

Board of Directors: Part I

Schedule	Wednesday 23 February 2022, 9:00 AM — 12:30 PM GMT
Venue	MS Teams
Organiser	Sharan Madeley

Agenda


Patient Story: Experts by Experience: Lorna and Olivia Brown

Agenda

 Agenda Item 0 Board of Directors February 2022.docx 1

1. Apologies for absence & Declarations of Interest

2. Minutes of the previous meeting

 Agenda item 2 DRAFT Minutes of the Board of Directors January 2022.docx 4

3. Matters Arising/Action Log

 Agenda item 3 Action Log.docx 14

4. Chair's Report

 Agenda item 4 Chair's Report.docx 15

5. Chief Executive's Report

 Agenda item 5 Chief Executive's Report.docx 18

6. Board Overview: Trust Values

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




 Agenda item 7 QPES Chairs Assurance Report.docx 28

8. People Committee Chair's Assurance Report




 Agenda item 8 People Committee Chair Assurance February 2022.docx	34
---	----

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

10. Integrated Performance Report

 Agenda item 10 Integrated Perf report.docx	41
 Agenda item 10 Appendix A.docx	43
 Agenda item 10 Appendix B.pdf	45



11. Finance Report

 Agenda item 11 Finance Report.docx	83
 Agenda item 11 Appendix A.pptx	85
 Agenda item 11 Appendix B.docx	94

12. Board Assurance Framework: Quarter 3

 Agenda item 12 BAF.docx	101
 Agenda item 12 Appendix.docx	103



13. Internal Governance Action Plan Update

 Agenda item 13 Governance Action Plan Update.docx	112
 Agenda item 13 Appendix.docx	114

14. Board Development Programme

 Agenda item 14 Development Programme 2022 V2.docx	123
---	-----

15. Board Forward Planner

 Agenda item 15 Board Forward Planner.docx	126
 Agenda item 15 Appendix Board of Directors Forward Planner 2022.docx	127

16. Questions from Governors and members of the public

17. Any Other Business

18. Feedback on Board Discussions

19. 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

20. Date & Time of Next Meeting, 30th March 2022



AGENDA
BOARD OF DIRECTORS MEETING
WEDNESDAY 23rd FEBRUARY 2022 VIA VIDEO-CONFERENCING

Purpose and Ambition

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

Values

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

Experts by Experience: Lorna and Olivia Brown.

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
1.	Opening Administration: Apologies for absence & Declarations of interest	<i>Chair</i>	09.30	<i>verbal</i>	-
2.	Minutes of the previous meeting		09.35	<i>attached</i>	Approval
3.	Matters Arising/Action Log		09.40	<i>attached</i>	Assurance
4.	Chair's Report		09.45	<i>attached</i>	Assurance
5.	Chief Executive's Report	<i>CEO</i>	09.50	<i>attached</i>	Assurance
6.	Board Overview: Trust Values	<i>W. Weir</i>	10:05	<i>verbal</i>	Assurance
QUALITY					
7.	Quality, Patient Experience & Safety Committee Chair's Assurance Report	<i>L. Cullen</i>	10.15	<i>attached</i>	Assurance
8.	People Committee Chair's Assurance Report	<i>P. Gayle</i>	10:25	<i>attached</i>	Assurance
SUSTAINABILITY					
9.	Finance, Performance & Productivity Committee Chair's Assurance Report	<i>R. Beale</i>	10:35	<i>To follow</i>	Assurance
10.	Integrated Performance Report	<i>D. Tomlinson</i>	10:45	<i>attached</i>	Assurance
11.	Finance Report	<i>D. Tomlinson</i>	11:00	<i>attached</i>	Assurance
GOVERNANCE & RISK					
12.	Board Assurance Framework: Quarter 3	<i>S. Madeley</i>	11:15	<i>attached</i>	Approval

ITEM	DESCRIPTION	LEAD	TIME	PAPER	PURPOSE
13.	Governance Action Plan Update	<i>S. Madeley</i>	11:30	<i>attached</i>	Assurance
14.	Board Development Programme	<i>Chair</i>	11:40	<i>attached</i>	Assurance
15.	Board Forward Planner	<i>Chair</i>	11:45	<i>attached</i>	Assurance
16.	Questions from Governors and Public (<i>see procedure below</i>)	<i>Chair</i>	11:50	<i>verbal</i>	Assurance
17.	Any Other Business (<i>at the discretion of the Chair</i>)	<i>Chair</i>	11:55	<i>verbal</i>	-
18.	FEEDBACK ON BOARD DISCUSSIONS	<i>H. Grant</i>	12:00	<i>verbal</i>	-
19.	RESOLUTION The Board is asked to approve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.				
20.	Date & Time of Next Meeting <ul style="list-style-type: none"> • 09:00am • 30th March 2022 			<i>Chair</i>	

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

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

Procedure for questions from the public at board meetings

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

Questions

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

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

Relevance of questions

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

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

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

Notice requirements

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

Limitations on numbers of questions or time allowed

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

There are no limits to the questions for Governors.

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

Response to questions

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



MINUTES OF THE BOARD OF DIRECTORS MEETING

Meeting	BOARD OF DIRECTORS
Date	WEDNESDAY 26th JANUARY 2022
Location	VIA MICROSOFT TEAMS

Purpose and Ambition

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

Attendance	Name and Title	
Present	Danielle Oum	- Chair
	Roisin Fallon-Williams	- Chief Executive
	Hilary Grant	- Medical Director
	David Tomlinson	- Director of Finance
	Sarah Bloomfield	- Director of Quality and Safety (Chief Nurse)
	Vanessa Devlin	- Director of Operations
	Patrick Nyarumbu	- Director of Strategy, People & Partnerships
	Russell Beale	- Non Executive Director
	Linda Cullen	- Non-Executive Director
	Winston Weir	- Non-Executive Director
	Gianjeet Hunjan	- Non-Executive Director
	Anne Baines	- Non-Executive Director
In Attendance	Shane Bray	- Managing Director, SSL (<i>item 15</i>)
	Mrs Sharan Madeley	- Company Secretary
	Sajid Muzaffar	- Guardian of Safe Working
	Erin Turner	- Consultant Psychiatrist <i>Item 1</i>
	Claire Langefeld	- Care coordinator (<i>item 1</i>)
	Luke Rose	- Health Instructor (<i>item 1</i>)
	Sarah	- Service User (<i>item 1</i>)
Observers	Tim Hamilton	- Head of Communications
	Hazel Kench	- Public Governor
	Maureen Johnson	- Carer Governor
	Rohan Manghra	- Carer Governor
	Mustak Mirza	- Carer Governor
	John Travers	- Staff Governor
Apologies	Philip Gayle	- Non Executive Director

Agenda Item	Discussion	Action (Owner)
1.	<p>PATIENT STORY</p> <p>Dr Erin Turner, Claire Langefeld, Luke Rose and Sarah, attended the meeting to share the recovery story for Sarah. The Board of Directors heard a very inspiring story relating to the journey of Sarah and her recovery.</p> <p>The Board heard that Sarah, who was previously employed by the Trust, had a diagnosis of schizo affective disorder and she has also had breast cancer. Sarah has been under the care of Solihull Early Intervention Service since 2017. Throughout the first few years of her recovery Sarah experienced a number of significant relapses and had several hospital admissions.</p> <p>However during this past year, Sarah has made huge progress in her recovery. This was assisted by engagement with the IPS (individual placement support) worker and has now secured employment as a healthcare assistant- this will be her first job in 4 years.</p> <p>Unfortunately, Sarah suffered side effects due to her medication which did understandably affect her confidence and hampered social recovery. However, since employing a senior health instructor Sarah has engaged in exercise programme, attended the gym weekly, joined a woman's football group and a walking group. Sarah had grown in confidence; motivation and her mental health have all improved as a result. The team stated that they couldn't be prouder of her!</p> <p>The Chair and Board Members thanked Sarah for attending and for bravely sharing her story with the Board which provided a strong indication of what patients were able to achieve when the right support was in place. The Chair congratulated Sarah on her new position with the Trust and would look forward to seeing her on the Wards.</p> <p>DECISION: The Chair to write and thank Sarah and the team for attending the Board meeting.</p>	S. Madeley
2.	<p>OPENING ADMINISTRATION: DECLARATIONS OF INTEREST</p> <p>The Chair welcomed Trust Governors who were observing the meeting, along with representatives of the Care Quality Commission and the press.</p> <p>Dave Tomlinson declared an interest in the agenda item relating to SSL Quarterly report as a Director of SSL.</p>	
3.	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>Subject to minor amendments, the minutes of the meeting held on the were approved as a true and accurate record.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed and noted.</p>	
5.	<p>CHAIR'S REPORT</p> <p>The Board received an overview of the Chair's key areas of focus since the last Board meeting. The Chair said that it was extremely helpful to make visits to services during the Christmas period which were previously restricted due to COVID-19 outbreaks. The report was received and noted.</p>	

Agenda Item	Discussion	Action (Owner)
6.	<p>CHIEF EXECUTIVE'S REPORT</p> <p>R. Fallon-Williams paid tribute to all colleagues across the Trust for their phenomenal efforts during the last month. Specific acknowledgement was paid to carers and service users for their tolerance and understanding during the pandemic. In addition, the partners of the Trust, voluntary and statutory, who were thanked for reaching out and assisting where possible.</p> <p>The Board received the key headlines were that the Trust, at the peak, at 23 outbreak wards and was currently at 19. Currently caring for 30 patients who had patient which had reduced from 72. The absence rate still remained high due to the Omicron variant which was at 9% and currently at 8%.</p> <p>The out of area placement remained relatively stable at 26 and remained stable due to the impact of COVID-19 within the independent sector therefore the ability to access beds had been limited. The Community Teams have stepped up to manage people who required intensive care within their home settings.</p> <p>The Board noted that one of the key features during the last few weeks had been the pressure across the system with much more emphasis on the number of patients in acute care settings who required onward transfer to mental health services. At its peak, the Trust had 50 patients who required an agreed transfer plan with a number waiting over 12 hours. This had considerably reduced and there were currently 8 patients where the Trust was agreeing onward plans with partners.</p> <p>It was reported that where there were outbreaks this had an impact on the availability of services and at its peak there were 58 beds closed to admissions. As of the meeting today, this stood at 24 and therefore the Trust was beginning to see the outbreaks being managed well. It could be seen from the reported figures the challenges staff have been managing in such a phenomenal manner.</p> <p>In relation to sustainability, national planning guidance has been received with an understanding on the future financial regime for both the Trust and the system.</p> <p>The formation of the integrated care system as legal entities had been delayed from April to July 2021. However, this had not stopped progress being made across the system and were continuing to work on provider collaborative work.</p> <p>During the period, there had been emphasis on support and wellbeing for staff. The Trust had been leading on the mental health hub for the system to support staff. The Trust has continued to ask what would help staff and staff have, for example, requested equipment to enable downtime in their areas. The wellbeing of colleagues was impacted by the vaccination being a condition of deployment which has caused great stress for individuals. This was being worked through and the approaches were discussed at the People Committee. The system was working together to ensure alignment of particular the policy and procedural elements regarding how people were treated. Individuals were being supported to talk through their concerns and be supported regarding holding compassionate conversations.</p> <p>The Board was informed that the recruitment process had commenced for the appointment of a new Medical Director.</p>	130

Agenda Item	Discussion	Action (Owner)
	<p>The Board congratulated Patrick Nyarumbu for being awarded a MBE in the New Years Honors List for services to nursing.</p> <p>The Board received and approved the Modern Slavery Statement for the Trust which is reviewed on a regular basis and available via the Trust internet site. W. Weir welcomed the statement which was being updated and sent a positive message for the Trust as a corporate entity.</p> <p>W. Weir welcomed the national planning guidance and priorities but was slightly disappointed that the resources had not yet been confirmed.</p> <p>DECISION: The Board of Directors endorsed the Modern Slavery Statement for the Trust.</p>	
6.	<p>BOARD OVERVIEW: TRUST VALUES</p> <p>P. Nyarumbu shared with the Board Members his view of witnessing the values of the Trust come to life during the last month in relation to compassion, committed and inclusive.</p> <p>There had been an opportunity to visit sites during the last few weeks which had been an opportunity to see and hear about our unsung heroes and being able to hear inspiring stories regarding how staff were keeping services safe. This included where colleagues were covering shifts at the last minute due to positive COVID-19 tests. There was a strong sense of commitment in staff ensuring patients were being kept safe. There were individual colleagues that went the extra mile unnoticed, and it was critical that this was paid attention to.</p> <p>In terms of being compassionate, it was evident that the senior leadership team was acutely aware of the pressures staff have been under with senior leaders arranging for colleagues to have refreshments delivered to staff across the Trust which had been well received.</p> <p>In relation to being inclusive, the “I Can” programme had commenced which was a programme focusing on recruitment. As a Trust it was fantastic that there was a focus our local neighborhoods where there were hot spots regarding unemployment, and evidence that the Trust was focused on supporting local communities to work for the Trust.</p> <p>P. Nyarumbu was thanked for his feedback on seeing the values being embedded across the Trust.</p>	
7.	<p>QUALITY & PATIENT EXPERIENCE & SAFETY COMMITTEE CHAIR’S ASSURANCE REPORT</p> <p>The Quality, Patient Experience & Safety Committee met on the 19th January 2022 with Dr Cullen providing a detailed overview of the discussions held including the specific assurance received.</p> <p>The Committee had discussed the fold of the Predictive Analytics project stating that it was important to acknowledge the valuable experience gained through the considerable clinical and corporate support, that various aspects of the project required legal aspects, working with an external non-NHS organisation. The learning from the project highlighted the importance of ensuring that similar future projects were thoroughly assessed as being fully aligned with strategy and that a full appraisal was undertaken to the number of resources and time that would be needed to support future projects.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The Committee reviewed the progress on the Section 31 Improvement Plan for the CQC Report. The Committee was assured that progress was on schedule despite considerable challenges presented by the COVID-19 pandemic surge.</p> <p>The Committee spent time hearing from Cath Evans, Safeguarding Lead, regarding the current assessment regarding the death of Arthur Labinjo and the ongoing Joint Targeted Area (Safeguarding Children) Inspection. The Committee was assured that a very detailed thorough piece of work had been carried out and the team were recognised as working impressively to a very tight timetable during the December period. The Committee were made aware of the findings and areas of good practice as well as areas of concern and were assured that actions were being taken to address these.</p> <p>The Committee also received assurance on the challenges of responding to COVID-19 and were presented with a very comprehensive, detailed and helpful report providing a clear picture of the extremely challenging situation within the Trust and the significant impact of the recent pandemic surge on patients, services and the workforce.</p> <p>The Chair thanked L. Cullen for a detailed report from the Quality, Patient Experience and Safety Committee.</p>	130
7.1	<p>COVID-19 CURRENT RISKS TO QUALITY AND SAFETY OF SERVICES</p> <p>S. Bloomfield informed the Board that the latest wave of the Omicron Variant of COVID-19 had significantly impacted services within the last month.</p> <p>It was reported that it had been an incredibly challenging period for clinical staff in managing quality and safety of care along with operational delivery. COVID-19 had proven very challenging to manage among staff and service user groups alike and the Omicron wave had impacted a large part of our services. Alongside this, the Trust had seen increased demand for services across a range of areas and have therefore had to manage significant increased risk as the Trust worked to ensure staff were kept safe and able to provide care to people from our communities.</p> <p>The paper summarised the key challenges/increased risks faced by the Trust, and explained the mitigations put in place and sought to provide assurance on the monitoring of the safety of services throughout this difficult period. This included specific detail of COVID-19 outbreaks for each ward detailing the challenges and actions being taken.</p> <p>In relation to safe staffing, many areas had been extremely challenged during the last month with the period from Christmas to New Year. Staff absence had been driven by COVID-19 which was a key challenge in addition to the understandable issue of fewer staff wishing to work additional hours during the Christmas period.</p> <p>Managing demand versus capacity was discussed which remained a challenge into January 2022. Operational and Clinical teams have worked closely together to balance and mitigate risk and support staff in clinical areas.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>There had been enhanced monitoring of serious incident reporting and patient experience indicators had been put in place as an early warning tool which would be reviewed at the COVID-19 Silver Meetings on a weekly basis.</p> <p>In summary it was reported that whilst there were early signs the Trust may be exiting the latest surge period, this was not a certainty, therefore the Trust would remain on enhanced monitoring for some weeks to come.</p>	130
8.	<p>PEOPLE COMMITTEE CHAIR'S REPORT</p> <p>The Board received an update from the discussions held at the People Committee on the 19th January 2022 which was chaired by W. Weir. The areas of discussion included safe staffing levels, the mandatory vaccination programme; the initial staff survey results and reports from the two Sub Committees: Transforming our Culture and Future Workforce.</p> <p>The Committee discussed the well-being of staff and building a sustainable workforce which were vital elements of the People agenda. The challenges were well articulated, and the Committee appreciated the work being undertaken with the Committee continually pushing to ensure that the actions were sufficient to see continual improvements.</p> <p>P. Nyarumbu stated that the pressures staff were under due to the pandemic, had seen an impact on managers having sufficient time to undertake appraisals and therefore, additional support was being put in place. It was reported that sickness absence levels were increasing which had impacted on staff well-being.</p> <p>The report from the People Committee was received and noted.</p>	
9.	<p>GUARDIAN OF SAFE WORKING</p> <p>Dr Muzaffar attended the meeting to provide the quarterly Guardian of Safe Working Hours report.</p> <p>Board Members were informed that the number of exception reports raised during the quarter were higher than the previous quarter which was an encouraging trend. All the exceptions were relating to working hours and there were no educational exceptions raised.</p> <p>The exception data helped to identify that one of the posts needed additional junior doctor support and therefore SHO cover was arranged through the review process. It was reported that there were no immediate safety concerns. There were several shift vacancies, but all were filled by locums.</p> <p>D. Oum said that it positive to see the work being undertaken was seeing improvements being made and thanked Dr Muzaffar for his report.</p>	
10.	<p>AUDIT COMMITTEE CHAIR'S REPORT</p> <p>G. Hunjan provided a report to the Board from the Audit Committee which was held on the 20th January 2022. The Committee was assured of the progress in undertaking the reviews within the 2021/2022 audit plan. The Committee was provided with an update on how internal audit report recommendation tracking processes had been strengthened. The Committee was assured this would be reviewed during February 2022 and it was expected most outstanding recommendations would be completed.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>The Committee received a report on the storage and accessibility of contracts of employment and was assured that the recommendations raised by the External Auditors were being implemented. However, there was concern about the timeframe and therefore a review of the process would be included within next year's internal plan.</p> <p>The Committee was assured of the progress in compliance with the Government Functional Standards and the continuing work to minimise the risk of fraud within the Trust.</p> <p>The Chair thanked G. Hunjan for the report of the Audit Committee.</p>	Page 130
11.	<p>CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT</p> <p>W. Weir presented the assurance report from the Charitable Funds Committee. The Committee approved the Annual Accounts for 2020-2021 with assurance from the independent review and submission to the Charities Commission by the 31st January 2022. The Committee reviewed the fund balances for the period 31st December 2022 and received assurance on the spending plans.</p> <p>The Committee reviewed the Terms of Reference, and these were presented to the Board of Directors for formal approval.</p> <p>The Committee received assurance on the investment fund balances via a written report from Shroeders.</p> <p>The Chair thanked W. Weir for the report of the Charitable Funds Committee.</p> <p><i>DECISION: The Board of Directors approved the terms of reference for the Charitable Funds Committee.</i></p>	
12.	<p>FINANCE, PERFORMANCE & PRODUCTIVITY COMMITTEE CHAIR'S REPORT</p> <p>R. Beale reported that the meeting in January 2022 was a shorter meeting due to a development session on the integrated dashboard.</p> <p>It was reported that the government announcements on funding were not reconciled with the lack of potential staff or the timescales needed to address issues and hence a surplus had arisen. The Trust was working hard internally with partners to ensure that the funding was utilised as effectively as possible and assurance provided that all avenues continue to be explored. It was noted, that overall the Trust was in a robust position.</p> <p>Following the meeting, there was a development session on the performance dashboard which introduced the statistical processes and trend management that has been introduced to provide Board members with knowledge to interpret the figures more effectively. Thanks were given to the information team for both the explanations and their sterling work on the performance dashboard. The discussions held were focused and offered good broad challenge coupled with wide ranging responses from Executive colleagues. This meant it felt a very collective and shared process.</p> <p>The Chair thanked R. Beale for the report from the Finance, Performance and Productivity Committee.</p>	

Agenda Item	Discussion	Action (Owner)
13.	<p>FINANCE REPORT</p> <p>The Board was informed that the month 9 2021/22 consolidated Group position was a surplus of £1.9m year to date. This was compared to a break even plan. The surplus is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position for the Reach Out Provider Collaborative. The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.</p> <p>It was noted that the 2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021 and given the pressures as a result of the Omicron variant, the planning timetable had been extended to the end of April 2022. A draft system revenue envelope and 3-year capital envelope have been issued. Discussions have commenced across the system regarding appropriate methodologies for allocating the envelopes.</p> <p>Month 9 year to date Group capital expenditure was £3.6m, this is £2m less than plan. The year-to-date underspend mainly related to door set works and it was anticipated that this slippage would be recovered by year end.</p> <p>The month 9 Group cash position is £53m.</p> <p>The report was received and noted.</p>	Page 130
14.	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Board was informed that the key issues relating to performance related to out of area bed use; IAPT, CPA 12 month reviews, new referrals not seen, the financial position and cost improvement programme. In relation to People, the main areas related to vacancies, shift fill rates, fundamental training, appraisal rates and sickness.</p>	
15	<p>SSL QUARTERLY REPORT</p> <p>S. Bray attended the meeting and presented the quarterly report summarising the performance of SSL from April 2021 to December 2021. During this period COVID continued to cause significant operational challenges for SSL services and partners, with increased staff sickness and absences, ward isolations and increased demand on PPE. In addition, SSL continued to support 23 COVID vaccine sites across Birmingham plus operating 4 mobile vaccination vehicles. During this period, SSL had successfully maintained all SSL services and managed PFI partners across all sites over this period.</p> <p>SSL continued to work and support the Trust in the production of the Strategic Outline Business Cases for Reaside and Highcroft, these should be completed by early 2022. SSL was on schedule with the plan to complete the physical environmental works associated with the replacement of compliant anti-ligature door sets with new anti-ligature door sets incorporating alarm monitoring over the next 17 months. In addition, SSL has supported the Trust to develop a new 5 yr capital program, which outlined the potential capital spend up to 2026.</p> <p>SSL Pharmacy services continue to deliver a high level of performance with good results across all main KPI's. In line with the upgrades to the Trust pharmacy software systems, the pharmacy Robot was over 5 yrs old and required a significant operating software upgrade. This work was progressing well, with no operational issues expected which would affect service delivery. The works were expected to be completed in early January 2022.</p>	

Agenda Item	Discussion	Action (Owner)
	<p>SSL continued to work with partners across the BSOL healthcare system to identify new opportunities, which could deliver improved performance and service quality, increase revenue and provide financial benefits to the Trust and healthcare partners.</p> <p>The report detailed a financial overview, HR assurance and the performance and activities of the services provided by SSL to BSMHFT and Primary Care. The key services included; Facilities Management; Property Services & Sustainability; Transport and Logistics Services; Capital Projects; PFI Management and Pharmacy Services.</p> <p>S. Bray was thanked for his detailed report to the Board.</p>	
17.	<p>QUESTIONS FROM GOVERNORS AND PUBLIC</p> <p>M. Johnson, Governor, congratulated all teams across the Trust for all the work being undertaken in difficult times and congratulated the Board for the motivation being provided to staff. M. Johnson suggested that there should be additional publicity regarding some of the great areas taking place within the Trust.</p> <p>M. Johnson highlighted the Recovery Team with a celebration event being held on Friday and congratulated the Team to ensure that their work continued during the pandemic utilising Teams as a method of ensuring communication continued.</p> <p>M. Johnson highlighted LEAR Group, and reported that the Group was receiving additional projects requesting the involvement of people with lived experience which was a significant improvement.</p> <p>M. Mirza congratulated P. Nyarumbu for his MBA award in the recent honors list.</p>	
18.	<p>REFLECTIONS ON THE MEETING</p> <p>L. Cullen said that it had been a rich meeting regarding the discussions detailing the significant challenges the NHS has faced and the fact that the Board ensured it kept to the core business using the Trust values and ensuring consideration regarding how staff were being supported. The Board ensured it progressed through the business items with very detailed feedback and reports but at the same time undertaking creative crisis interventions to maintain patient safety. There had been respectful conversations and compassion was shown during the meeting when challenging questions were raised.</p> <p>L. Cullen acknowledged the amount of work being undertaken by the Executive Team during the pandemic period and asked that there was continued acknowledgement regarding the commitment of staff during the coming months to ensure well-being was being addressed.</p>	
18.	<p>ANY OTHER BUSINESS</p> <p>There was no further business raised.</p>	
19.	<p>RESOLUTION</p> <p>The Board asked that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.</p>	

Agenda Item	Discussion	Action (Owner)
20.	DATE & TIME OF NEXT MEETING <ul style="list-style-type: none">• 09:00am• 23rd February 2022	Page 130 of 130

DRAFT



BOARD OF DIRECTORS – FEBRUARY ACTION LOG

MONTH & AGENDA ITEM NO	TOPIC & AGREEN ACTION	LEAD	ORIGINAL TIMESCALE	RAG	COMMENT
November 2021 Minute 16	BSOL Mental Health Provider Collaborative Programme The Board would receive regular updates on the Provider Collaborative Programme. The Board of Directors Work Programme had been scheduled 2022 and would be presented to the Board of Directors at the February meeting	S. Madeley	February 2022		On the agenda for the February meeting
January 2022 Minute 1	Patient Story The Chair to write and thank Sarah and the team for attending the Board meeting.	S. Madeley	January 2022		Completed.

RAG KEY

Overdue
Resolved
Not Due

Meeting	BOARD OF DIRECTORS
Agenda item	4
Paper title	CHAIR'S REPORT
Date	23 rd February 2022
Author	Danielle Oum, Chair
Executive sponsor	Danielle Oum, Chair

This paper is for (tick as appropriate):

<input type="checkbox"/> Action	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Assurance
---------------------------------	-------------------------------------	---

Executive summary & Recommendations:

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

Reason for consideration:

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

Previous consideration of report by:

Not applicable.

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

Select Strategic Priority

Financial Implications (detail any financial implications)

Not applicable for this report

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

Not applicable for this report

Equality impact assessments:

Not applicable for this report

Engagement (detail any engagement with staff/service users)

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

CHAIR'S REPORT TO THE BOARD OF DIRECTORS

1. INTRODUCTION

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

2. CLINICAL SERVICES

- 2.1 In light of the Infection Prevention & Control (IPC) measures within our Trust as we seek to keep our patients and staff safe, we have been restricting groups of people meeting, in line with Trust guidance. In discussion with fellow board members I have been planning how, moving forward, with the lifting of restrictions due to COVID-19, we can resume service visits. I will now be looking to ensure we can include our Governor colleagues on visits to our clinical services.

3. PEOPLE

- 3.1 During the month I have met with Board Committee Chairs and Executive Leads regarding the Trust's strategic priority of addressing inequalities, to consider and how our governance structures can work to drive progress and gain assurance.
- 3.2 As we move out of restrictions, I am making arrangements to meet individually with our Governors over the coming months to discuss their role, development, and engagement with the Trust. This will enable us to continue to strengthen our ties with the Council of Governors. In addition, I will be arranging an informal development session late spring between the Council of Governors and Board of Directors.

4. QUALITY

- 4.1 I was pleased to be able to join Experts by Experience at the start of their training in Quality Improvement methodology. Our Trust is clear that expertise by experience is every bit as valid as professional expertise. The perspective of service users and carers is considered important in shaping our strategy, conducting research, feeding back on service delivery and as now informing Quality Improvement programmes of work.

5. SUSTAINABILITY

- 5.1 During the month I have met with Board Committee Chairs and Executive Leads regarding the Trust's strategic priority of addressing inequalities, to consider and how our governance structures can work to drive progress and gain assurance.
- 5.2 Along with Governors and Non-Executive Directors I participated in ICS workshops. The sessions covered the BSol ICS Implementation of 1 July, the ICS Organisational Development Plan along with a discussion on the opportunities and risks for organisations. Further sessions are being arranged and dates will be circulated shortly.

- 5.3 Several Non-Executive Directors also participated in the ICS Transition Committee which monitors progress against key workstreams as well as joining the ICS Strategy Day for Health Inequalities.

**DANIELLE OUM
CHAIR**

Meeting	BOARD OF DIRECTORS
Agenda item	5
Paper title	CHIEF EXECUTIVE'S REPORT
Date	26 th January 2022
Author	Vanessa Devlin and Roisin Fallon-Williams
Executive sponsor	Roisin Fallon Williams

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

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

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

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

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

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

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

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

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

CHIEF EXECUTIVE'S REPORT

1. CURRENT PANDEMIC SITUATION

As a Board we will receive a number of reports today which will provide assurance on the current situation regarding the pandemic and provide detail on how we have managed the situation since our last Board meeting in January 2022. I will provide the most up to date headlines of our situation verbally at the Board meeting.

Board colleagues are very aware of how significant the most recent surge impacts have been. Our colleagues across all our services have once again stepped up, going above and beyond in so many ways to keep services available to our patients and service users. We recognise that the significance of the challenges has meant that whilst we have been able with great efforts to keep services and people we treat and care for safe, we have not always been able to provide to the quality we aim to. I would like to thank on our behalfs our service users and carers for their support and understanding and everyone in Team BSMHFT for their continued commitment to service users, carers and each other, their efforts continue to be truly phenomenal.

2. PEOPLE

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

2.1 Mandatory Vaccination as a condition of deployment

Board Members will be aware that all NHS organisations received correspondence on vaccinations as a condition of deployment on the 31st January 2022. This was to inform organisations that the legislation which was passed requiring vaccination as a condition of deployment which was due to come in from 1st April 2022 was being reconsidered. The Department of Health and Social Care's consultation on revoking the vaccination ran from the 9th – 16th February 2022 outlining that whilst the government's intention is to revoke the requirement of vaccination as a condition of deployment, the government states that the importance of vaccination remains clear: vaccines save lives and everyone working in health and social care has a professional duty to be vaccinated against COVID-19.

The Executive Team has in recent weeks written to all colleagues in Team BSMHFT to inform everyone of the position and sincerely acknowledging that this has not been an easy time for any of us in BSMHFT. As part of this we made clear our desire that we want us all to come out of this process as one Team and a unified organisation that continues to have the experience of our services users and patients at the heart of all we do.

We have invited thoughts and reflections on what additional and specific things we can do and put in place to support this to be the case, recognising that many colleagues have been distressed and concerned by the process and the impact it has on individuals. We intend to consider what we have heard and been provided with this week with the view to putting things in place in the coming weeks.

2.2 Our Values Awards

Our Values Awards nomination period closed on Sunday 13th February. We received a number of amazing submissions, that will make it very challenging for Board colleagues who are now involved in the shortlisting processes.

2.3 Annual Leave and Enhanced Payments

Board colleagues will be aware that during the most recent Omicron related surge, as in previous waves, we put in place enhanced payment approaches within services. This approach, alongside the commitment of individuals and teams has enabled us to keep providing all services to some degree. Given that we are now seeing a lessening of the impact of Omicron we have agreed to move away from the enhancement payment regime. In recognition of the fact that many colleagues did not take their planned leave to support services we have put in place a policy to enable leave carry over and buy back.

3. **CLINICAL SERVICES**

3.1 Specialties

Our Birmingham Healthy Minds service continues to experience high levels of vacancies and we are working on both recruitment and more general workforce plans to address this and we continue to collaborate with system partners to support plans to address significant gaps in Improving access to psychological therapies (IAPT) investment across Birmingham and Solihull. This work includes developing our activity recovery plan.

Waiting times for assessment in the older adult community mental health teams (CMHT's) remain a challenge. The service is responding through the development of a new model for older adult care as part of our community transformation.

In addition our adult eating disorders services are now finalising the model of care as part of phase two of transformation.

Across the directorate there is now a focus on plans to increase face to face contact with service users, and to embed new ways of working across the directorate.

3.2 Integrated Community Care and Recovery (ICCR)

Staffing on the steps to recover wards has settled over the past two weeks.

The clinical service manager, matrons and team managers are now focusing on their quality improvement work and aim to embed quality assurance as business as usual across our wards (and community services). The services are keen to showcase this work during the upcoming CQC inspection.

The community services across ICCR, particularly CMHTs continue to experience high levels of activity, colleagues within the teams continue to describe the pressure and stress of increased caseloads and acuity and meeting waiting times across the CMHTs and other services is challenging. Whilst the plans for implementation of our transformation of community services are moving along at pace, it will be some time before the impact of transformation is felt by our community colleagues. In the meantime, as well as focused multi disciplinary risk stratification approaches, supportive wellbeing conversations are taking place to support individuals and teams during this time.

We continue to experience pressures to recruit to a variety of disciplines across our current services and new posts via transformation. We are actively looking at solutions such as apprenticeships, working with third sector colleagues, development of transitional posts, and how we enhance skills to support individual to transition into more senior/skilled roles over a 12-18 month period.

3.3 Secure Care & Offender Health

All our secure inpatient services have experienced shortfalls in Registered Mental Nurse (RMN) cover and work together across the units to address the challenges and shortfalls. At times the team managers, matrons and service managers have worked on the wards to support the teams.

The COVID outbreaks have been well managed well across the wards with patient Leave, visits, and ward mixing now being resumed on the units.

Tamarind is hosting a Clinical Inequalities Day which will be taking place on 28th February. The commissioned project – ‘Reach Out Inequalities Service Evaluation’ will explore the clinical inequalities among our secure care population. The day will focus on the engagement with service users to enable them to participate and contribute to this service development initiative. The day will be led by our newly appointed clinical equalities leads.

NHSE has recently provided us with positive feedback in relation to the care of service users within our Forensic Children and Adolescent Mental Health Service (FCAMHS) who have Autistic Spectrum Disorder (ASD) and/or a Learning Disability (LD).

Our FIRST team continues to engage with partners and as part of their proposed management of change process, including accommodation providers that are now reopening for visits following Covid outbreaks. The FIRST St Andrews pilot ends in March 2022 and the team are working with Reach Out colleagues to identify the next steps. Space for the expanding team is currently a challenge so the team are scoping out alternatives with estates colleagues.

The Liaison and Diversion (L&D) Team are experiencing a higher-than-average level of short-term sickness, although service delivery is continuing. Environmental Risk Assessments occurred across the Courts and it is highly probable L&D staff will be re-entering shortly to complete face to face assessments. Face to face assessments are still occurring across Police custody, Prison and within Outreach. The Youth Team were successful in securing an additional £50k in order to improve the pathway and our Birmingham Liaison and Diversion service was highlighted in a paper of effective Practice following a recent HMI Probation inspection.

Our HMP Birmingham Healthcare tender was submitted on 2nd February 2022 and interviews will take place week commencing 7th March. A big thank you to all the team that were involved in putting this together at such a difficult time.

3.4 Acute and Urgent Care

Whilst staffing pressures have eased, the inpatient wards staffing position remains challenging in both the central and North localities and local management plans are place to support.

The urgent care centre was handed back over to the Trust, following its extensive building development work, on the 12th February. The integrated age inclusive urgent care centre will now house our Bed Management, Psychiatric Decisions Unit (PDU) and Place of Safety (POS) services and they will become operational in the building during the 15th and 16th February. We are currently working with our partner, Forward Thinking Birmingham (FTB) who will provide support to our under 18 years age group, to plan and confirm their move in date. When all the teams are settled, we plan to have a full launch, and showcase this well regarded service in the late spring of this year.

The levels of acuity of patients on the wards remains high and we have seen a small rise in the number of staff assaulted. We continue to look at ways to reduce incidents through our therapeutic activities programme and provide staff with support and our wellbeing offer when incidents do occur.

Focused work has taken place during recent months to support flow at a time of challenge, this has included in relation to individual patients who are Medically Fit for discharge to support their timely discharge. The hard work of our teams, in particular our Discharge Managers, and some of our system partners has seen a significant reduction in individuals discharges being delayed. Work continues to take place through the weekly multi agency meeting to improve service users flow to ensure that our service users receive the right care at the right time.

4. **SUSTAINABILITY**

4.1 BSOL ICS and Mental Health Provider Collaborative Update

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

Provider collaboratives are at the heart of work within ICS's to transform the care we provide for our patients by driving integrated care pathways that improve outcomes and reduce inequalities. Across Birmingham and Solihull ICS proposals are being considered for a small number of large-scale collaboratives focussed on care programmes/pathways that would include the devolution/delegation of commissioning functions to these collaboratives to enable them to deploy resources across organisations to maximum impact. These considerations include the already agreed proposal for a Mental Health (MH) collaborative. Our aim remains to have the MH provider collaborative up and running as soon as is practical in 2022/23.

Our work with partners to develop the arrangements to achieve this are progressing well. Key workstreams include partnership governance, contractual form, quality governance, transfer of commissioning structures and functions and financial due diligence aiming to get us to a 'go live' state in early 2022/23. Associated Boards, including ourselves will receive a paper to March Boards for approval setting out the proposed arrangements and timescales.

5. **QUALITY**

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

6. **NATIONAL ISSUES**

6.1 Ethnic Inequalities in Healthcare: A rapid Evidence Review

The NHS Race and Health Observatory has published their major review into ethnic inequalities in healthcare which has revealed vast inequalities across a range of health services. Some of the largest inequalities were found for mental healthcare where treatment for Black groups was particularly poor. The review also found there was a lack of research into specific areas including how outcomes may differ for ethnic minority babies in neonatal healthcare settings, where just one study was found to investigate health disparities in the care of ethnic minority new-born babies. The university-led review explores differences in reference to access, experiences of, and outcomes in the following areas:

- mental healthcare
- maternal and neonatal healthcare
- digital access to healthcare
- genetic testing and genomic medicine
- the NHS workforce

Ethnic inequalities were found across each area studied. Whilst there were differences between ethnic minority groups, some communities were found to have particularly poor access, experiences and outcomes. The review of academic research, spanning a 10-year period, found that ethnic minority groups experienced distinct inequalities in mental health support provision, and in gaining access to mental health 'talking therapies'.

It found GPs were less likely to refer ethnic minority patients to the Improving Access to Psychological Therapies (IAPT) programme, compared to White patients. Barriers were also faced by patients who delayed or avoided seeking help for health problems due to their fear of racist treatment from NHS healthcare professionals.

Strikingly, there was evidence that the ethnic inequalities in mental healthcare for adult populations is being reproduced in younger populations, with one study in the review showing that Black children were 10 times more likely to be referred to Child and Adolescent Mental Health Services (CAMHS) via social services rather than their GP service, in comparison to White British children. The full report can be found here: [RHO-Rapid-Review-Final-Report_v.7.pdf \(nhsrho.org\)](#)

The People Committee were informed that Byron Currie has liaised with the author of the report who as a consequence has agreed to ask support us by talking through the findings with our health system. The report is commended to all Committee Chairs and Executive Leads for consideration in the current work they are undertaking to determine the key health inequalities each Committee will develop a requirement for action and receipt of assurance on.

6.2 Integration and Innovation: Working Together to improve health and social care for all

The Government has published their policy paper *Integration and Innovation: Working together to improve health and social care for all*. The paper reports that we are living through the greatest challenge our health and care system has ever faced. Yet even in crisis conditions, everyone working in our health and care system has continued to deliver excellence. Critically, collaboration across health and social care has accelerated at a pace showing what we can do when we work together, flexibly, adopting new technology focused on the needs of the patient, and set aside bureaucratic rules.

This paper sets out the legislative proposals for a Health and Care Bill. It aims to build on the incredible collaborations seen through COVID and shape a system that's better able to serve people in a fast-changing world. The paper states that this bill is about backing our health and care system and everyone who works in it. The proposals build on those detailed in the NHS Long Term Plan. It also outlines steps to support everyone who works to meet people's health and care needs. Taken together, they will help us build back better after COVID.

First, by removing the barriers that stop the system from being truly integrated. The proposals want to help integrated care systems play a greater role, delivering the best possible care, with different parts of the NHS joining up better; and the NHS and local government forming dynamic partnerships to address some of society's most complex health problems.

Second, legislation will be used to remove much of the transactional bureaucracy that has made sensible decision-making harder. The reforms will help enable us to use technology in a modern way, establishing technology as a better platform to support staff and patient care. The proposals will maintain the distinct responsibilities for those who fund services and those who provide

care – which has been a cornerstone of efforts to ensure the best value for taxpayers for over thirty years – but sets out a more joined-up approach built on collaborative relationships, so that more strategic decisions can be taken to shape health and care for the decades to come. It's about population health: using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

Finally, the proposals will ensure a system that is more accountable and responsive to the people that work in it and the people that use it.

The proposals will ensure NHS England, in a new combined form, is accountable to government and the taxpayers that use it while maintaining its clinical and day-to-day operational independence. It will introduce measures to enhance quality and safety in the NHS, including the creation of an independent statutory body to oversee safety investigations.

These legislative measures are intended to support improvements already under way in the NHS.

They should be seen in the context of those broader reforms. Government will also bring forward changes in social care, public health and mental health. They state they remain committed to the sustainable improvement of adult social care and will bring forward proposals this year. Legislation is being brought forward to bring the Mental Health Act up to date, as set out in the white paper last month.

The full report can be found here: [Integration and Innovation: Working together to improve health and social care for all](#)

5.3 Health & Social Care Bill

As the Health and Care Bill goes through the final stages in the House of Lords, and the White Paper on social care has very recently landed, the government has now published a new separate White Paper seeking to chart a path towards a more joined-up health and social care system. The proposals build on the foundations laid in the Health and Care Bill and centre around:

- Shared outcomes for health and social care at local level
- A 'place level' governance model for implementation by Spring 2023
- A review of section 75 arrangements (this is legislation that enables the pooling of budgets and integrated governance between NHS organisations and local authorities) with a view to promoting pooling of resources
- A review of the regulatory and statutory requirements that might stand in the way of health and social care staff working flexibly across settings
- The implementation of a single health and care record by 2024
- Each ICS to have a population health platform, with care coordination functionality, that will use joined-up data to support planning and proactive population health management by 2025

The government is keen to make integrated health and social care a reality, pushing to go 'further, faster' towards that goal. This White Paper is seen as a further step in the 'journey of reform' towards achieving this.

Shared outcomes - Central to the government's plan is the concept of an outcomes-driven approach at local level, bringing together the NHS and local government to deliver jointly on the key aims of delivering person-centred care, improving population health and reducing health disparities. To help with this, the government intends to produce a framework setting out a focused set of national priorities, plus an approach for local areas ('places') to develop their own local shared outcome priorities that meet the particular needs of their communities, supported by the Integrated Care Systems (ICSs) in which they sit. The White Paper also puts forward specific plans for the place-level governance structures needed to make this a reality - see further below. Implementation of this shared outcomes approach is to begin from April 2023.

Shared accountability - Another key area of the government's plans for a more joined-up approach is for each 'place' to have a single person accountable for the delivery of the place-level shared outcomes outlined above. Who this accountable person is will need to be agreed by the relevant local authority/authorities and the ICB (Integrated Care Board).

Place-level Governance model - All places within an ICS will adopt a governance model which meets the characteristics set out in the White Paper (including, for example, clarity of decision-making for managing risk and resolving disagreements between local partners). Under this model, a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly, with a single person accountable for the delivery of shared outcomes and plans (as above). Under this model, the local authority/authorities and the ICB would delegate their functions and budgets to the 'place board'.

More pooled budgets - The White Paper also envisages going 'further and faster' in terms of the NHS and local authorities pooling and aligning funding to enable delivery at place level.

The government says that, in Spring 2023, it also plans to appoint a set of 'front runner' areas to trial these reforms.

Shared data

The White Paper envisages a future where data flows seamlessly across all care settings. Whilst we are currently a long way off that, the government is keen to ensure that we harness digital advances to make sure this happens.

A key element of this is the plan for each ICS to ensure that, by 2024, everyone has a single health and care record, which all health and/or social care professionals they come into contact with can access (reiterating a commitment also made in the government's draft data strategy, the final version of which is due to be published soon).

To support this, the government proposes to establish a set of standards to enable providers across the NHS and social care to share information with one another. This will sit alongside the Health and Care Bill proposal to create a statutory duty on organisations within the health and social care system to share anonymous data.

As a next step, the government will also be expecting each ICS, by 2025, to implement a population health platform, with care coordination functionality, that will use joined-up data to support planning and proactive population health management.

Workforce flexibility

Another important strand of the government's vision for more joined-up health and social care provision, is to create a workforce that is properly supported to provide an integrated service.

With this in mind, the government says it will review the regulatory and statutory requirements that currently stand in the way of health and social care staff working flexibly across settings. It also plans to work with stakeholders to develop/test joint roles in health and social care, as well as considering the introduction of an Integrated Skills Passport that would enable staff to transfer skills and knowledge between the NHS, public health and social care.

To deliver shared outcomes, the White Paper says local leaders will need to think about what workforce integration looks like in their area, including who needs to be involved in shaping this and the practical steps required. Various examples of models to help implement this at place level are given, such as creating multi-disciplinary teams, physical co-location of staff or using a nominated key worker model.

The link to the full document can be found here: [Joining up care for people, places and populations](#)

7. LOCAL ISSUES

7.1 Medical Director Recruitment

The recruitment process for appointment of our new Medical Director is well underway and I expect us to hold interviews at the end of March.

**ROISIN FALLON-WILLIAMS
CHIEF EXECUTIVE**

Meeting	BOARD OF DIRECTORS
Agenda item	7
Paper title	CHAIR'S ASSURANCE REPORT FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE
Date	23 rd February 2022
Author	Dr L Cullen, Non-Executive Director, Chair of Committee
Executive sponsor	Mrs S Bloomfield – Executive Director of Quality and Safety (Chief Nurse)

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

Executive summary
The IQC met on 16 th February 2022. The attached Assurance Report is provided by the Committee Chair for the attention of the Board of Directors. The Committee expressed its thanks to the team for presenting very detailed reports for assurance despite the current pressures being experienced across the Trust.
Reason for consideration
To demonstrate the effectiveness of the assurance process for the Trust's Quality and Safety Agenda and to escalate any key issues to the Board.
Strategic objectives
Quality
Financial implications
Non specific.
Risks
Non specific.
Equality impact
Non specific.
Our values
Committed Compassionate Inclusive

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

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Care Quality Commission Section 31 Improvement Plan Progress Report

The Committee received the monthly report providing an update on the activities related to the implementation of the actions associated with the CQC Section 31 Notice issued in December 2020. It was reported that enabling works for the installation of the ensuite and bedroom door alarm systems on Citrine had commenced. With the same enabling works commenced for the bedroom door alarm system on Larimar. There had been delays with the completion of en-suite door installations on two wards in the South PFI, however the overall programme remained on track for completion by the end of May 2022. Safety huddles continued to take place with an escalation process in place for addressing when they do not take place to ensure risks were still escalated as appropriate.

The MHOST tool would be rolled out in the near future to support with some of the staffing challenges the Trust is currently facing. The monthly audits of MDT standards in Acute Care continue to take place and for this submission, there had been improvement in all but two measures for the reporting period with a particular concern being the measure of service users being given a copy of their care plan.

It was reported that there were 4 anchor point incidents for the period, all taking place on Melissa (3 incidents attributed to one Service User). These have been investigated by the Patient Safety team with recommendations made on how to support service users and staff. The report also included the formal letter sent to the CQC on the 31st January 2022 providing the regular update.

The Committee was informed that the preparations were ongoing in relation to the expected CQC inspection. It was noted that this was not immediately imminent, however, preparations were on track and would continue.

Chair's assurance comments: We were assured that progress on enabling works continues to be on schedule overall despite the challenges posed by the pandemic. The committee were given a helpful explanation of the processes to enable accurate recording of notes and how matrons and new clinical educators will be supporting this. A useful discussion took place about care planning and how this is shared with patients and reviewing the audit tool used to assess the quality and safety aspects as well patient experience of this activity

1.2 Board Story Patient Checklist

The Committee was presented with a check list which would be issued to service users/carers/experts by experience who may be attending the Board of Directors meetings to present their experiences within the Trust. A detailed discussion took place regarding how the check list was utilised and how patients were supported. Discussions also took place regarding having a check list in place for staff members attending to present their story.

Chair's assurance comments: this document makes the existing process clear, helping to prevent any misunderstandings. It sparked an interesting debate on the pros and cons of informing the patient's clinical team about the plan to tell their story to the board and the risk that this may seem paternalistic in approach versus the wish to be supportive. The committee wishes to recommend to Board that during board story the meeting would be closed to new entrants for the duration to improve psychological safety and experience.

1.3 Recovery for All Strategy Celebration Report

The Committee received the Recovery for All Strategy Celebration Report which detailed the achievements relating to the Recovery for All Strategy which came to its three-year close at the end of 2021.

The three years saw a great level of activity and engagement with an online celebration event held in January 2022. The original recovery for all steering group members were the key directors and producers of the strategy, drawing all its previous hard work together and providing a clear vision for the Trust.

As the strategy developed, the original group were joined by others via three recovery for all co-production action groups (systems, communications and workforce), and the ever developing experts by experience (EBE) programme. The steering group evolved into the Recovery for All Forum, now chaired by expert by experience Imogen Hackett. A new steering group was formed, and that steering group has provided dedicated advice and support throughout. Also key to strategy implementation was the participation and experience team – formerly the see me team.

The celebration event told the story of the three action groups, taking in the forum, experts by experience, the Family and Carer Strategy, LEAR, EBE QI advisers, and Recovery College. It also highlighted the major achievement of the Trust Strategy being proudly awarded the first ever BSMHFT Recovery for All Quality Mark for its focus on recovery and co-production.

Committee members thanked Kathryn Allen for the significant amount of support provided across the Trust for service users in relation to the Recovery College. The Committee was informed that work was also underway with the Mental Health Provider Collaborative to look at standardisation of approach regarding co-production.

Chair's assurance comments: the committee was extremely impressed by the high quality and extensive work that has taken place across all levels in the trust over the past 3 years, half of which has been during the pandemic . The committee was very supportive of the activity and plans to build on this work across the system, building on existing work in the MH provider collaborative , link with communities and third sector partners and ongoing EBE expertise to coproduce new ways of working. The LEAR group is considering researching into digital exclusion

1.4 Complaints: Current Review

The Customer Relations Summary Report was provided reporting on Quarter 3 data for 2021-2022. It was reported that delay in responses from clinical services was leading to an increase in PALS concerns being escalated to formal complaints. Callers have struggled to get through to clinical teams due to staffing pressures. T

he team was providing compassionate explanations for the challenges people are facing contacting their teams. An additional team member was being recruited to answer calls that did not require a PALS officer which was freeing them up to investigate and close complaints.

Chair's assurance comments: a discussion took place about the impact of COVID on capacity and resources and the increased complaints during the past months although calls are reducing recently. The committee was assured that the team was getting increased staff resource as well as having good ongoing regular team support and supervision. The data has been analysed on a weekly basis over the past few weeks and had highlighted interesting themes.

1.5 Responding to COVID-19

The Committee was informed that there were no active COVID-19 outbreaks within the Trust. However, there were two wards under surveillance mode. It was noted that the first 14 days related to an active breakout with processes in place to contain and the remaining 15 days were classed as surveillance. As part of the ongoing monitoring, the Trust had invited NHSEI Infection, Prevention and Control Team to provide external advice on processes and assurance. The Committee would receive an update on the response at the next meeting.

The Trust had been able to apply for £2,000 as a one of payment to provide anything that would improve patients experience who were in isolation. The national guidance was changing, and bespoke infection, prevention and control guidance was awaited.

It was reported that conversations were underway regarding the approach to recovery following the pandemic and this involved increasing face to face contacts with patients. The Committee was informed that conversations were being held at the Performance Delivery Group and the data was reviewed regarding face to face contacts . It was reported that there would be a hybrid model regarding patient contacts and this would be based on patient need.

It was reported that service visits by Non-Executive Directors and Governors could re-commence as these were an important way to connect with service users.

Chair's assurance comments: it was excellent news to hear that there have been no new outbreaks. The committee agreed that due the current situation within the pandemic that service visits could now resume which is an important activity for NEDs to gain assurance on quality and safety matters as well increasing visibility of leadership within the trust

1.6 SI Escalation

It was reported that Melissa Ward the ligature incidents and a death at the end of January 2021. It was noted that the corporate teams were assisting the ward by reviewing the environment and processes.

1.7 Physical Health Committee Update

The Committee received a presentation detailing the work the Physical Health Committee regarding optimising the care of inpatients, especially in acute emergency situations. The presentation detailed the significant work which had been undertaken since August 2021 along with the detail of the new Physical Health Strategy for 2022-2025.

The next steps for the Committee included increasing membership so all services were represented consistently; to continue to review serious incidents and learning from deaths to learn and make changes to improve quality and safety; and to implement the physical health strategy which would include system working, training, data analysis and improving clinical effectiveness to improve outcomes and reduce health inequalities.

Chair's assurance comments: The committee found the report detail most helpful and noted that one impact of the pandemic has been to put clinical engagement with physical health higher on the agenda than before across all the directorates and importance of embedding into care pathways internally and across our system working too . Recording of data is better and will help to highlight both short term and long term KPIs and will help to plan to address health inequalities going forward

1.8 Joint Targeted Area Inspection Update

The Committee heard that the health and social care system had received the draft report from the Joint Targeted Area Inspection for factual accuracy. The headlines were as expected with the main concern being around early help offered in a prompt manner which was due to the under resourcing of Multi-Agency Safeguarding Hub (MASH). However, this was already having a review with a number of social workers being recruited from a national team to address the gaps. The Committee would receive a detailed update was the final report had been received.

Chair's assurance comments: the committee was assured to hear about recruitment to address MASH capacity and awaits final report on inspection.

1.9 Monthly Quality Report

The monthly quarterly report included the December data and it was noted that the number of serious incidents reported was 8 with 4 of those relating to outbreaks in relation to COVID-19. It was reported that there were no incidents of suspected suicide during December.

There had been a stepped reduction on restraint activity and assaults on staff, was below the mean for the fourth month. In relation to self-harm incidents, these had reduced in December, but ligature incidents had been above the mean for four months.

In terms of safer staffing, the fill rates had been monitored and for the acute inpatient wards, 75% of the wards were below the 90% which was considerably high in terms of meeting the safer staffing levels. It was clear that the acute wards were the main risk areas in terms of staffing levels. There had been a gradual deterioration of band 5 nurses over a 12 month period. There was useful information in terms of benchmarking data across the system and there had been a gradual decline in those fill rates over receipt months.

Chair's assurance comments: Committee noted the significant staffing challenges and colleagues in the trust were commended for working above and beyond in past few months to fill gaps in staffing to keep patients safe . We were assured by the impact of the quality improvement approaches used in reducing restrictive practices by the SPC chart data showing a consistent reduction in restraints since May 2021 .

1.10 Board Assurance Framework: Quarter 3

The Quarter 3 position of the Board Assurance Framework was presented. It was reported that within this next month, there would be a check on the risk descriptions, controls, and assurances. The format and presentation of the BAF was being reviewed following feedback from Board Members and benchmarking work from other Trusts. The scores for the risks allocated to quality and safety had remained the same for the quarter.

Chair's assurance comments: committee found the report very easy to read and a good level of detail was available to explain the risk rating . The committee was in agreement with high level risks and that there is a clear link between capacity and safety and people issues of sickness , recruitment and retention which have worsened during COVID

1.11 Risk Review

The Committee was informed that there are currently 27 corporate risks open (rated at 15 or above). Many of the risks can be linked thematically in terms of their affect on specific services or their focus (i.e. capacity and demand).

There has been movement since Quarter 2 reporting with six risks being regraded below 15 and therefore no longer on the corporate risk register. In addition one risk has been regraded above 15 and five new risks added to the register.

Notable reduction in risks is the downgrading of two medical staffing risks. Whilst this demonstrates an improved position this remains an issue in some services and others have managed the shortfall through temporary staffing arrangements. This will require close monitoring through the safer staffing group and reporting to the Committee from local CGC escalation. The resolution of specialist PPE (clear face masks) to support communication is a success since the last quarterly review of risks. It was reported that environmental improvement works in secure care have shown an improvement in ligature risk to patient property storage through the capital programme.

It was reported that there was not one risk which was rated 15 that specifically looks at equality and inclusion and given such a strong presence within our strategic plan this was recognised as an area where further work would be undertaken.

2. SUMMARY

This month's meeting had discussed a number of key areas relating to Quality & Safety and patient experience with an extremely busy agenda. We had time to discuss the reporting from subcommittee and frequency of reports, what detail and what information is required and that in future, there would be specific quarterly deep dives into any area of concern. The work programme for the Committee would be continually reviewed by myself and the Executive Director of Safety & Quality to ensure all the key risk areas are being addressed for example discussion focused on how to build in data and analysis on cross cutting issues of health inequalities over the coming work programme of the committee also.

**DR LINDA CULLEN
NON-EXECUTIVE DIRECTOR**

Meeting	BOARD OF DIRECTORS
Agenda item	8
Paper title	CHAIR'S ASSURANCE REPORT FROM THE PEOPLE COMMITTEE
Date	23 rd February 2022
Author	P. Gayle, Non Executive Director (Chair of Committee)
Executive sponsor	P. Nyarumbu, Executive Director of Strategy, People & Partnerships

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

<p>Executive summary</p> <p>The People Committee met on the 16th February 2022</p> <p>The attached Assurance Report is provided by the Committee Chair for the attention of the Trust Board. The People committee focused upon the following areas:</p> <ul style="list-style-type: none"> • People Strategy: Quarter 3 position • Talent Management and Succession Planning Strategy • Board Assurance Framework: Quarter 3
<p>Reason for consideration</p> <p>To demonstrate the effectiveness of the assurance process for the Trust's People agenda and to escalate any key issues to the Board of Directors</p>
<p>Strategic objectives/ priorities</p> <p>People Creating the best place to work and ensuring that we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.</p>
<p>Financial implications</p> <p>People are the Trust's largest area of expenditure.</p> <p>The committee did not make any key decisions of a financial commitment</p>
<p>Risks</p> <p>The committee considered a variety of People related risks including but not exclusive to:</p> <ul style="list-style-type: none"> • The Trust does not develop an inclusive and compassionate working environment • The Trust does not deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values- based leadership framework developing the right capabilities • The Trust does not engage effectively with its workforce through a dynamic, sustainable internal and external communication plan

- Risk 765: Delays in issuing vaccination notice to non-compliant colleagues may lead to staff in lieu of notice
- Risk 766: The Trust position is that all colleagues must be vaccinated
- Risk 767: Colleagues who do not form part of the bank, SSL or substantive workforce are missed on vaccination checks
- Risk 768: 3rd party partners refuse to ask their staff to be vaccinated
- Risk 769: A large number of colleagues choose not to be vaccinated

Equality impact

Non specific.

Our values

Committed
Compassionate
Inclusive

CHAIR'S ASSURANCE REPORT FROM PEOPLE COMMITTEE

1. ISSUES TO HIGHLIGHT TO THE BOARD

1.1 Safer Staffing Committee

The Safer Staffing Committee (SSC) will be meeting on the 28th February. The fill rates have come through for January and the position remains the same from what was previously escalated. A paper will be going to the SSC meeting on the 28th February which will include an outline for the required funding of the much needed improvement we need to see for our vacancy gaps particularly band 5 nurses. An update on the decision to approve the funding request will be reported on at next month's People Committee.

1.2 People Strategy: Quarter 3 Position

The Committee received the quarter 3 position 2021/2022 regarding the delivery of the People Strategy with the key highlights in relation to how the Trust was responding. The first issue related to the Trust continuing to see an increase in the vacancy rate. The actions being taken included continuing the system wide approach to address workforce vacancies across the system. It was reported that the Trust was continuing to recruit nursing staff and several recruitment sessions had been held. However, these had resulted in the recruitment of additional health care assistants (also key) but not an increase in numbers for registered nurses. The Committee was pleased to note that the Trust had improved the time taken to recruit and this was reported as an average of 32 days which had improved since Q1 where 41 days was the average time.

The Committee was informed that the Trust was part of a national programme reviewing flexible working and were offering flexible contracts. The Trust was involved in "Flex for the Future" run by NHS England with the Trust being asked to develop an action plan by the 4th March 2022 which would be presented to a future meeting of the Committee for assurance. The Committee was informed that partnerships were being developed to support opportunities for local employment, specifically for entry level roles. The Committee was informed that the critical areas within the Trust to fill vacancies were the inpatient wards specifically in acute and urgent care.

In relation to medical vacancies, G. Berrisford, Deputy Medical Director, provided a detailed update stating that the Trust was in partnership with universities, and the doctors which were due to complete their courses were being engaged with to discuss what the Trust has to offer and why we were a good employer to come and work for. The Trust was one of the largest trainers of medical students for psychiatry in the country and worked closely with both the University of Birmingham and Aston University. It was pleasing to note that the Trust focuses a lot of time trying to encourage medical students to see psychiatry as being their future career. It was a positive picture being reported on encouraging medical students to work for the Trust but it was also noted that training takes six or seven years.

Chair's Assurance Comments:

With regards to recruitment and vacancies, the committee were informed that challenges still remain, specifically recruiting for qualified nurses and consultant positions.

The Board were partially assured that the interventions to address improvements in this area continue to be monitored.

The committee will receive regular monthly updates on our position. The committee were pleased to see progress around the flexible working and were again partially assured of the Trusts approach regarding this.

The committee asked for an update on access to entry level roles building in English as a second language provision into the pre-employment programme support to attract more diverse groups into the health assistant roles. We were informed this was in place for our face-to-face job fairs pre-Covid, which were stood down due to restrictions. The intention now is to stand up our regular face to face job fairs, and to secure ESOL provision at such events. With regards to the I Can programme full assurance on what the programme would look like could not be given but the Trust have been engaging with local community organisations as this was part of the work we did undertaken within the local communities. The committee were pleased on progress being made but were not fully assured until we see further evidence that this has been embedded fully as part of our recruitment and commitment to becoming an anchor institution.

The committee raised several questions about our sickness levels being of concern. The chair asked how are we triangulating the data available related to staff sickness ethnicity reasons for sickness trends long covid and sickness periods. The chart which highlighted the many red areas was useful but didn't give the committee assurance on exactly what we should be alerted about and what do we need to understand from the data presented. What are the issues that are being addressed and the progress made. The committee were informed that this would be looked at and reported back to the committee.

1.3 Talent Management and Succession Planning

The Committee received a presentation on the talent management strategy with the vision being to “create a robust talent and succession strategy, with equity and inclusion at its core, that supports the attraction, retention, reward, development and deployment of our people”.

The current challenges included (a) factors that impact on talent management in the 21st Century in the NHS arise from demographic change and competition and the political and economic environment (b) Employee Engagement Survey data raised a set of unique challenges (c) Currently there is no overarching talent strategy at BSOL and very few tactical interventions related to talent development or succession planning and (d) Little, or no talent intervention with Trust Banks, Collaborative Banks and Outsourced Banks representing thousands of people directly involved in patient outcomes.

The delivery of our talent strategy depends not only on having an outstanding strategy but also an excellence in delivery when it comes to local application. To achieve this goal will require the involvement of leaders and managers at all levels of the organisation at both design and delivery stage.

The presentation detailed that the Trust must co-create our talent strategy across our People function in ways that break down silos and brings alongside as advocates our colleagues from HR, engagement, employee experience and ED&I and key stakeholders to:

- develop the talent management process to ensure there is greater prioritisation and consistency of diversity in talent considered for director, executive senior manager, chair and board roles
- identify, engage and mobilise rising Black, Asian and Ethnic Minority talent and employees with protected characteristics
- co-create clear guidance on the recruitment process and metrics to track progress
- collaborate for a more joined up approach ensuring more efficient development of people's skills and resources
- agree together on a strategic and structured approach to succession planning
- Ensuring that our approach is aligned with the values of the organisation

Chair's Assurance Comments:

Although the committee were pleased to receive the draft document and engage in a productive discussion on its content the committee were unable to provide full assurance as the strategy is not in a state of readiness given this was the first iteration. It was accepted that an engagement piece of work needed to be undertaken across our workforce. The author Dr Michele Martin is connecting with our different Professional Advisory Committees to support talent recognition and attention alongside our Colleague Networks which will be important as their experience of talent representation and opportunities are key to the input of the development of the strategy.

I'd also be keen that our talent approach leverages our role as a health anchor in the system.

1.4 Board Assurance Framework: Quarter 3

The Quarter 3 Update for the People Risks on the Board Assurance Framework was received and discussed. The main updates for the quarter were:

P1: The Trust fails to develop an inclusive and compassionate working environment (12: no change in score)

- The refreshed Disciplinary and Dignity at Work Policies have been approved by the Committee and ratified by the Board. They are now in use and being monitored by the Committee to ensure any impacts or implications are addressed.
- There is good traction with FTSU but difficulties with capacity in the function. Recruitment is underway.
- The Senior Leaders' Programme will now be launched in Q1 2022-23. A cohort of c40 staff has been identified, with dates set for the 18 months ahead.

P2: The Trust fails to deliver its ambition to transform the culture and to sponsor, implement, support, and monitor a multi-disciplinary values-based leadership framework that develops the right capabilities. (16: no change in score)

- The Trust continues to embed its values. A line management and

supervisor leadership development programme has been developed, but its implementation has had to be slowed down due to COVID non-attendance. The Executive Team is considering a paper to reset the trajectory.

- The People and OD Team is working in new structures. A development programme is being created for the team, which will focus on anti-racism and anti-discriminatory practice.
- The provisional Staff Survey results show a 55% response rate, up from 47% in 2020.
- The People Directorate is working with staff networks to develop a framework to support future working arrangements.

P3: The Trust fails to effectively communicate and engage with its workforce through a dynamic, sustainable internal and external communication plan (16: no change in score)

- There are active workstreams within the Trust and ICS that seek to improve the health and wellbeing of staff and to embed EDI within the Trust's service provision and employment practices.
- The Trust has developed a new operating model for communication and engagement, and there is now a dedicated senior B8a post for Staff Experience and Engagement.

P4: The Trust fails to a holistic approach to reward to all employees, to address inequalities, and to reflect and represent the communities it serves. (12: no change in score)

- The Trust is participating in the NHSE&I Flex for the Future Programme.
- The EGA programme commenced on 10th January 2022, with 15 participants.
- The Trust Talent Management Plan will be presented to the People Committee in draft form in February 2022.

P5: The Trust fails to look holistically at flexible and transformative workforce models used across all services. (12: No change in score)

- The Safer Staffing Sub-Committee continues to provide monthly reports to the People Committee.
- The ICS Talent Acquisition Hub is still in development, with a timeline yet to be agreed across the system.
- The ICS Investment Committee has approved a bid for international recruitment, and BSMHFT will be a partner in that process.

The Committee and Board will be receiving a further update in March to review the last year and commence reviewing the risks for the next financial year.

Chair's Assurance Comments:

We recognise there is some significant pieces of work taking place in the Trust across a whole range of aspects of this agenda, but the challenges are difficult. The committee accepted the current risk scores had not changed but remained the same although we know traction had been made in some risk areas. We received partial assurance that significant improvements were being made for the committee to be fully assured as further development to provide assurance is still in progress.

HOT TOPICS

The committee received a verbal update on the recently published Race and Health Observatory Report that addresses Ethnic Inequalities in Healthcare an evidence review. We have contacted the author Dr Habib who is happy to have meetings with our Trust in how best to implement the actions and recommendations within the report within our system and Trust.

SUMMARY

This month the committee had a focused deep dive meeting which gave more time to discuss talent management strategy. It is extremely beneficial for the Committee to have a bi-monthly deep-dive into specific key areas as this provides time for the Committee to understand the subject and seek detailed assurance on the actions being taken.

PHILIP GAYLE
NON EXECUTIVE DIRECTOR
17th February 2022

Meeting	BOARD OF DIRECTORS
Agenda item	10
Paper title	INTEGRATED PERFORMANCE REPORT
Date	23/2/2022
Author	Richard Sollars, Deputy Director of Finance Rob Grant, Interim Associate Director of Governance Hayley Brown, Workforce Business Partner Tasnim Kiddy, Associate Director Performance & Information
Executive sponsor	David Tomlinson, Executive Director of Finance

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

Executive summary & Recommendations:
<p>New sets of metrics are being finalised for all domains following approval of the Trust Strategy.</p> <p>The key issues for consideration by the Committees on which they need to provide assurance to the Board are as follows:</p> <ul style="list-style-type: none"> • FPP – Out of area bed use, IAPT, CPA 12-month reviews, new referrals not seen, financial position and CIP • People – Vacancies, shift fill rates, 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 and seek support for recommended improvements.
Previous consideration of report by:
Executive Team and Performance Delivery Group
Strategic priorities (which strategic priority is the report providing assurance on)
Clinical Services, Quality, People and Sustainability

Financial Implications <i>(detail any financial implications)</i>
None
Board Assurance Framework Risks: <i>(detail any new risks associated with the delivery of the strategic priorities)</i>
N/A
Equality impact assessments:
N/A
Engagement <i>(detail any engagement with staff/service users)</i>
Ongoing performance monitoring via Performance Delivery Group

Integrated Performance Report

Context

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

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

The SPC-related charts are being updated in the days before the Committee meetings and can be accessed if you are on the Trust network via

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

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

Performance in January 2022

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

- **Out of Area Bed Use** – Some process improvements have helped us address underlying issues, but the impact of COVID-19 and the closure of beds has significantly impaired our ability to eliminate use of out of area beds. December's figure is 18 patients
- **IAPT** – As discussed at FPP, there is a range of issues which require a system approach to resolve and additional investment
- **Workforce measures in general** – There is a significant adverse variance against most of the set performance standards. This has deteriorated as a result of COVID, but the overall divergence between individual teams has long been a concern:
- **Financial position and CIP** – Financial position for 2021/22 is positive but outlook for 2022/23 is problematic

Quality

- A new set of Quality goals have been approved by QPES and have been implemented within the dashboard
- **Key concerns: None**

Performance

- The level of Out of Area Patients remains the main concern. The national requirement was for this to be eliminated by April, but this was renegotiated to September. The figure for January is 553 occupied bed days (17.8 patients). The elimination of acute bed days is anticipated in the next month or so, though PICU Out of Area stays will remain problematic

- IAPT patients seen within 6 weeks of referral has deteriorated to 27.4% and remains a real concern. It reflects large number of staff vacancies (17% - 25.7 WTE). This is being discussed across BSol to identify how to address underperformance. Performance for within 18 weeks is also problematic at 70.2%
- The % of service users on CPA having a formal review in the last 12 months remains a worry at 86%
- New referrals not seen within 3 months are of concern and are little changed at 2,627
- **Key concerns: Out of Area, IAPT waiting times, CPA 12-month review and new referrals not seen in 3 months**

People

- The People domain continues to show the most significant adverse impact from COVID-19, with staff availability and well-being at particular risk and requiring most focus. Scores are of concern across the board
- Vacancies are little changed at 10.2% (443.1 WTE). Actual WTE in post at 3,8775.8 WTE has changed little since Apr-21 (3,855.6)
- Sickness levels have risen steeply to 7.8% and remain the highest since Jan-21. Variation: Psychology 2.0% v Reaside 12.1%%
- Appraisals up to 81.6% but still significantly below pre-COVID levels and target. Variation: Strategy, People & Partnerships 60% on 85 people v AOT 97% on 93
- Fundamental training is up to 93.3% and temporary staffing is a particular issue (49% for IG training, lowest level since this has been separately analysed). Variation: Medical directorate 79% on 166 people v Tamarind, Birmingham Healthy Minds, Secure Women and NAIPS 94%
- Bank and Agency fill rate down to 82.5%
- Rolling 12-month turnover continues to be better than plan
- Monthly agency expenditure up to £507,000 – November seems to be an anomaly
- **Key concerns: Vacancies, fundamental training, bank and agency fill rate, appraisal rates and sickness**

Sustainability

- The financial result to January shows a surplus of £2.6m, made up of under spends resulting from delays in recruitment against additional funding
- Cash and property standards remain well above target
- Cap Ex performance against plan remains a little down in month as a result of delays at start of year in agreeing capital programme but is starting to catch up. We expect to achieve planned outturn
- Information Governance position back up to 87%, still held back by training of temporary staff
- Single Oversight Framework now less relevant as ICS-equivalent metric will replace it
- **Key concerns: CIP under achievement impacting adversely on Operating Surplus, uncertainty regarding national financial ask**


Integrated Performance Dashboard


HOME


 PERFORMANCE


 PEOPLE


 QUALITY


 SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area and IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division
 A: All ▼

A: All

January 2022

Performance

CPA 7 day FU	94.4%	↓
CPA with Formal Review last 12 mths	85.9%	↓
Data Quality Maturity Index (DQMI)	97.8%	↑
Delayed Transfer Bed Days	954	
Delayed Transfer, percent of bed days	6.1%	
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	
IAPT into recovery	47.2%	
IAPT seen in 18 weeks	70.2%	↓
IAPT seen in 6 weeks	27.4%	↓
Out of Area Bed Days	553	↑
Referrals over 3 mths with no contact	2627	↓

People

Bank & Agency Fill Rate	84.2%	↓
Fundamental Training	92.7%	↓
Rolling 12m Turnover	9.7%	↑
Staff Appraisals	81.6%	↓
Staff Sickness	7.8%	↓
Staff Vacancies	10.2%	↓

Quality

Absconsions from inpatient units	2	
Commissioner reportable incidents	5	
Community confirmed suicides	0	
Community suspected suicides	1	
Failure to return	8	↑
Incidents of self harm	134	↗
Incidents resulting in harm (other)	13.1%	↑
Incidents resulting in harm (patients)	15.0%	↑
Inpatient confirmed suicides	0	
Inpatient suspected suicides	0	
Ligature no anchor point	30	
Ligature with anchor point	5	
Patient assaults	41	
Patient assaults / 1000 OPD	2.2	

Sustainability

CAP Ex	£220k	
Cash	£55,797k	↑
CIP	£374k	
Info Governance	87.4%	
Monthly Agency	£507k	
Operating Surplus	-£681k	
SOF rating	2	↓

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

Integrated Performance Dashboard


HOME


 PERFORMANCE


 PEOPLE


 QUALITY


 SUSTAINABILITY

Top Line Commentary (Trust level)

Performance: Out of Area and IAPT remain key problems

People: Continues to be adversely affected by COVID

Quality: Staff and Patient assaults

Sustainability: Savings plans yet to be identified

Division

A: All

A: All

January 2022

Performance

CPA 7 day FU	94.4%	↓
CPA with Formal Review last 12 mths	85.9%	↓
Data Quality Maturity Index (DQMI)	97.8%	↑
Delayed Transfer Bed Days	954	
Delayed Transfer, percent of bed days	6.1%	
Eating disorders routine	100.0%	
Eating disorders urgent	100.0%	
First episode psychosis	100.0%	
IAPT into recovery	47.2%	
IAPT seen in 18 weeks	70.2%	↓
IAPT seen in 6 weeks	27.4%	↓
Out of Area Bed Days	553	↑
Referrals over 3 mths with no contact	2627	↓

People

Bank & Agency Fill Rate	84.2%	↓
Fundamental Training	92.7%	↓
Rolling 12m Turnover	9.7%	↑
Staff Appraisals	81.6%	↓
Staff Sickness	7.8%	↓
Staff Vacancies	10.2%	↓

Quality

Incidents resulting in harm (patients)	13.0%	↓
Inpatient confirmed suicides	0	
Inpatient suspected suicides	0	
Ligature no anchor point	30	
Ligature with anchor point	5	
Patient assaults	41	
Patient assaults / 1000 OBD	2.2	
Physical restraints	193	↑
Physical restraints/ 1000 OBD	10.2	
Prone restraints	29	↑
Prone restraints/ 1000 OBD	1.5	↑
Reported incidents	1903	↑
Staff assaults	92	
Staff assaults / 1000 OBD	4.9	

Sustainability

CAP Ex	£220k	
Cash	£55,797k	↑
CIP	£374k	
Info Governance	87.4%	
Monthly Agency	£507k	
Operating Surplus	-£681k	
SOF rating	2	↓

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

Integrated Performance Dashboard




HOME


PERFORMANCE


PEOPLE


QUALITY


SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
CPA 7 day FU	95.00	91.0%	91.8%	87.7%	88.9%	90.7%	94.4%	↓
CPA with Formal Review last 12 mths	95.00	89.2%	88.7%	87.2%	87.1%	87.1%	85.9%	↓
Data Quality Maturity Index (DQMI)	95.00	97.4%	98.4%	98.4%	98.5%	97.8%	97.8%	↑
Delayed Transfer Bed Days		1007	724	985	1006	1070	954	
Delayed Transfer, percent of bed days		6.2%	4.7%	6.2%	6.5%	6.9%	6.1%	
Eating disorders routine	95.00	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Eating disorders urgent	95.00	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
First episode psychosis	60.00	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
IAPT into recovery	50.00	56.2%	51.4%	48.4%	49.2%	54.0%	47.2%	
IAPT seen in 18 weeks	95.00	91.6%	89.2%	81.8%	82.3%	76.0%	70.2%	↓
IAPT seen in 6 weeks	75.00	31.7%	28.1%	32.0%	30.5%	29.5%	27.4%	↓
Out of Area Bed Days		652	613	430	591	583	553	↑
Referrals over 3 mths with no contact		2322	2423	2578	2523	2611	2627	↓

Top Line Commentary (Trust level)

KEY CONCERN:

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

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

Integrated Performance Dashboard

Board of Directors - Part 1

Page 48 of 130

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

A: All ▼

A: All

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	9.7%	9.8%	10.5%	10.5%	10.4%	10.2% ↓
Staff Sickness	4.28	6.1%	6.2%	6.5%	6.6%	6.6%	7.8% ↓
Staff Appraisals	90.00	81.5%	81.3%	80.9%	81.5%	81.2%	81.6% ↓
Rolling 12m Turnover	11.00	9.5%	9.6%	9.8%	9.8%	9.6%	9.7% ↑
Fundamental Training	95.00	93.4%	91.5%	92.3%	93.4%	93.3%	92.7% ↓
Bank & Agency Fill Rate	95.00	82.9%	80.6%	84.3%	82.5%	81.1%	84.2% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Board of Directors: Part 1



Division

B: Acute and Urgent Care

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	7.9%	7.8%	9.0%	10.1%	10.3%	
Staff Sickness	4.28	7.6%	7.7%	7.2%	7.4%	8.1%	10.3% ↓
Staff Appraisals	90.00	78.8%	78.6%	78.6%	81.0%	77.2%	74.9%
Fundamental Training	95.00	91.8%	89.7%	90.1%	91.1%	90.9%	91.0%
Bank & Agency Fill Rate	95.00	84.5%	80.9%	87.3%	84.3%	81.4%	85.8% ↓


Top Line Commentary (Trust level)


KEY CONCERNS


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


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


Integrated Performance Dashboard


 HOME


 PERFORMANCE


 PEOPLE


 QUALITY


 SUSTAINABILITY

Division

C: ICCR ▼

C: ICCR

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	10.5 %	10.1%	6.8%	6.5%	7.0%	
Staff Sickness	4.28	6.3%	6.2%	7.4%	7.8%	7.1%	7.4% ↓
Staff Appraisals	90.00	91.3 %	90.4%	87.8%	88.7 %	88.9%	88.5%
Fundamental Training	95.00	93.7 %	92.1%	92.4%	93.8 %	93.7%	93.2% ↓
Bank & Agency Fill Rate	95.00	92.4 %	89.1%	90.6%	92.0 %	87.9%	94.0% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Board of Directors Report

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

D: Secure Serv & Offender Health ▼

D: Secure Serv & Offender Health

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	8.5%	9.4%	8.4%	8.1%	8.0%	
Staff Sickness	4.28	6.0%	7.1%	8.5%	8.2%	7.6%	10.0% ↓
Staff Appraisals	90.00	84.9%	84.3%	84.0%	84.5%	85.5%	85.6% ↓
Fundamental Training	95.00	94.7%	93.3%	93.9%	94.4%	94.3%	94.0%
Bank & Agency Fill Rate	95.00	74.9%	73.4%	76.4%	75.3%	73.2%	76.4% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Board of Directors: Part 1



Division

E: Specialties

E: Specialties

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	6.1%	7.2%	6.5%	7.5%	7.0%	
Staff Sickness	4.28	7.4%	6.2%	5.6%	5.9%	6.7%	6.6% ↓
Staff Appraisals	90.00	80.3%	83.4%	83.3%	82.2%	79.6%	81.9%
Fundamental Training	95.00	93.0%	91.8%	92.7%	93.7%	93.7%	92.7% ↓
Bank & Agency Fill Rate	95.00	92.0%	87.9%	89.5%	84.8%	86.0%	86.1% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

	Not meeting target
	significant IMPROVEMENT
	significant CONCERN
	possible improvement
	possible concern

Integrated Performance Dashboard

Board of Directors: Part 1

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

F: Corporate ▼

F: Corporate

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Staff Vacancies	6.00	7.9%	7.6%	8.3%	6.9%	12.5%	
Staff Sickness	4.28	3.4%	3.8%	3.2%	3.1%	3.1%	4.4% ↓
Staff Appraisals	90.00	68.8%	66.8%	67.7%	69.9%	73.1%	76.1% ↗
Fundamental Training	95.00	92.9%	89.4%	91.8%	93.4%	93.3%	91.8% ↓
Bank & Agency Fill Rate	95.00	92.3%	96.3%	94.3%	92.2%	95.4%	92.2% ↓

Top Line Commentary (Trust level)

KEY CONCERNS

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

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

Integrated Performance Dashboard

Board of Directors, Part

compassionate **inclusive** **committed**



HOME



PERFORMANCE



PEOPLE



QUALITY



SUSTAINABILITY

Division

A: All

A: All

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Absconsions from inpatient units		6	4	10	2	3	2
Commissioner reportable incidents		4	7	6	8	7	5
Community confirmed suicides		1	1	0	0	0	0
Community suspected suicides		2	3	1	1	0	1
Failure to return		11	16	17	11	12	8
Incidents of self harm		124	123	170	163	151	134
Incidents resulting in harm (other)		15.9%	14.8%	14.6%	15.6%	14.8%	13.1%
Incidents resulting in harm (patients)		15.0%	16.2%	14.6%	15.1%	16.6%	15.0%
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		20	39	57	39	42	30
Ligature with anchor point		2	0	2	3	3	5
Patient assaults		64	44	54	47	41	41
Patient assaults / 1000 OBD		3.3	2.3	2.8	2.5	2.2	2.2

	Not meeting target
	significant IMPROVEMENT
	significant CONCERN
	possible improvement
	possible concern

Integrated Performance Dashboard

Board of Directors Page

compassionate **inclusive** **committed**

HOME

PERFORMANCE

PEOPLE

QUALITY

SUSTAINABILITY

Division

A: All ▼

A: All

Top Line Commentary (Trust level)

KEY CONCERNS

* Staff and patient assaults

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Incidents resulting in harm (patients)		15.0	16.2%	14.6	15.1%	16.6%	15.0% ↑
Inpatient confirmed suicides		0	0	0	0	0	0
Inpatient suspected suicides		0	0	0	0	0	0
Ligature no anchor point		20	39	57	39	42	30
Ligature with anchor point		2	0	2	3	3	5
Patient assaults		64	44	54	47	41	41
Patient assaults / 1000 OBD		3.3	2.3	2.8	2.5	2.2	2.2
Physical restraints		235	275	265	213	214	193 ↑
Physical restraints/ 1000 OBD		12.1	14.7	13.8	11.4	11.4	10.2
Prone restraints		57	64	54	55	36	29 ↑
Prone restraints/ 1000 OBD		2.9	3.4	2.8	2.9	1.9	1.5 ↑
Reported incidents		2093	1962	2118	1951	2087	1903 ↑
Staff assaults		103	89	85	81	83	92
Staff assaults / 1000 OBD		5.5	4.6	4.4	4.3	4.4	4.9

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

Integrated Performance Dashboard

Board of Directors: Part 1



Division

A: All ▼

A: All

Measure	Latest Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
CAP Ex		£427k	£763k	£420k	£590k	£766k	£220k
Cash		£37,630k	£36,798k	£51,192k	£5,125k	£52,956k	£55,797k ↑
CIP		£0k	£0k	£0k	£748k	£374k	£374k
Info Governance	100.00	88.2%	88.8%	91.4%	92.1%	84.4%	87.4%
Monthly Agency		£441k	£542k	£603k	£667k	£575k	£507k
Operating Surplus		£555k	£2,626k	-£768k	-£645k	-£463k	-£681k
Property		98.5%	98.5%	98.5%	98.5%	98.5%	
SOF rating		2	2	2	2	2	2 ↓

Top Line Commentary (Trust level)

KEY CONCERNS:

- * CIP under achievement
- * National financial uncertainty

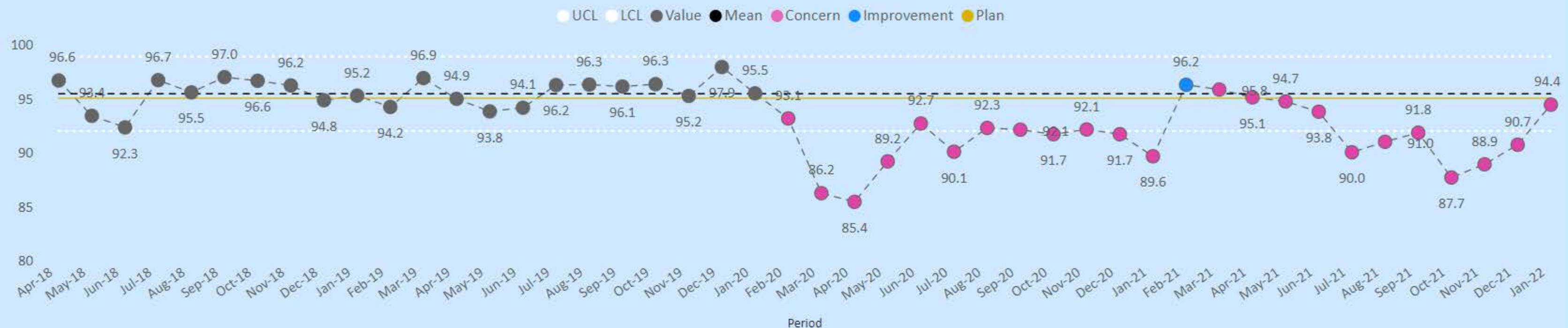
	Not meeting target
↑	significant IMPROVEMENT
↓	significant CONCERN
↗	possible improvement
↘	possible concern



CPA 7 day FU



Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	91.0%	91.8%	87.7%	88.9%	90.7%	94.4%
B: Acute and Urgent Care	91.4%	82.2%	73.5%	83.6%	75.0%	84.6%
C: ICCR	90.0%	40.0%	75.0%	63.6%	75.0%	60.0%
D: Secure Serv & Offender Health	100.0%	66.7%	0.0%	0.0%	0.0%	
E: Specialties	87.5%	91.7%	66.7%	87.5%	50.0%	66.7%

Commentary

National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 94.4% for January 2022, This is now within control limits for the first time in 7 months.

This relates to 7 outstanding follow ups from 125 discharges in January of which, 1 patient was discharged to the care of another mental health trust, attempts were made to see 3 patients but were unsuccessful, 2 patients were seen outside 7 days and 1 patient flew back to Kurdistan. Of the 7 exceptions 6 were acute adult and 1 was from secure services.

Jan - 2022

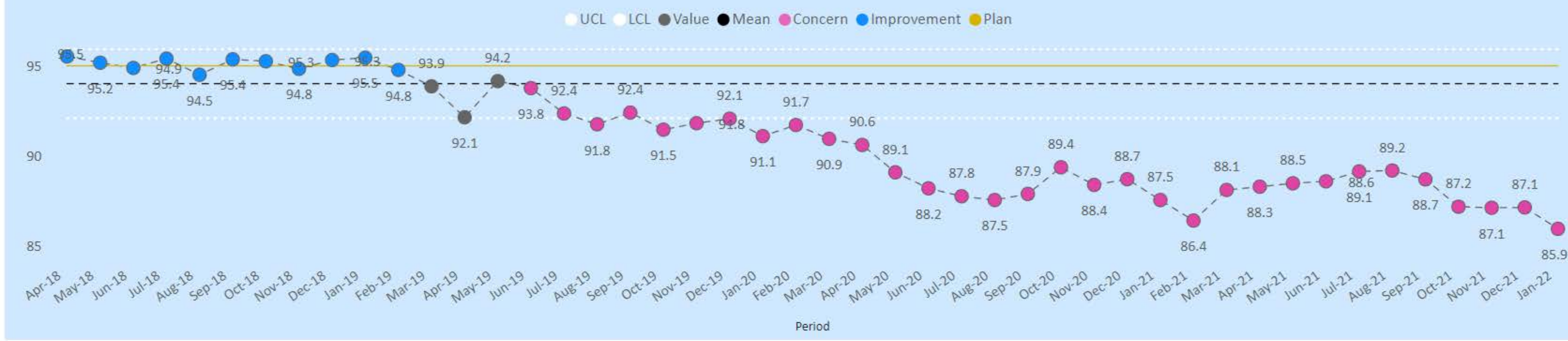
CPA 7 day FU

Question	Answers
A: What has happened?	National quality standard of 95% - compliance routinely maintained prior to the impact of COVID 19. Since March 2021, performance has been marginally below 95% and is at 94.4% for January 2022, This is now within control limits for the first time in 7 months. This relates to 7 outstanding follow ups from 125 discharges in January of which, 1 patient was discharged to the care of another mental health trust, attempts were made to see 3 patients but were unsuccessful, 2 patients were seen outside 7 days and 1 patient flew back to Kurdistan. Of the 7 exceptions 6 were acute adult and 1 was from secure services.
B: Why has it happened?	Impact of COVID, operational pressures, staff sickness levels have impacted on this measure including ability to access care homes during the COVID period. Where service users have been discharged to other mental health services to undertaking the follow up, this requires BSMHFT to check with them to see if this has taken place. During the last year we have not been asking services to undertake these checks as it is an additional burden on staff.
C: What are the implications and consequences?	Early follow up of patients post discharge prioritised by HTT in line with evidence based practise to reduce the risk of suicide or self harm. Service users are at a higher risk of suicide or self harm within the first 3-7 days of discharge and follow up is important to minimise this risk.
D: What are we doing about it?	Daily notifications of discharges are sent to the responsible team to alert them to plan follow up and this is monitored by the CSM for Home Treatment. Teams continue to require support from the information team regarding data entry on RIO. The addition of FTB data to the shared care record will also enable staff to check if patients have been followed up.
E: What do we expect to happen?	We expect 7 day follow up standard of 95% to be maintained with HTTs acting on the daily discharge notification received once the COVID restrictions are lifted.
F: How will we know when we have addressed issues?	Standard is being maintained with minimal or no input required from the information team to review data entry.



CPA with Formal Review last 12 mths

Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	89.2%	88.7%	87.2%	87.1%	87.1%	85.9%
B: Acute and Urgent Care	50.0%	50.0%	50.0%	66.7%	66.7%	0.0%
C: ICCR	89.3%	86.3%	84.8%	85.0%	85.4%	84.4%
D: Secure Serv & Offender Health	98.3%	98.3%	98.6%	98.3%	98.1%	97.5%
E: Specialties	78.7%	72.7%	73.0%	73.0%	71.7%	68.5%

Commentary

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

Jan - 2022

CPA with Formal Review last 12 mths

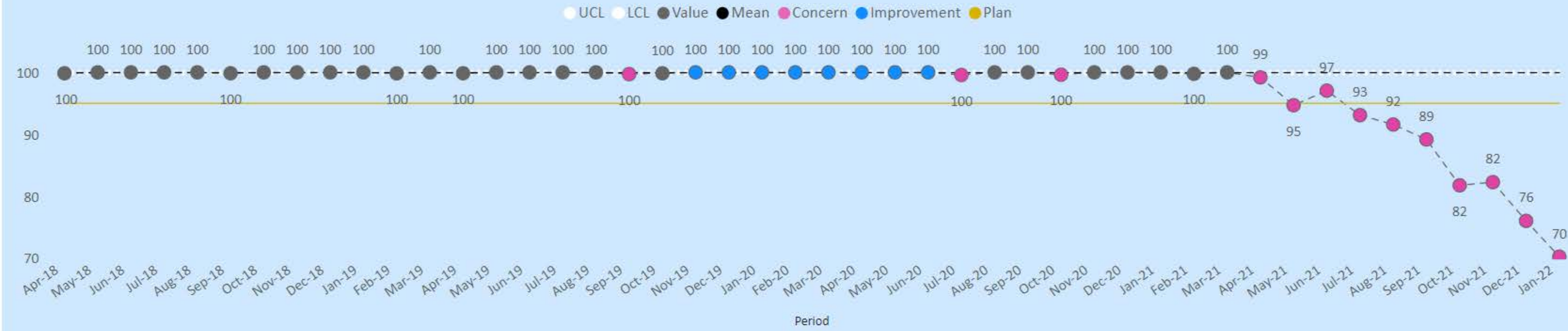
Question	Answers
A: What has happened?	Performance has consistently declined over the last year and has been outside the control limits since July 2019. The rate was sustained at an average of 89% from April 2021 until October when it declined to 87%, this was then sustained until January 2022 when performance further declined to 85.9%. Adult CMHT account for 56%, older adult CMHT for 4%, Secure for 14% and AOT for 21%.
B: Why has it happened?	During the COVID period face to face contacts have reduced with staff using digital solutions such as AccuRx and telephone calls to conduct appointments. Meetings with multiple people cannot take place unless co-ordinated on teams and remains challenging at the moment. The increase in performance in April to date is due to data quality work within Home treatment, Specialties and Secure care to close down CPA details for patients who have been discharged or updating the care level to care support.
C: What are the implications and consequences?	Carrying out as a minimum an annual CPA review is key to ensuring that the service user's care plan is updated to reflect changes in service users' needs, care and support requirements.
D: What are we doing about it?	Exception reports outlining service users coming up for their annual CPA review are available to all teams to enable proactive action in advance of the 12 months expiring. Work has taken place in to address data quality issues in HTT, specialties and secure care. A further review of outstanding reviews has taken place in November and identified a number of CPA reviews which have taken place in external settings but not recorded on Rio. A plan to strategically review the CPA process including care plans has commenced with plans to introduce a new care plan in line with changes outlined in national guidance. Changes to the process in the community will be based on clinical models developed as part of the transformation work and in line with the NHSE statement on CPA.
E: What do we expect to happen?	Due to current circumstances and challenges to conduct appointments, the position is unlikely to improve.
F: How will we know when we have addressed issues?	Currently part of ongoing strategic service review discussions.



IAPT seen in 18 weeks



Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	91.6%	89.2%	81.8%	82.3%	76.0%	70.2%
E: Specialties	91.6%	89.2%	81.8%	82.3%	76.0%	70.2%

Commentary

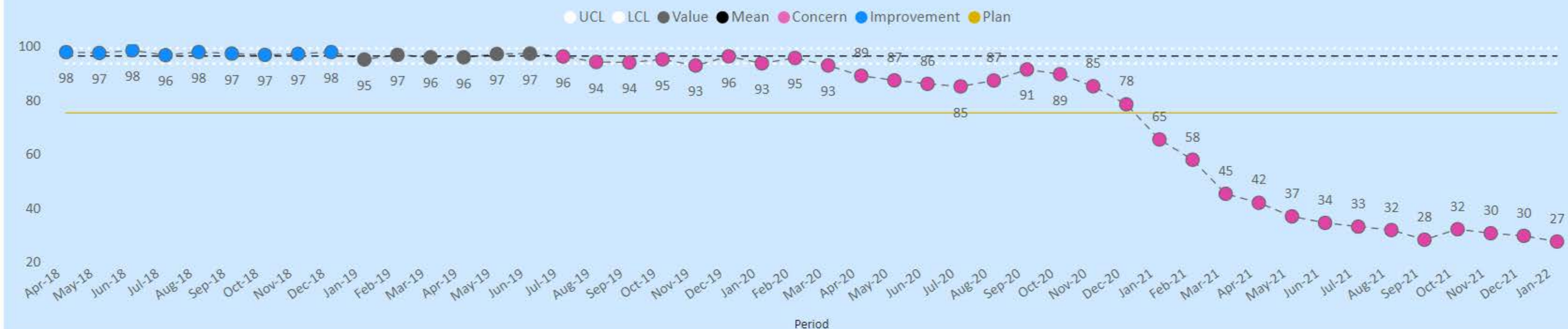
Performance has been on a reducing trend for the last 8 months and has been below the 95% target for the last 7 months. January 2022 has shown a further decrease to 70.24%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.



IAPT seen in 6 weeks



Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	31.7%	28.1%	32.0%	30.5%	29.5%	27.4%
E: Specialties	31.7%	28.1%	32.0%	30.5%	29.5%	27.4%

Commentary

Performance has been on a reducing trend since March 2020 below the 75% target. January 2022 has shown a further slight decrease from the previous month to 27.4% and is the lowest percentage to date.

The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.



Jan - 2022

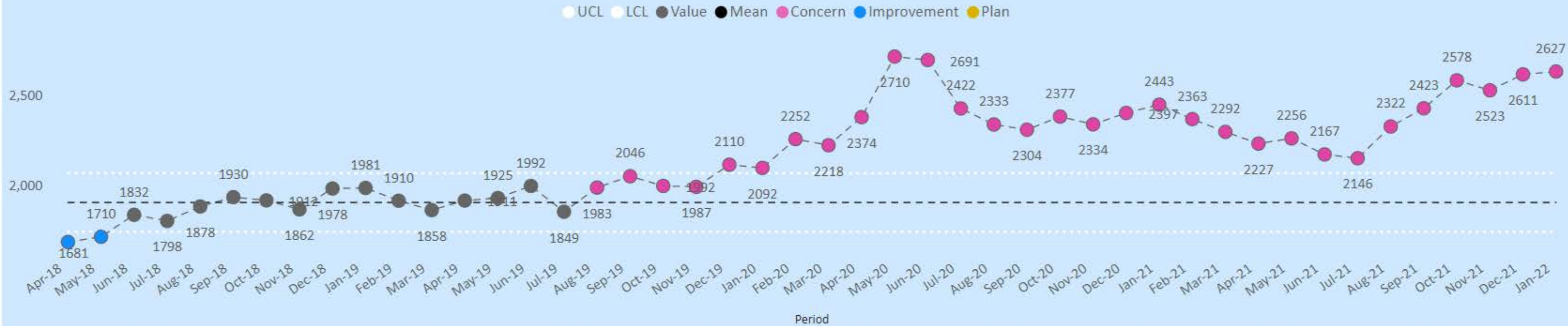
IAPT seen in 18 weeks

Question	Answers
A: What has happened?	Performance has been on a reducing trend for the last 8 months and has been below the 95% target for the last 7 months. January 2022 has shown a further decrease to 70.24%. The service has a large number of vacancies which are difficult to recruit to which has made it difficult to offer appointments in a timely way. The majority of contact with service users remains via telephone and this is not always the most suitable form of contact and there is limited physical space in primary care to offer face to face appointments.
B: Why has it happened?	Ability to see patients face to face has been impacted by Covid as access to GP surgeries and community facilities were stopped. Face to face contacts have increased in BHM premises but need to be undertaken in a COVID secure way and capacity is reduced in number. The service has a large number of vacancies with additional challenges around retention, with staff leaving to take further training or moving to posts which attract higher bandings elsewhere.
C: What are the implications and consequences?	In response to the COVID impact, NHSE/I and commissioners issued support recognising that performance in complying with national standards may be impacted and that performance would therefore be monitored from an assurance perspective during this time. Timely access to IAPT services aims to support service users in managing their anxiety and depression and to enable adoption of recovery/management strategies to improve long-term outcomes including reduced need for mental health services in the future.
D: What are we doing about it?	A system wide forum has been set up with the support from the national IAPT team which will bring together providers and the lead IAPT commissioner to work on an integrated approach to IAPT across BSol and to address how we can work together to address demand and capacity. A number of strands of work have been identified both internal and external. Internally: a communications strategy to support increasing activity, HR support to help address the workforce issues and ongoing review of ability to provide groups and face to face activity is being reviewed. Externally: A review of Long term condition pathway, prioritise where additional investment can be focused and ongoing review through IAPT forum with regional IAPT team.
E: What do we expect to happen?	To slowly increase the face to face offer and increase capacity.
F: How will we know when we have addressed issues?	The waiting times will be equal to or be above the 95% target



Referrals over 3 mths with no contact

Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	2322	2423	2578	2523	2611	2627
C: ICCR	740	772	908	870	910	910
D: Secure Serv & Offender Health	50	54	56	64	75	75
E: Specialties	1490	1524	1608	1571	1676	1676

Commentary

The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.

The number of patients who have not been seen after 3 months of referral at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2627 in January 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of SOLAR and older adults which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 31% and Adult CMHTs 23% of referrals open for over 3 months without a contact.



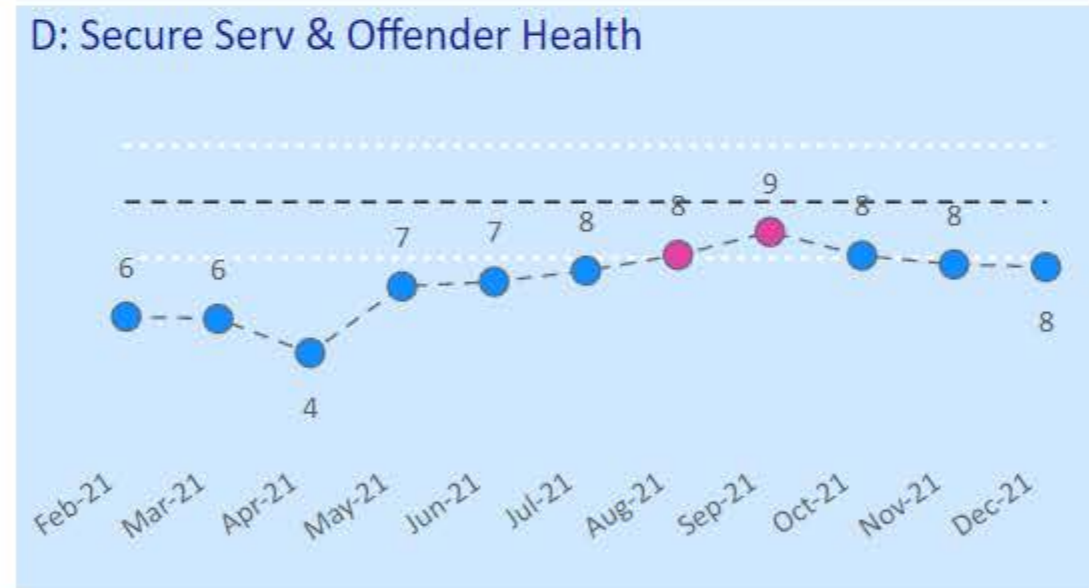
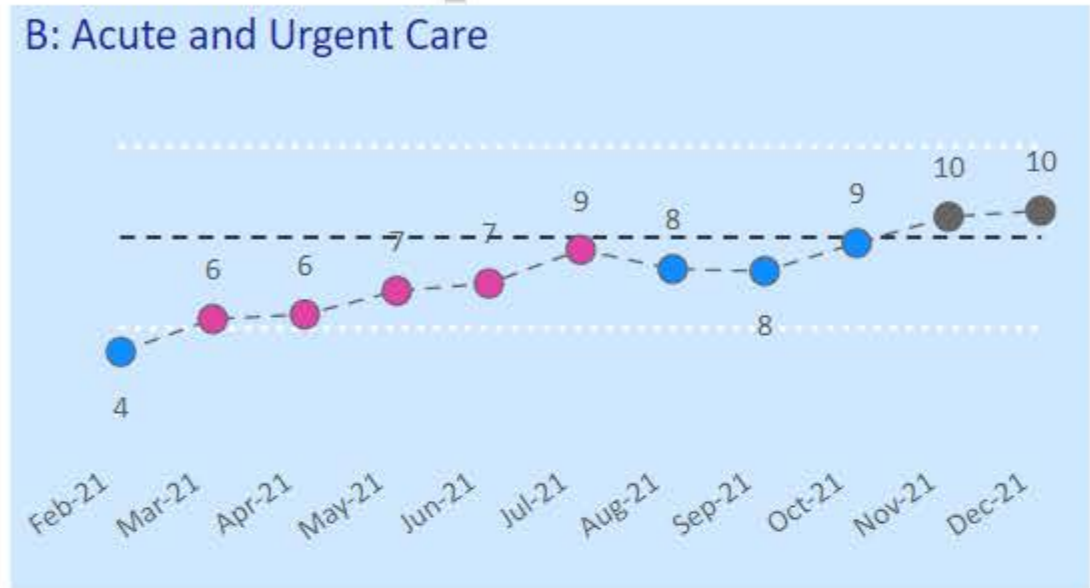
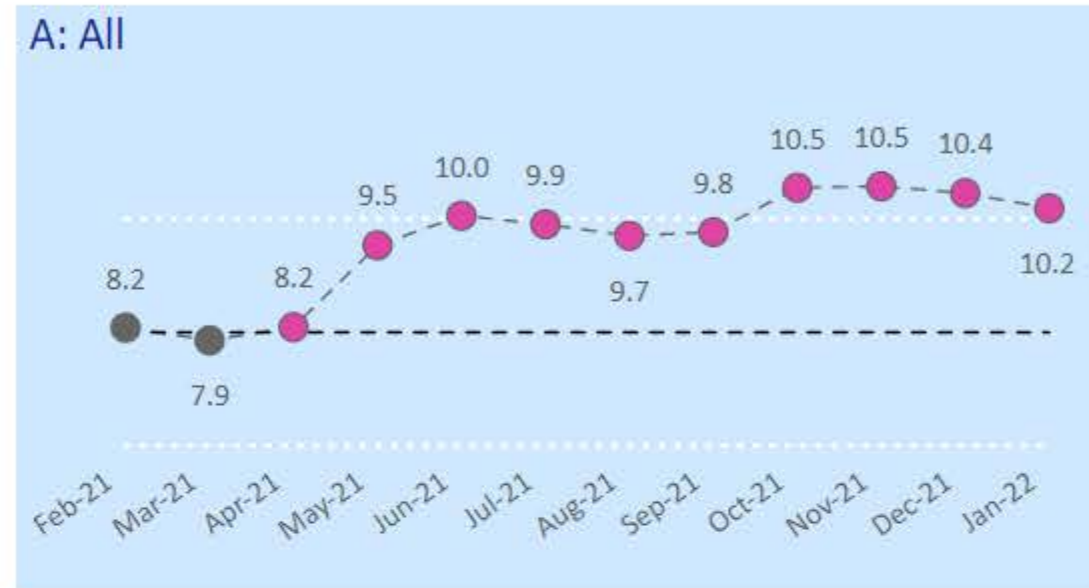
Referrals over 3 mths with no contact

Jan - 2022

Question	Answers
A: What has happened?	<p>The number of new referrals without a contact had been on an increasing trend pre Covid due to demand exceeding available capacity, with pressures in CMHTs and the neuropsychiatry service in particular.</p> <p>The number of patients who have not been seen after 3 months of referral at April 2021 was 2227. August onwards has shown a steep increase reaching 2578 in October which then fell slightly in November before increasing again to a peak of 2627 in January 2022. The number of referrals not seen within 3 months of referral have increased in all services with the exception of SOLAR and older adults which has shown a slight decrease. It should be noted that changes have been made to the reporting to take into account alternative contact methods with service users e.g. telephone and video (introduced from April 2020) and this has been applied retrospectively. Neuropsychiatry service accounts for 31% and Adult CMHTs 23% of referrals open for over 3 months without a contact.</p>
B: Why has it happened?	<p>During the COVID period, face to face contacts have reduced with staff using telephone contact and digital solutions such as AccruRx to conduct appointments. Based on available research, it is expected that the backlog of service users not seen or choosing not to access services during the Covid period together with new demand arising as a result of the impact from Covid -19 will result in increased referrals to CMHTs adding pressure on ability to see service users within 3 months of referral. 50% of older adult CMHT patients are being treated in care homes and contact with carers BUT not directly with service users due to Covid impact and these remain on the waiting list although care has commenced.</p>
C: What are the implications and consequences?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
D: What are we doing about it?	<p>Reviewing patient flow and activities as part of strategic management of demand and capacity informed by service user need and staffing levels/skill mix to support. New ways of working and alternative methods of contact are being taken into account to manage the demand and consideration is being given to how the level of face to face work can be increased. Work is being undertaken to review the long waiters within both adult and older adult CMHTs.</p>
E: What do we expect to happen?	<p>This represents the number of referrals that have been open for more than 3 months without an appropriate contact being recorded and is indicative of the waiting time experienced by service users. Late data entry in outcoming appointments will impact on this measure.</p>
F: How will we know when we have addressed issues?	<p>Currently part of ongoing strategic service review discussions.</p>



Staff Vacancies



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement



Jan - 2022

Staff Vacancies

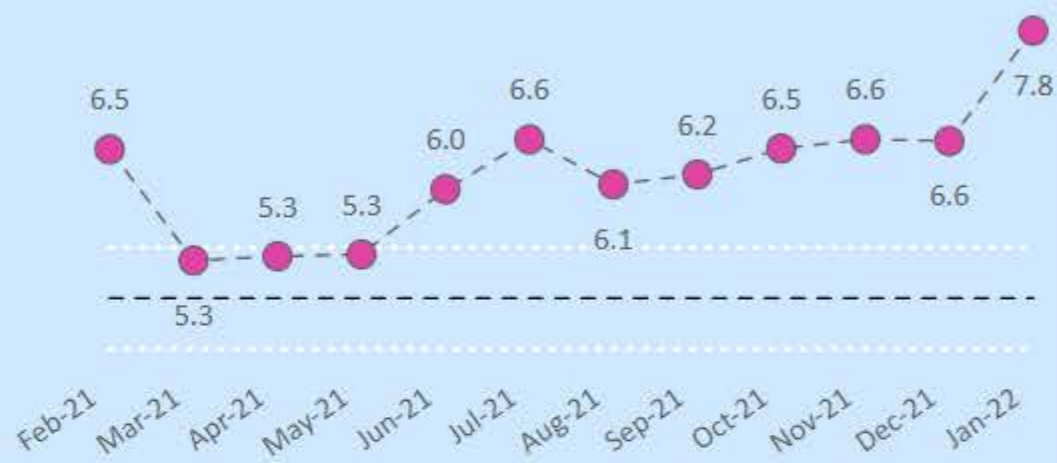
Question	Answers
A: What has happened?	The vacancy rate decreased slightly in January to 10.2% and is above the KPI target of 6.0%. Vacancy rates have fluctuated over the last 12 months with an overall increase in vacancies since April 2020 when vacancies stood at 7.8%. The vacancy breakdown by division is as follows: Secure Services and Offender Health – 8.8%; Specialties – 9.8%; Acute and Urgent Care – 13.1%; and ICCR – 13.1%.
B: Why has it happened?	The vacancy rate has increased due to an additional 15 staff in post between December and January
C: What are the implications and consequences?	Nationally there is a shortage of registered nurses and this is reflected in our local data; Band 5 nurses particularly are a key concern with a high vacancy rate (36.9% for January). Whilst the vacancy rate has improved in some areas, there is a variance in rates across teams and staff groups and it is important to note areas are experiencing severe staffing level challenges - lower staffing levels has an impact on the Trust’s ability to provide high quality patient care and increases reliance on bank and agency usage – this in turn impacts continuity of care for patients. BAF Risk Fails to develop an inclusive and compassionate working environment, resulting in failure to attract talent.
D: What are we doing about it?	In addition to the recruitment programmes such as the ‘I can’, there is a recruitment campaign to invite bank workers to move into substantive roles, particularly in areas they have worked and have experience in working in such areas. Another piece of work to address the high nursing vacancy rates is to start targeted work on high vacancy rates or ‘hot spots’. This will include working with Finance to ensure establishment figures are accurate. We will work with People Partners and managers to develop specific recruitment plans of how we will and reduce the vacancy rates. We will be looking to come up with innovative ways of addressing the problem. We will also continue to conduct bank workers recruitment campaigns into various roles.
E: What do we expect to happen?	There are national supply issues in relation to certain staff groups e.g., registered nurses and IAPT meaning we do need to recognise that this will limit the improvements that can be made in relation to vacancy rates. However targeted work ongoing across the Trust should mean we see a reduction in vacancy rates over time.
F: How will we know when we have addressed issues?	Reduction in vacancy rate and maintenance of the vacancy rate at below the 6% Trust target.



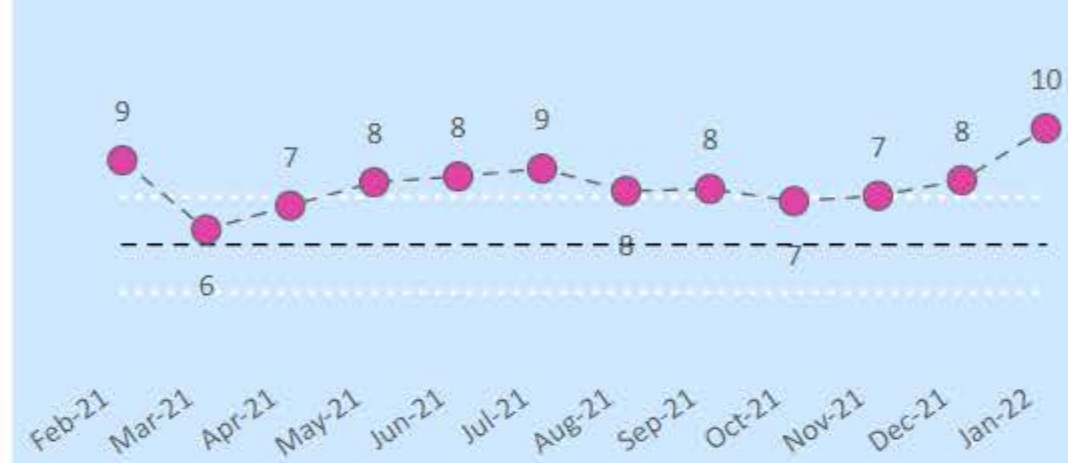
Staff Sickness



A: All



B: Acute and Urgent Care



C: ICCR



D: Secure Serv & Offender Health



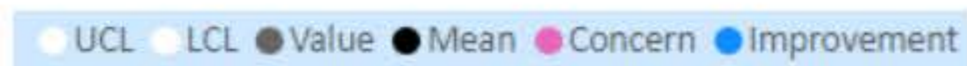
E: Specialties



F: Corporate



Key



Jan - 2022

Staff Sickness

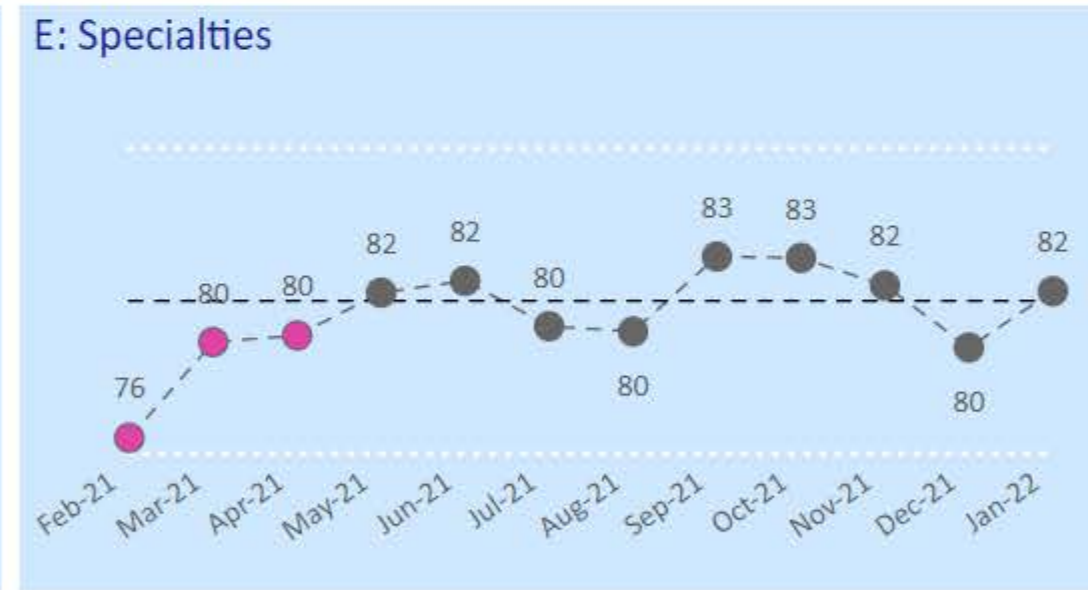
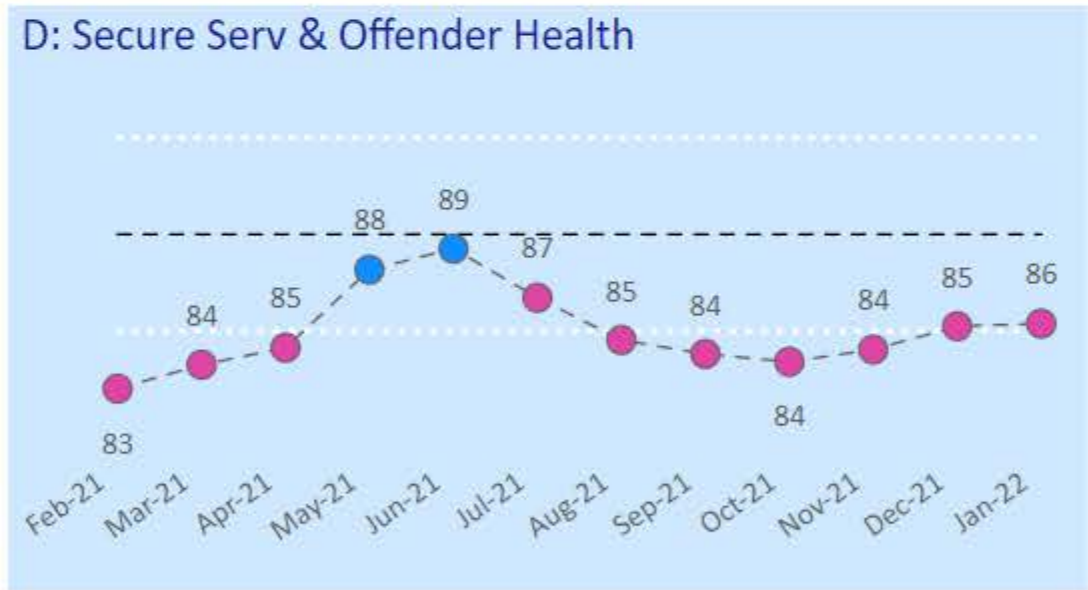
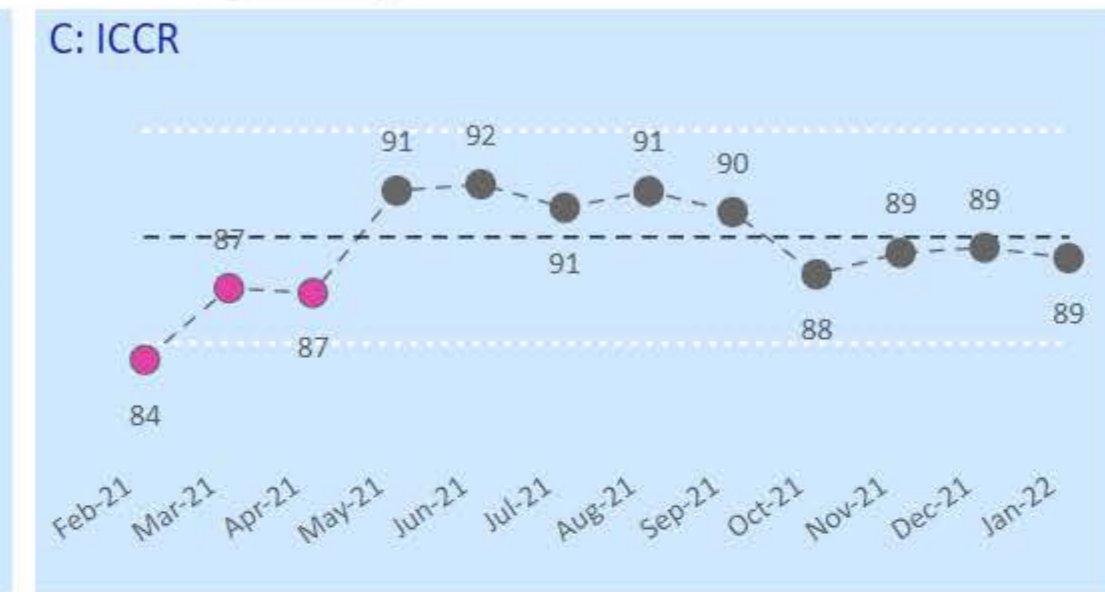
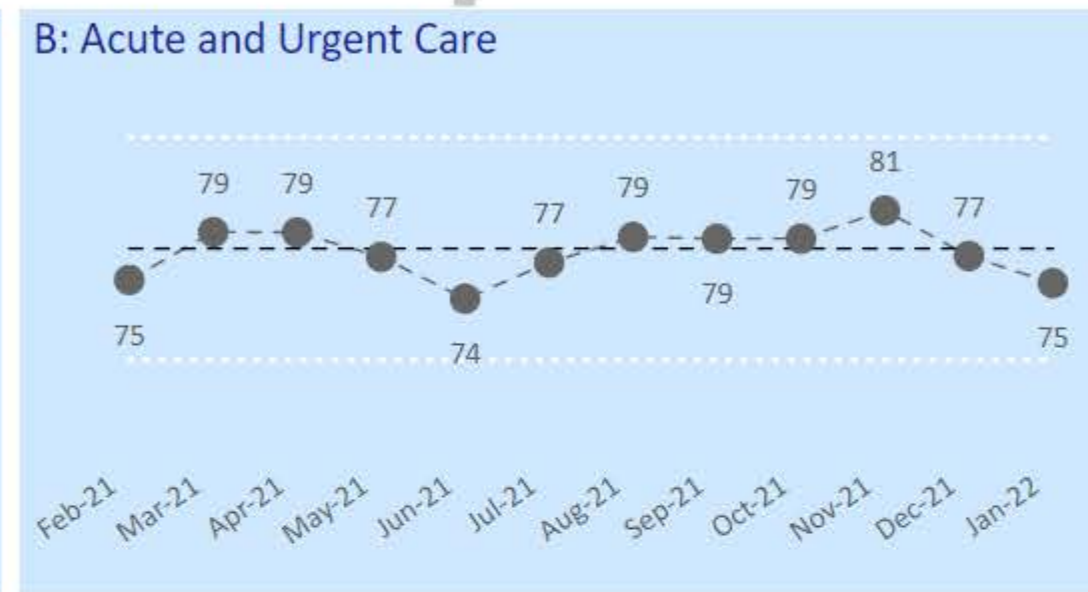
Question	Answers
A: What has happened?	Sickness absence saw a significant increase in January 2022 to 7.82% from 6.58% in December. Non-covid related sickness absence slightly decreased by 0.19% whilst Covid-19 related sickness absence increased to 2.74% in January from 1.3% in December. There was a increase in short term sickness absence by 1.55% whilst long term sickness absence decreased by 0.3%. Overall sickness absence rates by division for November are as follows: Specialties – 6.67%; ICCR – 7.29%; Secure Services and Offender Health – 10.01%; and Acute and Urgent Care – 9.96%.
B: Why has it happened?	Covid related sickness increased in January due to the Omicron variant. Covid-19 related sickness accounted for 35% of all sickness in January compared to 19.8% in December, 13.6% in November, 12% in October, 26% in September, 19% in August, 17% in July, 14.3% in June, 16.9% in May, 18.1% in April, 21.3% in March, 35.0% in February and 41.4% in January. This will continue to be monitored in light of the new Omicron strain and the potential impact of this on staffing levels. The top specified reasons for sickness absence in January were cold, cough, flu – influenza (accounting for 41.4% of all sickness absence which includes COVID-19); Anxiety/stress/depression/other psychiatric illness ; Gastrointestinal problems; and chest and respiratory problems.
C: What are the implications and consequences?	Continuity of care for patients is affected and reliance on bank and agency staff increases. Lower staffing levels due to high sickness absence also has an impact on safe staffing levels, workload and health and wellbeing of staff. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in increase levels of sickness. Fails to look holistically at flexible and transformative workforce models used across all services, resulting in a failure to take opportunities where positive gains are possible Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	The People Partners/Senior People Partners have been asked to create a sickness absence action/recovery plan for each of their service areas, working in conjunction with operational leads to reduce the sickness rates. These are yet to be agreed but will take precedence over the next month. The Team have introduced bite size training for managers around sickness absence monitoring whilst the full training has been stood down during the pandemic. 4 sessions held so far, inviting 54 managers, however the uptake is low. 'How to Manage Sickness Absence' has been updated and will be available on Connect as a quick reference guide for managers. Monthly meetings with managers are being held with the People Advisors/People Managers as a support measure in managing sickness absence. As part of the recovery plan there is the intention to arrange confirm and challenge meetings for the managers and People Officer with their CNM and People Consultant. Weekly reports are being produced on the impact of Long Covid on our staff, with cases carefully managed to ensure individuals are receiving the right support. Long Covid cases are being referred for OH advice on whether IHR is a potential option. NHS England issued guidelines on supporting our colleagues affected by long covid which we are following. The Flexible Working policy has been reviewed in line with Agenda for Change to encourage a good work-life balance which is important for health and wellbeing and is currently going through the ratification process.

Staff Sickness

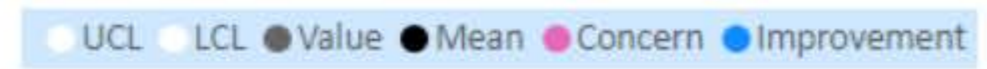
Question	Answers
	Fails to deliver its ambition to transform the culture and sponsor, implement, support, and monitor a multidisciplinary values-based leadership framework developing the right capabilities, resulting in an underperforming workforce
D: What are we doing about it?	<p>The People Partners/Senior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



Staff Appraisals



Key



Jan - 2022

Staff Appraisals

Question	Answers
A: What has happened?	Appraisal rates have increased slightly to 81.8% in January 22. The appraisal rate had been maintained consistently above the 85% CCG target from November 2019 to March 2020, however fell below this in April 2020. Recently in Nov 21 we were able to identify an improvement in the appraisal rate. The appraisal rate breakdown by division for January 22 is as follows: ICCR – 83.8%; Secure and Offender Health – 85.4%; Specialties – 83.8%; and Acute and Urgent Care – 76%.
B: Why has it happened?	The main reason for the increase in appraisal compliance in Nov 2021 since April 2020 is the targeted compliance work completed by the L&D Administrator (as discussed below). However with the slight decrease in December 21, we will need to continue to review the appraisal completion report in order to provide appropriate support where required. We recognise that this figure will continue to fluctuate due to the impact of Covid-19.
C: What are the implications and consequences?	Failure to meet our contractual requirements – this stands at an 85% target for completion from the CCG. Non-completion of appraisals and/or poor-quality appraisals has an impact on staff experience and development, potentially leading to reduced engagement from staff and increased turnover. BAF Risk: Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce
D: What are we doing about it?	As part of our regular compliance work- an L&D Administrator is utilising the draft Appraisal Completion report (provided by the Informatics Team) to target those staff that are not completing their appraisals and support them in the completion of the ADR process; this approach was adapted throughout the pandemic to encourage supportive conversations as opposed to targeted work on recording appraisals recognising the significant staffing challenges - during the Covid period a best-practice appraisal guide was produced and made available on Connect to support all staff. As staffing pressures have increased due to the pandemic, focused work on the recording of appraisals and a review of how staff are being supported is taking place. Appraisal project/policy updates: - The appraisal form development work is currently being developed by the HTML coder within the ESR system. The Appraisal policy is within the consultation phase. Further project meetings will include key stakeholders to support the appraisal reporting work and comms plan moving forward.
E: What do we expect to happen?	Due to the reliance on historical, system driven processes there will be continued difficulties in trying to report accurately on RMS and ADR data. The Appraisal compliance figure will continue to fluctuate due to the impact on staffing levels and capacity due to Covid-19, however we expect to see some recovery once the new Appraisal process and form has been implemented.
F: How will we know when we have addressed issues?	An improvement in appraisal completion rates to meet the 85% commissioner target; the appraisal project completion is ongoing and this will provide updates as the project moves forward. Improvement in the quality of values-based appraisal conversations, enabling the development of an inclusive, compassionate culture.



Fundamental Training

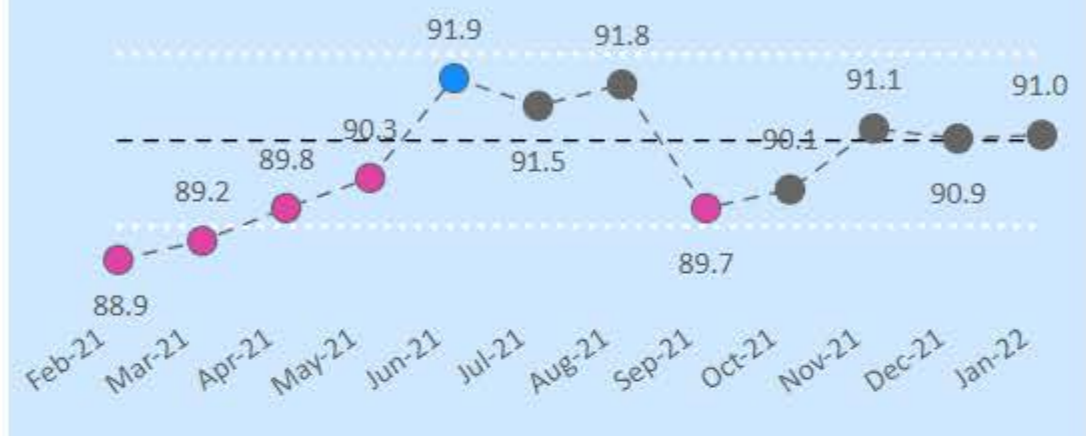


...

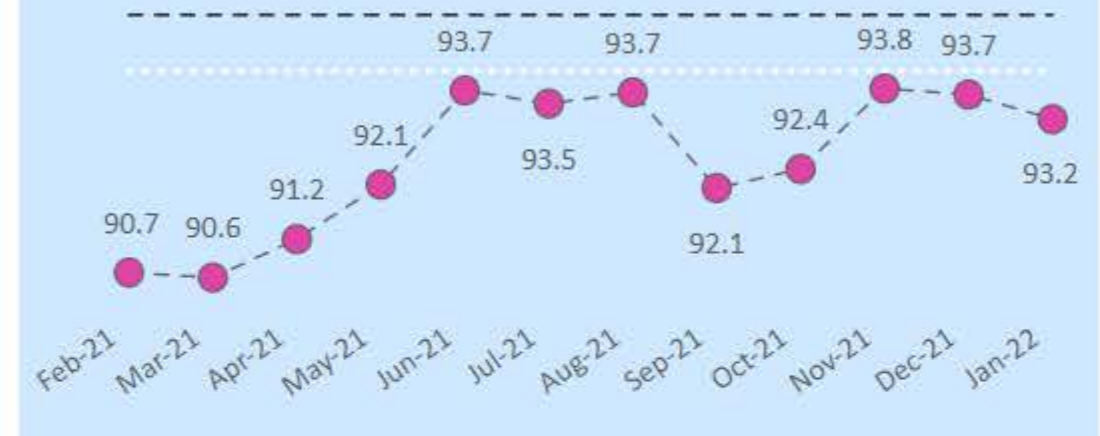
A: All



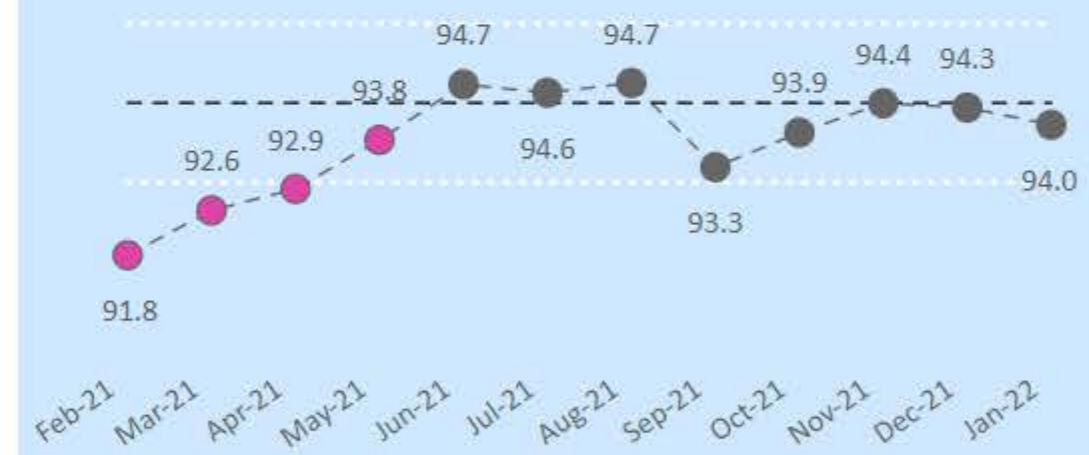
B: Acute and Urgent Care



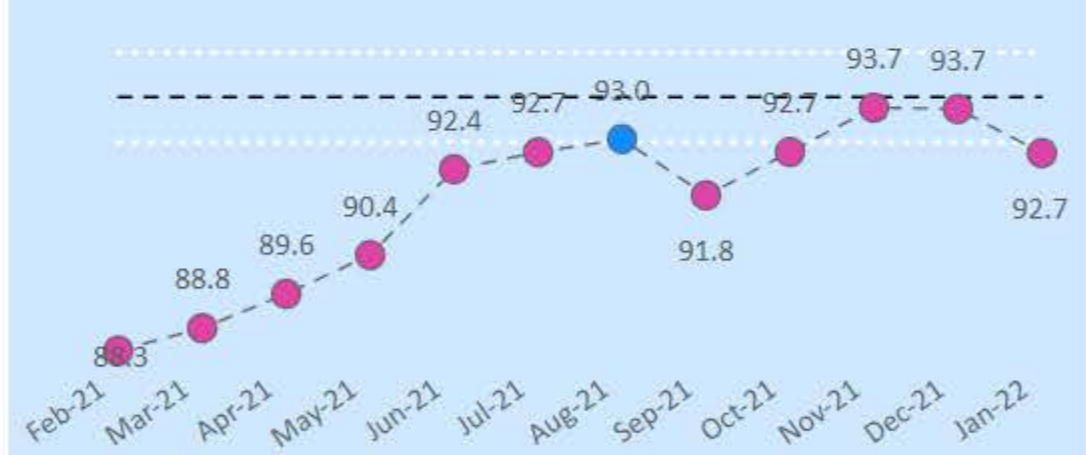
C: ICCR



D: Secure Serv & Offender Health



E: Specialties



F: Corporate



Key

- UCL
- LCL
- Value
- Mean
- Concern
- Improvement

Jan - 2022

Fundamental Training

Question	Answers
A: What has happened?	<p>Trust Target 95%</p> <p>Substantive staff</p> <p>Fundamental Training decreased to 90% in January from 90.2% in December.</p> <p>FT breakdown by division is as follows: Secure and Offender Health – 91.9%; ICCR – 90.8%; Specialties – 90.6% and Acute and Urgent Care – 87.8%.</p> <p>TSS Bank Workers</p> <p>Trust Target 75%</p> <p>Bank FT compliance has decreased by 1.8% to 63% in January.</p>
B: Why has it happened?	<p>Substantive staff FT compliance:</p> <p>FT compliance across all operational areas have remained consistent over Quarter 3 with all areas reporting an uptick in January. As a result of BAU and Fundamental Training Team processes.</p> <p>However, all areas are below Trust target 95%.</p> <p>There was minimal training in December due to holidays and clinical availability, this has returned to pre Covid restrictions so we have now seen an uptick but still not enough to satisfy commissioners</p> <p>An increase in withdrawals and DNA's which in early indicators show are as a result of Covid outbreaks in clinical areas.</p> <p>The stepping down of FT compliance chase ups</p> <p>An increase in workforce following surge recruitment</p>
C: What are the implications and consequences?	<p>Business, Administration and Financial Risks:</p> <p>Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas.</p> <p>Breach of commissioners compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant.</p> <p>Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance.</p> <p>TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS staff- this results in either a drop in substantive compliance or a TSS workforce who do not have the skills to practice safely.</p> <p>Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce.</p>
D: What are we doing about it?	<p>FT Team will be reinstating FT compliance chase ups mid Feb</p>

Jan - 2022

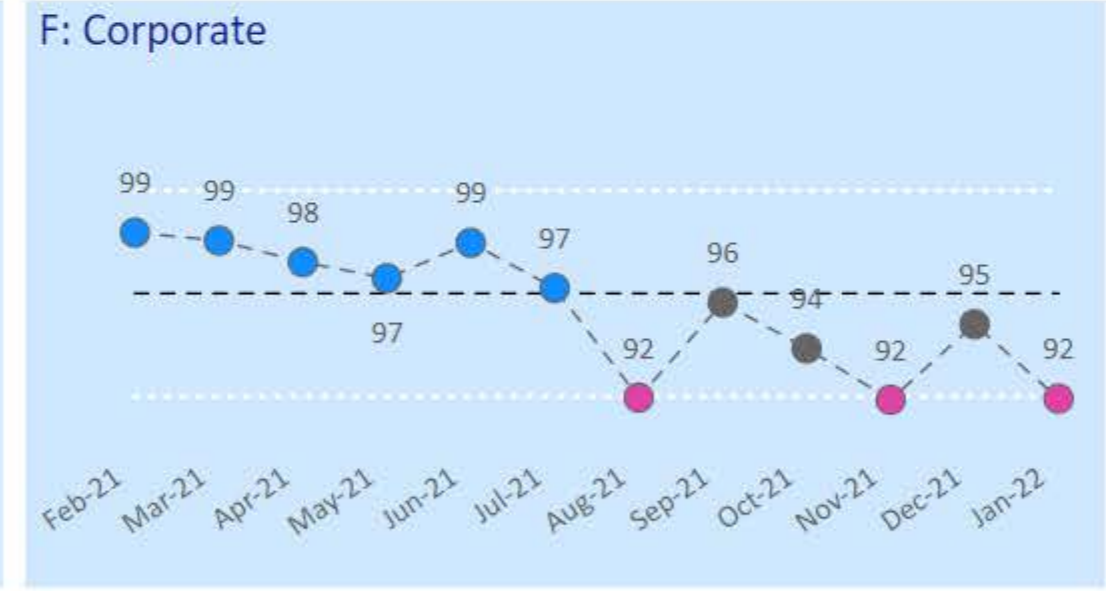
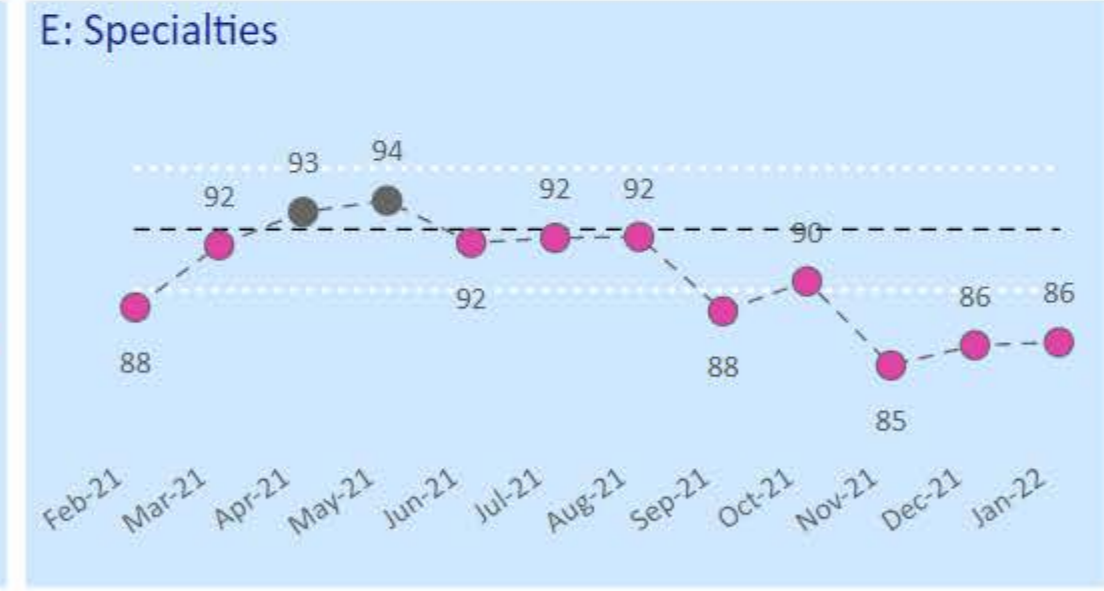
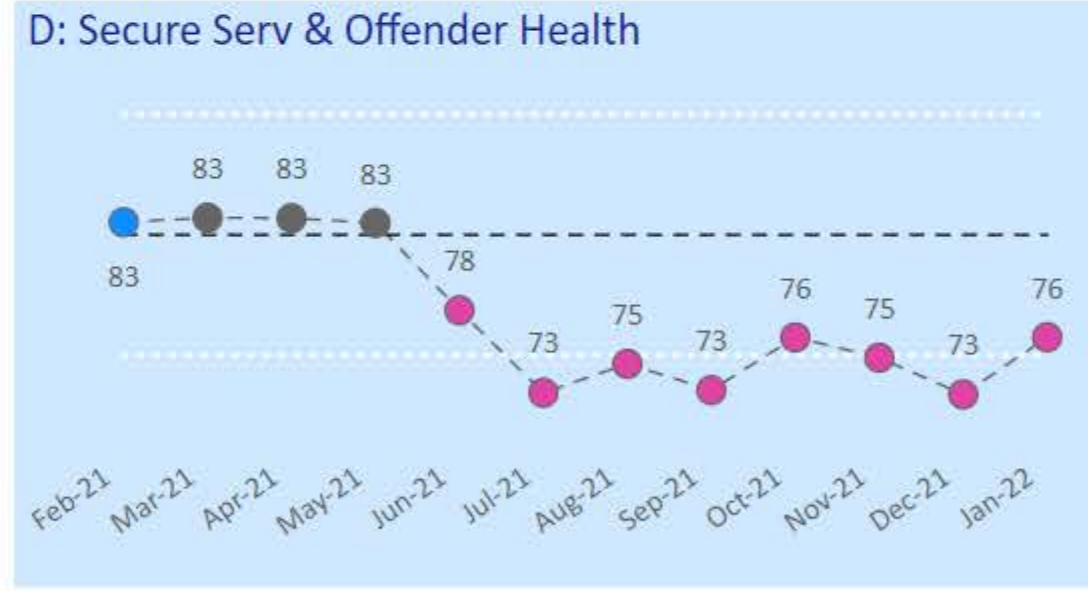
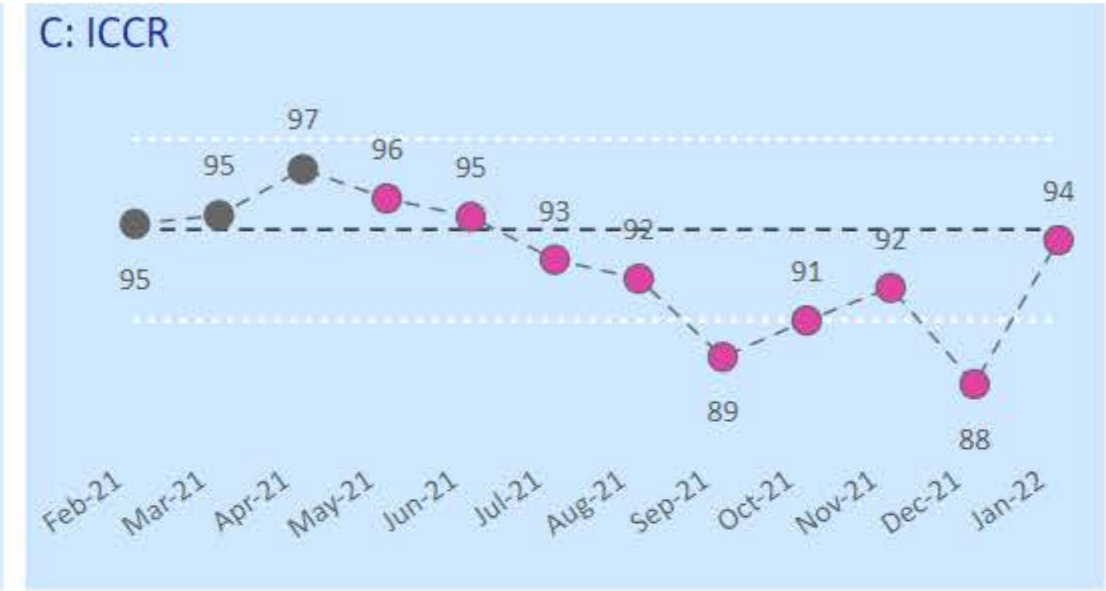
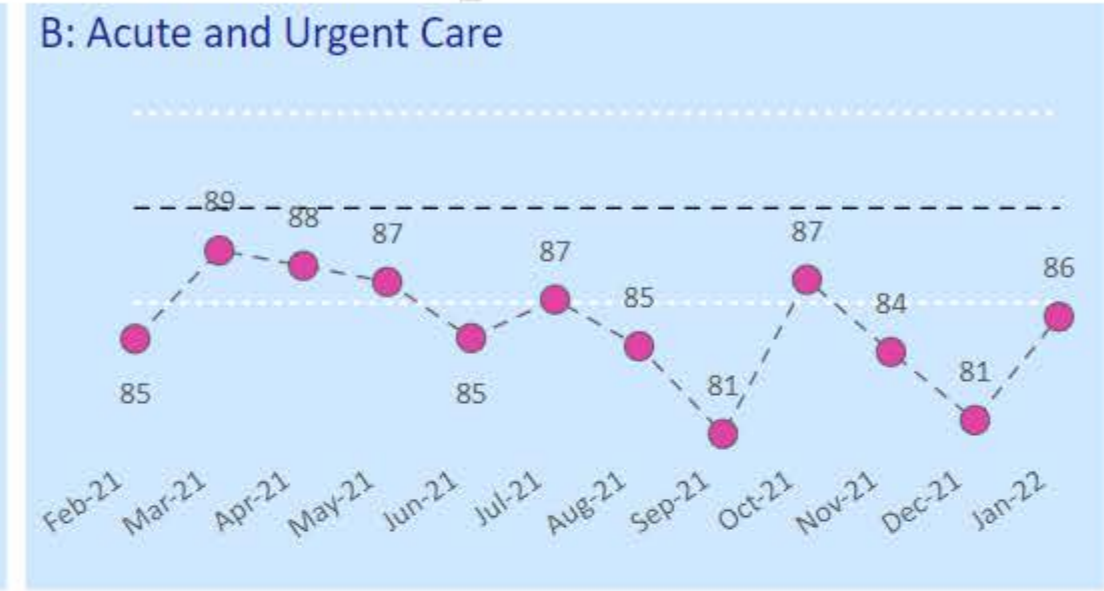


Fundamental Training

Question	Answers
	<p>processes. However, all areas are below Trust target 95%.</p> <p>There was minimal training in December due to holidays and clinical availability, this has returned to pre Covid restrictions so we have now seen an uptick but still not enough to satisfy commissioners</p> <p>An increase in withdrawals and DNA's which in early indicators show are as a result of Covid outbreaks in clinical areas.</p> <p>The stepping down of FT compliance chase ups</p> <p>An increase in workforce following surge recruitment</p>
C: What are the implications and consequences?	<p>Business, Administration and Financial Risks:</p> <p>Low FT compliance is a risk to patient safety and the safety of our staff. There is a risk staff will not have the competence required to practice safely in clinical areas.</p> <p>Breach of commissioners compliance contracts which can result in financial penalties that can cost in excess of £210,000 per subject for every month that BSMHFT remains non-compliant.</p> <p>Workforce growing but training resources unable to expand to offer the additional training needed to achieve sustain compliance.</p> <p>TSS are not included in overall Trust compliance however are required to undertake training, yet no additional training provision is available to increase capacity so as to include TSS staff- this results in either a drop in substantive compliance or a TSS workforce who do not have the skills to practice safely.</p> <p>Fails to develop an inclusive and compassionate working environment, resulting in demotivated workforce.</p>
D: What are we doing about it?	<p>FT Team will be reinstating FT compliance chase ups mid Feb</p> <p>FT have requested additional team resources to enable them to manage TSS compliance and alternate streamlined processes for booking and reaching compliance for all colleagues</p>
E: What do we expect to happen?	<p>Post Covid recovery plans and associated trajectories have calculated that FT recovery for substantive staff is being achieved, as long as the DNA rate and staff turnover does not exceed the Trust agreed 12%.</p> <p>Early indications show the comms is having a positive affect – staff are feeding back how useful the email is. The FT team are seeing a 50% increase in email traffic, staff booking training, reporting issues with traffic lights and querying relevant training.</p> <p>TSS Training and compliance is managed by the TSS administration team, with guidance from the Fundamental Training Team when required.</p>
F: How will we know when we have addressed issues?	<p>With uptake of training offers and when the trajectories offered to the executive team and commissioners are achieved on the cited date.</p> <p>With successful recruitment into Resus Training positions</p> <p>Engagement with relevant stakeholders to address issues as the emerge.</p>



Bank & Agency Fill Rate



Key

● UCL
 ● LCL
 ● Value
 ● Mean
 ● Concern
 ● Improvement

Jan - 2022

Bank & Agency Fill Rate

Question	Answers
A: What has happened?	The bank and agency fill rate increased to 84.3% in January from 80.7% in December. The agency fill rate showed an increase by 1.1% whilst the bank fill rate increased by 2.4%, accounting for the overall increase in the combined bank and agency fill rate figure. The fill rate breakdown by division is as follows: ICCR – 94.7%; Specialties – 86.1%; Acute and Urgent Care – 86.4%; and Secure Services and Offender Health – 76.4%. The number of shifts requested in December increased by 1,387. Bank filled 1,464 more shifts in January than December, but agency filled 192 less shifts. The breakdown of shifts requested by division is as follows: ICCR – 1,592; Specialties – 2,911; Secure Services and Offender Health – 5,570; and Acute and Urgent Care – 5,390.
B: Why has it happened?	17,039 temporary staffing shifts were requested in January. This is the highest number throughout the Covid pandemic. 14,361 shifts were filled in January (13,348 of these were bank). Despite a huge increase in shifts requested (a 37% increase from April 2021 figures) the fill rate has increased. The main reasons for requested shifts in June were: Clinical Activity (6,226 shifts requested); Additional Work (2,773 shifts requested); COVID-19 (2459 shifts requested); Vacancies (2039 shifts requested); Block booking (1,044 shifts requested) and Sickness (966); This continues a consistent trend for the top request reasons.
C: What are the implications and consequences?	Low fill rates resulting in unfilled shifts has an implication on safer staffing levels and the Trust's ability to deliver high quality patient care. Having less staff also has an impact on workload and staff health and wellbeing. BAF Risk: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in inefficiencies
D: What are we doing about it?	Daily Staff Safety huddles were being carried out with the Director of Operations, Chief Nurse, Associate Directors, Finance and HR to review the workforce issues on ward. In wards where there is deemed a high risk, incentive payments of £5 an hour extra are being offered to bank workers who work in these areas. This is having some positive effect on the fill rates for these wards. From 01.02.2022 this incentive has stopped being offered to HCA's however due to stable fill rates, whilst it continues for nurses until 15.02.2022. We expect this to have an impact on fill rates throughout February and onwards. This is being monitored and reviewed weekly. Daily staff safety huddles have now been stood down. A Temporary Workforce Cost Improvement Programme is taking place. There are 4 strands to the programme; 1) Medical workforce - The workstream focuses on reducing medic agency spend across the Trust. New processes to support recruitment and approval of agency requests will be implemented, with work ongoing to gather analytics and data to support these improvements. 2) Non-medical workforce - this looks at reducing bank and agency spend on non-medical staff. This will involve improvements to rostering (cross-cutting with the e-Rostering CIP project) 3) Support processes and practice - this looks at support processes within HR, recruitment, etc and is exploring the possibilities around substantive roles and more flexible working arrangements 4) Future Provision - This workstream looks at the future provision of temporary staffing. Options that may be more cost effective and efficient in terms of managing the service are being explored. A new Team Leader has started in January to support the TSS Manager. A Pastoral Care Support Officer is starting in February to assist the Clinical Lead for TSS. These are pivotal roles in terms of supporting our TSS only workers and will focus on engagement, development and support for our TSS colleagues. A project for exploring bank only workers wanting substantive roles within the Trust is underway. 40 bank only workers have expressed an interest thus far. Resourcing team are working

Jan - 2022



Bank & Agency Fill Rate

Question	Answers
consequences?	workload and staff health and wellbeing. BAF Risk: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in inefficiencies
D: What are we doing about it?	<p>Daily Staff Safety huddles were being carried out with the Director of Operations, Chief Nurse, Associate Directors, Finance and HR to review the workforce issues on ward. In wards where there is deemed a high risk, incentive payments of £5 an hour extra are being offered to bank workers who work in these areas. This is having some positive effect on the fill rates for these wards. From 01.02.2022 this incentive has stopped being offered to HCA's however due to stable fill rates, whilst it continues for nurses until 15.02.2022. We expect this to have an impact on fill rates throughout February and onwards. This is being monitored and reviewed weekly.</p> <p>Daily staff safety huddles have now been stood down.</p> <p>A Temporary Workforce Cost Improvement Programme is taking place. There are 4 strands to the programme; 1) Medical workforce - The workstream focuses on reducing medic agency spend across the Trust. New processes to support recruitment and approval of agency requests will be implemented, with work ongoing to gather analytics and data to support these improvements. 2) Non-medical workforce - this looks at reducing bank and agency spend on non-medical staff. This will involve improvements to rostering (cross-cutting with the e-Rostering CIP project) 3) Support processes and practice - this looks at support processes within HR, recruitment, etc and is exploring the possibilities around substantive roles and more flexible working arrangements 4) Future Provision - This workstream looks at the future provision of temporary staffing. Options that may be more cost effective and efficient in terms of managing the service are being explored.</p> <p>A new Team Leader has started in January to support the TSS Manager. A Pastoral Care Support Officer is starting in February to assist the Clinical Lead for TSS. These are pivotal roles in terms of supporting our TSS only workers and will focus on engagement, development and support for our TSS colleagues.</p> <p>A project for exploring bank only workers wanting substantive roles within the Trust is underway. 40 bank only workers have expressed an interest thus far. Resourcing team are working on this project. These roles will help to further reduce the need for bank and agency shifts. 19 bank only workers have been offered substantive posts and are currently going through pre-employment checks. A further 16 have expressed an interest, Recruitment will be working on these.</p> <p>Work is continuing to invite bank only workers to express interests in substantive posts on a monthly basis.</p> <p>Throughout January, 54 bank positions were recruited and filled.</p> <p>Since 29th December agency rates for nurses at Band 5 were increased to NHSI cap rates to entice agency workers to work at BSMHFT, although this has ceased being offered as of 07.02.2022. We are expecting our agency fill rate to decrease due to this and will monitor and review the situation weekly.</p>
E: What do we expect to happen?	With the work ongoing to reduce agency spend we expect agency fill rates to decrease and bank fill rates to increase. However it should be noted that with the winter season nearly here and a predicted rise in the number of requested shifts may further impact on the Trust's fill rates
F: How will we know when we have addressed issues?	The overall bank and agency fill rate increases.



CAP Ex



Statistical Process Control (SPC)



Commentary

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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	£427k	£763k	£420k	£590k	£766k	£220k

(Blank)



Monthly Agency

Statistical Process Control (SPC)



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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	£441k	£542k	£603k	£667k	£575k	£507k

Commentary

Agency spend decreased from £575k in December to £507k in January; This is a significant decrease from December spend, during a period of staffing challenges across the Trust. This spend is below the NHSEI monthly target by £15k. Year to date expenditure is £4.05 million. This is still £65k below the estimated NHSEI year to date ceiling.

Jan - 2022

Monthly Agency

Question	Answers
A: What has happened?	Agency spend decreased from £575k in December to £507k in January; This is a significant decrease from December spend, during a period of staffing challenges across the Trust. This spend is below the NHSI monthly target by £15k. Year to date expenditure is £4.05 million. This is still £65k below the estimated NHSEI year to date ceiling.
B: Why has it happened?	There has been a significant decrease in medical agency spend in December. There was 135k drop between November and December. There is however a 22k increase for nursing and a 19k increase in admin and clerical. Compared to December 2020, spend is £141k higher across all areas.
C: What are the implications and consequences?	High agency spend increases the financial pressure the Trust is under and impacts the monthly deficit – this could contribute to the Trust failing to meet the control total facing the likelihood of sanctions. High agency usage also impacts on continuity of care for patients. BAF Risks: Fails to look holistically at flexible and transformative workforce models used across all services, resulting in missed opportunities for cost improvement
D: What are we doing about it?	Agency controls are in place to ensure that spend remains below target: Agency rate paid to cap ceased at 7am on 07.02.2022. Throughout January, 54 bank positions were recruited and filled, alleviating the need for numerous agency shifts. Due to the current staffing pressures, twice monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity. Work is ongoing with the L&D team to ensure that bank workers receive Averts and ILS training asap. We have been provided with some additional funding to increase Averts training. Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide. Training continues on the MHOST system which will support the bi-annual establishment review process
E: What do we expect to happen?	We expect agency spend to reduce. However, it should be noted that the impact of Covid-19 on staffing levels may impact on the Trust's ability to reduce agency spend usage.
F: How will we know when we have addressed issues?	Agency spend reduces further and remains under the NHSI target for the Trust.



Operating Surplus



Statistical Process Control (SPC)



Commentary

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

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
A: All	£555k	£2,626k	-£768k	-£645k	-£463k	-£681k

(Blank)

MEETING	BOARD OF DIRECTORS
AGENDA ITEM	11
PAPER TITLE	Month 10 2021/22 Finance Report
DATE	23/2/2022
AUTHOR	Emma Ellis, Head of Finance & Contracts
EXECUTIVE SPONSOR	David Tomlinson, Executive Director of Finance

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

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

Executive summary & Recommendations:

Revenue position

The month 10 2021/22 consolidated Group position is a surplus of £2.6m year to date. This is compared to a break even plan. The surplus is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position for the Reach Out Provider Collaborative.

The proposed most likely Group forecast outturn for 2021/22 is a surplus of £2m.

2022/23 Planning

2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. A draft financial plan is due mid-March 2022, with a final submission at the end of April 2022. A draft system revenue envelope and 3 year capital envelope have been issued. Discussions are ongoing across the system regarding appropriate methodologies for allocating the envelopes.

Capital position

Month 10 year to date Group capital expenditure is £3.8m, this is £3.4m less than plan. The year to date underspend mainly relates to door set works, statutory standards and backlog maintenance and ICT. It is expected that this slippage will be

recovered by year end. The full year capital forecast is £12.3m.

Cash position

The month 10 Group cash position is £56m.

SSL Contract Renewals

As laid out in the attached paper and discussed at SSL Shareholder Meeting, the managed lease contracts provided by SSL to the Trust have a range of different renewal dates. There is no viable alternative to them being rolled over (i.e. not renewing would involve a significant transaction and a major financial pressure or an inability to provide services). It is therefore recommended that the contracts are all renewed and harmonised to a contract end date of 30 April 2029.

Reason for consideration:

- Update on month 10 financial position
- Decision required on SSL contracts

Previous consideration of report by:

FPP and regular briefing on financial position with FPP chair.

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

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

Financial Implications *(detail any financial implications)*

Group financial position

Board Assurance Framework

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

Linked to existing BAF2_0012

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

Ongoing financial briefings via Operational Management Team and Sustainability Board.

Finance Report

Financial Performance:
1st April 2021 to 31st January 2022

Month 10

Group financial position

Group Summary	Total 2021/22 Plan £'000	H1 (month 1-6)	H2 YTD	Total YTD
		Actual £'000	Actual £'000	Actual £'000
Income				
Healthcare Income	292,531	147,071	99,216	246,287
Other Income	61,168	9,100	38,591	47,691
Total Income	353,698	156,171	137,807	293,978
Expenditure				
Pay	(222,886)	(113,201)	(76,078)	(189,279)
Other Non Pay Expenditure	(91,772)	(24,747)	(47,988)	(72,734)
Drugs	(5,877)	(3,192)	(2,077)	(5,269)
Clinical Supplies	(1,359)	(273)	(185)	(459)
PFI	(10,349)	(5,164)	(3,672)	(8,836)
Unallocated Budgets	(5,156)	-	-	-
EBITDA	16,300	9,594	7,808	17,402
Capital Financing				
Depreciation	(8,084)	(4,100)	(2,466)	(6,567)
PDC Dividend	(2,364)	(1,180)	(785)	(1,965)
Finance Lease	(4,366)	(2,187)	(1,465)	(3,652)
Loan Interest Payable	(1,239)	(631)	(407)	(1,038)
Loan Interest Receivable	97	(0)	0	0
Surplus / (Deficit) before taxation	344	1,495	2,684	4,179
Impairment		(1,283)	0	(1,283)
Profit/ (Loss) on Disposal	40	-	-	-
Taxation	(384)	(192)	(128)	(320)
Surplus / (Deficit)	0	20	2,556	2,577

Month 10 2021/22 Group Financial Position

The month 10 year to date consolidated Group financial position is £2.6m surplus. This is mainly driven by a continuation of non-recurrent slippage on recruitment against new investment. The position includes a break even position year to date for the Reach Out Provider Collaborative. This went live on 1 October 2021, with BSMHFT as lead provider.

2021/22 Group Forecast

A most likely forecast of £2m surplus was submitted as part of the system risk assessed forecast outturn submission to NHSEI on 18/1/22. Following the announcement by the Secretary of State for Health on 31/1/22 that the legislation requiring vaccination as a condition of employment, due to come into force on 1 April 2022, is to be reconsidered, forecast financial implications are being further reviewed.

Agency expenditure

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 YTD
Agency Spend (£'000)	405	366	462	478	441	542	603	667	575	507			5,047
NHSEI Ceiling (£'000)	616	616	616	616	616	616	616	616	616	616			6,163
Stretch target (£'000)	501	501	501	501	501	501	538	522	522	522			5,112
Variance to stretch target	96	135	39	23	60	(41)	(64)	(145)	(53)	15	0	0	65

Agency Medical	234	183	298	318	261	379	376	495	360	370			3,274
Agency Nursing	86	91	92	82	87	75	108	82	104	70			877
Agency Other Clinical	42	44	(2)	10	36	29	22	29	31	15			256
Agency Admin & Clerical	44	49	74	68	57	59	97	61	80	52			640
Agency Spend (£000s)	405	366	462	478	441	542	603	667	575	507	0	0	5,047

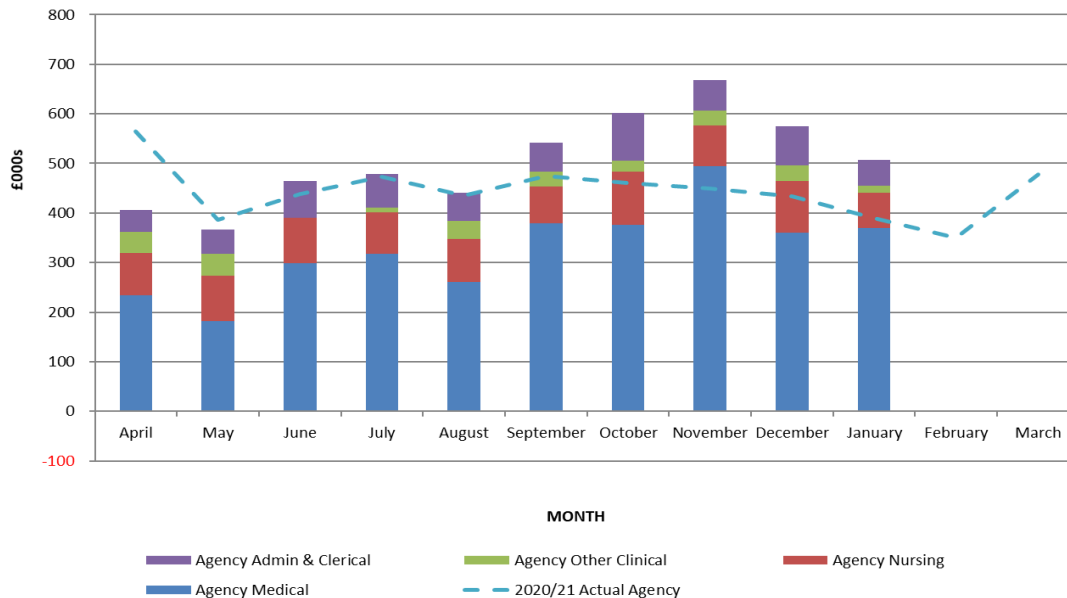
Agency spend decreased by £68k in month from £575k in December to £507k in January. This is a significant decrease during a period of staffing challenges across the Trust. The main reductions in expenditure compared to December were £34k for nursing agency and £28k for admin and clerical agency.

Total agency expenditure in month is £118k above January 2021. Year to date expenditure is £65k below the internal stretch target and £1.1m below the NHSEI ceiling.

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

- Agency rate paid to cap ceased at 7am on 07.02.2022.
- Throughout January, 54 bank positions were recruited and filled, alleviating the need for numerous agency shifts.
- Due to the current staffing pressures, twice monthly adverts are continuing for bank nurses, HCAs and administrators to increase capacity.
- Work is ongoing with the L&D team to ensure that bank workers receive timely Averts and ILS training including increased training capacity.
- Work continues with operational areas to convert long term agency into substantive offers of employment Trust-wide.
- Training continues on the MHOST system which will support the bi-annual establishment review process.

2021/22 Agency Spend by Type





Consolidated Statement of Financial Position (Balance Sheet)

Statement of Financial Position - Consolidated	EOY - Audited 31-Mar-21 £m's	NHSI Plan YTD 31-Dec-21 £m's	Actual YTD 31-Dec-21 £m's	NHSI Plan Forecast 31-Mar-22 £m's
Non-Current Assets				
Property, plant and equipment	186.5	182.1	182.5	183.2
Prepayments PFI	1.6	1.4	2.4	1.4
Finance Lease Receivable	-	-	0.0	-
Finance Lease Assets	-	-	(0.0)	-
Deferred Tax Asset	0.1	(0.0)	0.1	(0.0)
Total Non-Current Assets	188.1	183.5	185.0	184.5
Current assets				
Inventories	0.4	0.4	0.2	0.4
Trade and Other Receivables	9.7	7.4	12.9	7.4
Finance Lease Receivable	-	-	-	-
Cash and Cash Equivalents	28.8	22.4	55.8	19.8
Total Current Assets	38.9	30.2	68.9	27.6
Current liabilities				
Trade and other payables	(29.4)	(28.8)	(51.9)	(28.0)
Tax payable	(4.4)	(4.4)	(5.1)	(4.4)
Loan and Borrowings	(2.7)	(2.7)	(2.5)	(2.7)
Finance Lease, current	-	-	-	-
Provisions	(1.2)	(0.7)	(1.2)	(0.7)
Deferred income	(13.2)	(11.2)	(16.1)	(11.2)
Total Current Liabilities	(50.9)	(47.9)	(76.7)	(47.1)
Non-current liabilities				
Loan and Borrowings	(29.5)	(27.3)	(27.3)	(27.3)
PFI lease	(49.3)	(48.0)	(48.0)	(47.7)
Finance Lease, non current	-	-	(0.0)	-
Provisions	(2.4)	(1.8)	(4.4)	(1.8)
Total non-current liabilities	(81.3)	(77.2)	(79.7)	(76.9)
Total assets employed	94.9	88.7	97.4	88.1
Financed by (taxpayers' equity)				
Public Dividend Capital	110.5	110.5	110.5	110.5
Revaluation reserve	27.5	24.6	27.5	24.6
Income and expenditure reserve	(43.1)	(46.5)	(40.6)	(47.0)
Total taxpayers' equity	94.9	88.7	97.4	88.1

SOFP Highlights

The Group cash position at the end of January 2022 is £55.8m (this includes Reach Out).

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

Current Assets & Current Liabilities

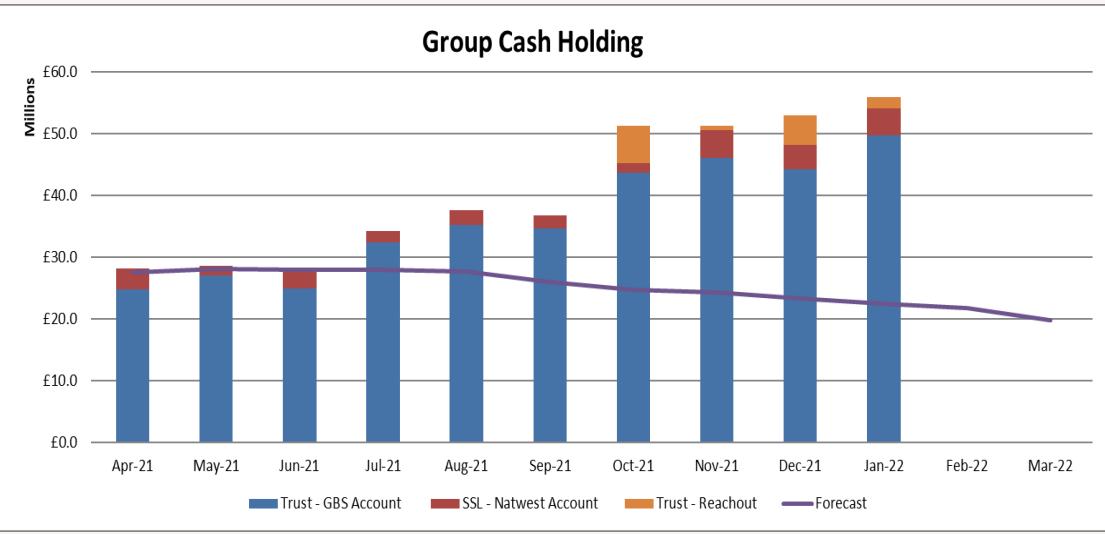
Ratios

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

Current Ratio :	£m's
Current Assets	68.9
Current Liabilities	-76.7
Ratio	0.9

Current Assets to Current Liabilities cover is 0.9:1 this shows the number of times short-term liabilities are covered.





Cash

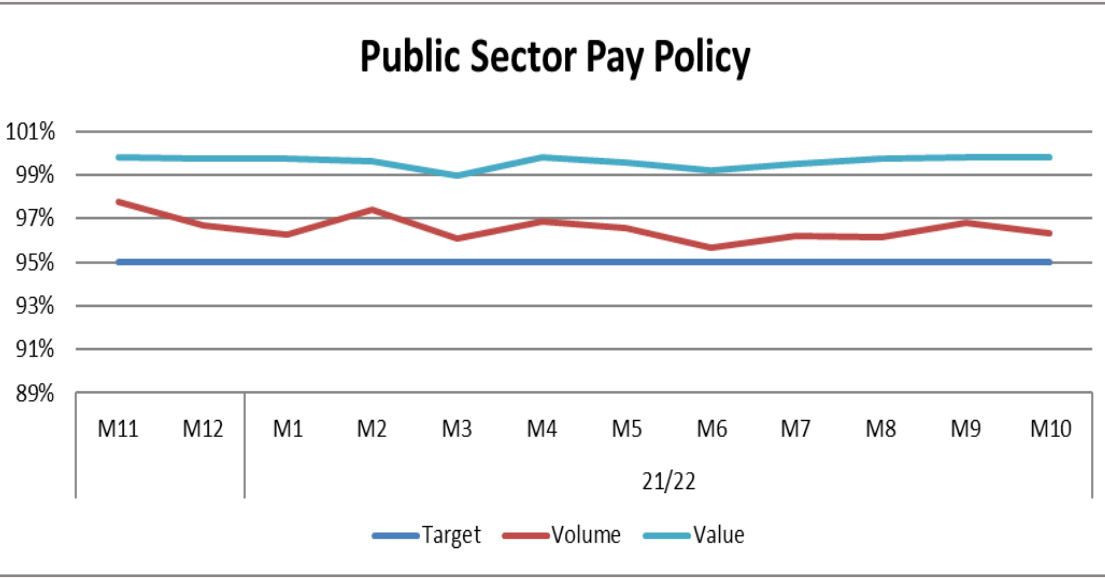
The Group cash position at the end of January 2022 is £55.8m. This includes the Reach Out element for January 2022 of £1.7m (total income for Reach Out on a monthly basis is £11.9m).

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

Better Payments

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

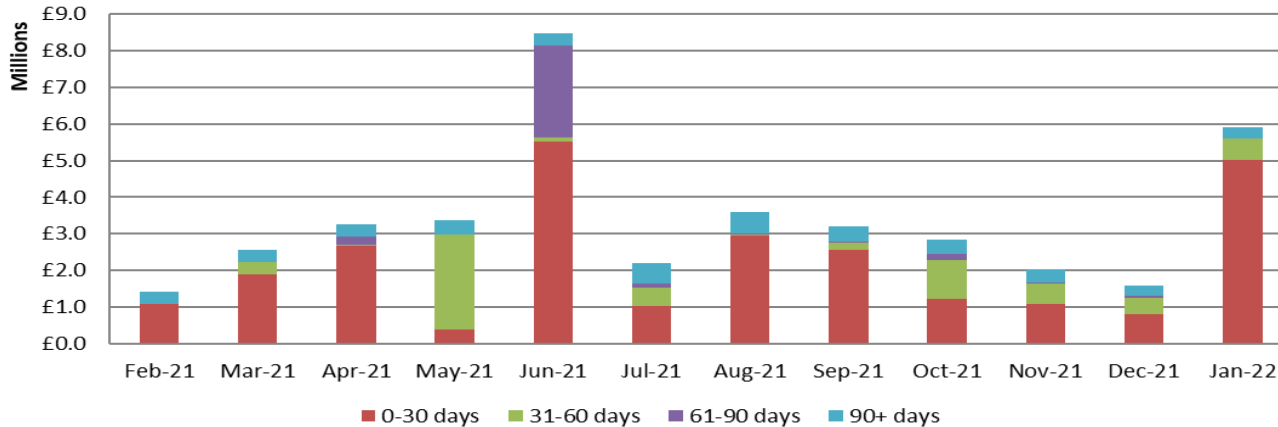
Performance against target is 98% for the month, based on an average of the four reported measures. Payment against value remains particularly high.



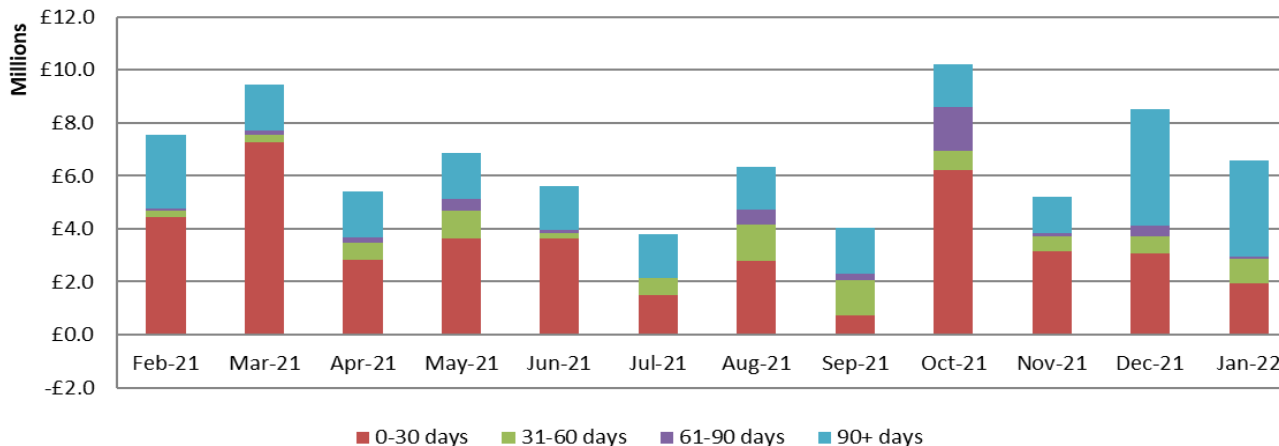
Better Payment Practice Code :

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

Ageing of Trade Receivables



Ageing of Payables



Trade Receivables

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

Receivables:

- **0-60 days** Q3 & Q4 HCI invoices raised/issued, payments due in February 2022.
- **Over 90 days** -NHSE Modality invoice & Staff overpayments (on payment plans)

Trade Payables:

Over 90 days –

- BSoL invoices £2m in query-credit notes totalling £1m received but awaiting validation for balance of charges.
- NHS Property Services £496k– Awaiting lease agreement to be finalised to enable/facilitate payment. Estates colleagues are working with NHS Property Services to resolve this matter (DoF is aware of the position).
- Non-NHS Suppliers (44+) £1.2m – mainly Reach-out invoices in query, most accounts are awaiting credit notes/ adjustments due to disputes/other. Some payments/queries settled in February 2022.

Month 10 YTD Capital expenditure behind plan

Capital schemes	Total 2021/22	Forecast 2021/22	Forecast variance to plan	YTD plan	YTD actual	YTD variance
	£'m	£'m	£'m	£'m	£'m	£'m
Pre committed - major schemes c/f from 20/21- Urgent Care Centre	1.2	1.2	0.0	1.2	1.1	0.1
Pre committed - minor schemes c/f from 20/21	0.3	0.1	0.2	0.3	0.0	0.3
Pre committed - Ardenleigh Women's seclusion suite	0.5	0.2	0.4	0.2	0.0	0.1
Door Sets phase 1 and phase 2	4.4	4.8	-0.4	3.3	1.0	2.3
Statutory Standards & Backlog Maintenance (SSBM)	1.8	2.0	-0.2	1.1	0.8	0.3
ICT	0.8	1.2	-0.4	0.8	0.4	0.4
Newington refurbishment	0.5	0.7	-0.2	0.0	0.4	-0.4
ECG Machines		0.2	-0.2	0.0	0.0	0.0
Risk Assessments	0.8	0.0	0.8	0.4	0.0	0.4
Barberry rear fence		0.1	-0.1	0.0	0.0	0.0
Ardenleigh wall		0.1	-0.1	0.0	0.0	0.0
Shared Care Record (PDC funded)		2.0	-2.0	0.0	0.0	0.0
TOTAL	10.3	12.3	-2.0	7.2	3.8	3.4

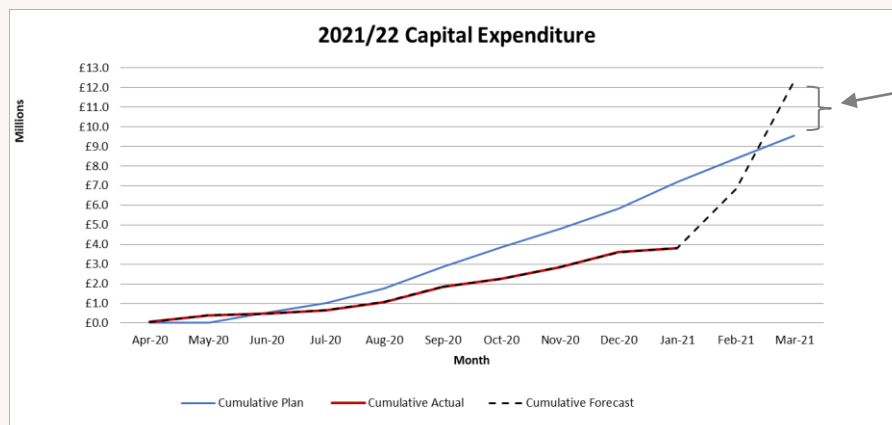
Month 10 Group Capital expenditure

Month 10 year to date Group capital expenditure is £3.8m, this is £3.4m less than original plan. The year to date underspend mainly relates to slippage to date on door sets works £2.3m due to ward access issues related to covid outbreaks and initial delays in finalising specifications. Assurance has been provided that works are progressing and the slippage to date will be recovered by year end. £0.4m underspend relates to ICT expenditure. Orders have been raised and expenditure is expected to be fully realised by year end. Statutory standards and backlog maintenance is £0.3m behind plan, assurance has been provided that work is on track to ensure that schemes are completed to forecast by year end.

Capital Forecast

The forecast capital expenditure as at month 10 is £12.3m. This is an increase compared to prior month of £0.7m. £0.2m increase relates to Shared Care records in line with an additional PDC funding allocation. The remaining forecast increase compared to prior month relates to the Ross House disposal. At month 9 the forecast was reduced as it was considered that the disposal was unlikely to complete by the end of the financial year, thus reducing the capital envelope available by £0.4m. Notification was received early February that outstanding planning matters had been resolved and so completion could move forward. Hence additional expenditure has been built back into the forecast to ensure the capital envelope is fully utilised. However, further legal issues have since been identified that could pose a risk for completion by year end. Updates will be provided as this matter progresses.

2021/22 Capital Expenditure



£2m additional funding allocation for Shared Care record

Birmingham and Solihull ICS

Financial position Month 9 YTD

System revenue performance:

The month 9 year to date system revenue position was £7m surplus. This comprises an £0.8m surplus for H1 (April to September 2021) plus a £6.3m surplus for H2 year to date (October to December 2021). This is a £6.2m variance to year to date plan.

The system most likely forecast submitted to NHSEI in month 9 was £28.2m surplus.

	H1 Actual £'000	H2 YTD Actual £'000	YTD Actual £'000	YTD Plan £'000	YTD Variance £'000	Forecast £'000
B'ham and Solihull MH FT	20	1,875	1,895	0	1,895	2,000
B'ham Community Healthcare FT	0	25	25	1	24	0
B'ham Women's and Children's FT	393	933	1,326	-1	1,327	10,238
Royal Orthopaedic Hospital FT	0	171	171	-65	236	-6
University Hospitals Birmingham	412	3,261	3,673	916	2,757	16,000
B'ham and Solihull CCG	0	0	0	0	0	0
System Total	826	6,265	7,091	851	6,240	28,232

System cash position:

As at month 9, the system cash position was £497m. This is a £98m increase since the start of the year and a £3m increase in month. The slippage on capital programmes across the ICS continue to impact cash positively.

	Opening cash	M8	M9	Monthly movement	YTD Movement
	£'000	£'000	£'000	£'000	£'000
Provider Cash					
System Total	398,265	493,675	496,623	2,948	98,358

System capital performance:

The system capital plan for 2021/22 was £163m. Additional funding through PDC and donations has been allocated totalling £35m, taking the capital resource available to £199m.

The month 9 year to date system capital position was £35m underspend against the total capital programme. This included £25m underspend against the system CDEL target (£13.5m relating to ACAD). The system capital forecast is a £3m underspend against the revised capital programme envelope (£33m above original programme).

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

System Capital position	Year to Date Variance	Forecast Variance
	£'000	£'000
CDEL	25,084	-33,115
Total Programme	35,061	-33,178

Please note, system financial reporting is one month in arrears

2022/23 Priorities and Operational Planning Guidance was issued on 24 December 2021. Draft financial plans are due mid-March 2022, with final submissions end of April 2022. 2022/23 will see a return to signed contracts and local ownership for payment flows under simplified rules. An updated draft of the NHS Standard Contract for 2022/23 has been published for consultation; the final version of the contract, to be used in practice, will be published in February 2022. There will be a collective local accountability and responsibility for delivering system and ICB financial balance. ICBs will continue to be required to deliver the Mental Health Investment Standard.

2022/23 Revenue Allocation

A draft system finance envelope for 2022/23 has been published as shown opposite. In addition, the system anticipates £71.3m for Elective Recovery and £41m of SDF funding.

The envelope is based on the H2 envelope, adjusted for non recurrent items, then doubled to create a recurrent H2 x 2 system envelope of £2,350m.

Further adjustments have then been made including boundary change impacts. Covid allocations have been reduced by 57%.

Discussions across the system regarding potential methodologies for allocating the envelope are ongoing, further detail will be provided once formalised.

System Envelope	Core			Running Costs £000s	Primary Care £000s	Total £000s	Change from previous £000s
	Excl COVID £000s	COVID £000s	Total £000s				
H2 Envelope	1,002,723	79,432	1,082,155	11,455	101,425	1,195,034	0
Non-recurrent back pay	-14,802	-1,163	-15,965			-15,965	0
Non-recurrent support for income loss		-3,948	-3,948			-3,948	0
Non-recurrent adjustments	-14,802	-5,112	-19,913	0	0	-19,913	0
Recurrent H2 Envelope	987,921	74,320	1,062,241	11,455	101,425	1,175,121	0
Recurrent H2 x 2	1,975,841	148,641	2,124,482	22,910	202,850	2,350,242	0
Boundary Changes	298,090		298,090	3,999	34,984	337,073	-20,400
Additional funding	107,465	-84,677	22,788		16,240	39,028	-2,047
22/23 Funding	2,381,396	63,963	2,445,360	26,909	254,074	2,726,343	-22,447

2022/23 Capital Allocation

The system has been issued with a 3 year capital envelope. For 2022/23 this is an indicative system envelope of £96m and comprises core envelope for BAU capital of £74m.

On 13/1/22, system CFOs discussed a proposal to distribute the 2022/23 core envelope of £74m using a formulaic approach. This would result in 86% of the capital envelope being distributed with 14% (£10m) retained as a System Capital Investment Fund (SCIF). Under this proposal, our share of the 86% core envelope distribution would be £5.8m. While system conversations continue to finalise capital allocation shares, BSMHFT Executive Team have supported a proposal to allow capital planning works to commence for schemes totalling £4m. This includes £1.2m pre commitments for works commenced in 2021/22 that will continue in 2022/23, essential Statutory Standards and Backlog Maintenance works £1.7m and essential ICT capital requirement £1.1m. Work is underway to prioritise a long list of capital schemes in preparation for the final capital envelope.

Birmingham & Solihull Mental Health Foundation Trust and Summerhill Service Limited Contracts renewal

Background

Summerhill services Limited (SSL) is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and commenced trading on 2 April 2012). SSL owns, leases and contract manages 48 clinical sites across Birmingham and Solihull. The principal activity of the company is to offer a holistic facilities management service for BSMHFT.

SSL has grown at pace, leading to a multi-million-pound property portfolio, as well as operating several sites on behalf of stakeholders through leases and occupation arrangements. We offer a multi-faceted approach and provision; transport and portering services, capital, and project management, PFI management, contract management, consultancy and a business monitoring, performance, and reporting service.

We remain agile and continue to develop our offer to meet key service needs, by delivering high standards of safety, efficiency and value in operational environments.

The combined BSMHFT and SSL business model has always been to provide agile, efficient, clinically focused services and sustainable solutions, through a single point of contact for all facilities management and support services to Birmingham and Solihull Mental Health Foundation Trust.

Contract Summary

BSMHFT have several separate contracts with SSL across all services and sites, this has happened in a stepped approach and as such the contracts come up for renewal in a piece meal approach based on the date of creation. since its inception in 2012, there have been four sets of major transactions involving SSL and BSMHFT. (detail in appendix1)

- The sale to SSL and lease back by BSMHFT of Tamarind on 30th November 2012
- The sale to SSL and lease back by BSMHFT of Juniper and Glenthorne (Ardenleigh) on 22nd December 2016
- The sale to SSL and lease back by BSMHFT of part of Reaside, John Black and Maple Leaf Drive on 1st June 2018.
- The most recent transaction, the 'Estate Transfer' on 1st July 2019 was a lease to SSL and licence back to BSMHFT of 14 buildings.

Each of these transactions had a managed services lease agreement where SSL provides the same offering to each location. The offering for the later Estates transfer is slightly different to the other transfers because of the PFI contract management, estate planning/service and repair of the leased properties elements

Juniper and Glenthorne (Ardenleigh) from 22nd December 2016 are due to expire on **31st December 2021**

Tamarind from 1st December 2017 due to expire on **30th November 2022** having previously been extended

Reaside, John Black and Maple Leaf Drive from 1st June 2018 for five years due to expire on **31st December 2023**.

The Estate Transfer from 1st July 2019 to 30th April 2029.

Contract definition

The following applies to the first three contracts;

“Services” means all services that the Landlord provides or arranges to be provided in relation to the Property including:

Hard FM Services including:

Building and Engineering Planned Preventive, and Re-active Maintenance Services;

24/7 Emergency On call Services;

Grounds and Gardens services;

Repair of any defect or want of repair in the Property or any part of it attributable to or arising out of:

- (i) faulty or defective workmanship or materials in the construction of the Property; or
- (ii) faulty or defective design specification in the construction of the Property.

Soft FM Services including:

Catering Services;

Cleaning & Domestic Services;

Portering & Postal Services;

Pest Control;

External Site Perimeter Security Services;

Waste Management,

Plus such other services as are agreed from time to time by the Landlord and the Tenant,

The final Estates transaction (4) is lease by Trust to SSL and licence back to Trust. There are two agreements here, one for a fully managed healthcare service and one for a property management service.

The managed healthcare service is the same as that for the above three transactions.

The property management service requires SSL to provide following;

- contract management in relation to the PFI Contracts and other property contracts, including undertaking benchmarking reviews;
- capital works, a capital maintenance plan and a backlog maintenance plan;

- strategic and operational estates advice, including estates planning;
- assistance with completion of NHS Estates Returns;
- a business continuity plan (as approved by Trust);
- building and engineering planned preventive, and re-active maintenance services;
- 24/7 emergency on call services;
- management of Trust Equipment and/or any Equipment which the tenant of a Trust Leased Property is obliged to maintain;
- grounds and gardens services;
- repair of any defect or want of repair in the Trust Leased Properties;
- domestic/cleaning services;
- catering;
- laundry and linen services;
- window cleaning;
- clinical and domestic waste management and disposal;
- portering;
- estates services including but not limited to external site perimeter security services, pest control and postal services,

plus such other services as are agreed from time to time by Summerhill and the Trust, subject always to the rights and obligations of the landlord and the tenant (being the Trust) under the leases of the Trust Leased Properties.

Managing agent services in respect of the Occupied Areas as notified to Summerhill by the Trust from time to time, such services to include any obligations of the Trust to provide utilities and other services such as cleaning and waste disposal to the Occupied Areas, and to maintain and/or repair the Occupied Areas.

The premises covered in the Estate transaction are;

Property	Postal Address
Dan Mooney House and David Bromley House	1 Woodside Crescent, Downing Close, Knowle, Solihull B93 0QA
Eden Unit, George Ward, Venture House	355 Slade Rd Erdington B23 6AL and Fentham Rd Erdington B23 6AL
Hertford House	29 Old Warwick Road, Olton, Solihull B92 7JQ
Hillis Lodge and Main House	Hollymoor Way, Northfield B31 5HE

Little Bromwich Centre and Nightingale House	150 Hob Moor Rd, Small Heath B10 9JH
Longbridge Health & Community Centre	10 Park Way, Birmingham Great Park, Rubery B45 9PL
Lyndon Resource Centre	Hobs Meadow, Solihull B92 8PW
Newbridge House	130 Hob Moor Rd, Small Heath B10 9JH
Newington Resource Centre	Newington Road, Hamar Way, Marston Green B37 7RW
Northcroft	190 Reservoir Rd, Erdington B23 6DW
Shenley Fields	15 Shenley Fields Drive, Northfield B31 1XH
Small Heath Health Centre	42 Chapman Rd, Small Heath B10 0PG
Uffculme Centre inc. site buildings (Tall Trees, Coach House, Old Lodge, Estates Office, Creative Arts)	52 Queensbridge Road, Moseley B13 8QY
Warstock Lane	Warstock Lane, Billesley B14 4AP

Site categorisation

BSMHFT sites fit in to one of five categorisations

- **Sites leased by the Trust**

SSL provides cleaning and any catering required for these sites and the landlord provides estates/maintenance.

SSL also provides a Property & lease management service to ensure these leases are managed correctly and efficiently.

- **Sites leased to SSL**

These properties are leased to SSL but the facilities management and estates / maintenance is provided by a PFI partner.

SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by the Trust**

SSL provides all facilities management and estates/ maintenance services to these sites.

- **Sites owned by PFI Partners**

The majority of these sites, the PFI partners provide facilities management and estates/ maintenance – SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

A small number of PFI sites the PFI partner only provides Estates / Maintenance services. In these sites SSL provides a full hotel services offer – catering, housekeeping and domestic services.

SSL provides a PFI contract management service to ensure compliance, KPI's and performance is achieved and maintained. SSL also provides a benchmarking service to ensure services provided by 3rd suppliers are best value.

- **Sites owned by SSL**

SSL provides a fully managed lease which includes all housekeeping, domestic services, catering and estates / maintenance.

Value For Money proposal for SSL

From the outset of SSL each transaction was based on a business case presented to the Trust Board which demonstrated the savings, return on investment and the benefits of the transfer. There are three key elements SSL are baselined and measured to establish value for money. Staff, services and financial return.

SSL operate a flexible staff model – offering a competitive salary (above A4C) but with a reduced pension in comparison to NHS employees, this is further enhanced by insurance and services, offering a modern and highly competitive package. SSL's recruitment time is on average 25% quicker than the Trust for a similar style role.

Service offering: SSL deliver a fully Integrated soft and hard FM services package to the Trust which is measured against agreed performance indicators set by the Trust

Financial return, SSL offers a Tax efficiency that cannot be delivered from within the NHS due to national restrictions on public bodies. From the reclamation of VAT on utility costs, general expenses, and capital costs which means that SSL has saved the Trust more than £26m over the contract period.

Quality and Delivery of Service

the Trust and SSL have shareholder and an operational stakeholder meeting where the performance indicators are shared and discussed along with the performance risks and issues to delivery. The shareholder meetings are held between the Chair and CEO of the Trust and the MD of SSL. The operational group is led by the trust chief operating officer and has relevant associate directors as well as operational service leads from SSL.

Options

- **Option 1 – Sign the SSL contract**

Harmonise all the above contracts to the date 30th April 2029 in line with the contract end date of the significant Estate transfer that took place 1st July 2019. This would take in to account the two facilities that are currently near their contract expiry date and will encompass those due for expiry over the next two years.

The harmonisation would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services.

- **Option 2 – Contract not Renewed and buildings bought back in house under Trust**
 - This would be seen as a significant transaction by NHSEI and require a business case and a fully audited review and sign off.
 - Would require the repurchase of the buildings from SSL or the reacquisition via a dissolution of the SSL, whichever is more efficient.
 - Incur significant costs for external advice on optimal transaction method.
 - A further TUPE of staff back to the Trust.
 - The reversal of any savings that had been acquired using SSL as a SPV, Mainly VAT Savings, this would require the Trust to pay back the Savings in whole, to date the contract savings on VAT are more than £26m.
-
- **Option 3 – Contract not renewed; alternate sites sought**
 - Trust still contracted for services formally provided from sites therefore would require alternate accommodation.
 - This would involve significant costs for finding, leasing and bringing up to standard.
 - From SSL View, they would need to seek immediate replacement for Tenant or sale or would default on loan repayments.
 - These are highly specialised assets may take significant time to find replacement tenant, costs would be incurred by the group during this period.
 - If no replacement could be found would require the discontinuation of that service, staff terminations etc.

Recommendation

The proposal is to accept option 1 and harmonise all the above contracts to the date 30th April 2029 in line with the contract end date of the significant Estate transfer that took place 1st July 2019. This would take in to account the two facilities that are currently near their contract expiry date and will encompass those due for expiry over the next two years.

The harmonisation would offer both organisations an element of stability, confidence, assurance and commitment. SSL is a wholly owned subsidiary of the Trust and forms part of the overall group position. This request meets the NHSE recognition for wholly owned subsidiaries and does not represent a significant transaction, it comes under the continuation of services requirements. This proposal would create no additional costs.

Appendix 1- Current contract position

Sites	Type of Agreement	Date	Renewal Date
Tamarind	Loan Agreement	30.11.12	30.11.37
Tamarind	Group Service Agreement	30.11.12	30.11.37
Tamarind	Sale Contract	30.11.12	
Tamarind	Lease Agreement	30.11.12	30.11.37
Tamarind	Managed Lease Contract	01.12.17	01.12.22
Ardenleigh	Loan Agreement	22.12.16	22.12.41
Ardenleigh	Group Service Agreement	22.12.16	22.12.21
Ardenleigh	Sale Contract	22.12.16	
Ardenleigh	Lease Agreement	22.12.16	22.12.41
Juniper	Loan Agreement	22.12.16	22.12.41
Juniper	Group Service Agreement	22.12.16	22.12.21
Juniper	Sale Contract	22.12.16	
Juniper	Lease Agreement	22.12.16	22.12.41
Juniper	Deed of Covenant	22.12.16	
Reaside	Loan Agreement	01.06.18	
Reaside	Group Service Agreement	01.06.18	01.06.23
Reaside	Sale Contract	01.06.18	
Reaside	Lease Agreement	01.06.18	01.06.43
Maple Leaf	Loan Agreement	01.06.18	
Maple Leaf	Group Service Agreement	01.06.18	01.06.23
Maple Leaf	Sale Contract	01.06.18	
Maple Leaf	Lease Agreement	01.06.18	01.06.43
Various	Tenant Agreement	Jun-19	
Various	Landlord Agreement	Jun-19	
Various	Fully Managed Service Property Management Agreement	Jun-19	
Various		Jun-19	

Meeting	BOARD OF DIRECTORS
Agenda item	12
Paper title	BOARD ASSURANCE FRAMEWORK – Q3 UPDATE and PLAN TO REVIEW
Date	23 February 2022
Author	Company Secretariat
Executive sponsor	Executive Director of Finance

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

Introduction and context:

The Board of Directors (“**Board**”) is aware of the Board Assurance Framework (“**BAF**”) that identifies and monitors risks linked to the four strategic priorities:

- Clinical services
- People
- Quality
- Sustainability.

The Board has a critical role to focus on the risks that may compromise the achievement of those strategic priorities. The Board Assurance Framework (“**BAF**”) is how the Board holds itself to account, i.e., the main tool to discharge responsibility for internal control.

The BAF was created in January 2021 and has been used as a management tool since April 2021. Quarterly updates have been provided by each assurance Committee (July 2021 and October 2021). A third quarter update was scheduled for January 2022, but capacity challenges in the Company Secretariat mean that that was not possible. This Report provides a summary update against each risk.

The Report signals a shift in the way in which assurance will be provided to the Board. The BAF itself will continue to be held and coordinated by the CoSec, but this more digestible format will become the norm at Committees and Boards.

A year since its creation, and with the ever-changing system landscape, the time is right to review – and, where necessary – refresh the BAF. In the next month, the CoSec will lead a process to look at the BAF with fresh eyes to ensure:

- Consideration of the three headings in the Clinical Services domain currently without a risk
- The appropriateness of the existing risk definitions
- The cause (trigger/contributor) of strategic risks is more closely defined
- There is a focus on the associated controls and assurances
- The BAF looks forwards and is not just a historical record
- Any gaps in assurance are matched by a management action plan
- Winston Weir's helpful comments (November 2021) are responded to.

The Board is asked to consider the recommendations made in the final section.

Analysis and principal areas for consideration:

Each of the three functional Committees (FPP, People, and QPES) has a leadership responsibility for assurance against designated strategic risks. The BAF will, over the coming months, be increasingly aligned to the cycle of business for each Committee. Reports to the Board will continue quarterly.

The Company Secretariat is responsible for coordinating reporting against the BAF, but it is for senior officers linked to the work of the Committees to provide the updates. This Report considers progress during Q3 (October to December) and, where appropriate, January 2022.

Key messages are:

- FFP1 is recommended for a reduction in score from 20 to 15 (still red)
- There are no further suggested changes to risk scores
- There is evidence of real progress with the capital works to address ligature hazards
- The Trust needs to give continued focus to health inequalities, which have widened during the pandemic
- The uncertainty of NHS finances for 2022-23 is a major focus for the system, with the loss of COVID funding
- Workforce and demand challenges are highlighted as barriers to the delivery of high-quality services

Recommendations:

The Board is asked to:

- **RECEIVE FOR ASSURANCE** the Q3 update from Committees
- **APPROVE** the reduction in score from 20 to 15 for FPP1
- **NOTE FOR ASSURANCE** the work that will be conducted during March 2022 to review, refresh, and add to the BAF
- **RECEIVE** an updated BAF at its March meeting

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST
REPORT TO THE BOARD OF DIRECTORS, 23 FEBRUARY 2022
BOARD ASSURANCE FRAMEWORK – Q3 UPDATE AND PLAN TO REVIEW

1. INTRODUCTION

The Board of Directors (“**Board**”) is aware of the Board Assurance Framework (“**BAF**”) that identifies and monitors risks linked to the four strategic priorities:

- Clinical services
- People
- Quality
- Sustainability.

The Board has a critical role to focus on the risks that may compromise the achievement of those strategic priorities. The Board Assurance Framework (“**BAF**”) is how the Board holds itself to account, i.e., the main tool to discharge responsibility for internal control.

The BAF was created in January 2021 and has been used as a management tool since April 2021. Quarterly updates have been provided by each assurance Committee (July 2021 and October 2021). A third quarter update was scheduled for January 2022, but capacity challenges in the Company Secretariat mean that that was not possible.

This Report provides a summary update against each risk. The key message is that no risk scores have deteriorated, although progress towards reducing risk scores remains slow. It is proposed that only one risk (FPP1) should reduce in score, although it remains a red risk.

The Report signals a shift in the way in which assurance will be provided to the Board. The BAF itself will continue to be held and co-ordinated by the CoSec, but this more digestible format will become the norm at Committees and Boards.

A year since its creation, and with the ever-changing system landscape, the time is right to review – and, where necessary – refresh the BAF. In the next month, the CoSec will lead a process to look at the BAF with fresh eyes to ensure:

- Consideration of the three headings in the Clinical Services domain currently without a risk
- The appropriateness of the existing risk definitions
- The cause (trigger/contributor) of strategic risks is more closely defined
- There is a focus on the associated controls and assurances
- The BAF looks forwards and is not just a historical record
- Any gaps in assurance are matched by a management action plan
- Winston Weir’s helpful comments (November 2021) are responded to.

The Board is asked to consider the recommendations made in the final section.

2. BAF ENTRIES FOR THE PEOPLE COMMITTEE

Transforming our culture

P1 The Trust fails to develop an inclusive and compassionate working environment.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (3Lx4C)	12 ↔	12 ↔	12 ↔	6 (2Lx3C)

Q3 update

The refreshed Disciplinary and Dignity at Work Policies have been approved by the Committee and ratified by the Board. They are now in use and being monitored by the Committee to ensure any impacts or implications are addressed.

There is good traction with FTSU but difficulties with capacity in the function. Recruitment is underway.

The Senior Leaders' Programme will now be launched in Q1 2022-23. A cohort of c40 staff has been identified, with dates set for the 18 months ahead.

High performing workforce

P2 The Trust fails to deliver its ambition to transform the culture and to sponsor, implement, support, and monitor a multi-disciplinary values-based leadership framework that develops the right capabilities.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	16 (4Lx4C)	16 ↔	16 ↔	16 ↔	8 (2Lx4C)

Q3 update

The Trust continues to embed its values. A line management and supervisor leadership development programme has been developed, but its implementation has had to be slowed down due to COVID non-attendance. The Executive Team is considering a paper to reset the trajectory.




The People and OD Team is working in new structures. A development programme is being created for the team, which will focus on anti-racism and anti-discriminatory practice.

The provisional Staff Survey results show a 55% response rate, up from 47% in 2020.

The People Directorate is working with staff networks to develop a framework to support future working arrangements.

Communication, inclusion, and wellbeing

P3 The Trust fails to effectively communicate and engage with its workforce through a dynamic, sustainable internal and external communication plan:

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	16 (4Lx4C)	16 	16 	16 	6 (2Lx3C)

Q3 update




There are active workstreams within the Trust and ICS that seek to improve the health and wellbeing of staff and to embed EDI within the Trust's service provision and employment practices.

The Trust has developed a new operating model for communication and engagement, and there is now a dedicated senior B8a post for Staff Experience and Engagement.

In line with values, the Trust has continued to communicate mandatory vaccination from 1st April 2022. There is an upward trend in uptake, but this continues to be a difficult time for many colleagues who might be required to leave the Trust.

Modernising our people practice

P4 The Trust fails to a holistic approach to reward to all employees, to address inequalities, and to reflect and represent the communities it serves.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (4Lx3C)	12 	12 	12 	6 (2Lx3C)

Q3 update




The Trust is participating in the NHSE&I Flex for the Future Programme.

The EGA programme commenced on 10th January 2022, with 15 participants.

The Trust Talent Management Plan will be presented to the People Committee in draft form in February 2022.

Flexible and transformative workforce models

P5 The Trust fails to look holistically at flexible and transformative workforce models used across all services.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (3Lx4C)	12 	12 	12 	8 (2Lx4C)

Q3 update

The Safer Staffing Sub-Committee continues to provide monthly reports to the People Committee.

The ICS Talent Acquisition Hub is still in development, with a timeline yet to be agreed across the system.

The ICS Investment Committee has approved a bid for international recruitment, and BSMHFT will be a partner in that process.

3. BAF ENTRIES FOR THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

Improving service user experience

QPES1 The Trust fails to co-produce with all people who use its services including their families.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	9 (3Lx3C)	9 ↔	9 ↔	9 ↔	6 (2Lx3C)

Q3 update

PEAR group continues to meet to support the embedding of service user involvement across a range of projects.

EBE engagement in QI and other projects continues to expand, with the start of the first project in Secure Care.

Service user feedback remains at low volumes compared to pre-pandemic levels.

Towards the end of Q3 and into January 2022 customer services activity has significantly increased in line with the surge in Omicron infection. This has led to an increase in formal complaints due to the reduced capacity of staff to deal with initial concerns.

Preventing harm

QPES2 The Trust fails to focus on the reduction and prevention of patient harm.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (3Lx4C)	12 ↔	12 ↔	12 ↔	4 (1Lx4C)

Q3 update

Safety huddles and grand huddles are now embedded in practice. Their delivery is monitored to ensure that staff capacity is not a reason for not holding them, and an escalation process is in place to address barriers to them being held.

The capital programme to address ligature risks continues in line with the project plan. There were some delays during December and January caused by COVID outbreaks on wards, but the programme was ahead of schedule and the works team was able to access other areas instead.




There has been a demonstrable reduction in restraint and seclusion through the Restricted Practice QI Collaborative. Incident reporting levels have shown a stepped decrease in both Q2 and Q3.

The Trust continues to submit updates to the CQC in line with the Section 31 requirements from its targeted inspection in 2020. There has been no further inspection activity in Q3.

Further work is required – and planned for Q4 – to strengthen the equality analysis of quality and safety data. This is needed to identify and monitor any inequality in harm or restrictive practice, access, or experience.

A Patient Safety culture

QPES3 The Trust fails to be a self-learning organisation that embeds patient safety culture.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (3Lx4C)	12 	12 	12 	4 (1Lx4C)

Q3 update

The reporting and analysis of incidents continues to develop with the inclusion of SPC charts. Reporting levels remain positive with harm levels remaining proportionally low.

The analysis of trends is driving additional analysis of incidents of concern, with focus on self-harm and ligature use in inpatient services and community suicide.

ICS quality discussions are developing with challenges ahead with the creation of oversight mechanisms for quality and safety across emerging provider collaboratives.

Quality Assurance

QPES4 The Trust fails to be a self-learning organisation that embeds quality assurance.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	16 (4Lx4C)	16 	16 	16 	8 (2Lx4C)




Q3 update

The Trust faces significant challenges in ensuring timely and equitable access to services due to the increase in demand and acuity seen over the pandemic period. This is manifest in increased waiting lists and caseloads in community mental health services. Access to packages of care for dementia and frailty services has had some effect to flow out of inpatient provision.

The Trust will face the challenge of continued restoration and recovery from this position, while seeing a reduction in protected income and a series of system transformations, e.g., MH Provider Collaborative development, and the Community MH Transformation Programme.

Leader in mental health

QPES5 The Trust fails to lead and take accountability for the development of system-wide approaches to care, and to exploit its status and position to advocate for mental health services and service users.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	12 (3Lx4C)	12 	12 	12 	8 (2Lx4C)

Q3 update

The Reach Out collaborative is now fully functioning with commissioner/lead provider responsibilities in place throughout Q3. Oversight and monitoring continue through monthly meetings of the Reach Out Commissioning Sub-Committee, which assures the Board via the QPES and FPP Committees.

Q4 will occasion the movement towards a BSOL MH Provider Collaborative. This significant undertaking will have major implication for quality, finances, and workforce governance.

Prevention and early intervention

QPES6 The Trust fails to prevent and contain a major public health outbreak.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	20 (4Lx5C)	20 ↔	20 ↔	20 ↔	10 (2Lx5C)

Q3 update

The Trust and its provider partners across BSOL have faced a significant increase in COVID outbreaks and staffing absence towards the end of Q3 and beginning of Q4. This has triggered system and provider continuity processes.

While the presence of significant health consequences of infection has reduced, this wave has had a disproportionate impact on workforce availability and ward closures.

Clinically effective

QPES7 The Trust fails to respond to service users' holistic needs.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	16 (4Lx4C)	16 ↔	16 ↔	16 ↔	8 (2Lx4C)

Q3 update

Reporting of health inequalities data is one of the Trust's developing priorities. Improved equality analysis across governance processes will enable the Trust to determine, challenge and improve on health inequalities.

Physical health monitoring and intervention is receiving an increased focus and is supported by additional roles such as the clinical practice educators.

4. BAF ENTRIES FOR THE FINANCE, PERFORMANCE AND PRODUCTIVITY COMMITTEE

System finances and partnership working

FPP1 The Trust fails in its responsibilities as a partner, and does not structure and resource itself properly to take advantage of new contractual mechanisms.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	20 (4Lx5C)	20 ↔	20 ↔	15 ↓	10 (2Lx5C)

Q3 update

This risk aligns with QPES4 and QPES5.

The Trust continues to be an active participant at the highest level in the system. Planning guidance for 2022-23 was received on 24 December 2021 and is still being interpreted.

The dates and details of the planning round have yet to be confirmed, although a draft position is required by mid-March, with the final position agreed by late April. The reduction in COVID funding will remove £90M from the system, and it is not yet clear how that reduction will be shared. The Trust's at-risk element is £6M.

The Reach Out Provider Collaborative is live and continues to provide learning that can be shared with the emerging BSOL arrangements.

Transforming with Digital

FPP2 The Trust fails to focus on the digital agenda and to harness the benefits of digital improvements.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	16 (4Lx4C)	16 ↔	16 ↔	16 ↔	8 (2Lx4C)

Q3 update

This remains an area for board development and awareness raising. Most digital decisions are devolved within the Trust, and the Digital Maturity score will be enhanced if the Board gives particular attention to key issues such as cybersecurity.

Caring for the environment

FPP3 The Trust fails to behave as a socially responsible organisation.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	6 (2Lx3C)	6 ↔	6 ↔	6 ↔	3 (1Lx3C)

Q3 update

There has been limited movement in Q3 related to the draft SOC prepared by the system's Heat Carbonisation Group. SSL is developing OBCs to decarbonise heating.

The proposed development of two of the Trust's major sites will focus on the sustainability agenda.

This strategic risk will receive focus during the upcoming BAF review and refresh.

FPP4 The Trust fails to manage the safety and quality of its therapeutic environment.

Residual risk score/Target Movement	Current risk score	July 2021	October 2021	February 2022	Target risk score
	20 (4Lx5C)	20 	20 	15 	5 (1Lx5C)

Q3 update

This risk aligns with QPES2.

Across the QPES and FPP Committees, attention is given to physical, relational, and procedural security.

5. NEXT STEPS

During March, the CoSec will lead work to review, refresh, and add to the BAF, which will be considered by the Committees before being presented to the Board for approval.

6. RECOMMENDATIONS

The Board is asked to:

- **RECEIVE FOR ASSURANCE** the Q3 update from Committees
- **APPROVE** the reduction in score from 20 to 15 for FPP1
- **NOTE FOR ASSURANCE** the work that will be conducted during March 2022 to review, refresh, and add to the BAF
- **RECEIVE** an updated BAF at its March meeting

Meeting	BOARD OF DIRECTORS
Agenda item	13
Paper title	INTERNAL GOVERNANCE ACTION PLAN
Date	23 rd February 2022
Author	Company Secretariat
Executive sponsor	Executive Director of Finance

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

Introduction and context:

In early to mid-2020, the Trust worked with the Good Governance Institute on a review of corporate governance arrangements in the Trust. GGI’s final report made 17 recommendations for action and, in November 2020, ANHH Consulting was commissioned to support the Company Secretariat and Board in addressing them.

Since then, the Company Secretariat has confronted a further 7 major areas of governance development. The attached Internal Governance Action Plan (IGAP) documents progress against the 17+7 items. It identifies further areas of development or improvement that are already underway or planned, and a lead and timeline for those items.

Against each item, the CoSec has suggested a BRAG rating. The blue rating applies to recommendations that have not just been delivered (green) but are embedded as established changes.

The Board is asked to consider the recommendations made in the final section.

Analysis and principal areas for consideration:

The last 15-18 months have been a period of unprecedented corporate governance change and improvement, delivered at a time of real challenge both within and outside the company secretariat.

Through a process of facilitated and focused development, the Board has:

- Reviewed the cycle of business and terms of reference for the Board and all its assurance Committees
- Devised and implemented a new Board Assurance Framework, and reviewed and refreshed its risk management framework

- Introduced procedural enhancements including Chairs' assurance reports, report writing, two-at-the-top Committee discussions, hot topics, and post-meeting communications
- Developed and implemented a new governance architecture, risk framework, and reporting arrangements for the Reach Out Provider Collaborative.

A well-led organisation does not necessarily have to have the best corporate governance arrangements in place. What is much more important – both for internal assurance and regulatory assessment – is that the Trust knows what more it must do to move towards the best.

With that in mind, it is entirely appropriate that the Trust's IGAP has amber items on it, so long as there is clarity on action to be taken. It is less ideal that there are red items but, again, the Company Secretariat is clear on what more is needed.

Key messages for work still to be delivered are:

- An audit of the quality of Committee papers, which will be presented in June 2022
- A review and refresh of the content and format of the BAF, as best practice dictates after a year of its deployment. This will be informed by any internal audit recommendations linked to the Statement of Internal Control
- Further revisions to the Risk Policy, which will be presented to the Audit Committee in April 2022
- Further work to embed report writing skills
- Conduct a detailed skills and capacity assessment of the Board
- Focus on less formal Board interaction, as part of a review of the Code of Conduct
- Complete the review of the Constitution, SFIs and Reservation of Powers
- Develop and implement a governance architecture for the BSoI Mental Health Provider Collaborative

Recommendations:

The Board is asked to:

- **RECEIVE FOR ASSURANCE** the Internal Governance Action Plan
- **NOTE FOR ASSURANCE** the work that will be conducted as part of continuing quality improvement of the Trust's corporate governance
- **RECEIVE** an updated IGAP at its meeting in June 2022



INTERNAL GOVERNANCE ACTION PLAN

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
GGI R1	Review the cycle of business of the Board and its Committees in response to the refreshed organisational strategy	<p>New Terms of Reference for all Board Committees aligned to Trust Values and the themes and headings in the Trust Strategy. This included:</p> <p>Audit Committee</p> <p>Finance, Performance & Resources Committee <i>(approved by Board of Directors November 2021)</i></p> <p>Integrated Quality Committee <i>(approved by Board of Directors November 2021)</i></p> <p>Charitable Funds Committee <i>(approved by Board of Directors November 2021)</i></p> <p>People Committee <i>(approved by Board of Directors November 2021)</i></p> <p>Decision by the Board of Directors to change name from Integrated Quality Committee to Quality, Patient Experience & Safety Committee <i>(to ensure clarity regarding the domains covered)</i></p> <p>On agreement by the Board of Directors, Mental Health Legislation Committee has been dissolved. The QPES Committee to receive quarterly reports from the Mental Health Legislation Sub Committee</p>	<ul style="list-style-type: none"> Cycles of business for the next twelve months in draft and being presented to Board of Directors and Board Committees in February 2022. Further work to be undertaken in March 2022 aligning the cycle of business for Board/Committee meetings to strategic risks Board of Directors Terms of Reference: Provider & Commissioning Responsibilities to be approved by the Board of Directors in March 2022 Remuneration Committee Terms of Reference to be approved by the Board of Directors March 2022 Audit Committee to be agreed by the Board of Directors in February 2022. Updated Governance Chart detailing Board & Committee Structures to be uploaded onto the Website/Intranet 		CoSec Report to the Chair and Committee Chairs in June 2022 detailing results of an audit of Committee papers to review discussions aligned to the BAF
GGI R2	Strengthen the role of the Audit Committee in assuring the Trust's risk management	<ul style="list-style-type: none"> New Terms of Reference for Audit Committee agreed in December 2021 and strengthened to detail their role in monitoring risk management processes 	<ul style="list-style-type: none"> To review outcome on internal audit on BAF/Risk Management processes currently underway in Q4 as part of preparation of assurance on annual accounts. 		May 2022

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
		<ul style="list-style-type: none"> Risk Policy amended and ratified by Clinical Governance Committee in December 2021 			
GGI R3	Develop a revised Board Assurance Framework in response to the refreshed strategy	<ul style="list-style-type: none"> A desktop review of the Board Assurance Framework was undertaken in January 2021 by ANHH Consulting New BAF developed reflecting the refreshed strategy and presented in draft at the Board Development Session on 22nd February 2021 Designed and facilitated a Board Development Session discussing the purpose of a BAF, with the new Chair present. Purpose of session was to: <ul style="list-style-type: none"> Reach a position that the board reaffirms its role in the delivery of the strategy and the purpose of the BAF The Board identifies and scores risks linked to the delivery of the strategy (strategic risks) The board allocates strategic risks to board committees The Board establishes its risk appetite for those strategic risks The Board agrees how risk tolerance and threshold will be set The Board reflects on the lessons to be learned from the governance during covid The Board aligns its decision making with the Trust's core values Following the development session consultative meetings were held with Chair and Committee members of People, FPP and IQC to further develop and refine the draft BAF agreeing the risks, the impact, controls and assurances, the scoring and ownership. Each Board member was consulted, and feedback implemented, which in turn was circled back to ensure every member and committee was on the same page. Draft risks went to March Committees; draft BAF with controls and assurances went to April Committees. 	<ul style="list-style-type: none"> Work needs to continue to evolve the controls and assurances with Executive Leads BAF is coordinated and held by the Company Secretariat, but risks need to be owned and assured by lead EDs and Committees. Board of Directors to undertake an annual review of the strategic risks to agree they are still relevant for the new financial year 2022/2023 From Quarter 1 2022/2023 the BAF will move to an electronic system – yet to be determined Internal Audit are undertaking a review of the BAF for 2021/2022 as part of the preparation for the Annual Accounts (assurance to how they consider the BAF to be operating) The CoSec is leading a process to review the risk descriptions, controls, and assurances for consideration by the March Committees and Board. This will also address the three Clinical Services strategic headings for which there are currently no strategic risks 		CoSec Review of risk descriptions, controls, and assurances for March Board Internal Audit recommendations on the BAF will be reviewed and implemented Q1 2022 (May 2022)

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
		<ul style="list-style-type: none"> Final version of the revised BAF presented to the Board for ratification 23 April 2021. 			
GGI R4	Undertake a detailed review of the Trust's risk management systems and processes for the corporate risk register and operational risk registers	<ul style="list-style-type: none"> Detailed critique of risk documents by ANHH in early December 2020 with meeting with DoF and Associate Director of Governance on 21 Dec 20 New Associate Director of Governance has used ANHH critique to develop version 17 of the Risk Policy, which is going through the process of approval and ratification 	The Risk Policy will be presented to Audit Committee for assurance		April 2022
GGI R5	Develop a risk management framework to describe risk management accountabilities and responsibilities at service, divisional, executive and Board levels				
GGI R6	Develop an approach to driving the conduct, responsibilities and business of the Board and its Committees in response to the Trust's strategic risks	<ul style="list-style-type: none"> Designed and facilitated a NED and Exec Lead Governance Review Development session held on 9th December 2020. To establish a cohesive understanding of the role of Committees, their responsibilities to assure delivery of the 2020-2025 strategy. ANHH Consulting fed back observations of IQC, FFP and People Committees and introduced the concepts of Committee Assurance Reports and Hot Topics Reports. 	<ul style="list-style-type: none"> The cycle of business and forward plan of the Board and its Committees needs to be more closely aligned to strategic risks and kept under constant review by Committee Chairs The adoption of the Lead Provider role for Reach Out is still to be embedded in governance processes, particularly how the Board of Directors avoids any conflicts of interest. To meet with Chair of Reach Out to discuss proposals to escalate this Committee to a Board Committee reporting directly into the Board with a separate agenda for "Commissioning". 		CoSec. An audit of agendas for all Committees to be undertaken to test alignment to the strategic objectives. June 2022 A decision on a Board Level Provider Commissioning Committee to be discussed by March 2022
GGI R7	Ensure that every paper demands an active response	<ul style="list-style-type: none"> A simplified report template was introduced for Board and Committee Meetings Report writing training was arranged for senior leaders within the Trust explaining the role of reassurance v assurance. 	<ul style="list-style-type: none"> The Board and Committees still need to do more to enhance the quality of papers and the role of cover sheets as not all reports have clear recommendations or are completed fully An audit of all Committee papers for the month of April will be undertaken to review the content and implement any required changes for the new reporting year. 		CoSec. Ongoing monitoring of the quality of reports

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
			<ul style="list-style-type: none"> A discipline needs to be instilled to ensure all reports received for Committees need to be formally signed off by the Lead Executive before submitted for distribution the content/assurance/risk identification A guidance note to be prepared for report authors No reports to be accepted by the secretariate unless fully completed 		
GGI R8	Ensure that Committee Assurance Reports are written by Committee Chairs and describe the tone of the meeting and confidence in the assurance provided	<ul style="list-style-type: none"> Committee Assurance Reports are now a standing element of governance processes, reporting to the Board of Directors. The reports are currently drafted by company secretary who minutes the meetings, with the Chair of the Committee adding comments on the level of assurance provided. This varies across Committees in length/detail 	<ul style="list-style-type: none"> The reports need to be owned, and ideally written, by the Committee Chair There needs to be standardisation regarding the content of the reports Discussions must be linked to the strategic risks From the Chair's perspective, discussions must detail the level of assurance provided 		CoSec
GGI R9	Simplify front cover sheets to Board reports	<ul style="list-style-type: none"> A new front sheet was implemented with a revised number of key information to complete. 	<ul style="list-style-type: none"> Equality Lead has made amendments regarding reporting health inequalities. Equalities lead is producing a guidance note on what to include for authors consideration 		CoSec
GGI R10	Reschedule Committee dates to facilitate greater interaction between Chairs	<ul style="list-style-type: none"> The Committee cycle remains as it was, with the three principal functional committees – FPP, QPES and PC – are all held on the same day, which is the day before papers for the following week's BoD meeting are required. This poses challenges for the secretariate to ensure Committee Reports are drafted, shared with the Chair of the Committee, and distributed with the meeting pack for the Board of Directors There is good cross cover between NEDs on the various committees, so there is real-time sharing of information, but there is no time to consider the inter-relationships between Committees in any depth. 	<ul style="list-style-type: none"> The People Committee is moving to bi-monthly meetings, which will allow greater time for the delivery of insightful data analysis. The timing of Committee meetings needs to be reviewed in six months' time to ensure that the cycles of business are workable. The Trust needs to be mindful of the impact of this on the workload of the Company Secretariat. 		CoSec
GGI R11	Ensure that pre-Committee meetings are held between Committee Chair and Lead Executive	<ul style="list-style-type: none"> Pre-Meetings are scheduled now in the diary between Lead Executive, their deputy, Company Secretary and NED Chair to agree agendas and review actions 	<ul style="list-style-type: none"> Where Chair of the Trust has not attended Committee meetings, a de-brief will be scheduled with the Chair and Committee Chair 		CoSec

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
GGI R12	Conduct a detailed skills and capacity assessment of the Board	<ul style="list-style-type: none"> There has been changes of both executive and non-executive directors during 2021. 30th November 2020 1:1 discussions held with all NED's to establish the roles held by each NED, their skills and qualifications, working knowledge, other relevant experience/roles and their opinion of when the Board worked at its best. A document was produced and presented to the Company Secretariat reflecting the evidence-based discussions. The feedback, reflections and emerging themes were shared with the new Chair on 7th December 2020. Appraisals all undertaken late 2021/early 2022 for all NEDs 	<ul style="list-style-type: none"> A process for succession planning and skills development is still needed for the Board. The Deputy Company Secretary has left the organisation, capacity within corporate governance needs to be addressed The Board also needs to consider its capacity and capability around key functions, e.g., commissioning Chair/CoSec drafting NEDs Skills Assessment in March 2022. 		Chair/CoSec
GGI R13	End every Committee or Board meeting with a consideration of the messages that would or will be filtered back down through the organisation	<ul style="list-style-type: none"> The Board of Directors meeting now includes a dedicated session for a rotation of Board Members to reflect on where the Trust Values have been in evidence during the month At the end of the Board meeting there is a reflection discussion from a Board Member regarding how discussions were held A rotation of Board Members is in place to produce a Board Blog for distribution into the organisation each month via the Communications Team 	<ul style="list-style-type: none"> Further development regarding the use of the Board Blog in ensuring authors also capture the key messages from the Board to also disseminate into the organisation rather than just a reflection of the meeting. 		CoSec/Comms
GGI R14	Undertake a detailed review of the Committees and their sub-committees and groups with the explicit aim to rationalise the number and remove duplication	<ul style="list-style-type: none"> Work was undertaken by the previous AD Quality Governance to review reporting structures into the Quality, Patient Experience & Safety Committee, reviewing their remit and removing groups. 	<ul style="list-style-type: none"> Within Q1 of 2022, further work to be undertaken regarding reporting and decision-making processes of internal groups, for example, Executive Team, Operational Management Team, Performance Delivery Group, Transformation Board. To ensure clear and open accountability for decision making. 		CoSec May 2022
GGI R15	Make time for the Board to interact in a less formal way	<ul style="list-style-type: none"> Due to the pandemic, this has been challenging to ensure interaction in less formal ways. 	<ul style="list-style-type: none"> The Company Secretary is producing a Board Development Programme for the 12 months to be presented to the Board of Directors in February 2022. This will include information awareness sessions along with the cultural and behavioural aspects of governance. 		Chair/CoSec

Reference	Description	Actions to Date	Further areas of development/improvement	BRAG rating	Lead/Timeline
			<p>The programme is to improve the quality of the Board discussions, deepen and retain interpersonal relationships, promote NED technical skills and development, give the Board specific time to discuss broader topics beyond the agenda items e.g. social, political and technical, to continuously align themselves to the Trust core values.</p> <ul style="list-style-type: none"> • Further work is required to agree ways in which the Board could interact less formally but still virtually to replace the informal face to face discussions held over Board lunches, breakfast and other informal gatherings whilst moving to a hybrid model of working • The Board needs to consider how it will transition back to face-to-face meetings. 		
GGI R16	Introduce a Hot Topics paper to cover operational issues of the moment	“Hot Topics” is a standing agenda item on Committee meetings and is used to raise any issues of concern not previously raised on the agenda.	<ul style="list-style-type: none"> • Hot Topics is a verbal report. The opportunity to table papers should not be discounted. • Meetings should raise the item up the agenda so it receives appropriate airtime, and sets the context for the rest of the meeting. 		CoSec Continual monitoring of the use of Hot Topics
GGI R17	Take time to discuss the experience of the last few months and the (dis)benefits it has realised for governance, thereby to establish the new normal of governance		<ul style="list-style-type: none"> • Following remote working for the last two years, discussions to be undertaken regarding impact on governance reporting. Linked to GGI R15 and discussions required on the hybrid way of working regarding Teams/Face to Face meetings. 		Chair/CoSec

ADDITIONAL AREAS OF GOVERNANCE DEVELOPMENT

Reference	Description	What we have done	What more we still need to do	BRAG rating	Lead/Timeline
+ 1	Establish governance processes to support the Reach Out lead provider function	<ul style="list-style-type: none"> Board received independent assurance report from ANHH on the governance processes for the Reach Out Commissioning Function A new governance structure has been agreed and is now in operation. This was developed using best practice and focused on separation of decision-making and decision-taking responsibilities, and the need for assurance. The designing of the governance architecture was fundamental to the creation of strong processes and systems of reporting and assurance. The FPP and QSC have new assurance responsibilities; the Reach Out Commissioning Sub-Committee has been convened and has been functioning since August 2021; there is a well-defined architecture for mental health and learning disability and autism services that sits below ROCSC. 	<p>Separate ToR and processes need to be produced and followed to enable the BoD to meet, under a separate agenda, to fulfil its lead provider responsibilities.</p> <p>The adoption of the Lead Provider role for Reach Out is still to be embedded in governance processes, particularly how the Board of Directors avoids any conflicts of interest. Still a concern</p> <p>Agreement with Chair and Reach Out Commissioning Sub Committee Chair regarding the reporting arrangements moving forward with a Board Committee: Provider Commissioning Committee. Following discussions, a proposal is required for the Mach 2022 Board meeting</p>		CoSec March 2022
+ 2	Develop a lead provider risk register	<ul style="list-style-type: none"> Co-production exercise with Reach Out Commissioning Sub Committee to agree key risks associated with being Lead Provider Four risks existed on the BSMHFT risk register ECLIPSE. Three dated back to 2016. These have been rationalised into two. In close consultation with the Lead Provider Officers and NED's a further four risks have been added, and their impact and the ownership have been agreed. To ensure consistency of terminology, risk scoring and approach, the same framework and risk scoring policy has been used as was employed for the BAF. 	<p>The inherent (initial) risk score, residual (post mitigations) and target (for ultimate achievement) have yet to be agreed with the Reach Out Sub Commissioning Committee (11 November 2021). This will then become a driving agenda item for the lead provider function.</p> <p>Facilitate a Committee Development Session specifically on Risk for this committee – support will be provided for Anne Baines who will lead the session.</p>		CoSec

Reference	Description	What we have done	What more we still need to do	BRAG rating	Lead/Timeline
+3	Review the Constitution and Standing Orders	<p>NED and Governor Governance Task and Finish Group has been established. Terms of Reference agreed by the Board of Directors and Council of Governors. Group to review, amend and create Standing Orders for:</p> <ul style="list-style-type: none"> • The role, selection/election, tenure, and removal of the Lead Governor • The establishment of a new post of Deputy Lead Governor, and the role, selection/election, tenure, and removal • The role, selection/election, tenure, and removal of the Senior Independent Director • The process of investigations involving Governors, or Non-Executive Directors, or the Trust Chair • Codes of Conduct for the Board of Directors and the Council of Governors • The role, selection/election, tenure and removal of the Deputy Chair. 	<ul style="list-style-type: none"> • A page-by-page review of the Constitution has commenced to remove old terminology and include changes agreed to date. • Governance Task & Finish Group to make recommendations on revised processes to the Council of Governors and Board of Directors • Revised Constitution, Standing Orders to be presented to the Board of Directors/Council of Governors for approval. 		<p>March 2022</p> <p>March 2022</p> <p>April 2022</p>
+ 4	Review the SFIs and Reservation of Powers	<ul style="list-style-type: none"> • The Deputy Director of Finance is leading a piece of work to review these documents, to reflect SSL, Reach Out and business development which were presented in draft to the Audit Committee in October 2021 	<ul style="list-style-type: none"> • Deputy Director of Finance to present final documents to the April Audit Committee. • These will need to be aligned with the Constitution and Standing Orders within one Governance Framework document for the Trust. To be presented to the Board of Directors and Council of Governors in April 2022. 		CoSec April 2022
+ 5	Dissolve the Mental Health Legislation Committee	<ul style="list-style-type: none"> • The Board, IQC and MHLC agreed in September 2021 to dissolve the MHLC and to incorporate its duties into QPESC • Terms of Reference for the QPESC have been amended to incorporate mental health legislation reporting • Terms of Reference for a new MHL Sub-Committee have been drafted and approved by the QPES and MHLC in October 2021. • First meeting of Mental Health Legislation Sub Committee has been held 	Complete		

Reference	Description	What we have done	What more we still need to do	BRAG rating	Lead/Timeline
+6	Community Mental Health Provider Collaborative	<ul style="list-style-type: none"> Meeting held 14 December 2021 with Community Mental Health Transformation Programme Lead (BSOL) to review current governance reporting structures ANHH Consulting has provided a critique of the existing governance arrangements 	<p>The scope and specification for provider collaborative governance continue to evolve and expand.</p> <p>The BSOL Mental Health PC is the primary programme, into which the CMHTP will report. The MH PC is now, potentially, to include CAMHS Tier IV and learning disability and autism services, which would bring at least two more partners to the table.</p>		ANHH/ V. Devlin D. Tomlinson P Nyarumbu
+7	BSOL Mental Health Provider Collaborative	<ul style="list-style-type: none"> Meeting held with Director of Strategy, People & Partnerships on the 4th January 2022 A review of key documentation regarding proposed governance reporting has been reviewed by ANHH Consulting A specification of work is being prepared for further discussion with 	<p>A meeting is scheduled for 18th February 2022, at which the EDoF, DDoF, Associate Director and ANHH will discuss a programme plan and scope of governance work.</p> <p>Timelines for implementation of new governance arrangements are likely to be extremely tight.</p> <p>Meeting arranged with Lead Directors and ANHH Consulting 28th February 2022 to review and agree next steps</p>		



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

MEETING	BOARD OF DIRECTORS
AGENDA ITEM	14
PAPER TITLE	BOARD OF DIRECTORS DEVELOPMENT PROGRAMME
DATE	23 rd February 2022
AUTHOR	Sharan Madeley, Company Secretary
BOARD SPONSOR	Danielle Oum, Chair

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

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

Executive summary & Recommendations:
The Board Development Programme for 2022 is presented to the Board. This details the formal Board Development with NHS Providers and additional sessions being arranged for Board awareness. Additional items may be added to the programme during the year.
Reason for consideration:
To provide assurance on the arrangements made for development
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
Board Assurance Framework <i>(detail: (a) the strategic risk the report is providing assurance on or (b) any new risks being identified that is associated with the delivery of the strategic priorities)</i>
Not applicable
Engagement (detail any engagement with staff/service users)



BOARD DEVELOPMENT PROGRAMME 2022

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
BOARD DEVELOPMENT		
Performance Dashboard Workshop	D. Tomlinson/R. Sollars/T. Kiddy	19 th January 2022
ICS Update	R. Fallon-Williams	22 nd February 2022
Safeguarding Development Session	Sarah Bloomfield/Cath Evans	After Board of Directors 23 rd February 2022 2:00pm – 4:00pm
NHS Providers: Workshop 1 <i>Where is the Board currently and what are they key areas for development</i>	NHS Providers	24 th March 2022
Board Development PCREF Third Sector Stakeholder Collaborative” (7 partner group) presentation to board	Hilary Grant/Lakvir Rellon	After Board of Directors 30 th March 2:00pm – 4:00pm
NHS Providers: Workshop 2 <i>Developing an effective and compassionate unitary Board</i>	NHS Providers	6 th April 2022 All Day
Freedom to Speak Up <i>Development Session on Freedom to Speak Up</i>	Emma Randle/Sarah Bloomfield	27 th April 2022 2:00pm – 4:00pm After Board of Directors
NHS Providers: Workshop 3 <i>Courageous conversations and their role in a high performing Board</i>	NHS Providers	4 th May 2022 All Day
NHS Providers: Workshop 4 <i>Accountability, Performance Management and risk management</i>	NHS Providers	6 th July 2022 All Day
NHS Providers: Workshop 5 <i>Strategy development and deployment within a system environment</i>	NHS Providers	6 th September 2022 All Day

DEVELOPMENT ACTIVITY	LEAD	TIME SCALE/DATE
NHS Providers: Workshop 6 <i>Joint session with the Board of Directors and Council of Governors</i>	NHS Providers	5 th October 2022 All Day
Innovation and Transformation session Medical Director to lead, possibly supported by DoN - building understanding of the innovation pipeline and also building shared understanding of how far our imagination is stretching in support of our strategy.	H. Grant/S. Bloomfield	26 th October 2022 2:00pm – 5:00pm
Financial Workshop	D. Tomlinson	To be confirmed
Health Inequalities Each executive director leading a section on how their portfolio is being led to address health and workforce inequalities at Trust and system level with the NED Committee Chair. The sessions to include questions/discussion points that will foster generative conversation.	H. Grant	To be confirmed

Meeting	BOARD OF DIRECTORS
Agenda item	15
Paper title	BOARD OF DIRECTORS FORWARD PLANNER
Date	26 th January 2022
Author	Sharan Madeley, Company Secretary
Board sponsor	Danielle Oum, Chair

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

Executive summary

The forward planner for the Board of Directors for 2022 is presented. This is a live document which will be continually updated during the year following escalation of items from Executive Directors and Board Committees.

Reason for consideration

To provide the Board of Directors with an overview of areas being presented to the Board during the year.

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

Item	LEAD	Frequency	Jan	Feb	Mar	Apr	May	June	July	Sept	Oct	Nov
Highcroft Strategic Outline Case	DoF	As stated			√							
Highcroft and Reaside OBC	DoF	As stated										√
Review of Risk Management Strategy	Chief Nurse	Yearly								√		
Guardian of Safe Working Hours	Dr S M	Quarterly	√			√			√			√
SSL	S. Bray	Quarterly	√			√			√			√
Review of governance action plan following Good Governance Review	CoSec	As stated		√								
BSOL mental health provider collaborative programme update report	DirSPP	To confirm										
ICS Update	DirSPP	To Confirm										
Regulatory Report on equality data for the WRES, WDES and Gender Pay Gap	DirSPP	Annual					√					
Effectiveness Reports on Board Committees	CoSec	Annual				√						
Annual Report from Remuneration Committee	CoSec	Annual				√						
Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance.	MedDir (K. Rowley)	Annual							√			
Annual Job Planning Update	MedDir (K. Rowley)	Annual							√			
Board Development Programme	Chair	Annual		√								
EPRR Annual Compliance	Dof Ops	Annual				√						
As Appropriate												
Outline/Full Business Cases	Directors											
CQC Inspection Reports	Chief Nurse											
Appointment of Senior Independent Director	Chair											
Appointment of Vice Chair	Chair											
Review of Constitution	CoSec				√							
Review of Transaction Policy	DoF	Annual								√		

Item	LEAD	Frequency	Jan	Feb	Mar	Apr	May	June	July	Sept	Oct	Nov
For Information												
Director Declaration of Interests	CoSec	Annual			v							
Director Fit and Proper Persons Test	CoSec	Annual			v							

SUBMISSION OF BOARD OF DIRECTOR REPORTS

Draft Agenda Agreed with Chair & CEO	Draft Agenda Circulated to Authors for papers	Draft papers to be signed off by Lead Exec before submitted	Reports to be checked	Reports to be distributed	Board Meeting
1 st February	1 st February	16 th February	17 th February	18 th February	23 rd February
1 st March	1 st March	23 rd March	24 th March	25 th March	30 th March
4 th April	4 th April	20 th April	21 st April	22 nd April	27 th April
2 nd May	2 nd May	18 th May	19 th May	20 th May	25 th May
6 th June	6 th June	22 nd June	23 rd June	24 th June	29 th June
4 th July	4 th July	20 th July	21 st July	22 nd July	27 th July
1 st Sept	1 st September	21 st September	22 nd September	23 rd September	28 th September
3 rd Oct	3 rd October	19 th October	20 th October	21 st October	26 th October
1 st November	1 st November	23 rd November	24 th November	25 th November	30 th November