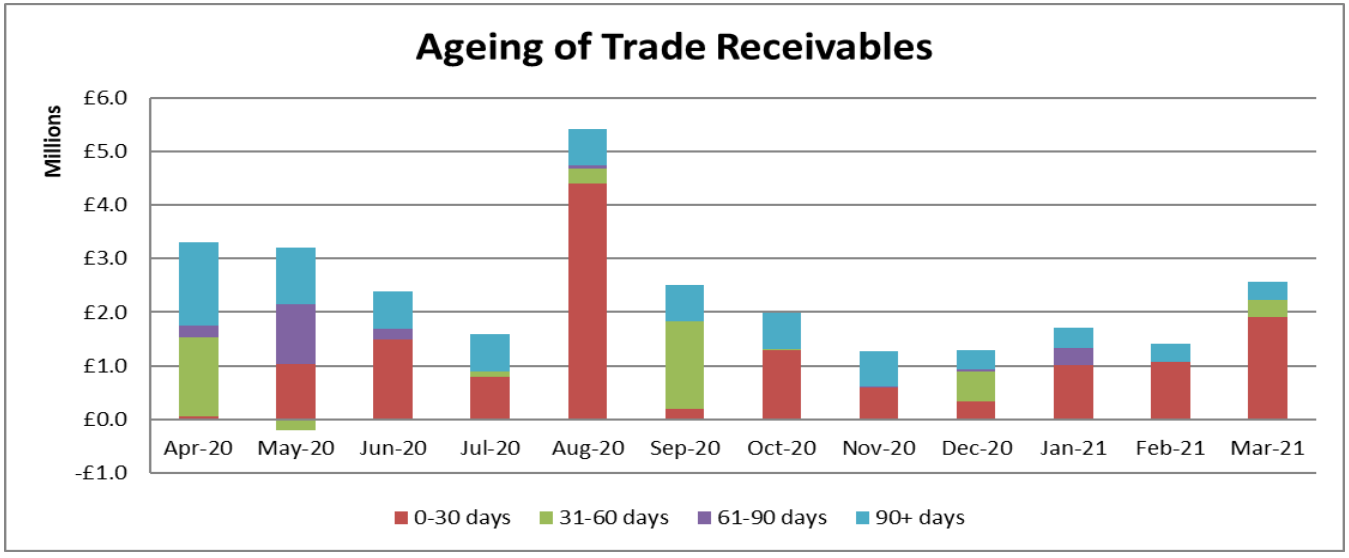
The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers.

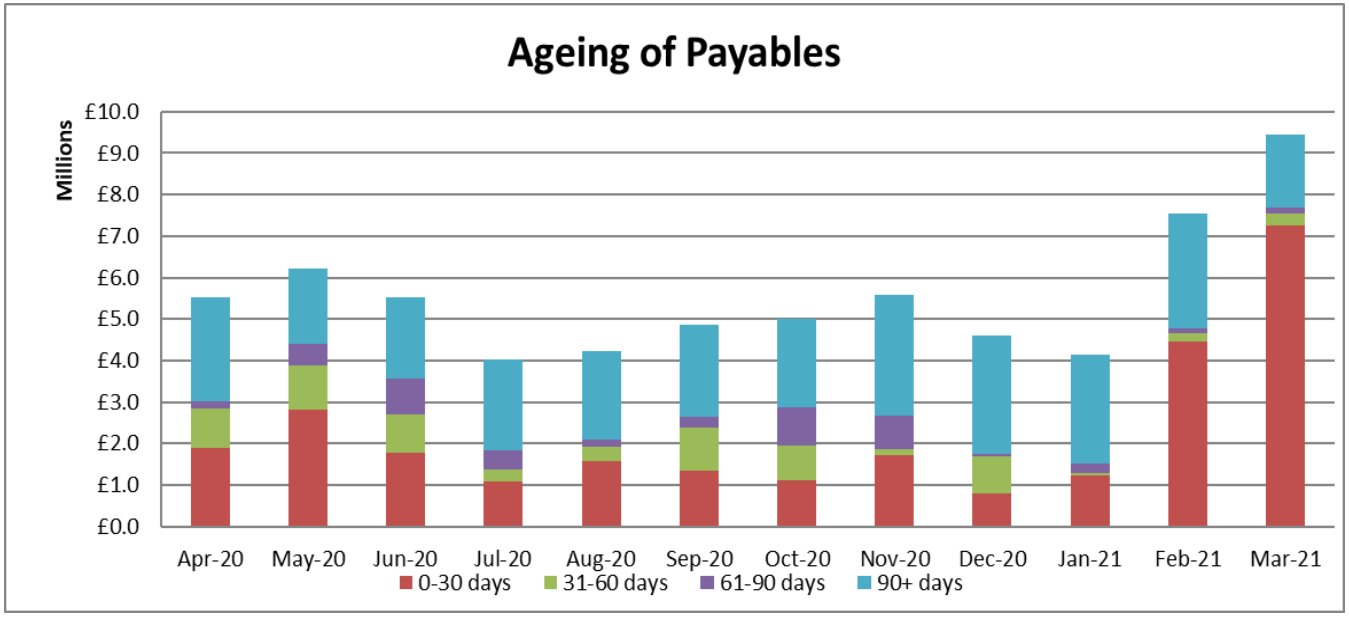
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.

Better Payment Practice Code :

	Volume		Value	
NHS Creditors within 30 Days	100%	✓	100%	✓
Non - NHS Creditors within 30 Days	97%	✓	100%	✓

Trust Receivables and Payables





Trade Receivables

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

Receivables :

- **Over 90 days**-consists of outstanding NCA balances from 6 NHS bodies- less than £16k.

Trade Payables

Payables greater than 90 days:

- NHS Property Services £329k– Awaiting lease agreement to be finalised to enable/facilitate payment. The Estates Dept are working with NHS Property to resolve this matter.

- Non-NHS Suppliers (45+) £1.2m – accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in April 2021.

***due to the financial year end overall balances of Debtors & Creditors will increase**

2020/21 Capital position in line with forecast

Birmingham and Solihull Mental Health NHS Foundation Trust

	2020/21 Capital Annual		
	Plan	Actual	Variance to plan
	£m	£m	£m
Major Projects	0.6	0.7	-0.1
Minor schemes	1.2	0.7	0.5
Statutory Standards and Backlog Maintenance (SSBM)	1.0	1.0	0.0
Estates Total	**2.8**	**2.4**	**0.4**
ICT Total	**1.9**	**4.7**	**-2.8**
Original Plan	**4.7**	**7.1**	**-2.4**
Critical Infrastructure Risk (CIR) bid 1	0.6	1.6	-1.0
Plan submitted 27/7/20	**5.3**	**8.7**	**-3.4**

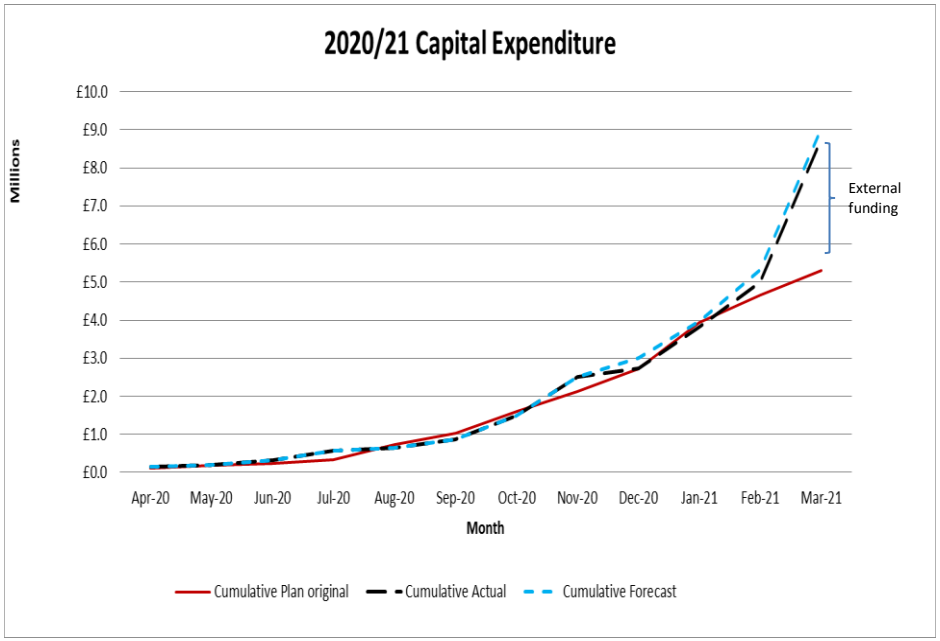
Month 12 YTD Capital Expenditure

2020/21 consolidated gross capital expenditure is £8.7m, this is £3.4m above the plan submitted to NHSEI in July 2020.

The additional expenditure has mainly been driven by external funding secured in the latter part of the year for:

- Additional critical infrastructure risk (CIR) funding £1m
- COVID capital funding £0.1m
- Mental health remote working funding £0.3m
- Shared care record funding £1.8m
- A further £0.5m expenditure related to agreed transfer of capital envelope from within the system (internally funded).

Full year total CDEL (Capital Departmental Expenditure Limit) is in line with forecast at £8.6m as detailed below. Slippage on forecast disposal of Ross House (now expected to occur in Q1 of 2021/22) has been offset by reduction in forecast expenditure.



	Original Plan	Forecast M11	Actual M12	Variance to forecast
	£'m	£'m	£'m	£'m
Internal funding:				
BAU (Estates & ICT) - BSMHFT envelope	4.7	4.7	4.4	0.3
STP agreed transfer of envelope	0.0	0.5	0.5	0.0
Total internally funded schemes	**4.7**	**5.2**	**4.9**	**0.3**
External funding:				
Critical Infrastructure Risk (CIR) funding	0.6	1.6	1.6	0.0
COVID - ICT	0.0	0.1	0.1	0.0
MH Remote working fund- ICT	0.0	0.3	0.3	0.0
Shared care record (HSLI & LHCRE)	0.0	1.8	1.8	0.0
Total externally funded schemes	**0.6**	**3.8**	**3.8**	**0.0**
Gross Capital Expenditure	**5.3**	**9.0**	**8.7**	**0.3**
Less PFI capital (IFRIC12)	-0.6	-0.6	-0.7	0.1
Plus PFI residual interest	0.6	0.6	0.6	0.0
Sale of financial assets	-0.4	-0.4	0.0	-0.4
Total CDEL	**4.9**	**8.6**	**8.6**	**0.0**

2020/21 Service Area Breakdown

Directorate	Original Plan £'m	Phase 3 Projection £'m	2020/ 21 Actual £'m	2020/21 Variance £'m
Operating Income	0.3	0.3	0.3	(0.0)
Pay	(36.5)	(36.5)	(36.8)	(0.3)
Non Pay	(3.0)	(3.0)	(3.3)	(0.2)
Acute and Urgent Care Services	**(39.2)**	**(39.2)**	**(39.7)**	**(0.5)**
Operating Income	0.1	0.1	1.3	1.1
Pay	(42.4)	(42.4)	(39.1)	3.3
Non Pay	(8.7)	(8.7)	(8.3)	0.4
ICCR	**(51.0)**	**(51.0)**	**(46.1)**	**4.9**
Operating Income	2.2	2.2	2.4	0.2
Pay	(37.3)	(37.3)	(36.8)	0.5
Non Pay	(3.2)	(3.2)	(2.9)	0.3
Specialities Services	**(38.3)**	**(38.3)**	**(37.4)**	**0.9**
Operating Income	0.8	0.8	1.7	1.0
Pay	(47.7)	(47.7)	(48.1)	(0.3)
Non Pay	(7.8)	(7.8)	(7.3)	0.5
Secure Serv & Offender Health	**(54.7)**	**(54.7)**	**(53.6)**	**1.1**
Activity Income (HCI)	250.4	250.4	247.5	(3.0)
Operating Income	11.0	11.0	15.3	4.3
Pay	(30.1)	(30.1)	(36.3)	(6.3)
Non Pay	(39.3)	(39.3)	(53.4)	(14.1)
Capital Financing	(10.8)	(10.8)	(9.3)	1.5
Unallocated Budgets	(3.7)	(3.7)	-	3.7
COVID-19	-	1.8	11.7	9.9
Corporate and Trustwide	**177.6**	**179.4**	**175.4**	**(4.0)**
Operating Income	21.3	21.3	24.8	3.5
Pay	(8.0)	(8.0)	(8.6)	(0.6)
Non Pay	(8.0)	(8.0)	(10.1)	(2.1)
Corporation Tax		-	(0.3)	(0.3)
Capital Financing	(5.9)	(5.9)	(6.8)	(0.9)
Summerhill Services Ltd	**(0.6)**	**(0.6)**	**(1.1)**	**(0.5)**
Capital Financing	1.3	1.3	0.8	(0.5)
Consolidation Adjustments	**1.3**	**1.3**	**0.8**	**(0.5)**
Consolidated Position Total	**(5.0)**	**(3.1)**	**(1.7)**	**1.4**

- All COVID-19 expenditure and planning assumptions, including the break even financial regime for months 1 to 6 have been included in Corporate and Trustwide. The service area narrative below is therefore, based on actuals compared to original plan (£5m deficit).
- **Acute and Urgent Care – £511k overspend at month 12.** Inpatient overspend of £1.6m mainly due to pay (high levels of observations and seclusions). Urgent Care underspend of £1.0m, mainly pay – core 24 vacancies.
- **ICCR – £4.9m underspend at month 12.** £3.3m is attributable to pay, this mainly relates to delays in recruitment against long term plan due to the pandemic. Other income (mainly HEE) of £1.1m is offset by expenditure.
- **Specialities – £937k underspend at month 12.** £453k relates to pay. This is mainly attributable to continuation of vacancies in Birmingham Healthy Minds £929k and Specialties £339k. Overspend in Older People pay £912k is mainly due to significant temporary staffing spend. Non pay is £319k underspent due to reduction in expenditure as a result of lockdown.
- **Secure & Offender Health – £1.1m underspend at month 12.** Other income over performance of £967k mainly due to specialling. Non pay is £461k underspent as a result of reduced expenditure due to lockdown.
- **Corporate & Trustwide - £4.7m adverse variance at month 12.** Healthcare income underperformance mainly due to long term plan growth investment. Non pay adverse, mainly due to underachievement of planned savings and out of area expenditure.

Birmingham and Solihull Mental Health NHS Foundation Trust

Financial Planning 2021/22

System Financial Plan

- Systems have been allocated a set of revised financial envelopes for the six-month period of 1 April to 30 September 2021 (referred to as H1). There is an expectation that systems achieve a breakeven position within these envelopes

- H1 2021/22 system envelopes have been generated by reference to the H2 2020/21 system funding envelopes.

- NHS England and NHS Improvement have nationally calculated Clinical Commissioning Group (CCG) and Trust organisational plans for the H1 period as a default position for systems and organisations to adopt, without needing to complete an extensive planning process.

- By mutual agreement, and on a net neutral basis, systems will be able to amend the default organisational positions, including re-distribution of system funding. These changes should be submitted on the System Financial Plan Template.

- Submission deadline 6/5/21

System Mental Health Plan

NHSEI Mental Health Planning Guidance:

- All CCGs are individually required to meet the Mental Health Investment Standard (MHIS)
- Service development funding (SDF) will flow in line with the implementation plan
- Additional funding from the £500m announced at the Spending Review has been provided by HM Treasury in 2021/22 to accelerate recovery from COVID-19 and to bring forward elements of the LTP
- Mental health support hubs for staff will continue to be funded in 2021/22 through additional SDF funding.

Mental health financial planning will be undertaken once in relation to minimum investment requirements. In undertaking the annual mental health financial planning process, CCGs and systems need to plan for the minimum investment to meet the MHIS. Additional investment in mental health services above the minimum can be included in the wider system financial planning process for April to September 2021 (H2).

NHS England and NHS Improvement will seek assurance that funding is flowing to providers, to enable the greatest opportunity for investment. CCGs should flow agreed funding to providers equally throughout the year (on a monthly basis) and not withhold funding until later in the financial year

- Submission deadline 6/5/21

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS MEETING**
Agenda item	**14**
Paper title	**CAPITAL PROGRAMME 2021/2022**
Date	28 April 2021
Author	Dave Tomlinson, Executive Director of Finance
Executive sponsor	Dave Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:

The Board delegated authority to determine the Trust's capital prioritisation for 2021/22 to the Committee Chairs supported by relevant Executives and officers. A meeting was held to discuss this on 22 April 2001 *(Appendix A).*

We have worked with BSol STP to increase the available capital funding envelope from £5.0m to £9.6m.

It was noted that schemes had been prioritised but that IQC had asked for a comprehensive risk assessment to be completed. This is expected to be complete by the May Committee Day.

The following envelopes were agreed:

- Pre-commitments £3.4m
- H&S Risk assessment work £3.9m
- ICT £0.8m
- Statutory Standards & Backlog Maintenance (SSBM) £1.5m

Following consideration of the completed list of risk assessment priorities by IQC, overall priorities would be confirmed and there might be a need to reprioritise schemes.

The Trust would commence planning and delivery as appropriate of the ICT and SSBM programmes.

The Capital Prioritisation Process will be reviewed to ensure any process issues are resolved *(Appendix B)*

Reason for consideration:
For the Board of Directors to endorse the envelopes for the capital expenditure
Previous consideration of report by:
IQC, FPP, Executive Team, Committee Chairs
Strategic priorities (which strategic priority is the report providing assurance on)
QUALITY: Delivering the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve
Financial Implications *(detail any financial implications)*
£9.6m capital expenditure
Board Assurance Framework Risks: *(detail any new risks associated with the delivery of the strategic priorities)*
Equality impact assessments:
.
Engagement *(detail any engagement with staff/service users)*

Committee Chair discussion re Capital Prioritisation

Present

Russell Beale (FPP Chair)
Waheed Saleem (IQC Chair)
Phil Gayle (People Committee representative)
Dave Tomlinson (Director of Finance)
Sarah Bloomfield (Director of Nursing) – left before decisions finalised
Hilary Grant (Medical Director) – left before decisions finalised
Vanessa Devlin (Director of Nursing) – left before decisions finalised
Dawn Clift (Associate Director of Governance) – left before decisions finalised
Richard Sollars (Deputy Director of Finance).

Purpose of meeting

Board delegated authority to determine the Trust's capital prioritisation for 2021/22 to the Committee Chairs supported by relevant Executives and officers.

Background

The Trust has been working on an assumed capital funding envelope for 2021/22 of £5m and has approved an allocation of £3.4m to pre-committed schemes.

The balance of £1.6m was provisionally earmarked for allocation to the risk assessment priorities approved by the Health & Safety Committee, which has produced and approved a prioritised list of schemes.

Since the previous discussion the Director of Finance has discussed the position with STP representatives and it is now safe to assume a funding envelope of £9.6m, including the £3.4m already approved.

The Trust was required to submit a capital plan to NHSI during April against the £9.6m envelope:

- Pre-commitments £3.4m
- H&S Risk assessment work £3.9m
- ICT £0.8m
- Statutory Standards & Backlog Maintenance (SSBM) £1.5m

These are nominal allocations and do not commit us in any way.

Decisions

It was noted that schemes had been prioritised but that IQC had asked for a comprehensive risk assessment to be completed. This is expected to be complete by the May Committee Day.

It was noted that new risks are regularly emerging and will continue to do so, so it is almost impossible to be definitive about priorities. It was also noted that further delay to sign off would reduce the capacity for delivery, i.e. we are already tasked with delivering a major capital

programme in 10 months. In addition, what was being determined here was allocation of funding envelopes rather than approving specific schemes.

On balance, it was agreed that:

- The proposed envelopes were approved
- Following consideration of the completed list of risk assessment priorities by IQC, overall priorities would be confirmed and there might be a need to reprioritise schemes
- The Trust would commence planning and delivery as appropriate of the ICT and SSBM programmes
- The Capital Prioritisation Process will be reviewed to ensure any process issues are resolved

Next Steps

- Report position and decisions to Board 28 April – DET
- Communicate with Director of Quality & Safety, Medical Director and Associate Director of Governance to confirm that they need to bring prioritised H&S Risk assessment proposals to IQC in May for sign off - DET
- If the prioritised H&S Risk assessment proposals exceed £3.9m, the overall priorities and programme will be reviewed to make recommendations for any change – Execs
- Detail ICT priorities and prepare implementation plan – Deputy Director of ICT and Programmes on behalf of DET
- Detail SSBM priorities and prepare implementation plan – Associate Director Estates and Facilities on behalf of DET
- Review Capital Prioritisation Process and make recommendations - DET

Appendix I - Process for development, prioritisation and approval of capital investments

Version 2

For the avoidance of all doubt, these arrangements cover investments which are funded by internally generated funds. They do not cover investments where funding is provided from external resources, such as commissioners, NHS Improvement or the Department of Health. Such funding is ring fenced and cannot be used for any other purpose. Such schemes are governed by discrete processes,

Capital investment -requirements and definitions

The need for capital investment arises from several routes:

- Environmental risk assessments (ERAs)
- Ligature risk assessments (LRAs)
- Security risk assessments (SRAs)
- Fire risk assessments (FRAs)
- Need to comply with statutory standards and backlog maintenance requirements (SSBM)
- Discretionary requests for improvement and development of physical buildings, systems and infrastructure

For the purposes of this paper, the collective term 'Risk Assessments' is used to include ERAs, LRAs, SRAs, FRAs as a single set of requirements.

It should be noted that some of the physical improvement to buildings would be classified as revenue rather than capital, but for the purposes of this paper, the term capital investment will include both revenue and capital costs.

Prioritisation

In developing proposals for capital investment in the medium term, the Trust takes a balanced approach to investing in all these needs. However, it is important to recognise the relevant importance of these elements and prioritise appropriately.

- Priority 1 – Risk Assessments – Owner: Executive Director responsible for Health & Safety (currently Director of Nursing)
- Priority 2 – SSBM – Owner: Executive Director responsible for compliance with statutory buildings standards (currently Director of Finance)
- Priority 3 – Discretionary schemes – Owners: (A) Director of Operations (work on buildings) and (B) Director of Finance (technology requirements)

Within each of these Priority Groupings, the Priority Grouping Owner will determine categorisation, prioritisation and standard delivery timescales in consultation with relevant stakeholders (such as the Associate Director of Estates and Facilities). This will be influenced by the options available to address a particular need or risk. For example, they might consider that a phased approach or

mitigation by changing the way staff are deployed is more appropriate than expenditure on physical changes to facilities.

Based on the priorities put forward by the Priority Grouping Owners, the Associate Director of Estates and Facilities and the Deputy Director of ICT and Programmes will develop medium term programmes of capital investment and confirm with the Priority Grouping Owners that these are acceptable.

The medium-term programme of capital investment will be considered by the Director of Finance in developing proposals for the consideration of the Board and its Committees. The Medical Director and Director of Nursing will be asked to formally confirm that the proposed programme meets the needs identified within the Risk Assessments.

The Director of Finance will also define the implications of the programme from the perspective of the Single Oversight Framework and other considerations so that the Board and its Committees can take a balanced decision.

Approvals

The Medical Director and Director of Nursing will be asked to formally confirm that the proposed programme meets the needs identified within Priority 1 – Risk Assessments. This confirmation will be reported to IQC, which will confirm it to the Board.

FPP will be asked to consider the medium-term capital programme and make appropriate recommendations for its approval by the Board.

All relevant business cases must be forwarded to the Capital Review Group for consideration. Capital funding will only be made available via this route.

Director of Finance	**a.)**	**To approve business cases up to £250,000**
FPP	**b.)**	**To approve business cases between £250,000 and £2,000,000**
Board	**c.)**	**To approve business cases exceeding £2,000,000**

The primary source of control is the approved capital programme which lays out the key priorities and sets the overall capital envelope available. The exact detail might vary during the year as circumstances and priorities change but will remain within the overall envelope and consistent with the key priorities. The Director of Finance will manage this process, as advised by the Capital Review Group.

Progress and prioritisation are reviewed each month by the Capital Review Group, which takes its authority from the Director of Finance and is an advisory support to him. Progress against the capital programme is included within the Finance Report to FPP/Board. Approved schemes which are cancelled or significantly downgraded will be identified within this report.

If, for whatever reason, it is likely or required that expenditure will exceed the approved capital envelope this will be reported to FPP/Board.

Medium-term programme of capital investment

For absolute clarity, the medium-term programme covers the two forthcoming years:

- Year 1 is covered in detail and includes specific schemes which will be supported by business cases with the identified funds to be drawn down based on the development of an appropriate business case
- Year 2 will be described in general terms and approval in principle is sought for the financial envelope earmarked for each Priority Grouping

Inevitably, the exact make up of schemes to be delivered in Year 2 will change and develop during the course of the year and so will not be taken as definitive until the following year when detailed proposals are brought forward for approval.

NB The capital programme defined above is the financial resource identified for the year. Business cases must be prepared by the Priority Grouping Owner or their representative to action the draw down against this envelope. The approval of a business case is the point at which a scheme is established. Business case templates are available from the Programme Management Office and the process is defined in *Projects and Business Cases*.

In the event of relevant business cases not coming forward for any reason, the Director of Finance will work with the Capital Review Group to assess what other planned schemes can be progressed to ensure that the full allocation is spent.

Schemes which have already begun by the end of a financial year will generally be considered as a prior commitment against the following year's capital programme.

ICT schemes

ICT schemes are developed by the Deputy Director of ICT and Programmes to deliver against the ICT Strategy and offer the best value (in terms of financial, quality, efficiency, performance and meeting mandatory standards).

An outline of the ICT capital priorities for Years 1 and 2 will be included within the overall capital programme described above with appropriate business cases developed to draw down against the approved funding envelope.

Reporting and monitoring

The Director of Finance will maintain a timeline of business cases planned and submitted to allow transparent reporting back to the Board and its committees at any time. This timeline will be regularly reviewed by the Capital Review Group and issues escalated to Executive Directors.

Capital Review Group

This Capital Review Group, chaired by the Director of Finance, will oversee and manage the delivery of the medium-term capital programme. It meets monthly and the Priority Group Owners are represented in the membership. See separate terms of reference.

Annual Cycle

Taking 2020/21 as 'Year 0' (current year), 2021/22 as 'Year 1', 2022/23 as 'Year 2' etc.:

- December 2020 – Priority Grouping Owners and Capital Review Group sign off Years 1 and 2 priorities
- January 2021 – Finance confirm Years 1 and 2 available capital envelope within long term financial plan

- February 2021 – FPP and Board to:
  - formally approve Year 1 funding envelope
  - give approval in principle to Year 2 funding envelope
- September 2021 – CRG and FPP review progress of Year 1 programme
- January 2022 – Finance confirm Years 1 and 2 available capital envelope within long term financial plan
- Etc….

Birmingham and Solihull Mental Health NHS Foundation Trust

Meeting	**BOARD OF DIRECTORS**
Agenda item	**15**
Paper title	**BOARD ASSURANCE FRAMEWORK: QUARTER 4: 2020/2021**
Date	
Author	Sharan Madeley – Company Secretary
Board sponsor	Sharan Madeley – Company Secretary

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

Executive summary
To inform the committee of the strategic and high-level risks that may threaten the delivery of the Trust's strategic objectives.

Reason for consideration
To inform the committee of the strategic and high-level risks that may threaten the delivery of the Trust's strategic objectives.
Paper previous consideration
October 2020
Strategic objectives
Identify the strategic objectives that the paper impacts upon. Sustainability
Financial implications
Not applicable for this report
Risks
Board Assurance Framework
Equality impact
Not applicable for this report
Our values
Committed Compassionate Inclusive

BOARD ASSURANCE FRAMEWORK 2020/2021

1. Introduction

The Board Assurance Framework (BAF) forms part of the Trust's risk management strategy and brings together all relevant information to provide a thorough oversight of the risks to the Board's strategic objectives.

It identifies the high level risks from the risk register which could significantly compromise the Trust's corporate objectives and then identifies the Trust's strategic objectives that may be affected by these high level risks and/or external influences.

Strategic risks are identified in order of importance, with the highest risk(s) identified first.

For each risk, the responsible executive lead and committee are identified and an "Executive Commentary" is included which contains a brief summary of each risk. The summary report is supplemented with a detailed risk report which sets out the detail of each individual risk as well as the controls, assurances, gaps and actions for that risk.

2. Executive Summary

There are 11 strategic risks on the Board Assurance Framework as at the end of quarter Four.

Action plans are in place to mitigate identified potential risks. Currently there have been no actions that have slipped.

Each Executive Lead has reviewed the BAF and given updates to each risk and will be able to provide further updates at the meeting.

BAF Review and Re-fresh for the new strategy

Over the past year the Trust have been refreshing the Trust strategy. It is important to the Trust that the strategy was co-produced – that it is real and meaningful to our staff, reflects what is important for our service users, families and carers, and is aligned to the plans and aspirations of our partners.

The strategy sets out the Trust direction of travel and ambitions for the next five years:

- One vision: improving mental health wellbeing
- Three values: compassionate, inclusive and committed
- Four strategic priorities: clinical services, people, quality and sustainability

Given this, the Company Secretariate department have been working with the executive leads and AHNN Ltd (third party governance specialists) to review how the current risks on the Board Assurance Framework fit within the new strategic priorities and assess if there are gaps within the current risk profile.

The refreshed BAF will then go to the Committees in May 2021 to enable scoring for each strategic risk to be undertake and then to Board later the same month to be signed off.

The current BAF (2021/2021) risks are now being managed internally and not deemed a strategic risk and the BAF as it stands will then be merged and stood down into the new presentation and management processes. All actions have either been completed or merged into the refreshed BAF.

2. Board Assurance Framework Update

Risk Number Executive Lead	**BAF 12 David Tomlinson**								
Objective	Sustainability								
Risk Description	Failure of the medium to long term financial sustainability of the Trust due to: • Shortfall of funding for capital projects • Failure to achieve planned annual surplus Shortfall in cash leading to adverse SOF score								
Residual risk score/Target Movement	Initial risk	Jan 2019	April 2019	July 2019	Feb 2020	Sept 2020	Jan 2021	April 2021	Target
	12	12	12	12	16	25	25	25	16

Risk Number Executive Lead	**BAF 15 Vanessa Devlin**								
Objective	Strategic Ambition 3 We will champion mental health wellbeing and support people in their recovery.								
Risk Description	• If the Trust does not have effective measures in place to manage the containment and treatment of a Pandemic outbreak or a Terrorist Attack then the effectiveness of services provided to service users and the health and well-being of staff may be compromised.								
Residual risk score/Target Movement	Initial risk	Jan 2019	April 2019	July 2019	Feb 2020	Sept 2020	Jan 2021	April 2021	Target
	16	N/A	N/A	N/A	N/A	16	16	16	12

Risk Number Executive Lead	**BAF 1 Vanessa Devlin**
Objective	Strategic Ambition 1: We Will Put Service Users First And Provide The Right Care, Closer To Home, Whenever It's Needed
Risk Description	We will be unable to maintain acceptable levels of care if: • There is no sustained investment in mental health and parity of esteem. • The number of patients needing our services continues to increase

	• We cannot recruit and keep suitably qualified staff, particularly in working environments that we do not control such as HMP Birmingham

Residual risk score Target Movement	Initial risk	Jan 2019	April 2019	July 2019	Jan 2020	Sept 2020	Jan 2021	April 2021	Target
	16	16 ⟷	16 ⟷	16 ⟷	16 ⟷	16 ⟷	16 ⟷	9 ⇩	12

Risk Number Executive Lead	**BAF 7** **Patrick Nyarumbu**
Objective	Strategic Ambition 4 We Will Attract, Develop And Support An Exceptional And Valued Workforce
Risk Description	We will be unable to recruit future staff if our current staff feel undervalued as a result of a failure to: • Recognise and address negative working behaviours such as bullying and harassment • Promote a culture of openness, transparency and fairness • Deliver a diverse workforce that representative of the population that it serves. • Address the demand and capacity in the system.

Residual risk score Target Movement	Initial	Jan 19	April19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Targ
	16	16 ⟷	16 ⟷	16 ⟷	16 ⟷	16 ⟷	16 ⟷	16 ⟷	12

Risk Number Executive Lead	**BAF 3** **Vanessa Devlin**
Objective	Strategic Ambition 2 - We Will Listen To And Work Alongside Service Users, Carers, Staff and Stakeholders.
Risk Description	Risk we have not established waiting times and monitoring arrangements for all of our individual areas, which may result in patients deteriorating and requiring hospital care.

Residual risk Target Movement	Initial risk	Sept 18	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	9	9 ⟷	9 ⟷	9 ⟷	9 ⟷	9 ⟷	9 ⟷	9 ⟷	9 ⟷	9

Risk Number Executive Lead	**BAF 4** **Sarah Bloomfield**
Objective	Strategic Ambition 2 We Will Listen To And Work Alongside Service Users, Carers, Staff and Stakeholders.
Risk Description	Increasing demand on services and insufficient capacity will result in staff being unable to provide quality support or plan a service user's care and recovery in tandem with their family and carers

Residual risk Target Movement	Initial risk	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	12	9	9	9	9	9	9	9	6

Risk Number Executive Lead	**BAF 6 Hilary Grant**
Objective	Strategic Ambition 3 We will champion mental health wellbeing and support people in their recovery.
Risk Description	Our service users will face poorer outcomes if we fail to address their physical health whilst we are providing mental health care.

Residual risk Target Movement	Initial risk	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	9	9	9	9	9	9	9	9	6

Risk Number Executive Lead	**BAF 2 David Tomlinson**
Objective	Strategic Ambition 1 We Will Put Service Users First And Provide The Right Care, Closer To Home, Whenever It's Needed
Risk Description	We will be unable to deliver core corporate or clinical services if we succumb to a cybersecurity attack, systems failure or our care records are not fully integrated.

Residual risk Target Movement	Initial risk	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	6	6	6	6	6	6	9	9	6

Risk Number Executive Lead	**BAF 8 Hilary Grant**
Objective	Strategic Ambition 5 We Will Drive Research, Innovation And Technology To Enhance Care
Risk Description	There is a risk that we will have insufficient financial resources and/or workforce capacity to invest in research, innovation and technology or exploit any achievements to improve patient care and efficiency.

Residual risk Target Movement	Initial risk	Sept 18	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	9	9	9	9	9	9	9	9	9	6

Risk Number Executive Lead	**BAF 14 Patrick Nyarumbu**
Objective	Strategic Ambition 6

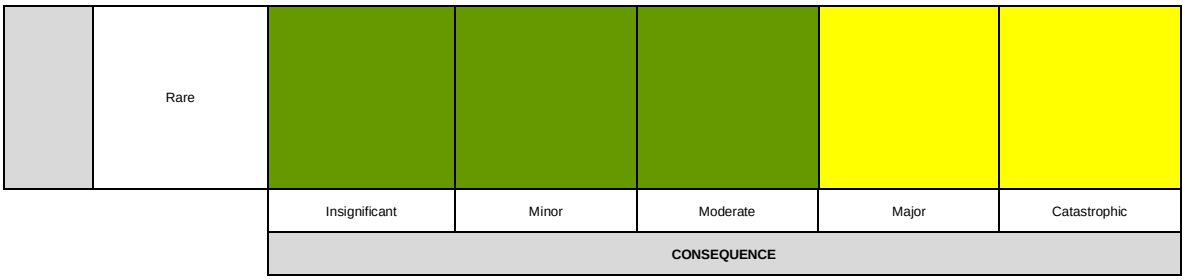
	We Will Work In Partnership With Others To Achieve The Best Outcomes For Local People									
Risk Description	Working in partnerships holds financial, reputational and/or quality risks for all parties resulting in poor service outcomes.									
Residual risk Target Movement	Initial risk	Sept 18	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	12	N/A	N/A	6	6	6	6	6	6	6

Risk Number Executive Lead	**BAF 5 Sarah Bloomfield**								
Objective	Strategic Ambition 3 We Will Champion Mental Health Wellbeing and Support People in their Recovery.								
Risk Description	There is a risk that we will fail to work in a clinically integrated manner for the benefit of patient recovery resulting in poorer outcomes for our service users.								
Residual risk Target Movement	Initial risk	Jan 19	April 19	July 19	Feb 20	Sept 20	Jan 21	Apr 21	Target
	12	4	4	4	4	4	4	8	2

Heatmap

The profile of current risk ratings associated with each strategic priority for the Trust is provided below in the form of a heat map. Newly added risks are highlighted in white text.

LIKELIHOOD						
	Almost Certain					BAF 012
	Likely				BAF 007 BAF 015	
	Possible		BAF 002	BAF 003 BAF 004 BAF 006 BAF 008 BAF 001	BAF 005	
	Unlikely			BAF 014		



5. Recommendations

- The Board is asked to note the current BAF and to consider whether it is representative of the Trust's strategic risks when conducting the remaining business of the committee and agree for the current BAF being stood down once the refresh is agreed at the May Trust Board.

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
BAF 2_0 012	Failure of the medium to long term financial sustainability of the Trust due to: -Shortfall of funding for capital projects -Failure to achieve planned annual surplus -Shortfall in cash leading to adverse SOF score Source: Not identified	High (Red) 25	• Constrain capital aspirations within funding available Source additional funding Remain close to STP Cost variances reviewed each month on a directorate by directorate basis and corrective action taken Un-mitigatable over spends escalated for remedial action Short and medium cash flow planning/management Medium term capital planning Long term cash flow planning/management Long term capital planning Regular meetings with CCGs, NHSE and STP to identify risk Reduce associated direct costs Escalate issues when merited Use contractual protection Annual savings target defined autumn/winter of previous year and allocated to	• None currently identified	• Regular review of capital aspirations v available cash Position reviewed each month at FPP and Board Position reviewed each month at FPP and Board Cyclical Internal Audit review received by Audit Committee Annual consideration by External Audit Position reviewed each month at FPP and Board Position reviewed each month at Savings Programme Board, FPP and Board Cyclical Internal Audit review received by Audit Committee Annual consideration by External Audit Assessment provided to NHSI and Board	• None currently identified	• Highcroft and Reaside schemes included in STP Top 4. Now working on preparing business cases for submission to DH and NHS I/E. This will allow access to central funding.

managers

Individual savings schemes defined and tested by start of

financial year

Mitigating actions/schemes developed to address any

shortfalls

(Multi-year savings programme)

Assessment of facilities to identify weaknesses

Fire safety e-learning for staff

Fire safety equipment and warning notices on wards

BAF 2_0 007	We will be unable to recruit future staff if our current staff feel undervalued as a result of a failure to: -Recognise and address negative working behaviours such as bullying and harassment -Promote a culture of openness, transparency and fairness -Deliver a diverse workforce that	High (Red) 16	• Interim People Plan; critical catch up 30-60-90 days plan monitored by the People Committee Service Users and Carers are involved in the recruitment of clinical staff and Service User and Carer	• Forecast plan on a monthly basis to Workforce committee to demonstrate impact of rec and retention plan Still waiting for the National People Plan.	• Reports to the People Committee and Board 30,60 & 90 day plans critical catch up Staff Survey Profiling EDS Compliance levels	• Experience of staff from some groups suggests that they do not feel as valued (heard) or recognised as others. (source CQC report 2017 and staff survey 2017)	• Aiming to improve on our level 1 accreditation as a disability confident employer • Aiming for Stonewall Accreditation

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
	representative of the population that it serves. -Address the demand and capacity in the system. Source: Not identified		Strategy launched. Community Engagement work maintained by the Trust Staff support networks in place e.g LGBT and Disability Network Stakeholder Engagement Strategy and Plan and working group. EDS2 in place with WRES action plan. Overseas recruitment plan in place. 7 People Committee Task Groups set up Bi Monthly People Committee Report and escalation process Recruitment Fairs being attended. Mental Health STP workforce Stream People Strategy being refreshed	Maturing of the new People Committee STP programme not fully scoped People C	WRES reports to Commissioners Engagement forums Workforce dashboard being revamped	National professional shortage in some key professions Lack of integrated H&SC workforce plan Values & Behaviours framework re-launched new leadership programme enhanced AHP apprentice and retention programme.	
BAF 2_0 015	If the Trust does not have effective measures in place to manage the containment and treatment of a Pandemic outbreak or a Terrorist Attack then the effectiveness of services provided to service users and the health and well-being of staff may be compromised. Source: Not identified	High (Red) 16	• - EPRR Management Plan Enacted - SITREP reports - Gold, Silver and Bronze Command Response Teams in place to give response to local and national issues	• Adequate and appropriate PPE (Personal Protective Equipment) available to ensure staff and patient safety. Clear plan for post incident recovery of services	• Reports to Trust Board March and updates provided via weekly NED briefing Standard Operating Processes in place and subject to ongoing review	• 'Light' governance structures may result in less scrutiny on quality and effectiveness assurances. Use remote technologies for Committees impact on usual confirm	• Commence enhancement of governance structures as part of recovery and restoration work • Develop and implement plan for post incident recovery of services

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls	Assurances and gaps in assurances	Actions
			and risks and management of key Trust communications - Weekly Silver and Bronze meetings held - Services reviewed to ensure critical services maintained - Timely changes to policies relating to COVID-19 response - Continued recruitment of staff - Redeployment and retraining of staff to support essential services - All service areas have plans on a page to provide a robust plan to deliver operational continuity that supports the Trusts Major incident plan (Level1 = 20%, Level 2= 40%, Level 3 = 60%, Level 4 =80%) across the Services - Service areas have Covid Bubbles for active status only - Staff re-deployment process in place to ensure front line services are maintained - System wide approach adopted for pandemic and key workstreams - Workstreams for key areas of response: Clinical Guidelines, Finance,	Yet to understand the impact the COVID-19 pandemic will have on the Trust's plans High levels of staff sickness absence Pace of recruitment to new and vacant posts Staff disconnect from their teams and patients due to remote working Increased cyber security risks due to higher numbers of staff relying on technology and remote working during COVID pandemic response.	Staff redeployment process in place. System and workstream updates provided via weekly Silver and Bronze meetings NED briefing and relevant reports circulated risk added to the BAF and Corporate risk register	and challenge interactions. Maintenance of training compliance due to reduction in training limited to essential. Skills/knowledge gaps of staff who have been redeployed

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			Communications, IT, Supply Chain, Nursing, HR, Service Changes - Governance Framework reviewed to ensure appropriate for Covid-19 response - 24/7 Crisis Support mobilised				
BAF 2_0 001	We will be unable to maintain acceptable levels of care if: -There is no sustained investment in mental health and parity of esteem. -The number of patients needing our services continues to increase -We cannot recruit and keep suitably qualified staff,	Moderate (Orange) 9	• .	• .	• .	• .	
			• Mental Health STP Strategy Board attended and led by CEO. Executive Board members attend STP Board and	• Board have limited influence over national policy - investment in mental health and parity of esteem is a national issue.	• Exec Board members regularly meet with NHSE and Community Trust. Monthly reports to	• None currently identified	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances	Actions
	particularly in working environments that we do not control such as HMP Birmingham Source: Not identified		contribute to design of local health system with system partners. A&E Board attended by DoO We have received (circa 8.7 million) and are expecting further investments into our MH services over these forth coming years. This has been badged again both Community and Urgent/acute care Transformation, MH investment standards - linked to the MH Long term plan and surge finding/spending review. Investment is allocated to the BSOL system and we continue to work with our partners, commissioners and stakeholder to ensure all we have an agree resource allocation as well as fair share to ensure a smooth service users journey. System wide investment has also been allocated supported by our demand modelling with criteria focusing on supporting discharge and admission avoidance. Workforce modelling linked to the above is also in development and will incorporate different roles. A robust plan to enable the continued recruitment and retention of staff is being explored which may include shared posts with our BSOL partners. Monitoring of the plans linked back to the,	Last JSNA of the population was undertaken in March 2008. Unknown impact of Brexit	Board, IQC and FPP include information on STP discussions. Minutes and papers from A & E Board meetings and MH Strategy Board meetings. Commissioning of new beds has been agreed. Urgent care pathway redesigned including social care and FTB out of Area Plan developed and implemented. Alliance with FTB and BCHC.	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances	Actions
			Transformation Board, performance delivery group and the people Board			
			• Various mechanisms for improving demand and capacity such as Red to Green pilot on Tazetta being rolled out trust wide across acute inpatients. Daily ward/board reviews between Consultants and wards. Escalation process for DtoCs managed by Associate Directors. Substance misuse exec established for Wolverhampton New Clinical roles Staff continue to work flexibly to provide cover Expansion of personality disorder services Out of Area Plan scrutinised monthly at the steering Group chaired by DoO	• Challenges in progressing mental health act assessments due to the lack of Local Authority AMHPs, work is ongoing around this.	• Regular reporting to Trust Board in DoO report. Weekly/monthly Operations meetings undertaken Analysis of Red to Green data and individual cases by acute AD Ward round monitoring by Service AD's Escalation process Reports to joint agencies on DTOCs Set up the performance delivery group to monitor performance.	•
			• Workforce plan in place Annual establishment Workforce data return to NHSE Operational HR staff within frontline services Staff retention programme in place	• Monitoring of rostering for non-nursing clinical staff Shortfall of national recruitment Potential impact of Brexit Bursary issue for future	• People Committee Forecast plan on a monthly basis to People committee to demonstrate impact of recuritment and retention plan	• Forecast plan for the professionals strategies success at People committee

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			Apprenticeship programme Local community focussed recruitment MERIT programme supporting recruitment and passport training and gaining access to each other's induction and access to each other's bank	nurses The introduction of the agency cap has resulted in a significant number of staff working for alternative organisations such as CARE UK.			
			• Local governance committee chaired by CD for prison service G4S have nominated staff to expedite outstanding and future checks for staff and now have an 8 week target	• There is no clear mechanism for escalating issues beyond the Governor and no mediation route specific to the prison HMP Birmingham remains difficult to recruit to and is affected by delays in clearance resulting in some staff obtaining other jobs whilst waiting to start There is an absence of a Consultant Psychiatrist within HMP Birmingham Healthcare	• New NOMS Structure in place Operational reporting weekly for prison services by exception	• Independent impact assessment undertaken by Mental Health Strategies which has indicated the need for an escalation process beyond G4S Negative external reports on the prison services	
BAF 2_0 003	Risk we have not established waiting times and monitoring arrangements for all of our individual areas, which may result in patients deteriorating and requiring hospital care. Source: Not identified	Moderate (Orange) 9					• Need to gain an understanding of the planned national targets and having robust conversations Trustwide. A new group Performance Delivery to review these targets.

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
BAF 2_0 004	Increasing demand on services and insufficient capacity will result in staff being unable to provide quality support or plan a service user's care and recovery in tandem with their family and carers. Source: Not identified	Moderate (Orange) 9	• Family and Carer Pathway and QI Collaborative Carer Engagement Tool Recovery for All Strategy Carers Lead in Place Family and Carer Liaison Officer Family and Carer Pathway Group Recovery Colleges Meridan Family Programme Clinical Risk Management and Care Planning training includes family and carer engagement Strong Carer Governors Local governance arrangements local CGCs receive complaints and Pals info . Information about patient and carer experience is being captured and shared through a range of different routes and channels Family and Carer signposting Family and Carer information leaflets. Family and Carer planning for the future book published.	• Consistent use of the Carers Assessment	• Data provided through PALs, Complaints and FFT. Improvement in national Patient Survey Results (2018) Q37 See Me team has a patient experience tracker tool that captures anecdotal and formal feedback from carers and family members which is fed back to local CGC. Triangulation of serious incident themes, complaints themes etc relating to family and carer engagement Recovery for All Group - meeting notes. Good engagement with carers at decision making committees such as the Recovery For All Steering Group. Reports on progress received at IQC on service users and carers experience	• Serious incident investigations, mortality case note reviews highlight failings in consistent family and carer involvement. Former PHSO partially upheld complaint relating to carer assessment CQC inspection findings and section 31 notice on care planning March 2021 Regulation 28 Report from Coroner relating to family engagement Inconsistent and poor use of the family and carer pathways including registration of carers and completion of the carer engagement tool	• Include the use of the carer engagement tool as a core patient and family experience and involvement metric in our performance dashboard
BAF 2_0 006	Our service users will face poorer outcomes if we fail to address their physical health whilst we are providing mental health care. Source: Not identified	Moderate (Orange) 9	• Physical Health Committee which reports to Trust CG Physical health strategy now in place (2018-2021) Physical Health leads now in place in service areas. Physical Health Nurse Consultant post established	• Capacity and demand issues impact on timely delivery of physical health strategy. training requirements for all staff to an appropriate level	• CQUIN data been gathered and monitored and action taken where there are deficits. Insight reports to assist individual teams and clinicians to identify where action needs to be taken and where performance is falling	• Need for further scrutiny at local service area level. Further work required with regard to developing a consistent streamlined process and guidlines for reviewing Physical	• Through the Physical Health Strategy themes are to be identified on the capacity, capability and skill set of the staff. A plan will then be produced to fill needs and gaps • Develop an engagement plan to assist implementation of the strategy

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			- dementia and frailty. Team level Physical Health Care Dashboards introduced. Physical Health Quality Goals feature within the Trusts quality strategy and quality account. Diabetes specialist nurse, Tissue viability nurse and ECG service. Physiotherapy service. Linking clinicians with data analysts to ensure enhanced data quality.		below optimum.	health investigations.	
BAF 2_0008	There is a risk that we will have insufficient financial resources and/or workforce capacity to invest in research, innovation and technology or exploit any achievements to improve patient care and efficiency. Source: Not identified	Moderate (Orange) 9	• Increased focus on identifying a range of funding streams and grants When grants come in individuals are identified to put forward an application, identify lead time and support needed from R & I team. Quarterly updates on research grants are collated on any grants in the pipeline or which have been submitted and outcome in order to monitor progress dynamically. Strategy in place, updates and escalation reports provided to Board We are developing our partnership approach with a range of stakeholders and partners to support	• Lack of researchers with the appropriate expertise to apply for available grants. Failure of our partnership approach to deliver further funding streams. Lack of identified time in job or work plans. Insufficient academic posts in place to support the wider R&I agenda.	• Managed through the R & I committee - see papers and minutes Updates provided on grant income through FPP and captured in reports to the Board External validation on grants on amount of research capability funding awarded by the NIHR (i.e. meeting essential criteria for which we are 5th nationally for MH FTs and higher for pure mental health trusts.) Meetings in place to identify funding for academic posts R&I coverage across every area within the	• External environment nationally is very volatile and sustainable funding levels cannot be guaranteed.	• Developing academic research posts with a range of Universities in particular Birmingham Uni. • Exploring opportunities to work with Birmingham Health Partners. • Develop opportunities with institute of mental health through Matthew Broom • Increase number of research and innovation active individuals within the organisation. • NHSI workforce improvement programme • Retention Overview Plan

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			identification of further funding streams. Developed partnership with institute of Mental Health and exploring possible working with BHP. Budgeted establishment of centralised R&I team. Funding in place for R&I within job plans Comprehensive training, awareness sessions and support for clinicians within the Trust. R&I strategy.		Trust. Positively benchmark across other mental health trusts nationally. Local innovation awards to stimulate workforce to engage in R&I and identify new talent. Financial deep dive been undertaken and strategy is being formulated with regard to maximising our research income including further exploration of opportunities with the Institute of Mental Health and other mental health providers.	• Agency and resourcing group monitoring improvement plan • Systematic approach to job planning being introduced which includes sessional time and or backfill • Support from Executive and some senior clinical leaders is in place, trying to expand this through the professional groups and the actions which will be identified in the September workshop. After the workshop a plan for implementation will be developed • Performance of output will be overseen by the Associate Directors of R & I from September 2017 onwards
BAF 2_0 005	There is a risk that we will fail to work in a clinically integrated manner for the benefit of patient recovery resulting in poorer outcomes for our service users. Source: Not identified	Moderate (Orange) 8	• Recovery Colleges Re-Focus model training has started in the Trust. New senior clinical lead appointed to take the recovery work forward which will include a re-focus on engagement with clinical teams across the organisation MDT workstream Mandatory training programme in principles of recovery for all frontline staff	• Cultural change at the clinical front line and clinicians understanding of recovery remains to be fully embedded. No approved clinical strategy	• Mandatory training levels for principles of recovery	• No determined outcome measure in place	• Approve and launch the Trust's clinical strategy promoting clinically integrated working to improve clinical effectiveness and recovery • Introduce DIALOG with in-built outcome measures across community services to enable more clarity of recovery measures and clinical effectiveness of care
BAF 2_0 002	We will be unable to deliver core corporate or clinical services if we succumb to a cybersecurity attack, systems failure, failure to	Low (Yellow) 6	• Approved Estates Strategy in place to identify required	• potential gap is that there is significant patient data in the	• Estates strategy approved by FPP and Board and reviewed	• Regular (quarterly) programme of assurance being	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
	maintain or develop our estate or our care records are not fully integrated. Source: Not identified		property improvements Approved IT and Information Strategies in place and required improvements identified ? Review of relevant business cases and proposals including ? CQEIA new more structured process in place ? GDE bid required thorough review of approach and benefits Improved opportunities for clinical involvement (Periodic formal assessment of benefits) ? Trust edge sites have two network links one connected to a core node and one to another edge site ? Constant monitoring of virtual infrastructure. System is hosted at two physically different locations and are complete mirror images of each other ? Core Nodes with Uninterruptable Power Supply installed to mitigate loss of power to sites ? Number of security measures, including: o IG Toolkit compliance o Penetration testing of all external links o Antivirus/Anti Malware protection o Security patch management	organisation that is currently not utilised e.g. patient ? demographic, HONOS, GP referral patterns	regularly with ADs in Operations. Annual review with FPP to ensure strategy remains appropriate and we are on track. Updates on ICT assurance and delivery given to FPP Jan-Apr 2018. ? Developments monitored via programme Management Board, Savings Programme Board and FPP ? Network links monitored 24x7x365 internally and externally by supplier ? Virtual infrastructure has resilience built in and live ? datacentre has a managed environment ? UPS batteries monitored and replaced ? ICT software update process ? CareCert audit ? Individual failures assessed ? General overview at IGSG ? ICT assessment and GDE bid ?	delivered to FPP including customer feedback (from June)	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			o USB port blocking to avoid Malware o Malware and virus monitoring o Network Monitoring o Internet access monitoring o Regular backups and offline storage o Signed up to UK Health Cyber Security Alerts and early adopter of the NHS CareCert programme o Specification of systems covers integration with other o systems o Business cases cover integration o Information Sharing Agreements o (Enhanced demand for interoperability and integration) o (EDRMS will allow us to mitigate)		ICQ considerations (Formalised review at ICQ)		
BAF 2_0 014	Working in partnerships holds financial, reputational and/or quality risks for all parties resulting in poor service outcomes. Source: Not identified	Low (Yellow) 6	• Governance structure in place for key partnerships such as Reach Out and Merit, PMO support Back filling of clinical roles to enable input from our staff into Reach Out/Merit Dedicated programme managers for Reach Out and Merit at the Trust, and STP (hosted by UHB) Dedicated Director role put in place for Developing and supporting Strategic Partnerships work has strengthened our level of engagement Appointed Head of	• Clinical leadership role appointed to identify back filling of clinical roles to enable input from our staff into Reach Out. Appointed Head of integrated care programme only interim. MERIT national funding has ended and now reliant on partners to fund. Partnership has been strengthened. All Trusts across region attend; TOR been renewed and agreed through Boards	• Leads identified and attending groups most are led by BSMHFT CEO and Chair input at STP level CEO leading MH work stream for STP We have nationally approved programmes for Reach Out & Merit. Participation from NHSE on Reach Out groups. Collaboration agreements in place.	• Year 1 stock take on Reach Out which will reset year 2 priorities.	• Maintain active engagement in all groups

			integrated care programme. Partners participating currently in Merit, Reach Out and STP We have allocated an OD specialist to both Reach Out and to MERIT to work with the partners to keep them engaged and focussed Open conversations with partners to focus on partner resolutions Yearly targets agreed for MERIT and in process for Reach Out. STP refresh recently accepted by the STP Board Red to Green pilot on Tazetta being rolled out trust wide acute inpatients in summer. Ward rounds taking place Escalation process for delayed transfers of Care (Managed by Associate Directors) Local Gov Committee chaired by CD for prison service A & E Board attended by COO Mental Health Strategy Board (Led by CEO) The Trust has regular meetings with the prison attended by	STP refresh will have a period of consultation. LTP Complete Recruitment of the Reach Out post as a permanent role. New relationship at the prison and joint working with BCHFT Commission press for reductions in funding and there is limited to little scope to reduce services further with impact on provision of services eg. wolves and Solihull looking to reduce funding by 20% Investment standard set nationally and protected, remains financially challenging across the STP.	Due diligence takes place for all partnerships. Performance review systems and policies in place to systematically review capacity Governance structures in place including collaboration agreements and MOU's All elements of MERIT now live and first evaluation is complete. the COO and DOF with the Director of Strategic Partnerships will support us to keep dialogue in place where there are conflicting demands Regular reports provided to Trust Board on strategic partnerships where issues would be identified Red to Green data and analysis of individual cases in acute (AD led) Ward round monitoring by the ADs of services Escalation process Minutes and papers from local governance committee meetings, A & E board meetings and MH Strategy Board meetings	

			CD and AD Regular reporting to Trust Board in COO Director's report Substance misuse exec established for Wolverhampton		Operational reporting weekly for prison services by exception Monthly report to Board Commissioning of new beds have been agreed Redesign of urgent care pathway including social care and FTB Reports to joint agencies on DTOCs Expansion of personality disorder services		
			• Introduction of dedicated Director of Strategic Partnerships role. High level of involvement at CEO, Chair and Board member level in STP. CEO chairing MH workstream. Robust approach to programme management in place which aims to address fragmentation. Strong national leader, leading our STP and in our other partnerships. We have other senior people moving into Birmingham arena who have an understanding of and commitment to MH.	• We can't always get to every table to advocate for MH due to capacity - including participation at the Combined Authority The retirement of Dame Julie Moore current STP lead. Still in a refresh period until Sept 2018.	• Regular reports to Trust Board. PMO structures and processes. Detailed risk registers for each programme/partnership/collaboration. Minutes from STP meetings and workstream. Stakeholder engagement feedback	• Stakeholder feedback for service users not in place	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			A dedicated programme manager has been appointed for the STP who will put the right controls in to avoid fragmentation of MH.				
			• Executive to Executive Quality and Oversight Board and monthly tasks force established. Proactive management of the MOU Communications leads across two organisations. Proactive work streams Engagement of all executive directors. Trust participation at Board level in STP (inc leading the MH workstream). Long established reputation locally, regionally and nationally and relationships at all levels. Still delivering high levels of innovation in practice. Stakeholder Engagement Strategy and feedback. STP Board, delivery Group maintains engagement in strategy and active in refresh. Planned milestones in place. Regular communication to internal staff. STP report to Board	• Still in setting up stages. BW&CT recently recruited a director of Mental Health but relationship to us unknown yet. Ensuring we are on the radar of other trusts so that they come to us as a partner of choice. Bids may be affected by the outcome of the CQC report on some parts of the business, resulting in an expectation from commissioners that we focus on business as usual before taking on additional innovations/work Unknown impact of the retirement of Dame Julie Moore.	• Board and task force papers Assurance reports to Board Communications	• Meetings only starting in May 2018 CQC action plan under development	

Risk No.	Risk Description and Source	Current Risk Rating	Controls and gaps in controls		Assurances and gaps in assurances		Actions
			• Strengthened regional governance by extending Merit, enhancing role in NCM and renewed TOR Joint LTP agreed locally - showing consensus across partners regarding what can be achieved. Key posts appointed to and PMO support in place for partnership Governance of all partnerships strengthened Stakeholder management strong	• LTP not yet signed off nationally Reach Out moved to developments track - finance & legal framework transfer of functions still not clear Some alliances not fully formed	•	•	

Meeting	**BOARD OF DIRECTORS**
Agenda item	**14**
Paper title	**DEVELOPMENT OF NEW BOARD ASSURANCE FRAMEWORK**
Date	28th April 2021
Author	Andrew Hughes, ANHH Consulting Alex Rickard, ANHH Consulting
Sponsor	Sharan Madeley, Company Secretary

This paper is for (tick as appropriate):

☒ Action	☐ Discussion	☐ Assurance

Executive summary & Recommendations:

At its April Part II meeting, the Board agreed sixteen strategic risks, allocated to the three functional assurance Committees (People, IQC, and FPP). Since that meeting, ANHH Consulting ("**ANHH**") has supported working groups from each Committee to identify Controls and Assurances against each risk. To remind the Board:

Attached at the back of this report is an update on progress with that process. It remains **work in progress** as the Easter break and school holidays have made it difficult to convene the working groups as quickly and regularly as had been hoped. This report identifies a key issue that has arisen during the process and describes next steps in the process.

Reason for consideration:

The Board is asked to:

- **NOTE FOR ASSURANCE** continuing work on the BAF
- **NOMINATE** co-ordinating Committees for the two unassigned risks
- **APROVE** next steps in the co-production process
-

Previous consideration of report by:

Board Committees

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

Select Strategic Priority

The Board Assurance Framework will provide assurance against all of the strategic risks associated with the delivery of the Trust Strategy.

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)

This report is identifying the new risks associated with the delivery of the strategy and will form the Board Assurance Framework for 2021/2022

Equality impact assessments:
Not applicable for this report
Engagement *(detail any engagement with staff/service users)*
Engagement with staff has been through preparation meetings with the Executive Lead and Non Executive Director for each Board Committee.

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS, 28 APRIL 2021

DEVELOPMENT OF A NEW BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

The Board of Directors ("**Board**") is aware that work continues to create a new Board Assurance Framework ("**BAF**"), based on four strategic priorities in the new Strategy:

- Clinical services
- People
- Quality
- Sustainability.

At its April Part II meeting, the Board agreed sixteen strategic risks, allocated to the three functional assurance Committees (People, IQC, and FPP). Since that meeting, ANHH Consulting ("**ANHH**") has supported working groups from each Committee to identify Controls and Assurances against each risk. To remind the Board:

- Controls are those things that exist or have been put in place to address or mitigate the risk. These could be systems, processes, reports, groups
- Assurances are the measures, the evidence, by which the assurance Committees will be able to demonstrate that the controls are working.

Attached at the back of this report is an update on progress with that process. It remains **work in progress** as the Easter break and school holidays have made it difficult to convene the working groups as quickly and regularly as had been hoped.

This report identifies a key issue that has arisen during the process and describes next steps in the process.

2. RISK OWNERSHIP

There are two risks, previously identified against the IQC, that are now not attached to a co-ordinating Committee.

Leader in mental health

The Trust fails to lead and take accountability for the development of system-wide approaches to care and multi-disciplinary approaches, and to exploit its status and position to advocate for mental health services and service users, resulting in:

- inferior and poor care
- detrimental impact for service users
- higher critical caseloads
- missed income opportunities
- limited brand awareness

- unexploited research and innovation opportunities
- breakdown in critical relationships with key partners

Prevention and early intervention

The Trust fails to prevent and contain a major public health outbreak, resulting in:

- death and compromised duty of care for staff's health and wellbeing
- fundamental breakdown of service provided for service users
- fundamental breakdown of the network of collaborative work with partners
- disintegration of trust by the public and staff

These two strategic risks could reasonably sit against more than one Committee. "Leader in mental health" is both a quality and a people issue. "Prevention and early intervention" is both a quality and a sustainability (EPRR and business continuity) issue.

Whichever Committee is given the co-ordinating brief will need to receive appropriate updates from one or more of the other Committees. It is important, however, that the Board identifies that co-ordinating Committee.

3. NEXT STEPS

During May, ANHH and the working groups will continue to refine the controls and assurances.

At their May meetings, the Committees will need to:

- Agree the controls and assurances
- Agree the risk scores (current and target)
- Agree the thresholds at which risk scores would reduce, based on the evidence provided by assurances.

At their June meetings, the Committees will provide their first quarterly report against the BAF for consideration by the Board at the end of the month.

The Company Secretariat will co-ordinate reporting against the BAF. The Board is reminded that the BAF is a live and dynamic document that should drive and inform Committee agendas.

4. RECOMMENDATIONS

The Board is asked to:

- **NOTE FOR ASSURANCE** continuing work on the BAF
- **NOMINATE** co-ordinating Committees for the two unassigned risks
- **APROVE** next steps in the co-production process

Birmingham and Solihull Mental Health NHS Foundation Trust

BAF ENTRIES FOR IQC

Risk	Controls	Assurance
Improving service user experience The Trust fails to co-produce with all people who use its services including their families, resulting in: • a reduction in quality of care • service users not being empowered • services that do not reflect the needs of service users and carers • service provision that is not recovery focussed • increased regulatory scrutiny, intervention, and enforcement action	Experts by experience in QI Patient stories at Board Peer Support Workers Recovery College Third sector partnership working	Complaints levels and themes PALS levels and themes Percentage of dissatisfied complainants is below 8% Family and Friends Test scores in excess of 90% National Community MH survey scores and benchmarking reflective of at least national averages Postings on Patient Opinion/NHS Choices CQC Caring and Safety domain ratings achieve a standard of good

Risk	Controls	Assurance
Preventing harm The Trust fails to focus on the reduction and prevention of patient harm, resulting in: • variations in care • unwarranted incidents • less safe care • increased regulatory scrutiny, intervention, and enforcement action	Incident Reporting Policy Quality Improvement Programme Health and Safety Policy Ligature Risk Reduction Policy Fire Policy Quality Governance Structure Quality Improvement Collaboratives Patient Safety Collaboratives Safety Huddles MDT working Patient Safety Advisory Group System oversight Group Integrated Quality Committee Clinical Governance Committee Thematic Reviews Learning Lessons Approach Serious Incident Reviews Mortality Case Note Reviews Patient Safety Specialist Role Medicines Safety Officer Role Serious Incident Report Integrated Performance Dashboard Clinical Audit Programme Section 31 CQC Improvement Plan	NRLS Benchmarking reports on harm levels show BSMHFT below average levels of harm NRLS benchmarking reports show BSMHFT in median or top category for incident reporting National Confidential Inquiry Benchmarked levels for suicide and homicide are lower than the national median as per the national patient safety scorecard National benchmarking for Restrictive Practice is below the median Environmental Risk Assessments are 100% in date Ligature Risk Assessments are 100% in date Fire Risk Assessments are 100% in date Security Risk Assessments are 100% in date CQC Safety Domain rating is good

Risk	Controls	Assurance
A Patient Safety culture The Trust fails to be a self-learning organisation that embeds patient safety culture, resulting in: • a culture where staff feel unable to speak up safely and with confidence • variations in care • a failure to develop pathways of care within the Integrated Care System • increased regulatory scrutiny, intervention, and enforcement action	Freedom to Speak Up Guardian Guardian for Safe Working Quality Improvement Programmes System Oversight Group Learning lessons approach Learning from Excellence	Board reporting on FTSU National staff survey metrics for safety culture reflect at least the national average Incident reporting levels represent the median or top category of reporting levels as per NRLS benchmarked data CQC Well Led rating is good
Quality Assurance The Trust fails to be a self-learning organisation that embeds quality assurance, resulting in: • insufficient understanding and sharing of excellence in its own systems and processes • lack of awareness of the impact of sub-standard services • variations in standards between services and partnerships • demotivated staff • increased regulatory scrutiny, intervention, and enforcement action	External Peer Reviews Learning from Excellence System Oversight Group Patient Safety Bulletin Quality Improvement Programme	Service Accreditations for quality CQC Insight Report CQC rating is at least good

Risk	Controls	Assurance
Clinically effective The Trust fails to respond to service users' holistic needs, resulting in: • increased mental health and physical health morbidity • potential increased mortality • unacceptable patient experience • missed opportunities for cost improvement • a demotivated workforce	Physical Health Strategy and Policy Learning from Deaths Policy Learning from Deaths Group Mortality Case Note Reviews NICE compliance QSIS compliance for specialised services Clinical Effectiveness Advisory Group	Mortality Reports to the Trust Board Clinical Audit Programme CQC Effectiveness Domain rating GIRFT status CQUIN attainment

Birmingham and Solihull Mental Health NHS Foundation Trust

BAF ENTRIES FOR PEOPLE

Risk	Controls	Assurance
Transforming our culture *Engendering a culture of inclusivity, compassion and shared learning that fosters a psychologically safe climate to support us to demonstrate our Trust values and behaviours in everything we do* fails to develop an inclusive and compassionate working environment, resulting in:	NHS Staff Survey Trust Pulse Surveys Zero tolerance on bullying	Above average staff survey results (annually) Quarterly agenda item discussion on culture transformation. What is our starting point/measure? What is the plan? What progress has been made? What can we do to help? Independent Annual Board review/feedback Below average and reducing bullying and harassment statistics 100% of staff surveyed No of patients seen (community) Complaints and compliments
• poorer quality patient service	Integrated dashboard (monthly)	This should be monitored through the Quality / Clinical aspects of the dashboard but linked to any staffing issues
• reduced productivity	Integrated dashboard (monthly)	This should be monitored through the Quality / Clinical aspects of the dashboard but linked to any staffing issues
• increased recruitment costs	Exceptions Report To People Committee	Recruitment Costs increased from budgeted amount
• increased legal costs	Exceptions Report To People Committee	Legal Costs increased from budgeted amount
• increased regulatory scrutiny, intervention, and enforcement action	Exceptions Report To People Committee	No of ETs per year received by the Trust
• increased levels of sickness absence	Integrated Dashboard (monthly)	% sickness rate

Risk	Controls	Assurance
• unacceptable workforce retention	Integrated Dashboard (monthly)	% Employee Turnover
	People Committee Slide Deck (quarterly)	Annual % of staff in post > 2 years
	People Committee Slide Deck (quarterly)	Waterfall forecast report
• failure to attract talent	Integrated Dashboard (monthly)	% of live vacant roles
	People Committee Slide Deck (quarterly)	Time from vacancy approval to offer % of BAME staff successful in being appointed to internal roles % of BAME staff appointed into roles from shortlisting % of disabled staff successful in being appointed to internal roles % of disabled staff appointed into roles from shortlisting Workforce demand and supply waterfall (staff group and service)
• demotivated workforce	Integrated Dashboard (monthly)	% Fundamental Training completion % Appraisal completion rates

Risk	Controls	Assurance
	People Committee Slide Deck (quarterly)	% of staff who have accessed clinical supervision in the last 12 months % of staff who have accessed leadership and people management training modules in the last 12 months % of staff with a clear PDP agreed with their manager % of staff who have team related objectives % of return to work meetings undertaken within 7 days
• absence of a values-led culture	NHS Staff Survey	Staff Morale measures
Risk	**Controls**	**Assurance**
High Performing Workforce The Trust 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:		Budget for leadership training protected and used (annually) Attendance mandatory/report on attendance and pipeline (quarterly) Regular report capturing themes and outcomes from attendees (quarterly) NED/Exec intervention/sponsorship Presentation on purpose and content of training
	Annual NHS Staff Survey	Staff Engagement Score

Risk	Controls	Assurance
• unhealthy and poor leadership	People Committee Slide Deck (quarterly)	Number of staff accessing: • Occupational health referrals • Psychology and wellbeing support • Physiotherapy support • Post incident support • Other support from occupational health • Psychological first aid support N = Health promotion and wellbeing sessions delivered N = Health promotion and wellbeing sessions attended Feedback on quality of sessions
• an underperforming workforce	Integrated Dashboard (monthly)	% overall sickness rate
• sustained patterns of inequalities and discrimination	People Committee Slide Deck (quarterly)	% of BAME staff in a role 8A or above % of BAME staff entering disciplinary processes compared to non-BAME staff % of staff accessing non-mandatory training and CPD who are BAME % of disabled staff entering formal capability processes compared to all other staff
• high turnover	Integrated Dashboard (monthly)	% employee turnover
• non-compliant behaviours	People Committee Slide Deck (quarterly)	Total number of disciplinary cases Total number of grievances Total number of dignity at work cases Total number of whistleblowing cases

Risk	Controls	Assurance
		Total number of FTSU cases Feedback from exit interviews Employee lifecycle feedback
• Employee Relations cases	People Committee Slide Deck (quarterly)	Total number of disciplinary cases Total number of grievances Total number of dignity at work cases Total number of whistleblowing cases Total number of FTSU cases Feedback from exit interviews Employee lifecycle feedback

Risk	Controls	Assurance
Communication, inclusion, and wellbeing (Inclusion, freedom to speak up and share learning) The Trust fails to effectively communicate and engage with its workforce through a dynamic, sustainable internal communication plan, resulting in:	Communication **plan**/when/how/what Communication tree Management briefings Report on 'use of data' (through written & spoken word, multimedia & behaviours)	All staff with people management responsibilities are equipped with relevant information Information portal reporting Quarterly Internal comms presentation on ebb and flow of data Exit interviews Internal and external applicants
• diminished knowledge and education to make and take the right decisions	People Committee Slide Deck (quarterly)	Number of development sessions attended: • Schwartz rounds • TRIM sessions • Balint groups
• reduced productivity	Integrated dashboard (monthly)	This should be monitored through the Quality / Clinical aspects of the dashboard but linked to any staffing issues
• fear of safety to speak up	Quarterly Report To People Committee	Freedom To Speak Up Statistics
• poor employer brand	People Committee Slide Deck (quarterly)	% Staff Friends and Family Test results % of sickness due to anxiety, stress and depression % of sickness due to musculoskeletal reasons
	Annual Staff Survey	n/10 Staff Engagement Score
• non-compliant behaviours	People Committee Slide Deck (quarterly)	Total number of disciplinary cases Total number of grievances Total number of dignity at work cases Total number of whistleblowing cases Total number of FTSU cases Feedback from exit interviews Employee lifecycle feedback

Risk	Controls	Assurance
Modernising our People Practice *Building on and strengthening current people practices ensuring we meet the evolving needs of our workforce, supported by integrated working* The Trust fails to demonstrate a holistic approach to reward (through personal development) to all employees, address inequalities, reflect and represent the communities served by the Trust, resulting in:		Equal pay review annual agenda item, to agree Trust commitment to close gaps and inequalities Exec to educate holistic approach to reward, to include virtual working, to inform of gaps and inequalities, RemCo presentation annually
• a poor employer brand	NHS Staff Survey	Staff satisfaction ratings
• compensation costs	People Committee Exceptions Report Annual Report	Reduced payments made for litigation compensation costs
• unacceptable staff turnover	Integrated Dashboard (monthly)	% employee turnover
• increased regulatory scrutiny, intervention, and enforcement action	People Committee Exceptions Report Annual Report	Reduced payments made for litigation compensation costs
Flexible and transformative workforce models in clinical services The Trust fails to look holistically at flexible and transformative workforce models used across all services, resulting in	Report on pandemic workforce models used, SWOT analysis Evidence that we are an anchor organisation in the communities where we provide services ICS Mental health integrated Emerging 'new' roles Evidence our partnership work with colleges, universities, apprenticeships	Report on Lesson learned from pandemic and post pandemic Evidence dismantling poor working ineffective working models and introducing new Longterm Plan to resource Grade 5

Risk	Controls	Assurance
• a failure to take opportunities where positive gains are possible	People Committee Slide Deck (quarterly)	% employee turnover % Sickness Absence
• inefficiencies	Integrated Dashboard (monthly)	% Bank fill rate % Agency fill rate
	People Committee Slide Deck (quarterly)	% of rostas presented 6 weeks in advance
• unacceptable patient care	Integrated dashboard (monthly)	Escalation from IQC relating to workforce issues
• a failure to address inequalities	People Committee Slide Deck (quarterly)	Time from vacancy approval to offer % of BAME staff successful in being appointed to internal roles % of BAME staff likely to be appointed into roles from shortlisting % of disabled staff successful in being appointed to internal roles % of disabled staff likely to be appointed into roles from shortlisting Workforce demand and supply waterfall (staff group and service)
• decreased staff retention	People Committee Slide Deck (quarterly)	Staff Experience Survey (recruitment induction)
• missed opportunities for cost improvement	Annual Report	Financial performance against budgets

Birmingham and Solihull Mental Health NHS Foundation Trust

BAF ENTRIES FOR SUSTAINABILITY

Risk	Controls	Assurance
System finances and partnership working The Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms, resulting in an inability to support the System's medium to long term financial sustainability	Internal reports on financial position of the STP and Trust Bidding process embedded in SFIs CFO and FD system meetings Influencing the system, and then the system influencing upwards	STP funding low MH share of that too low MH Investment Standard met with fair share to adult services Successful bid processes System financial target met (control total)
Transforming with Digital The Trust fails to focus on the digital agenda and to harness the benefits of digital improvements, resulting in: • less-than-optimal data security and sharing • not addressing cybersecurity threats • inefficiencies and ineffectiveness in critical processes • unacceptable care for service users	System failures report General ICT Report Sustainability Strategy – Digital metrics ? Digital Executive Group Work required – improvement and implementation plan	Digital Maturity Index GDPR compliance – Annual Data Protection Reporting (confirm) Downtime, core resolution time Customer Satisfaction Help Desk Reporting Benefits realisation and reporting
Caring for the environment The Trust fails to behave as a socially responsible organisation, resulting in: • poor waste management • unnecessary journeys • higher than necessary energy costs • failure to hit zero emissions targets • damage to reputation and public trust	Annual Sustainability Report – take to FPP Strategic Estates Board (STP level) Birmingham Clean Air Zone	Green Transport targets

Risk	Controls	Assurance
The Trust fails to manage the safety and quality of its therapeutic environment, resulting in: • increased maintenance costs • health and safety executive scrutiny • failure to meet statutory standards • patient harm and increased untoward incidents related to the environment • increased regulatory scrutiny, intervention, and enforcement action • damage to reputation and public trust	Capital Prioritisation Process – balance of risk, ? safety vs quality Customer Satisfaction (not done) SSL Service Agreement Forum (maintenance) Capital Programme	PEAT scores Help Desk metrics (not satisfaction) Risk Assessments (type)